Our Healthier South East London

Sustainability and Transformation Partnership

What are local people saying about the future of health and care?

Summary of south east London public engagement on the NHS Long Term Plan

September 2019

KALEIDOSCOPE
Health and Care

togetherbetter
collaborative consultancy

Contents

About this report

The south east London Integrated Care System and Our Healthier South East London commissioned Together Better and Kaleidoscope Health and Care to carry out a series of public engagement activities to gather the views and experiences of local people. This report summarises the views of local people based on these activities.

The report will support the development of south east London's response to the NHS Long Term Plan, which will be finalised later this year and will help to shape the future of local service provision for the next ten years.
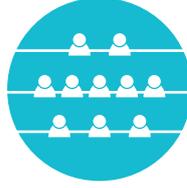
We engaged with people across all 6 boroughs

Lambeth
Southwark
Greenwich
Bexley
Lewisham
Bromley

We also received
76 **responses to the survey**
3,178 **website hits between June and August 2019**

287 **people participated at face-to-face events**
We held events across all six boroughs, some focusing on borough-wide discussions and some on the six topics.

Around 200 people engaged through outreach with seldom heard groups

People gave us their views on 6 key topics. Here are some of their key messages:

1: Getting the best start in life

People want the NHS and schools to work together

2: Young people's mental health

Young people need different kinds of support to feel understood

3: Daytime hospital appointments

People would welcome telephone and video appointments if there were face to face appointments when needed

4: Access to services

People want more information about all of the services available

5: Social isolation and charities

People want the NHS to work better with charities to tackle social isolation

6: Services working together

People want joined-up, person-centred health and social care

For more detailed information on our engagement activities, see Appendix B: Methodology on page 21.

The story so far

The future of health and care in south east London is an ongoing conversation. Our Healthier South East London has talked to hundreds of people over the past three years about how to shape the future of local health and care services. As a result of these conversations we have made a number of changes, including seeking to improve services in hospitals, making it easier for people to see a GP, and bringing mental health services closer to where people live. However, we recognise there is always more to do.

To enable constructive discussions about plans, we focused conversations on six topics where the local system is especially interested in local people's views.

| Topic	Why are we focusing on this?	For example...
1: Getting the best start in life	• How healthy children are is not just about the NHS. • It's also about their schools, homes, food, and more. This means working together.	• How much time should the NHS spend working with primary schools?
2: Young people's mental health	• Half of all mental health problems are established by the age of 14. • This means helping early can have lifelong effects.	• Should GPs be trained to help young people in using social media?
3: Daytime hospital appointments	• We only want people to go to hospital if they have to. • This means more care outside hospital, and more use of telephone appointments.	• When would you like the hospital doctor to give you a ring?
4: Access to services	• We want to make it easier to get care in the right place. • This means making it easier to get GP appointments, including in emergencies.	• Which services are better than A&E?
5: Social isolation and working with charities	• Loneliness is as bad for your health as smoking 15 cigarettes a day. • The best help often comes from the community.	• What services in the community should we prioritise?
6: Services working together	• We are working together because we want the best health for our area. • This means we need to think about removing barriers.	• How much difference should there be between health and social care budgets?

We always want to hear about what matters to local people, so these were only starting points for conversations.

What do people think?

We told people about the main priorities in the NHS Long Term Plan, then asked them what they thought. We started by asking them what they were pleased by, concerned by, and what they had questions about. Here are the five main things they told us.

1. They **liked** the fact that there is, and will be, more **joined-up working** between different services.

2. They **liked** the fact that the **public** are being involved in south east London's response to the NHS Long Term Plan.

3. They are **concerned** about whether there is enough **funding** available to deliver these changes.

4. They are **concerned** about whether there are enough healthcare professionals in the **workforce** to deliver these changes.

5. They are **concerned** that the NHS isn't making the most of the resources that exist already, especially **organisations in the voluntary, community and social enterprise (VCSE) sector**.

