

Lambeth Together Care Partnership Board Public Forum

Thursday 18th January 2024



Question 1 from Odilon Couzin:

Indoor Air Quality in schools

- It is well recognised that indoor air quality and especially ventilation is important in controlling the spread of airborne pathogens. This includes Flu, RSV, COVID, and Measles, all of which are causing serious problems in both attendance and staff absence in schools. Especially as we learn more about post-viral chronic illness (i.e., Long COVID), it seems important to prevent our children from being repeatedly infected with this disease.
- I wonder what the council and public health department are doing in terms of School ventilation monitoring and mitigation, and what sort of plan is in place to improve ventilation and/or use air purifiers to control the spread of these pathogens in schools. We have many examples of effective and affordable interventions, but I fear the extent of the problem is insufficiently clear due to a lack of research in our schools and a general lack of appetite for the task.



Answer to Question 1:

Ruth Hutt, Director of Public Health, Lambeth:

Having worked closely with schools, particularly during covid when there were air quality filters available for schools, I will need to come back with a further update for you. I have contacted my Education colleagues today to get more up to date information.

When there are outbreaks in schools, we work closely with them to help manage the situation and minimise spread, whilst maximising opportunities for vaccination, with guidance going out to schools to support. Measles is probably the most infectious disease that we see, with a much lower immunity to it than we would like as the uptake for the MMR isn't where it should be. There haven't been big outbreaks yet in South East London, as there have elsewhere in the country and but it is one, we are keeping an eye on.



Question 2 from Odilon Couzin continued:

Safe drug consumption rooms / drug injection facilities

- Safe drug consumption rooms are documented to improve the health of people who use drugs, both in terms of preventing overdose deaths (especially urgent in light of new synthetic opioids) and in terms of improving access to health services, information, etc. Especially for vulnerable populations such as homeless/rough sleepers, this would be an effective strategy to build trust and access services.
- Though the government doesn't support it, this is not radical and is increasingly accepted around the world. The Royal College of Nursing advocated for safe injection sites in 2022 (<https://www.rcn.org.uk/congress/congress-events/safe-injecting-facilities>), and the faculty of public health did the same (<https://www.fph.org.uk/news-events/fph-news/fph-lead-cross-sector-call-to-pilot-overdose-prevention-centres-in-the-uk/>). A pilot site has been operating in Glasgow since 2020 and has proven safe and effective. <https://osf.io/preprints/psyarxiv/5bqfu>
- Given all the great work Lambeth is doing to protect the health of people who inject drugs, why are we not launching pilot sites like the one in Glasgow?
- (For any board members who are interested, a bit more context can be found here: [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(22\)00038-X/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(22)00038-X/fulltext))



Answer to Question 2:

Cllr Jim Dickson, Lambeth:

This is a timely question as there is a lot of work happening at the moment via our Combating Drugs Partnership aimed at trying to address the issues related to having a significant drug economy in the Borough of Lambeth. They are looking at tackling addiction, promoting harm reduction, looking to disrupt the way drugs markets work and a whole variety of other aspects of the work you need to do to combat drugs and drug addiction.

There is a government strategy in place that probably wouldn't permit this local practice but if there is going to be a change of government within the next 12 months, they may look at this afresh'

Ruth Hutt, Director of Public Health, Lambeth:

This question is raised quite frequently and not just in this forum but across London and elsewhere. There is some evidence coming out of Glasgow, that indicates some drug consumption could be affected but there is also some evidence from Canada that they haven't been affected. The reality is we would need a lot of partners on board to make this happen and we aren't in that place yet, however there is a London Drugs Forum, which are looking at a range of options, including training police to use naroxone, which was previously off the table.

The evidence coming out of Glasgow may very well change the dynamic, but we are not in that place yet, but it is certainly something we are always interested in, particularly from a research perspective and whether we can support locally. The balance of the topic would be that we know people travel into the borough to get their drugs so this impacts where you would position a unit with regards to local drug markets, which all needs to be factored into any discussion. This is certainly an ongoing dialogue and there is a meeting at the end of January for all combatting drugs partnerships Senior Officers, of which I am one, and am certain this will be on their agenda also.



Question 3 from Odilon Couzin continued:

Primary care for Refugees and Asylum seekers

- How is Lambeth ensuring that refugees and asylum seekers living in the borough have access to primary care? I know that GSTT has some nursing outreach to sites (eg, hotels) where some asylum seekers are living, but is the council monitoring whether they are actually accessing services and ensuring that barriers are overcome? A 2022 Medact report (<https://www.medact.org/2022/resources/reports/contingency-accommodation-report/>)
- Documented many health problems linked to “contingency accommodation” and I wonder if Lambeth (or SEL ISG) is monitoring such issues in our area.



