



SOUTHWARK & LAMBETH  
INTEGRATED CARE

## **Southwark and Lambeth Integrated Care - Citizens' Forum**

**Monday 13<sup>th</sup> July, 6.30pm – 9.00pm**

**Lambeth Town Hall, Brixton Hill, SW2 1RW**

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.

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## Southwark and Lambeth Integrated Care - Citizens' Forum

These are the notes from the 8<sup>th</sup> Southwark and Lambeth Integrated Care Citizens' Forum, held on Monday 13<sup>th</sup> July 2015 at Lambeth Town Hall. Over 80 people attended.

**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 (Strategic Director Lambeth Council and Sponsor Board Co-Chair) and Nicola Kingston (Citizens' Board Chair) welcomed people, updated them on work since the last Forum and outlined the agenda:

- Andrew Parker (Director of Primary Care Development, Lambeth CCG) introduced Local Care Networks in Southwark and Lambeth.
- Amanda Williams (General Manager, Adult Community Services, Guy's & St Thomas' NHS Foundation Trust), Gill Vickers (Director of Adult Services, Lambeth Council), Susan Underhill (Head of Services, Blackfriars Settlement) and Dr Louisa Dove (Director, Quay Health Solutions CIC) presented on Services in a Local Care Network.

**Helen** explained that we are continuing to work with service commissioners and service providers alongside the Citizens' Board to build the outcomes and 'I' statements, which we have discussed at previous forums, into future contracts to ensure services deliver the outcomes with really matter. We are also developing on a public pledge, a commitment from all the organisations involved to work more closely together and coordinate services. This evenings agenda will focus on Local Care Networks which are an important part of the future delivery of health and social care locally.

**Nicola** introduced Councillor Jackie Meldrum, Lambeth Cabinet member for Adult Social Care and Older Peoples Services, who was delighted to be here and to see so many people involved in this important process. Councillor Sonia Winifred was also present and would take part in the evenings discussions, which she hoped would be useful and would help to shape the way Local Care Networks develop.

The last Forum had centred on the way the workforce needed to work to meet the needs of patients and citizens and the Citizens Board promised it would press for changes to ensure that the workforce remains a major work area for integration which includes all the statutory partners, voluntary sector, community groups and paid and unpaid carers. She also reported that they had asked the Health and Wellbeing Board to ensure that in future the work on Integration was more outward facing and that the Board would become more involved.

### **Local Care Networks in Southwark and Lambeth**

**Andrew** explained that we want to bring together health, social care and voluntary sector providers to deliver joined up care for local people. These groups are called Local Care Networks. These will be paid for outcomes instead of activity to ensure that care is high quality and patient focused.

Local Care Networks will include:

- GP Federations
- Hospitals
- Mental Health services
- Community services
- Social Care
- Housing
- Voluntary Sector
- Healthwatch & Patient Participation Groups

GP's and practice nurses are already working together in groups called 'federations', there are 2 in Southwark and 3 in Lambeth. These federations will work outside usual GP hours in order to reduce attendances for emergency care.

Community Hubs will be at the heart of each Local Care Network in order to:

- Really understand what local people need from services and support
- Focus on sharing and learning
- Consistent approach to health and wellbeing
- Support Local Care Networks to tackle the balance of power
- Reaches out to and is assessable to everyone – versatile and accommodating
- Signposting and sharing information
- Create a sense of community

- Breaks down the barriers between providers and services
- It influences and gets things done

We are also looking at how we can share good practice of joined up care across the whole of south east London via 'Our Healthier South East London Programme'.

## **Joined-up care:** **Local Care Networks in Lambeth and Southwark**

**Andrew Parker, Director of Primary Care Development, Lambeth CCG**

## What are people in Lambeth and Southwark saying?

What is the problem?

*'I can't access care when I need it'*

*'I have to repeat myself endlessly'*

How can we fix this?

GPs to work together in groups - "federations" to provide more appointments - 8am- 8pm, 7 days a week

Better communication between teams, named contact, single/joint assessments

## What are people in Lambeth and Southwark saying?

What is the problem?

*'Helping me when I am already ill is too late!'*

*'We're running out of money – are my services going to be under threat?'*

How can we fix this?

More money to go into prevention to keep people mentally and physically well

Bring all providers together to ensure services are joined up under one contract

## How will we achieve joined- up care in Lambeth and Southwark?

GPs and practice nurses have already come together to form groups (or Federations), two in Southwark and three in Lambeth.



As well as providing GP appointments 8am- 8pm, 7 days a week, they are working together to provide extra services for citizens such as smoking cessation and health checks.

