



SOUTHWARK & LAMBETH
INTEGRATED CARE

Southwark and Lambeth Integrated Care - Citizens' Forum

Wednesday 4 February 2015

6.30pm – 9.00pm

Waterloo Action Centre

The Citizens' Forum has been set up to provide updates on the work undertaken by Southwark & Lambeth Integrated Care, to get people and communities fully involved in how integrated care develops in Southwark and Lambeth, and to ask people for their views on specific aspects of the work.

More information

We welcome your involvement in the development of integrated care in Southwark and Lambeth. If you want to bring your skills, knowledge and experience to help design the new services, or if you have things that you want to tell us about that are important to you, please do let us know.

Contact:

Engagement Team

Southwark and Lambeth Integrated Care

Tel: 020 7188 7188 ext 55290

Email: info@slicare.org

Website: www.slicare.org

Address: 200 Great Dover Street, London SE1 4YB

Twitter: @slicareorg

Southwark and Lambeth Integrated Care - Citizens' Forum

These are the notes from the 6th Southwark and Lambeth Integrated Care Citizens' Forum, held on Wednesday 4 February 2015 at Waterloo Action Centre. Over 80 people attended including Councillor Jim Dickson, Chair of Lambeth Health and Wellbeing Board.

Southwark and Lambeth Integrated Care is the partnership that brings the health and social care organisations and citizens of Southwark and Lambeth together to improve care for local people, so they can lead healthier and happier lives. Our partners include Southwark Council, Lambeth Council, Southwark Clinical Commissioning Group, Lambeth Clinical Commissioning Group, GPs, King's College Hospital NHS Foundation Trust, Guy's and St Thomas' NHS Foundation Trust, South London and Maudsley NHS Foundation Trust, voluntary organisations, citizens and communities.

Welcome and introductions

Helen Charlesworth-May (Sponsor Board co-chair) and **Nicola Kingston** (Citizens' Board chair) welcomed people, updated them on work since the last Forum and outlined the agenda:

- Matthew Patrick and Tyrrell Evans (Provider Group co-chairs) on service providers, including GPs, hospitals, social care and the voluntary sector, working together
- Denis O'Rourke on how the Lambeth Living Well Collaborative is working as an alliance
- Therese Fletcher (Lambeth Clinical Commissioning Group) and David Smith (Southwark Clinical Commissioning Group) on the development of local care networks
- Zoe Reed (South London and Maudsley) and Will Nicholson (Southwark and Lambeth Integrated Care) on resilience and the voluntary sector

Citizens' Board and feedback from the previous Citizens' Forum

Nicola told everybody about the new enlarged group of people that make up the Citizens' Board – many of whom were present. They bring a range of skills and experience and want to work closely with people who attend the Forum and with other citizens, to make sure that citizens are fully involved in developments in integrated care. She also fed back on what had been done about some of the issues raised at the last Forum in November. This included:

- increased funding has been agreed for developing the voluntary sector, as part of the work on resilient communities
- service providers and commissioners have exchanged letters on how they intend to work together – using the 'i-statements' and 'outcomes' coproduced with citizens. They have agreed to an alliance contracting approach, working together with citizens and other providers, including the voluntary sector.

Questions and answers

Citizens attending the Forum asked a number of questions:

Q. What can we do to bring the whole community into these discussions?

A. Nicola said that we are not yet representing the views and backgrounds across Southwark and Lambeth, and that we need to get more people involved in helping to design future services. We're starting to do that more. Recently, for example, people with catheters have been giving their views on how services need to change and what their experience has been.

Q. Jenny from Waterloo Action Centre asked about the reductions to their budget, which was going to have an impact on the services that they could offer.

A. Helen agreed to get an update regarding this;

Lambeth Council has worked over the past two years with the advice sector, local people and other organisations to develop a borough wide financial resilience strategy. This is focused on giving people access to advice in a range of ways, offering support and preventative services, and looking more broadly at the issues that affect people on low incomes.

