

Public questions and answers: Integrated Care Board meeting, 29 January 2025

Questions received from the public with responses from the ICB

Question 1	Please could you let me know the progress of installation of the new scanning machines at the Eltham Community Hospital, Passey Place, when they are likely to be operational and their capacity. many thanks
Response	Eltham Community Diagnostic Centre will include one CT and one MRI machine at Eltham Community Hospital. Building works are underway and these scanners are currently scheduled to be operational from March 2025. They will deliver additional capacity to patients from across South East London: 9,979 MRI scans and 13,860 CT scans annually.
Question 2	With the rollout of Limbic Access - an AI-powered digital front door for talking therapies being utilised in one of the service regions in the ICB, how can the ICB support wholesale adoption of technology to provide equity of access so that all citizens, regardless of location, receive the same high level of service when self-referring to talking therapy services?
Response	All our Talking Therapies services in SEL have some form of a digital front door and embed digital technologies within their service provision. We are aware that Mind in Bexley (one of our four talking therapies providers) is currently using Limbic to support self-referral into Talking Therapies services. Across our ICS we are in the process of developing an AI Framework which will guide how partners across our system can collaborate to scale AI capabilities where appropriate, including technologies such as Limbic Access and others.
Question 3	<p>Why are there not MH Practitioners in each GP Surgery? Currently, they are shared amongst practices (per GP company it would seem). This makes access to see them nearly impossible.</p> <p>The Community MH Framework document states</p> <p>'Services should also make full use of newer roles, including:</p>

	<ul style="list-style-type: none"> • community connectors/social prescribing link workers • paid peer support workers/experts by experience.' <p>Where are Paid Peer Support Workers/Experts by Experience being employed?</p> <p>What steps are being made to improve communications between MH Pharmacists and the ICS Pharmacists? Currently communication between LIMOS and SLAM pharmacists seems to be poor.</p>
<p>Response</p>	<p>Mental Health Practitioners including new roles</p> <p>National funding for mental health practitioners is via the Additional Roles Reimbursement Scheme which provides dedicated funding to Primary Care Networks to recruit a range of roles at a network level. Mental Health practitioners are one such role. Primary Care Networks are responsible for determining which roles to recruit taking into account population health need across their network and for mental health practitioners, primary care networks will work with mental health trusts to assess need. The types and number of roles recruited varies across each primary care network. In 24/25 approximately 54 whole time equivalent mental health practitioners were employed across our primary care networks.</p> <p>Mental Health and ICS pharmacist Collaboration</p> <p>Mental Health (MH) pharmacists from MH provider trusts are members and regular attendees and contributors in the key ICS medicines and pharmacy groups and networks. These include the Integrated Medicines Optimisation Committee , where new drugs and guidelines for mental health conditions are discussed and agreed and the medicines safety group. Recent examples of collaboration between ICB and MH pharmacists include:</p> <ul style="list-style-type: none"> • Evaluating options for improving access to antipsychotics in GP practice • Improving access for people with an SMI to ICS programmes to improve physical health monitoring and management. Including health promotion programmes such as smoking cessation. • Designing a programme to improve safety of psychotropic drugs in pregnancy and for women of childbearing potential • Producing a guideline for GPs and practice pharmacists on the use antidepressants in pregnancy • Examining ways to improve the safety of psychotropic drugs at the interface between primary and secondary care • Designing a programme to help patients to safely stop antidepressants (if they wish to and they are not benefitting the individual) • Reconciling patient’s medication records in GP and hospital notes.

	<ul style="list-style-type: none"> • Guidance on managing drug shortages – e.g., recently ADHD medications • Guidance on blood testing requirements during recent Synnovis incident <p>Day to day communication</p> <p>The ICB medicines team has a dedicated mental health pharmacist, working in primary and secondary care. The ICB pharmacy team and MH trusts have named staff members for contact urgently or routinely. Urgent and routine advice and guidance from primary care and MH trusts (bulletins and informal communication) is shared across the ICS. The LIMOS (pharmacy team working in Lewisham borough) is also a part of our pharmacy governance and network. If there is a specific question then we are happy to follow up.</p> <p>Service users in leadership and governance</p> <p>Each local area has Mental Health Alliances/Partnerships and respective delivery groups that form part of the ICS governance structure. The membership of these groups include services users and carers.</p>
<p>Question 4</p>	<p>Three detailed questions relating to the welcome focus on neighbourhoods, agenda item 9</p> <ol style="list-style-type: none"> 1. Are records of meetings and papers of the Neighbourhood Based Care Board available anywhere on your website or elsewhere? 2. is it worth adding neighbourhood level views of the hundreds of elected councillors across Southeast London to your sources of information? Through regular surgeries and other activities they know a lot about what neighbourhoods experience and hope for from local health provision. 3. Will the welcome focus on asset mapping include mapping the whole range of social prescribing provision, not just statutory sector, but also VCSE, faith sector, social and other private enterprises e.g. Gyms, yoga providers
<p>Response</p>	<ol style="list-style-type: none"> 1. They are not. This Board reports to the Board and Local Partnerships and those meetings are held in public, providing an opportunity to update upon their work.. 2. Each Local Care Partners is engaging with local health and care partners and will expect to expand that engagement and involvement over the coming months. This has, or will, include elected members who, as you note, have significant contact with local people and understanding of the issues they face. Information, insights and learning from each of the Local Care Partnerships is aggregated to SEL to identify common themes however, it's main use is at a borough level. 3. Yes, where we are able to access information about them.

