Public events feedback report

Our Healthier South East London

Clive Caseley for Verve Communications Ltd
29 October 2017
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1. Executive summary

1.1. About this report

This report has been produced by Verve Communications. The purpose of the report is to deliver a comprehensive account of the approach and feedback gathered during the six events held between June and July 2017.

OHSEL commissioned engagement events across south east London with the aims of:

- Raising awareness about the Sustainability and Transformation Plan (STP) in south east London
- Explaining OHSEL’s relationship with the STP
- Making OHSEL’s work meaningful for local people
- Providing an opportunity for the public to ask questions
- Gathering feedback on key areas.

1.2. Key findings/insights from the engagement

- Generally, people were positive about the opportunity to comment on the STP, and whilst raising concerns about funding and the details of the plans, welcomed the approach of local bodies working together.
- People would have liked more detail on the financial aspects of the plans, including how much money the proposals would cost, where the money would come from and how big savings would be.
- There was some scepticism that STPs had been introduced as a way of making cuts to services.
- A number of people strongly expressed the view that they did not want the STP to be about the privatisation of services.
- Members of the public, people working in voluntary and community organisations and people from within the NHS felt they could have been better informed about the plans; many of them attended the events to find out what was happening. They would like to have more consistent and accessible channels for being kept up to date in the future.
- It was felt that there could be more clarity in the language used in the STP, especially in information aimed at the public.
- People showed interest in all the subject areas, and raised potential areas for consideration:
  - Planned (non emergency) Care
    - Transport issues
    - Location of rehabilitation services
    - Liaison between community care services and planned care centres
    - Whether clinical thresholds would be raised to save money
    - Whether/how planned care centres could meet the requirements of people with particular needs.
  - Children and Young People
    - Specific inclusion of children with disabilities and learning disabilities
    - The needs of child carers should be considered
    - Targeted information for the Black and minority ethnic (BAME) communities
    - Information should be accessible for children and young people
    - Better support should be available for families at the time of diagnosis
    - Transition to adult services
  - Maternity Services
    - How a shortage of midwives will impact on the plans
How best to communicate information to women
The role of voluntary organisations, and making their services known

- Urgent and Emergency Care
  - How to educate the public on appropriate use of services
  - How GPs will be able to extend their opening times
  - Special access arrangements in A&E for some groups

- Community Based Care
  - Give more information about how the plans would work
  - Voluntary organisations had services available, but people were not always referred to them

- Mental Health
  - Overall perception of accessibility and funding of mental health services
  - Clarity is needed on services and how to access them for gatekeepers and service users
  - Potential problems with GPs being more involved in mental health

- Digital Services
  - Exclusion of those not comfortable using digital services
  - Other uses of digital technologies

- Estates
  - Transport issues if services are moved
  - Concerns were expressed about potentially selling off NHS estate

1.3. Commentary on the process

People were asked, where possible, to register their interest in going to events via Eventbrite. This gave an approximation of numbers attending, however, at most of the events many more people attended than had registered.

The events were organised in locations which were accessible for local people in each borough.

The events were in two parts. The first part of each event was a ‘market place’ set up where information was offered via written documents, pull-up banners and by local subject specialists on:

- Planned Care
- Children’s and Young People’s Services
- Maternity Services
- Urgent and Emergency Care
- Community Based Services
- Mental Health Services
- Digital Services (one poster and a floating member of staff)

Posters were placed around the venues with information about:

- Estates
- Cancer Services
- Specialised Commissioning
- Workforce

A film was played several times at each event, giving an overview of the STP. Time was given for questions to health officials and clinicians after each film showing.

The second part of the events were question and answer sessions (Q&As) where people could put questions to a panel of local experts. People were also able to leave questions with Healthwatch.
The events worked well, with people able to gather information, ask questions and interact with local experts. Most people who answered the feedback forms said they felt better informed about the STP and OHSEL’s role after the events, and that they had been listened to and able to ask questions at the events. There were people who would have welcomed having a longer Q&A session.

The events were designed and run, and this report is written, to comply with NHS best practice guidance on public participation.

1.4. Commentary on inclusion

Venues for the events were chosen with the following criteria in mind:

- Capacity for at least 100 people
- Fully accessible for people with disabilities
- As easily reachable by the public as possible

1.5. Thanks to those who attended the events

We are grateful for the input of those who attended the events; their questions, comments and opinions ensured lively debate and discussion.

502 people attended the events. Approximately half of the people who attended represented organisations such as patient groups, campaign groups and charities. Approximately 1 in 5 of the attendees worked within the NHS.
2. Background

2.1. Context - STPs

In December 2015, NHS organisations in 44 areas, covering the whole of England, were asked to work together to each produce a five-year plan. The aims of these plans are:

- To help local people lead healthier and longer lives
- To ensure everyone gets the same quality and access to care
- To improve efficiency and make better use of the money which is available.

2.2. South East London – OHSEL summary of programme

- Our Healthier South East London (OHSEL) is the STP for south east London, covering the boroughs of Lambeth, Lewisham, Bexley, Southwark, Greenwich and Bromley. OHSEL was established in 2013 by local NHS commissioners with the main aim of developing more integrated, out-of-hospital and preventative care. Since 2015, and the creation of the STPs, OHSEL has included local managers and clinicians from NHS trusts, local council representatives and others, working together to ensure access to good quality services.
- OHSEL has no statutory or legal basis, rather it represents the NHS as a partnership in south east London, working with partners from across the local community.

OHSEL aims to address three main issues in healthcare in south east London:

- The health and wellbeing gap – people should be helped to lead healthier and longer lives
- The care and quality gap – variation in the accessibility and quality of care should be improved
- The funding and efficiency gap – the NHS must become more efficient and make better use of the money available.

OHSEL’s areas of focus:

- Developing consistent and high quality community based care (CBC), primary care development and prevention
- Improve quality and reducing variation across both physical and mental health
- Reducing cost through provider collaboration
- Developing sustainable specialised services
- Changing how we work together to deliver the transformation required.