Given the funding cuts faced by all local authorities, we had to decide how best to use the reduced budget available, whilst still making sure that people in Lambeth have access to good quality advice provision. Following a lengthy co-production process which included working with citizens, providers and charities, a network of

advice centres across the borough was agreed and a single portal for advice comprising a website, email, web chat and a Freephone advice line was put in place under the banner One Lambeth Advice. The approach is focused on making sure that face to face advice services are located in areas with the greatest need/footfall to make best use of the funds available. There are four advice hubs across the borough - Norwood, Streatham, Brixton and Kennington - where residents can drop-in and see a trained advisor or access advice via the internet/phone. Advice guides have also been trained by the Citizens Advice Bureau (CAB) and have been in place in various community settings to help people access advice, including GPs and Lambeth's Customer Centre. Specialist and generalist casework is also provided on-site by the CAB in Streatham, by Centre 70 in Norwood, by the Lambeth Law Centre and the Brixton Advice Centre. The funding constraints and the need to maximise the budget available led to the decision to end the welfare advice service at Waterloo Action Centre (WAC) and transfer those advisors to the CAB in Streatham. The funding for the very well-used Thursday evening Legal Advice Surgery has been maintained. Lead councillors and commissioners in Lambeth have met a number of times with Jenny and the WAC trustees, to discuss their concerns, and have confirmed the reasons for making these decisions.

However, to ensure that there is some provision for the small number of residents in SE1/SE11 that are unlikely to get to one of the other advice services (or use the Freephone advice line), we have made arrangements for the CAB to provide face to face debt, benefits and housing advice sessions on site at WAC two mornings and one evening a week. A volunteer Advice Guide will also be provided by the CAB at Waterloo Action Centre for two other mornings a week. To support this we have provided WAC with financial support to buy two new desktop computers for their reception so that anybody attending can be helped by the Advice Guide to self-serve using online materials and/or web chat. The Advice Guide can support residents who need face to face advice to get an appointment for this at one of four other locations across the borough.

Integrated Care Provider Group

Matthew and Tyrrell explained that the purpose of the Southwark and Lambeth Integrated Care Provider Group has been to provide a forum for providers to work together on better coordinating health and social care support for people in Southwark and Lambeth. The group is in agreement with commissioners that they need to move from fragmented care to care that is joined up around people's needs in the community. Good progress is starting to be made with Holistic Assessments, Community Multi-Disciplinary Teams, @home, and other services. **Zoe and Will** explained some of the work taking place with the voluntary sector. They said that the

provider group are keen on getting the voluntary sector involved. For instance, work on the Holistic Assessment (HA) has raised questions about signposting people to support once needs are identified, and has led to discussions on what role the voluntary sector can play.

Local Care Networks

David and Therese explained that the population's health and social care needs and the resources used to meet them are distributed unevenly across the population. 25% of people in Southwark and Lambeth are in the early stages of managing a long term condition, 9% have three or more long term conditions and just 16% have no health and social care needs at all. GPs have come together recently in Southwark and Lambeth to form federations and provide extended services. The next stage is to create Local Care Networks: joining up with social care, the voluntary sector and other services and support in the community. The role of neighbourhoods (or resilient communities) as circles of support will also be developed to help people live independently and stay healthier. The work also includes reducing avoidable spend, for example, on admissions to hospital or care homes, by using public resources in a much smarter way.

Living Well Collaborative

Denis explained that the Living Well Collaborative has tested an informal alliance approach to commissioning services for people with mental health problems. In response to dissatisfaction and frustration at fragmented services and at people's problems being considered separately from their strengths, a group of carers, providers, clinicians, and commissioners met to co-design a new model of care. They were interested in integrating services and wrapping services around the individual, to improve care and reduce overall spend. This resulted in the Living Well Network – an alliance group of providers chaired by a voluntary sector representative, commissioned to deliver on a single set of agreed outcomes. It is a good example, on a smaller scale, of what could be developed for integrated commissioning and provision of health and social care in the two boroughs.

Workshops

Tyrrell introduced the workshop discussions on information sharing, the workforce, outcomes, Local Care Networks and the voluntary and community sector. He flagged up the importance of developing new models of care – and getting the right staff, skills and values for a more flexible workforce. He also highlighted the value that sharing patient information can bring, so that clinicians can look at patients' records with their permission, and patients can access their own records.

Workshop 1 - Information Sharing

This workshop was about developments to make sure that staff in hospitals and working in primary care can access all patient records. It also covered the importance of patients being able to see their own record and what else people wanted to happen.

The workshop was introduced by Jack Barker, King's College Hospital and Richard Jordan, King's College Hospital. Adrian McLachlan, a Lambeth GP and Chair of Lambeth CCG, was also in the workshop.

