

**NHS Lambeth CCG Public forum 1<sup>st</sup> March 2017 Notes**

	Source	Question	Summary response	Action
1	Les Elliot Lambeth resident	Proposal to set up a review of community services: In light of the Primary Care Trusts transfer to CCGs in 2013 LE plans to undertake a review of community services from GSTT and community based mental health services, in order to understand how they are working. LE would like to know who he should be speaking to in providers.	We keep services and quality under continuous review through our contracts; we support patient and user feedback as part of our work as commissioner so it would be helpful to understand what areas in particular LE wanted to focus on so as to be able to support making the right contacts with providers and to give the best chance that this would add value to what is in place. The CCG is keen to work together to achieve and maintain consistently high quality services.	No
2	Jenni Rodgers PPG	Patient Participation Incentive Listening Scheme: Is there any way that the CCG can influence what happens to incentive money as at present money goes directly to surgeries rather than a portion of this being given to PPGs to progress their work?	It is correct that the GP Delivery Framework resources practices; it is left to individual practices to manage locally, and one or two have made some funding available to support PPG activities. The 2017-18 GP Delivery Framework specification is not yet finalised and it may be possible to include wording to support the resourcing of patient group activity going forward.  The CCG can also share news stories of how some practices are supporting PPG-led activity, through its GP bulletin.	AP to consider how the CCG can encourage practices to support PPG activities that might cost money, as part of GP Delivery Framework specification and through GP bulletin.

<p>3</p>	<p>Cheryl Alfred PPG Network</p>	<p>Sustainability and Transformation plans/Local Care Networks update: please can you update on the next stages of the STP work, particularly in relation to financial planning and governance?</p> <p>The PPGN would like to thank LCCG for the useful consultation held at the January 2017 Public Forum meeting which was informative and helpful. Thank you to Una Dalton for providing opportunities for PPGN involvement in LCN training and development.</p> <p>Please can you include a consideration of community assets when undertaking financial planning activities?</p>	<p>At a meeting of the Lambeth Overview and Scrutiny Committee on 28 February 2017 the SE London STP was discussed. This information is available as a live stream on Twitter.</p> <p>The STP is a plan that brings together many plans under one programme name. It has involved and will continue to involve engagement with local people and collaborative work with partners on priorities we share. Certain elements of the STP involve more complex plans for service change, for example elective orthopaedics, but in other areas we are already implementing the STP, for example, in the development of LCNs and diabetes treatment, for example.</p> <p>We are holding a number of events across SE London to expand people's understanding of the STP and importantly to dispel some of the myths that have been generated by the national press coverage. The first of these events, co-developed with Healthwatch Lambeth, will be held in May.</p> <p>We are looking at programme structures and refreshing partnership governance across SEL. This is the process we are currently developing.</p>	<p>No</p>
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4	Cheryl Alfred PPG Network	Walk-in centre Proposals (WIC): request for update on progress particularly in relation to communications about the new services to increase public awareness of the changes; also to provide assurance around the equalities issues previously highlighted/raised.	<p>The plan for communicating the closure of the WIC and programme of awareness raising activities to the public was outlined as follows:</p> <ul style="list-style-type: none"> <li>• Mailing patients who have used the WIC in previous year.</li> <li>• Starting today an LCCG project manager, Lianna Williamson will be situated at the WIC, six days a week until the end of April, covering the transition period to speak to local people about those changes and to signpost people to alternative services, including GP registration.</li> </ul>	No

			<ul style="list-style-type: none"> <li>• Posters and leaflets around community venues. A request was made for help to circulate the message far and wide.</li> <li>• Local medial advertisement this week and again within a fortnight.</li> <li>• Social media campaign, led by the CCG's Head of Communications.</li> <li>• Working with three borough team as to how to engage the homeless. Also steps being taken to register homeless population.</li> </ul>	
5	Gay Lee Lambeth KONP	<p>Mental health: concern at contrast between positive developments of community based services versus acute sector services. Positive work is recognised in areas of prevention and community based care to reduce hospital admissions.</p> <p>Specific concern expressed regarding a ward that is about to close at Lambeth Hospital, where there are staff shortages and anecdotal reports that it is as a result a dangerous place to work.</p>	<p>There are staffing challenges across the sector.</p> <p>MMcG explained that the profile of patients in Lambeth hospital beds has changed over recent years, as although fewer people are admitted, the stay tends to be for a longer duration. A review is underway to understand what contributes to those staying over 40 days. Often this has had to do with people's housing needs, and we are working within the IPSA to address this as a priority.</p> <p>The successful rehabilitation of patients previously accommodated on the McKenzie ward led to the closure of this ward before Christmas. These beds are no longer needed.</p>	No