More information about OHSEL can be found here at: www.ourhealthiersel.nhs.uk

2.3. Rationale for this engagement

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1 Please note, OHSEL generally list the boroughs alphabetically. Throughout this report the boroughs are listed in the chronological order in which the events took place.
OHSEL commissioned these events as part of their work to engage with the public. The specific aims of the events were to:

- raise awareness about the STP
- explain its relationship with OHSEL
- make the work meaningful for local people – showcasing local initiatives
- provide an opportunity for the public to ask questions
- gather feedback on key areas.

2.4. Verve’s role

This report has been produced by Verve Communications Limited, an independent company which specialises in supporting patient, public and stakeholder engagement by NHS organisations. Verve was commissioned to support the engagement process, provide an independent review and analysis of the comments received, and prepare a summary report on the engagement exercise and response. In delivering this Verve was specifically asked to:

- Organise and facilitate a series of six public meetings
- Capture and evaluate all the discussions at the meetings and summarise in a report.

The report aims to:

- record, as far as possible, all relevant comments made during the engagement process
- provide a transparent public record of the engagement process
- set out the methodology
- record the level of participation in the engagement process to enable OHSEL to determine whether the objectives of the process had been met.

To meet these aims the report gives an analysis of the comments made about the STP in general and about each of the eight subjects presented at the events. A breakdown of the demographics of the attendees compared with the demographics of SE London is presented and details of all questions and answers from the Q&A sessions, the film rooms and questions collated by Healthwatch.

In the Analysis and Findings section of the report we have used verbatim quotations to illustrate points being made.

2.5. Best engagement practice

OHSEL is committed to engaging with the public. The events, and this report, were designed to comply with the NHS’s best engagement practice guidelines, which can be found at: https://www.england.nhs.uk/participation/success/

The five tenets of the best practice guidance are:

- Spend time nurturing relationships with people
- Work across the whole of the health and social care sector, including voluntary and community groups

See www.vervecommunications.co.uk
• Get together a working group with the right people, who can make things happen
• Always feedback to patients and the public and engage with them on their terms
• Get buy-in from your organisation’s leaders and embed involvement in your governance
3. **Methodology**

### 3.1. Approach taken

One public event was organised in each of the six south east London boroughs between March and July 2017:

<table>
<thead>
<tr>
<th>Borough</th>
<th>Date of event</th>
<th>Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lambeth</td>
<td>22/06/17</td>
<td>Karibu Education Centre</td>
</tr>
<tr>
<td>Lewisham</td>
<td>29/06/17</td>
<td>Lewisham Town Hall</td>
</tr>
<tr>
<td>Bexley</td>
<td>04/07/17</td>
<td>Marriott Hotel, Bexleyheath</td>
</tr>
<tr>
<td>Southwark</td>
<td>11/07/17</td>
<td>Walworth Methodist Church</td>
</tr>
<tr>
<td>Greenwich</td>
<td>13/07/17</td>
<td>Charlton House</td>
</tr>
<tr>
<td>Bromley</td>
<td>18/07/17</td>
<td>Bromley Central Library</td>
</tr>
</tbody>
</table>

All venues were fully accessible for people with disabilities.

The events were ‘deliberative’, in that information about eight broad themes (see below) was given to people to encourage questions and discussion.

OHSEL led on the promotion of the events, linking in with key partners to help cascade through their existing networks. A toolkit was sent to communications leads in all partner organisations. It included: website banners, twitter infographics/press ads; schedule of pre-drafted tweets; website and intranet news articles and articles for staff newsletters. In addition, invitations were drafted and sent out through the OHSEL contacts database which included voluntary sector as well and individual members of the public, and well as via local CVSs and Healthwatch organisations.

People were asked, where possible, to register their intention of attending using Eventbrite. This was to ensure that the venues could cater for the numbers likely to attend. However, people were also able to turn up on the day without pre-registration, and many chose to do so. Those who registered were sent a reminder a few days ahead of the events, together with a short pdf document with information outlining the STP.

### 3.2. Organisation of the events

The events lasted three hours and were organised in two separate sections:

- The first two hours of the events were drop-in sessions where members of the public could visit a number of subject ‘stations’, each with one or more local subject experts and a facilitator (see below).
  - The subject stations were positioned around the rooms in a ‘market place’ format, so that people could move around freely and visit stations in which they had an interest.
  - People could gather written information, ask questions of the experts and discuss local initiatives. The facilitators audio recorded the conversations with the permission of both the experts and the public. If people did not wish their conversations to be recorded the facilitators took notes. Each subject station had 3 pull-up banners explaining the STP in general, and one poster specific to the local area giving detail of the STP in the borough.
  - A short video, giving an overview of the STPs in south east London, was played at intervals in a side room close to the main event. A senior member of the OHSEL team was present in the film room to answer questions people had after the film was shown. Where possible, people’s
questions and queries, along with the answers were captured and are presented in Appendices 6.1-6.6

- After a short break, a there followed a 45 minute Q&A session. Questions were put to a panel of NHS leaders with local government staff and/or members. OHSEL committed to answering all questions raised at the events. Time constraints meant that some people had unanswered questions; further, there were instances where panels needed to gather more information before full answers could be given. There were also questions left with Healthwatch by attendees. Appendices 6.1-6.6 show the composition of each Q&A panel, the questions raised at the events and a summary of the answers given.

Appendix 6.7 has been compiled by OHSEL to answer questions not addressed at the events, and these will be issued shortly after the publication of this report..

- Clive Caseley from Verve chaired each session. People’s questions, collated by Healthwatch (see above) were put to the panel, and those present could also ask questions from the floor. A list of the questions asked at each event can be found in Appendices 6.1-6.6.

### 3.2.1. Role of Healthwatch

We would like to thank Healthwatch for their outstanding help in this public engagement. Ahead of the events they promoted the engagement programme through their contacts; at the events they had stands giving information and, importantly, helping people to frame the questions they wished to ask in the Q&A sessions. Where people could not, or did not wish to, ask questions in the Q&A sessions Healthwatch kept records of people’s queries, questions and comments and passed these on to Verve and OHSEL after each event.

