Our Healthier South East London
Sustainability and Transformation Partnership

NHS

OHSEL response to feedback from public events report

The six public events were designed to raise overall awareness of the STP to a wider audience, to explain different parts of the programme, and allow public feedback to shape how we engage and offer input to how we design services.

We published an independent report on the feedback in the autumn of 2017 and have been engaging with patients and stakeholders on its main findings.
http://www.ourhealthiersel.nhs.uk/OHSEL%20summer%202017%20public%20events%20feedback%20report%20final.pdf

In the report which follows, we have outlined a summary of how we are responding to this feedback. The appendix also details feedback of those parts of the programme which received some of the most detailed feedback and also acknowledges that we still have much to do.

Key overall findings of feedback

- Generally attendees were positive about the main objectives of the plan, for example, the emphasis on improving community based care (CBC) but there were concerns about the funding and details of the plan
- People were positive about partnership working and the system coming together more collaboratively
- There were concerns about the overall financial position of the NHS and worries about the STP being focused on 'cuts'. Some people expressed concerns and opposition to any privatisation. We made clear that the STP is neither about cuts nor privatisation.
- People made clear that they wanted more information and more communication about the programme
- There were concerns expressed that the information and communications either weren't accessible enough or used too much jargon

What we'll do differently in light of this feedback

In summary, we accept the general messages from this feedback, and that we need to make sure:

- There is clearer alignment between the main aims of the programme and practical, detailed steps about what it will look like in practice locally and how it will be delivered
- Our communication and engagement should be wider than at present, more accessible and undertaken in a way that is more compelling and practical. This means less focus on the STP as a whole and more on the direct service implications and improvements in the six boroughs
- There is more explanation on issues of concern, in particular the financial position, expressed in jargon-free ways.

We are responding to these summary points in the following ways:

1. **Reset community based care (CBC) at heart of the programme's communications:**

At the events, we heard that community based care, as an aim, was strongly supported but there is a lack of definition and understanding of how it works, its context, and practical steps we are taking.

CBC, in its basic remit to improve out of hospital care, remains the central focus of the programme. With the expansion of our STP, some of the focus on this initiative was reduced, but it is still core to what we are trying to achieve.

We know there is more we can do to raise awareness and help people understand how it underpins our work. This is involving identification and communication of where each borough is with CBC, a series of initiatives to involve communities and stakeholders in its development, and working with patients to find the best ways to describe and create wider interest in CBC. We are also producing a series of digital resources and case studies to help inform patients.

A more detailed response to CBC is in appendix 1.

2. **Have a clearer message and focus on solutions to workforce**

At the events, people were clearly concerned about workforce, both strains on the current workforce, and the ability to recruit the necessary staff in the future. We have been developing an overall clearer communications approach to explaining to public and staff our workforce strategy. Of course, the backdrop and wider solutions to workforce are at a national and pan-London level but there are initiatives taking place at a SEL level which we believe will have a positive impact. These include:

- Initiating joint working with NHS England to **recruit 45 International GP's** to work in SEL as a result of our successful bid to join this priority national scheme.
- Promoting and supporting practice activity which releases capacity in general practice such as, quality improvement projects and **actions to reduce unused appointments.**
- Working with Health Education England, local CCGs, Community Education Provider Networks (CEPNs) and Federations to support the **development of the skills** of the current workforce (clinical and on-clinical) and to **introduce new roles,** such as care navigators, physicians associates and medical assistants which enables the release of GP and clinician time from tasks that can be safely and effectively delivered by other specifically trained practice staff.
- Analysing our workforce data to ensure a detailed, accurate and up to date position for south east London and engaging with Health Education England in relation to future supply considerations across the breadth of the workforce.

In December 2017, we held a workshop with Healthwatch colleagues to develop key messages and an approach to communicating workforce challenges.

