

# Lambeth Together Local Care Partnership Board Public Forum

## Online MS Teams - in public

Thursday 8 January 2026

## 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 Board Member**

A national prostate cancer screening programme will not be introduced. The Health Secretary tells us that people with prostate cancer will be seen more quickly. How do people find out if they have prostate cancer? People can ask for a PSA test, or if they have a genetic mutation can access it. How do you know if you have this mutation?

### **Response: Di Aitken, Co-chair Lambeth Together Care Partnership Board**

Prostate cancer is the most common cancer in men, one in eight men will get it, and one in four black men will get it. Reasons for not implementing the national programme is that the PSA test is not perfect, and there is not enough evidence to do routine screening, even for people at high risk. Our approach in SE London is to offer the test opportunistically to high-risk people. In Lambeth we have done lots of awareness raising and events to encourage those at risk to be tested. NHS South East London has begun work on the early cancer diagnosis framework, promoting case finding for people at high risk. We can take this back to our Lambeth Cancer working Group.

**Response continued on next slide:**



## **Ruth Hutt, Director of Public Health, Lambeth Council**

Shared a chart produced by Cancer Research UK/BBC which aims to give the balance between 'risk' and 'harm' in testing: [Prostate cancer screening: What you need to know - BBC News](#)

Genetic testing is likely to be increasing as a routine part of breast cancer care, so men may become aware of their risk through a female relative.

The consultation on national screening is still open and members of the public (as well as professionals and organisations) can respond up to 20 Feb 2026 [Prostate cancer - UK National Screening Committee \(UK NSC\) - GOV.UK](#)



**Question 2: Sarah Flanagan, Patient and Public Voice Board Member**

Is it correct that homeless people have to pay £15 per night for a hostel place? I understand that night shelters are free, but how is the transition from night shelter to hostel being managed for people who can't pay the fees? In this cold weather people's lives are at risk if out on the streets.

**Response: Paul Davis, Head of Commissioning – Supported Housing, Lambeth Council**

Night Shelters are operated by charities during the colder Winter months, typically November to March, and residents are not charged for staying there. Residents of supported housing and longer-term hostels in Lambeth are asked to make a small contribution towards their stay called a personal service charge. This is a nominal amount and will be paid from the residents' benefits.

Lambeth has a well-established Severe Weather Protocol (SWEP) that enables the Rough Sleeping Outreach Team to offer emergency accommodation to anyone who is rough sleeping when the temperature is 0 degrees or feels like 0 degrees. SWEP also applies in instances of extreme hot weather. There is no charge to rough sleepers to access this accommodation and in Lambeth we operate a policy of “In for good” so that services work with anyone who has accessed emergency accommodation to find a sustainable route away from rough sleeping.

### **Question 3: Viktorija Saulyte**

I am a resident of West Dulwich and a patient at King's College Hospital (KCH). I am writing to ask whether King's College Hospital is planning to terminate its contract with the Israeli company Wheelshare, as an act of solidarity with the Palestinian people who are currently experiencing genocide.

I would appreciate clarification on the hospital's position and any steps being considered in this regard.

### **Response: Andrew Eyres, Place Executive Lead (Lambeth) NHS South East London Integrated Care Board, Corporate Director for Integrated Health and Adult Social Care, Lambeth Council**

We don't have our board member from KCH on the call at the moment, so we'll take your question away and we'll speak to King's colleagues. We have Fergus McDonnell with us from King's who may be able to give us a response on behalf of the Trust, but if not we'll take that away and ask the KCH member of the board for a response.

### **Response: Fergus McDonnell, Experience and Involvement Officer, KCH**

It's being looked into and taken seriously. They are in the process of retendering and it's being looked into. I hope that's helpful.

### **Question 3 response continued from Chris Rolfe, Director of Communications, KCH**

Further to the update from Fergus at the Public Forum, the current state of play is that KCH are still going through a procurement process for this service, which we expect to conclude in the coming weeks. The Trust adheres to the NHS Procurement & Commercial Standards framework to ensure we procure goods and services in an ethical and sustainable way, and we take this responsibility very seriously. Once a decision is made, we will provide an update to partners, and members of the public who have expressed an interest in how we deliver this service.



## Question 4: Ruby

I live in Lambeth and work in the social justice sector. One of the issues people in the community have is how complicated it is to apply for basic benefits and basic care through Lambeth Council. For example, discretionary housing payments, energy allowances, the level of rejection is very high and people are not putting gas or electric on or are starving themselves. It takes months for a response on payments, there is nothing in place that is immediate to support the community, which impacts mental health. What can be done to get something in place for immediate financial support so people can get their energy supply on?



