

Lambeth Together Strategic Board Public Forum

Wednesday 25 May 2022



Questions from members of the public: Wendy Horler

We have been informed that GSTT have decided that they have no clinical use for Minnie Kidd House and that unless KCH have a need for it, would look to sell it off. It seemed to us that it would be an ideal situation to use it as accommodation for NHS staff, given the current difficult circumstances and we wondered how much impact we would have on supporting that idea.

Sarah Austin responded to this question:

Guys and St Thomas' now have a plan for the use of Minnie Kidd house for the next year or so - it will be used for Ophthalmology Services. This will aid completion of services that have been subject to significant back log due to the Covid-19 Pandemic.

A public meeting/open forum is currently being arranged for the end of June to discuss this and other ideas that colleagues and members of our Community might have beyond that next couple of years. Information regarding this meeting will be published hopefully in the next week, and then we can chat about it in more detail.

Thank you for raising.



Questions from members of the public: Phil Shoemith

Hi, I'm Phil Shoemith, Lambeth resident for 25 years, my family uses a wide range of local health services. I'm also a trustee of Community TechAid, which focusses my interest on inclusion, particularly digital inclusion, in Lambeth.

- Covid completely changed how people need to access all services, and I know the Board is discussing tackling poverty and the cost of living crisis later today. I'd like to ask how the new council administration has updated its priorities to better work with Lambeth Together partners to ensure that residents, including CTA clients of course, have increasingly fairer access to health and care services?
- Are there new strategies to improve the documented inequality of access to all services?



Andrew Eyres responded to this question

The first thing I'd say is that we are developing our new Health and Wellbeing strategy, alongside a Health and Care Plan, and we expect how we address access, equal access and better, fairer access to healthcare services will be a key part of our focus.

The learning that we gathered through the last two years of COVID is giving us valuable insights into the very different preferences, approaches and capabilities that people have in terms of the ways they access services. We bring that learning into our planning future. What's clear is that there's not going to be a one size fits all solution - we need to be more responsive to the different needs of different individuals in different communities.

We also know that poverty is going to be a bigger issue in the future. It's always been a determinant of peoples health outcomes, but it is becoming a more significant feature of our local health economies, and we are already talking about that. But at today's board we are looking to see how we can shape wider health in all policies equally, things like property and the impact of policy on people's health as we go forward. So not just thinking about health and care services, but how the whole system can contribute to addressing the wider determinants of health.



Jim Dickson also responded to this question

There is a really big focus on healthier communities and causes of ill health and poverty, and the need to address those determinants as well as addressing the manifestations of ill health that we see in the borough. So lots of pledges and understanding of the need to live active lives and the effect that has on things like transport systems. The need to address poor air quality, tackle low pay, provide more green spaces, strengthen our food system in order to make our population healthier, obviously tackle the cost of living crisis as a key element in all of that.

We are going to work to create an age friendly Lambeth trying to make ourselves the best borough we can be for all of us to live healthy, high quality lives as we grow older. We can work with all partners to tackle the challenges that do lead to poor outcomes in older age and will be looking at how other parts of the country have done that and become age friendly cities and boroughs and there's actually World Health Organisation framework for us to look

We are also going to be signing the Unison Ethical Care Charter. Most of what we do across Lambeth Together absolutely complies with that and includes paying the London living wage to our staff and contractors who deliver our services - in this instance, care and health services. But there is a remaining element which we're going to make sure we fulfil, which is at the moment don't pay travel time at London living wage for our care workers, and we're going to address that deficit over a period of time

Finally, expanding Health and Wellbeing Hubs across our borough. We have a growing number and growing success of Thriving Lambeth arrangements in Stockwell and in North Lambeth. This work is going to ensure that we have really good coverage across all our populations, doing things like offering easy access to services, reaching out to communities that sometimes find it hard to access mental health services, vaccinations, health checks, advice about the cost of living, and advice about healthy living.

Garry Money also responded to this question

Primary care is one of the most obvious places to look at issues around inequality of access. I think at the moment, Primary Care has never been more under pressure. So similar to discussions we've had as a board before. Whilst the number of consultations has continued to rise every year, demand has also increased proportionately and probably started to slightly outstrip capacity.

