

# Lambeth Together Strategic Board Public Forum Questions and Responses

Wednesday 2 November 2022





Question from Susan Sedgwick

**Andrew Bland gave a presentation on the financial pressures facing the Integrated Care System (ICS) at the November Integrated Care Partnership (ICP) meeting regarding the state of the nation. I have two questions regarding this.**

- 1. What is a population based budget**
- 2. Why is the move to it going to increase the financial pressures on the ICS budget**

Andrew Eyres responded

In its simplest terms Integrated Care Boards (ICBs) are funded on a per capita basis based on our populations. This is weighted for things like age, level of deprivation. This is what is meant by population budgets.

On specialist services, currently money for specialist services does not come into ICBs this comes into NHS England and it is directed to those providing these services. The proposal is that this changes to specialist services being commissioned by ICB's this allows us to join up the different care pathways. This is a potential pressure as the demand for these services increases year on year as does the quality of each service. The timing of this delegation is still under review.

**Susan added if there is more information available on this, it would be good to see.**

Andrew responded to say that he would find the information and pass this on.

## Question from Rosemary Merricks – Lambeth Parent Forum

**At the moment Clapham and Streatham is both offer swimming lessons for children with disabilities, and we want to know if this will continue when the contract is brought back in house. In addition whether the contracts will include stipulations for better access for those with disabilities.**

Cllr Jim Dickson responded

The contracts that were run by GLL are being brought back in house at the end of the contract period. A review is currently taking place as to how these contracts are run and also looking at the way the council can drive better health outcomes and the benefits of being run in house.

Ruth Hutt also responded

The public health team have worked closely with the team bringing the contract in house and looking at how it is working and how we can improve the service. We have also been looking at how we reach those people who may need extra support to become more physically active.

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Ruth also noted that the comments will be taken away and fed into the team acting on the commissioning side.

Cllr Ben Kind also responded

To offer some reassurance, I have attended some of the sessions taking place at Clapham Leisure Centre and have had some discussions around improving the offer and offering more accessible sessions.

Cllr Kind also noted that the pricing structure is being looked at.

Dr Raj Mitra noted that he has been working with Public Health and the Staying Healthy team looking at health inequalities and in particular looking at those who do not access leisure centres the reasons behind this and how we can encourage people to use the facilities available.



## Question from Yannick Nyah

**What co production or other provision is in place for Africans, African Caribbeans or others who may want or need a hybrid or Afrocentric approach to healing and prevention in areas of disproportionate deprivation and health inequality i.e. mental ill health, Autism and invisible disability?**

Ruth Hutt responded

This is very much part of how we have been working, particularly over the past 3 to 5 years. The Black Thrive partnership started around 5 years ago to look at the black experience relating to Mental Health, and through that work, we have been working with our local communities looking at how to co-produce services that work better for black people and address some of the underlying inequalities. At the end of 2022 we received some monies, specifically to look at health inequalities.



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Guy Swindle also responded.

We have been doing a lot of work in coproduction since the alliance began in 2018, one of our 6 top priorities is to look at the health inequalities of our black communities.

The program CAPSA (Culturally Appropriate Peer support and Advocacy) has been developed with Black Thrive and works with young black men with lived experience to develop our mental health services to make sure they are more culturally appropriate and culturally sensitive for service users. ([CAPSA – Black Thrive – Lambeth](#))

Another service that has just been launched is the Emotional Emancipation Circles, developed with people from black communities to understand their experience of discrimination.

Guy Swindle also noted that he would get in touch away from this meeting and would be happy to continue the conversation.

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Jane Bowie also responded

The patient and Care race equality framework is another innovation that is another area that Lambeth is leading on.

Juliet Amoa also responded

We have been working on the Black Londoners Health and Wellbeing programme with Inspire. Juliet also highlighted the work of the Grassroots program, which we will be hearing more about later in this meeting

Di Aitken also responded

Chronic pain work has been highlighted as the 2<sup>nd</sup> most common long term condition in Lambeth and work has been ongoing within GP practices in generating a pain register. We have also been holding focus groups as we have found that black women are the highest group of people suffering with this condition. A new Patient reference group has now been formed from this and will be joining pain strategy meetings to take part in all of the work we are doing.

## Question from Carole Milner

**Andrew, you stated in a previous response that Lambeth were doing better than others, do you have any comparative stats on this**

Andrew Eyres Responded

There is a bit of lag in the data available on this, but we can make some of the ambulance handover data and A&E performance where we know that in some instances GSTT and Kings are performing better than other trusts across the South East and other areas of London.

Andrew noted that the information will be sent to Carole in due course.





## Question from Kenya Sue

**The collapse of social care services has resulted in increases of mental health imbalances, particularly African and Caribbean clients. Accessing services that are fit for purpose. Inadequate training of social care providers contracted by the NHS, lack of monitoring and supervision. Black patients being neglected and released into unsafe environments. Can you tell me what practical services are provided by the organisations that have been previously mentioned today.**

Andrew Eyres responded

There are two documents that have been produced over successive years, which are the Living Well Network Alliance reports that set out how we have been addressing mental health services, including for black people. To provide reassurance, the organisations that are part of that alliance are first line direct providers such as south London and the Maudsley, certitude, Thamesreach and Lambeth Social Care.

Would like to invite Kenya to have a conversation about the work of the alliance.

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Jane Bowie also responded

Jane noted that the Living Well Alliance is joined up working with others in collaboration. Within this individual organisations keep their own responsibilities. We as commissioners maintain oversight to ensure that there is best care and also making sure that we are enabling best value

We also look at whether there are emerging issues or any issues that might be of concern. We work with colleagues including the CQC on this.

