

Lambeth Together Care Partnership Board Public Forum

Thursday 11th July 2024



Questions from members of the Public

Question 1 from SELSON:

“SELSON campaigners attended the March and May meetings of this forum, when we highlighted our concerns about the lack of availability to the public of the monitoring data relating to the quality of the services delivered through the Synnovis contract for the SEL Pathology Network. We received a commitment that the requested data would be provided by Oct. 2024 by which time the Synnovis Hub in Blackfriars would be fully functional.

In the meantime, Synnovis has been the target of a major cyber-attack. Initially there was wide coverage of this event but less so in recent weeks. SEL residents have been affected by this catastrophe principally by the impact on service delivery but also by the potential loss of personal data.

We have already raised our concerns about the quality of the service provided by Synnovis, but we now have to ask whether the Synnovis cyber systems and infrastructure are adequate to meet the requirements and responsibilities of the SEL Pathology Network contract.

We are submitting several questions relating to the attack. While we do not expect to receive full responses today, we would like these questions circulated to all the Lambeth Together members and read out at the meeting during both the public session and during the main meeting. It would be excellent if you could give some responses during the meeting.

We consider that SEL residents should receive honest and comprehensive responses as soon as possible and the organisations involved should not use commercial confidentiality as a shield against public accountability.”



Question from SELSON continued:

1. What measures did Synnovis put in place following the attacks on Synlab's French and Italian subsidiaries?
2. Is Synnovis's IT system compliant with SEL ICS' Cyber Security Strategy?
3. Does GSTT's Risk Register include cyber-attacks on providers' networks?
4. Does the Contract Management Group in GSTT monitor the robustness of Synnovis' IT system?
5. Was Synnovis' proposed IT system in anyway downgraded during the acknowledged struggle to pull together a feasible Final Business Case for Synnovis' contract bid?
6. Within the terms of its contract, will Synnovis be subject to financial penalties proportionate to the costs of the attack to the SEL NHS system?
7. What are the Data protection implications of the cyber-attack?
8. Was/Is the Synnovis cyber system more vulnerable to attack than that of the commissioning organisation?
9. Was there an option for Synnovis to use the IT Network of the commissioning organisation and contribute to its cost?
10. Will the extent of the damage to patients, hospitals and primary care be quantifiable and costed and eventually made public?



Response to Question 1

Ruth Hutt, Acting Corporate Director, Integrated Health & Care

Ruth agreed to include the list of questions in those to be sent on to the ICB for clarity.

Alice Jarvis, Director of Operations and Partnerships, GSTT

Alice explained that they were joined by Gladys Lawson, MD for Pathology, GSTT at the last board meeting, who took all the feedback from the public away to get answers. Unfortunately, it wasn't much longer after that meeting that the cyber-attack happened and priorities changed. Alice explained that as they were now moving out of the initial stage of dealing with the attack, they would pick up the queries and questions raised once again and apologised for the inevitable delay.



Question 2 from Nicola Kingston:

Synnovis and Swiftqueue Blood tests and inequity.

Maureen and I have been submitting questions on this since November 2023. We had a discussion at the last Board meeting in person , where it was clear from contributions from Di, Raj, George and many round the table that the Synnovis system was not performing, that Synnovis was dysfunctional and was increasing inequalities. We made 4 recommendations. Jim said we would not have to submit a question next time as he would require a report back from Gladys. Now we recognize that Gladys will be busy on other Synnovis issues , but please can we have an action plan with timescales for answers to our four recommendations , including replies from commissioners not just Gladys?

1. Please can we have action notes published from the Public Forum so discussions that result in actions can be monitored and proper liaison with the public who expect action?
2. Our Brixton and Clapham Park PCN Patient Group discussed the Synnovis hack and are really appalled at the lack of emphasis on the impact on primary care patients. Is it not realized that many people rely on pathology for diagnoses and for maintaining their health and Long term conditions. Primary care is also picking up the pieces from hospital delays. This is having an impact on staff and patients mental health due to anxiety. Do GPs on the Board not agree? How can we ensure that Primary care recovery is given equal priority?
3. Obviously KONP have been highlighting the quality downgrading within Synnovis for months(typical of private equity as Private Eye has pointed out). We want systems put in place to prevent further harm to patients that comes from having patient feedback ignored. How will this board support a greater public voice in decision making.
4. Can we have a more equal regular meeting to discuss, that supports discussion and sharing information not just questions and answers? We can come up with recommendations and will cocreate.