We also had more detailed conversations about specific aspects of the plans. We asked people a number of questions – the following shows a sample of their responses to one of these.
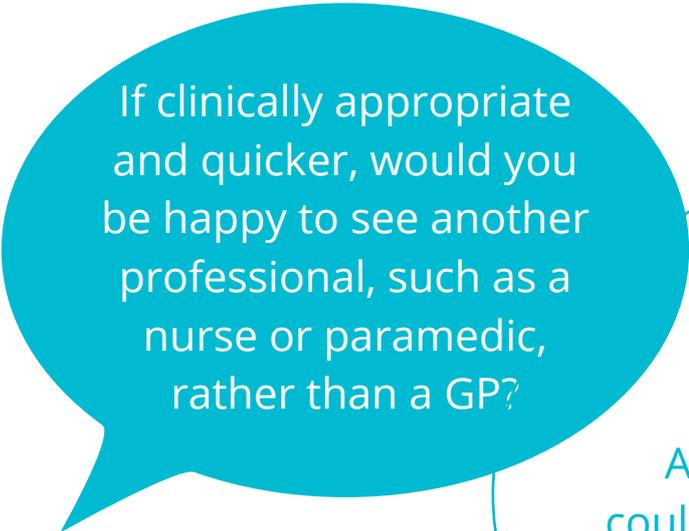
If clinically appropriate and quicker, would you be happy to see another professional, such as a nurse or paramedic, rather than a GP?
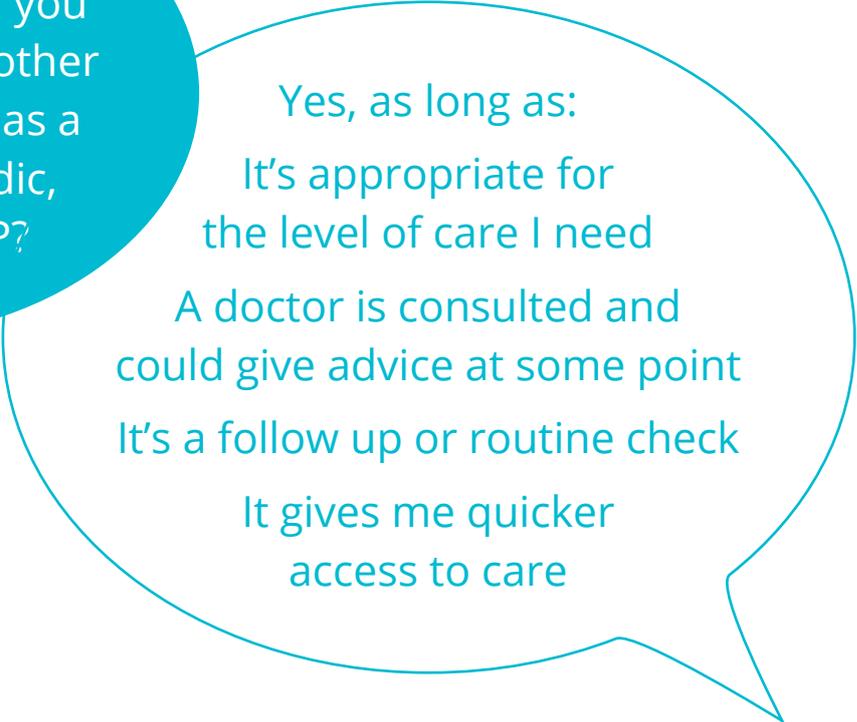
Yes, as long as:

It's appropriate for the level of care I need

A doctor is consulted and could give advice at some point

It's a follow up or routine check

It gives me quicker access to care

Main themes

A number of clear themes arose repeatedly across different topics and in different boroughs, indicating strongly that they are important to local people.

Accessing services

People generally welcomed accessing alternatives to traditional face-to-face appointments including urgent care centres, telephone and video consultations. This supports the general direction towards these alternatives as set out in the Long Term Plan.[1] However, there is a clear need for more information about these services and when it is appropriate to access them. People also felt strongly that they should not be complete replacements for face-to-face appointments at the appropriate time, in particular as initial diagnostic appointments before then having digital follow-up appointments.

Services working together

There was also a lot of emphasis on the need for NHS services to work jointly with the variety of organisations who can support people to manage their health. This includes the support that schools can provide young people, for example in managing mental health and tackling childhood obesity. This aligns with the Long Term Plan's commitment to work with schools, for example by embedding mental health support within them.[2]

In particular there was consistent support for the NHS developing a stronger relationship with the voluntary, community and social enterprise (VCSE) sector. This was based on some new principles that recognise, embrace and nurture the contribution that the sector makes in people's lives, as well as the diversity of its composition. Support for this was reflected in the opening questions as well as in more focused discussions.

