

# **COMMISSIONING COMMITTEE FOR MENTAL HEALTH & OLDER PEOPLE**

**Wednesday 30 October 2019 at 11.00 am**

## **MINUTES**

**PRESENT:** Dr Dianne Aitken, Christine Caton, Liz Clegg, Jim Dickson (Chair), Sue Gallagher, Peter Hesketh and Denis O'Rourke

**APOLOGIES:** Councillor Edward Davie

**ALSO PRESENT:** Andrew Parker, Neil Robertson, Jennifer Burgess

*Action  
required by*

### **1. APOLOGIES AND INTRODUCTIONS**

Cllr Davie provided apologies to this meeting.

### **2. DECLARATIONS OF CONFLICTS OF INTEREST**

There were none.

### **3. MINUTES (25/09/19) AND MATTERS ARISING**

The minutes of the meeting of 25 September 2019 were agreed as an accurate record.

### **4. PROJECT SMITH EVALUATION**

Jennifer Burgess, Integrated Commissioning Manager – Older Adults -Lambeth CCG/Council, presented an evaluation of the Project Smith programme, an integrated community development programme funded jointly by Lambeth Council and Lambeth Clinical Commissioning Group (CCG).

A formal evaluation of Project Smith had been completed by NEF Consulting for activity in 2017/19.

An Executive Summary and the full evaluation of Project Smith were provided to the Committee.

The evaluation responded to seven questions looking at evidence of a positive impact, the type of those impacts, whether the impacts reflected the six ways to well-being, whether the impacts were sustainable, demonstrate value for money (VFM) and finally why the

investments should continue.

The evaluation demonstrated positive impact on participants in both workstreams (Lambeth Wellbeing Fund and Community Connectors), and reflected improvements in health and wellbeing based on the Wheel of Wellbeing – refer to page 7, Executive Summary). The most common reported outcomes were increased social connection/reduction in isolation; increased sense of belonging and feeling part of/connected within the community; increase sense of purpose: and improved mental and physical health. The outcomes reflected the six ways to wellbeing in the Wheel of Wellbeing, although outcomes for ‘care for the environment’ were limited.

Sustainability of outcomes were evaluated indicating a correlation between the level of need identified by participants. The longevity of impact on individuals was felt to reduce for those who were experiencing fundamental issues such as homelessness, income insecurity and health inequalities. Sustainability of Project Smith was of concern to participants who felt competing priorities would impact on the future funding of the programme.

The delivery model of coproduction and participation directly influenced positive outcomes and impact. Feedback from stakeholders indicated the coproduced approach changes the nature of the Commissioner-project relationship to one that is more engaged and collaborative.

Value for money was established across both workstreams based on conservative estimates, and supports continued investment in Project Smith. Using case studies as illustrative examples of the three categories of projects supported through the small-grants programme: physical activity, community activities, and arts and crafts, projects were able to evidence that participants experienced change as a direct result of being involved the project. The outcomes experienced were broad ranging and included increased social connections, increased sense of belonging to a community, increased skills and knowledge, increased self-esteem, and increased physical activity. Using conservative assumptions, the three case studies found that the value created is between £1.31 and £5.32 for every £1 invested.

### **Evaluation Recommendations**

1. Continue the roll-out of the model to other wards in Lambeth. Project Smith has demonstrated that it is possible to scale out the micro-locality approach with central co-ordination support and proactive engagement by from commissioning without compromising the coproduction principles which underpin the success of the model.
2. Recognition that Project Smith demonstrated that it is a viable social prescribing model. This includes the people who have become

Community Connectors, the people they have been in contact with, and some of the people leading the projects funded by the Wellbeing Fund.

3. Extending the programme and mainstreaming it at neighbourhood level, working with Primary Care Networks to consider adopting the model, building on the momentum already achieved, were identified as key opportunities.
4. If VFM analyses are to be used in the future, the small-grants data could be improved by:
  - Recording the sample size of those who complete survey questions.
  - Reporting on both positive and negative responses (e.g. the number of people reporting on each point of a Likert scale).
  - Providing data where it is possible to track survey responses to individuals as opposed to reporting an aggregate response.
5. Training should continue to be offered to project leads awarded a small grant on selecting outcomes and indicators detailed on the small-grants impact assessment form. Some additional guidance should be given in the training on how to collect and report the findings to ensure consistency.
6. Data collection must be designed to fit the role of the Community Connectors. During the evaluation, Community Connectors expressed concern about the work burden and the impact that collecting data would have on their relationship with connectees. A case study approach is likely to be the most feasible way to collect data in the future, supplemented with an analysis of the Community Connectors' WhatsApp group.

Following the presentation the Committee commented and the following responses were received:

- A commitment of 4 days was required for training and it was not possible to reduce this.
- Connectors were unpaid and were interested in working out how to deal with people's needs as a group. They had set up their own WhatsApp group.
- This work showed the value of commissioners taking a less intrusive approach.