OHSEL also advised on the organisation of the events, for example, suggesting suitable venues for the events and designing materials.

### 3.2.2. Posters

Around the venues, posters were displayed giving information on subjects which were not covered by the stations:

- Estates
- Cancer
- Specialised commissioning
- Workforce

The posters can be seen in Appendix 6.10

### 3.3. Subject specific stations

Subject specific stations, with local subject specialist(s) (station experts) and a Verve facilitator, were available at each event. The subject stations were available at one or more events:

<table>
<thead>
<tr>
<th>Subject-specific Stations</th>
<th>Lambeth</th>
<th>Lewisham</th>
<th>Bexley</th>
<th>Southwark</th>
<th>Greenwich</th>
<th>Bromley</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Based Care</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Urgent &amp; Emergency Care</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Mental Health</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Planned Care</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Children &amp; Young People</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Combined</td>
<td>Combined</td>
</tr>
</tbody>
</table>
3.4. Station experts

In each borough, local staff were invited to support each core station to enable content knowledge applicable to local situations to be available to attendees. Each station expert was supported by an independent facilitator (see below).

Station experts were available to answer questions from the public, and to discuss issues relating directly to their subject area. If people wanted to discuss or ask questions about the broader STP, the station experts encouraged them either to put questions during the Q&A session or to ask Healthwatch to help frame their questions or for Healthwatch to ask on their behalf.

3.5. Facilitators

Each station expert was supported by an independent Verve facilitator. The role of facilitator was to capture key points discussed at the stations, and, to help generate conversation where necessary.

The facilitators aimed to capture people’s views on the following topic areas:

- **Quality**: How the proposals will affect the quality of services
- **Inequalities**: Whether the proposals will have more impact on some members of the community more than others, and how
- **Health outcomes**: Whether the proposals will affect people they know – positively or negatively, and whether people can think of anything else which might improve people’s health
- **Prevention**: What people think could be done to prevent people becoming ill and how local NHS services could support people to lead healthier lives
- **Money**: Whether the plans might help the NHS spend less, and whether the plans seem cost effective
- **Workforce**: Whether the plans might make better use of staff, and whether there are different ways that staff might need to work in the future.

The information gathered at the subject stations has been collated and is presented in chapter 4, Findings.

3.6. Attendance

Where possible people were asked to register their intention of attending the events on Eventbrite. It was also made clear that people could attend events without having registered ahead of time. A major reason for asking for registrations ahead of time was to ensure that there was enough space in the venues and that there would be sufficient refreshments and materials for the numbers expected.

The numbers registered on Eventbrite for each event were:

<table>
<thead>
<tr>
<th>Borough</th>
<th>Registrations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lambeth</td>
<td>57</td>
</tr>
<tr>
<td>Lewisham</td>
<td>61</td>
</tr>
<tr>
<td>Bexley</td>
<td>58</td>
</tr>
</tbody>
</table>
Those who attended the events were asked to fill out a form when they arrived. Across the six events, 33 people chose not to give any information about themselves and the registration team simply counted their attendance.

The numbers attending each event were:

<table>
<thead>
<tr>
<th>Borough</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lambeth</td>
<td>100</td>
</tr>
<tr>
<td>Lewisham</td>
<td>107</td>
</tr>
<tr>
<td>Bexley</td>
<td>74</td>
</tr>
<tr>
<td>Southwark</td>
<td>45</td>
</tr>
<tr>
<td>Greenwich</td>
<td>87</td>
</tr>
<tr>
<td>Bromley</td>
<td>89</td>
</tr>
<tr>
<td>TOTAL</td>
<td>502</td>
</tr>
</tbody>
</table>

Of the 502 people who attended the events, approximately 50% represented organisations such as charities, patient groups, and campaign groups, and around 20% were NHS employees. Approximately 50% of the attendees were of working age (see Appendix 6.8 for attendee demographics).

Across the events, there were approximately 50 NHS staff who acted as station experts at the events.

3.7. Inclusion

The events were held in locations which were easily reached by the public in venues which were accessible to people with disabilities. In one venue, there were internal steps to the room being used to show a film; anyone who could not negotiate the steps was shown the film on a tablet computer.

Those attending were asked to complete an Equalities Monitoring Form at the registration desk when they arrived at the events. The form is used by OHSEL at events attended by the public. It should be noted here that many of the people attending were representatives of organisations with an interest in the STP (such as charities, other third sector organisations, campaign groups). There were also service providers (such as NHS employees from primary and secondary care and private providers).

Of the 502 people who attended the events, 150 completed or semi-completed the Equalities Monitoring Forms.

Details of the answers given on the Equalities Monitoring Form can be found in Appendix 6.7.

3.8. Evaluation
People were asked to fill out an evaluation form as they were leaving the events. Of the 502 people who attended the events 73 completed or semi-completed feedback forms.

Of those who answered:

- 62% agreed or strongly agreed that they understood more about health and care plans in south east London following the events
- 50% agreed or strongly agreed that they understood how the STP and OHSEL fit together following the events
- 76% agreed or strongly agreed that they were able to ask questions and express their views at the events
- 61% agreed or strongly agreed that they were listened to at the events
- 47% agreed or strongly agreed that there was enough time to discuss issues at the events

Clearly, whilst the majority of people found the events increased their knowledge and understanding, people would have liked even more time to discuss the issues around the STP.

See Appendix 6.8 for a full breakdown of the answers given on the evaluation form.

4. Analysis and findings

4.1. Analysis

Where possible discussions at work stations were recorded digitally; where this was not possible (because people felt uncomfortable being recorded) facilitators took notes. The data from the recordings and/or notes were then synthesised into a thematic framework by a research specialist. The thematic framework was then used to identify key features by finding associations, similarities and differences.

4.2. Findings across subjects

In general people were positive about the broader aims and objectives of the plans, with most saying that the proposed changes could improve services and produce some cost savings. People would have liked to have had more detail of how the plans would be made to work, including the costings.