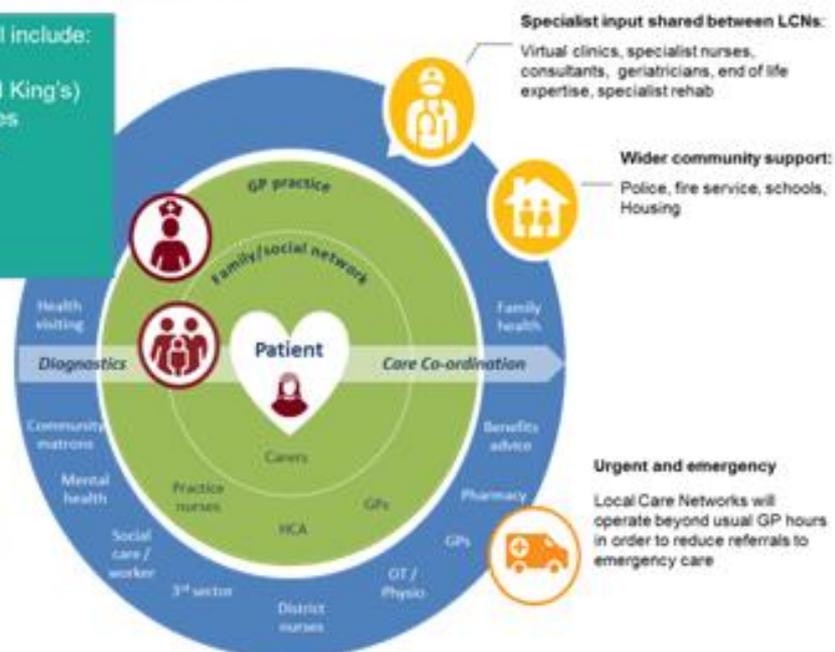
This is the first part of a bigger jigsaw. We want to bring together health, social care and voluntary sector providers to deliver joined-up care for the people of Lambeth and Southwark. These groups of providers are called **Local Care Networks**.

## How will we achieve joined- up care in Lambeth and Southwark?

Local Care Networks will include:

- GP Federations
- Hospitals (GSTT and King's)
- Mental health services
- Community services
- Social care
- Housing
- Voluntary sector
- Healthwatch

These groups of providers will be paid for outcomes instead of activity to ensure that care is high quality and patient focused





## Local Care Network Our Unique selling point

- ✓ Strong Patient/Public engagement in Lambeth & Southwark
- ✓ The Patient "Voice" is captured through
  - ✓ Health Watch Lambeth and Health Watch Southwark
  - ✓ Lambeth Patient and Participation Group (PPG) Network
  - ✓ Voluntary Sector Organisations
  - ✓ Charities, Faith Groups,
- ✓ To build on this established relationship, Community Hubs will be at the **heart** of each Local Care Network in Lambeth

## Community Hub Vision

- Really understand what local people need from services and support
- Focus on sharing and learning
- Consistent approach to health and wellbeing
- Support the Local Care Networks to tackle the balance of power
- Reaches out to and is assessable to everyone - Versatile and accommodating
- Signposting and sharing information
- Creates a sense of community
- Breaks down the barriers
- It influences and gets things done
- Critical friend to commissioners/providers

## What are the next steps?



Local Care Networks are now beginning to meet and are working with citizens, doctors, nurses and health and social care managers to decide the areas of work to focus on first

We are looking at how we can share good practice of joined-up care across the whole of south east London (Our Healthier South East London Programme).

The next presentations will demonstrate some of the ways that local providers of health and social care services hope to collaborate to improve care and outcomes for our whole population

### Community Services

**Amanda** gave an overview of the **Community Services** which are provided by Guy's & St Thomas', which include;

- Community Nursing, Therapies and inpatient units
- Health Inclusion and Prevention
- Specialist Rehabilitation
- Children's and Midwifery
- Sexual Health
- Phlebotomy (blood tests)
- Diabetes care

They also work very closely with the London Ambulance Service.

Community Services will support Local Care Networks by involving local agencies and voluntary services across the locality.

# Adult Community Services

Presentation to Lambeth and Southwark Citizen's Forum  
13<sup>th</sup> July 2015

