

LEWISHAM CCG
GOVERNING BODY PUBLIC PRE-MEETING
12 January 2017, 9.30-10.00am

From the Governing Body:

Dr Marc Rowland (MR), CCG Chair
Ray Warburton (RW), CCG Deputy Chair, Lay Member
Martin Wilkinson (MW), CCG Chief Officer
Dr David Abraham (DA), Senior Clinical Director
Dr Seb Kalwij (SK), Clinical Director
Dr Charles Gostling, Clinical Director
Dr Faruk Majid (FM), Senior Clinical Director
Dr Angelika Razzaque (AR), Clinical Director
Dr Simon Parton, Chair of Lewisham Local Medical Council
Tony Read (TR), Chief Finance Officer
Danny Ruta, Director of Public Health
Dr Magna Aidoo, Healthwatch representative
Aileen Buckton, Executive Director, Community Services, Lewisham Council
Dr Simon Parton, Local Medical Committee Chair

From the CCG:

Susanna Masters (SM), Corporate Director
Charles Malcolm-Smith (CMS), Deputy Director (Strategy & OD)
Russell Cartwright (RC), Head of Communications & Engagement
Jodie Moore, Associate (JM), Senior Associate Communications
Lesley Aitken (LA), Board Secretary

9 members of the public attended

Question 1

As a patient rep on OHSEL programme I have been involved in the work on planned orthopaedic care. Things have changed from the position before Christmas. There have been a series of meetings resulting in the timetable being put back. There is talk of a consultation document in spring with 4 options. This is following discussions at the Joint Overview and Health Scrutiny Committee, Planned Care Reference

Group, and the Committee in Common. This is welcome and I hope this CCG will look again carefully at what is being proposed, what options are proposed to ensure Lewisham specific interests are taken into account. If Lewisham didn't get one of the centres means more Lewisham people going to have to travel further.

The other issue is the stability of our hospital. I have seen a letter from Tim Higginson which raises concerns about possible destabilisation of the hospital.

CCG Response

We recognise everything you have said there and we always aim to get the best possible outcomes for Lewisham residents. Thank you for sending your recent correspondence. As you know three of us attended the Committee in Common and raised some challenging points regarding the financials. We also raised some questions about the criteria for sustainability.

We will be involved in further work with OHSEL/STP team which will involve further medical directors and chief executives from each of the hospitals. It is important that this detailed work is done before we start any consultation on planned orthopaedic care.

Question 2

I would like to ask the CCG to lobby within the process for the legitimisation of the three site option [for planned orthopaedic care]. We have got to invest and build up within the three sites. The Committee in Common agreed that the trusts will collaborate. You need to ensure that the foundation trusts seriously come to the table to discuss. Evaluation of all the options should be on a level playing field and the three site option should be a real and legitimate option.

CCG Response

We will do all that we can to ensure everyone is at the table. We are asking providers to collaborate on how each option will meet the Briggs standards.

Question 3

For the STP item on the agenda there is a proposal to accept the direction of travel. We would like community based care to be better – but that isn't backed up by a financial case that stacks up. The financial implications could be dangerous. I would like OHSEL to be much clearer with regards to finances. Often the way they present information is confusing to the public – they have a duty to present it clearly. I believe that in their figures there is some double counting. The way they present the information it looks like the financial challenge is actually half what it is.

Good community based care is human care which is expensive. If the only way to balance the books is to cheapen the level of skills then we won't have world class community based care.

CCG Response

We don't believe we have any double counts in the STP finances, however we do take your caution and agree that it is absolutely right there shouldn't be any double-counting. We will be happy to look at the figures again.

Question 4

Question relating to the report from the Integrated Governance Committee (pages 39-45 in the papers). The papers show a rise in delayed transfers. I would like to know what you have put in place and if it has had any impact.

CCG Response

Those numbers are collated nationally and refer mainly to mental health beds. We have reviewed processes to support flow of patients with South London and Maudsley NHS Foundation Trust. Someone has also been appointed at University Hospital Lewisham to help throughflow of patients there. We are trying to speed up processes to transfer to care homes. We have seen a reduction in bed days but there is still more to do. This is a national problem.

Question 5

Question also relating to delayed transfers.

With cuts to social care funding are you going to be able to cope?

CCG Response

The main risk is to the care home market. We don't think it is particularly related to social care. Operational day to day working is not the issue, it is the availability of care homes. Health and social care working together to keep the discharge list low is the key.