

NHS Lambeth CCG Public forum Notes: 17th January 2018

	Source	Question	Summary response	Action
1	Abi-Kristos Straker, Lambeth resident and provider of Tai Chi.	Interested to know something about plans for elderly care and prevention, e.g. of falls, and referral to a range of services that can support elderly people. The approach is often reactive.	<p>Our approach for some time is to keep people well and avoid the need for an episode of care in hospital. However, elderly people do still make up a majority of the hospital population. We are pleased to see and welcome all sorts of initiatives such as Tai Chi being offered, as we recognise that the CCG does not have all the answers, particularly on prevention.</p> <p>Initiatives include comprehensive assessments of need and coordination of care through general practice, to keep frail older people well, bringing more hospital-type services into people's homes, and running strength and balance classes to reduce falls. We also have a range of social prescribing/signposting options available through timebanks and the Lambeth SAIL project. All of these are prevention-focused and have contributed to keeping people out of hospital.</p> <p>CP added that Healthwatch Lambeth has been working to hear what people think they need – they want to exercise choice in deciding how best to stay healthy, to feel less lonely. Having a range of activities available locally, such as strength and balance classes and Tai Chi offer positive choices and can address isolation as part of a broader prevention agenda.</p>	No
2	Jenni Rodgers, Patient Participation Group Network (PPGN)	NHS 111/IUC Service: recently made a call on behalf of a relative to the NHS 111 service. This was a poor experience due to the first responder not having the correct information, resulting in significant time wasted. A complaint made on their website has not received a response to date. Any advice on how to get through?	<p>Disappointing to hear that there has been no acknowledgement of the issue raised, as it is important to know where the system is not working well, particularly if harm has been caused or potential harm. The NHS 111 service is delivered across SEL by the London Ambulance Service.</p> <p>The CCG would be happy to offer support to ensure</p>	AM to arrange for the CCG to support with the follow up process as required.

			that these concerns are responded to. Offer to take details outside of the meeting to ensure that the complaint is addressed.	
3	Elizabeth Rylance Watson, Southwark resident	Care Coordination: concerned to note in meeting papers Healthwatch Lambeth highlighting initial problems with care coordination. None of this is new. What is the CCG planning in this programme to ensure that the voluntary sector and citizens have active participation?	<p>We are involving citizens and the voluntary sector in care coordination, in Lambeth Together and in delivery alliances of our partnership work (e.g. Living Well Network Alliance). Involvement is at different levels, and includes strategy and oversight and involving people in development work. As Lambeth Together is a new partnership, forging new relationships, and with a less clear-cut set of actions to take forward, some of the involvement is also less clear cut and less easy to define or demonstrate. We would agree that in Local Care Networks and long term conditions there is still significant work to be done to effectively involve the people we need to involve.</p> <p>CP added that there was an important difference today, compared with when SLIC was in operation, since Healthwatch has been involved from the beginning to ensure there is a feedback loop for patients who are experiencing these new forms of care. Healthwatch is collecting stories, in small numbers, which can be used as evidence and also for learning. There is learning at every stage, and one of big things coming out of Lambeth together is that it is about relationships. We are not in the same position as were in two years ago with SLIC.</p>	No
4	Elizabeth Rylance Watson, Southwark resident	<p>Funding of child and adolescent mental health services: a request to clarify the commissioning arrangements - when money comes out from NHS England where does this funding go? Also who decides how the money is spent?</p> <p>What are Tier 1 and Tier 2?</p>	This is a complex system comprising a range of services offered at different 'tiers' – from prevention to those that are accessed through primary care to more highly specialised services offered in hospitals. Therefore money that comes from NHS England will end up in different places. All revenue money for services comes through to commissioners. The only exception to this	No

