

# Lambeth Together Strategic Board Public Forum

Wednesday 26 January 2022



# Questions from members of the public

## Questions from Odilon Couzin

1. I see 'naloxone distribution and access' is part of the Lambeth Addictions Consortium presentation today. I wonder what the plan is to make naloxone (and training on how to use it) available at community level, to people who inject drugs, family members, and peers. Could this happen through pharmacies that already distribute needles? Also, are all first responders trained and provided with naloxone? If this is not happening, what are the barriers?



# Questions from members of the public

## Response

Ruth Hutt responded to this question.

Take home Naloxone is already available in Lambeth for people who use drugs, hostel and day centre workers, family members and carers. Before Covid, training was also available in hospital and day centres for resident workers. During covid training has taken place at Lorraine Hewitt House. Anyone can access this training, either through a needle exchange group or through another pre arranged group session. Lambeth have championed the use of nasal devices which allows for street based intervention continue and we are currently concentrating on as many hostel workers as possible in those nasal devices. All first responders are trained. Pharmacies can also order supplies. There have been national barriers however in Lambeth we have a good relationships with the consortium, who deliver these services and have very good clinical leadership within the borough. We also have a good relationship with the police and are looking and increasing the availability of Naloxone in the community, also working with other boroughs to make this improvement.



# Questions from members of the public

## Questions from Odilon Couzin

2. Despite an aerosol-driven pandemic raging around us, I have seen very little improvement in ventilation in local shops, GP surgeries, and the other day even at a vaccination site (a pharmacy). I'm finding CO2 is often up over 1500, and I usually get blank stares when I mention the need to improve air flow to prevent the spread of COVID. Since the government is forcing everyone to "get back to normal", how can we work to improve ventilation and filtration in our communities, given the importance of aerosol transmission of COVID?



# Questions from members of the public

## Response

Ruth Hutt responded to this question:

It is a new area for lots of people which has come as a result of the pandemic, current health and safety guidance does not really reflect the current situation in terms of covid and the risks of transmission. We have been thinking about how to use our teams to have these conversations and do always mention ventilation, but we do not have any powers apart from giving advice. I know that there is a lot of work going on in schools and we are getting good evidence on what works and how to implement. This is however a challenge for us. On the back of this question, it would be good to work with other public health directors across London to see if we can pull together some good practice guidance for business and maybe work with UKHSA on this.

Cllr Jim Dickson stated that this is a very important area and does need to be addressed and we are determined to make a difference where we can.

Odilon added that the worst thing is the blank stares, this undermines my confidence in the fact that people are aware of this. Even if it just gets put on people's radar, we know that ventilation is an important factor in preventing spread.

Cllr Dickson added that we have banners across the borough letting people know how important ventilation is, but agree that more needs to be done.



# Questions from members of the public

## Questions from Nicola Kingston regarding Minnie Kidd House

To note, London Borough of Lambeth Overview and Scrutiny Committee on 10 January 2022 took reports on Minnie Kidd House for information.

- We believe there should be proper consultation on the future of MKH - we were extremely concerned that the recommendations in the report that disposal is the preferred option
- There should be a debate on drawing up standards to agree the care appropriate for people with complex needs.
- There should be an apology to the families, and a commitment to a plan on how families should be involved in future

# Questions from members of the public

## Response

Sarah Austin initially responded to this question:

In terms of the service closing there are two things to say about that. Our advice both legal and expert is that we have concluded our duty to involve according to the service.

I repeat whole heartedly my apology to the residents and families affected by this. We could never have imagined the need to move frail and vulnerable residents out of what for some of them was their home. We tried to do this in a manner that was diligent and compassionate but it has become clear that this has not been the case in all instances. A fulsome report was given to the overview and scrutiny committee on where we think we fell down in meeting individuals expectations and what we have learnt from that, we have also given commitments to everyone who was involved and have also taken reports to trusts boards. I have offered to meet with anyone who was involved in this and am very happy to still do this.

With regards to the future of the site our current position is that we have looked at a number of options from a clinical service point of view. At the moment we are unable to see that this is a good site for the provision of clinical services, partly due to the suitability of the building and the costs of making it suitable.

There are still some options that we need to look at. If we conclude that there is no clinical service use for that site then the question becomes how the site would be identified as surplus and how it is sold. This would be in conjunction with the secretary of state. My suggestion is that we organise an open forum in a few months time, so that I can be safe in the knowledge that all options have been exhausted.