## **Response: Andrew Eyres, Place Executive Lead (Lambeth) and Corporate Director for Integrated Health and Adult Social Care for Lambeth Council and NHS South East London Integrated Care Board**

The problem of poverty, particularly as we've gone through the cost of living crisis is one that's been recognised by the council. We don't have the experts in the areas you've referenced attending the meeting with us today, they would sit in our housing or poverty teams, We can take your question away to see if these reflections are shared with others, on speeding up application processes for example. There is an extensive cost of living action plan which has a range of programmes in place in Lambeth to support people who are most vulnerable and most at risk of poverty, which impacts their health and wellbeing. We will take that away and get an answer from people working in those areas. The Council is always looking at ways of improving its effectiveness, in response to residents concerns. We don't always meet expectations but we strive to do so, and welcome feedback, particularly around any specifics you can point us to.

**Response continues on next slide**



## Response to Q4 Cont..

### Links supplied by team for information:

[Cost of living, money and debt | Lambeth Council](#)

[Lambeth: Committed to supporting our borough's most vulnerable residents - Love Lambeth](#)

### **Richard Outram, Director of Adult Social Care, Lambeth Council**

The Council has an 'Every Pound Counts' team that works with people unable to access advice services in the community as a result of impairments, mental health condition or physical disability. Referrals for that come from social workers, occupational therapists or GP surgeries. They have helped a significant number of people.

**Response continues on next slide**



## Supplementary Response to Q4 Cont..

### **Miranda Feasey, Service Development Manager, Revenue and Benefits, Lambeth Council**

The Discretionary Housing Payment (DHP) information and application is available online on the Lambeth website here: [What happens next | Lambeth Council](#) Support with applications is also available via telephone and customer contact centre and other advice agencies offering this type of support. On average applications are decided within 14 days.

DHP basic eligibility is determined by legislation, with budget limits provided annually by the Department of Work and Pensions (DWP). Within that, there is discretion in terms of priority groups, award period and the amount awarded. Lambeth's DHP policy is uploaded alongside this document.



**Question 5: Eugenie Dadie, PPV board member:**

I'm currently studying for a Masters degree in digital health with a focus on digital inclusion. How will the board ensure that increased use of digital tools and AI does not undermine patient trust, particularly within our Afro Caribbean communities with historical mistrust of the health system?

**Response: Andrew Eyres, Place Executive Lead (Lambeth) NHS South East London Integrated Care Board Corporate Director for Integrated Health and Adult Social Care, Lambeth Council**

As we move into a more digital age, that brings many pros and cons. For many people, a move to a more digitally enabled health system is one they really welcome; for some people, it brings more difficulties. We recognise that spectrum, so what we've tried to do is support people to take advantage of the benefits of digital access. Whether that is working with the third sector to offer training and support, or offer choice so we have other solutions as well. It's a difficult tightrope to walk for some people, but the more we can support people to get the benefits is a good thing. We have definitely seen we can improve the amount of access to health and care for people who are happy to use digital tools, but we must keep in mind that not everyone will be in the same position.

**Richard Outram, , Director of Adult Social Care and Integrated Health, Lambeth Council**

Contributing some links to what the council is doing in terms of funding to provide support

[Digital health services and online support - Lambeth Together](#)

[ClearCommunityWeb](#)

[Digital Assistive Technology & Free Coding Classes | Millennium Community Solutions](#)

We are also trying to use our data more effectively to lead us to the right people at the right time, and how we are collaborating around our data. We may want to discuss this outside of the meeting across the whole group.

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## Response to qu5 continued...

### **Ruth Hutt, Director of Public Health, Lambeth Council**

The best example in public health is sexual health. We do have an online sexual health service, where test sampling is done at home. It's incredibly successful (98% satisfaction) and it gives us really good data about who uses the service. It helps us to target the groups that may not want to use online services and create a different offer. The challenge in healthcare is that we have probably tried to recreate delivering health care as is always been delivered in a digital world and it doesn't work like that. So we need to adapt how we deliver and what we deliver in a digital environment that is forever changing.

A really important part of digital innovation is service user testing: you get the feedback and you adapt to that. So we need to make sure we are hearing the feedback where services are delivered digitally and responding to that.



**Penelope Jarrett, GP and Chair of Lambeth Medical Committee**

The issue of trust is a really important one and how data is shared outside of the healthcare environment, GP practice or hospital. People expect some communication between healthcare professionals treating the same patient but it's complicated when talking about planning services or sharing data for research? If we use AI the analysis is done outside the NHS by the AI provider. So we need to be very clear and transparent with patients what is happening to their data. If not, we risk losing patient trust.

**Q5 Caroline Messecar, GP**

Perception is important for the people who are less tech adapted. How can we make sure that the investment in these tools is not interpreted as disinvestment in usual methods?

**Response: Andrew Eyres, Place Executive Lead (Lambeth) NHS South East London Integrated Care Board  
Corporate Director for Integrated Health and Adult Social Care, Lambeth Council**

We need to understand people's concerns around this. We are after all in the people business. If people feel excluded as we move to a more digital world we need to think about that really carefully. Whatever tools we use we need to make sure we are listening, hearing and seeing people, and how we apply that to our communications is critical.