			<p>is capital money.</p> <p>Tiers 1 and 2 refer to prevention and early targeted support such as counselling for lower levels of emotional distress. These might be accessed through a school or a GP. The CCG also commissions services at Tier 3 where more specialist support is needed such as for eating disorders. We have invested significantly in this area to reduce waiting times from 52 to 12 weeks. Specialised Tier 4 is NHS England's responsibility so CCGs do not receive the money or have direct influence on spending for this. In an ideal world would like to see a reconnection of the various elements of child and adolescent mental health support, with more done in prevention and early intervention and less need for the high levels of care at later stages.</p> <p>CAMHs and emotional wellbeing is a key priority area for us in Lambeth. The system is complex, but where we can integrate our thinking, our plans and our spending we have done so. Lambeth Children's Plan brings together Council emotional wellbeing services and the CCG commissioned CAMHs, (Child and Adolescent Mental Health Services). Regarding specialist funds, SLAM (South London and Maudsley NHS Foundation Trust) and others are taking on a bigger role in South London, and so we may be able to also integrate some of Tier 4.</p>	
5	Gay Lee Lambeth KONP	Integrated Urgent Care service (IUC)/NHS 111: Is there any update on the delayed procurement of the NHS 111 service for south-east London? There is no reference to this in the CCG papers.	Across the 6 South-east London CCGs we reviewed the specification for the NHS 111 service after failing to secure a provider. We are more confident that we have a specification that will work and are testing its viability though the current will only be tested by the procurement exercise itself. An update will be brought to a future meeting, possibly March 2018.	Arrangement for an update on NHS 111 to be brought to a future Governing Body meeting

			AE said that work is being undertaken to complete the procurement process before the existing arrangements/contract ends.	
6	Gay Lee Lambeth KONP	<p>Elective Orthopaedic Centre at Guy's and St Thomas' hospital site: Health Service Journal (HSJ) reports that Guy's and St Thomas' Hospital (GSTT) have received £300m to administer and partially refurbish an elective orthopaedic care centre on the GSST site (money going to Johnson and Johnson) where does this money come from? It appears that this has been quite secretive and was leaked in HSJ which is hardly in the public domain. It seems to interfere with the already agreed elective care network between the three hospitals in south-east London and one of the worries is that if it draws elective orthopaedic care from Lewisham Hospital, it may put Lewisham Hospital in jeopardy again. What does CCG know about this matter and should this not be in the public domain?</p> <p>I realise that AE may have just partly answered my query on where the money is coming from (capital money).</p>	<p>The CCG is aware of this news as a headline. In relation to our formal involvement and discussions on that, Moira McGrath who is not present, would probably be the best person to answer this. Therefore if we are not able to answer fully, we can arrange for a response after this meeting.</p> <p>The CCG works for the population of Lambeth. GSST works on a range of scales covering local populations and more widely. We have agreed a way forward for elective orthopaedic services across south-east London, and these discussions have included all local Trusts. As the host commissioner for GSTT we need to balance our management of local need, and our provider contract with the autonomous actions of providers who operate both within and also outside of our local system, whether this is Lambeth or south-east London.</p>	No
7	Dolapo Adebisi, Lambeth based care services provider	<p>The CCG's approach to joint working with small providers in Lambeth: how is the CCG going to engage small providers in Lambeth at a strategic planning level, within the borough to try and understand some of the challenges/issues in the borough within the care sector? What is the process for small providers such as home care services to work jointly with the NHS and the CCG?</p>	<p>We are fortunate to have a large number of care homes and home care agencies in Lambeth. We have an integrated commissioning team across the council and the CCG who are involved in looking at home care (Council) and continuing care (CCG). Through the integrated team we have insight into the challenges of operating in the sector.</p> <p>We engage a lot with the sector as a whole through the contracts that we have. It is an area that we will be looking at over the next year as we are developing local care networks and looking at how we develop a borough wide offer. In the next 12-18 months we are looking more strategically at the home care market and</p>	No

