

Governing Body meeting (held in public)

DATE: 28 January 2016

Title	Our Healthier South East London- Update
This paper is for Information	
Recommended action for the Governing Body	<p>That the Governing Body:</p> <p>Note</p> <ol style="list-style-type: none"> 1. The contents of November and December editions of the new <i>Our Healthier South east London</i> programme update for stakeholders, entitled <i>Healthier</i>.
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 2015 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>The September and October editions were reported to the CCG's November governing body meeting. This report contains the editions published for November and December.</p> <p>The articles in the November edition were on:</p> <ul style="list-style-type: none"> • Feedback from the six deliberative events • Developing the estates strategy • The Patient and Public Advisory Group • Bexley's work on joined up care for frail elderly people • Improving planned care services

Clinical Commissioning Group

	<ul style="list-style-type: none"> • A Profile on Dr Amr Zeineldine • You said, we did • Introducing - Mark Easton, Programme Director <p>The articles in the December edition were on:</p> <ul style="list-style-type: none"> • A forward look at plans for 2016 • An explanation of the engagement process and how any decision will be made on whether to consult on any part of the programme • Details of the two Bexley schemes that have been shortlisted for LGC awards for joined up care 	
How does this paper support the CCGs objectives?	Patients:	Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders.
	People:	Empower our staff to make NHS Bexley CCG the most successful CCG in (south) London.
	Pounds:	Delivering on all of our statutory duties and become an effective, efficient and economical organisation.
	Process:	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 London communications and engagement workstream, which the CCG is an active member. The report details recent communication activity.	
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Date	18 January 2016
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Healthier

Issue 3 | November 2015

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

Latest news



Your feedback – our response

Six public deliberative events were held in June to get in-depth feedback from a wide and representative sample of local people on the models and ideas outlined in the Issues Paper. The [feedback and comments made at those events](#) was fed back into our Clinical Leadership Groups for consideration. [A comprehensive response from the programme has now been published](#) on our website showing where and how we are using this engagement feedback.

Feedback on the models and proposals outlined in the Issues Paper has been received from a variety of other sources, including through CCG engagement and via an online feedback form. We are collating all of this and will be publishing a further response ('You Said, We Did') early next year.

Scrutiny

As our plans progress, we are working with Local Authorities to form a Joint Health Overview and Scrutiny Committee (JHOSC) that will review our proposals and any plans for consultation. Following planning meetings with scrutiny officers we held a briefing for committee chairs as a first step towards formation of the JHOSC. This is an important milestone for the programme as we work towards potential options and consultation.

Developing our supporting strategies: estates

Within the Our Healthier South East London programme there are a number of non-clinical enabling strategies that are vital to the success of the programme: workforce; information management and technology (IM&T); communications and engagement; and estates. Some of these are currently more visible than others – for instance this newsletter was developed through the communications and engagement work – although as work progresses we will have outputs from each of them. This month we include an update on the estates strategy.

The development of a south east London estates strategy began at a workshop held in September, where delegates looked at developing local strategies and plans but also at how we can work together across south east London. The strategy aims to ensure we are using all our estate and our spaces effectively, sharing our resources to maximise their use, and collaborating across borough and organisational boundaries.

September's workshop brought together south east London's CCGs, Local Authorities and NHS provider trusts; the London Healthy Urban Development Unit; Community Health Partnerships; and NHS England. Delegates agreed an outline approach to developing a south east London-wide estates strategy, including mapping our current estates (community, primary care and non-clinical premises) to get a whole-system picture of what is available. Organisations will work together within their boroughs to develop local estates, and a south east London strategic partnership group (SPG) will address cross-borough issues and to co-ordinate, support, and ensure information sharing.

This work is now underway, with local groups aiming to have drafted their own local strategies and plans by the start of the 2016 and for our overarching SEL strategy and plan to be drafted by April 2016. A representative south east London strategic planning group (SPG) is meeting monthly to ensure that our plans are coordinated and to maximise opportunities for collaboration and efficiency.