The potential outcomes of a stronger relationship are promoted throughout the Long Term Plan, for instance to support prevention, address health inequalities,[3] and commission and work with community organisations to support vulnerable and at-risk groups.[4] However there is less emphasis in the plan on what needs to change to make this possible. People expressed the view that the changing relationships are vital for NHS organisations working with the VCSE sector to master, even though it may mean changing the way the NHS works. There is a very clear need for the NHS to develop equal and reciprocal partnerships, because we know that formal healthcare services play only a small part in health and wellbeing. Health is created in neighbourhoods and

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[1]   See for instance 1.47 on hospital appointments and 5.21 on virtual outpatient appointments.

[2]   NHS Long Term Plan (LTP), 3.28.

[3]   LTP, 3.68.

[4]   LTP, 2.37.

communities, schools, places of worship, homes, and workplaces. The expertise and assets that exist in these spaces have not always been recognised by the NHS.

Many groups in south east London expressed a wide range of current barriers to effective partnership working. A key barrier is that many members of seldom heard communities do not trust professionals, or do not feel that they are understood or respected by them. Small community groups also felt they had lost out to the bigger high-profile charities for commissioning. The ideas behind social prescribing are already at the heart of what the VCSE sector does, yet the NHS is developing it as a new initiative instead of learning from what is already being done.

The Long Term Plan calls for innovative approaches to working with community organisations,[5] but the message from organisations in south east London is that it is first necessary to establish a relationship with the communities they support, in which they feel recognised, valued and respected as equals by the NHS. They can show these communities they are supported in a number of practical ways, including by providing accessible information (such as translated written information and British Sign Language videos) and signposting to these formats. More fundamentally, however, there is a need to value their expertise and work in genuine partnership with them – moving beyond simply seeking contributions, to collaborating to improve health and care.

Building connections would provide a real opportunity for Our Healthier South East London to have significant impact on the health of local people who wouldn't normally access traditional NHS services. It would be worthwhile to build community capacity through existing organisations, working with them to support people to live well, prevent ill health, and address health inequalities.

The challenge is now to take on these messages and change the way we work. The following pages set out more specific messages based on the responses that people gave to the questions they were asked and the themes discussed.

[5]   LTP, 2.37.

Feedback by theme

1. Getting the best start in life

We explored themes including the NHS's relationship with schools, building on support in the community and practical ways to reduce childhood obesity.

> "In south east London, 32% of our children are overweight or obese, and 26% are classified as living in poverty."
>
> *Martin Wilkinson, Managing Director,*
> *Lewisham Clinical Commissioning Group*

Schools

There was broad agreement that education is a key part of getting the best start in life, which includes educating and supporting both children and their parents. People also felt that early diagnosis and intervention are essential in helping children and families get support.

> "Very important to teach children from a young age about healthy lifestyles, mental health, how to access services and boys and girls are equal, no shame or embarrassment especially for males seeking help."
>
> *Survey respondent*

Participants knew of some schools who are getting it right and there are pockets of excellence across south east London where children are receiving stand-out support – for example, in-school creative therapies and parent support groups. However, there was broad concern about the capacity and resources of schools and teachers to teach and support children and families regarding their health and wellbeing, including with autism, mental health problems, and attention deficit hyperactivity disorder (ADHD). There were a number of ideas on how to address this challenge, such as investing in 'healthcare ambassadors', who teach children in schools about health and wellbeing, as well as building on existing community support.

> "When considering the amount of time given you may want to consider the economic-social background of the majority of children in any given school. The needs for this input may well vary considerably between one school and another. Good communication and shared knowledge between NHS and schools would be vital."
>
> *Survey respondent*

There were some concerns raised about a lack of understanding in many schools of what to look out for and where support should come from. People also felt that the NHS

and schools needed to work more closely together to address the issue, especially with primary care teams working with relevant school staff such as nurses and special educational needs coordinators. Concerns were also raised about the difficulty of accessing child and adolescent mental health services (CAMHS) and the need for better integration and communication between schools and NHS services to address this.