Amanda Williams, General Manager



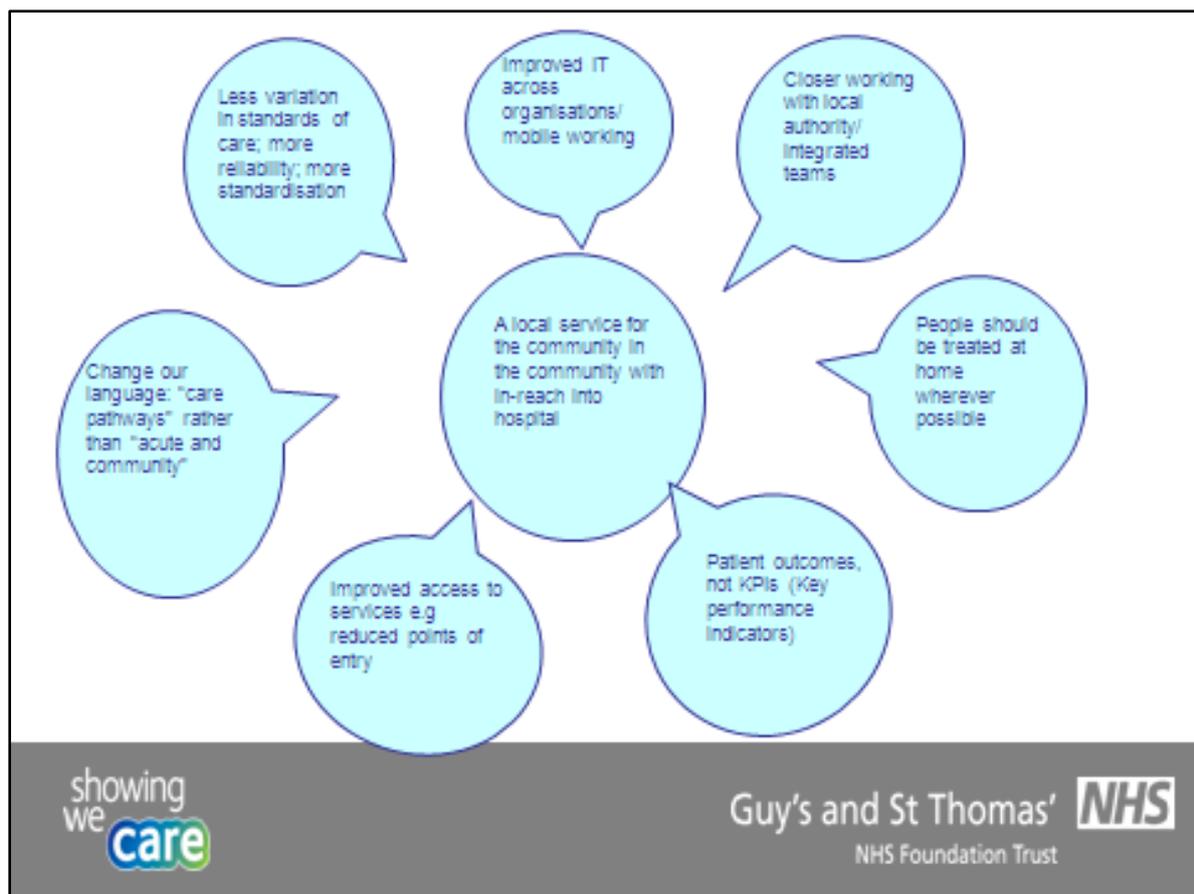
Guy's and St Thomas'   
NHS Foundation Trust

## Overview of Guys and St Thomas Community Services

<b>Community Nursing</b> <ul style="list-style-type: none"><li>• district nursing</li><li>• continence/ end of life/ MS/ diabetes/ care home support/ young people with disabilities</li></ul>	<b>Community Therapies</b> <ul style="list-style-type: none"><li>• Physiotherapy/ Occupational therapy/ speech and language</li></ul>	<b>Admission Avoidance Services</b> <ul style="list-style-type: none"><li>• @home/ enhanced rapid response/ supported discharge/ neuro rehab transition team/ falls clinic</li></ul>	<b>Community inpatient units</b> <ul style="list-style-type: none"><li>• Pulross intermediate care/ amputee rehab/ Minnie Kidd continuing care</li></ul>
<b>Health Inclusion and Specialist Prevention</b> <ul style="list-style-type: none"><li>• Adults with learning disability</li><li>• Homeless/ refugee/ TB</li><li>• Early intervention- stop smoking/ Expert Patient Programme/ Health checks</li></ul>	<b>Specialist Regional rehab and therapies</b> <ul style="list-style-type: none"><li>• Specialist wheelchairs/ orthotics/ prosthetics/ assistive technology/ specialist therapy services</li></ul>	<b>Community Childrens and Midwifery</b> <ul style="list-style-type: none"><li>• Health visiting</li><li>• School nursing</li><li>• Community paediatrics</li><li>• Paediatric therapy services</li><li>• Community midwifery</li></ul>	<b>Sexual health</b> <ul style="list-style-type: none"><li>• Phlebotomy (blood tests)</li><li>• Diabetes care</li><li>• Podiatry</li></ul>



Guy's and St Thomas'   
NHS Foundation Trust



## Local Care Networks- how we can make a difference

- Improving update and care pathways following holistic health assessments- LCN taking Community multidisciplinary Teams (CMDTs) to next level- involving all agencies and local people/voluntary services across the locality
- Flu and other prevention/ early intervention e.g. health checks/ stop smoking
- Catheter care
- Tackling loneliness

## Social Care

**Gill** described the services provided by **Social Care**, which include;

- Advice, information and guidance
- Assessments and direct payments
- Aids, adaptations and equipment
- Safeguarding of vulnerable people

The importance of Social Care working within the Local Care Network is to join up support for individuals and their family/carers, to ensure plans are aligned and to reduce duplication, including you not having to repeat your story many times.

