

## Governing Body meeting (held in public)

DATE: 26 November 2015

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|---|--|
| <b>Title</b>                              | <b>Our Healthier South East London- Update</b>   |
| This paper is for <b>Information</b>      |  |
| Recommended action for the Governing Body | <p>That the Governing Body:</p> <p><b>Note</b></p> <ol style="list-style-type: none"> <li>1. The contents of September and October editions of the new <i>Our Healthier South east London</i> programme update for stakeholders, entitled <i>Healthier</i>.</li> </ol>   |
| Potential areas for Conflicts of interest | None.  |
| Executive summary                         | <p>The <i>Our Healthier South east London</i> programme has consolidated its communication channels and since October has issued a newsletter entitled <i>Healthier</i>. This supersedes other email updates that were issued over differing timeframes.</p> <p><i>Healthier</i> is sent directly by the programme team to a number of key stakeholders. The CCG then sends to number of additional local stakeholders. It aims to bring stakeholders up-to-date with engagement activity and developments in the programme as well as focusing on specific areas of work and people involved with the programme.</p> <p>Attached to this report and the editions published for September and October.</p> <p>The articles in the September edition were:</p> <ul style="list-style-type: none"> <li>• Patients give views on how to deliver care differently</li> <li>• Help us improve your local NHS – have your say on emerging models of care</li> <li>• How is your feedback being used in our plans?</li> <li>• In focus</li> <li>• Community based care – Patient centred end of life care in Bromley</li> </ul> |

## Clinical Commissioning Group

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|--|---|---|
|  | <ul style="list-style-type: none"> <li>• Patient voices - John King, Chair of the Patient and Public Advisory Group</li> <li>• You said, we did</li> <li>• Introducing - Mark Easton, Programme Director</li> </ul> <p>The articles in the October edition were:</p> <ul style="list-style-type: none"> <li>• The future of A&amp;E departments in south east London</li> <li>• Developing health services that work for everyone</li> <li>• Not so new but definitely improved – our website!</li> <li>• In focus - Improving urgent and emergency care</li> <li>• Change in action - Improving access to GP services in Southwark</li> <li>• Introducing - Dr Sridevi Kalidindi, Consultant Psychiatrist, SLaM</li> </ul> |   |
|  |   |   |
| How does this paper support the CCGs objectives? | <b>Patients:</b>  | Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders   |
|  | <b>People:</b>  | Empower our staff to make NHS Bexley CCG the most successful CCG in (south) London  |
|  | <b>Pounds:</b>  | Delivering on all of our statutory duties and become an effective, efficient and economical organisation                                    |
|  | <b>Process:</b>   | Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience |
| What are the Organisational implications         | Key risks   | None specifically arising from this report.   |
|  | Equality  | None specifically arising from this report.   |
|  | Financial   | None specifically arising from this report.   |
|  | Data  | None specifically arising from this report.   |
|  | Legal issues  | None specifically arising from this report.   |
|  | NHS constitution  | None specifically arising from this report.   |
| Engagement                                       | Communications and engagement is led by the Our Healthier South East London communications and engagement workstream, which the CCG is an active member.  |   |
| Audit trail                                      | N/A   |   |
| Comms plan                                       | Communications and engagement is led by the Our Healthier South East  |   |

## **Clinical Commissioning Group**

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|--|---|---|
|  | London communications and engagement workstream, which the CCG is an active member. The report details recent communication activity. |   |
| Author:<br>Jon Winter<br>AD<br>Communications<br>and Corporate<br>Services | Clinical lead:<br>Dr Nikita Kanani<br>NHS Bexley CCG Chair  | Executive sponsor:<br>Sarah Blow<br>Chief Officer |
| Date   | 11 November 2015  |   |



# Healthier

**Issue 1 | September 2015**



[Twitter](#)

## Welcome

**This is the first edition of a monthly newsletter from Our Healthier South East London. This new publication has been launched to give you the latest news, updates and information on our five-year strategy to improve health and care services across Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark, and details of how you can get involved.**

If there is anything you would like us to include in this newsletter, or if you have any feedback please let us know – email us at [ourhealthiersel@nhs.net](mailto:ourhealthiersel@nhs.net)

### **Patients give views on how to deliver care differently**

Our strategy concentrates on much more care taking place in community settings, with hospitals providing specialist care for those who really need it. There are lots of models of care being considered and we are thinking about the extent to which services might change. In many cases changes can be made quickly. However, there are some areas where there is more than one option to deliver things differently and it could result in significant service change. In these cases, we will undergo a robust options appraisal process. This will identify the best ways of transforming services to meet our goals and will outline what proposals need further work and, if appropriate, formal public consultation. We held an event earlier in the summer to understand what is most important to people, should significant service change be required. You can read the [views of patients and the voluntary sector](#) from this event.