Responses to Question 2:

Ruth Hutt, Acting Corporate Director, Integrated Health & Care

Ruth read out an ICB statement which clarified the position following the cyber-attack and detailed it would be inappropriate to respond to the questions raised but would do so in due course. They signpost the public to the links on the ICB website to the information that is currently available. Ruth explained that although the cyber-attack is a national issue, clearly the impact is felt at a local issue and that there is a huge amount of work being completed behind the scenes to ensure that primary care testing for patients is restored as quickly as possible and that Lambeth has already gone some way in achieving that already.

Rich Wiltshire, PPV Member

Rich expressed his concerns around the current blood testing situation, in particular concerns for patients who were having their blood tests cancelled and that the service wasn't working as it should prior to the cyber-attack. He suggested a blood testing score in the assurance report which would indicate capacity and the ease of procuring blood tests around the borough. Rich hoped that the ICB were now looking into continuity planning going forward and wondered if there could be reports shared from the trusts.

Alice Jarvis, Director of Operations and Partnerships, GSTT

Alice agreed that given the seriousness of the attack, it was best to wait for the ICB steer on responses. From a GSTT perspective, the situation is improving, and Alice detailed the priorities that were put in place.



Question 3 from Odilon Couzin:

Indoor Air Quality (IAQ): Most of us spend 80% or more of our time indoors, but it seems IAQ is not on the health and care radar. I have been asking this in the context of schools, but it also applies to public buildings, offices, etc. There is no debate about the impact of air pollution. I cannot understand why it is shunted over to Public Health and basically ignored by everyone else.

You will see that Parliament, Davos, and the WHO - among others - have ensured that their indoor air is cleaned, but the vast majority of us do not enjoy such protections. Why we are not monitoring and working to improve air quality in all public buildings. Given the number of airborne pathogens, but also the health impacts of particulate matter, this seems a relatively easy and cost-effective intervention.



Responses to Question 3:

Ruth Hutt, Acting Corporate Director, Integrated Health & Care

Ruth thanked Odilon for the update and for bringing an article for the Board to read. She asked that he looked out for further updates in the future regarding work on improving the air quality in public buildings.



Question 4 from Odilon Couzin:

I know from personal experience that young people with ME/CFS suffer great harm from not having their symptoms believed or taken seriously by both medical providers and schools. I believe those with long COVID experience similar difficulties. Is there any way Lambeth Together can work to address this, as it certainly isn't going away and causes great suffering for both young people and their families?



Responses to Question 4:

Di Aitkin, Co-Chair

GPs have been doing more and more work asking patients of their experiences with general practice when they were diagnosed with, for example, hypertension or living with chronic pain. If there are more stories to be told, Di was eager to work with the GP leads and discover these.

Raj Mitra, GP, Clinical Lead

Raj welcomed new training topics to discuss, such as key issues that were impacting the public.

George Verghese, GP, Co-Chair Primary Care Clinical Cabinet

Long covid, ME and CFS are difficult to diagnose in adults, not least children. Together with other conditions such as persistent medical symptom conditions, George felt it was something that needed improving as a healthcare system and needed to be better at. Under Lambeth Together, George explained there was a focus on personalised care, but the healthcare system now needs to look at moving towards the person and finding out the impact on their life.



Question 5 from Odilon Couzin:

Naloxone (for overdose reversal): I have done an informal survey of my local police and none of them have even heard of Naloxone, let alone been trained to use it. Rather than wait for the glacial movement of policy, can Lambeth take the lead and offer training and Naloxone to our local police and other first responders? Naloxone is cheap, safe, easy to use, its only function is to save lives.



Responses to Question 5:

Ruth Hutt, Acting Corporate Director, Integrated Health & Care

Ruth explained that the issue has been raised to the Police, whilst sitting on the London Drugs Board and the Metropolitan Police were quite clear that they would not allow their officers to carry naloxone and have a rationale for that.

The work done in Lambeth around this is very much about working with people who are directly working with substance misusers on the street, ensuring that those who are close friends or working / liaising with people who have access to naloxone and can easily get a supply if needed. The Council have Safety teams out and about, more than likely a higher number than police and that helps to support this work and they will continue to work with them.

Ruth explained that they do raise this issue frequently and the offer has been made locally.



Question 6 from Nicola Taylor:

I would like to discuss the introduction of a 4th emergency service for mental health. The service I would like to start would reduce the need for police and/or ambulance response. A model similar to CAHOOTS in Oregon US.