3. Make sure children and young people (CHILDREN AND YOUNG PEOPLE) are engaged more in the development of services

The feedback from the events and also from our Patients and Public Advisory Group has identified that we need to do more to engage children and young people in the development and improvement of services, such as urgent care services.

We acknowledge that a further engagement is needed, where children and young people are able to influence the way that services are planned and delivered. More needs to be done to showcase all of the local engagement work undertaken across south east London by CCGs and providers, under the umbrella of the STP.

The lack of integration between children and young people services and absence of truly joined up services continues to make it difficult for children and young people and their carers to navigate their way through the system and requires long term work to achieve effective whole system working.

Opportunities to expand engagement will include:

- The community based care team is developing strategies with neighbourhood teams and will make sure that children and young people are engaged as local care networks are developed, within each borough. Further, we are in discussions with the Health Improvement Network and King's Health Partners on a new diabetes strategy. A component of this will be the development of new strategies on childhood obsesity.
- -The children and young peoples team needs to consider and increase the emphasis on prevention within its work, including the prevention of childhood obesity within the framework of national policies led by Public Health England.
- The Ask about Asthma programme was seen as very positive, but the children and young people's programme needed to look at wider public health approaches, including groups with protected characteristics, who may be affected disproportionately by prevalence or access issues.
- There should be a specific digital and social media strategy for children and young people. The OHSEL team is looking into this.
- To build on current good practice in primary care relating to children and young people and strengthen the core standards for primary care.

4. Improve mental health services

Although mental health improvement is one of NHS England's four national priorities, and our plans were seen by some as a good way of reducing the stigma some people feel about mental ill-health, there were concerns about the quality, access and co-ordination of mental health services. As with urgent and emergency care, the absence of wider structural change makes more incremental improvement harder to explain.

The sharing of records between service providers was seen as a positive move, with the caveat that there needs to be more reassurance of their security.

By working with GPs to improve screening rates, we hope to focus on more effectively integrating physical and mental health services for people with long term conditions. GPs will be up-skilled to ask specific questions to help understand if patients have both physical and mental health needs, and to appropriately refer. This will be enhanced by having mental health colleagues working more closely with primary care to provide support, if needed. We are also working to increase uptake to psychological therapies through better referral processes.

Across south east London, we are looking at ways to better publicise mental health services, so that messages are consistent.

It is recognised that more needs to be done to support those who have been discharged from crisis care. The programme is involved in bidding for funding with the possibility of using this to create crisis cafes in the community – to support patients who have been discharged from crisis care.

Pilots in Southwark and Bexley are looking at out of area placements to understand what can be done to bring patients back into their local borough, where possible.
A more detailed response to mental health feedback is in appendix 1.

5. Promotion of digital services

There was generally strong support for the use of digital technologies. The feedback was mainly positive and viewed as enabling people to access services more efficiently, saving money for NHS and social care.

However concern was raised around:

- The accessibility of digital services for specific groups, particularly older people
- Doctors spending more time addressing computer monitors rather than patients
- The sharing information between NHS services and private providers.

Digital technology was seen to empower and inform patients and help to enable decisions around accessing the correct services e.g. visit a GP, go to A&E or get help elsewhere, including self-care.

There was strong support for using digital technologies to help integrate currently fragmented services and also to inform patients of appointments and reduce non-attendance rates. Feedback included positive experience of share care records were a clinician at a local hospital trusts had reviewed care records before a consultation, meaning there was a more complete picture of the patient and a more focused consultation.

However it was felt that there are too many apps and websites leading to confusion and insecurities about what to use, where to go and what to trust.

We shall soon be bringing together the two existing care information sharing portals – Connect Care and the Local Care Record to create a south east London wide information sharing platform across six boroughs. There will also be extensive training available for staff across the patch to ensure they know how to use the systems.

The STP will continue to use digital technology to empower patients to have more control over their day-to-day care and enable local services to be paper free at the point of care by 2020.

