

## PPG Network Meeting Notes

Date: 24 July 2019

6pm – 8pm

336 Brixton Road, SW9 7AA



### Present:

PPG representatives/patients from Brixton Hill, Clapham Family, Clapham Park, Dr Masterton, Herne Hill Group, Grantham, Hetherington, Hurley, North Wood, Paxton Green, Riverside, Springfield, Stockwell, Streatham Common, The Vale, Valley Road & Vassall and colleagues from Age UK Lambeth, Community Support Network, South London Cares and Keep our NHS Public.

### Guest Speaker:

Dr Adrian McLachlan, GP & Chair of Lambeth Clinical Commissioning Group (CCG)

### Apologies:

From PPG representatives/patients of Corner Surgery, Palace Road and Streatham Place

Meeting commenced at 6.00pm, chaired by Nicola Kingston (NK), LPPGN Co-Chair

1.	<p><b>Welcome &amp; Introductions</b></p> <p>Attendees welcomed. Those present introduced themselves.</p> <p><b>Network update</b></p> <p>NK reported that the Network's current contract and funding with Lambeth CCG ends on 31<sup>st</sup> December 2019. The Network agrees that it is essential that patient involvement is crucial to the new system that will be put in place in the new year. The Network is looking at the options for ensuring that support for PPGs in some form and involvement of patients continues.</p> <p>The Network wants to make sure that people are kept informed of developments and any decisions are brought back to a future meeting.</p> <p><b>Question:</b> How will PPGs progress and who is involved in discussions about the way forward for groups?</p> <p><b>Answer:</b> Una Dalton, Lambeth CCG Deputy Director, is having wider discussions with about what engagement will look like in the changing structures. A meeting is being planned so people can be updated about developments and feed into the discussions.</p> <p><b>Lambeth Country Show</b></p> <p>The Network thanked those PPG members who volunteered at this year's Country Show, as part of the Lambeth Together team.</p> <p><b>Digital First</b></p> <p>The project, led by Lambeth CCG is developing a solution to enable people to access health and care digitally, which will be rolled out across the six south east London boroughs. An engagement workshop is being planned, so that</p>
----	--

patients and residents can feed into the development process. Dates to be confirmed.

2.

Congratulations were extended to Lambeth CCG, which is one of only three London CCGs to receive an outstanding rating. NK said that the Network and people in Lambeth valued Lambeth's public forums and meetings in public and desired that these would continue after the six- borough CCG merger in April.

### **Changing Worlds in Health Care**

Dr Adrian McLachlan, GP and Chair of Lambeth CCG addressed the meeting with a [presentation](#) about the current changes in health care.

NHS has undergone 10 years of austerity, where under investment has not kept up with the growing need. A Green Paper on Prevention is out for consultation, with a further Green Paper on social care yet to be scheduled.

### **The local picture**

In Lambeth the development of Lambeth Together is different from other areas as it recognises local assets, relationships and has a local vision, which it wants to retain. Lambeth has carried out a strategic needs assessment of what is needed and has made recommendations. The [2018 Lambeth Annual Public Health report](#) sets out what can be done locally.

The Triple Aim (i.e. to develop a high quality, financially sustainable service to achieve better outcomes. better experiences for patients and staff) not only looks at who delivers care, but also who needs it.

Primary Care Networks (PCNs) will have a huge impact in future years.

In Lambeth there are 420K registered patients, with £350K living in the borough, which is a large mismatch and poses challenges when designing and delivering services.

Sustainability and Transformation Partnership (STP) will have £1.8 million to spend across the six South-East London Boroughs, which will become an Integrated Care System (ICS) with the six CCG becoming one CCG in April 2020. This will improve the way the boroughs work together, along with the respective local authorities.

### **CCG Merger**

The six-borough merger will make submissions in the autumn on the proposed new structure. Lambeth has a strong history of collaboration (i.e. Local Care Networks, localities, formal and information relationships, health and social care integration, Southwark and Lambeth Strategic Partnership). 95% of SEL residents get their care from within the six south- east London areas. The expectation is that some care will be retained locally, but it might

mean people having to travel.

One CCG will have to have a strong clinical voice. The merger will come into effect on 1<sup>st</sup> April 2020. The proposed structure will include 22 voting members made up of 11 clinicians (see slide 12 of presentation for designation), three lay members, an accountable officer, a chief financial officer and 6 placed based directors.

**Placed Based Boards** are likely to be made up of 3 GPs, a lay member, finance representative and a director with local authority representation. This Board will operate alongside Lambeth Together, where its governance will be autonomous.

Andrew Eyres has been appointed Director of Integrated Care in South East London. Andrew Bland has been appointed the Accountable Officer across five CCGs and is the Director of Our Healthier South East London's (OHSEL) six boroughs.

3. **Q & A**

**Question:** The new structure of having borough based bodies and one South East London CCG seems to mean an additional layer between patients, the CCG and NHS England. How much will it cost, where is the money coming from, will there be new administration and staff at the higher level?

**Answer:** It seems that there is a new layer, but the idea is to keep some elements locally in one place. CCGs have been asked to find 20% management cost savings, which across the six boroughs is around £½ billion per year. Management costs allowance was £25 per head, which has been reduced to £20 per head. The 20% savings will then go towards front line care, so necessitates doing things differently. It will mean an annual saving of £1.8 million. The hope is that structures and staffing needs will be sorted out quickly so minimise anxiety and uncertainty. A review of premises and estates is also needed.