Responses to Question 6:

David Orekoya, Associate Director Integrated Commissioning-Mental Health:

In line with the NHS long term plan, South-East London ICB, Lambeth Council and system partners have implemented a number of schemes to support people experiencing a mental health crisis which are intended to minimise escalation to police, ambulance or other emergency services wherever possible. These include:

- Lambeth Living Well Network Alliance -Single Point of Access (SPA) which is the first point of contact for mental our for community mental health services in Lambeth., through which individuals can access crisis outreach support within 24 hours. Individuals can be signposted to/given help to access appropriate services including housing, benefits and other services.
- Multi-agency (street) outreach services for vulnerable adults in the borough, provided by health, care and voluntary sector partners working together to enable access to physical and mental health support and drug and alcohol interventions. This encompasses harm reduction advice and information and assertive support to facilitate engagement in treatment alongside signposting and help to address housing, benefits, sexual health, domestic violence and other issues that can impact on health and wellbeing of vulnerable homeless people
- South London and Maudsley operate a 24-hour Mental Health Crisis line which provides advice and information how to access mental health services and support groups in Lambeth including mental health crisis services and peer support.
- The Lambeth Evening Sanctuary based at Mosaic Clubhouse –the mental health resource centre in Lambeth-provides access to out of hours peer support for people who are in crisis every evening between 6pm and midnight.
- In addition, the NHS 111 Press 2 is being rolled out. Anyone over 18 in need can dial 111 at any time and select the option for mental health crisis, they will be connected to a contact center, where trained staff will provide appropriate support and advice -including information on local services- 24 hours a day.



Question 7 from Frances Lobel:

To mention the health impacts of living in cold, damp homes and the health risks to households who use prepayment meters. Following a public outcry, energy companies were prohibited from forcibly installing prepayment meters for most of last year. sadly, this practice is about to resume. The org I work with has devised Energy safeguarding training for health and social care professionals, community organisations and volunteers.

I would be very grateful to gage interest and offer this to Lambeth Together and the Federation of Lambeth GPs.



Responses to Question 7:

Laura Stoker, Head of Tackling Poverty:

Thank you for the reminder regarding Repowering's Energy Safeguarding Training. Details of this training was first circulated to healthcare professionals, and within the council, in February. We're pleased to hear this training offer continues and will share the opportunity within our networks.



Question 8 from Deniece Campbell

People with a learning disability may have more problems than those without a learning disability. It is even worse for those from ethnic minority backgrounds, who may even die younger than white people with a learning disability. Research suggest that people with learning disabilities, from an ethnic minority background experience disparities in accessing healthcare.

During the previous Care Partnership Board, it was stated that 83.1% of health checks were completed in the borough, how many were from the black, African, Asian and Carribbean community? If possible, could that data be circulated.

I have been working with several partners to raise awareness of the learning disability register and health checks. It is really good to see that in today's papers, work is being done for those who do not regularly attend GP practices for health checks. And it would be interesting to know how this work will be moving forward.



Responses to Question 8:

David Orekoya, Associate Director Integrated Commissioning-Mental Health

Following the Lambeth Together Care Partnership meeting the data on uptake of LD AHC's among people of different ethnic groups was shared with Deniece Campbell, as well as Operations Manager at Carers Hub Lambeth, Engagement Officers at Healthwatch Lambeth and Facilitators of Lambeth Learning Disability Assembly Healthwatch, please see below. This data doesn't indicate a major difference between ethnicity groups, however as we know from many studies that people from Black, South Asian and minority ethnic backgrounds face poorer outcomes from health and care and shorter life expectancies, and we suspect this data set does not describe the full picture.

	LD Annual Healthcheck uptake	
	Total population	Percentage uptake
White	682	77%
Black	726	77%
Asian	110	75%
Mixed	162	68%
Other	69	84%
Unknown	108	58%

The LDA Programme is planning a series of workstreams to better understand this through a series of quality audits, expand the data set to support our equalities initiatives and an inequalities focused Learning Disabilities AHC communications and engagement plan. Deniece Campbell and representatives from Healthwatch, Carers Hub and the Lambeth Learning Disability Assembly have agreed to review this work, and they will have an opportunity to steer it from their perspective of lived experience. An initial meeting is planned for the end of August.



Question 9 from a member of the public

I have worked with stroke victims previously, and am upset that my 70-year-old Neighbour, who has just been released from hospital, given no physiotherapy, with only carers visiting him, has just been sent home to die. I have tried to get information from around the borough about what happens next, discovering that friends and family must ask for help and support , it's not just given.