I just wanted to reassure everybody that there is a lot of work going on at the moment in Lambeth directly with general practises and increasingly with patients as well, to try to understand where we're at at the moment in terms of patients needs, which have changed during the pandemic, so the balance of face to face appointments versus what we call remote consultation. The proportion of patients being seen face to face has reduced and that was partly because of the national protocol that everyone had to follow during the pandemic, but as we've emerged from the pandemic, we've also found that there are some overlapping challenges around workforce, which means that both the combination of rising demand, slightly reduced workforce as well as two years of getting used to remote consultations have changed patient behaviour and we need to respond to that. We need to understand that and that's a combination of what your general practice can offer on the day, if you need a same day appointment, what happens if you need a longer appointment or if you've got multiple issues that you want to talk through. Do the appointments need to be with a GP or do they need to be a multidisciplinary team or a nurse and we're working with colleagues to see how we can respond to patients who attended the A&E department because they need to be seen if they've called NHS111.

Some of it is technology, and trying to standardise practice websites to try to make sure that the messages are very easy and that we also have the right language translations available along with British sign language.

We have a digital inclusion project which all of our practices are very keen on progressing, which is looking at recruiting digital champions attached to each of our groups of general practices in the community which could do further work with patients to understand how we can lower barriers to so called digital exclusion.

Juliet Amoa also responded to this question

I have been leading on digital access for all of Lambeth Council. One of the main areas we are trying to focus on is how we connect up with what is happening already. So we are connecting up with the person who is leading on the work that Garry spoke about. We are also looking at how we make sure we connect up with the work that's going on generally within the community. We have a digital inclusion network that which I know Tech Aid have been very involved with.

The focus, at the moment is around assistive technology and really taking into consideration how that may be used for people who are vulnerable or have health needs.



Questions from members of the public: Wendy Horler

My question is about the constitution for the ICB, whether there will be any public meetings to discuss it. What the final date would be for writing to the ICB about changes that might we might want to be implemented. I think companies particularly worried about the failure to provide, specifically emergency services for people who are not resident in the area.



Andrew Eyres responded to this question

I don't think there is a proposal for further consultation. Obviously there's been a quite extensive set-up discussions with partners across the system, including with the existing CCG governing body. I believe the draft constitution has now been forwarded to NHS England for review. I must say much of the Constitution is set out as a set of national requirements of a new statutory Integrated Care Board as the statutory body.

If there is a particular issue around emergency services for those who are outside the area it would be good to hear what that is. I'm sure there is no intention that anybody is left out of the system. Certainly for a borough like Lambeth where we are not only responsible for those people who are resident in the borough, but those people registered in one of our practises who live in other boroughs so any overlap is catered for.

I don't know whether there is a particular concern you have around issue of emergency services you'd like us to pick up?



Follow up question from Wendy Horler

Our concern is just that it is not obligatory within the Health and Care Act for health authorities to provide emergency care for people who are not resident in that area. We were just concerned about where that might lead. We wondered whether it would be beneficial to write something into the new constitution rather than rely on our government.



Andrew Eyres responded to this question

I don't think there is any intention to remove any responsibility for urgent care for any residents, whether they live here, whether they are visiting and attending our A&E departments, whether they are registered in another borough even, you know, in terms of the kind of rules governing access for those who are refugees and asylum seekers. So I don't think there's any intention that anybody should be left out from the current arrangements.

I'll go back to South East London, colleagues but, as far as I recall, I don't think there's anything in the Constitution that would leave out any particular group in anyway like that. So I'm fairly certain that the anything in the Constitution would be inclusive of all populations that need to access services.

In terms of the constitution itself, this will require sign off at the first meeting of the ICB on the 1st of July. The draft is what has been sent to NHS England for comment.





Service overview: Tracy Wells, Service Manager, Alzheimer's Society Lambeth

Currently in Lambeth we have two dementia advisors, stroke support workers who, not exclusively, take a number of our referrals coming from the memory service, who will diagnose somebody with Alzheimer's or another type of dementia. They will be asked if they would like to work with the Alzheimer's Society. If the patient agrees, one of our dementia workers will make contact. This can be a telephone assessment if that's what people like, but as things are opening up we will accept a home visit. We offer advice and support on the diagnosis that they've been given, hopefully to give them maybe a better understanding. If there are any care needs that need to be addressed we will refer into health and social care. We also liaise with GPs, with the mental health team. Anybody and everything really, where we can. We will manage re-referrals into the system. We don't have a time frame for working with our clients and so we will work with them for as long as they need us.

