Our Healthier South East London Joint Health Overview & Scrutiny Committee

Wednesday 2 September 2020
4.30 pm

Membership
Councillor Judi Ellis (Chairman)

Councillor Richard Diment
Councillor Alan Downing
Councillor Mark James
Councillor Liz Johnston-Franklin
Councillor Chris Lloyd
Councillor Nanda Manley-Browne
Councillor Marianna Masters
Councillor Robert Mcilveen
Councillor John Muldoon
Councillor David Noakes
Councillor Victoria Olisa

INFORMATION FOR MEMBERS OF THE PUBLIC

Location: The meeting will be held online and can be viewed by members of the public by visiting –

Council meetings - live | London Borough of Bromley

Live streaming will commence shortly before the meeting starts.

Contact: Graham Walton on 0208 461 7743 or graham.walton@bromley.gov.uk

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MARK BOWEN
Director of Corporate Services
London Borough of Bromley

Date: 24 August 2020

Copies of the documents referred to below can be obtained from http://cds.bromley.gov.uk/

Our Healthier South East London Joint Health Overview & Scrutiny Committee

Wednesday 2 September 2020
4.30 pm

Order of Business

Item No.	Title	Page No.
1	**APPOINTMENT OF VICE-CHAIRMAN** The former Vice-Chairman, Cllr Philip Normal, is no longer a member of the Joint Committee.	
2	**APOLOGIES**	
3	**DISCLOSURE OF INTERESTS AND DISPENSATIONS** Members to declare any interests and dispensations in respect of any item of business to be considered at the meeting.	
4	**NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT** In urgent circumstances, an item of business may be added to the agenda within five working days of the meeting.	
5	**MINUTES - 25TH SEPTEMBER 2019** To approve as a correct record the Minutes of the meeting held on 25th September 2019.	1 - 10
6	**UPDATE FROM SOUTH EAST LONDON CCG** i) CCG Merger and Update ii) COVID response and recovery planning Members of the Committee have been asked to notify any specific questions that may not be covered in the briefing in advance.	11 - 38
7	**WORK PROGRAMME** To agree dates for the Committee's next meetings and identify issues for	39 - 42

consideration.

A copy of the Joint Committee's Terms of Reference is attached for reference, and to consider whether any updates are required.

8 EXCLUSION OF PRESS AND PUBLIC

The following motion should be moved, seconded and approved if the committee wishes to exclude the press and public to deal with reports revealing exempt information:

"That the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in paragraphs 1-7, Access to information Procedure rules of the Constitution."

9 DISCUSSION OF ANY CLOSED ITEMS AS NOTIFIED AT THE START OF THE MEETING AND ACCEPTED BY THE CHAIR AS URGENT

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Our Healthier South East London Joint Health Overview & Scrutiny Committee

MINUTES of the Our Healthier South East London Joint Health Overview & Scrutiny Committee held on 25 September 2019 at 7.00 pm at Council Chamber

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PRESENT:

Councillor Judi Ellis (Chairman)
Councillor Mary Cooke
Councillor Richard Diment
Councillor James Hunt
Councillor Mark James
Councillor Liz Johnston-Franklin
Councillor John Muldoon
Councillor David Noakes
Councillor Victoria Olisa

PARTNERS

Dr Angela Bhan, Bromley CCG
Andrew Eyres, Lambeth CCG
Julie Lowe, SE London STP
Martin Wilkinson, Lewisham CCG
Christina Windle, SE London Commissioning Alliance

36 APOLOGIES

Apologies for absence were received from Councillors Philip Normal, Danial Adilypour, Chris Lloyd and Robert Mcilveen (who was replaced by Cllr Mary Cooke.)

37 NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT

There were no matters for urgent debate.

38 DISCLOSURE OF INTERESTS AND DISPENSATIONS

The following interests were declared -

- Cllr Judi Ellis declared that her daughter was an employee of Oxleas NHS Foundation Trust.
- Cllr Richard Diment declared that he was a governor of Oxleas NHS Trust
- Cllr James Hunt declared that his wife was an employee of Dartford and Gravesham NHS Trust.

39 MINUTES OF THE MEETING HELD ON 22ND JULY 2019

The minutes of the meeting held on 22nd July 2019 were confirmed as a correct record.

40 DISCUSSION OF ANY OTHER OPEN ITEMS AS NOTIFIED AT THE START OF THE MEETING

The Chairman expressed concern that no members had received information about the Long Term Plan engagement events, as promised at the last meeting. Julie Lowe apologised and stated that she thought this had been done. She pointed out that at the time of the last meeting some of the events had already taken place. The events had been well attended, but were not intended as a full public consultation.

41 NHS LONG TERM PLAN (LTP) - SEL RESPONSE

Julie Lowe presented an update on the South East London ICS response to the NHS Long Term Plan (LTP). The draft reply needed to be submitted to NHS London on Friday (27th September 2019) and there would be further work, including aligning with the London Vision which would be launched at City Hall the next week, until 15th November. There had already been public engagement, and additional engagement with the voluntary sector would be carried out. Discussions had taken place with Directors of Public Health and Directors of Adult Services, and local authority Chief Executives were being briefed. The update included reports from Kaleidoscope, who had arranged the public engagement, and Healthwatch.

Members sought clarification from Ms Lowe about the engagement programme. She was clear that there was no claim to have engaged with a statistically representative sample of the population. Healthwatch had carried out a survey with over a thousand responses and a small number of focus groups with hard to reach groups. Some work had then been carried out with Kaleidoscope, who arranged six borough-focused events (two of which had already taken place at the time of the Joint Committee's last meeting), six topic-focussed events, a number of meetings with community groups (which had about two hundred attendees) and a survey. Members had expected following their meeting in July to be advised of the remaining dates, but did not recall receiving any information. The Chairman requested that their comments be included in the final report to NHS England.

In response to questions, Julie Lowe explained that there were legal requirements to carry out formal consultation in certain circumstances, where there were changes to services, and certain organisations and individuals had to be given the opportunity to comment. The Long Term Plan process did not involve specific changes and formal consultation was not required, so a range of engagement

activity had been arranged. This was a submission to NHS England on 15th November, rather than a public-facing reconfiguration of services in South East London, and did not require submission of a letter giving JHOSC comments. She accepted that a summary table of all the engagement events would have been helpful. Healthwatch had been commissioned by NHS England to provide engagement nationally; in South East London this was not considered to be sufficient, so Kaleidoscope had been engaged, but she accepted that the engagement was not as thorough as some Members may have wanted. In addition, she confirmed that they were offering to come to Health and Wellbeing Boards before November - a meeting with health and Wellbeing Board chairmen had been held on 2nd September, but she would write out to them again.

Councillor Diment suggested that the aims of the document were broadly supported, but requested some further comment on the system financial challenge in South East London, particularly at Kings, and the effect on residents and the services they required. Julie Lowe reminded Members that this was a five year plan, but there were not yet plans in place to achieve financial balance. However, the problem was not just about Kings, and it had been identified back in 2016 that the demand for healthcare delivered via existing services was not sustainable. Instead of the internal market, tariff-based system it was necessary to bring South East London's funding together to establish how it could be used most effectively. NHS England had set out five tests, one of which was for individual providers to return to financial balance. Kings did not have a deficit recovery plan, but this would need to be put in place. The NHS needed to be more productive, reduce the growth in demand, reduce unjustified variation in performance and make better use of capital investment. Shutting hospitals or services was not the answer, but the way that services were provided would need to change. For example, very expensive out of area placements needed to be reduced. Further work was needed to establish whether budgets could be brought into balance within five years. Councillor Diment commented that it would be useful to see figures relating to this once they were worked out, and to be reassured that money would not be drawn away from services to solve the financial problems at Kings.

Councillor Liz Johnston-Franklin commented that it was very disappointing given the diversity of South East London that BAME people were not well represented in the engagement programme, and she requested that this be highlighted in the report. The Chairman added that there also appeared to be an under-representation of young people. Julie Lowe responded that this point had been acknowledged, and comments on the methodology would be fed back to NHS England. There would be an Equalities Impact Assessment of the final document. In response to a question from Councillor James Hunt, it was confirmed that the decision to hold an engagement process, rather than a full consultation, was taken by Simon Stevens and NHS England.

The Chairman commented that there was much in the document that would enhance services, but usually with an additional price-tag and no indication of how

savings could be achieved. The proposed improvements were worthy but bland.

Agreed that the Committee is disappointed at the limited extent of the engagement exercise and the resulting lack of diversity of opinion.

42 WORKFORCE DEVELOPMENT/PEOPLE PLAN

Dr Angela Bhan, Managing Director, Bromley CCG, and co-senior responsible officer for workforce for OHSEL, introduced a paper on NHS workforce issues. She confirmed that they were still awaiting a full strategy from NHS England, and were working to the Interim People Plan. The workforce stream in South East London was looking at what could be best done on a collective level, adding value to the work of individual organisations. There were significant challenges in recruitment of nurses and GPs and developing a new type of workforce, with new roles such as Nursing Associates. The delivery plan responded to the challenges of the Long term Plan and the Interim People Plan under five headings -

- Capacity;
- Capability;
- Contracts and governance;
- Culture; and
- Collaboration, engagement and enabling.

In response to a question from Councillor Noakes, Dr Bhan explained that there were many educational providers in the area, and CCGs worked with the Local Workforce Action Board (LWAB), a multi-agency forum which looked at workforce issues, including the training of doctors and nurses, and there were a variety of local schemes involving local schools and colleges. Training slots for mainstream nursing were still all being filled, despite a reduction in applications. More could be done, especially to work more consistently across South East London. Julie Lowe added that the headline turnover rate across South East London was about 12%, much of which was normal and within the area, but this masked some very high turnover in some specialities. The pattern of turnover tended to be different between the inner and outer London acute trusts, and analysis was complicated as nurses moving to GP practice were counted as leaving the service. In terms of the impact of Brexit, the number of European nurses employed within the 46,000 workforce was relatively small, but anecdotally this number could be swelled by those affected by the status of other family members or an atmosphere where foreign staff felt that they were not welcome.