Introduction

Bringing services together in a more integrated way, can only work if we share information better than we are doing at present. At a previous Forum meeting, citizens told us that they get fed up with giving the same information time after time to different staff in different organisations, and that want their care to be better through staff accessing data more easily, with their consent.

What is happening now?

It was explained that hospitals used to compete rather than collaborate, but now there is a different approach, and the value of sharing information for the benefits of both patients and clinicians is clear. This has been started with processes for hospitals sharing information about patients. Since November, work is also taking place so that primary care data can also be shared. The new system will use the patients NHS number to share data. The Information governance on this has been

complicated, but we have now reached a point where it has been agreed. The next step is to make sure that patients understand what data is being shared, what options are available to them and how to opt out if they wish.

What are your initial thoughts on these proposals?

Q. Is this the same thing as the proposal to sell data to the private sector - that was in the papers?

No, it's about a different, but related issue. The national publicity was about care.data, and about government plans on how information is to be made available for sale to the private sector. There are further national tests being carried out about care.data, and the results of these are not yet available; there will be further publicity after those pilots. We fully agree that people will need a full consultation about that.

What we are talking about today is the local scheme for sharing information between people directly involved in your care locally.

Q. What is available now on-line to me at my practice and my GP?

Adrian explained that GPs have recently changed systems so that now all GPs in Southwark and Lambeth are on one system. The GPs now have all the old records summarised and they are on one Electronic Patient Record (EPR)

Patients now can make appointments, order repeat prescriptions on line and some can look at their Summary Care record, and look at their test results on line.

Q. What are the benefits?

For clinicians: Adrian said that there is increased safety if the patient's records can be accessed by the people caring for them. Things like drug allergies, or knowing what has already been prescribed, would make for greater safety.

For patients: Two of the patients had already accessed their own records. One had found a mistake and had explained this to her practice who agreed and corrected it. Adrian said this was one important safety feature, which was important. Another patient had seen test results which had changed over the years, but she had forgotten earlier results, so this helped her self-management of her long term condition.

There was a discussion about the problem with lack of communication between GPs and hospitals, and how it can really cause problems.

Q. What are the concerns?

There was a discussion about a range of concerns that some people may have.

Q. How safe is my record? Could IT mean my records are shared inappropriately?

Adrian explained that at present fax machines are used a lot and also some records are transferred by courier, and there are risks with these too. All GPs are tested for using IT properly and the rules are extremely tight.

For patients you choose if you want to have online access, and to get it you have to go through a password set up, the same as banking. Its then up to you to ensure you log out after use.

Q. What about people who do not use computers?

Online access is only an option that people can use, if they want to. Some practices are already finding that it results in freeing up the telephones for people who do not want online access.

In discussion it was agreed that many people want to be able to access information held on them, but many are concerned about the people who did not have computer access and wanted to discuss how this would affect them, or if access could be made available for them.

It was discussed that it can help carers or people like the Alzheimer's Association to assist patients who do want help to understand and manage their health. So people could set up a system where an authorised person could log in on their behalf.

Could surgeries provide an area where patients can access their own records and also use it to get information about how to stay healthy?

Q. What about access for social care?

We talked about how some people might want to give access to their social worker, but not to their domiciliary care worker. Adrian explained that at present there is no link for social care, but that it is possible to restrict access by professional grouping.

Q. Can you get hard copies of your records?

Yes, there is a long standing process for getting hard copies of records where you make a formal request and then you get copies. Surgeries are allowed to make a charge for this and some do.

Q. Can you get these sent by email?

No, there is no process for this at present.

Wider conversations

It was agreed that not enough people knew about the online access which is currently available and many people thought that hospitals and GPs already shared information. There should be much more publicity and consultation about this.

Workshop 2 - Outcomes

This workshop was led by David Smith, Southwark Clinical Commissioning Group. We talked about the outcomes that citizens had helped to develop and how these could be measured in the future. The outcomes are:

- I have systems in place to help at an early stage to avoid crisis and as small a disruption as possible if a crisis happens
- I live independently
- I can manage my own health and wellbeing (or condition) and I am supported to do this (including having access to information and being able to stay healthy)
- I can plan my care with people who work together to understand me, allow me control and bring together services to achieve the outcomes that are important to me
- Citizens and carers - I (am able to) live the life I want (and get the support I need to do that)
- I feel (am) safe, secure and protected from harm

Discussion began with consideration of the questions on quality assurance questionnaires. The facilitator asked the group if they had ever had to answer a questionnaire following NHS treatment.

