

NHS Lambeth CCG Public forum 20th September Notes

	Source	Question	Summary response	Action
1	Nicola Kingston, Patient Participation Group Network (PPGN)	<p>Thank you to SG for setting up a session on engagement through the Community Based Care Programme Board meeting, and to AP for good session at the Lambeth Together Development Group session: useful discussions happening with further opportunities planned. PPG Network would like to have coproduced report following Lambeth Together Development Group session.</p> <p>Request for the CCG to stand by its commitment to coproduction. To commit to continuous improvement in its approach to coproduction/to citizen engagement/voluntary sector engagement in strategic work. Also to look at support/resources for systems of coproduction in developing commissioning intentions. The lack of funding for patient/citizen/voluntary sector engagement should be flagged as a 'red risk'.</p> <p>Care Coordination plans requires improvement. It would be beneficial for this to be reviewed with input from Healthwatch.</p> <p>Training and development is needed to empower patients, carer groups and voluntary sector representatives to participate as equal partners. This has previously been</p>	<p>The CCG sets a high bar on engagement and a lot of work is going on in this area; we recognise we do not consistently live up to our commitment and that we can always do better in coproduction in our work programmes.</p> <p>Today's Governing Body meeting includes proposals for Lambeth Together. This places emphasis on how we achieve the culture change required. We need a sensible design process to agree how we can coproduce effectively. We will be continuing to discuss this at the CBC group and the PPG Network is part of this, there is a meeting next week. We would also want a wider community event to test the design principles and are beginning to plan this with SJ from the PPG Network.</p> <p>Care Coordination is an important part of the work we are doing; we are currently testing with a few practices in Lambeth, and of course learning from these pilot practices; the experiences gathered by Healthwatch will also influence how we take this forward. AP said in terms of the group to be involved it had been agreed that this would be a small group of key partners rather than a wider group.</p>	<p>PPG led Public meeting arranged for 9 November.</p> <p>PPGN will continue to be included in the planning and delivery of engagement plans for Lambeth Together</p> <p>A revised engagement approach will be considered at the Governing Body January Meeting in Public</p>

		<p>discussed.</p> <p>Gay Lee said healthcare professionals should also be in room.</p>	<p>MMcG said that there is a workstream, in which Healthwatch Lambeth is involved; to look at care coordination and patients would be part of this. NK said that PPGN would also like to be in the room. NK described a protected learning time meeting (care coordination) where it was mentioned that there were not enough seats for all parties to be in the room for their representative. SG said she would be interested to hear about the work being done; also who is involved.</p> <p>Some resource has been identified from partners to support engagement in LCNs and care coordination in the short term. A longer term solution will be necessary to support engagement but partners are aware that finance is a significant issue. AP confirmed that a member of his team has designed an early draft version of a three month engagement plan/cycle and he offered to discuss the request.</p> <p>There had been discussion regarding support with training and development at the previous Public Forum meeting in July and a request to feedback would be passed to UD.</p>	<p>UD to feed back to NK regarding training and development</p>
2	Elizabeth Rylance Watson, Southwark resident	SEL CCG Review: Need for clarity regarding the Sustainability and Transformation Plan (STP) and Accountable Care Organisations (ACO)/Accountable Care Systems (ACS) in relation to understanding what this means for Lambeth.	<p>The South East London (SEL) CCG Review relates to commissioning and is not an STP, although there is an overlap. It was set up separate to the STP.</p> <p>The SEL CCG Review concerns work we do</p>	No