Local communities

Participants in the focused discussion on this topic considered the importance of understanding diversity in local communities and have appropriate support locally to cater for it. Ideas included: working with the community sector to create this local, personalised support; ensuring schools are trained in effective signposting; identifying indicators that will help services identify families in need of additional support; and using outreach workers who can go to homes and support families who require additional help.

> "Schools have access to those children and young people who may not be accessing health services via statutory services, GPs, hospitals – key way to improve provision for those that are marginalised."
>
> *Participant in getting the best start in life focused event*

Childhood obesity

There was broad agreement across the range of engagement opportunities that more needed to be done to tackle childhood obesity in south east London. This included supporting staff in schools but also supporting parents and children outside school to understand more about healthy food and choices and the risks and impact of an unhealthy lifestyle. There were also some discussions about working with local authorities to use their planning powers to limit access to less healthy and fast foods, especially near schools. Participants in the focused discussion on this thought there was more that could be learnt from places where childhood obesity has been successfully reduced, such as Leeds and Amsterdam, and adopt their approaches.

> "We should be trying to change the food choices on the high street. There are too many unhealthy, cheap options."
>
> *Participant in borough event discussion group on 'decreasing childhood obesity'*

Members of Bexley Youth Council felt that good choices are hard to make when healthy food can be more expensive and there is little choice. Ideas from across a range of the events included better food choices at school, healthy food vouchers, evening access to school gyms, more affordable gym memberships, after-school cooking clubs and healthy eating classes for parents and children.

> "I think there should be some education about food and exercise for parents and youngsters. Less screen time more movement."
>
> *Survey respondent*

2. Children and young people's mental health

We explored the themes of social media, supporting parents and carers, and the role of GPs and other services including specialist mental health support.

Social media

There was a mixed set of views about social media. There was agreement in some borough discussions that families, schools and medical professionals all need to learn more about how young people use social media to better understand how it affects their mental health and how to provide support. 30% of survey respondents agreed that GPs should be trained to help young people use social media. However 41% of survey respondents said it was of greater relevance and importance for schools and VCSE organisations, and 28% thought that GPs had enough to do already – a view shared by some participants in the discussion groups.

There was also a mix of views about whether social media was partly to blame for increasing level of mental health problems in children and young people. While some people felt this was the case, others felt more positively that social media could be used as a tool to support and educate children and young people, if used correctly.

> "Young people are under a range of social pressure from a variety of sources, and issues within their own home exacerbated by poverty and austerity cuts. It is about all people who have contact with children, not just GPs and clinicians. More investment in specialised services local to home is imperative."
>
> *Survey respondent*

Other mental health support

People recognised that young people can face a range of risks to their mental health in addition to social media. Members of Bexley Youth Council listed exams, parental and peer pressure and cultural expectations as additional risks.

There were concerns raised about access to mental health support in other settings, including community and youth centres, which can play an important role in supporting young people and their families, and schools. In particular, the question was raised of how to shift funding between services to ensure that schools have enough money for developing expertise in mental health support.

There were also questions about the extent to which GPs could provide the support that young people needed. Some participants questioned how much impact a GP can have in supporting a young person with mental health problems in a 10 minute

appointment. Members of Bexley Youth Council observed that young people don't always feel confident to talk to their GP, for instance because they feel dismissed or are worried about confidentiality.

> "GPs need training in how to engage with children and teenagers around mental wellbeing issues. GP surgeries would benefit from having specific resources for young people and young people employed to promote healthy teenage living including mental wellbeing. Parents also need support in dealing with adolescents and understanding adolescent brain development and its implications for their care and support. How to offer a 'secure base' for children and build resilience as they develop should be things GPs promote in their contact with families."
>
> *Survey respondent*

Participants in a range of the events had a number of observations and ideas to better support and address children and young people's mental health. Some emphasised the importance of individualised support both for young people and their families. People argued that young people need to feel that they are being supported by someone who understands them, and it was therefore important to involve a diverse range of young people in shaping the services designed to support them. Specific ideas for improving support included upskilling GPs, having faster and easier access to CAMHS, improving school liaison, accessing online chat groups, and providing mental health information hubs. People also suggested building on existing local resources and assets – such as working with Goldsmiths College to coach and support young people, a standardised app that GPs could signpost young people to, and more public mental health initiatives to ensure that populations understand how to stay mentally healthy.