Answer to Question 3:

Oge Chesa, Director of Primary Care and Transformation:

Access to Primary Care is very important to us and of all the boroughs in SE London, Lambeth is one of the highest for access rates which we are very proud of.

There are 9 of our 41 General Practices which are aligned to the 3 hotels, and any time an Asylum seeker or Refugee arrives in the hotels, they register with one and we are in liaison with the Hotel Managers. GSTT Health Inclusion Teams do work with this cohort of patients and are commissioned to support the residents in these hotels. They visit 3 times a week to offer services to adults, and twice a week for children, with no appointments necessary.

The Hotel Manager's work with us and attend regular meetings with us, General Practice and the Local Authority to ensure the needs of this population are adequately met. The Primary Care team hold monthly meetings with Practice Managers, Hotel Managers and the GSTT Health Inclusion Team, to stay on top of any issues that may arise. For example, with the recent focus on immunisations, that was a priority to ensure they all got the relevant immunisations.

Also, if a family reside in a hotel, they will register within the same practice as a family with a translation service in action for them.

Every person in the UK has a right to General Practice, even without documentation.



Question 4 from Wendy Horler via the MS Teams chat

Do the refugees from these hotels ever get charged at primary or secondary care level?



Answer to Question 4:

Oge Chesa, Director of Primary Care and Transformation:

No one in the UK is asked to be charged for primary care services unless it is not a commissioned service, for example if it is private care, malaria vaccinations etc.



Question 5 from Wendy Horler

There are currently 150,000 vacancies in the NHS, and I wondered how many of those were for Health Workers in Lambeth?



Answer to Question 5

Andrew Eyres, Corporate Director, Integrated Health & Care, Lambeth

NHS Trusts as separate organisations monitor their own vacancy rates. Guy's & St Thomas', Kings and SLaM all work across more than one borough so it would be difficult to give a vacancy rate related to a single borough .

I will however, contact the Workforce Team in the ICB and see what collated statistics for South East London are available and share with you, including any particular services impacted. *(Additional related question asked from Sue Gallagher in the MS Teams Chat regarding which services are most affected.)*

This is a significant issue, not just for the NHS but also across into social care and many other aspects of care givers in the system. We are constantly looking at ways to attract and retain colleagues into the service and in particular people from local communities.



Question 6 from Maureen Simpson

I am concerned about the new blood testing system at St Thomas', Guy's, Gracefield Gardens and Tessa Jowell Centre, in that you have to book online to get an appointment rather than just taking a ticket and having queues from time to time. People are being turned away.

I am digitally capable to a degree but even I fail sometimes, why does it have to be completely digital – there needs to be other ways of dealing this. I was not happy with the written answer from the last Public Forum. We have to go back and look at this and I don't think this is an unreasonable request.



Answer to Question 6

Andrew Eyres, Corporate Director, Integrated Health & Care, Lambeth

I think we may have to go back to the two Trusts involved who deliver the services with their diagnostics provider. I recall the previous request was from GSTT alone and Kings were not included. As such we will go back to the Trusts to reconsider Maureen's concerns.

Alice Jarvis, Director of Operations and Partnerships GSTT

I will pick this up as an action and link in our third-party provider, together with our colleagues at King's. I completely understand Maureen's concerns and I will see if we can get a different answer and whether there is consideration about a different way in which we can improve equity of access to patients for blood tests.



Question 7 from Fran Lobel:

To mention the health impacts of living in cold, damp homes and the particular 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 gauge interest and offer this to Lambeth Together and the Federation of Lambeth GPs.



Answer to Question 7

Andrew Eyres, Corporate Director, Integrated Health & Care, Lambeth

I wonder if we would be best able to link this in with the work we do with Age UK and adults social care front door, and it's not just about older adults. Then we could think about whether this advice and support could be shared elsewhere, including information to GPs and through at scale primary care providers .

We will come back to you with more information.



Question from Sam, via Vox Pops (held over from November Forum):

Transgender health care could be a little better – the waiting time is like four years just to get to speak to someone. That’s quite long compared to a lot of other types of health care.



Answer to Vox Pops Question:

Dr Di Aitken, GP Clinical Lead, Lambeth:

Our Lambeth Together EDI Group has an LGBTQ Subgroup, which Juliet can expand on. The waiting time is actually a lot longer than 4 years. Whilst we have been in this Public Forum, I logged on to my practice system and for the last person I referred, we received an automated response regarding the waiting time. As of November 2023, they were seeing patients that were referred in Aug 2018, so over a 5 years wait.

The service is commissioned by specialised commissioning and there are very few in the country, one in the north, one the south-west and one in the southeast, with the southeast provider having many workforce issues.

Juliet Amoa, Associate Director Community Health and Engagement

We need to explore this issue in our sub-group. That group was designed to look at the Non-Binary and Trans guidance that Kings College developed and also to look at the broader concerns. Although this sounds like a larger system issue, it's something we can discuss in that meeting.