		<p>The 'SEL London CCGs Commissioning Review' in Lambeth includes the term "collaborative", which the other 5 CCGs do not use.</p> <p>The separation of STP as a separate entity is no longer credible as it affects everything including IT.</p> <p>Clarification was sought about the creation/role of Accountable Care Organisations for South East London, particularly as their chief officer is also acting as Chief Officer, for Greenwich and takes control, under Jeremy Hunt, of the other 5 CCGs.</p> <p>An NHS England publication (August 2017) setting out preparation for BREXIT was referenced and a query raised as to whether the CCG are looking at how to progress the ACS and work towards key lines of enquiry such that when we leave the EU it would not take too much additional work to move forward.</p>	<p>collaboratively and as such it would also have separate streams of work at borough level. Our plans refer to an Accountable Care System. There is no intention to set up a separate (accountable care) organisation.</p> <p>Cover for the role in Greenwich is being undertaken in the absence of a Chief Officer in Greenwich. There is a description of an Accountable Officer for all five CCGs and Lambeth sits separate to this with a joint Accountable Officer arrangement with Croydon. However, there is no intention to join the two CCGs. In all five CCGs there will be a Managing Director role.</p> <p>For Lambeth, our developing alliance work (the IPSA in mental health) looks very much like what is described at national level as an Accountable Care System, which does not carry the same risk as an Accountable Care Organisation. Moreover, while Accountable Care Organisations involve health partners, in Lambeth we are fortunate to be developing our work together with Lambeth Council, as part of a wider system. We are taking this forward carefully, testing as we go with NHS Improvement and NHS England, to ensure we are acting appropriately.</p>	
3	Gay Lee Lambeth KONP	Access hubs and homeless people: a nurse at the Spires Day Centre in Streatham had told KONP that homeless people and other vulnerable groups are experiencing difficulty in accessing hub services since closure of	AM requested that if Gay Lee could put him in direct contact with the nurse in question and he would answer directly.	AM to respond directly to the query raised

		Gracefield Gardens Walk in Centre. She had also said she thought that health professionals working in Gracefield Gardens were not included in the consultation or engagement.		
4	Gay Lee Lambeth KONP	Aggressive marketing by Pharmacy2U: this prescription service is being offered promoted as free of charge: can you please clarify who is who is paying for this service and why I am being targeted? What is the complaint process given that this is a separate pharmaceutical organisation?	Pharmacy2U is a national pharmacy organisation. They have been challenged about their marketing approach, as they have given the appearance of communications coming from the NHS and GPs. Patients can complain to the Advertising Standards Authority if they are unhappy with the promotional materials or approach. Costs for this type of prescription service would be covered by a prescribing fee payable by the NHS to Pharmacy2U, as with other pharmacies.	No
5	Gay Lee Lambeth KONP	Announcement of a public meeting on mental health with Helen Hayes MP. GL announced a public meeting with Helen Hayes where the impact of cuts on mental health will be discussed. Date and venue details were provided for anyone interested.		No
6	Wendy Horler, Southwark Resident	Financial reporting: Thank you to CC and the CCG's finance team for the improved reformatted finance report. How much is the Capped Expenditure Process costing Lambeth?	The team had provided a summarised report and would continue to look at how the report can be further enhanced. This is more of a savings matter than a cost to the CCG. The CCG is tasked with delivering a series of QIPP	No

			(Quality, Innovation, Productivity and Prevention) savings schemes and this includes working collaboratively in SE London to identify where we can make savings across the six CCGS. A benefit of this is around shared learning and best practice.	
7	Colin Weeden	Will there continue to be funding for the Expert Patient Programme in the future?	The Expert Patient Programme is one of a number of NHS services that is funded by Lambeth Council as part of the public health commissioning function. We have worked closely with Council partners in this area for a number of years through the Lambeth Staying Healthy programme. There are not specific plans we are aware of for the Expert Patient Programme, but it is clear that CCGs and local authorities alike face a tough financial climate that require us to keep all our activity under continuous review. We understand the local authority's elected members will be considering their savings proposals, including for public health, in November. In the CCG we are looking closely at the full range of the services we commission to identify where we can deliver savings and achieve better value for every pound we spend. You will see this in our November Governing Body papers. We have challenging financial targets to achieve this year and next, as do our Council partners. As we plan for next year and beyond we will continue to work with our partners in the Council to ensure that in our joint and collaborative work we make commissioning decisions that improve health, improve quality and reduce inequalities in health of Lambeth people.	No