“We need the details, we need the budgets, we need the facts.”

There was some scepticism that the STP (and others across the country) is “really about cuts”, with people desiring more detail on the financial aspects of the plans. People did not want to see the plans fail because of financial constraints.

“Nobody can challenge the vision and desire for improving care locally, but how can we actually achieve this aspiration with less money?”

Some people expressed a strong view that they did not wish to see more privatisation of the NHS, and were clear that they did not want the STP to lead to services being put out to tender to private companies.

Members of the public, people who worked in voluntary organisations, NHS services and community services felt that they had not so far been well enough informed about the STP; it was common for people to have attended the events to find out what was happening as they did not have other channels for getting information. They hoped that in the future there would be more information available to them.
It was felt that there was room for more clarity in the language used in the materials provided. For example, one person said:

“There are a lot of elderly people who do not understand what a commissioner or a provider is”

The rest of this section presents findings specific to the eight subjects presented at the events, with the last section covering borough specific comments and concerns.

4.3. Planned (non emergency) Care

A summary of OHSEL’s plans for planned (non emergency) care can be found at:

The cost effectiveness of the plans was welcomed, as were reducing the time spent in hospital and the shortening of waiting lists. Whilst concerns were raised about some people having to travel further, the advantages were understood.

"From the public and patient point of view there are disadvantages in terms of travel time, relatives visiting and things like that. In terms of quality of outcomes, I think it’s a different story, so you have to balance one against the other"

Some other concerns were voiced about the details of the plans:

- How patient transport would cope with longer journeys
- Whether rehabilitation services would be local to their homes or near to the planned care centres
- How community care services and hospital services would liaise so that a plan was in place when people are discharged, and whether there would be adequate funding for community care services
- Whether clinical thresholds would be raised to save money, meaning fewer people would be eligible for planned operations such as cataracts, hips and knees
- Whether/how planned care centres could adequately meet the needs of people with learning disabilities, mental health problems, children with special needs, people with disabilities, those with complex needs and people with conditions such as dementia. More detail would be welcomed on how planned care could be made to work for this group of people.

In Lewisham, there was concern that Lewisham Hospital might not be one of the planned care centres. If planned care was moved out of Lewisham Hospital it was feared that there would be knock on effects in other hospital departments, for example, if there were fewer surgeons on site there would be a reduction in A&E services, as there would not be the staff to operate on people needing emergency care. ³

4.4. Children and Young People

³ Note: since the event in Lewisham a decision has been taken not to reduce the number of planned care centres but instead to establish a clinical network to achieve the same quality and efficiencies. The OHSEL statement can be seen at: http://www.ourhealthiersel.nhs.uk/news-events/news.htm?postid=33946
A summary of OHSEL’s plans for children’s and young people’s services can be found at: http://www.ourhealthiersel.nhs.uk/projects/children/

A positive element of the plans is that they are seeking to prevent problems escalating by advocating early intervention.

“I think the plans are really brilliant as they are focussing on early intervention. It’s important to not let children and young people hang around in the system.”

It was suggested that nursery staff could be trained to enable them to pick up potential problems at a very early stage.

A more integrated approach was welcomed, as currently it is difficult for voluntary organisations to know what services are available for their clients, and GPs seem to refer in different ways. Two major positive effects of co-location of children’s services were cited: improved efficiency of staff being able to liaise with their colleagues; and, relieving the stress on parents, children and young people of going to different locations for different services.

A major concern raised by people was around how the shortage of health visitors and the closure of children’s centres would impact on the plans.

Suggestions for additions to the plans were:

● The drop-in centre for young people in Herne Hill (Lambeth) was viewed positively, and it was suggested that this could be scaled up across the borough.
● Children with disabilities and their families did not appear to be specifically mentioned in the plan, and they should be.
● Child carers should be included in the plan, with provision to help and support them.
● The BAME community were thought to be less likely to come forward with mental health issues, including for their children, so targeted efforts should be made to ensure they have the information they need about services.
● Information should be available which children and young people can understand themselves – this could be in the form of apps, written in appropriate language.
● There could be better support for families around the time of diagnosis:

  “There’s a lot for parents to take on board at the beginning. People are already struggling with their child’s behaviour and then they have to come to terms with the diagnosis. They need support.”

● Relatedly, there was a call for information for the wider family:

  “Something that tells people how you can support someone – what to say, what not to say, things to be aware of. For example, how to interact with someone with autism.”

● The transition to adult services was a concern for some, as different thresholds are applied in adult services:

  “Access to services such as speech and language therapy (SLT), physiotherapy and hydrotherapy suddenly disappears at 18. I’d like to see a smoothing of that transition and there’s an opportunity to link in to community based services.”

4.5. Maternity Services
A summary of OHSEL’s plans for maternity services can be found at:
http://www.ourhealthiersel.nhs.uk/projects/maternity/

Continuity of care was deemed to be very important for women (considered as essential for engendering confidence):

“Having someone there who I can contact will be really important in terms of continuity of care, not having to explain and introduce myself every time, over again, to someone new each time.”

Continuity was also important for staff, who were more likely to spot any potential problems and vulnerabilities a woman might have.

There was, however, a real concern that there are too few midwives to offer continuity of care.

Communications were raised as an area where the STP could say more:

- Social media could be used to give information to women
- Plans on how to reach potentially vulnerable women
- “I was talking to a pregnant woman yesterday, who was homeless, she is finding it tough.”
- Pharmacies could play a bigger role in passing information to pregnant women, however, it would be essential to ensure that they were kept up to date on services
- Voluntary organisations offered important services to their clients, but representatives were not confident that their services were known about by NHS staff who might refer. Strong signposting is needed, and people need to be up to date with all services which are available in order to fully integrate NHS and voluntary services to ensure the physical and mental wellbeing of mothers and babies.

