

Lambeth Together Care Partnership Board Public Forum

Thursday 21st March 2024



Question 1 from Odilon Couzin:

Following up on our discussion from the last public forum, I wanted to ask about indoor air quality. I recently saw an announcement from the Mayor's office that they were piloting a programme putting HEPA filters in school classrooms and I wonder if Lambeth is going to be involved in this. If not, why not? If so, can we piggy back on this and try to do a bit more and do things like measure ventilation and pollution in local classrooms to try to identify problem areas and ideally see if poor air quality corresponds with increased illness and/or absence. I hate to say it, but it feels like this simply isn't a priority for the council, and I think it should be. I think Ruth knows well my passion for this topic, and I'm even willing to volunteer to carry out this work with her team.



Answer to Question 1:

Ese Iyasere, Public Health Consultant:

The schools for the air filter trial are yet to be chosen. The GLA's press release indicates they'll select schools based on pollution levels and areas of need, aiming for an even spread across London. This suggests that Lambeth schools might be asked to join.

We're closely following the updates and stand ready to lend our support to the initiative.



Question 2 from Odilon Couzin:

I recently met some residents of a newly created 10-room HMO near me in West Norwood, and they complained of poor living conditions including flooded basement rooms, mould, and poor ventilation. Apparently, the rental agent promises things will be fixed but then doesn't do anything, or just ignores their calls. Many residents are quite vulnerable, are older or have small children, and have been moved here from other councils. Given the proliferation of HMOs and the poor conditions often created by profiteering landlords, it seems like there needs to be an easier way for residents to report problems and a more efficient way for the council to check on HMOs.



Answer to Question 2:

Cllr Jim Dickson, Co-Chair:

Firstly, we have a Licensing scheme for landlords which determines a series of standards for landlords who let HMOs, and we make sure that they live up to those obligations. Secondly, if you contact your local councillor, they will ensure the message gets to the right person.

Fiona Connolly, Corporate Director: Housing & Adult Social Care:

Further to what Cllr Dickson has already detailed, we do have regulators in place who will go and visit properties. In this case, if you could send us some more details on the property in question, we can then look into it further and identify who owns that property and where the people who live there, are coming from, which would identify if it was temporary accommodation, for example.



Update following the meeting from Fiona Connolly:

The Council is aware of complaints made previously around this premise and has resulted in a number of visits as well as actions being taken, and these are set out below.

A visit had been undertaken in March 2024 by Officers from the Private Rented Enforcement and Regulation Team, accompanied by Planning Enforcement. This was also on the back of two HMO applications being received by the Service. At the time of the visit, it was found that the property has been renovated to a good standard. A number of rooms were occupied by single persons, and a couple of rooms occupied by Mothers and their babies, and a number of rooms that were still vacant at the time of the visit. All rooms were found to be suitable for occupation by these tenants. In addition, two separate new kitchens had been provided for use by the tenants. There were a number of items of work that needed to be done, mainly related to fire protection, to bring the property up to the required standard for use as flats in multiple occupation. A schedule of works detailing these works, was sent to the agents, who contacted the Council on 22nd March 2024 to state all works had been completed. Photographic evidence of this was also sent in on 25th March 2024.

A further visit took place on Tuesday of this week, following your new concerns, and found that the basement was under several cm's of water, half the kitchen had been ripped out and the drains were blocked. The owner was immediately contacted and given 24 hours to rectify the matter or face enforcement action, and all works had been completed by Wednesday afternoon and checked by an Officer. The owner has subsequently been warned about any future non-compliance, and consequences to their licenses.

We would encourage residents to report direct to the team via the website at [Dealing with problems in rented properties | Lambeth Council](#) as this will lead to the matter being automatically logged and prevent any delays in response.

I can also confirm the private building control approver has issued a completion certificate on 26.09.2022, DOW: Loft Conversion with Rear Dormer, Part Basement Renovation, Ground Floor Single Storey Side and Rear Extension and Internal Structural Alterations with Conversion of Existing Dwelling House to 2 No Self Contains Dwelling Flats.