Councillor James raised the issue of the vital agency staff and ancillary workers in cleaning and catering roles, and whether all staff received at least the London Living Wage. Dr Bhan agreed that these staff were important and included, and stated that although OHSEL did not employ staff the local trusts and their contractors were using responsible employers. Julie Lowe reported that a study had been carried out into whether all employers were paying the London Living

Wage. She could not confirm the details, but conditions in London meant that it was usually difficult to recruit staff without paying the London Living Wage.

Councillor Olisa commented that there would clearly be substantial changes to many people's jobs, so full consultation was required. She was concerned that there were very significant changes that needed to be discussed with the Trade Unions at an early stage, and that there would be resistance if this was delayed until late in the change process. Dr Bhan agreed and stated that Trade Unions had been involved; she stated that much of the change would be gradual and evolutionary, empowering staff to train and develop, rather than a "big bang." She added that there was a London-wide forum with the Unions, and that they had organised themselves to ensure that there was proper representation and dialogue in each STP.

Councillor Muldoon asked how many doctors or nurses had to opt out of the Working Time Directive, or routinely breached it, leaving them tired and overworked, and causing safety issues. Dr Bhan accepted that there were still staff breaching the Working Time Directive, but the situation was much improved and staff were more aware of when they were too tired to work effectively. Julie Lowe stated that no-one could be required to opt out of the Working Time Directive, and all junior doctor rotas were compliant. The situation was complicated, as staff worked additional hours for various reasons. Dr Bhan added that there was an individual guardian in each organisation overseeing how junior doctors worked. The situation was now much more flexible for medical professionals.

Councillor Diment commented that, unlike some other industries, there appeared to be little effort to reach out to young people (at 13/14) to inspire them to take up careers in the health service. He was also concerned that with the acute trusts already having vacancy rates of around 11%, and severe shortages of some staff, such as physiotherapists, plans to create thousands of new roles in primary care networks across the country were not realistic. Dr Bhan agreed that this was a challenge - it was estimated that the proportion of the workforce in England working in the health/social care sector would need to rise from 1:12 to 1:8. She considered that some of this would best be addressed at borough level working with partners and spreading good practice. Julie Lowe added that there were programmes such as Future Nurse reaching out to primary schools, and Healthcare Ambassadors. Some of the primary care network roles would be flexible and offer new opportunities to staff who might otherwise leave the health service.

Julie Lowe clarified that the NHS People Plan had not been published, and indeed there was no publication date yet - only an Interim People Plan 2019/20 was available. There would be a workforce chapter in the Long Term Plan based on the Interim People Plan, but the full People Plan was awaited and she expected to be required to provide a full response based on the full five year scope of the Long Term Plan. Councillor Hunt commented that the NHS decision not to consult

meant that the JHOSC could not comment - any JHOSC comments could only to be based on the Interim Plan.

Dr Bhan explained that the people Plan would have strategic changes, but most changes would occur gradually and not overnight. There were lots of individual pieces of work behind this - some of these involved supporting non-clinical practice staff to take on more roles so that clinicians could use their skills more effectively, and utilising social prescribing in PCNs. The changes would be strategic, but would reflect how the workforce and health sector changed over time anyway. The Chairman commented that the timeline was important, and training had to be in place - South East London Colleges would be crucial in this. The public needed to be informed of the new roles and titles.

43 CCG SYSTEM REFORM UPDATE

A message from the Save Lewisham Hospital Campaign had been circulated to all Members, and an article dated 20th September 2019 was also tabled. Members allowed Dr Tony Anderson of the Save Lewisham Hospital Campaign to address the meeting. Dr Anderson stated that the merger proposals would remove important elements of local cooperation between the NHS and local authorities, and that there was no mention of the role of scrutiny under the new arrangements. He referred to other areas where similar proposals had been challenged and delayed. He considered that the duty to consult with local people on merger proposals had not been carried out and that terms of reference for the borough based boards and future arrangements for public and local authority involvement needed to be set out. Dr Anderson concluded by calling for the Joint Committee to ask for the process to be halted.

Martin Wilkinson, Managing Director Lewisham CCG responded to Dr Sullivan. He considered that the role of overview and scrutiny was not changed by the proposals at borough or South East London level. There were some minimum expectations from the NHS around borough based boards, but there were no terms of reference because the intention was to work with local authorities to deepen work on commissioning and discussions were on-going on these matters within all the boroughs. Issues like terms of reference and membership would be worked through in the next phase - a governance pack, including terms of reference for borough based boards, was being put together, but this would be subject to agreement by all six CCGs in the next six months. Borough based boards would still have the resources to work with local authorities on public engagement. An amendment to the paperwork submitted was that a committee was being set up to ensure that public engagement activities were strengthened. He was certain that the national guidance made clear that this was a structural change for the NHS which required engagement with stakeholders, but not formal public consultation.

Andrew Eyres reported that Lambeth CCG had discussed the proposals at a

meeting that day, but members had asked for more information before coming to a decision. He was about to take up a new Director role employed jointly by the CCG and Lambeth Council with a role on the new governing body if the merger took place. The proposals offered an opportunity for the boroughs to work more closely with the NHS.

Councillor Mark James asked whether unanimity was required amongst the six CCGs for the merger to take place. If Lambeth did not support the proposals it would not be able to take part, and then there would be concerns about how it would be able to respond to some of the strategic issues in the Long Term Plan. The Chairman asked whether the further information requested in Lambeth could be made more widely available; this would be possible, but the information was largely about Lambeth place arrangements and other boroughs might want to make other arrangements. Applications had to be made in September, but final decisions by the Regulator were expected in mid-October.

Councillor Victoria Olisa stated that she was disappointed that there was not an outline of the proposals that members could comment on. The timing of the meeting in September was to give members the opportunity to feed into the proposals before the end of the month. There appeared to be several timelines running, but information on key areas that had been requested in July had not been provided.

Christina Windle, South East London Commissioning Alliance, confirmed that the document provided to the Committee was the outline application as considered by the governing body (there were some additional technical papers) and there was also information about the engagement that had been undertaken. She accepted that there were very complex timelines and there was a need for consultation with staff. It was not now expected that the shadow governing body would be in place until January. One change since July, made after comments received, was that there would be more GPs on the governing body.

Cllr James Hunt was disappointed that there the NHS had decided that there should be no consultation and commented that the plans were rushed - in other areas the process was being slowed down. Cllr Richard Diment agreed with this and stated that due diligence had not been completed. Dr Angela Bhan, MD Bromley CCG, commented that the proposals had been under consideration for up to a year and a half, and staff wanted to see some certainty about what was happening.

Cllr Mary Cooke accepted that there had been briefings, but stated that this was largely about saving money and if local authorities were expected be more closely integrated with the NHS in joint commissioning then they needed to feel that they had been more fully consulted.

The Chairman referred to the decision some years previously to set up co-

terminus local health authorities, and stated that councillors now needed to ensure that if these arrangements were lost they would still be able to scrutinise and ensure that sufficient funds were available for local boards to ensure good quality local services, if necessary by challenging the merged CCG. Councillors also needed to scrutinise acute services, particularly in relation to access and transport. The Committee had asked on many occasions for spending figures by borough now and in future with local boards and a central CCG. Members also needed some definition on how commissioning could be sustainable and lead to savings, particularly as the aspirations in the Long Term Plan seemed to imply growth. Councils needed to know how the new structures would be scrutinised to ensure better outcomes for patients, value for money and good clinical leadership, and be reassured that when they asked for information it would be provided. However, there was no business case and budget analysis for the changes.

Martin Wilkinson responded with assurances that scrutiny of local boards and the central CCG would continue to be supported by the NHS, and that there was a genuine desire to deepen commissioning arrangements with councils. Current CCG budgets were public information; in future, allocations would be made to the central CCG but how this was allocated to borough based boards would be open to scrutiny. He confirmed that the conversations with each borough about local boards would continue.

Councillor David Noakes whether there was scope to delay the process - the application to NHS England had to be submitted by the end of the month, and if the timetable slipped then the proposals could not go live in April 2020.

Christina Windle confirmed that terms of reference for borough based boards could be flexible, beyond a core consistency around NHS membership, and agreed with each Council. The chairman commented that the role of the joint overview and scrutiny committee would be strengthened.

The chairman explained that there had been local agreement to proceed by the local CCG's, apart from in Lambeth, and there had been no opposition from her own authority, so she could not therefore oppose the proposals. She also considered that there would be no legal grounds to challenge proposals which were about internal CCG organisation.

Andrew Eyres stated that that they were working with individual boroughs and collaborating across boundaries in many different ways, but this was a step-change towards a merger of organisations. This was an administrative change and did not involve any service changes - these would still remain subject to scrutiny. The proposals were about doing things better at a wider scale, but sometimes work would need to be done in neighbourhoods and localities. It was not possible to design this all in advance - some things would be designed along the way with partners and other organisations. It was about better decisions to get better outcomes for local people.

The Chairman stated that the Committee was often reassured by what was said by NHS staff in its meetings, but then commitments made were not followed through in the papers of the next meeting. Martin Wilkinson proposed an informal joint workshop session to consider arrangements for scrutiny, and put in place any protocols that would assist in future. Cllr John Muldoon suggested that the Stakeholder Reference Group, chaired by Peter Gluckman, should be asked to consider this. The Chairman suggested that, rather than attempt to find a separate date in the diary, this could be done as an extra session an hour before the next meeting. Cllr Victoria Olisa asked for this to include a written briefing for Members.

Christina Windle emphasised that the change had been planned for a long time. Although this was only the second time that the matter had been brought to the Committee, there had been discussions with local authorities for some time. The Chairman explained that it was necessary for issues to be aired at scrutiny committees, not just in camera with executive members or senior officers.

Christina Windle explained that some information, for example about budgets, could not be known at this time of year, but she could make a commitment that information would be shared, even when answers could not be provided straight away.