In Bexley several concerns were raised about maternity services:

- Women in Bexley have to go outside the borough for maternity care. It was suggested that care pathways should be redesigned so that midwives and health visitors were available in the borough:

  “I think if they are getting their perinatal care at Queen Mary’s and then they go to another hospital to give birth it is paramount that they’re supported with postnatal care back in the borough”

- A local councillor had heard stories of Bexley mothers being turned away by midwives, who said that they were not responsible for Bexley mums.
- There was a concern that location of postnatal services means sometimes complex travel on public transport means that some mothers do not go to clinics, so babies are not checked and vaccinations can be missed. Further, mothers are missing out on advice and contact with other mothers.

  “We just need a clinic, a child centred clinic. That’s where we pick up problems about abuse, or if the baby is not developing... The earlier you pick up a problem, the more chance of getting it right... We lost that hub that was for mums and babies, we had midwives there who were trained in contraception”

- There was a suggestion that spaces such as libraries could be used for mother and baby clinics in Bexley.

4.6. Urgent and Emergency Care

A summary of OHSEL’s plans for urgent and emergency care can be found at:
http://www.ourhealthiersel.nhs.uk/projects/urgent-emergency/
People considered that there was a lack of awareness and understanding about the appropriate use of emergency services and the other options available.

It was thought that there should be information campaigns to educate people about:
- When to use 111
- When to use 999
- When to go to A&E
- Where else people could go when A&E was not appropriate

There were people who had personal experience of using 111 and/or who knew people who had done so. Their views were that the outcome of the calls was ‘always’ a referral to A&E, inclining them in the future to just use A&E.

Suggestions of how to reach people with messages on the use of urgent and emergency care were:
- Have stories in soap operas showing appropriate use of different services
- Go into schools and colleges and discuss the issues
- Have information available in pharmacies

Concern was expressed that GP services are already stretched, so increasing opening hours would not be feasible unless more GPs could be attracted to the boroughs. One person suggested discussing with current GPs, and those leaving the profession, what would make their jobs better, and asking why they are leaving, with a view to making working conditions more appealing.

Several groups of people were mentioned who were considered to need special access arrangements in A&E:

- People with long term conditions. For these people, speedy access to someone who understood their condition was considered to be vital; this was not usually the case in A&E, and there were suggestions that there could be better routes and faster access.
- People with learning disabilities. Several people mentioned that there was not enough about learning disabilities in general in the STP. A&E was said to be a very stressful environment for some people with learning disabilities, and there was a suggestion that there could be a separate, quieter, waiting space for people who could not cope in the large waiting area.
- Similarly, some people with mental health problems, particularly if they were in A&E because of their mental health conditions, found the waiting areas stressful, and a quieter and calmer environment was called for.
- People needing end of life care could be faster tracked to hospice services if A&E staff co-ordinated with hospice staff.

Some people suggested that people who used emergency services inappropriately should be refused treatment and told where they could go to get the care they needed.

4.7. Community Based Care

A summary of OHSEL’s plans for community based care can be found at: http://www.ourhealthiersel.nhs.uk/projects/community-based-care/

People agreed that there was a need for a reduction of waste and an improvement to the integration of health and social care services, however there were concerns about whether and how this could be achieved. Some people feared that the aim of the STP was about making cuts to, rather than improving community based services.
More information was called for about costs, how funding would be achieved, and some expressed a dislike of the language used, for example, talking about ‘funding challenges’ rather than ‘cuts’. Relatedly, strong views were expressed about outsourcing services, which many felt to be both bad for the workforce (who would have less favourable contracts) and bad for quality control (because it would be out of the hands of the NHS and local authorities). Fewer GPs and District Nurses now was thought to be a barrier to the delivery of community based care.

Voluntary organisations felt they had not been thoroughly consulted about the future delivery of community based care. Generally voluntary organisations said that they were not confident that gatekeepers refer to them, often because their services were not known about or understood.

Hospice workers thought that there should be more about end of life care in the STP generally, and in particular in relation to community based care.

Concerns raised about the future delivery of community based care related to:

- How co-ordination would work. Better communications would be needed than were currently in place.
- How older people and those without access to IT would cope with new technologies.
- How more information could be made available about services which were available, including information about what different service providers actually do (for example, GPs, pharmacists and walk-in centres), and when it is appropriate to use each service.
- How people who do not have relatives or friends to help them will cope with being cared for in the community.

4.8. Mental Health Services

A summary of OHSEL’s plans for mental health services can be found at:

The plans were seen by some as a good way of reducing the stigma some people feel about mental ill-health. There were many opportunities to link to third sector organisations, if work was done to make connections.

Some service users said that care did not go on for long enough, and that people felt a lack of care in the community after discharge from crisis care.

The sharing of records between service providers was seen as a positive move, with the caveat that the records needs strong safeguards to protect confidentiality.

There were mixed views about GPs being more involved in mental health services:

- People in distress might find it easier to talk to someone they knew.
- Difficulties in getting GP appointments could mean people having to wait a long time, or giving up trying to get help.
- GP appointments are too short to adequately deal with mental health issues.
- GP caseloads are high, and this would be extra work

A critical element in making the plans work was seen to be good communications, both for those who worked in the mental health sector and for patients. Some felt that services had not been well publicised, including what services were called:

“How will a person access mental health services? I wouldn’t think to look for a Living Well Health Hub. I cannot see that it has been well publicised.”
“Are there going to be posters around Lambeth to promote the Living Well Network Alliance? How will we know about the new service if we are not already in the system?”

A GP said they had referred into the Living Well Hub, and thought it was working well, but that he and his colleagues did not know enough about the services offered:

“You need to communicate with us better and consistently.”

People working in health services did not always know how to refer to mental health services. A physiotherapist said:

“This is the first time I have heard of the Lambeth Living Well Network Alliance... I’m a physiotherapist and sometimes we see people who may need mental health input as a result of their injuries. How do we work with you to ensure none of them fall through the net? What communications have you sent out? You need to think about other health services, particularly community health services, who may need to refer into mental health services.”