# Adult Social Care

Gill Vickers, Director of Adult Social Care, Lambeth Council



## Adult social care – what do we do?

- Advice, information and guidance
- Assessments
- Commissioned services
- Direct Payments
- Aids, adaptations and equipment
- Safeguarding



## What could we improve?

- Where service are not integrated and tailored around the individual

e.g.

Discharge from hospital (particularly at week-ends)

Continuing Health Care

End of Life Care

Dementia Care



## How would working closely in Local Care Networks help?

- Joined up support for you as an individual and your family/carer
- Not having to repeat your story many times



### **Voluntary and Community Sector**

**Susan** explained that the **Voluntary and Community Sector (VCS)** supports people across a wide range of groups, supplying them with advice, learning, befriending, social interactions etc, their volunteers have a wealth of knowledge and information of the local area and they engage and communicate with local communities. They have a huge contribution to make and already work closely with organisations such as Age UK and Dementia UK therefore they welcome working with the Local Care Networks to improve joint working for positive and proven results.

# Voluntary & Community Sector

Susan Underhill  
Head of Service  
Blackfriars Settlement

## Voluntary and community sector – what do we do?

- The Voluntary and Community sector supports people in the community across a broad range of groups. This includes Children and Young People, Older People, people with experience of mental illness, people with disabilities of all kinds including learning disabilities
- Services are Preventative, Responsive and Supportive
- **Preventative:**
- **Responsive:**
- **Social Care Provision:**

## What works well or could work better?

### What Works Well ?

Engagement with our groups  
Community and Volunteer Engagement and Involvement  
Partnership work  
Co-produced services  
Joined up delivery for holistic services  
Sharing expertise and knowledge  
Willingness to work across sectors

### What Needs to Change?

Improving and developing better relationships and working arrangements with social services, health services. Information sharing and understanding leads to better quality service delivery. A better outcome for citizens  
More conversations with citizens and with services about what works.  
Improved understanding and value for the VCS.  
Sharing success and evidence of achievement

## How would working closely in Local Care Networks help?

- Local Care Networks model for VCS would lead to improved joint working for positive and proven results or outcomes.
- Care Navigation is a prime example of a local working model
- Mental health services joined to a social prescribing model
- Joint work to support young people in a less clinical way
- Dementia diagnosis and response
- Meeting health and social care needs in a joint approach

## GP's and Federations

**Louisa** said that as a GP she was not only usually the first point of contact for someone but also was lucky to be involved with individuals and families throughout their lives.

**GP Federations** will offer consistency of service across the population, providing better access to the right care when you need it.

GPs have been up-skilled to provide more services in the community. GPs will be able to be more proactive and refocus on prevention and keeping people well. Sharing information across teams will be easier. We will be able to reach out to vulnerable people who do not usually access our services via voluntary organisations and citizen leadership/pharmacies/libraries etc, everyone will have a part to play.

Money from Prime Ministers Challenge Fund has been provided to Southwark to support 8.00-20.00 everyday appointments - Lambeth is now also planning a similar service.

# General practice

Dr Louisa Dove, Deputy Medical Director  
Quay Health Solutions Community Interest Company  
- a developing GP federation

# General Practice – what do we do?

- Team of doctors, nurses and reception staff
- First point of contact
- Cradle to grave for whole family
- Health education
- Preventative care
- Routine care, especially chronic conditions
- Acute illness
- Safeguarding
- Holistic medical care



# What could we improve?

- Consistency of offer for a population
- Access to services in the best way for each person
- Access to appointments
  - 8am – 8pm, every day of the year
- Refocus on prevention and keeping people well
- Sharing information across teams
- Patient centred, collaborative care
- Recognising, supporting and developing our talented and dedicated workforce



## How would working closely in Local Care Networks help?

- Better access to the right care when you need it
- All partners working together to support you and your family
- Reaching out to vulnerable people who do not usually access our services through voluntary organisations and citizen leadership
- Not having to repeat your story many times
- Recognising, supporting and developing all our talented and dedicated workforce including carers and citizens



## Workshop

By looking at things in different ways, the way they might appear to others, we can start to think in different ways and may be able to identify alternative solutions to problems.