- Some felt that the questionnaire was not appropriate for all patients' level of communication ability (e.g. questionnaire too long or full of jargons), so the carer had to fill it in.
- There were quick 'yes/no' electronic measures at King's but these were not seen as satisfactory. The interaction was too complex to allow that response to be meaningful.
- There should be different channels and ways of gathering users and non-service users feedback (must take into account some people cannot use / don't have access to computers).
- Questionnaires filled in with support were helpful and engendered trust in the service. Although sometimes this method meant that patients were too embarrassed to tell the truth about bad experiences.
- Some people had experiences with shops and other services not within the NHS. It was felt that a range of different ways to capture information on user experience was needed.
- The local authority knocked on doors and asked people their views on services on the doorstep.
- There was much discussion on marginalised groups, and how services could communicate and engage with people in these groups. Voluntary organisations and community groups could help here.
- Outcomes were discussed. There were high level organisational outcomes, and also a place for measuring more focused clinical outputs, for example – setting a waiting time to have a visit for pain control at end of life care, or having access to a decision making clinician.

Workshop 3 - Local Care Networks

This workshop was led by Tyrrell Evans, former Lambeth GP, and Therese Fletcher from Lambeth CCG.

This workshop focused on what a future local care network might look like and what services might be included. People talked about they thought was important to be in the network and why, and what benefits different services would bring to the network.

Community Matrons

- What are community matrons?
- They are not like a matron in the traditional sense. They are involved in integrating care services – they are like a very experienced nurse.
- I don't think I have come across a community matron
- They are like a different sort of nurse.
- Do they engage with the community? Are they on the front line?
- Yes.
- In that case, there cannot be many of them.
- There would need to be more of them to make any difference.

GPs

- Everyone in the community is supposed to be registered with a GP and they are a key person. So I think they should be involved in the local care network
- In some areas GPs are overworked and have little time to spare. They are restricted in time so you may not always be able to get the care that you want.

Voluntary and community sector services

- Because they are provided for free - then it makes sense for people to use these services wherever they can.
- There are organisations like Age UK that are extremely good. However, organisations usually cover quite a specific group.
- It is important to get the voluntary sector working properly, and making sure that people are using it as a resource.

Health visitors

- We make a lot of use out of health visitors.

- Would that be for all ages because you must remember that health visitors provider services for under 5s only.
- In that case yes- all ages.

Pharmacists

- Because they have a lot of knowledge and training and are able to assist with many of the more simple queries around health issues.
- Also if people are directed to pharmacists for simple ailments, it means that this can take pressure off GPs and even A&E departments.
- We will often direct people to pharmacists in our health leaflets (PPG). We will try to produce one every month and these go out with prescriptions.

District Nurses

- As a GP I worked with a lot of senior patients with multiple and complex problems. District Nurses can be extremely effective if we want to help people stay in their homes for longer. We need to have really expert District Nurses to help.

Occupational Therapists

- Because often people who have lost some mobility may simply need equipment installed in their home to help them carry on with their daily lives, without needing too much additional help. Equipment, which is often a relatively simple service to provide, can make a big difference and help people to stay independent for much longer at home.
- Yes – equipment can make a very big difference to help people carry on as normal and do various daily tasks for themselves.

Is anything missing?

- On volunteer services – if you get something for nothing, why not use it? People have to start using this resource. I think the most important thing is to get the voluntary sector working properly. My role with the Patient Participation Group allows the doctors to spend their time doing the important stuff – e.g. showing older people how to cook on a low budget. Another good

way is to make it in to a social event – and get people out of their homes. There is a lot of concern around people not having enough contact with others. This gets them out of the house, and while they are there we can give them information.

- Also where would Dentists fit in?

Can you pick a top 3?

- I'm a little worried about picking a top three as its means that others are less important. Other services may be important at different points in their lives.

Workshop 4 - Workforce

Workshop led by Zoe Reed, South London & Maudsley Hospital and Helen Charlesworth-May from Lambeth Council.

People in Southwark and Lambeth, and in other places, have told us about some of the things that are most important to them when they are getting care and support to help them to live at home. All of these are important, but perhaps some will be more important to one person than another, or some more important for different reasons.

The group were asked to look at a list of 38 statements and prioritise the ones they felt were the most important. Below are their top nine statements.

