

**Public Forum 21 July 2021**  
**Questions from members of the public**

Questions submitted by Nicola Kingston – Keep our NHS Public

## **1. DataGrab**

**Local people are pleased to hear from Jo Churchill MP that the GP data collection has been deferred again from Sept 1st, to allow for further work to be done.**

**Please can we ask that LT works together to ensure local patient groups be kept informed of progress?**

**Can we ask if the council can take a parallel view on this, to ensure that local people are involved?**

**Can the SEL CCG Data Usage Committee also be open to public consultation and discussion of its methods?**

Dr Adrian McLachlan agreed that the delay is a good thing. Have heard concerns and queries in practice. Keen to see clear communications at all levels and communications should be very clear at a local level so that people have notice of the changes and are clear on the ask. There is a need to engage and update people who do not follow this news so that they have the information to be able to make an informed decision based on knowledge given.

Cllr Jim Dickson added that the right way to do this is through Lambeth Together as the partnership between Lambeth Council and the NHS as well as other partners to give effective and clear communications.

Dr Adrian McLachlan spoke about the Data Usage Committee and stated that he would be happy to pick this up in detail outside of the meeting with Nicola Kingston and others who may be interested in this area, however as an update on what we covered at the last meeting, the Terms of Reference are in draft form at the moment. This committee was established by the SEL ICS and reports into the SEL ICS board through the Digital Transformation and delivery group and is accountable to citizens, patients and data controllers. There are a range of voices in the committee and includes 2 positions from patients and citizens as well as membership from council.

## **2. CoProduction**

**We have read the processes outlined on the agenda, which are about linking organisations, including increased numbers of voluntary organisations.**

**Please can we ask where is the coproduction with local people? There was much work done previously, that could be built on. Can we ask that this work**

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**be opened up and taken forward in coproduction with local people and patients and voluntary organisations, working with Sue Gallagher.**

Andrew Eyres noted that part of this has been prompted by the last meeting in public around thinking through our work on coproduction and it was recommended that this was taken forward by the Lambeth Together communications and engagement group to look at the next steps. This is still to be progressed and could well include community champions.

Catherine Flynn also added that the approach outlined and incorporated into the covid recovery plan still stands and is ongoing. It spoke of a layered approach to wider community involvement and included engagement events in addition to the attendance at the public forum and involvement in looking at the priorities of Lambeth Together. It also included local community involvement in the delivery of programmes within each delivery alliance, which can be seen in presentations to the Strategic Board.

Updates and recommendations will come back to the board.

Sandra Jones noted that there has been some consultation, but coproduction has not been carried on in the same way that has been agreed and adopted by Lambeth Together, and we need to get back to looking at local people and the voluntary sector as equal partners.

Cllr Jim Dickson noted this and stated that the intent is for Lambeth Together to be very coproductive in all aspects of its work and will take on board these comments.

Andrew Eyres added that there are some adaptations to the way we have worked during the covid pandemic and some of our work has been directed nationally. Our ambition is to get back to a place where we are able to, we can work in healthy coproduction with local people in all areas.

### **3. Equalities - best practice**

**We note that in the recommendations on Inclusion, Deloitte are quoted as models for inclusive leadership. Please can we ask, are consultants being used in development of the ICS and Lambeth Together, and if you could look again at Bolton and Prof Donna Hall, and NUKA.**

Dr Di Aitken commented that the current providers for our organisational development are People Opportunities. These were chosen from 3 providers who had previously worked with large public sector organisations. They have worked with the Lambeth Together Strategic Board on two occasions, and one of their recommendations was to look at the Deloitte model. However, the main recommendations were to look at our culture. Dr Aitken noted that she has looked at Prof Donna Hall after receiving this question and, however had heard of NUKA and was keen to look at the work done on the local population to see what could be incorporated.

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Dr Aitken also added links to some very useful documents in this area.

<https://www.health.org.uk/publications/build-back-fairer-the-covid-19-marmot-review>

<https://www.kingsfund.org.uk/publications/population-health-systems/nuka-system-care-alaska>

Regarding future development as Lambeth Together, a place based system, Dr Aitken noted that lots has been done already and that Andrew Eyres is working with Matthew Trainer at a South East London level. It was also noted that other boroughs have approached us to see what we are doing.

**Question asked by Gay Lee**

**4. ICS - slide p 65 - prioritises 'new' ways of working to improve health and social care - but hasn't Lambeth Together been doing this for years? SEL is a trailblazer for integrated, alliance working.**

**Has there been any formal evaluation to show that this way of working is leading to successful outcomes?**

**If not, are there other evaluations to show that the ICS development is evidence-based? How will it be a positive improvement to the process of integration in Lambeth?**

Andrew Eyres noted that yes integration is positive and has worked well. Lambeth Together is a living embodiment of this. Some examples of this are work with the Lambeth Living Well and the work done with SLIC. There are some things we cannot do alone and require cross-borough working and work across the wider system. Things such as provision of a Cancer network, interfaces with specialist services optimal hospital care and services available. Collaboration at a bigger level will make this better. The task for us is to get the best of both worlds. In Lambeth we have always recognised the importance of collaborative working. The ICS puts a lot more formality around collaboration but also provides the impetus for other boroughs to get to the place we are already in.

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An additional question was submitted by Gay Lee after the meeting and is added below.

**5. In the light of the report by Lewisham and Greenwich Trust into migrant charging and the agreed 37 recommendations for action, will GSTT and Kings be reviewing their policies on the effects of charging on undocumented migrants? And would they consider writing an annual report on the impact of charging on these patients, as Barts Health NHS Trust have agreed to do.**

This question was responded to by Kings and GSTT in a joint statement.

We have obtained a copy of the report by Lewisham and Greenwich Trust to consider if there are any learnings we can take from it. We are aware that charging these patients, who are not always eligible for free NHS treatments needs to be dealt with in a sensitive, empathetic, and compassionate way at all times, and we keep this at the forefront of all the processes that are set up to ensure that the Trust complies with its statutory obligations regarding charging these patients, whilst also ensuring we are supportive to these patients needs in line with the Trust values

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For further enquiries please contact [hello@lambethtogether.net](mailto:hello@lambethtogether.net)