> "Every child matters, so you need a strategy which individualises support for parents and carers based on their circumstances, rather than what is easy for professionals."
>
> *Participant in children and young people's mental health focused event*

> "Be creative, current & up to date in how we access children and young people. Are we accessing them in a way they want, and [that] is meaningful & safe?"
>
> *Participant in children and young people's mental health focused event*

3. Daytime hospital appointments (outpatients)

We explored the themes of self-referral and self-management, and feelings about virtual outpatient appointments.

"I think a lot of precious time is wasted by giving patients outpatients appointments when much of the time a phone call would be adequate."

Survey respondent

Virtual outpatient appointments

The people we engaged with generally agreed that there is value in using telephone or online/video appointments for follow-up appointments, rather than initial diagnostic appointments, but with some important caveats:

- adequate support should be provided for those who are not used to using technology to make sure they are not left behind

- face-to-face appointments should always be available for those that want them, especially for older people

- there needs to be more investment in the administration services supporting virtual appointments.

"I like the new advice line in STH/Guys Gastroenterology Dept. There is an email you can use, if you need help/advice. So help is at hand, if need be your consultant will call you. Or advice via email. More like this please."

Survey respondent

There was a strong emphasis on ensuring that the approach to appointments is person-centred, based on the needs of patients and ensuring that they are part of an ongoing conversation. It is also important to ensure that people with additional needs are considered to ensure that appointments remain in the most accessible format.

"The patient must feel at the centre of an appointment not a satellite to a central group of practitioners."

Participant in daytime hospital appointments focused event

There was also broad agreement that there needs to be more publicly available information on how to access outpatient services, especially with an increasing set of options.

"A good idea and an amazing topic, when I think that over the past year I could have saved 10s of hours and hundreds of miles travelling to and waiting in hospitals, to be told by the doctor, 'this looks fine, we'll see you in 12 weeks'. I cannot recommend this idea highly enough."

Survey respondent on the question of telephone /online appointments

Self-referral and self-management

There were mixed views about self-referral – some saw it as empowering to patients, but it was agreed that there is a lack of clarity about how it works. Again this was an area that people felt needed more information and publicity, especially about how and when to self-refer and in what conditions it is appropriate.

Similarly, for self-management to be effective, people needed access to the appropriate information to enable them to make decisions about their healthcare. Training and peer support groups were suggested as ways to provide support.

> "Self-management is critical to success but patients need to be able to access information/test results to enable them to do so."
>
> *Participant in daytime hospital appointments focused event*

4. Access to services

We explored different types of services and consultations with other healthcare professionals, and the theme of video consultations.

Accessing different services

There was general agreement across those we engaged with that it is increasingly difficult to get GP appointments, and this was having an impact on increased attendance at A&E and other urgent services. Many people were aware of and had used urgent care alternatives to A&E such as urgent care centres and increased 8am–8pm GP access but there was broad agreement that there is a lack of clarity about alternative services out of hours. There is a need for clearer publicity, information and signposting on the different urgent care services available and where to access them. The need for clear, easy to understand and visual information and education came out particularly strongly throughout the outreach discussions. Many people wanted to take responsibility for managing their own healthcare but felt they needed the information to enable them to do so.

> "Make people aware of the services and staff on offer at your GP surgery."
>
> *Participant in access to services focused event*

Access to transport was raised across the engagement, as it can often create a barrier to access urgent care services. This is important as 8am–8pm GP access hubs or GP out of hours appointments are often far away or difficult to access by public transport, especially for the elderly and vulnerable.

> "Sometimes just speaking to a pharmacist is all the service someone needs."
>
> *Survey respondent*

The outreach discussions highlighted barriers to access in many guises – availability of appointments (especially in primary care and mental health), postcode lottery, awareness of what's available, location, hours of operation, language and communication difficulties, lack of reasonable adjustments for people's needs and a fear of authorities. There was a clear need to build trust with many communities, who feel that their needs or cultural differences are not properly understood or respected. There was broad agreement that people want to have a trusting relationship with their GP, especially when meeting for the first time. People also noted that community leaders can help build trust between the NHS and local people, so that people feel confident and safe in accessing services.