Patient voices

Our Patient and Public Advisory Group (PPAG) has now met 12 times since it was formed to provide a forum for our patient and public voices to come together to support each other and have an opportunity to discuss issues as a group. The last meeting was a typically lively session where PPAG members covered a number of issues. A summary plan showed the latest position of the strategy programme and details about the four main workstreams were given to the meeting for information.

PPAG members also heard a presentation on cancer and in particular the role of care navigation, looking at the new arrangements from diagnosis to treatment and afterwards. The group was invited to offer any better options, comments or concerns about the model, including personal experiences. Concern was raised about the likely loss of funding for social care which could impact on the proposed 7 day working proposals. It was expected that the sufficient funds would be provided but this would be followed up at the next meeting.

If you would like to become involved with the programme as a patient voice you can [contact us here](#).

Change in action

Joined up care for frail elderly people – Bexley

Health and social care professionals from a range of disciplines have come together in Bexley to improve the way care is planned for older people with complex health needs. Multi-disciplinary teams meet to discuss patients they are most concerned about who could be at risk of being admitted to hospital or a care home. Co-ordinated care plans are created that involve a range of relevant local health and social care services and better management of patient medicines. This approach opens up communication channels between the professionals and services needed to give patients care that improves their overall health and wellbeing.

This way of working is supporting more people to stay healthy at home by reducing admissions and cutting down the length of time people need to stay in hospital if they are admitted.

In focus

Improving planned care services

Planned care is arranged in advance, such as an operation booked on an agreed date. We've started to make some improvements in planned care so that we can achieve benefits for local people as soon as possible:



- Improving the patient journey – we're looking to see if where can make care more efficient and improve patient experience and outcomes. This includes exploring ideas such as standardising some elements of care and getting staff and services to work more closely together in some areas. This will mean residents can be more confident of getting the same quality no matter where they are
- Quicker diagnosis – we're looking at how we can make better use of the diagnostic services and facilities available in south east London
- Improve orthopaedic care in south east London

What about major changes?

One of our biggest priorities is thinking about how we could improve the way we provide orthopaedic care – treating injuries and conditions that affect the musculoskeletal system (bones, joints, ligaments, tendons, muscles and nerves). At the moment, quality and outcomes for patients accessing orthopaedic care varies across south east London. Too many procedures are cancelled and there are unnecessary delays in the patient journey.

Demand is also increasing: the Briggs Report, 'Getting it right first time', published in March 2015, shows that by 2030 over 15.3 million people in the UK will be over the age of 65 and, because of this, need for planned care, including orthopaedic procedures, is likely to increase significantly.

We have to find a way to offer a more reliable and consistently high standard of care for patients while at the same time increase our capacity to care for larger numbers of people.

We are looking at the feasibility of developing a consolidated orthopaedic service within south east London, which reflects the networked solutions put forward through the Briggs report. This idea would see some services provided from one or perhaps two centres.

The aim of consolidation is to achieve a standardised pathway of planned care which:

- Increases capacity in ring-fenced beds
- Reduces variation in the quality of care and clinical outcomes for patients
- Minimises negative risk and error thus improving patient safety
- Reduces waiting times for procedures
- consistent achievement of estimated date for discharge
- Reduces average length of stay
- Reduces cancellation rates
- Reduces procurement costs
- Reduces post operative complications

south east London's current orthopaedic services. Nothing has been decided at this stage, and the discussions so far, have centred on several potential models:

- As-is provision (multiple procedures being delivered across multiple sites)
- Elective orthopaedic centre model (consolidation and high throughput of routine cases only) – a similar approach to the South West London Elective Orthopaedic Centre
- Orthopaedic centre of excellence (bringing together revision joints, spinal surgery and complex and co-morbid patients, alongside expertise in research and innovation)

We also intend to examine any alternative models put forward by working group members and also where there might be other opportunities for collaborative working.

Once these ideas are refined, they will be tested with a wider group of stakeholders, patients, and others, to help show us which are most feasible and likely to deliver the biggest benefits for patients and the NHS.

These ideas will continue to be developed and a public consultation, if required, would take place during summer 2016.

