

# Lambeth Together Local Care Partnership Board Public Forum

## Online MS Teams - in public

Thursday 4 September 2025

## Responses to questions from members of the public\*

Abbreviations and acronyms used in the meeting are explained using square brackets [...]



## **Question 1: Sarah Flanagan, Patient and Public Voice (PPV) Board Member**

I would like to hear how the community engagement sessions around neighbourhoods and integrated neighbourhood teams (INTs) run by Healthwatch Lambeth have been going?

## **Response: Folake Segun, Chief Executive Lambeth Healthwatch**

We have been commissioned by Lambeth Together through the Neighbourhood Wellbeing Delivery Alliance (NWDA) to carry out engagement to begin a conversation that's going to be open and transparent with the public about the development of neighbourhood health services and INTs.

So far we have held two workshops looking at what makes a good neighbourhood health service. Key themes included the need for clear ongoing communication and building trust, that services match cultural sensitivities, good local collaboration, a clear ask for the integration of health and social care and that services address the wider determinants of health, with an adequate and stable workforce to meet needs.

Some participants stated they would want a clear understanding of the benefits of seeing practitioners locally when we have two excellent hospitals in the borough with good transport links. In addition they were keen to see the same outcome measures used across all neighbourhoods so access and standards are equal wherever you live, and patient records are shared to reduce repeatedly telling their story.

**Answer continued on next slide**



The second part of workshops considered the ‘three shifts’ proposed in the 10 Year Plan:

- **Hospital to community:** people wanted to see personalised support for self management of conditions, and for expertise to be shared across neighbourhoods
- **Analogue to digital:** Digital inclusion is important to people and there was some concern about the proliferation of digital tools, with hopes that that this is as simple as possible to manage confusion. Patient choice is important, and people wanted assurance that a digital only approach is not the only way to share information.
- **Treatment to prevention:** People hoping for more early intervention, services concentrating on the whole person rather than individual conditions, and a desire that neighbourhood health service would build social connection.

Next steps – Healthwatch Lambeth will use these findings to create a survey, which will go live at end September. Once the survey findings are analysed Healthwatch will run a series of focus groups on: children with complex needs, people with long term conditions, frailty and mental health.



## **Question 2: Deniece Campbell, Lambeth Carer Volunteer**

I wanted to highlight the potential abolition of Healthwatch England, and concerns that there won't be a local independent voice. Healthwatch Lambeth has done great work on reports for people with learning disability and autism. I tried to sign the petition about this, but the link is not accessible so I wanted to ask for Folake or Cllr Mandley Browne to highlight this problem as I and several other carers would like to sign the petition and support HW Lambeth.

## **Response: Cllr Mandley – Browne:**

Thank you Deniece we will take that away and have the necessary conversations and come back to you.

**Further update:** the following link is working: Review decision to abolish independent local Healthwatch – [Review decision to abolish independent local Healthwatch - Petitions](#)



### **Question 3: Graham Syme, Co-Chair Streatham Hill Group Practice PPG**

As there seems to be a migration from secondary to primary care, what tools are GPs given to manage a complicated process of blood testing, injections and medication changes, all time dependent and following a specific timeline? And if patients are expected to get involved in self management, what tools are they being given?

### **Response: Dr Di Aitken, Co-Chair Lambeth Together**

This is a good example of the issues we face in general practice around the interface between primary care (GP practices) and secondary care (hospitals). There is a difference to how these diagnostic blood tests are initiated, in secondary care they are electronically requested, so no need to get a form, but at GP practices you need a printed form to get your blood test. We do have people working on changing the system, to make all requests electronic and move to cross borough collaboration.



### **Question 3 cont. Graham Syme, Co-Chair Streatham Hill Group Practice PPG**

This issue is further complicated by for example the 2pm collection time for samples, or fasting blood testing. Is there an expectation of the surgery managing a regime like this? It is very complicated for example an older person to understand and self manage.

### **Response: Di Aitken, Co-Chair Lambeth Together**

In the past we wouldn't be expected to manage that degree of complexity in general practice, that would be managed in hospital. So there has been a shift, but with the shift we need the resources.

### **Response: Dr Raj Mitra, GP and Clinical and Care Professional Lead for Lambeth Together Children and Young People's Alliance**

Primary Care would struggle to manage that degree of complexity, and the hospital should be in charge of the medication, for example issuing, monitoring and increasing the dose if required.

**Answer continued on next slide**



**Response Jasmina Lijesevic, Lay Member, Lambeth Together Board**

While access to care and medications is increasing, it needs a really concerted effort to manage it, there may be a series of apps to use for private companies, Synnovis for blood tests, the NHS app and so on. There is a worry that vulnerable people will fall through the gaps and we are overcomplicating the systems.

**Response: Alice Jarvis, Director of Operations and Partnerships, GSTT**

GSTT can look at opportunities between GPs and the acute physican to perhaps simplify or support management of the clinical case.