Cllr James Hunt reminded the joint committee that their concerns should be set out in a letter to NHS England.

Agreed that

(1) the Committee expresses its concern at the late involvement of local authorities and lack of detail available that led us to feel excluded from this process and not allowed us to have the level of scrutiny that we expected. The Committee requests that the process is slowed down to enable proper scrutiny to be carried out.

(2) a letter be sent to NHS England to express the Committee's concern.

(3) lessons be learnt from the lack of engagement with scrutiny, and an informal joint workshop be held before the Committee's next meeting, with a written briefing circulated to Members in advance, to consider future scrutiny arrangements.

44 MENTAL HEALTH

(A) Child and Adolescent Mental Health services (CAMHS) - Transition for 0-25 year olds

The Chairman referred to the six month wait for access to CAMHS in Bromley and requested further information. Martin Wilkinson stated that they were still working on the model for 0-25 services, and he was aware that there were long waits for some services. He emphasised that the intention was not just to extend existing services that were already stretched. He was happy to provide information for South East London, but also the specifics for each borough. The Chairman responded that it was important to identify the discrepancies in services across the region, and understand what was good practice.

(B) South London Partnership - Children and Young People's Inpatient Care

The Chairman stated that the focus of concern was out of area placements, which put a strain on the young people concerned and their families. The Committee needed to see more information, by borough, on the number of out of area placements, how long they were and what arrangements were in place when patients left these placements - including what other bed types were available and where.

It was agreed that further reports with more details be requested for the next meeting on both issues.

45 WORKPLAN AND NEXT MEETINGS

The Committee considered its work-plan and future meeting dates.

NHS
South East London
Clinical Commissioning Group

South East London CCG Merger Update

1. On 1 April 2020 NHS South East London CCG was formally established as a statutory body for the commissioning of health services for local residents across our six London Boroughs.

2. In the context of pandemic our establishment as a new organisation was rightly marked as an important and formal milestone, but little more. Whilst clearly the right and proper response to a public health emergency, this was a significant achievement made through the hard work of our leaders, teams and partners throughout 2019/20. The new CCG Governing Body reiterates its thanks here and we are pleased to have been able to design and implement a CCG that will work in the best interests of our population and the boroughs across south east London. As a reminder this means that the CCGs working together with partners across the last financial year were able to:

   - Implement successfully, in one year of a formal programme, the merger of six CCGs to form the largest CCG in London and at one point England
   - Build on the strong alliance work we had undertaken collectively in the previous two years and ensure a borough focus for health and care integration
   - Join the first wave of mergers in the capital, joined by South West London and North Central London

3. The CCG have published an introduction document which provides more information on the new CCG which has been provided in **Appendix A**, that includes the appointments made to the Governing Body and Executive team. There is more information on our website: http://www.selondonccg.nhs.uk/

4. As a single CCG we are also coterminous with and provide leadership into Our Healthier South East London – the capital's first Integrated Care System (ICS). This places both the CCG and south east London's partners at the forefront of new, system based ways of working built on partnerships and collective responsibility for outcomes. As the effects of Pandemic and the systems response plays out, we will consider what that means for new ways of working and care delivery, in the full knowledge that partnership and collaboration will be the touchstone for this approach.

5. The CCG is the statutory body for the commissioning of most health services for the population of the six boroughs across south east London. The six predecessor organisations ceased to exist on 31 March 2020 and are now disestablished.

6. The new organisation builds on the work done both locally and through the former South East London CCG Alliance. The new structure is in place and all staff have transferred to the new organisation in terms of employment, but importantly, and in line with our commitment to local focus and operations, teams and bases have been maintained in each borough. In most cases these are co-located with the relevant Local Authority.

7. The CCG will continue to work with NHS England and Improvement to share best practice with other areas looking to merge and continue to maximise the benefits identified from the merger process.

   <u>Phased implementation</u>

8. Due to the COVID-19 situation and response in the first quarter of the year few staff were transitioned to their new roles, so that they were able to focus on that response, business critical activities, or to remain available to redeployment in support of our providers and partners.

9. A number of our staff worked in very different ways to support a robust response to the pandemic doing activities such as ensuring Personal Protective Equipment (PPE) flow to trusts, providing rest and refreshment support to teams in hospitals, and organising testing demand and capacity. We are grateful and proud of our staff who have and continue to work in this way and have been highlighting some stories in regular health and wellbeing newsletters we have shared with staff throughout the pandemic.

10. As a CCG Governing Body and Executive team, we are carefully and in a phased way, moving to some more business as usual activities very recently. This is however kept under very frequent review. We have taken care to ensure the statutory responsibilities of the CCG are attended to and performed in full at all times.

11. We are pleased that we have still held 'in public' meetings of our Governing Body, Primary Care Commissioning Committee and Borough Based Boards through the use of technology – we were the first CCG in London to enable members of the public to 'watch live' and ask questions. Over 50 people joined our latest governing body, we held a question session at the beginning and end and provided responses to questions where possible at the time, as well as publishing a full response to all questions shortly after with the minutes.

12. Over the period of our pandemic response a number of business as usual activities and governance have however been put on hold. This has been a planned process, and directly in line with National guidance on what should be continued or not in that period.

13. The CCG's commitments to establish Borough Based Boards and enact a series of local delegations for funds and decision making have been maintained. Those Boards were unable to meet in the first months of this year due to Pandemic arrangements but began doing so across the Summer. It is also important to note that for the first four, and now extended to seven months of 2020/21, financial allocations have been subject to national direction and full enactment of our planned arrangements will commence when those arrangements come to an end.

14. All of the arrangements in response to COVID-19 generally and specifically as they impact upon the planned running of the CCG will be kept under review and further briefings can be made available.

15. More of the activities of the new organisation can be found in the Governing Body papers for those meetings held in May and July 2020, and related information can be found at the following link.

NHS
South East London
Clinical Commissioning Group

NHS South East London
Clinical Commissioning Group

An introduction

April 2020

Accessibility

If you would like a copy of this document in an alternative format please contact:

Communications team
NHS South East London CCG
160 Tooley St, London, SE1 2QH

selccg.communications@nhs.net

What we do

Plan

the delivery of care to ensure it is available at the right time, in the right place and organised at the scale needed to meet the needs of people in south east London.

Bring together

health and social care to plan services that meet the needs of local people and improve the health and wellbeing of the wider population.

Collaborate

with health and care services to work as one system across south east London and in each of its boroughs to take collective responsibility for proactive, effective and affordable services which improve health and patient outcomes.

We will keep local people at the heart of our decision-making

Welcome to NHS South East London Clinical Commissioning Group

NHS South East London Clinical Commissioning Group (CCG) was established on 1 April 2020 and works across the London Boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark. Our aim is to work with our partners to improve care and health outcomes for local people.

CCGs are local, clinically led, statutory NHS bodies. They are membership organisations, whose members, in the case of the South East London CCG, are all the GP practices that serve the six boroughs. We are led by a governing body made up of local GPs drawn from across our boroughs, other clinicians, executives and lay members.

Responsible for planning and paying for most health care services local people use, CCGs ensure that residents can access the best possible care from the services commissioned on their behalf. This involves assessing local needs and prioritising the use of funding with our partners, including local authorities, hospitals, community and primary care services. This is an ongoing process and CCGs are expected to monitor the care provided, as well as respond and adapt to changing local circumstances. In doing so, CCGs are responsible for commissioning to improve the health of their entire population.

The greatest priority of NHS South East London CCG is to ensure that the 1.9 million local people experience the highest possible standard of care within the resources made available to us. In 2020/21 our budget will be just over £3 billion. Increasingly we are focused on supporting our population to stay well and we are working with our partners to do this through the commitments set out in the NHS Long Term Plan. We know that, for most people, it is the care and support they receive in their local community that makes the most difference. We are committed to being deeply connected with our populations and partners in each borough and to working across south east London when that makes sense.

In south east London, we have a long history of working together. Our partnership working with local authorities and providers of health services is delivered through the Our Healthier South East London strategic partnership, which is known as an integrated care system (ICS). This collaborative approach resulted in us becoming the first ICS in London. The strong relationships between our predecessor borough CCGs, local authorities and other partners has been critical to improving care and services. These partnerships, which are key to the ICS, will continue and are known as local care partnerships. Our new CCG has been designed to align with these partnerships.

Underpinning everything we do is the involvement of our diverse communities. We will build on the well-established engagement approaches in each borough to further strengthen the involvement of local people at neighbourhood and borough levels, supporting this with CCG-wide initiatives where this is the right thing to do.

We will keep local people at the heart of our decision-making and look forward to working together with all our partners to improve the health and wellbeing of south east London people.

Dr Jonty Heaversedge
Clinical Chair

A membership organisation with a governing body

The member GP practices across south east London have agreed a constitution for NHS South East London CCG and to operate as a Council of Members. They have established and mandated the CCG's governing body – our multi-disciplinary leadership team. Their combined experience ensures that clinical expertise is at heart of what we do. Importantly, there is equal representation from each of the CCG's six boroughs.

The governing body GP members have individual clinical leadership responsibilities. They also support their local borough-based boards, which increasingly will work across health and social care.

Each of these boards has a borough-based (place-based) director who is a voting member of the governing body. These individuals work closely with their respective local authority colleagues, and in some cases are joint appointments.

The governing body has representation from Healthwatch, the Local Medical Committee (LMC) and public health. Importantly, our CCG executive directors will attend and support the governing body meetings.