## Latest news



### **Help us improve your local NHS – have your say on emerging models of care**

In July this year we published - [Help us improve your local NHS: Issues Paper](#) – a document that set out the challenges that the NHS faces, some of our emerging ideas and some questions for readers to consider. Since then, healthcare commissioners across south east London have been talking to patients, residents and professionals working in health and social care to get their thoughts on how to tackle the area’s biggest challenges.

A number of suggested models of care have been put forward which aim to improve the NHS in south east London, making services safer, of consistently high quality, financially sustainable and more joined up. You can read about these in our new publication – [Help us improve your local NHS: emerging models and further thinking](#).

Most of our ideas are subject to change and we are still keen for you to consider and respond to the Issues Paper. Read about our direction of travel and [tell us what you think](#) before final recommendations are put forward.

If you would like copies of either document to share with your staff, patients, colleagues and/or local people or groups, please [let us know](#). We are also keen to come and talk to local groups about the Our Healthier South East London programme and about our emerging ideas – please [let us know](#) if you would be interested.

## How is your feedback being used in our plans?

Our programme is built around engagement with strong involvement of patients and the public, local healthcare providers, local authorities and organisations representing the voluntary and community sector. Over the summer we held six events and over 440 randomly selected members of the public attended. The aim of these events was to help us understand what different people think about some of the ideas for improving healthcare across south east London.

Discussions focused on the six areas that have been identified for improvement - community-based care, planned care, urgent and emergency care, maternity, children and young people, and cancer. We are addressing mental health in each of these areas as it is relevant to all of them. The feedback from these events is extremely valuable and uncovered a range of themes on how people want health services to work for them. These included earlier diagnosis and faster access to treatment and after care, more integrated services, better systems for sharing information and taking action on the quantity and quality of clinicians. You can [read the independent report](#) to get more detail on the topics discussed. We are now examining this feedback and considering any necessary refinements to the strategy.



## In focus

### Community based care – Patient centred end of life care in Bromley

At the heart of our plans is continuing to improve care provided outside hospital. This includes care from GPs, district nurses, community health services, social care, pharmacies, voluntary sector services, support services for people with long-term conditions like diabetes and asthma, and end of life care.

Each month we will be profiling some of the innovative work already underway that is significantly improving the way people experience health services in south east London. There are some fantastic examples of people working differently to achieve better patient care and we aim to build on these through the programme.

St Christopher's Bromley Care Coordination Service (BCC) is rising to the challenge of making sure patients can spend their final days in the place of their choice, which is usually at home.

They will formulate care plans for patients and help support family members and carers in the community, so they can make decisions that reflect patients' preferences. The service offers 24 hour, seven-day-a-week support to help ensure that a patient's needs and wishes are met. It is staffed by nurses who have a wide

range of experience spanning heart failure, dementia, respiratory disease, and palliative care. Users of the service have given it high praise and it recently won a Hospice UK Innovation award. Read more about how this model is [improving end of life care](#).

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## Patient voices

With John King, Chair of the Patient and Public Advisory Group

Local people are playing a central role in developing our ideas for improving health services in south east London. I chair the Patient and Public Advisory Group (PPAG), which was set up to make sure the views of patients are represented at every stage of our work. Group members are volunteer Public and Patient Voices (PPVs) recruited from across south east London. PPAG cannot represent all the ethnically diverse and multilingual communities in south east London but we do act in the interest of all patients, using our wide range of personal experience as patients and carers or as professional or volunteer workers within healthcare. We have members who are retired while others are still at work in healthcare, in Healthwatch or in non-healthcare related occupations.

Opinions on how healthcare should be free at the point of delivery are varied and often passionately expressed in our regular meetings. We work to provide “independent and objective feedback”. We ensure patient and public voices are heard in the hard discussions on how to improve healthcare for south east London residents while remaining within budget.

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## You said, we did

Our latest engagement ‘You Said, We Did’ report will be published on our [website](#) Monday. This outlines engagement activity between March and July this year, with examples of some of the feedback we’ve received (‘You Said’), and our response (‘We Did’). A

separate report on engagement around the Issues Paper, including borough-wide events, will be published later this year when this can be collated together.