			<p>The patients at Bridge House will move to borough based wards across Lambeth, Southwark, Lewisham and Croydon.</p> <p><i>Post Meeting note: The use of Bridge House on the Lambeth Hospital site as 'overspill' wards for acute mental health services was intended as a short-term temporary measure to provide extra bed capacity across the trust when required. From April 2017, Bridge House will no longer provide these acute inpatient beds. Eventually, following works that are required, it will revert back to its original designation as a medium secure unit for forensic mental health patients.</i></p> <p>The Care Quality Commission has recently carried out a return visit and their official report will provide further insight and guide both ourselves and SLaM as to future priorities within inpatient services. The immediate feedback was very positive.</p> <p>Despite successes the CCG is not complacent and recognises that there are significantly more opportunities to support local people/in the community. The pressure in Lambeth is very different to the rest of London, for the reasons discussed/described.</p> <p>We are also looking at how to improve:</p>	
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6	Elizabeth Rylance Watson, Southwark resident	<p>Blue lights crisis: Can the CCG provide policy from Lambeth CCG in relation to SLAM as there have been instances where a Lambeth resident has had no access to a crisis pathway.</p> <p>There needs to be established/assurance of a clear and safe pathway for someone in crisis as often someone arrives in A&amp;E being escorted by police and is in clear distress. There ought to be a calm room readily available – these protected areas have been closed in some hospitals.</p>	Changes to places of safety for people who have a mental illness when in a public place and are in need of care (section 136, Mental Health Act) needs clarifying as this can vary depending on the day of the week. We are working on this with Lambeth Public Health. Re-evaluation of the adequacy of current spaces is required.	No
7	Elizabeth Rylance Watson, Southwark resident	<p>Clarity about Local Care Network development: having attended the Primary Care Joint Committees (PCJC) Meeting on 8<sup>th</sup> February 2017, she would like to know the Lambeth position, specifically in relation to being clear about the LCN, with reconfiguration of Primary Care including a number of mergers happening across the SE London boroughs, as to how this is being brought together to end up with something that gets procured. In relation to multi-speciality provider, will this be a reality? Is Southwark in the same place?</p>	<p>Reconfiguration of practices and mergers across Southwark and Lambeth have been discussed and decisions made in the Joint PCJC meeting are about individual practices. For example, where a Lambeth GP retired therefore there are resulting practice changes and work is being undertaken to consider how to arrive at the best solution for patients.</p> <p>We cannot ignore boundaries – and we will continue to work with Southwark, particularly around interfaces with hospitals).</p>	

			<p>The alliance approach we are pursuing in Lambeth is not a merger of organisations. This model allows for a single contract held between multiple providers working to a defined set of outcomes and it is about providing better value and improved care.</p> <p>We are going through assurance processes with regulators all the way and testing that this approach is right.</p> <p>GP practices merging or entering a partnership, such as the merger of several practices in Lewisham is not quite the same as the LCN. It is a display of how general practice chooses to organise itself (shared skills and resources). In Lambeth GP Federations are encouraged to work together and where possible with LCNs. The LCN encourages practices to work with community and housing services to create a unified offer, but does not necessarily mean that all those organisations come together in one organisation.</p> <p>National guidance to steer and guide is anticipated.</p>	
8	Elizabeth Rylance Watson,	Staff resources: a request was made to ensure all staff has appropriate and adequate resources to keep them up to date with a vastly changing	We will try to keep people up to date and use Plain English.	TBC

	<p>Southwark resident</p>	<p>landscape so as to be able to take well informed decisions.</p> <p>Concern was expressed that some senior staff do not know as much as would be expected they should about key programmes and policies, such as Primary Care Delegation.</p> <p>Clearer language with less jargon and acronyms would be helpful to ensure that information is more accessible for the public and for anyone participating in new area of work.</p>		
9	Gay Lee	<p>Public Forum meeting notes: Can hard copies of Public Forum notes be made available at future meetings?</p>	<p>Going forward we will make arrangements to have some hard copy notes available.</p>	<p>Hard copies PF notes to be brought to future PF meetings.</p>