A GP from Lambeth said:

“The mental health system in Lambeth is too complex, and it’s still not obvious who to call if you/somebody you know is in mental health crisis. Where have you advertised the out of hours mental health crisis number? There are 44 GP practices in Lambeth. Are you going to check they have the mental health crisis information?”

A concern raised in Lambeth was that people with acute mental health needs could be sent as far away as Manchester for treatment; people queried how the STP could address this.

Bexley was considered to be “ahead of the game and of relatively good standard” in its delivery of mental health care, and the STP was seen as an opportunity to improve services even further.
4.9. Digital Services

A summary of OHSEL’s plans in the areas of IT and digital technologies can be found at: http://www.ourhealthiersel.nhs.uk/projects/information-management-and-technology.htm

Digital technologies were viewed as enabling people to access services more efficiently, thus offering the potential to save money. Examples were given of people being helped to decide what they should do – visit a GP, go to A&E or get help elsewhere, including self-care.

There was strong support for use of digital technologies to inform patients of appointments and reduce non-attendance rates.

There were, however, concerns that not everyone would be able to use digital services, most frequently cited were older people. This could lead to some people having less choice than they do now, as they would not have options presented to them. Representatives of voluntary organisations thought that they could have a role in supporting people who were not confident with digital technologies.

People said digital technologies offer potential for helping to integrate currently fragmented services, if there was input from health, social care and voluntary organisations, so that the whole spectrum of care was covered.

Other comments were:

- Doctors can appear to be addressing computer monitors rather than patients during consultations when looking things up.
- A query was raised about whether and how private providers of NHS services share information.
- There were instances noted where health professionals did not appear to know how to use systems available to them such as shared care records. One suggestion to resolve this was through induction processes for new staff.
- Positive experiences of shared care records were also noted where clinicians in local hospital trusts had reviewed the care record before a consultation, helping them to gain a more complete picture of the patient history and allow them to focus on a conversation with the person during the consultation. One attendee said: “why can’t all healthcare experiences be like that?”

Some suggestions were made for further uses of digital technologies:

- A programmed wristband for people with dementia, to enable carers to locate them if they became lost. This was seen as having the potential to save lives and reduce stress for both patients and carers.
- Developing apps for people who currently underuse services, such as young men. If apps were appropriately tailored, for example, using the language of social media, people could be encouraged to go to seek help for health problems.
- It was also felt by some that there are too many apps and websites, meaning people do not know where to go or what to use. One online presence would be welcomed, which could signpost people to the information they needed.

4.10. Estates (only a station at one event)

A summary of OHSEL’s plans for estates can be found at: http://www.ourhealthiersel.nhs.uk/projects/estates.htm
Co-located services were seen as having advantages, with people likely to benefit from being able to see different health professionals in a single setting. However, there were concerns that moving services away from, for example, very local GP surgeries, would mean that some people had further to travel. There were suggestions that when considering the new locations for services public transport should be looked at, including discussions with Transport for London about new routes, if necessary.

The selling of NHS estate was viewed negatively for three main reasons:

- People did not want private developers to benefit from sales
- Estate might seem superfluous now, but the rising population was likely to increase demand for services and these would need to be located somewhere, and to replace currently owned estate would be costly in the future
- The sales were unlikely to generate enough money to finance the STP

"(If) you sell off all your land and buildings for housing now, where are people going to go to get treated? How are you going to get things in the community when you have dispensed with what you need to provide those services?"
5. Key themes from Q&A session (across events).

There were opportunities at each event for people to ask questions:

- At the subject stations
- In the film rooms
- In the Question and Answer sessions in the second part of each event.

A Verve facilitator was present at all screenings in Bexley, Southwark, Greenwich and Bromley, and the questions and answers from these four events are noted in the Appendices below.

The discussions at the subject stations are given in detail in Chapter 4 above. This section presents the most common types of questions raised at the events during the Q&A sessions and in the film rooms under the themes of finance, privatisation, links with public health, impact on/involvement of people, transparency, the impact of the Naylor Review/selling NHS estate, monitoring and accountability, equalities, staffing and services.

5.1. Finance

- How will the STP be funded and what is its budget?
- How can the plans work without extra funding?
- What is the Capped Expenditure Process, and how will it impact on the STP? Will it lead to further cuts?
- How much has been spent on private finance initiative debts?
- Can the plans really save £900million over the next five years through efficiencies?

5.2. Privatisation

- Is this about privatisation?
- Why are private companies used for services such as hearing tests?

5.3. Links with Public Health

- How are public health commissioned services being protected?
- How will the STP link with Local Strategic Partnerships and Public Health?
- How can the STP plans to deliver more care in the community work with cuts to Public Health Budgets?

5.4. Impact on/involvement of people

- Why are the public not more involved with the process of the STP?
- How does OHSEL propose to involve local people in decisions about cuts or changes to local healthcare services?
- Are public transport routes considered when planning new services such as health centres?
- How do the plans take account of likely demographic changes, such as increased population with new homes being built and the growing numbers of elderly people?

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The questions are not necessarily phrased exactly as asked, but are an amalgamation of the most common elements of questions attendees asked.
• Will people have a choice when the new elective care centres are in place? What happens if someone finds it too far to travel to one of the centres?
• Will increasing the workload of GPs have an adverse effect on getting a GP appointment?
• How can the STP increase the amount of time patients have in appointments?

5.5. Transparency

• What are the financial plans for the STP? Can we see the details?
• How much is spent on consultancy, engagement, and communications by OHSEL?
• Why is there not more detail about how the plans will work?
• Why are terms such as ‘cost improvements’ used? Shouldn’t the term be ‘cuts’?
• Can we have an honest assessment of the funding/financial situation so that people can understand what is being cut?

5.6. Impact of the Naylor Review/selling NHS Estate

• What are the implications for OHSEL of the Naylor Review?
• How can selling NHS estate be justified when it might be needed in the future?
• How can selling NHS estate produce enough funding for the STP?
• Will the proposals about NHS estate be subject to public consultation?