3. I tell my story once.
4. I am listened to about what works for me in my life.
11. I need to do less work to organise my care (e.g. chasing people to organise my appointments).
13. I have one first point of contact. They understand both me and my condition. I can go to them with questions at any time.
23. I know the amount of money available to me for care and support needs and I can determine how this is used (whether it is my own money, direct payment, or a personal budget from the council or NHS).
33. I have a say in who will come to my home to provide care and when they will come.

36. The people who provide care and support stay for the length of time agreed.
37. The people who provide care and support treat me with dignity and respect.
38. The people who provide care and support have the necessary skills and knowledge.

Further workforce discussion notes:

- Workforce is not just paid staff; it's the unpaid, formal and informal.
- We really need to determine who is our workforce e.g. is it my nurse, is it my carer etc?
- There are significant workforce implications linked to the 'I statements'. What do these statements mean for the workforce?
- We're on a journey to work out what the workforce is.
- It's important for citizens to feel in charge. The group suggested that they would like another 'I statement' that was simply 'I am in charge'.
- Statement 38 was felt to be very important to the group although there was some feedback that this statement does not go far enough.
- Helen made the group aware that Lambeth Council are trying to construct a series of roles that meet people's needs better, although expressed the difficulties of doing this with the budget constraints - hence the critical need for integrated care.
- We can't just talk anymore about the education of groups such as nurses, we need a workforce strategy to include everyone such as health workers, domiciliary care workers etc. We need a clear career pathway for example for someone to go from being a domiciliary care worker to becoming a nurse.
- Statement 8: I am involved in planning and making decisions about my care. The important aspect here is no plan or decision without me.
- An example was given of the care someone's family member had been receiving and how this changed for the better once the medical team knew that a member of the patients' family was the Director of Social Services.

Workshop 5 - Voluntary and Community Sector

This workshop was led by Will Nicholson, Southwark & Lambeth Integrated Care.

The focus was, as local care networks are developed, is there a role for voluntary and community organisations to play. The group discussed whether it is important to have the voluntary and community sector involved in local care networks, and what roles the voluntary and community sector could play. They also discussed what support the voluntary and community sector need to get more involved, and how we can get to know what voluntary and community groups are in the local area?

How can we ensure that we include the voluntary and community sector (VCS) in the Local Care Networks that we're setting up? And how do we make use of the local people and volunteers?

- What are VCS organisations exactly?
- They are organisations that work outside the public sector and are community focused
- It needs to be a recognised network

Currently setting up a North Lambeth network, so how do we make use of local people and volunteers?

- Wider marketing/promotion of the Local Care Network
- Involve the council

How do we ensure people can volunteer?

- I've been volunteering for years and going into peoples' homes; there are many abuses that the elderly experience, financial abuse etc
- Another issue is that services are being cut, so is it appropriate to make people do those jobs for nothing if it's taking away paid work from someone else?
- Age UK look for volunteers to give support to people when carers cannot provide that service e.g. shopping services
- Regulate volunteers and put them under the control of an agency such as Healthwatch

- Planning is pivotal to setting up volunteer networks including key standards of behaviour
- CRB checks are required for volunteers – this can be expensive
- There is no single person/agency that I can go to find volunteers
- Community Action Southwark have a list of volunteers and organisations; this would be a place to start
- Age UK to act as an umbrella organisation, with the voluntary organisations underneath working as a collective
- What about people who work in alternative health e.g. massage and acupuncturists? (*some people didn't feel this should be part of it*)
- Wide remit of voluntary organisations can take part in the Local Care Networks, it's not exclusively health-related, many different viewpoints are welcomed, in fact how do we bring in different points of view?
- Councillors are a good source of information/help for people
- A single resource is required for doctors to signpost patients to other services during the consultation process (which is often short, say around 7 minutes) – there are in excess of 400 services, doctors cannot know about all of them
- Resident Associations on housing estates are a good source of information for locating lesser known voluntary organisations
- 'SaIL (Support and Independent Living) provides useful information about signposting people to, for example, handyman services.

How can we support all the organisations and how do we make sure volunteers are supported?

- Official recognition of voluntary work and support is vital – have groups registered as specialists in a particular field
- Volunteers require expenses to be covered, for example, travel, phone and CRB checks – CRB checks cost £80 per person and need to be done regularly – so lots of underlying costs
- Volunteers who work in hospitals are very good, Kings' College Hospital have a large number, but it's important they receive the right training

How do we make sure that groups get involved in the Local Care Network?