In terms of planning permission, this matter is a live case and an Officer has visited and confirmed a 4 bed and 5 bed HMO in the property and the matter is being addressed with the property owner about the identified breach of planning control.

I hope this assists in addressing your concerns, and please do let any tenants you speak to know about the above reporting path to ensure any concerns are addressed without delay.



Question 3 from Gay Lee, Keep Our NHS Public:

The Camberwell Satellite Dialysis Unit, managed and run by NHS GSTT staff, is moving to Brixton this summer. The patients are pleased with the improved environment but are concerned that the facility will be run by Diaverum, an international company with a dubious reputation. The staff have voiced objections that effectively they have no choice and that they have to transfer or consider resignation. The patients are concerned that there has been no genuine engagement over this decision, with a reason not given for the change either. Both parties will lose their close working relationship and the long-term relationship between all parties will be broken or at least fractured.

Are members of Lambeth Together aware that this is happening?

Do members of Lambeth Together know the rationale for this change?

Apart from improving facilities, do members believe that this change will represent an example of improved patient involvement, patient health & wellbeing, improved professional relationships or integration of service and partnership working? If so, how will this change achieve those items, and if not, what should be done about the situation?



Answer to Question 3:

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

This topic was recently discussed at the Health & Wellbeing Board and has also been discussed at the Overview and Scrutiny Committee Members of both Southwark & Lambeth, where the Trust described the changes that would be taking place. Formally, renal dialysis doesn't sit within the delegation of Lambeth Together, as these services are commissioned by NHS England.

On a positive note, we would welcome better quality premises. In terms of the wider staffing issues, it is my understanding that it is based on a model that is already in place in other parts of the trust and has been successful. I am aware that the Trust is in the process of making a response.

Sarah Austin, Chief Executive Integrated and Specialist Medicine, GSTT:

Although I don't manage this service, I am a dialysis nurse by background so can appreciate and understand the situation the patients are facing. I am aware that there has been a considerable amount of communication and conversations, with a further meeting due on the 21st of April 2024. I have read correspondence between the Director of Nursing the service and Mr. Dave Bell, which details you have written to Ian Abbs, the Chief Executive of GSTT with your worries and a letter of response is currently being proof-read and will go out this week. All of your queries will be addressed in this, together with a list of patient involvement events, with an open invite for them and their families. If there is anything missing or not addressed, the team have assured us that they will engage and meet further.

Question 4 from Jane Mandlik, SELSON:

For over a year, we at SELSON (South East London Save Our NHS) have been trying to get the SEL ICB/ICP to publish the monitoring data for the SEL Pathology Network Contract. This has been refused on the basis of commercial confidentiality. In the meantime, we have been approached by workers in the Primary Care sector who are very concerned about the poor quality of service delivered by the contract.

Are you confident that Lambeth residents are receiving a good quality pathology service and if so, what is the basis for your confidence?



Answer to Question 4:

Sarah Austin, Chief Executive Integrated and Specialist Medicine, GSTT:

I am already aware about some of the concerns from Primary Care about the service. Being thoughtful about you not being allowed monitoring data, I'm not sure what in particular you asked. There will be some things that are commercially confidential, but the vast majority won't be. I am very happy to go back to the service, see what is available, get the details and I can also liase with the integrated care board to find out why they couldn't provide the information. [RESPONSE PENDING]

There is also a SEL Primary Care group that meet regularly with the pathology provider to work through these issues, particularly those around access. [RESPONSE PENDING]

Dr Di Aitken, Co-Chair:

One of my roles is to review all the messages that are received from providers, called quality alerts. Usually, they are about times where things haven't gone particularly well but sometimes, we do receive messages when things have gone well also. I don't recall seeing any alerts relating to pathology that aren't related to the new EPIC system that recently went live.

I am aware of a piece of work around redesigning the pathways to make it equal for each borough and we are trying to get as much Primary Care input into that as we can. We have Clinical Leads, who do additional work on diagnostics, so they have been tasked to feed into that work also.



Question 5 from Pandria Morgan, Brixton SDA Church, Health Ministry Leader:

My local church would like to offer health related programmes in the community and would like to know if you can provide the venue and additional support where needed?