> "[It's] really hard to access healthcare when every time you talk to a receptionist you are called up by the wrong name or wrong pronoun."
>
> *Participant in Strong in Southwark LGBT+ community outreach event*

In discussions on seeing an alternative professional rather than a GP, where clinically appropriate, the majority of those we engaged said they would be happy as long as:

- the staff were adequately trained and they were confident in their abilities
- there was clear communication about what each member of staff could provide
- it gave them quicker access to care
- a doctor could be consulted and provide some advice if required
- it was a follow-up appointment or more routine check-up.

Online appointments

> "Better online services to arrange appointments would also be great, also communication online with the GP would improve the service."
>
> *Survey respondent*

The people we engaged with broadly agreed that providing access to online GP booking, appointments or video consultations was a positive development but with some important considerations:

- It is not a substitute for human interaction or appropriate where a physical examination is required, and for some people, it is not accessible; and
- online solutions can be valuable when people feel uncomfortable in certain situations – for example, they may help people to overcome stigma or embarrassment, or can help those with autism who find waiting rooms challenging.

> "We know that A&E and GPs are under pressure. Booking a GP appointment in the borough can be very difficult if you don't have the app or if you are not confident in using the app. Vulnerable groups such as the elderly would struggle. I welcome new digital platforms to improve the service but it is important that the needs of such group are still met. They should be able to call or visit the GP surgery to make an appointment without being dismissed and told to download the app."
>
> *Survey respondent*

Concerns were raised about the lack of GPs across south east London and participants were keen to know more about what was being done to recruit more.

5. Social isolation and working with charities

We explored services in the community, and how to work better with charities and local communities.

> "Social isolation can both shorten and cost lives. Invest in community projects for people to meet and particularly craft projects where people of all ages can occupy their minds, engage in social interaction and learn skills simultaneously, e.g. Men/Women in Sheds projects."
>
> *Survey respondent*

There was broad agreement that social isolation is a key issue of concern, particularly affecting the elderly and chronically ill, and that it is important to tackle the challenges of social isolation and loneliness, and the surrounding stigma. A number of participants also felt it was important to highlight that this issue affects people of all ages.

> "We need to try and understand the effects of social isolation among young people."
>
> *Participant in social isolation and working with charities focused event*

Participants agreed that the VCSE sector had a key role to play in supporting people to better connect to their communities. There was also broad agreement about the value of, and need to support, VCSE organisations and protect community resources.

People raised concerns about funding for the local VCSE sector, with examples of specific concerns about cuts to day centres, and the impact this would have on the socially isolated and the voluntary sector.

> "Charity goes beyond love of people and needs to be funded."
>
> *Participant in social isolation and working with charities focused event*

> "Although the voluntary sector in general is funded, it only allows a charity to support the tip of the iceberg for services that are needed more widely than the funding allows for. It's time to put much more money into services as a preventative and a sustaining measure than just tinker around the edges."
>
> *Survey respondent*

Ideas from across a range of the events included the development of a central community directory so that NHS professionals and individuals can see voluntary services that are available, both on and offline; more use of faith groups and supermarkets to improve social engagement; and holding regular local networking events with schools and care homes.

> "The public need to be made aware of all of the charities involved in addressing... social isolation."
>
> *Participant in social isolation and working with charities focused event*

There is lots of enthusiasm for the change of tone in the NHS Long Term Plan, but scepticism that the NHS is capable of changing its relationship with communities and the VCSE sector, especially when it comes to sharing power for decision-making.

There was a broad feeling, both in the outreach discussions and public engagement events, that vibrant community life is not recognised or well understood by the NHS. The community organisations we spoke to were clear that they have lots to offer and are ready to work with the NHS. These groups can help people stay well, are trusted in their communities, and can bridge the gap between the NHS and its citizens, helping marginalised groups integrate into local communities. They also often have the flexibility to respond to the needs of the communities and people they work in.