Jane Bowie also added to the apology to all residents and families for the impact and distress that has been caused by this. In regards to Care appropriate for people with complex needs, There was a detailed report taken to an earlier Overview & Scrutiny in July last year. The report did not identify any commissioning gaps in the provision of service, however there will be annual updates which will include future service demands taken to future Overview and Scrutiny meetings.

Jane also offered to assist with any public forums that take place in the future.

Nicola Kingston added that it would be useful to know the responses from overview and scrutiny committee. The point about temporary use, whether you could work with the council and housing. Whether there could be some more unusual uses for the building rather than just paying for security.

Gay Lee added that the offer of a public forum is received with thanks and this will be taken back. Gay also asked for confirmation on the position where a major service closing should there be a public consultation as well as a public forum. Sarah Austin repeated the advice given from the legal team that the service was not classed as a major service and the affect was only on a few people.

# Questions from members of the public

## Question from Yan Hawkins

### Background

At current vaccination rates in Lambeth, where rates rank well towards the lowest in England, it would take more than 3 years to completely vaccinate the eligible [as is] population - this suggests that despite the enormous efforts of the past year, a significant population in Lambeth [up to one third] either remain hesitant about vaccination or have decided they just don't support the initiative. [data source: <https://coronavirus.data.gov.uk/details/vaccinations> (22/1/22)].

### Question

Given that the vaccination uptake has tailed off in Lambeth, what additional [to the Local Outbreak Management Plan] strategic innovations [to vaccination] are available or considered to ensure that not only is individual and wider public safety maximised by controlling outbreaks of SARS-CoV-2 but the stress on the health service is minimised?



# Questions from members of the public

## Response:

Ruth Hutt responded to this question:

Whilst our rates on Lambeth for vaccination are lower than that in other areas, our demographic is a very particular one which contributes to that, we have a very young population, where many of which feel that they are fit and young and no need for the vaccination, obviously there are also a large number of younger people who have come forward for vaccination. We also have a very diverse community and vaccination uptake is lower in some of the black Asian and other multi ethnic communities. We are working with people from those communities and this will continue. Over time it will morph into something that incorporates the wider health and inequalities work that we do in the borough.

The tools we have available are also changing, the availability of LFT's has led to people asking visitors to test before coming to visit. This has been good for those vulnerable people.

The treatment options have also changed and will have a significant impact on the way we manage covid going forward.

We will continue to provide support for outbreaks as and when they occur whilst also having infrastructure that we can stand up as and when needed.

Outbreak management plans will be updated to reflect any changes and challenges.

We have a huge amount of engagement with our grassroots program which is working with our voluntary and community sector, our vaccination ambassadors, trying to build levels of trust within our communities and are also addressing other health issues. There is a piece of work ongoing with businesses to vaccinate employees. The Health and Wellbeing bus is still in action across the borough.

Andrew Eyres added that there is no one magic solution to this, it lies in whether people take a bigger interest in protecting themselves and their health, this could include vaccination or handwashing etc. There will also be a bit about how we work with people to put their own health risk factors a bit further up their own concerns. These are small things but a big cultural shift.

I do think that being clear on our future testing policy needs to be worked out. This is a national policy issue.

Cllr Jim Dickson gave thanks to all that had been involved in the vaccination efforts throughout the borough.

# Questions from members of the public

## Questions from Jan O'Malley on behalf of Lambeth and Southwark Patients Not Passports

### Background

**At the GSTT Governors' meeting on 20 October 2021**, some Governors expressed their support for the demand by Lambeth and Southwark Patients Not Passports to:

- 1) Call on the Government to suspend charging and data-sharing in relation to undocumented migrants in the NHS, and**
- 2) Properly evaluate the impact of charging on patient care** by undertaking **detailed research** into the impact of both charging and ID checks on patients' health and on the Trust's ability to meet its equality duty, and other legal obligations including professional duties of care staff towards their patients.

Undertaking and publishing a **full public health impact assessment** of the charging regulations and an **annual report on charging.**"

Following the Governor's meeting the Chair, Sir Hugh Taylor, agreed to ask for a paper on charging at the Trust.

# Questions from members of the public

## Questions

Are Lambeth Together and the SEL CCG aware of the GSTT decision to prepare a paper on charging at the Trust and its impact on health care?