Introducing

Dr Amr Zeineldine MB CHB, MRCGP

Joint Chair, South East London Clinical Commissioning Board
Chair, South East London Clinical Strategy Committee
Amr is a GP partner in a large three site practice in Southwark - the Aylesbury Partnership



What is your role in the programme?

As well as chairing the Clinical Strategy Committee, I jointly chair the OHSEL Clinical Commissioning Board with Dr Jane Fryer (Medical Director South London, NHS England). Working closely with the programme director and team, I oversee the governance arrangements to deliver better healthcare for local people

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

In south east London, we have some very good health services. People are living longer and many people are healthier. But we also have some services that could be better. We have services that people find hard to access and some people do not get the help they need to keep themselves and their families well. We also have wide variation in life expectancy and too many people die early from preventable diseases

What are your hopes for the programme?

Working in partnership with all our stakeholders and ensuring that patient and public voices feed directly to clinical leadership groups, we aspire to deliver a high quality, easily accessible, safe and sustainable NHS.

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

I would hope that in 5 years patients would have many positive experiences. What I most want to hear is:

- I now know how to keep myself well and have easy access to resources that would help me maintain my wellbeing
- My child had excellent care over the weekend without having to pitch up at A&E
- Easy access to my GP and primary care team makes me feel safe
- I now can get most of my needs met nearer to home

Useful links and news:

- [Healthy London Partnerships quarterly update](#)
- Let us know if you have anything you'd like to share - email ourhealthiersel@nhs.net



Healthier

Issue 4 | December 2015

Season's Greetings

This month we are sharing a shorter than usual update along with our best wishes to all readers for a happy festive season and a healthy 2016.

If there is anything you would like us to include in the Our Healthier South East London newsletter in 2016, or if you have any feedback, please let us know – email us at ourhealthiersel@nhs.net

Turning plans into action – what to expect in 2016

The new year will see us enter a new phase in our plans to improve health and social care services in south east London. Having spoken to over 2,000 people in 2015 to develop [our strategy](#) to its current stage, from January we will start to prepare for the possibility of a public consultation later in 2016 on some of our [proposed models of care](#).

Local health and social care professionals, patients and the public helped to shape those models of care in six clinical areas:

- [community based care](#)
- [planned care](#)
- [urgent and emergency care](#)
- [children and young people](#)
- [maternity](#)
- [cancer](#)

Much of the work to tackle the challenges in these areas has already started as improvements do not require major changes to the way services are delivered. If a significant service change is necessary in any of the clinical areas, we would carry out a full public consultation. This would be an opportunity for everyone to contribute their views before any changes are made.



How do we decide what to consult on?

For any one of our models of care there may be different options for delivering the proposed improvements. To identify the best course of action these options are undergoing an appraisal process. We are committed to keeping all interested stakeholders involved by making details like the evaluation criteria and a long and short list of options available in the public domain next year. We will highlight opportunities to comment to all stakeholders and patient and public voices remain an integral part of our decision making forums. For planned (elective) care we are in the process of forming a wider stakeholder group to include representatives from the voluntary sector, as well as people from groups that could be most impacted by any potential changes, for example: carers, older people and people with a disability. Involvement of healthcare organisations from across south east London and independent guidance from [The Consultation Institute](#) will help us to ensure we reach the right conclusion on what to consult on and that patients have truly informed that decision. More information about the outcome of our options appraisal process will be released early next year.

Change in action



Joined up care schemes in Bexley shortlisted for prestigious awards

[Bexley's work](#) to help its residents to live long, fulfilling and independent lives has been shortlisted for a pair of top health awards.

The borough has been nominated in the Team of the Year and the Health and Social Care categories at next year's [Local Government Chronicle](#) awards. The first shortlisted entry is for the borough's Shared Lives scheme, which enables people to live in their community without having to live alone or in a care home. People supported by the scheme are matched with compatible carers and families who support them and include them into their family and community life.

The second shortlisted entry is for a project to integrate adult social care services with those provided by Oxleas NHS Foundation Trust. This includes a community geriatrician service, rapid response service to treat people in the community to avoid hospital admissions, integrating health and social care discharge teams and a GP-led model of case management with integrated community teams. Judging will take place in January with winners announced at a ceremony in March 2016.