Therefore, each small group looked at some scenarios and were asked to put themselves in the shoes of a range of different people and see how they would first respond to this information.

The feedback from the groups supports the need to work closely together across health care, social services and Voluntary and Community Services. In this way citizens' can be provided with a full holistic support package.

It was evident that supporting citizens' with their health and wellbeing is much wider than medical intervention. The importance of staying independent, making your own choices, preventative services, sign posting for support/advice/knowledge and reducing loneliness were highlighted.

It was suggested that having an advocate which was linked to the GP surgery could ensure there is a continuous overview of both the health and social side of care. This person could give non-medical advice and if they were linked into the service they can ensure that all support, services and entitlements were provided. They could also be a link to the local Voluntary and Community Services available locally.

## Full workshop feedback

### Scenario number: 1

Mr Jim Perry is 70 and lives alone. He has arthritis. Two weeks ago, he had a bad fall and broke his leg. He had emergency treatment at a hospital, and was told that he would have future appointments with the orthopaedic clinic. He was also told that he would have follow up support from the falls clinic.

He has been waiting for an orthopaedic appointment at the hospital, but hasn't heard anything yet. He went to see his GP, but the GP had not yet heard anything either.

With the broken leg, he finds it difficult to get out without support. He doesn't want to keep calling the GP, and isn't sure what else to do.

	<b>What would they consider to be the most important issue?</b>	<b>What aspect of the scenario would they focus on?</b>	<b>What ideas and approaches might they have?</b>
<b>Six year old child</b>	Granddad being better Granddad 'fixed' Can you have a car, bike, transport. Worry about Granddad. Food. Sad.	Worry about it happening again. Get him food and visitors.	Fix the problem. Get mum to help.

<b>Leisure centre manager</b>	<p>Re: Cuts. The future of the services of the leisure centre.</p> <p>When did he last have medical/physical check?</p> <p>No record the GP has followed up.</p> <p>Physiotherapy.</p> <p>Phone call to find out why no orthopaedic appointment</p>	<p>Equipment and suitability of classes, ie Strength and balance.</p> <p>Pool services.</p> <p>Pressure on the resources.</p> <p>Rehabilitation.</p> <p>Dietary advice.</p> <p>Early morning request for basic help.</p>	<p>Flexible with membership.</p> <p>Work with GPs.</p> <p>Sharing experiences, expertise and finances, equipment, resources.</p> <p>Have health checks in Leisure Centre.</p> <p>Exercise.</p> <p>Make phone call.</p>
<b>Local councillor</b>	<p>Where did he trip? If on the pavement – was it uneven?</p> <p>Social care – key services.</p> <p>Initially not on my radar because I am focusing on children’s services.</p> <p>Can’t get out and day to day life is impacted.</p> <p>May not have food.</p> <p>Needs a social worker.</p> <p>Email social services to sort out Social Care.</p>	<p>Lights are bright.</p> <p>Jim becoming isolated &amp; depressed.</p> <p>Contact Social Services for a social care assessment.</p> <p>Find out what his network of friends is.</p> <p>Where did the fall happen and why?</p> <p>Contact GP on his behalf.</p> <p>Council facilities, such as home help.</p> <p>More focussed on Social Care.</p>	<p>Better communication and administration services.</p> <p>Letter received drawing attention to elderly patient and that refocused my attention on the whole population. Which leads to investigation into what can be done for long term conditions.</p> <p>Contact Patient Group to find a volunteer.</p> <p>SAIL programme.</p> <p>Ring the hospital and find out why the delay.</p> <p>Can get permission from the patient to write a letter on their behalf.</p> <p>Get Social Care.</p>

<b>Volunteer in a charity shop</b>	Clothes. Food. Can arrange volunteer visit. Heating.	Where is the person, not seen them in a while? Keep him well at home.	Call next of kin to see if can help. Phone GP or Social Services. May be pop over regularly to check on him. Talk to neighbours and ask them to check on him. Links to other voluntary organisations.
<b>Chief executive of a supermarket chain</b>	Food deliveries.	Social workers may use on line service.	Look at charities to support him – 3 <sup>rd</sup> sector working with supermarket.
<b>Accountant</b>	Have you contacted your GP? Is he getting the right benefits? Speeding up the aftercare – to reduce costs.	Focus on reducing costs.	Ask him what he wants him to do for him. May be offer to drive him to the GP. Recommend private care – can they afford private care?
<b>Marketing consultant</b>	How to sell disability equipment.	What they can sell to assist him.	Find equipment that works for him.
<b>90 year old resident in a care home</b>	Isolation. Getting help to gain independence. Make own choices. No longer visits him.	Tries to get care home to get assistance and raise concerns.	Speak to others to get help to get him temporary respite or provide physio support.