- Map specific groups by locality first
- Source a person/persons who already volunteers or is well known in the community and can find other people to volunteer – ambassadors or champions that act as a link between the Local Care Network and the community (*one or two people already suggested around the table*)
- Establish with people what is expected of them and what they're signing up for, volunteering is a long term commitment
- It's important that anyone coming in has the skills and is properly checked
- Link into Age UK meetings where this is already part of the agenda
- Silver Line is a free helpline that is open 24 hours a day for older people to get free advice, support and information – it was established by Esther Rantzen, it has a large number of volunteers

Feedback on the Citizens' Forum

What did you think was good about this evening's Forum?

- Information sharing at the beginning and the workshop
- Feedback from previous forum
- Opportunities for more involvement made explicit
- Really good discussions at the tables around real issues for people who use services and about staff who provide and support them
- Good range of people present
- Productive
- Good turnout of more senior staff and great involvement of citizens
- Good presentations, good discussions, good networking
- Well attended. Good location
- It was my first attendance and it was fascinating to hear about the projects underway
- Found out more about local groups. Bit of networking
- Well run workshop
- Information. Meeting others. Good refreshments.
- Getting everyone together
- The presentations described the current services provided. Very open discussion
- Very informative. Good to hear things from the top
- The small group work – the cards we were given were a good starting point
- Mental health presentation was excellent, but why were others due to speak called away at apparently the last minute?
- The printed information was very clear and helpful
- The introductory talks were very good, but needed more detail
- Brilliant, informative, made good progress. Good networking
- Workshop was very good. Good information about integrating care works
- Presentations. Information given. Great turnout. Excellent workshop
- The comprehensible information about information sharing – good and clear
- Attracted a good number of people (were they satisfied?)

What do you think could be improved?

- A way of engaging every person in the room – say something important to them about integrated care before they leave
- Too much information in the presentations (slides impossible to follow)
Presentations should be geared towards the citizen not the fellow professionals.
- Speakers over ran and ate into the time for the workshop. Time keeping
- Some hot food please
- Better sound system
- More time for the workshop session
- More details of how these projects have benefited citizens
- Would have liked to have attended more workshops
- More chance for our questions to get answered
- Too complicated. Too large an agenda. Unclear how this fits with other things
- Screen was too small for the presentations – it was confusing. Too much jargon
- Tables too close to each other – hard to hear each other
- Appreciate that these meetings need to be held in different areas and venues but it is important to ensure things like microphone, seating, ensure we are not disturbed by other meetings, is very important
- Need to hear things from the ground – e.g, community groups, micro-services and show how they link and contribute to the aims
- Why can't we keep to time? The questions asked were questions from people with their own agendas sounding off. This should be cut off. The questioners seemed to know the people at the meeting and those at my table seemed to know one another. Are we in danger of this becoming a cosy club?
- Microphone system – there was a real problem with noise and hearing clearly
- Better microphone
- The length of the powerpoint presentation took too much time, too many obscure diagrams – my brain when dead
- The meeting started late – Chair to be reminded that late starting shows leadership is not upheld. Acoustics could be improved

Further comments

- The outcome to Jenny's question regarding Waterloo Action Centre must be a good one
- Great organisation
- Shocked to hear that funding has been withdrawn from Advice Centre at this Lambeth centre. There is change, change, change, but we must keep the good
- This is not an easy task, but good that you are trying
- Well organised on the whole
- Need to ensure that we talk about the cost of providing these services and how they will be funded
- The workshops were impossible in the time. It would have taken a group of 11 people an hour to arrive at a consensus, but the group started discussing immediately, although the instructions suggested it was an individual exercise
- More feedback and results. Less talking and more workshop tables
- Thank you to the organisers
- Got much more out of the workshop group than the presentations – wish we had had the second workshop
- How did questions introduced by Nicola compare with previous ones? The organisation is acting as if it was still new. It is actually part of a recurring pattern of NHS/LA health of a population which changes rapidly, more rapidly than its institutions. Only the Networks paper seemed to avoid this – congratulations
- Disappointed that there is no project about protecting vulnerable people with second hand smoking and smoking abuse. Provide more prevention services (prevention better than cure). Drugs and substance misuse is on the increase. How can we help reduce this antisocial behaviour?