5.7. Monitoring and Accountability

• How is the STP being monitored?
• How is equality and diversity being monitored?
• How, when and where will monitoring data be available?
• How will the STP ensure that care is consistent across locations and services across the boroughs?
• How will the public be consulted about the plans?

5.8. Equalities

• What is the equality agenda, and how will it be embedded into the STP?
• What consideration is being given to different groups, such as children and young people, family carers, people with learning disabilities, people with mental health issues, people from BAME communities, older people and children with special needs?
• Have equality impacts been undertaken for each theme and programme? What did they show?

5.9. Staffing

• How can staff be retained/attracted to work in the boroughs, especially given the housing crisis?
• How can the plans be delivered given the current capacity of GPs and nurses?
• What are OHSEL’s plans around staffing in order to deliver the plans?

5.10. Services

• Are there going to be closures or downgrades of services at A&Es or hospitals?
• You say there will be no hospital closures, but how many beds will be closed?
• How will the co-ordination of services be achieved, particularly health and social services, given the different systems and the fact that social services are means tested?
• How can you ensure that there is enough care at home for people discharged from hospital?
• Will IT services be joined up, so that medical records are available across the board?
• How will people with mental health problems get care in the community?
6. Appendices

6.1. Demographics of attendees

People were asked to fill out a form as they arrived at each event. The purpose of the form was to capture equalities data. The form was the standard form used by OHSEL at events attended by the public.

502 people attended the events. 150 people completed or semi-completed the equalities forms. The information below is based on the number of people who answered each of the questions.

The number of forms completed at each event were:

<table>
<thead>
<tr>
<th>Venue</th>
<th>Completed/Semi-completed forms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lambeth</td>
<td>30</td>
</tr>
<tr>
<td>Lewisham</td>
<td>60</td>
</tr>
<tr>
<td>Bexley</td>
<td>22</td>
</tr>
<tr>
<td>Southwark</td>
<td>12</td>
</tr>
<tr>
<td>Greenwich</td>
<td>17</td>
</tr>
<tr>
<td>Bromley</td>
<td>9</td>
</tr>
</tbody>
</table>

Ethnicity

(148 answered)

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percentage of those answering</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>57%</td>
</tr>
<tr>
<td>Black British</td>
<td>14%</td>
</tr>
<tr>
<td>Irish</td>
<td>7%</td>
</tr>
<tr>
<td>Indian</td>
<td>5%</td>
</tr>
<tr>
<td>African</td>
<td>3%</td>
</tr>
<tr>
<td>Caribbean</td>
<td>3%</td>
</tr>
<tr>
<td>White European</td>
<td>2%</td>
</tr>
<tr>
<td>Scottish</td>
<td>2%</td>
</tr>
<tr>
<td>White Other</td>
<td>2%</td>
</tr>
<tr>
<td>Northern Irish</td>
<td>1%</td>
</tr>
<tr>
<td>Welsh</td>
<td>1%</td>
</tr>
<tr>
<td>Pakistani</td>
<td>1%</td>
</tr>
<tr>
<td>White and Black African</td>
<td>1%</td>
</tr>
<tr>
<td>White and Black Caribbean</td>
<td>1%</td>
</tr>
<tr>
<td>White and Asian</td>
<td>1%</td>
</tr>
</tbody>
</table>

Gender of participants (132 answered)

Male  35%
Female 65%

Gender reassignment (85 answered)

0% answered yes

Religion or belief (131 answered)

<table>
<thead>
<tr>
<th>Religion</th>
<th>Percentage of those answering</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christian</td>
<td>50%</td>
</tr>
<tr>
<td>Muslim</td>
<td>2%</td>
</tr>
<tr>
<td>Hindu</td>
<td>2%</td>
</tr>
<tr>
<td>Buddhist</td>
<td>1%</td>
</tr>
</tbody>
</table>
No Religion  40%
Prefer not to say  5%

### Sexual Orientation
(120 answered)

<table>
<thead>
<tr>
<th>Sexual orientation</th>
<th>Percentage of those answering</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heterosexual</td>
<td>85%</td>
</tr>
<tr>
<td>Gay</td>
<td>3%</td>
</tr>
<tr>
<td>Lesbian</td>
<td>3%</td>
</tr>
<tr>
<td>Bisexual</td>
<td>1%</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>8%</td>
</tr>
</tbody>
</table>

### Pregnancy and Maternity
(120 answered “Are you pregnant?”; 87 answered “Have you had a baby in the last 12 months?”)
0% said they were pregnant
1% said they had had a baby in the last 12 months

### Marital Status
(135 answered)

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Percentage of those answering</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>32%</td>
</tr>
<tr>
<td>Married</td>
<td>39%</td>
</tr>
<tr>
<td>Co-habiting</td>
<td>9%</td>
</tr>
<tr>
<td>Same sex civil partnership/marriage</td>
<td>1%</td>
</tr>
<tr>
<td>Separated</td>
<td>1%</td>
</tr>
<tr>
<td>Divorced</td>
<td>7%</td>
</tr>
<tr>
<td>Widowed</td>
<td>11%</td>
</tr>
</tbody>
</table>

### Age
(135 answered)

<table>
<thead>
<tr>
<th>Age range</th>
<th>Percentage of those answering</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 12</td>
<td>0%</td>
</tr>
<tr>
<td>13 to 17</td>
<td>1%</td>
</tr>
<tr>
<td>18 to 20</td>
<td>1%</td>
</tr>
<tr>
<td>21 to 24</td>
<td>0%</td>
</tr>
<tr>
<td>25 to 29</td>
<td>5%</td>
</tr>
<tr>
<td>30 to 44</td>
<td>13%</td>
</tr>
<tr>
<td>45 to 59</td>
<td>29%</td>
</tr>
<tr>
<td>60 to 69</td>
<td>27%</td>
</tr>
<tr>
<td>70 to 79</td>
<td>20%</td>
</tr>
<tr>
<td>80+</td>
<td>4%</td>
</tr>
</tbody>
</table>