- 1) Has the SEL CCG (or Lambeth Together) offered to contribute to the paper on charging?
- 2) What steps is the SEL CCG taking to understand the nature and scale of the problem eg:
  - how many people are falling outside existing arrangements?
  - what needs are not being met?
  - to what extent are people refusing referral to secondary healthcare due to fears of charging and data sharing with the Home Office?
  - what are the health and equality consequences of such insuperable barriers to people getting the treatment they need?
- 3) Has the CCG or Lambeth Together discussed how to support those facing charges, including speaking up on their behalf to others in the NHS regionally and nationally and to government?

# Questions from members of the public

## Response:

Cllr Jim Dickson noted that in September been happy to put his name as Cabinet member for Health and Adult Social Care in Lambeth, to a letter from Lambeth and Southwark Patients not Passports stating that the principle of free health care at the point of use irrespective of need was absolutely vital to my and the Labour administration's conception of how the healthcare system should operate.

Sarah Austin initially responded to this question:

My understanding is that having raised this at council of governors, the chair has asked for a full report to be returned to the council of governors in April. Happy to share the response with board members.

Andrew Eyres added that the CCG are happy with this and also offered assistance if required.

Jan stated that she was concerned about leaving it like this. This questions is about how the CCG and GP's contribute to this report. As far as I am aware there has been no reach out to Lambeth Together and Primary Care to contribute to the report

Sarah noted that this matter will be brought to the Council of Governors meeting in April and a response would be provided after this.

# Questions from members of the public

**Question from Wendy Horler :**

**Page 21 of public voice in governance paper. Paragraph stated that “Explicit focus of chairs on building participation from different voices E.G. limiting questions from single groups and organisations”**

**Although my group may not have been the focus of this statement, we however think that this is unhelpful, offensive and undemocratic.**

## **Response**

**Cllr Jim Dickson stated that the idea of the paper is to get as much engagement as possible and is designed to be about encouraging a greater range and diversity of people to be involved rather than limiting specific groups from taking part.**

**Andrew Eyres added that the emphasis is on inclusivity and broadening peoples voices and not denying people a voice.**

# Additional Questions asked in the Public Forum Chat by Yan Hawkins

## 1. Can we hear about new treatment options ?

New antibody and antiviral treatments are being offered by the NHS for people with COVID-19 who are at highest risk of becoming seriously ill. The treatments can help some people manage their COVID-19 symptoms and reduce the risk of becoming seriously ill. Those who are eligible should have already received an explanatory letter and a PCR test kit to keep at home. If they develop COVID-19 symptoms, they should use and then post the PCR test kit. Those with a positive PCR test are contacted and assessed for the most suitable treatment.

Currently the treatments being used for those who have not been admitted in hospital are antiviral drugs (Nirmatrelvir, Ritonavir, Remdesivir and Molnupiravir) and Sotrovimab, which is an antibody treatment. Molnupiravir, Nirmatrelvir and Ritonavir normally come as capsules that can be swallowed and is taken at home. Sotrovimab and Remdesivir are given through an infusion drip in the arm, this takes place in either a local hospital or health centre. Instructions on where to get the treatment and how to get there and back safely would be provided.

Some antiviral medicines are also available through a national research study. Those who are eligible and sign up to participate in the study may be randomly selected to receive an antiviral medicine.

There is more information on COVID-19 treatments on the government website

<https://www.nhs.uk/conditions/coronavirus-covid-19/treatments-for-coronavirus/>

# Additional Questions asked in the Public Forum Chat by Yan Hawkins

2. Is there a best estimate of how much of the population (Lambeth) has natural immunity vs being vaccinated?

68% of residents in Lambeth have received at least one dose of the vaccine giving some level of immunity. There has been a total of 96,982 documented COVID-19 cases in the borough with 1,792 of those cases being reported during the past week. However, the level and length of immunity may depend on factors such as age, severity of symptoms and underlying health conditions; as well as the virus variant. It is important to note that even if people have had COVID-19, being vaccinated is highly recommended due to the significant enhanced immune protection offered by vaccines. Evidence shows getting a COVID-19 vaccine as the best protection against getting COVID-19, whether people have already had the virus or not.

# Additional Questions asked in the Public Forum Chat by Yan Hawkins

## 3. Can Lambeth not commit to LFDs being free?

Lambeth will be required to follow government guidance for the distribution of test kits moving forward. The prime minister is due to reveal the government's strategy to living with the virus on Monday 21st February which should bring some clarity to the future of testing.