Responses from engagement are fed back into the work we are doing, either into the Clinical Leadership Groups or other areas of work, and this is recorded centrally. We also record the programme response and how we have used the feedback, and

publish this in a quarterly 'You Said, We Did' report. If you have any feedback on any area of our work, please [get in touch](#).

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## Introducing

Mark Easton, Programme Director

### What is your role in the programme?

While the programme is led by the clinical commissioning groups (CCGs) for the six boroughs and NHS England, and the clinicians involved in our working groups, I provide strategic co-ordination to ensure our thinking is turned into better healthcare

services for local people.

### What attracted you to the role?

The opportunity to work alongside patients and clinicians to make services as good as they can be in south east London.

### What are your hopes for the programme?

I believe NHS and local government colleagues working with local residents are well placed to make the positive change we need to give us a sustainable NHS that we can continue to benefit from for years to come.

### What are your priorities for the programme?

I've joined the programme at the point at which we are moving from planning to delivering. If what we do doesn't make a difference to patients we are not doing our job. At the same time we are seeing significant financial pressures emerge and we have to have a community response to those challenges.

### What would you like patients to say about the NHS in south east London in five years?

There are many possibilities but I would say:

"I know how to keep myself well."

"When I need help from my GP it's easy to get."

"The swift action of the community team kept me out of hospital."





# Healthier

Issue 2 | October 2015



[Twitter](#)

## Welcome

This is the Our Healthier South East London monthly newsletter. Below you'll find the latest news, updates and information on our [five-year strategy](#) to improve health and care services across Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark, as well as details of how you can get involved.

If there is anything you would like us to include in this newsletter, or if you have any feedback, please let us know – email us at [ourhealthiersel@nhs.net](mailto:ourhealthiersel@nhs.net)

## Latest news



### The future of A&E departments in south east London

Earlier this month we updated hospitals across south east London on work to establish how A&E departments will need to change in the future to continue to meet the growing needs of patients. Our work to date suggests that investment in community and primary care services will help us avoid a further increase in A&E activity and hospital

admissions, but will not significantly reduce it. So we expect that we will still need all of south east London's existing A&E departments in the future.

Currently our A&E departments do not meet all of the [London Quality Standards](#) and

they see too many patients who could be better dealt with in the community. To meet these standards and deliver the best possible care for patients we know that existing services will need to change the way they work.

Mark Easton, Our Healthier South East London Programme Director, said: “We are working with clinicians to understand how we can address these issues, but we expect more integrated working between urgent and emergency services in hospital and community settings, to reduce unnecessary hospital attendances and help people get out of hospital quicker.

“Therefore, we will still need our existing A&E departments but they may need to work in a different way in future to meet the needs of local people.”

Read on for more detail on our ideas to develop urgent and emergency care services.

### **Developing health services that work for everyone**

We celebrate the diverse communities in south east London but we know that at the moment, health services are not always set up in a way to give everyone the same experience. We are working to address this and an independent Equality Analysis has been carried out to look at which groups in our communities could be most impacted by our strategy.

The NHS is required, under the [Equality Act 2010](#), to consider the potential impacts of its plans on groups with ‘protected characteristics’. The nine protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. In addition, we asked our independent external assessors, who produced the report, to look at potential impacts on two additional groups: carers and those facing social or economic deprivation.

Building on analysis conducted last year, the latest assessment has been carried out now so that its findings can be taken into account when we consider options for changing local health services.

The report found that there is a good deal of positive work going on in this area and concluded that south east London was well placed at this stage to mitigate any negative impacts. A series of recommendations have been set out and an action plan has been developed to address these. The action plan will be overseen by our Equalities Steering Group, which is made up of equalities and engagement leads from the six clinical commissioning groups in south east London, programme staff, members our Patient and Public Advisory Group and an independent chair. You can [read the Equality Analysis](#) on our website.

## Not so new but definitely improved – our website!

With so many different healthcare services across all six boroughs in south east London and so much work underway to improve them, we have been developing our website to give you even better information about our work. Now with more detail on why your local health services need to change, ideas for doing things differently in our six priority areas and a library of all our latest publications, why not [take a look?](#)

Are you on Twitter? [Follow us today.](#) It's a great way to understand what changes are being proposed through our strategy and to give us feedback. If you can't fit it into 140 characters, you can always use our online [feedback form.](#)

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## In focus

### Improving urgent and emergency care

Emergency care is usually provided in hospitals and is for people who have a condition that is life threatening or presents an immediate risk to long term health. Urgent care is provided by a range of health professionals such as GPs, hospital doctors, community nurses, and is for people who have a problem that needs attention the same day, but is not life threatening or life changing.