There were a number of concerns that the funding and procurement systems can work against very small or local community groups in contrast to larger charities, so sustainability is a problem. The NHS could help by sharing its assets, for example by providing space for groups to meet, and by ensuring healthcare professionals reach out to, and meet, community groups.

> "If commissioners keep recommissioning in the same way we will keep getting the same issues[...].lack of real understanding of service delivery and impact. No room or courage for real innovative approaches."
>
> *Survey respondent*

Social prescribing

Most participants at events regarded social prescribing as helpful insofar as it connected people with services that could help them. However, there were mixed feelings about the approach and the term itself. While some people felt it was an overly medical model of tackling a social issue, others said that the prescription aspect was helpful for the credibility of VCSE organisations supporting socially isolated people, and for raising their profile.

Some people were concerned about the disparity in access to social prescribing and befriending services across some boroughs due to geographical and funding differences. 36% of survey respondents acknowledged the importance of charity programmes and many highlighted poor funding and lack of integration with healthcare services.

> "The best help for loneliness comes from a variety of places and services should be more joined up. People who experience loneliness have multiple needs; health, financial, social, practical like shopping[...] Better collaboration between local statutory and community services needs to be explored. The charitable sector has been so under resourced during the last 10 years they will need a huge input of resources to tackle these multiple issues on loneliness."
>
> *Survey respondent*

6. Services working together
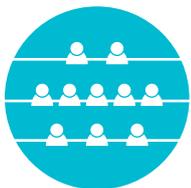
We explored joining up health and social care budgets and services, and working in partnership with local community groups to support health and wellbeing.

"I feel that the budget should follow the patient and be adequate for the treatment needed. There should not be any dissection between health and social, real or artificial."

Joining up health and social care

The majority of survey respondents (67%) agreed that health and social care go hand in hand, with just 7% perceiving them as distinct concepts. Integrated health and social care budgets were mentioned in one-third of responses.

Participants in the focused discussion on this topic expressed a range of views on the current position of services. There was a feeling that services often work in a fragmented way and are not always focused on individuals. People also felt there are barriers because organisations are incentivised and funded differently, and information is not always shared between organisations or people. People supported the move towards greater integration of health and social care budgets and statutory teams, with a greater focus on working more closely with community groups.

There were key themes that came out across the range of engagement activities, including:

- the importance of information sharing amongst organisations working together
- the critical role and assets that local communities and the voluntary sector can provide working with health and social care to improve health and wellbeing across south east London.

"Treat the person, not the problem."

Participant in services working together focused event

Merging CCGs

While there was general support for services working together, a number of participants at different events expressed concerns about proposals for merging the six borough CCGs in south east London. Some felt that the six boroughs have different priorities and questioned how this would be reflected in a new structure. There was also concern about retaining local accountability in a new merged structure. However, the merging of CCGs wasn't discussed in detail as part of the engagement process.

Working with local communities

There was a large amount of feedback collected from the outreach discussions on the value that local communities can bring to work with statutory services. There was an overall feeling that much more could be achieved in improvements in local health and wellbeing if health and care services were willing to work in genuine co-production with their communities, rather than just engaging or consulting with them. There was broad agreement across the outreach discussions that local community groups are enthusiastic and keen to work with the NHS, and that they have a lot to offer, including their expertise and the fact that they are trusted within their local communities.

"The voluntary sector is in the business of assets, not sickness."

Participant in services working together focused event

Key priorities for the future

At the end of the sessions at the six borough-focused events we asked participants to vote for their key priorities for the future, from a list of ten statements based on the six topics we had discussed:

1. More services in the community so I have less need to go to the hospital for planned outpatient appointments.

2. Access to telephone or online 'virtual' planned outpatient appointments so I have less need to go to the hospital.

3. Access to online or video consultations with general practice.

4. More accessible 'urgent care' services away from hospitals that I can book appointments at via 111.

5. More support to help reduce childhood obesity in south east London.

6. Help give children the best start in life by working with schools, local authorities, other public services and community groups to stop health problems starting.

7. Improved mental health care for children experiencing a mental health crisis by being able to access help 24 hours a day, seven days a week through NHS 111.

8. Expanded access to children and young people's mental health services.

9. Improved health across south east London by understanding better how to make our population healthy, and agreeing plans which cover all south east London.