I am thinking of holding yearly Health expos, including health checks, consultation, healthy cooking session, health coaching etc



Answer to Question 5:

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

We have a Lambeth Together Staying Healthy Programme, whose main aim is to support people to keep themselves healthy for as long as possible, and who would always welcome offers of support.

I would like to put you in touch with that team together with the Public Health team and we can think about what opportunities we have. We tend to use locations that people are already based in, and we also have a Health & Wellbeing Bus that goes around the borough too.

I am sure we can find some opportunities to support yourself and your congregation.



Question 6 from Maureen Simpson:

I had understood that someone would come back to me about my dissatisfaction at Sarah Austin's answer to my question raised in the November meeting regarding blood tests at GSTT, Gracefield Gardens and Tessa Jowell Centre.

When I raised this again in the January meeting, I thought that Andrew Eyres said it would be investigated and that Alice Jarvis was going to liaise with Kings but sadly I have heard nothing.



Answer to Question 6:

Sarah Austin, Chief Executive Integrated and Specialist Medicine, GSTT:

As I understand it, there were two ways of getting a blood test appointment. Firstly, when talking of making appointments online, the point was made that you could seek support from your GP which I now understand may not be possible or family and friends which I also understand may not be the case for some. The other way to make an appointment is as a walk-in, which is an open access form. The gap, which I agree with, is via the telephone. I have raised this with Synovis that this is the missing link however their data shows that this is not the case. I am more than happy to go back to them and contest this.

[Please also see 'Additional January Public Forum Question' on the Lambeth Together Website for feedback sent from Synovis, please click [here](#) to access]



Question 7 from Wendy Horler:

In light of the recent BMA statement on physician associates, are Lambeth Together in a position to monitor the role of PAs within the borough, specifically those in Primary Care.



Answer to Question 7:

Sarah Austin, Chief Executive Integrated and Specialist Medicine, GSTT:

I am a big fan of multidisciplinary working, using all available skills in the right place at the right time. Within GSTT, their work is always supervised by the registered practitioner, i.e. consultant. You wouldn't be able to operate a successful department without them, but their work is completely supervised.

Dr Di Aitken, Co-Chair:

A lot of the concerns have been around using PAs on rota's in hospitals without supervision so its really reassuring to hear that is not happening from Sarah is her hospital. Everyone in my practice is also supervised. It is tough on the GPs that must do the supervising but is beneficial and expands the workforce.



Question 8 from Nicola, Patient Group for Brixton & Clapham Park PCN:

The earlier question on getting a blood test appointment was recently discussed in the group and I myself witnessed an elderly lady being turned away from Gracefields as there were no slots available although a test was booked for her at a later date.

Where is our ethos here?

How do we address the wider question, how does our voice get heard? We want advice on these equality issues.



Answer to Question 8:

Clr Jim Dickson, Co-Chair:

This is very much an amplification of the earlier question and we have undertaken to go away and try to see what we can do to solve this very important issue in the way that Sarah Austin has outlined, with telephone contact being the key ask.

In terms of the wider issues, you raised around patient care and the way in which NHS with its ethos and us with our ethos, are all about empathy and support for people, rather than bureaucratic systems, is a good point to take back around quality. Do keep raising things in this forum, keep emailing, keep asking the questions.

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

Please keep raising issues like this with your Practice PPGs.



Question 9 from Gay Lee, Keep Our NHS Public:

Regarding providers paying the UNISON Ethical Charter minimum wage, will that be provided against all these savings you are making. Surely some services will have to be rationed for it?



Answer to Question 9:

Cllr Jim Dickson, Co-Chair:

The reason it has taken 4 years to be able to sign the UNISON Ethical Charter is we absolutely had to plan how to budget for it going forward. We also have an innovative way of delivering this which is to change the domiciliary care contracts to neighbourhood contracts, which reduces the travel time, therefore reducing the cost, but also has the brilliant advantage of ensuring that Primary Care, Community Pharmacies, and a whole range of community services can work together on a neighbourhood basis.