Through our strategy we are working to reduce unnecessary hospital visits and admissions, help people to get out of hospital quicker when they are admitted, and give people more appropriate care in the community. In addition, we need to address the fact that no south east London hospital fully meets the minimum standards (London Quality Standards) for safety and quality, which includes senior doctors being available seven days a week.

Our work to date has involved a team of healthcare professionals including hospital doctors, GPs, nurses, patient representatives and health and social care managers working together to come up with a number of [ideas for improving urgent and emergency care.](#) These include providing specialist advice to primary care and helping people with mental illness be seen more quickly in hospital emergency departments.

More recently, our focus has turned to how these ideas could work in practice at our local hospitals. We think that by working together to address the issues with patient care that are felt in hospital and urgent care settings across south east London, we can deliver better care for local people. A similar group of professionals – our Urgent and Emergency Care Network – are now driving this work forward. The priorities are:

- achieving London Quality Standards
- meeting national specifications for Urgent Care Centres, Emergency Centres and Emergency Centres with Specialist Services
- establishing a front door streaming system for our emergency departments that will also speed up referrals to specialist teams for people who need them, such as under 18 year olds with mental health needs, adults with mental health needs, and people who need support from drug and alcohol teams.

Our work in this area is developing all the time and we welcome your feedback.

[Read more about our ideas and have your say.](#)

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## Change in action

### Improving access to GP services in Southwark

Southwark was one of the 20 successful Prime Minister's Challenge Fund sites nationally to pilot new models for accessing primary care services.

Engagement with Southwark residents showed that sometimes they find it difficult to get an appointment with a GP or practice nurse and find the health system hard to navigate. In response, over £2 million has been invested in developing the Extended Primary Care Service, which aims to make it easier for people to see or speak to a GP or nurse. Additional appointments are available from two sites across the borough, which operate 8am – 8pm, seven days a week. Patients access the service by calling their usual GP practice or the GP out-of-hours service. A doctor or nurse will assess them over the telephone and provide advice, refer to another service or book an appointment at the Extended Primary Care Service. With patient consent, doctors and nurses can access their healthcare record to ensure they can offer the right treatment.

The service is being delivered by local groups of practices working together in GP federations and so far over 14,000 appointments have been delivered. This is a new way of working and a full evaluation will be completed at the end of the first year to assess the local impact. Patients have welcomed the service with 95% of those who have used it saying they would be extremely likely, or likely, to recommend it to friends and family.

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# Introducing

Dr Sridevi Kalidindi

Consultant Psychiatrist in Rehabilitation at South London and Maudsley NHS Foundation Trust

## **What is your role in the programme?**

Every time anyone is seen anywhere in our local healthcare system, their mental and physical health needs, as well as social issues - which impact enormously on health and wellbeing - should be considered together. I am working with others to think about what screening, treatment and support needs to look like to achieve this. It is important that we also consider the support and skill our workforce requires to make this happen.

The vision is to develop truly holistic, person-centred, preventative, citizen-empowering services.

## **What do you see as being the main challenges for people using local mental health services?**

Accessing specialist mental health services in a timely fashion. The reasons for this are complex and include block contract payment arrangements where healthcare providers are paid based on pre-agreed levels of activity rather than the actual care given, and not always ensuring timely, sustainable transfer back to GP-care when a person is stable. Work to improve this situation for some conditions is currently underway.

Good work to improve access to care and local beds for people when they experience mental health crisis is also progressing. But we need to do more to ensure people can be admitted to a local bed and not have to travel many miles from home, at their most vulnerable and needy time. This requires a whole-system approach, resources and strong leadership on many fronts to be realised.

## **What are your hopes for the programme?**

That transformational change can be achieved to provide joined-up, person-centred, holistic care. I hope to see people in greater control of their health and social care and by holding their own records and accessing support to navigate the system that this will become a reality.

With commissioners, providers and the public working together I hope we can provide innovative solutions to address the growing demand for health and social care in the years to come, in a sustainable manner, helping people to achieve and sustain recovery.

Resilience building and more preventative work is core if this is to be achieved.

**What would you like patients to say about the NHS in SEL in 5 years?**

“The NHS, working closely with social care, supports my family and me to stay mentally and physically healthy in a proactive way.”

“I am better able to identify when I do need support and am seen and treated quickly by the right person/people, often on the same site, with the right expertise, who address my mental health, physical health and link in with social care.”

“I am helped to be in control of as many aspects of my care as possible, including holding my own records. I am supported back to good health or the ability to live as well as possible, in the community, with my conditions.”