We currently don't have any of our own dementia groups or groups for carers in Lambeth, but I do support the Carers Hub, who hold a carers' meeting once a month at least, if not twice.

We also support people being given a diagnosis of MCI (mild cognitive impairment). There is only so much that we can do to support these clients, as of course it may never lead to a diagnosis of dementia, but there are some things we can do to help people to liaise with their GP or support them with a care needs assessment. There are obviously more things we would like to be able to do in the borough especially with carers but, of course, what we do has to be funded.

Andrew Eyres responded to this overview

Thank you for all that you do with your team. Normally we would have Jane Bowie on the call. She's the director, commissioning for adults, including older adults.

What I'm going to do is suggest that she or one of her team get in touch with you to make sure we're making the most of all of the opportunities we can of working together. Then we make sure we are joining up all those those dots. I'm pretty certain you're probably already very well linked in with the teams across the borough, however there might well be further opportunities we're not quite realising in full yet. So we will make sure that happens.



Questions from members of the public: John McCay

I am John McCay, employed by Stockwell Partnership, and working with Compassion in Dying on producing Advanced Care Plans for predominantly low-income members of minority groups.

Might you consider looking at interim funding for the 3 months Oct-Dec 2022, for them to buy time to seek external funding for this Lambeth VCS collective?



Andrew Eyres responded to this question

My suggestion is that you share the evaluation and the plan for seeking continuity funding from other funders with our Neighbourhood Wellbeing Delivery Alliance. End-of-Life care is one of their priorities for the moment and we've been doing some work on that. I don't think Amanda is on the call today. Amanda Coyle is the programme director for that Alliance, but if you [send it into the Lambeth Together team](#), we can make sure that it gets linked across to the Alliance and I'm sure Dr Di Aitken can also help to facilitate this.

It wouldn't be right to take any decisions here and now, but we can certainly look at the programme you've had in place, and see if there are opportunities to sustain it, at least in the short term, while you seek alternative funding as well. So no promises here and now, but if you can get it over to us this week, we can see what might be possible.



Questions from members of the public: Sue Gallagher

A family member has had a very gruelling time in another part of the country whilst waiting for an emergency operation. The NHS was under such enormous stress that they had to discharge her for well over a week before they could then re-admit her and do it.

It made me realise that I didn't really understand what the current situation in Lambeth was in relation to urgent emergency orthopaedic operations and particularly, what happens if you do have to discharge somebody, in terms of getting support for, for example, somebody who is elderly and on their own and can't cope and don't have carers and neighbours around that can help with very basic things, if they are being told, they have to keep their leg straight and can't get up and can't move etc?



Sarah Austin responded to this question

So it would never be the right practice ever to send somebody home after any surgery who was not able to be safe at home, and if they needed support, we would provide that support. So on both fronts, whether its Orthopaedics or whether it's somebody who's been admitted for some other medical emergencies, somebody who perhaps has frailty issues, then it is a duty of the hospital to discharge that person safely with whatever wrap around support they need. Sometimes, for us, that might be to go through some rehabilitation. As you know, both Lambeth and Southwark offer a good integrated rehabilitation service afterwards. Or it might be a package of care, or it might be short stay, perhaps in a step down bed. So it is absolutely an expectation and certainly happens locally, not always as perfectly or as quickly as we'd like. Of course everyone's under such pressure. But that is the duty on all health and care systems to discharge people safely. So I would be quite demanding in that space.

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Sarah Austin responded to this question

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In Lambeth it does occasionally happen that you bring people in, sometimes the day before, less so these days, but occasionally, particularly if they have frailty, the day before and then some emergency situation takes over the whole of your theatre space, and you find that you're unable to proceed, and sometimes people do go home and come back. It is very seldom that happens. People do get cancelled before they come in. Sadly, because of the pressures of particularly elective surgery these days, with all of the catching up that we've got to do, things do very sadly sometimes get cancelled and people get sent home because of that. It would be a very exceptional, unusual circumstance.

It was noted that this would be even rarer for emergency cases.