Sue Gallagher suggested that the connectors make contact with GP practices.

RESOLVED

1. That the Committee review the evaluation of Project Smith.
2. That Committee note the recommendations based on the evaluation provided.

## **5. INTERIM STRATEGIC ALLIANCE LEADERSHIP BOARD**

Andrew Parker, Director of Primary Care Development CCG, presented an update on proposed changes to governance structures.

It was proposed that, to avoid duplication of content and membership, the Lambeth Together Leadership team meeting be brought together with the Commissioning Committee for Mental Health and older People. In addition it is proposed that the 'reach' of the NHS part of the committee in common arrangements will be expanded to receive and enact the delegation from the future SEL CCG for all Borough Based delegated NHS Commissioning matters

Draft Terms of Reference for this interim arrangement were being developed and would be fully in place for April, when the Committee will start to act in part as a prime Committee of the new SEL CCG.

It was recommended that the interim Lambeth Together Strategic Board be stood up from 27 November. The draft TOR would be discussed and agreed at this first meeting.

On alternate months, the Commissioning Committees for Mental Health and older people and Lambeth Together Leadership Team would therefore come together to operate as an interim Lambeth Together Strategic Board between November 2019 and March 2020. The Committee noted

- It is the intention that this Strategic Board on alternate months will meet in public from April 2020.
- It is the intention to review the role of the Health and Wellbeing Board in the light of this developing Lambeth Together governance.

## **RESOLVED**

1. The Chair would send Sue Gallagher details of the third sector forum.
2. That the Committee consider the paper and provide comments to Andrew.

## **6. FINANCE REPORT**

Pete Hesketh, Assistant Director of Finance LBL, and Christine Caton, Chief Financial Officer, CCG, presented the Month 6 finance

report, noting that the forecast position had not changed greatly from that presented at the previous meeting. There was a total overspend of £6.6m, a £240k change from Month 5. The forecast overspend is made up of an overspend of £3.7m on older people with a £2.7m overspend for mental health and £98k on the Better Care Fund. Council budget pressures are mainly relating to increases in spend in previous years with the main area of pressure relating to home care in Older People services. There are overspends in most types of care in Mental Health and there is an action plan that is currently being implemented in order to reduce expenditure in future. The CCGs share of the overspend is being offset by use of the contingency reserve and non-recurrent funding and for the council by use of non-recurrent iBCF grant funding.

Christine Caton noted that the actions being taken to address the mental health deficit were being discussed in the Recovery Plan agenda item. It should be noted that part of the overspend for on older people is being managed through the block type contract that the CCG has in place with GSTT,

The KPIs for mental health should have been added to the dashboard, and would be for future reports.

There was a need to ensure that everything was been done to locally manage pressures on a recurrent basis. Plans are being put in place for this.

**RESOLVED**

The Committee noted the report.

## **7. JOINT RECOVERY PLAN**

Neil Robertson presented a slide pack detailed what was being done with the Alliance Recovery Plan for acute inpatients and placements.

He noted that there was substantial pressures on the Mental Health Alliance with overspends on beds, placements and supporting living at £3.6m. This was though an improved position from a £5.4m overspend in July 2019.

South Lambeth and Maudsley (SLaM) Trust had developed a flow plan this had contributed to the bed overspill hitting the target of Zero. This was a significant improvement since June. Improvement had been made through a relentless focus on the issue and had been a full time job for a team of people.

There is a three phase approach to the placements recovery plan. In the first phase 25 individuals had been identified for move on in 19/20. This was forecast to produce full year savings of £820k. Phase Two is a deeper review of placements including block contracts and Phase Three looking a recommissioning of services and culture change including use of the new framework agreement

and review of s117 aftercare.

A Placement and Supported Living Programme Board had been set up.

SLaM currently had a £700k overspend on complex placements and this had been factored in to the Recovery Plan.

Liz Clegg said that we needed to consider how the learning from the placements recovery plan can be applied elsewhere within Lambeth Together, including Extracare and nursing care.

In response to questions raised by the Committee, Neil Robertson responded:

- Lambeth was fortunate to have the medical staff that were in place and had better rates of discharge than neighbouring Boroughs.
- There was a need to think about system changes that are wanted within the wards so as to be more productive with time.
- There are some people in the system with significant risk history and this was one of the main challenges.
- There was a need to be more responsive around decision making.
- A risk forum has been implemented for people who keep re-presenting into hospital.
- Multi Agency Discharge Events (MADE) have been very helpful.
- There was a need to get key workers in to make consultants more comfortable in discharging people and stepping them down.
- There was a need to think about how residents could report concerns. Outreach was being looked at, starting with the black communities.

**RESOLVED**

The Committee noted the presentation.

## **8. NEIGHBOURHOOD UPDATE**

This item would be moved to the next meeting.