<b>Housing officer manager</b>	What support needed for stairs?	Look at cause of fall. Access in home. Prevention of future accidents. Mobility? Heating?	Find out what options available for his housing.
<b>Head teacher</b>	Distressed child in school – worried.	Notifies child is stressed. Explores and finds out granddad has broken leg. Use clout to contact GP and hospital to speed up rehabilitation.	Use influencing skills. Use Age UK or Blackfriars helplines.

Other comments:

- We need to ensure that people have an advocate linked to a GP, so there is continuing holistic overview of both health and social side of this problem.
- Need to have information about entitlement to money, to services and to care.
- Can we prevent him breaking a leg again – regular checks?
- Training in how to dress yourself (balance), who can you call? Groups to provide exercise.
- Aylesbury Estate should promote integration champions with checklists.
- What is happening? A children's book.
- Integrated care starts from admission to discharge.

**Scenario number: 2**

Mr Ahmad Hussain is an 82-year-old retired accountant with diabetes and ischaemic heart disease. He developed heart failure and was admitted to hospital, after a convulsion.

After a few weeks treatment, he left hospital but was in poor health. His wife, Zahra, is 80 years old and, although well, is not able to manage without help.

Both of them know that Mr Hussain is unlikely to live for many more months. They want him to remain at home and end his life there. They both find this distressing to talk about and get upset when having to discuss the situation with the range of different health and social care professionals who are involved.

	<b>What would they consider to be the most important issue?</b>	<b>What aspect of the scenario would they focus on?</b>	<b>What ideas and approaches might they have?</b>
<b>Volunteer in a charity shop</b>	To make Ahmed comfortable. IT, physio eg all professionals.	Putting the best interest of the patient first. Correct medication over costs.	Sign post or contact on behalf of – to other community based services that he and his wife can access.
<b>Housing officer manager</b>	Find out if they have a Care Coordinator. Do they need adaptations to the home? Psychological support.	Contact hospice to get someone to talk to the family and prepare them. Religious beliefs. Support for the wife as she may want to care for the husband but is not able to do so.	Referral to SAIL. What is the wish of the patient as opposed to that of the family? Nursing care visits and end of life care.

**Scenario number: 3**

Mr Jackson Holmes is 53, and was diagnosed with early onset dementia one year ago. Until recently, he and his wife, Betty, also 53, have managed with no support.

However, Mr Holmes has now become more forgetful and Mrs Holmes is worried about leaving him alone.

Last week, Mr Holmes got up during the night and turned on the taps, flooding the kitchen. Yesterday, he went down the street in the rain in his pyjamas, whilst his wife was getting dressed.

Both of them are reluctant to ask for any help or support.

	<b>What would they consider to be the most important issue?</b>	<b>What aspect of the scenario would they focus on?</b>	<b>What ideas and approaches might they have?</b>
<b>Six year old child</b>	They need a boat. They need looking after.	Coping in a flood. Keeping dry.	He needs a mummy.
<b>Leisure centre manager</b>	He needs to learn to swim. I don't want him in my service.	Wife – support to enable to take physical exercise. Special services for dementia – relationship builder.	Swimming lessons. Other activities you are interested in. Knitting circle. Dancing. Music. Volunteer groups. Leisure pass ++
<b>Local councillor</b>	I wouldn't know! Getting them paid help. Need help and support at home. GP support. Housing. Refer to specialist via GP.	GP support.	Specialised new build. LCN

<b>Volunteer in a charity shop</b>	Voluntary support. ? volunteer.	Isolation and practicalities.	Signposting.
<b>Chief executive of a supermarket chain</b>	Employment. Nutrition.	Delivery of food.	PR Charity.
<b>Accountant</b>	I need to protect their money, to support their needs.	Insurance. Pensions. Safe guarding.	Focussed on finance.
<b>Marketing consultant</b>	How to use technology to support this family.	Assistive technology.	Assistive technology.
<b>90 year old resident in a care home</b>	What about a care home, like me. I want to help them stay independent.		

**Scenario number: 5**

Olga Bajek is 24 and a single mother. Her son Arnold is two years old. Olga worries about her son's development – she feels that he has been slower to start walking and talking, and has had regular colds and sickness. She visits her GP regularly to ask for advice. She would prefer not to have to do this, but isn't sure where else she can get support.