I have also previously raised an issue with my Neighbour and have had no support. She attacks everyone, the police don't respond, she put out a cigarette on someone's neck, attacked a young Mum and her baby. Where is housing in all this, to place her in this situation? This Neighbour has been to prison, has been relocated many times but they have not been suitable for her mental health condition.



Responses to Question 9:

Cllr Jacqui Dyer, Co-Chair

Cllr Dyer explained that this example related to the community mental health response in the borough and the lack of joined up working to support someone with mental health challenges in the community. One of her priorities from her portfolio is mental health service provision.

David Orekoya

David asked the member of public for more details on this specific case and look at what can be done to support this person. He recognised there was joint work to be done between the Housing and Mental health teams in order to provide people with the right support and accomodation that can meet people's needs and help towards them living independently as soon as possible. It is an on-going journey.



Additional Questions from Rich Wiltshire, during his PPV update

1. **New Covid wave:** anecdotally from community feedback plus this week I've also noticed newspaper articles, a question around tracking, for example, sales of tests and also asking for clarification on vaccines especially for those with multiple long-term conditions
2. **open crack use in Brixton.** I've noticed a surge of open crack use in Brixton during the day mostly around Electric Lane and Brighton Terrace. I've also read online community posts remarking upon the same thing. Does this correspond with what our drug and alcohol teams are seeing, and do they have any comments on this surge of open use?
3. How do we track **pharmacy shortages**. Can we add pharmacy shortages to the assurance report even if it's simply mirroring the national measurement.



Answers to additional Questions from Rich Wiltshire, during his PPV update.

Response to Question 1 from Ese Iyasere, CPH (Health Protection, Inclusion Health, Substance Misuse & Older People)

Covid-19 restrictions have been relaxed in the UK. Guidance for living safely with respiratory infections, including coronavirus (COVID-19) is now in place. It recommends vaccinations as one of the things that people can do to help reduce the spread of COVID-19 and other respiratory infections and protect those at highest risk. Eligibility for Covid-19 vaccination is advised by the Joint Committee for Vaccination and Immunisation and delivered by the NHS. Those who are eligible would usually be invited by the NHS to access their vaccine. We continue to work locally to raise awareness, ensure adequate delivery estate and encourage uptake of vaccination offers to those who are eligible. Furthermore, people at highest risk of developing severe COVID-19 can now access antivirals should they test positive for COVID-19.



Answers to additional Questions from Rich Wiltshire, during his PPV update.

Response to Question 2 from Ese Iyasere, CPH (Health Protection, Inclusion Health, Substance Misuse & Older People)

Illicit drugs devastate lives, destroy families, and tear communities apart. Addressing this issue is crucial for reducing violent crime, making our streets and neighborhood's safer, and ultimately saving lives.

- a) National Strategy – The national strategy outlines a long-term commitment to reducing drug use and its associated crimes, harms, and deaths.
- b) Progress in Lambeth – In Lambeth, we have made significant strides in treatment and recovery through a comprehensive "One Lambeth" approach. This strategy integrates efforts across multiple sectors, including Criminal Justice, Healthcare and Community Outreach. We have identified and are delivering critical interventions and priorities, such as enhancing criminal justice pathways, conducting targeted outreach and providing rapid access to treatment.
- c) Addressing Antisocial Behaviour – We acknowledge the increase in substance misuse-related antisocial behaviour in the borough. To effectively respond, we aim to implement a multi-faceted approach involving various stakeholders. Our strategy focuses on collaborative efforts across sectors, community engagement and support, continuous assessment and adjustment of interventions. By maintaining this strategic and integrated approach, we are committed to creating a safer and healthier Lambeth for everyone.



Answers to additional Questions from Rich Wiltshire, during his PPV update

Response to Q3 from Jenny Sivaganam, Assistant Director Medicines Optimisation:

Shortages are monitored nationally by NHS England, and official 'medicines supply notifications' are issued where medicines are known to be in short supply that will cause significant disruption. These notifications often have predicted resupply dates, but again, this can vary. For example, if a batch of medicines due to be released to market fails a quality control test, then that can add months to the expected resupply of the medicine. So, we have no way to accurately track shortages as the information is not wholly accurate, and resupply can be intermittent before full consistent supplies are reintroduced. We are reliant upon national communications to keep healthcare professionals informed, but we are only informed that shortages are occurring when they arise.