10. Increased access to support for lonely and isolated people to connect to their local communities.

We asked participants to consider what they would most like to see in both one year's time – as an immediate and pressing priority – and what they would most like to see delivered in five years' time – things that are important, but longer term goals.

Most people at the engagement events regarded priority 10, increasing support for lonely and isolated people, as a top priority for one year's time. Most boroughs also chose priority 9 – improving population health, and 1 – increasing services in the community, as the key improvements they would like to see in one year's time. Three boroughs chose priority 6, helping give children the best start in life.

Across most boroughs, participants in the events also chose priorities 10, 9 and 1 for the next five years.

Next steps

Discussions between the health and care services in south east London and the population they serve is an ongoing process of engagement. The survey, public events and outreach activities that have produced the feedback for this report have been another step in this process.

This report will now be used to support the development of the next system-wide plan for south east London, helping to shape the area's priorities for the next five years. Later in 2019 this plan will be finalised and sent to NHS England and Improvement; after this there will be further feedback to the public on how the input of local people has been used within the plan, followed by continued engagement activities throughout the plan's implementation.

Appendix A: Context

What is 'Our Healthier South East London'?

In south east London, we have health and care services that we are very proud of. But these services have to adapt to be fit for the future.

NHS England is setting up ways for NHS organisations and local councils to work more closely together to make health and care better for everyone. These are called Integrated Care Systems.

Our Healthier South East London Integrated Care System includes managers and clinicians from the NHS, local councils and others, all working together to ensure a sustainable future for NHS services in our area. This builds on close partnership working which has been in place between the NHS and local councils for a number of years in south east London.

We aim to improve the health of people in south east London, reduce health inequalities and deliver a healthcare system which is sustainable for the future. For example, we want to support people to be in control of their physical and mental health and have a greater say in their own care.

We also want to develop joined-up care so that people receive the support they need when they need it. Doing this will also help us spend our money more wisely, deliver better outcomes and avoid waste.

What is the NHS Long Term Plan?

The government asked the NHS to write a plan for the next 10 years. The plan shows how extra money for the NHS will be spent.

It is based on what the public and NHS staff thought the NHS needs. For example, it aims to improve mental health in schools and access to online GP appointments. Over the next 10 years it will enable local plans that the NHS and local councils have developed in partnership to:

- make sure everyone gets the best start in life, such as by supporting continuity of care for women in pregnancy
- deliver world-class care for major health problems, such as spending £2.3bn more a year on mental health care
- support people to age well, such as increasing funding for primary and community care by at least £4.5bn.

Appendix B: Methodology

We have sought to gather local people's views and experiences in three main ways:

- twelve face-to-face events
- conversations with 19 community groups
- a short survey.

Face-to-face events

We ran twelve events across the six boroughs in July and August 2019. Six of these focused on the specific boroughs (Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark). During these events participants heard overviews from representatives of local clinical commissioning groups (CCGs) and local authorities. They could then choose to take part in discussion groups on the topics they were most interested in from the six discussion topics (see page 2).

The other six events were each focused on one of the six topics and broke these down into further questions, such as: 'When would you like the hospital doctor to give you a ring?' and 'Should GPs prescribe cooking classes and lunch clubs?'. These prompted extensive discussions of what was important to local people within each of the six topics.

We promoted these events through local news and social media, communications via CCGs and trusts, patient groups and posters in care settings such as GP practices and care homes. We had 287 participants across all events (though some people took part in more than one event).

Conversations with community groups

In order to reach a broader set of views we have also had a series of conversations with 19 community groups whose voice is seldom heard in the NHS, reaching out to people in places where they meet, at times when they meet, and talking about the things they want to talk about. These discussions covered a range of issues relevant to the topics, such as services working together and tackling social isolation. Through these conversations we have spoken to approximately 200 people.

Survey

We gave people the opportunity to answer a short survey – primarily online, although we also shared it with CCG communications and engagement teams and accepted any hard copy responses we received too. We had 76 responses to the survey.

> This report summarises the outputs of these engagement opportunities. We have produced a fuller synthesis of each of the twelve events which have been shared with participants, as well as syntheses of the outreach conversations and survey results.