### Disabilities
(110 answered)

<table>
<thead>
<tr>
<th>Disability</th>
<th>Percentage of those answering*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deafness or partial loss of hearing</td>
<td>11%</td>
</tr>
<tr>
<td>Blindness or partial loss of sight</td>
<td>1%</td>
</tr>
<tr>
<td>Learning disability</td>
<td>3%</td>
</tr>
</tbody>
</table>
### Developmental disorder
- 2%

### Mental ill health
- 7%

### Long term illness or condition
- 14%

### Physical disability
- 9%

### Other disabilities
- 5%

### No disabilities
- 59%

*Sums to more than 100% as 8% people reported multiple disabilities*

### Carers (123 answered)
- 11% of people said they were carers
6.2. Feedback form analysis

As people were leaving the events they were asked to fill out a feedback form. 502 people attended the events. 73 people completed, or semi-completed feedback forms. Of those who completed the forms the following answers were given:

<table>
<thead>
<tr>
<th>Following the event…</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither/ no change</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>… I understand more about health and care plans in south east London</td>
<td>11%</td>
<td>51%</td>
<td>20%</td>
<td>11%</td>
<td>6%</td>
<td>1%</td>
</tr>
<tr>
<td>… I understand how the Sustainability and Transformation Plan (STP) and Our Healthier South East London fit together</td>
<td>8%</td>
<td>42%</td>
<td>33%</td>
<td>7%</td>
<td>10%</td>
<td>0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>At the event…</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither/ no change</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>… I was able to ask questions and express my opinions</td>
<td>23%</td>
<td>53%</td>
<td>14%</td>
<td>3%</td>
<td>7%</td>
<td>0%</td>
</tr>
<tr>
<td>… I felt listened to</td>
<td>20%</td>
<td>41%</td>
<td>26%</td>
<td>7%</td>
<td>6%</td>
<td>0%</td>
</tr>
<tr>
<td>… there was enough time to discuss the issues</td>
<td>17%</td>
<td>30%</td>
<td>13%</td>
<td>26%</td>
<td>12%</td>
<td>1%</td>
</tr>
</tbody>
</table>

These figures show that, of those who filled in the questionnaires, the majority felt they understood more about the STP and OHSEL’s role after the event. Whilst most people felt that they could ask questions and were listened to at the event, people would have liked more time to discuss issues.
Note: In the Neutral/Don’t Know category only between 0% and 1% of answers given were Don’t Know
6.3. Posters displayed at events
Children and Young People
Case for change

Services provided for children (premature, ventilated patients) in both specialist services in hospital and in the community. Children and young people access all services, yet these provided for specialist children’s services. It is important that we remember: their needs where considering such services, such as community based care, mental health in urgent and emergency cases.

- The estimated that fewer than 50% of children in south east London are having healthy teens and around 41% of our young people experience mental health issues at some point in their lives.
- South east London has higher than average rates of childhood obesity, underperforming mental health issues and teenage pregnancies.
- The number of young people in school is increasing with around 31% living in poverty.
- There is a shortage of socially trained pediatricians (pediatricians, nurses and social workers) in our mental health services.
- Sometimes our services don’t meet the high quality standards we are audited.

Better physical and emotional support for families

- We want to get better at supporting families to keep children and young people physically and mentally well and out of hospital.
- We want to meet children’s mental health needs no matter which service they visit.

More joined-up health and care services

- We are developing integrated community teams of health professionals offering a range of services to support children and their families closer to home.

Easy access to the right services first time

- We aim to make it as easy as possible for people to get the support they need quickly.

Shorter hospital stays in hospital and more support closer to home - helping people return to their usual lives as soon as possible.

Straightforward transition into adult services for young people with long-term conditions

This is Derron. Derron is 32 years old. He has type one diabetes and suffers with periods of anxiety.

Derron and his family get lots of support to manage his health needs at home. He uses apps to monitor his diabetes and help with his anxiety. They know where to go for advice and can recognize symptoms so they can get help quickly.

Healthcare services in Derron’s community work closely with the local diabetes nurses. Derron now feels in his care and is confident in its quality, so he can make quick treatment decisions. He now becomes a nurse and needs to be admitted, he can return home quickly with support from specialists.

Every child and young person should feel as well supported as Derron.
Community Based Care

Case for change

We are working on big changes to the way your local health and care services are run.

- We know that there are lots of things that work well in south east London. But there are things we need to improve.
- We have some services that people find hard to access.
- Patients often tell us they find it hard to make an appointment with their GP.
- Some people do not get the help they need to keep themselves and their families in good health.
- Not everyone gets the same quality of care.
- We think that by improving the way we work in the community we will be able to take pressure off our hospitals and our urgent care services.

Community Based Care

Our vision

We want to give you more support and make better use of technology so you can keep yourself and your family, healthy and well.

We're changing the way we work so that local services like GPs, pharmacies, community centres, social care, or voluntary groups work together better, sharing resources and making it easier for people to get support they need.

We are making it easier to access GP services with easier appointments with better care. This will make it easier for you to access support when you need it.

Services will focus more on prevention and helping you to stay healthy and well. For instance, we will work with people who already have one or more long-term conditions to help them manage their conditions better, and with groups that have been identified as vulnerable or at risk, such as elderly people.

We are focusing on changes that make the biggest impact. We have more good news locally: sharing resources and information about these issues we can learn from each other and work together to improve quickly and efficiently.

Linda is 73 years old. She has diabetes, high blood pressure and a heart condition.

Linda is feeling unwell at the moment and it is finding it difficult to look after herself and to manage her conditions.

She has been identified as a vulnerable patient by her GP surgery and is supported at home by a team of health and care professionals. She is also given access to an app which allows her to monitor her conditions and view her own care records. She is also given access to an app where she can monitor her conditions and view her own care records.

The app alerts her to a change in her blood pressure. It lets her to her practice nurse when she is given extra support until she recovers. Quick and easy access to key information makes treatment decisions fast and effective.

All our residents should feel as well supported as Linda.