To see meeting details, papers and minutes go to **selondonccg.nhs.uk**

Dr Jonty Heaversedge
Clinical chair

Andrew Bland
Accountable officer

Usman Niazi
Chief financial officer

Dr Siddarth Deshmukh
GP clinical lead
Bexley

Dr Clive Anggiansah
GP clinical lead
Bexley

Dr Andrew Parson
GP clinical lead
Bromley

Dr Ruchira Paranjape
GP clinical lead
Bromley

Dr Krishna Subbarayan
GP clinical lead
Greenwich

Dr Sabah Salman
GP clinical lead
Greenwich

Dr Adrian McLachlan
GP clinical lead
Lambeth

Dr Di Aitken
GP clinical lead
Lambeth

Dr Faruk Majid
GP clinical lead
Lewisham

Dr Jacky McLeod
GP clinical lead
Lewisham

Dr Nancy Kuchemann
GP clinical lead
Southwark

Dr Robert Davidson
GP clinical lead
Southwark

Professor Simon Mackenzie
Secondary care doctor

Mary Currie
Registered nurse

Shelagh Kirkland
Deputy chair
Lay member governance and audit

Joy Ellery
Lay member patient and public involvement

Peter Ramrayka
Lay member primary care

Stuart Rowbotham
Place-based director Bexley*
Director adult social care and health, Bexley

Dr Angela Bhan
Place-based director Bromley

Neil Kennett-Brown
Place-based director Greenwich

Andrew Eyres
Place-based director Lambeth
Strategic director integrated health and care, Lambeth

Martin Wilkinson
Place-based Director Lewisham
Director of integrated care and commissioning, Lewisham

Sam Hepplewhite
Place-based director Southwark

*From 1 July 2020

Governance and transparency

The CCG's governing body will meet formally six times a year in public in different boroughs. Local people across south east London are welcome to attend any of the meetings in public. Borough-based boards will also hold meetings in public locally with at least the same frequency, which residents are welcome to attend.

In this way, patients and the wider public will have visibility of the CCG's work, with time at each of its meetings in public for people to ask questions.

Whilst the governing body's membership gives it strong clinical leadership, this must go beyond participation in the statutory governance functions of a CCG. Learning from successful health systems around the world confirms the importance of health and care professionals providing leadership at every level of an organisation like a CCG, especially around improving care quality, implementing change and evaluating its impact in terms of improving outcomes for people and reducing health inequalities.

We are pleased that other partners such as the Local Medical Committee and directors of public health will be part of the governing body and borough-based boards where they will be joined by several other local authority colleagues. Importantly, our six borough Healthwatch organisations have made arrangements to be represented at the governing body, and borough Healthwatch representatives will have a place at their respective borough-based boards.

Through borough-based teams the CCG will participate in each borough's partnership fora, health and wellbeing boards and scrutiny committees. Not only will these key local relationships be retained, they form a vital part of the work undertaken in our boroughs.

How we will work to improve health and wellbeing

The CCG's main purpose is to improve the health and wellbeing of south east London people. We will do this by:

- Ensuring that the services we commission for local people are high quality, safe and accessible.
- Working with our partners across health and social care, including those in the voluntary and independent sectors, to plan and improve services.
- Ensuring there are effective relationships with organisations that deliver care, so it is joined up in ways that are in the best interests of those using these services.
- Making sure that the money we receive from the Government is used to provide the right services, to the right people and at the right time.

As our population continues to grow and age, we will see an increase in demand for health and social care services, as more people live for longer with pre-existing and often long-term conditions.

Today, there is unacceptable variation in the care people experience across our six boroughs in terms of its quality, ease of access and the outcomes experienced. We will take a concerted and targeted approach to improve how care is delivered, tackling variations in quality and outcomes to reduce current inequalities. We will do this by making our services more joined up and easier to use, which in turn will make them more cost-effective to run.

We will continue to support work underway within south east London to improve the care and services people use in the community or when they need urgent medical help, sometimes in an emergency. We want to ensure that people who have health conditions such as cancer, cardiovascular disease, respiratory illnesses and diabetes experience better services and outcomes.

At the same time, we want to see improvements in the quality and consistency of our maternity services, and the care provided for people of all ages with a mental health condition and/or learning disability and autism.

Our commitment to equalities and diversity

We are committed to promoting equality and diversity for the people of south east London. As part of that commitment, we are making equality and human rights everyone's business within the CCG.

Our commissioning processes are underpinned by human rights principles. This means that commissioning decisions will be subject to fairness, respect, equality, dignity and autonomy.

We also have leadership roles for equality and diversity, which sit on our governing body (see pages six and seven) to ensure that it is championed at the highest levels. These and other leaders will be focused on both equality and diversity related to the services that we commission, and for our staff – who are our greatest asset.

We are establishing an equalities committee which will support this critical agenda, and this will report directly into the governing body.

Designing and delivering NHS services – having your say

Over the last two years, predecessor CCGs in south east London boroughs received national recognition for the quality of engagement they undertook with local people. Engagement with the public enables us to make decisions underpinned by a clear understanding of public views, concerns and aspirations. Knowing what people think about existing health services is vital to help us improve experiences of care for all patients.

Our aim is to build on the good work happening in our boroughs already. We will base our engagement activities on evidence of what works well, as well as national best practice. We will continue to involve local people at neighbourhood and borough level, and there will be occasions when we need to engage with people across borough boundaries, sometimes across south east London

We will continue to reach out proactively to people and communities so they can be involved in a consistent way. We are committed to addressing the inequalities and barriers to participation and involvement of seldom heard groups in south east London – including young people, those yet to develop health conditions, people from our LGBTQI+ communities, those living in areas of deprivation within our boroughs and people from black and minority ethnic communities.

To support our engagement with local people and ensure that we hear from all communities across our boroughs in our decision-making, especially those whose voice is seldom heard, the CCG has established an engagement assurance committee. The committee will agree the CCG's engagement approach with local communities and partners. It will also monitor the annual engagement work plan (which will directly support delivery of the CCG's annual business plan), as well as ensure there is meaningful and genuine involvement that contributes to service improvements that benefit many more people. This committee will report directly into our governing body, where leadership roles for engagement and participation also sit.

Crucial to delivering effective and meaningful engagement, will be our ability to demonstrate how people's feedback and comments are used to inform the decisions made by the CCG to improve patient outcomes. We commit to making this part of the way we operate and will seek to evaluate the impact that new services and initiatives have on the health and wellbeing of our communities.

To find out more about this important work, and to get involved in shaping our evolving engagement approach see **selondonccg.nhs.uk**

The six boroughs of south east London

South east London is diverse, and the health and care needs of its 1.9 million people are complex. We have organised the CCG in a way that responds to this. Our population is both growing and ageing; that means demand for health and care services is set to increase significantly as more people live longer.

We also have significant health inequality, both within and across our six boroughs. Life expectancy at birth can vary within a borough by up to nine years between the most and least deprived areas. When it comes to people's health, the wider determinants of health – such as deprivation, the local environment, housing, crime, education, employment and social isolation – have a significant impact, as do individual lifestyle choices.

One in five children in south east London live in low-income homes, with most of our boroughs – Greenwich, Lambeth, Lewisham and Southwark – ranking amongst the 15% most deprived local authority areas in the country. Whilst Bexley and Bromley are comparatively less deprived, they both still have pockets of significant deprivation.

The proportion of people from black and minority ethnic backgrounds also differs across our boroughs, from 60% in Lambeth to 19% in Bromley. We also have a higher than average proportion of local people identifying as LGBTQI+. For example, Lambeth and Southwark have the second and third largest lesbian, gay and bisexual communities in the country.

Many parts of south east London see big changes in their local populations on an annual basis. Where a highly mobile population exists, it can be harder for people to have access to good quality, consistent care.

In tackling health inequalities and improving health outcomes, the NHS Long Term Plan highlights the importance of continued collaboration between organisations with responsibility for providing and paying for health and care services in local areas.

More information on each of our boroughs can be found on their local pages through the CCG's website: **selondonccg.nhs.uk**

Bexley

247,444

16% aged over 65

22% black and minority ethnic background

Life expectancy

7.9 yrs lower for men

6.7 yrs lower for women

in the most deprived areas of Bexley than in the least deprived.

16.3% children live in low-income families

Bromley

330,730

18% aged over 65

19% black and minority ethnic background

Life expectancy

8.1 yrs lower for men

6.1 yrs lower for women

in the most deprived areas of Bromley than in the least deprived.

13.2% children live in low-income families

Greenwich

287,753

10% aged over 65

38% black and minority ethnic background

Life expectancy

5.8 yrs lower for men

3.6 yrs lower for women

in the most deprived areas of Greenwich than in the least deprived.

21.8% children live in low-income families

Lambeth

327,897

8% aged over 65

60% black and minority ethnic background

Life expectancy

5.4 yrs lower for men

4.7 yrs lower for women

in the most deprived areas of Lambeth than in the least deprived.

23.4% children live in low-income families

Lewisham

309,560

9% aged over 65

47% black and minority ethnic background

Life expectancy

8.4 yrs lower for men

4.7 yrs lower for women

in the most deprived areas of Lewisham than in the least deprived.

22.6% children live in low-income families

Southwark

319,610

8% aged over 65

46% black and minority ethnic background

Life expectancy

7.4 yrs lower for men

5.6 yrs lower for women

in the most deprived areas of Southwark than in the least deprived

23.2% children live in low-income families

The following sources of data was used to compile the data listed on these pages:
• Local authority websites • GLA population projections • Public Health England

Partnership working

People living in south east London access most of their health and social care very locally. When they do need more specialist care they have access to some of the country's finest specialist medical care through our teaching hospitals and wider acute provision and often access those services right across our six boroughs.

But people tell us that health and care services are often fragmented, resulting in duplication and confusion for those who use them. Not only is this unacceptable, it impacts on the quality of outcomes and increases the cost of delivering these services.

The key to making our services better is through improved partnership working. When it comes to health and social care, organisations working in isolation can rarely affect the types of change needed to bring about the greatest benefit for most people.