			<p>the role of home care as part of the wider provider family in the NHS. While the point about the challenges facing home care agencies is valid, equally we need to recognise the right of individuals, and our duty to support people to make their own choices about the type of care they receive including taking up direct payments.</p> <p>AM informed about an event for carers on 14th February 2018 (Carers Forum) which she might be interested in attending.</p>	
8	Councillor Adedamola Aminu	Bed blocking in local services: the councillor expressed a view that generally there is a problem with bed blocking which could be reduced if the CCG works strategically with both smaller and large home care providers.	<p>Rates of delayed discharges are very low in Lambeth. Avoidable delays due to issues with care packages are very rare and at the moment, compared to other places in the UK Lambeth does not have particular issues with this.</p> <p>However, both the CCG and the Council want to continue to work with the home care sector to ensure that we have the right capacity in the right place when required.</p>	No
9	Catherine McLoughlin, KONP	Collaborative Review: request for an update on changes to the leadership team (SEL CCG).	An update is included in the Chief Officer's report of the Governing Body meeting papers.	No
10	Catherine McLoughlin, KONP	CCG priorities for general practice: at a previous meeting a member of the board asked the CCG to suggest one or two areas for general practice to focus: what are these 3 priorities areas?	<p>Overall priorities for general practice broadly relate to implementing the current GP Delivery Framework and future design. Within primary care our priorities for general practice include trying to improve quality of care, minimising inequalities and maximising outcomes.</p> <p>AE said within the CCG's five programmes overarching aims individual programmes will all have their own particular priorities which general practice contributes to. For example within the Children's and Young People's programme a priority linked to asthma is</p>	No

			<p>being carried out by general practice.</p> <p>AM said that there are many frameworks within which we describe priorities for primary care – accessible, co-ordinated and proactive care are three priorities identified nationally – we interpret and implement these differently in each of our programmes as appropriate.</p>	
11	Cheryl Alfred PPGN, on behalf of Nicola Kingston	Citizen and public engagement activities in Lambeth: can the CCG give a commitment that they will fund Healthwatch, the Network and other organisations, if necessary to be involved, to ensure care coordination works and that there is open dialogue. Also that there is investment to make sure that there is citizen involvement in the [Lambeth and Southwark] Strategic Partnership.	<p>The [Lambeth and Southwark] Strategic Partnership Board in November received a report making recommendations for engagement between Lambeth and Southwark. These were almost unanimously accepted, however work is ongoing to refine and identify resources within the system to effectively support local people’s involvement.</p> <p>There is Lambeth-specific work to look how we work with citizens and patients and you will hear more about this in the later Governing Body meeting. We propose a new policy on recognition to reimburse local people we involve in our work. The policy is an output of a special meeting we had in November 2017 with good representation and input from patients’ representatives, commissioners and Governing Body members.</p> <p>The CCG notes NK’s request that the CCG follows NHS England practice of paying £150 for an ‘expert advisors’ they recruit to inform their work. This is not NHS England guidance to CCGs and it is for CCGs to develop their own local policies and how we recognise and say “thank you” to local people for their contribution to our work. The role which NHS England identifies as expert advisor most closely resembles our CCG lay members’ role, which has its own remuneration</p>	

			<p>arrangement. The CCG policy is based on the principle that all involvement is voluntary and that only in exceptional circumstances payment will be made for specific, task-focused and time-limited expert contribution.</p> <p>Where an involvement payment is payable, we propose the equivalent of £70 per day and £35 per half day to thank those who are involved in our work. This is based on a detailed review of practice among all local partners and having considered the feedback we have had so far. Our proposed level of payment is linked to the London Living Wage which we believe is more relevant to what we are doing in Lambeth.</p> <p>This policy will be reviewed after one year and in the interim we will be working closely with others locally to bring closer alignment.</p> <p>AM said that recognition goes beyond the financial aspect to how we treat each other. We value people's comments on this. There is a tension between paying out of the money that we can make available for this work, a few people a lot or try to pay to have a diverse range of people/voices involved and how to get best value.</p> <p>UD said that we will give commitment to state at end of this year how we spend this money.</p>	
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