**Graham Syme, Co-Chair Streatham Hill Group Practice PPG**

Thank you to Ms Jarvis, although the hospital in question is St George's, it's good to hear that acute hospitals like GSTT and Kings can look at this issue, to ensure that vulnerable people are not being subjected to complex instructions that are possibly too much for GPs to be handling.

**Answer continued on next slide**



## Further update:

The South East London Integrated Care Board (SELICB) are undertaking ongoing work with Unboxed and the Health Innovation Network to improve how GPs, hospitals and other health and care services work together. The team are keen to understand the experiences of residents and invite everyone to register for the online discussion forum on the Let's Talk Health and Care platform.

For further information, feedback from the work so far, next steps and to register for the discussion forum, visit: [Improving how GPs and hospitals work together in south east London | Let's Talk Health and Care South East London](#)





#### **Question 4: Fraser Syme, Co-Chair Streatham Hill Group Practice PPG**

How much money has been given to GP practices or PCNs (Primary Care Networks) to help them cope with the extra work in the shift from hospital to community in the NHS 10 Year plan?

#### **Response: Andrew Eyres, Corporate Director of Integrated Health and Care, Lambeth, NHS South East London and Lambeth Council**

The NHS 10 Year Plan *Fit for the Future* was published on 1 July and we are waiting business planning guidance to accompany it, including financial allocations. It expected that may be available later in the autumn, and which may inform how we move money around the system. The direction of travel is to move resources into community-based services, whether that is secondary care clinicians working in the community, more work within primary care or patients accessing support from other professionals. So there's a lot more to come on how resourcing will happen across the NHS, and the role commissioners may play in that which might be different to what we've seen in the past.



**Question 5 : Wallee Mc Donnell, Associate, Celebrate Life CIC**

My question is about the need for "inner well-being" and "self –confidence" among our community and Lambeth residents. Are we addressing this, do we even recognise this need people are walking around with? People are carrying worry every day. I run a programme that may be of interest in supporting this in Lambeth.

**Response: Richard Outram, Director of Adult Social Care, Lambeth Council**

Thank you for the question, and it's something that everyone in the partnership is dealing with on various levels. It means something different for everybody, which can be a challenge in identifying problems, and identifying and measuring solutions. An example from Adult Social Care in partnership with GSTT is the work we are doing with therapists and social workers in joint teams helping people on discharge from hospital to manage the impact of their condition or disability. Another example is that we also commission Clear Community Web to support digital wellbeing in our neighbourhoods.

**Answer continued on next slide**



**Response: Dan Stoten, Director of Integrated Children's Commissioning and Youth Services  
London Borough of Lambeth & NHS South East London Integrated Care System**

The emotional wellbeing of children has a massive impact on their lives now but also into the future. So we work with our partners to address any wellbeing challenges in our young people as early as possible. For example our adventure playgrounds and youth clubs do a massive amount in enabling our young people to feel better by doing exercise, meeting a peer group or just having some space, giving early intervention and preventative support.

**Response: Dr Raj Mitra, GP and Clinical and Care Professional Lead for Lambeth Together Children and Young People's Alliance**

We set up a foundation for wellbeing as we saw people coming into our clinics who are lonely, anxious, depressed, or had chronic pain for example. We started with a weekly yoga group, and the programme is expanding, we had some lottery funding last year to increase the offer. So now we work with local museums and galleries for arts visits, we work with the garden museum for cooking classes. The biggest thing we found was that connections were made. We found people didn't have inner happiness and we are trying to teach that with yoga connection and movement. We'd like to increase the offer throughout Lambeth so we are waiting for a shift from treatment to prevention so we can build on our work. Please come and talk to us in North Lambeth PCN.



**Question 6 : Leoni Bryan, Advanced Nurse Practitioner – Valve Inequality**

**Received via email in advance, not answered in the public forum. Josepha Reynolds emailed response to Leoni.**

I am a Cardiac Nurse Specialist running two community clinics weekly with an echo physiologist to assess for Heart Valve Disease in clinics in Stockwell and Waldron Centre in New Cross. These two boroughs have the lowest uptake rate for treating aortic valve disease. We also want to improve access for heart valve screening in the community and are keen to join the Health and Wellbeing bus activity. Who, within your board can help take the outreach further to ensure that the local communities can benefit?

**Response: Josepha Reynolds, Director Neighbourhood and Wellbeing Delivery Alliance**

It is great to hear about the heart valve programme. In our Neighbourhood and Wellbeing Delivery Alliance, we focus on how we can help to tackle inequalities by working in an integrated, neighbourhood way, supporting the ambition within the NHS 10 Year Plan to do more preventative and proactive work within communities.

Part of the Alliance is our Health and Wellbeing Bus. This currently has a focus on Vital 5 health checks, Women and Girl's Health, Mental Health outreach and Cost of Living Support. The programme regularly partners across the health system and council to deliver engagement and health campaigns, some examples being seasonal flu vaccination, HIV Awareness, Know your Numbers (BP campaign) and resident surveys.

The NWDA would be happy to support the programme with considering how we can support the community outreach aspect of the work. We will link Leoni with our NWDA Community Connector to and have made a connection with our Health and Wellbeing Bus.