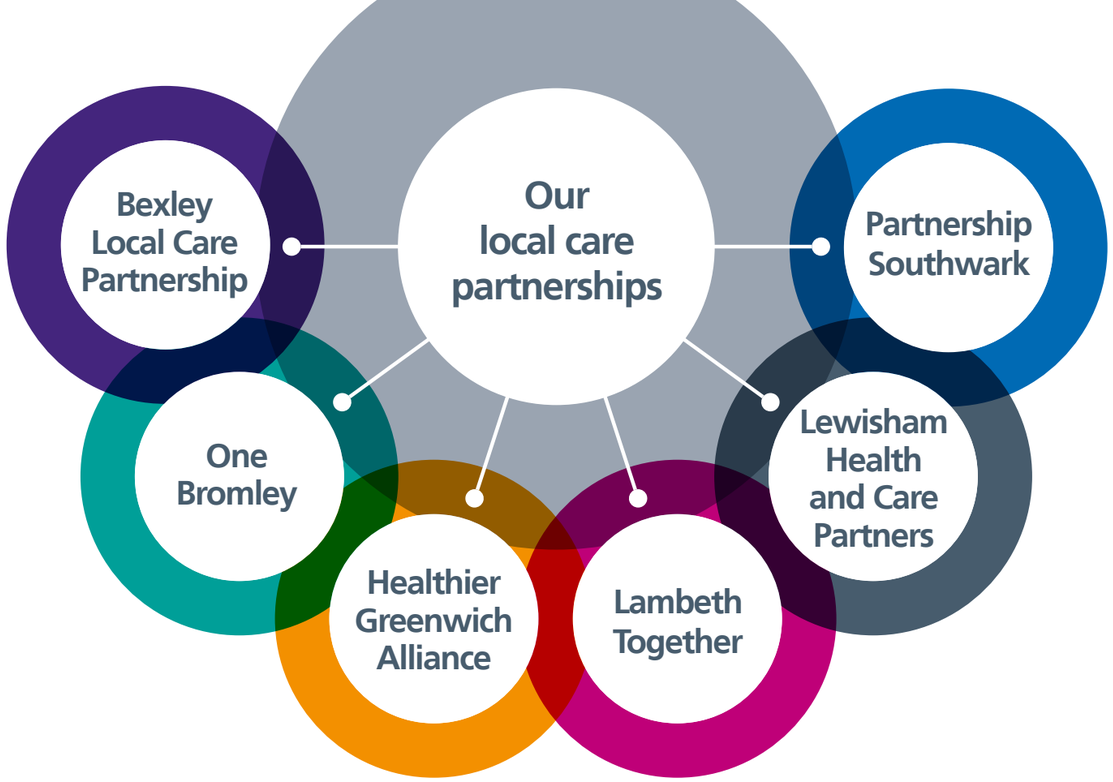
Our map of south east London's boroughs and hospital locations (page 12), if overlaid by the wider range of organisations, providers and community support that make a difference to peoples' lives is hugely complex. We need to do more to help local people navigate this system and access the right advice and care.

Our partnership working, driven through our integrated care system (ICS), Our Healthier South East London, aims to bring about real improvement. Our ICS brings together six local authorities, five NHS trusts and NHS South East London CCG. You can find out more about its work at **www.ourhealthiersel.nhs.uk**

But our partnership working is not limited to our integrated care system. The CCG – both across south east London and at a borough level – has positive working relationships with Healthwatch and voluntary and community sector organisations. We will continue to work with these partners, sharing expertise and in joint engagement projects.

Key to the CCG's future success will be to get the focus of our work right from the outset.

We want to build on the positive partnerships and relationships that have already been built up locally



Working at borough and system levels

Our new CCG for south east London will operate with borough-based boards that will have their own clinical and executive leadership to deliver the CCG's plans at a local level. These boards will include, and work increasingly closely with, representatives from the local authorities, as well as with a wider range of partners through their local care partnership.

The overall aim is to bring together commissioning and provider organisations from across the health and care system in each borough to plan and provide a range of coordinated services that deliver more integrated care for local people, with a focus on the health and wellbeing of the local population. This means that our boroughs will have health and wellbeing strategies that cover the development of health and care services locally.

In this way, the CCG can work at different population levels – within a neighbourhood or a whole borough through borough-based initiatives, or where most appropriate across more than one borough or even the whole of south east London. All of which will be overseen by the CCG's governing body, with membership drawn from all six boroughs.

Information on our borough-based boards and local care partnerships is at **selondonccg.nhs.uk**

The NHS – your rights and responsibilities

The NHS Constitution sets out rights to which patients, public and staff are entitled, and pledges that the NHS is committed to achieve, together with responsibilities, which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively.

The values underpinning the NHS Constitution are: working together for patients; respect and dignity; commitment to quality of care; compassion; improving lives; and everyone counts. Building on these values, the Constitution is based on seven principles:

1. The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status.
2. Access to NHS services is based on clinical need, not an individual's ability to pay.
3. The NHS aspires to the highest standards of excellence and professionalism.
4. The patient will be at the heart of everything the NHS does.
5. The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population.
6. The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.
7. The NHS is accountable to the public, communities and patients that it serves.

THE NHS CONSTITUTION
the NHS belongs to us all

Patients have a series of rights under the Constitution in relation to: accessing services; quality of care and environment; nationally approved treatments, drugs and programmes; respect, consent and confidentiality; informed choice; involvement in your health and in the NHS; and complaint and redress.

At the same time the constitution asks patients and the public to take responsibility for their own health and wellbeing, register with a GP practice and treat NHS staff with respect. Other responsibilities include providing accurate information about their health status, keeping appointments, following treatments recommended and taking part in public health programmes such as screening and vaccination, as well as providing feedback on the services they or their loved ones experience.

The NHS Constitution can be found at **www.gov.uk/government/publications/the-nhs-constitution-for-england**. NHS South East London CCG will work in accordance with it and the rights and responsibilities it outlines.

Glossary

- **CCG** – clinical commissioning group
- **ICS** – integrated care system
- **LGBTQI** – lesbian, gay, bisexual, transgender, queer, questioning and intersex
- **LCP** – local care partnership
- **PCN** – primary care network
- **STP** – sustainability and transformation partnership

Useful information

- NHS Long Term Plan **longtermplan.nhs.uk**
- South East London integrated care system's response to the NHS Long Term Plan **ourhealthiersel.nhs.uk/news-events/news.htm?postid=103711**
- NHS Constitution **gov.uk/government/publications/the-nhs-constitution-for-england**
- Our Healthier South East London ICS **ourhealthiersel.nhs.uk**
- South East London CCG **selondonccg.nhs.uk**

Get in touch

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160 Tooley St, London, SE1 2QH

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Further contact details:

- General enquiries/patient advice and liaison (PALs) – **selccg.contactus@nhs.net**
- Complaints – **selccg.complaints@nhs.net**
- Freedom of information requests – **nelcsu.foi@nhs.net**
- Media enquiries – **selccg.media@nhs.net**

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Our Healthier South East London
Integrated Care System

South East London health system response to COVID-19 and Recovery Planning

Please Note:

That the NHS South East London CCG has provided detailed updates on its COVID-19 response at each of its May and July Public Governing Body meetings which can be found here

Our Healthier South East London – the ICS has provided fortnightly briefings to Local Government Leaders and local MPs – An example letter is appended as Appendix B

Impact to date – COVID-19 cases and deaths in SEL

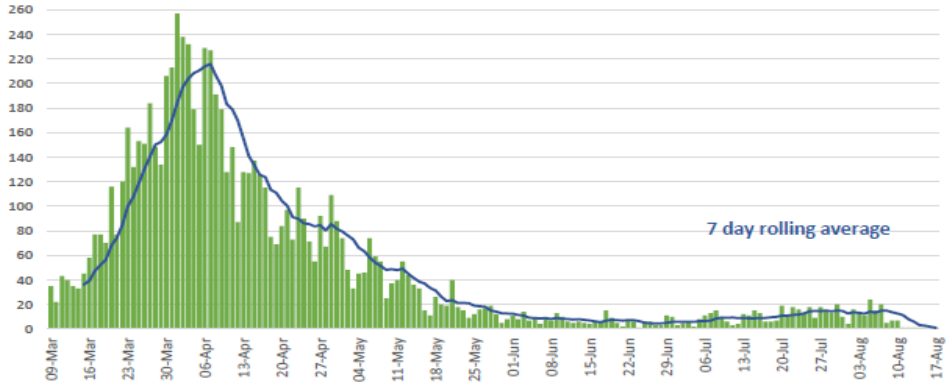
Our Healthier South East London
Integrated Care System

Confirmed Cases

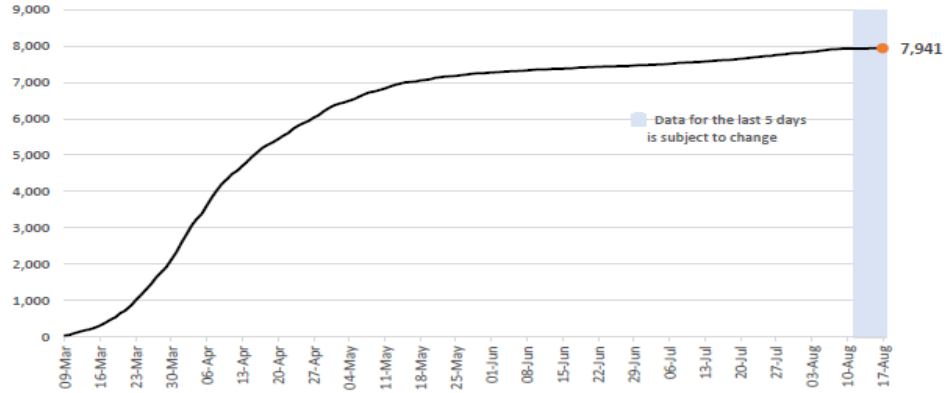
Only includes Lab-confirmed positive cases.

1 case confirmed on 17 August 2020.

7 cases confirmed in the last 7 days.



7,941 total cases confirmed to 17 August 2020.



Source: https://coronavirus.data.gov.uk/
Number of cases reported by specimen date. Data from around five days ago can be considered complete.

COVID-19 Deaths

Based on any mention of COVID-19 on the death certificate.

1,650 deaths that occurred up to 07 August but were registered up to 15 August.