	<b>What would they consider to be the most important issue?</b>	<b>What aspect of the scenario would they focus on?</b>	<b>What ideas and approaches might they have?</b>
<b>General response</b>	GP not listening. GP to refer to Child Health Visitor. Health visitor to refer to child development team. Needs an advocate to support her. Change GP. Get VCS involved. Good child assessment. The mother needs help as much as the child.	Need for assessment by professionals.	Needs an advocate who is 100% patient focussed. Advocate needs to be in the GP office and needs to understand who, what and where to get advice. Advocate can give good advice which isn't medical. Advocate needs to be linked into the system.

**Scenario number: 6**

Giang Chan is 35 and has multiple sclerosis. She works locally as a teacher in a secondary school. She manages her injections herself. She uses advice from health professionals and local support groups to look after her diet and exercise regime.

She occasionally wants to get advice if she is having problems. This means that she has to make an appointment with her GP and then have them make an appointment with the specialist at the hospital. She wishes that this process could be easier, as she only asks for advice rarely.

	<b>What would they consider to be the most important issue?</b>	<b>What aspect of the scenario would they focus on?</b>	<b>What ideas and approaches might they have?</b>
<b>General response</b>	<p>Good VCS assessment.            Not really a problem as she is doing well.            She just wants access to advice.</p>		<p>Telephone service for MS Society.            Could go to pharmacist for first point of call – they give good advice.            Self management.            NHS 111.            On line access to her records.            Access to a specialist and her GP in the same place (ie a hub).            Perhaps have visits at home.            On line access to a specialist.</p>

## Questions asked at Citizens Forum

Q. How will the proposed model for Local Care Networks take on social issues, for example someone who is homeless?

Gill Vickers: This is very important, and I'm really pleased that you asked about this. Local Care networks need to meet the needs of everyone. People might come to see the GP with a particular health issue, and could then see the social worker or housing officer about wider problems. We need to get away from the traditional focus on medical needs only. There might be opportunities to access other services, e.g. employment, if that is what people need.

Q. That sounds good, but it is not my experience of care. I have had problems for 20 years and seem to have fallen through the net.

Gill Vickers: I will speak with you in the break about the specific issues for you.

Q: I'm very disappointed with the lack of progress on open dialogue. There was nothing about it on the slides, nothing in here about Healthier South East London. What about BME communities? What about mental health issues? Why are these not part of your presentations?

Nicola Kingston: These are important issues for Integrated Care. We need to link with some of the work happening in Lambeth with the Black mental health commission.

Q: How many matrons are in the Local Care Networks? They could take the role of coordinating people, so that they get the support they need. The patient only gets five minutes with the GP. It could take some of that work away from the GP and leave them more time for other things.

Amanda Williams: there are 12 community matrons in Southwark and Lambeth. They work across a number of GP practices, rather than being based at individual GPs. They focus on supporting people with severe and complex problems. In the future, we need to make more use of community coordinators to take on this role of helping people to coordinate their care.

Q: You talk about tackling loneliness but you are closing local clubs and centres. These are the places that help prevent people from being isolated and having an impact on their health.

Gill: That is important and we need to work together to make sure that there are local services available for people to use.

Q: Why do we have to wait so long when we go to the GP for tests? You can get a blood test at the hospital and then wait a long time to get the results. This delay might affect how well you can recover.

Nicola Kingston: There is work taking place to start to give people online access to test results. This won't suit everyone, but will work for people who want to get online access.

Louisa Dove: It depends who puts in the request for tests. If it is the GP, then the results will go back to the GP. If it is the hospital consultant, then the GP may not always get the results. In our surgery, all test results are seen by the GP on the day that they come in. We'll then make arrangements for them to speak with the patient, usually within a week, or arrange for you to come in to collect the results.

Q: I'm having a problem with my feet and don't know where to get help.

Amanda Williams: There is a chiropody service across Southwark and Lambeth. I can give you more details in the break.

## **Citizens' Forum Feedback – Monday 13th July 2015**

### **What did you think was good about this evening's workshop?**

- Everyone participated and freely expressed their views
- The group discussion
- Good discussions, lots of ideas on integrated care
- The presentations were useful and covered very relevant issues
- Telling us what we need to know about health issues, GPs and local issues and when to use emergency/hospital and when not to use it
- Coming together in a group, it was really interesting
- The information about the different areas
- This was a good forum
- It was worth coming
- Chair, speakers, IT and food
- Very informative, enlightening and educative. I enjoyed the interactive workshop
- Getting all sorts of people together. Presentations good
- It is good to hear some progress
- It is always good to be updated on what work has been done and what ideas are being developed. What is just as useful is hearing peoples reaction to them – noticing problems and omissions which might not be obvious from my point of view
- Fairly good, lots of things for improvement
- The presentation of how the General Practitioners work
- I think everything was good, but the most important part is the provision of snacks and drinks as this helps an individual to settle in and pay attention to the speakers