Conclusion

The events highlighted that while there is support for the broad objectives of the OHSEL programme, in particular the focus on improving out of hospital health and social care, there are issues that reflect national concerns about the NHS, including workforce, privatisation and funding, which is having a knock on effect of reducing confidence in the STP to deliver the improvements it promises.

We need to make sure that there is reassurance on these concerns, while improving engagement and communication on the specific parts of the programme where clinical services are being redesigned. This will include further engagement on community based care and workforce, more support for helping patients navigate which services are the most appropriate for them, and a programme wide focus on improving mental health.

Appendix 1: Response to specific feedback on key areas of interest

Community based care	
Feedback	**Response**
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.	*The transformation of primary care services is central to the development of community based care. Planned investment for primary care development is **£62m** across south east London.* *There was an extra £7.5 million a year as well that will help south east Londoners to book a GP appointment at a time of their choosing, with a huge expansion of time slots at evenings and weekends.*
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 were thought to be a barrier to the delivery of community based care.	*We have a range of approaches in place to support south east London (SEL) providers to retain, develop and expand our primary care workforce in both the immediate and the longer term. Examples of work within our current programme include;* • *Comprehensive workforce data analysis, to ensure a detailed, accurate and up to date position for south east London and engaging with Health Education England in relation to future supply considerations across the breadth of the workforce,* • *Collaborative working with Health Education England, local CCGs, Community Education Provider Networks (CEPNs) and Federations to support the development of the skills of the current workforce (clinical and on-clinical) and to introduce new roles, such as care navigators, physicians associates and medical assistants which enables the release of GP and clinician time from tasks that can be safely and effectively delivered by other specifically trained practice staff.* • *Initiating joint working with NHS England to recruit 45 International GP's to work in SEL as a result of our successful bid to join this priority national scheme.* • *Promoting and supporting practice activity*

	which releases capacity in general practice such as, quality improvement projects and actions to reduce unused appointments.
Voluntary organisations felt they had not been thoroughly involved in discussions 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.	*Local Care Networks are the delivery model to community based care which bring together services and partners across a local geography to deliver coordinated services and community assets aimed to support the needs of our residents.* *The voluntary sector is key to this development and delivery of services. They support and play are substantial role in the delivery models developed in partnership with local practices.* *For example, **Age UK** currently provide care navigation services to support local people into local service provision which include a range of local community and voluntary sector services.* *We recognise that there are a huge range of local voluntary services and community assets that are already supporting local people and that we need to support further local engagement to make sure that where appropriate, these services can be part of an integrated support offer.*
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.	*End of life care has been identified via a local review of the structure and governance for the STP and we will be working in partnership with local leadership, hospices and other services supporting patients and families and with regional clinical input care to determine how best we can work together to support the further development of approaches to end of life care. This work will have a particular focus on supporting patients' choice where they receive their end of life care, in their community or in the comfort of their own home.*

How co-ordination would work. Better communications would be needed than were currently in place.	*Co-ordination is central to our community based care programme, particularly the local care networks which bring together health, social care, voluntary sector services, patient groups and citizens. The overall aim is to maximise the health and wellbeing of the local population by agencies and communities working together in an integrated, coordinated way that delivers improved outcomes for local people and value from the system.*
How older people and those without access to IT would cope with new technologies	*Many older people benefit from new technologies and according to Technology and Older people Evidence review – Age UK, older people use the internet more than any other age group. Internet use for those aged 65 and over is catching up with younger age groups (National office of statistics, 2016). Whilst the use of technology for enabling social contact and participation can be very successful, we recognise that some members of our community may need extra help at the start and some may need on-going support and reassurance.*
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.	*Communications and accessibility to information are central to the STP programme. We ensure to keep residents informed of services through our website and social media. CCGS, pharmacists, trusts and walk in centres often have their own communication channels where there is a breadth of information available on services as well. There are also community and social service resources that we encourage residents to engage with.*

Mental health	
Feedback	**Response**
There are many opportunities to link to third sector organisations, if work was done to make connections. There were mixed views about GPs being more involved in mental health services: • People in distress might find it easier to	Some third sector organisations are already providing mental health services across south east London and we will continue to encourage and build on this in the future. By working with GPs to improve screening rates, we hope to focus on more

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

effectively integrating physical and mental health services for people with long term conditions. GPs will be up-skilled to ask specific questions to help understand if patients have both physical and mental health needs, and to appropriately refer. This will be enhanced by having mental health colleagues working more closely with primary care to provide support, if needed.