	Place of Death						
Upper Tier LA	Care home	Elsewhere	Home	Hospice	Hospital	Other communal establishment	Total
Bexley	35	2	12	8	183	0	240
Bromley	77	1	18	9	240	0	345
Greenwich	22	1	10	5	188	1	227
Lambeth	27	0	25	6	233	1	292
Lewisham	26	1	23	3	241	0	294
Southwark	60	2	20	2	168	0	252
SEL Total	**247**	**7**	**108**	**33**	**1,253**	**2**	**1,650**
	15.0%	0.4%	6.5%	2.0%	75.9%	0.1%	

Responding to COVID-19 - Structures

Our Healthier South East London
Integrated Care System

As soon as COVID-19 was declared as a category 4 incident, all local health and social care organisations reacted promptly.

- **Incident Control Centres and Borough Emergency Control Centres were set up** on a 7 day a week basis. These Control Centres ensured that command chains were put in place, information and instructions could be rapidly disseminated, and that points of escalation existed to address any identified issued. The CCG established a control centre which covered all of SE London, with supported provider ICCs and reported into the NHS England (London Region ICC)

- From the outset, it was recognised that Control Centre structures must **establish clear communication channels between different parts of the system**. Each borough rapidly established Borough Response Groups to bring together and co-ordinate actions between health and care partners, and to provide a link to each Council's Local Resilience Forum.

- **Place Based Directors from the CCG were active members of Borough Gold Structures**. As an example, in Greenwich daily virtual meetings led by the RBG Chief Executive were held in order to agree priorities across health, social care, education, mortuaries, enforcement, parking, and the establishment of new services for homeless, community hub etc. This forum helped resolve issues in a timely manner and ensured all members worked to the same 'common purpose'.

- To ensure alignment on key strategic issues a **joint forum** between the ICC Gold Commander, CCG Place based Directors, Directors of Public Health (DPHs) and Directors of Adult Social Services(DASSs) was established on a weekly basis. This group oversaw work such as the harmonisation of discharge processes and demand and capacity planning. SE London DASSs nominated **Tom Brown, the Lewisham DASS to be the key conduit between health and care**. This role was critical in ensuring that messages were cascaded in a timely and effective way, but also to ensure that both health and care voices were always heard

- Daily '**System Leaders Calls'** were held every afternoon with Gold leads from acute, community and MH providers, as well as GP and DASS representation. These forums have been invaluable in ensuring alignment in approach across the system, and as a forum to request mutual aid and support. These calls remain in place (now on a weekly basis) to problem solve, identify issues, and ensure alignment on both recovery planning, and any second wave response.

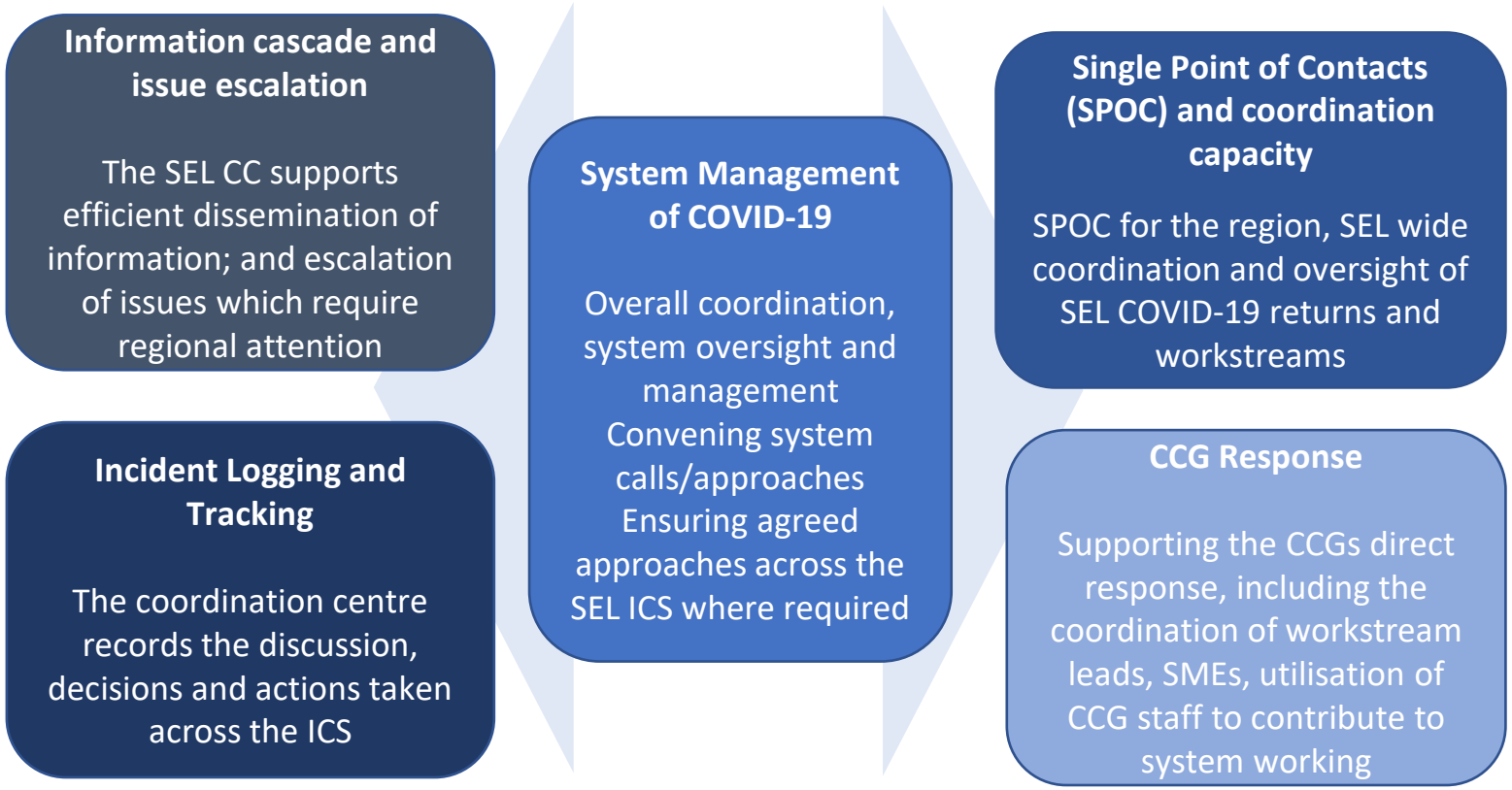
South East London Control Centre

Our Healthier South East London
Integrated Care System

Coordinating activity related to COVID-19 responses was the South East London (SEL) Control Centre, run by the SEL CCG:

The purpose of the South East London COVID-19 Control Centre (CC) was established to provide **control and command, coordination and decision making across South East London ICS system.**

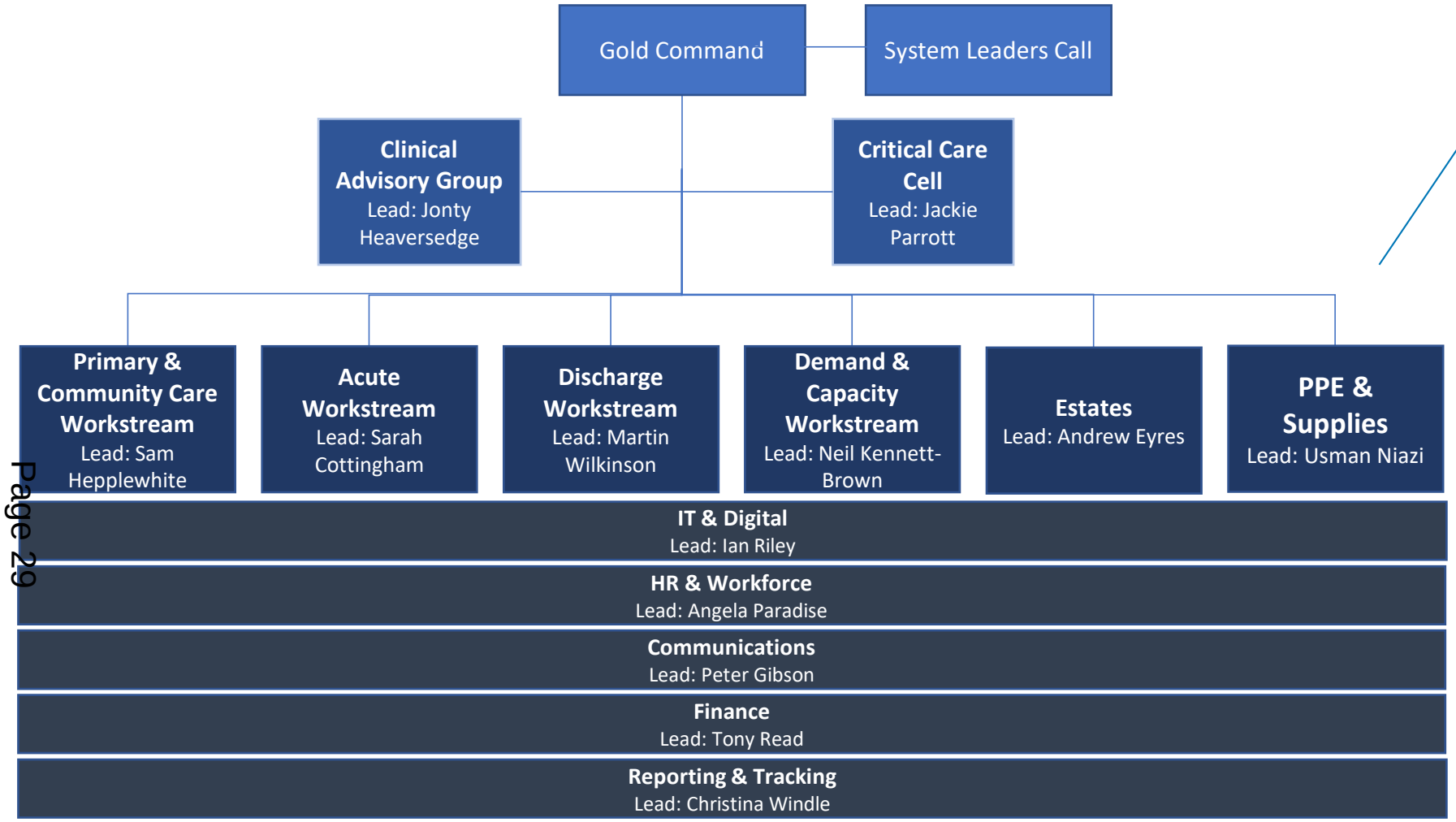
In March, the CCG implemented a COVID-19 Centre Team on behalf of the system - with Gold, Silver and Bronze level dedicated support, working 7 days a week to support the system. Key functions are:



Establishing response 'cells' and subject matter areas

Our Healthier South East London
Integrated Care System

In addition to the coordination centre and oversight structure, a number of workstreams were established to support the response:



Additionally there are a number of SME groups:

- Mental Health
- Testing
- Cancer
- Homelessness
- CHC, Care Homes, Children
- Safeguarding
- Nursing
- Prescribing and Medicines Optimisation
- BI
- Acute Performance
- CCG Business Maintenance
- Surge
- Patient Transport
- NHS 111

Recovery Planning – Process and Context

Our Healthier South East London
Integrated Care System

The SEL system has been focussing on both the management of the pandemic and also planning for recovery since May 2020. Our recovery planning has been driven by:

National planning guidance

- An initial focus on ensuring the treatment of high priority, clinically urgent cases delayed as a result of the pandemic (Phase 2 planning covering the period June to August) and then more broadly on wider aspects of recovery across the entire NHS (Phase 3 planning covering the remainder of 2020/21 – this letter can be found here).
- Whilst the guidance has been focussed on expectations and deliverables for the NHS there are clearly wider system implications of the guidance, including discharge arrangements, finance and funding and in terms of those deliverables where a wider system focus will be required such as the work to address inequalities.

Local recovery planning

- In addition to our work to respond to national planning guidance we have been working locally to develop our own recovery plans at borough and SEL level.
- We have agreed a deadline of end August to finalise our initial plans and priorities, recognising that we will need to keep our plans under regular review given our planning has taken place in the context of uncertainties in relation to future outbreaks or second waves of the pandemic, available funding and other changing trends or issues, such as demand and winter pressures.
- Our borough plans have been developed on a bottom up basis through borough stakeholders working collaboratively to secure the identification of a set of agreed local objectives and priorities, driven by identified needs that we will need to address in the short to medium term.
- Boroughs have ensured that engagement has formed part of the local planning process, with on going engagement plans to ensure we are testing our plans and ensuring that they are responsive.
- We will also be consolidating the borough plans in to a SEL Integrated Recovery Plan that will draw out common themes, issues and priorities and that will make explicit those areas that SEL will focus on across the Integrated Care System.

Recovery Planning – Borough Recovery Plans

Our Healthier South East London
Integrated Care System

Objectives – our plans are 'bottom up' but will consistently:

- Be driven by and take action to address the public health burden upon our populations
- Understand and seek to address now exacerbated inequalities within and across our boroughs
- Secure a safe return to service delivery in every care setting
- Capitalise and 'lock in' new ways of working
- Live within our means and optimise the value derived from the money our partnership spends

Scope – our plans will include the following areas of focus or context:

A 'Place' context - health and care recovery plan for each borough, integrated with wider borough recovery plans (e.g. employment, housing, support to families) with an emphasis on securing support for wellbeing and communities

A 'Population' context - SEL-wide or sector plans to secure agreed 'core' requirements (e.g. infection control) and common offers and processes to ensure consistent outcomes across an area of care (e.g. cancer and elective access and care) or where boroughs are seeking to achieve the same thing in the same way (e.g. it represents the optimal scale)

In taking forward our objectives we are mindful of the following:

- The challenge that finances will place on our whole system and the need to work collaboratively to mitigate the impact of financial pressures
- The need to ensure that we are testing and evaluating our service responses, with a specific focus on equity, quality and outcome impact. This will include a specific understanding of the impact of the shift services have seen from face to face to virtual models of care to ensure that we are not adversely impacting on access for particular services or population groups
- Ensuring we target our recovery actions to support vulnerable and high risk groups within our communities

Recovery Planning – Waiting times

Our Healthier South East London
Integrated Care System

Access to services and waiting times

- Access to services is a key priority for the ICS as we implement our recovery plans
- Our waiting times for cancer and elective diagnosis and treatment have increased significantly during the pandemic
- Demand has also been depressed during the same period – we expect our waiting times pressures to increase further as demand picks up again
- Whilst cancer and elective waiting times are a prominent area of focus we also have waiting list backlogs that have built up in other areas such as mental health and community services

Recovery plan actions

- Our recovery planning includes a significant focus on ramping up our capacity and activity across all services
- The Phase 3 national guidance sets out a clear expectation that we are able to reach pre covid levels of service e.g. primary care and a fast paced incremental increase in activity compared to pre covid levels for hospital elective services to be enacted between August and October and sustained thereafter e.g. diagnostics, outpatients, day cases and inpatients.
- We are working through the detail of these expectations to determine the level of activity that we will be able to stand up safely, at a service and site level, recognising that there will be larger constraints in some services than others and that we will need to be assured in relation to quality and safety in all areas, in relation to infection prevention and control
- Once we understand available capacity we will be able to assess the pace at which we will be able to reduce our waiting lists and times. We will be ensuring that patients are offered treatment in line with a consistent approach to prioritisation, which will take account in the first instance of clinical priority and urgency and in the second of length of wait.
- The scale of the backlogs and the fact that we had a demand and capacity imbalance pre Covid that is now exacerbated means that it is likely to take some time to reduce our backlogs to pre covid levels and then eliminate long waiters altogether.
- We are committed to ensuring regular communication with patients so they are clear as to their expected wait and their next step in terms of diagnosis and treatment.

Recovery Planning – wider planning

Our Healthier South East London Integrated Care System

Review of South east London pandemic response - Linked to but discrete from our recovery planning process the partnership has also been undertaking a review of learning from the first wave of the pandemic.

After Action Reviews - To learn lessons, inform future plans and ensure we are in a good position to quickly stand up a robust response in the event of subsequent phases. We have been undertaking the following key actions:

- Involvement in London wide After Action Reviews – these are taking place on a thematic or by area basis
- A review of our SEL system Incident Control Centre processes and approaches
- A review across our key associated work streams e.g. PPE and testing and with key partners e.g. Local Authority/Social Care colleagues to identify specific learning points

Utilising data - We are using 'early warning indicators' to ensure we identify concerning trends as quickly as possible

Winter and operational planning

- Alongside the review of our pandemic response from a process perspective we are also focussed on operational planning, with work underway to test the robustness of our plans, with a particular focus on winter and our planned ramp up of activity, including the identification of risks and mitigations.
- We have commenced our usual processes for planning for winter 20/21 but for this year this will also include a specific focus on plans to manage and respond to a potential second wave
- Our winter planning process will adopt the same approach to that for recovery planning – a bottom up process, coordinated through our local Urgent and Emergency Care Boards, working to an agreed common SEL wide framework

Wider planning processes - In addition the SEL system continues to play a part in wider planning processes and requirements, including London wide transition planning and borough based local outbreak planning, alongside on going surveillance of transmission and prevalence trends.

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Our Healthier South East London

NHS

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By email only

8 June 2020

Dear XXXX

NHS Covid-19 briefing for south east London

Further to the briefing I shared with you 26 May, things continue to change in terms of the Covid-19 response being undertaken nationally, across London and here in south east London.

As you will be very aware, from 1 June, lockdown rules in England were changed so that up to six people can meet outside of their household in parks, gardens, and other outdoor spaces, as long as they maintain social distancing. Last week new guidance was shared for those who have been shielding for the previous two months, who now able to go outside and spend time with their household, or one person outside their household. In addition, further guidance was issued over the weekend on face masks and coverings to be worn by all NHS hospital staff and visitors, which comes in to effect from 15 June.

The new NHS Test and Trace service was launched on 28 May, with specific guidance on how it will work for the NHS and social care published at the same time. An update on this service from a south east London perspective is provided below.

Updates on such important matters as shielding, testing and NHS Test and Trace are just three examples of the advice for clinical and non-clinical matters that continues to be updated regularly, which we ensure is shared with our frontline health and care staff.

As you will see from the update below on what is happening in our acute and other hospitals, the focus is now turning to include the changes we need to make to ensure that we are able to restart - safely - planned care for patients. This is not just about freeing up capacity previously used to combat Covid-19 as pressures ease on London's health service, but how this is done in ways that reassure people that the new arrangements are prioritising their safety. And, of course, we will continue to use telephone and video consultation where clinically that is the right thing to do.

Covid-19 cases and deaths in south east London

Cases of patients with Covid-19 are collated and published nationally by upper tier local authority. Deaths are collated and reported nationally by acute trust, as well as now by upper tier local authority. The following information relates to the period to 6 June for cases and to 22 May for deaths:

	England	London	SE London
Cases (published daily by PHE)	154,908	27,139	6,196
Deaths (published weekly by ONS)	42,210	8,034	1,510

The number of people testing positive for Covid-19 in each of south east London's boroughs for the period up to 6 June is:

- Bexley – 728
- Bromley – 1,286
- Greenwich – 704
- Lambeth – 1,214
- Lewisham – 990
- Southwark – 1,274

In terms of deaths, the borough level information is set out below (which is the weekly position published on 26 May, reflecting deaths up to 22 May but registered by 31 May).

	Care home	Home	Hospice	Hospital	Other	Total
Bexley	25	11	6	159	2	203
Bromley	69	14	7	227	1	318
Greenwich	20	8	3	179	2	212
Lambeth	24	18	5	217	1	265
Lewisham	22	20	2	231	1	276
Southwark	56	17	2	160	1	236

Further information about Covid-19 deaths that have taken place in hospitals can be found on the NHS England/Improvement website. The Office for National Statistics publishes provisional counts of the number of deaths and age-standardised mortality rates involving Covid-19 between for England and Wales. The figures are provided by age, sex, geographies down to local authority level and deprivation indices.