- The plenary sessions were very good and the amplification worked well for once. Likewise the projection. It was very informative
- Opportunity to meet other people from different backgrounds and organisations
- It was intense and informative
- Good experience about how to get to know the patient and how to solve the problem
- The talks
- Opportunities to consider issues faced by the individuals captured in the scenarios
- Good atmosphere, very informative
- Just good to be able to make another forum
- As always it was informative
- Scenario – I enjoyed the workshop as it pushed me to think. Food and drink excellent
- Very good
- Overview of the services provided by both Health and Social Care organisations, common check lists
- Progress is being made – at last. Good news about 5 Local Care Networks – on the right track
- That it gave an insight into who runs what
- Networking. Connecting directly with people with accountability and responsibility (Gill and Dominic were incredibly engaged with us and our ideas)
- Absolutely wonderful
- The presentations were very informative. Everyone was welcoming and supportive

### **What do you think could be improved?**

- Having a group of patients that use the service at this meeting
- The order of the discussion of workshop after the Q&A
- More time, perhaps an earlier start
- More time for Q&A and comments
- GP services - Proper understanding with neighbours
- Continue to engage with the local citizens
- Priorities selected and find ways to deliver
- More time to ask questions and time to help with information absorption
- More awareness of the programme, Southwark and Lambeth Integrated Care
- More time for the scenario
- The room was not great for hearing
- The exercise at the end was too long for the time allowed. There was nothing wrong per se, but it was a freeform exercise which provoked a lot of discussion and had far too many parts to it for the allotted time
- Early diagnostics for patients
- The workshops were reduced to a few tables which were crowded and because of the ambient noise I could hardly hear anything. I didn't know which scenario we were using most of the time. The chair didn't draw people in and let the same people do all the talking
- Not enough young people present – link up with the local young people's councils, parliament or projects

- Don't know how this helps. More information on how patients can learn from tonight's discussions. We learn a lot from networking at the end of the meeting. More time for networking could be given and we would all benefit
- There is always room for improvement, but this was very good
- Need more knowledge about social background and how to solve the problem
- A better idea on how the ideas and contributions will be implemented or put into action
- Vegan service please. More time for open discussions and questions. Development of themes expressed
- Make it a bit earlier in the evening, especially in the autumn
- More information about what is available. Directory of organisations and services available at GP practices and community hubs
- I didn't know about these Local Care Networks until this evening. Voluntary organisations like the Dulwich Helpline might be training volunteers to use a checklist of needs, useful phone numbers etc and visit older people/housebound etc to link the person to a variety of useful contacts
- More time for questions and less waffle
- More structure to scenario analysis (turn on/turn off/never/always). More example to help guide and thinking. A tighter scenario, more depth with some solutions as a catalyst for thinking
- The table discussion did not seem to have much purpose or forethought
- There was a complete disconnect between part 1 & 2. The workshop was very confusing – would put people off. Please think about how to structure meetings in future, it was not well thought out.
- It was rather noisy, some people were not listening at all
- There was insufficient time to discuss the scenarios. I did not feel equipped to discuss them as they were out of my experience and were too hypothetical

### **Do you have any further comments?**

- Integrated care is progressive but local groups and small community groups maybe having their funding cut or withdrawn. These small groups are meeting the need of the local need, not Borough wide, should have a representative on the planning boards
- Keep integrated care on the agenda
- Very useful forum
- Getting there gradually, with services
- It's been a very interesting, educative and informative evening. I'm really appreciative of the opportunity to attend
- Refreshments were nice
- More information before the meeting
- I think we need to keep the flag rolling. We can all distribute leaflets. This is very interesting. I want to say a big thank you to the organisers for today's workshop. I also appreciate the lady who was in front of the Town Hall directing people along – well done
- The refreshments were excellent (NB Southwark)
- Some uncertainty around the reason for the last exercise

- Not enough in depth working through patient problems. Too much presentation when we already had written paperwork
- Not all elderly people have email and some take a while to get to the phone and don't understand how to use their voice mail, this should be taken into consideration
- How do you intend to use the ideas generated this evening?
- It was a great reminder to have an attendance call early last week – a good heads up for me to attend. Would be nice to see more representation from youth services
- We need improvement in various ways – like getting your doctor in time and not changing appointments too often. Over all thank you for your good job
- Thank you all for a good evening
- Very stimulating evening tonight
- More time given to opinions, why are day centres closing as funding not available
- Good effort. Don't over reach with limited time (particular with everyday citizens)
- Some at the table said they had heard it all before
- Not happy. A number of practitioner speakers going on for over an hour. I could have been in a meeting 30 years ago
- I'm confused as to what is expected of me, I already care for an elderly man and am heavily involved in the church.