**Question:** Moving from six CCGs to one suggests public access and local accountability and democracy will be lost.

**Answer:** Lambeth has a history of openness and the hope is that the public forums and meetings in public will continue under the Placed Based Board. The South-East London CCG is expected to meet in public, but this has yet to be sorted out.

**Question:** Please explain the 95% of care facilities are delivered in South East London?

**Answer:** 95% of care to residents is provided from within the six South East London region.

**Question:** Walk in centres across the area have closed. Will there be a fail-safe going forward to cater for vulnerable people?

**Answer:** The walk in centre in Lambeth has been closed now for two years. The offer of appointments at access hubs means patients are catered for and we can provide continuity of care that walk in centres could not.

**Question:** What detail is there for a three-tier system and the integration of systems and information? What is happening and how will it be monitored? Will hospital catchment areas change and will patient's choice of where they want to receive care be limited because of SEL service delivery?

**Answer:** In South East London GPs and hospitals already, share important patient records via the Local Care Record. This will shortly include social care records. A 'One London' record is in development, which will link patient records across London. The merger will have no impact on hospital catchment areas and patients will still have a choice as to where they want to be treated. The delivery of mental health services is different as this is based on residency.

**Question:** What function will the Place Based Boards have? How will they save 20%? OHSEL and six CCGs already exist. The new structure appears to be the same, so how will money be saved and what is the point in addressing the Long Term Plan, other than being expected to?

**Answer:** Having six CCGs is more expensive than having Place Based Boards. SEL will have a simple allocation of funds, with delegated functions and money given to the Place Based Boards to use on primary care and community services. Lambeth will be asking for more delegated funding.

**Question:** How will decisions be made at CCG and Placed Based levels?

**Answer:** There will be a different way of contracting. The rules of the alliance have changed as the different alliances have different needs.

**Question:** With Primary Care being funded differently from the five or six hospitals in the SEL region, the hospitals will be in charge.

**Answer:** The hospital contracts will be unchanged. With integration, engagement and patient voice is still needed as we need to provide better outcomes at better value.

**Question:** Is there a green paper on social care and what are the main headlines?

**Answer:** There is no green paper yet

Break

4.

#### **Announcements**

- Our Healthier South East London (OHSEL) are holding two events on 16<sup>th</sup> August 2019 in the Committee Room, Lambeth Town Hall, 11am – 1pm: [Help to shape the future of the NHS](#) and 2.30pm – 4.30pm: [How to address social isolation and improve how to work with charities](#). The events are free and booking to attend is via Eventbrite.
- Michael English a former MP, Councillor and patient representative in Lambeth has passed away. For details of the funeral contact Cheryl at [info@lppgn.org.uk](mailto:info@lppgn.org.uk) or call 020 7326 1586.
- Patient Association – membership is free. Patients are encouraged to join to get useful information and details about how to access information. Check their [website](#).

5.

### Table Discussions

How do you want patient engagement to be done in the future?

Comments:

- Need to have a structure that replicates the new structures being formed, i.e. PCN level PPGs
- Have a formula to lobby for independent funding and patients need to sit on the new boards in order to retain patient involvement
- Create new community partnerships. Get more residents involved, join things up and provide attractive programmes, which are health and social care related.
- There is a place for PPGs to stay involved with practices by retaining that local relationship
- Involvement and engagement needs to be relevant to patients
- With practices working together at PCN level, PPGs also need to work together and it is an opportunity to change the working relationships
- With the introduction of an integrated care system and social prescribing how can PPGs retain their existing structures?
- How can PPGs in clusters work together, if no PPG exist in some practices? How do we engage those practices with no PPG?
- We need to reflect the changing times and promote what is best for patient engagement in the context of the changes and make it more constructive
- Politics can undermine engagement. There is no continuity. There should be a PPG within practices and it needs to be managed and supported, needs funding and have it embedded
- Contractually all practices must have a PPG, so those without are in breach of contract.
- The CCGs Placed Based board should have patient involvement and the overall strategy should indicate how patients are to be involved.
- How will social prescribing activities and involvement be measured?
- Social Prescribers should be local. Statutory services will not have the knowledge.
- There is a role for PPGs in social prescribing, as one link worker for 30k patients will be a challenge. This could change the shape of patient involvement.
- What is the impact on the Network, people need to be kept informed and made aware.
- What is the budget for a proactive PPG? It varies from practice to practice. Some actively support their PPGs with time, money and having a strong relationship, some do not.
- We need to map and promote the good work already being done to show the value of good patient involvement
- Patient involvement is stronger if patients are kept informed
- PPGs need to reach out to a younger audience and keep them informed as much of what has been discussed they do not know. Using social media, advising and encouraging the younger voice is important

	<p>The Network board have been having discussions and will come back to the membership with outcomes and next steps.</p>
	<p>Attendees were asked to indicate to what level they knew about the following (before and after AMs presentation): Social Care, PCNs, Integrated Care System (ICS), Lambeth Together, Neighbourhoods, social prescribing and South East London CCG merger. Click here for visual <a href="#">before</a> and <a href="#">after</a> responses</p>

Meeting closed at 8.15pm

Date of next Network-wide meeting: Wednesday, 25 September 2019, 6pm – 8pm