Tackling inequalities in Covid-19

Two reports published in early June highlight the differential impact of Covid-19. A Public Health England report looking at the disparities in the impact of Covid-19 shows that lower-paid workers, older adults and men are generally the worst affected by coronavirus. The report also found that in the UK, black, Asian and minority ethnic (BAME) people are up to twice as likely to die of coronavirus than white British people. A CQC publication suggests that the death rate for those with a learning disability is three times that of the national average.

Addressing inequalities will continue to be a priority, is a focus of the Our Healthier South East London Long Term Plan as well as the cornerstone of our developing recovery plan. We will focus relentlessly on reducing inequalities and are committed to creating tangible actions to progress and promote equality.

NHS Test and Trace

The NHS Test and Trace service went live on Thursday, 28 May. Anyone with a positive Covid-19 test result will now be contacted via NHS Test and Trace and asked to provide details of places they have been and of people they have been in contact with recently. In addition to those with a positive test being required to self-isolate for seven days, contacts of these cases will be asked to self-isolate for 14 days. Importantly for our ICS, where contact has been with staff wearing the appropriate personal protective equipment (PPE), they will not automatically need to self-isolate. This will be critical in continuing the resilience of our services.

Any positive test results linked to places such as care homes, schools, hostels or where there is additional complexity will be managed by Public Health England working with local authority public health teams. Support for those who have been asked to self-isolate is available through the hubs that have been established in all boroughs to support people who are shielding or clinically vulnerable to the virus.

Ensuring that those who have symptoms of coronavirus can access testing quickly via nhs.uk/coronavirus or calling 119 will be critical to the effectiveness of the NHS Test and Trace service. It is also important that local communities have confidence in, and are able to act on, the advice to self-isolate to prevent any further spread of the virus.

There is a London-wide group that is developing information for London's communities to address the needs of our diverse population and help ensure that the messages reach everyone.

Each director of public health now receives a daily report with the number of cases in their borough; they will also work closely with the South London Health Protection Teams from Public Health England to manage any localised outbreaks.

In parallel, local authorities have been asked to develop outbreak control plans. These will form the borough's response to both preventing new outbreaks and managing any identified in local areas. Clearly engagement with residents is an essential component of these plans.

Whilst these plans are borough-based, the directors of public health are working together across south east London to ensure that there is a shared approach and that support and mutual aid is available across the six boroughs as required.

Acute services in south east London

Hospitals in south east London continue to treat patients who have tested positive for Covid-19, however, there is now an increasing focus on restarting services that were suspended at the beginning of the pandemic back in March. In the past few weeks, we have also begun to see increase in emergency department attendances.

While patients will continue to have virtual and telephone consultations wherever clinically that is the right thing to do, plans are being developed for the return of patients to hospital for elective and other procedures. This includes reverting wards back to their pre-Covid-19 purpose, as well as staff returning to their substantive roles.

Provider organisations are also ensuring that plans ensure the safety both of patients and staff as far as possible to mitigate the further onset of Covid-19. This work involves plans being developed that include the management of social distancing on hospital sites, as well as reviews of current visiting policies.

We are planning to increase the amount of non-Covid work we are able to undertake and some patients are now being contacted to arrange a date for their operation. Patients coming in for planned treatments are being asked to self-isolate for 14 days and to have a swab test before their admission date. This helps minimise the risk to them and to staff, whilst enabling much needed treatments to go ahead. For each patient we are assessing whether the benefits of treatment outweigh the risk. Infection control measures mean that we are able to see fewer patients than usual and some patients will continue to be offered treatment in the Independent Sector to help us ensure as many patients are treated as possible.

Urgent South London Mental Health Prevention Summit

South London and Maudsley NHS Foundation Trust jointly with local authorities: Croydon, Lambeth, Lewisham and Southwark hosted an Urgent Mental Health Prevention Summit to address how to work together to protect our communities' mental health as result of Covid-19. The virtual Summit addressed the wider impact on our communities' mental wellbeing as the country emerges from Covid-19. The Summit set out the following six actions as the starting point for a 12-month programme of mental health prevention:

- To create a mental health prevention taskforce that will have representatives from across organisations and boroughs that will oversee a twelve-month prevention programme.
- To develop a programme of mental health community capacity building across south London – which will work with schools, faith and community groups to stay well. Making sure we reach out and listen to as many communities as possible across our four boroughs, including those for whom English is not a first language to help shape this work.
- To create a package of digital mental wellbeing courses for all residents across south London through the South London and Maudsley NHS Foundation Trust Recovery College
- To support and share the south east London Free Your Mind mental health campaign with all our residents and communities
- To work together on tracking the levels of psychological distress in our communities as a result of Covid-19
- To host a Mental Health Prevention follow-up summit in October to report back on progress and further challenges as a result of Covid-19. The shared action and implementation plan will be published in full.

I trust that you will find the information contained in this latest briefing helpful. If there is any subject area that you would like us to consider including in future such briefings, please email Peter Gibson, the CCG's director of communications and engagement (peter.gibson2@nhs.net).

Best wishes

Andrew Bland
CCG Accountable Officer and South East London ICS Lead

Joint Health Overview and Scrutiny Committee

"Our Healthier South East London"

(As agreed by the Joint Committee on 1st February 2016)

(Proposals for a five year commissioning strategy developed by 6 CCGs which aims to improve health, reduce health inequalities and ensure all health services in South East London meet safety and quality standards consistently and are sustainable in the longer term)

TERMS OF REFERENCE

The Joint Health Overview and Scrutiny Committee is constituted in accordance with the Local Authority Public Health, Health & Wellbeing Boards and Health Scrutiny Regulations 2013 (the "Regulations") and Department of Health Guidance to respond to substantial reconfiguration proposals covering more than one Council area from the Our Healthier South East London programme ("OHSEL"). OHSEL is a proposal devised by the 6 CCGs covering the London Boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark. It proposes a five year commissioning strategy for the areas covered by the 6 London Boroughs represented on this joint overview and scrutiny committee. The CCGs state that the programme is developed to improve health, reduce health inequalities and ensure all health services in South East London meet safety and quality standards consistently and are sustainable in the longer term.

The Joint Committee's terms of reference are:

1. To undertake all the functions of a statutory Joint Health Overview and Scrutiny Committee in accordance with the Regulations and Department of Health Guidance. This includes, but is not limited to the following:-

   (a) To consider and respond to the proposals from the OHSEL for the reconfiguration of Health Services in South East London.

   (b) To scrutinise any consultation process conducted by the 6 CCGs in relation to OHSEL, but not to replicate any consultation process.

   (c) This does not include the power to make any decision to make a referral to the Secretary of State in relation to the proposals from the CCGs for Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark. However, any individual borough may make a specific delegation to the JHOSC in relation to their own power to make such a referral on their behalf.

Membership

Membership of the Committee will be two named Members from each of the following local authorities:-

London Borough of Bexley;
London Borough of Bromley;
London Borough of Greenwich;
London Borough of Lambeth;
London Borough of Lewisham;
London Borough of Southwark.

Members must not be an Executive Member.

PROCEDURES

Chair and Vice-Chair

1. The Committee will appoint a Chair and Vice-Chair at its first meeting. The Chair and Vice-Chair should be members of different participating authorities.

Substitutions

2. Substitutes may attend Committee meetings in lieu of nominated members. Continuity of attendance throughout the review is strongly encouraged however.

3. It will be the responsibility of individual committee members and their local authorities to arrange substitutions and to ensure that the lead authority is informed of any changes prior to the meeting.

4. Where a substitute is attending the meeting, it will be the responsibility of the nominated member to brief them in advance of the meeting

Quorum

5. The quorum of the meeting of the Joint Committee will be 4 members, each of whom should be from a different participating authority.

Voting

6. It is hoped that the Committee will be able to reach their decisions by consensus. However, in the event that a vote is required each member present will have one vote. In the event of there being an equality of votes, the Chair of the meeting will have the casting vote.

7. On completion of the scrutiny review by the Joint Committee, it shall produce a single final report, reflecting the views of all the local authorities involved.

Meetings

8. Meetings of the Joint Committee will normally be held in public and will take place at venues within South East London. The normal access to information provisions applying to meetings of the Overview and Scrutiny committees will apply. However, there may be occasions on which the Joint Committee may need to make visits outside of the formal Committee meeting setting.

9. Meetings shall last for up to two hours from the time the meeting is due to commence. The Joint Committee may resolve, by a simple majority, before the expiry of 2 hours from the start of the meeting to continue the meeting for a maximum further period of up to 30 minutes.

Local Overview and Scrutiny Committees

10. The Joint Committee will encourage its Members to inform their local overview and scrutiny committees of the work of the Joint Committee and any proposals contained within the OHSEL programme.

11. The Joint Committee will invite its Members to represent to the Joint Committee the views of their local overview and scrutiny committees on the OHSEL programme and the Joint Committee's work.

Communication

12. The Joint Committee will establish clear lines of communication between the NHS, participating local authorities and itself. All formal correspondence between the Committee, local authorities and the NHS on this matter will be administered by *(named officer/borough to be determined)* or *(other)* until such officer is appointed.

Representations

13. The Joint Committee will identify and invite witnesses to address the committee and may wish to undertake consultation with a range of stakeholders.

Support

14. Administrative and research support will be provided by the scrutiny teams of the 6 boroughs working together.

Assumptions

15. The Joint Committee will be based on the following assumptions:-

(a) That the Joint Health Scrutiny Committee is constituted to respond to the work of the OHSEL Programme including any proposals it puts forward and any consultation it may carry out, as well as comment on the public and patient involvement activity in which the NHS has engaged in relation to this matter.

(b) That the OHSEL Programme will permit the Joint Health Scrutiny Committee access to the outcome of any public consultation phase prior to the formulation and submission of the Joint Committee's response to such public consultations.