We are also working to increase uptake to psychological therapies through better referral processes.

We are working hard to make sure patients with serious mental health problems are getting the best possible healthcare.

Across south east London, we are looking at ways to better publicise mental health services, so that messages are consistent.

hours mental health crisis number? There are 44 GP practices in Lambeth. Are you going to check they have the mental health crisis information?"	
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. 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.	It is recognised that more needs to be done to support those who have been discharged from crisis care. The programme is involved in bidding for funding with the possibility of using this to create crisis cafes in the community – to support patients who have been discharged from crisis care. Pilots in Southwark and Bexley are looking at out of area placements to understand what can be done to bring patients back into their local borough, where possible.

Estates	
Feedback	**Response**
Co-located services were seen as having advantages, with people likely to benefit from being able to seeing different health professionals in a single setting.	The planned model for primary and community health services is built on the development of local hubs across south east London that will be able to offer, in a single setting, extended access to a wide range of health and care services.
When considering the new locations for services public transport should be looked at, including discussions with Transport for London about new routes, if necessary.	Access and need is a key consideration within the planning process for determining the location of our hubs. Where necessary, discussions will be facilitated with Transport for London to enable ease of access and to consider new routes as and when needed.
Moving services away from, for example, very local GP surgeries could mean that some people had further to travel.	We are committed to delivering local and extended access to a wider range of services. If a local GP practice or branch surgery were to relocate to a local community hub then yes, that might mean a slightly longer journey for some people but it might also mean one rather than multiple journeys to multiple sites for some people than currently.
The selling of NHS estate was viewed negatively for three main reasons: • People did not want private developers to benefit from sales	Sir Robert Naylor's review of NHS property and estates, 'NHS Property and Estates: Why the estate matters for patients' was published in March 2017. The intention of the report is to develop a new NHS Estates Strategy which supports the delivery of specific Department of Health targets to release £2b of assets to reinvest within local

• 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 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?"*	health economies and create the space to deliver 26,000 new homes. The plan describes how the NHS can best make use of its estates assets through the release of value that creates the ability to invest in developing modern, flexible buildings able to meet future need and deliver health and care closer to home. There are no plans to dispose of hospital estate in south east London but to improve our out of hospital estate; much of which not fit for purpose now and in the future often because they are in an outdated and poor condition, small, inflexible buildings that are poorly utilised and are very unlikely to be able to support our plans to offer enhanced access to multiple services in the future. The London intention is to: • release capital from surplus estate to invest in primary, community and hospital estate • release surplus land for housing and wider public sector use • accelerate estate transformation by streamlining decision-making. And our own Strategy reflects this. Rigorous processes are applied to the sale of any NHS assets and, before any sale is agreed, assurances must be provided that market value is being achieved accompanied with a clear plan of how the receipt will be reinvested to support the local health economy. Our STP and estates plans are both informed by and responding to population growth assumptions and their changing profiles, with new developments planned in areas of expected significant population growth for example. Currently, we have ten major investment projects ranging from modernisation programmes (to increase capacity) to new builds that have secured estates transformation funding. In addition there are many smaller local schemes being funded through local improvement grants. We do recognise that it will be a significant challenge to self-finance our other planned developments within the STP and South East London and we have therefore embarked on a process which will identified what our future priority investments will be and those which will provide the

	most benefit for local populations. I think that we have covered this statement within the responses above.