June 18th 2014 Event Headline Summary

This document provides a summary of the main findings from the event. It captures views on the case for change and the seven clinical themes.

Extent of agreement with strategy

Participants welcomed the overall direction of the strategy, however a number of questions were raised regarding how it would be implemented in practice and some participants felt that aspects were missing or needed more emphasis.

The design of the event meant that participants saw a presentation on the Draft Strategy's overarching case for change and were given the opportunity to choose two of the seven clinical themes to explore through table discussions. A large proportion of the participants at this event were from a Community and Voluntary Sector (CVS) or health service delivery background. Other participants included Healthwatch representatives and a small number of service providers.

Views on the case for change

> The case for change: health outcomes are not as good as they could be in south east London. The longer we leave these problems, the worse they will get. We all need to change what we do and how we do it.

There was agreement that the case for change broadly reflected participant experiences, but participants also raised a number of questions and suggested additions:

- The **need for better joined up services was universally recognised**. Some participants felt that this could only be successfully achieved if bodies outside the NHS, such as Local Authorities and **CVS service providers, are closely involved at a strategic level in the planning stages, and the implementation of the strategy**.
- **Wider determinants of health were seen as important issues for the strategy to address**. Examples include poor housing, employment issues, and socio-economics. It was felt that the strategy should reflect these challenges. Some felt that to do so requires the explicit involvement of bodies such as Local Authorities.
- **Mental health issues need to be addressed in a more targeted manner in the strategy,** according to some participants. Current issues include variability of care, late identification, and long waiting times. Some argued that in parts of SE London, services for children and young people are in particular need of attention.

— **Variation in outcomes** was also felt to be an important issue which needs to be addressed. There could be more in place to support access across different groups, cultures and languages.

— The need for better **early diagnosis and prevention**, and more timely delivery of care was identified across all conditions.

During this initial discussion, participants also reflected on how the case for change should be responded to:

— There was a feeling that the **strategy is quite ambitious**. Some saw this as a good thing, while others thought that it would be difficult to achieve all the aims without additional resources.

— **Outcome measures need to be identified**, so that it is possible to measure whether the strategy is being realized successfully.

— It was felt that **patients need to be involved in setting outcome and experience measurements and indicators** for all services, and especially for joined up care.

Views on the 7 clinical themes

Long term conditions: mental and physical health

— A desire to **see more consistency** in care delivery: across providers, services and the individual members of the workforce

— The group highlighted several **providers who need additional resources/capabilities** to play their role in the strategy. These include GPs and the voluntary sector.

— The **voluntary sector** may be able to deliver some types of care in a **more cost effective** way than central NHS or commercial organisations.

— Improving **communication and information sharing** is important to improve care provision, and patient experience of care.

— Participants **questioned whether it was appropriate for mental health to be combined with long term conditions** in the strategy. Some felt that this failed to recognise the different needs of these patients.

— Participants agreed that services should be designed around patients, but felt that **the needs of carers should also be considered** in service design.

— **Services for people with long term conditions need to be better coordinated.**

— **Include environmental conditions**, such as poor housing and drug use in the strategy as they can cause long term conditions, or make it harder to tackle them.

Primary and Community care

— Agreement with the need to create **a health service that is better at providing information and signposting:** pooling information for patients and professionals.

— Agreement that a more **proactive health service** is needed – the strategy needs to think about non-traditional models of delivering health services.

— A focus on **promoting patient empowerment** and a better understanding of "what good looks like" is vital. Very important for frequent users with co-morbidities.

— **Making the most of technology** to increase access and efficiency of services, but don't neglect other channels. This is already being done well in sexual health.

— **Hubs and networks** of primary/community care services could **improve capacity, accessibility and quality,** but crucial to clarify expectations and how to access.

Children and Young People

— There was strong agreement that **care pathways need to be improved**, particularly for children with long term conditions.

— The **'no wrong door' idea was supported,** but participants wanted to see further detail about how this would work in practice.

— Need to recognise **the value and expertise that the voluntary sector can add at a very local level**, particularly around preventative work and working with hard to reach families.

— **Prevention and early intervention** are important. This will reduce pressure on acute services.

— There was broad agreement with the idea of **GP community hubs**- it was felt that these could improve access to services and encourage partnerships at a local level.

Maternity care

— **Improving communication between services** is necessary to enable early diagnosis of potential risks including, mental health issues during pregnancy.

— There is currently **disparity across boroughs in dealing with mental health issues** during pregnancy.

— The strategy needs to cover the need for every **health practitioner in maternity care to have general knowledge in mental health**.

Cancer Care

- There is a need to **address late presentation** of people with cancer through a tailored approach working with communities.
- **Good end of life care** needs to involve community discussions of what "a good death" looks like.
- There is room to **use the community and third sector more to provide support to patients to meet their wider needs**.
- Need a **preventative approach**, focused on promoting healthy behaviours, and tackling the barriers to adopting healthy behaviours.

Urgent and emergency care

- **To steer people towards alternatives to A&E, building education and awareness about alternatives is crucial.**
- People often use A&E because it is familiar and trusted, so **there is a need to build trust in alternatives.** Alternatives need to be well resourced and accessible.
- **The workforce should be considered throughout the strategy**. This includes paid staff, and unpaid workers such as carers and volunteers.
- Solutions should make use of IT, but **not rely on big new IT models / systems!**
- The strategy needs to **say more about what's already being done well**.
- **Include short case studies in the strategy** to illustrate what the ambition would look/feel like in real situations.
- **Mental health should be specifically covered in the quality standards that are cited**.

Planned care

- There is a need to **move people through hospital more quickly and efficiently**.
- Joined-up care is very important and there needs to be **better communication between different care providers** to avoid time wasting administrative mistakes.
- **Patients who are less able to make decisions about their own health** e.g. people with dementia **must be supported** as they do not all have a support network to help with decisions.
- There should be **clear measurement criteria for both clinical outcomes and the patient experience.**
- A standardised approach is good, but carries a tension with the ability to make locally appropriate decisions. Both are important.

Overarching themes

These are themes that our analysis has found cut across a number of the clinical leadership groups:

Involve the voluntary sector more directly in service delivery and design

- There is seen to be a need to facilitate the use of existing services in the voluntary sector. This involves improving the awareness of health professionals, and encouraging them to refer more often and more appropriately.
- In order to make sure that care is joined up effectively, there is a need to include CVS organisations which deliver care in the planning stages of any redesign. Currently CVS organisations are not used as efficiently as they could be- there are some areas of overlapping services, and other areas where there are gaps in the transition between NHS and non NHS service delivery.
- The voluntary sector can be effective to support engagement with “harder to reach” groups.
- There were concerns that smaller organisations will lose out in the new commissioning environment, even though they may provide the most effective service in some situations. Payment by Results is seen as a particular challenge.

More effective signposting and information sharing

- The public need to be made aware of what support is available, so that they can access the services that they need. Professionals also need to know what is available, so that they can refer people as effectively as possible.
- Signposting is good, but it suggests that services may only be accessible by referral. Open access services are important, as they increase the number of ways that people can access care. This is important if, for example, they are unwilling or unable to make initial contact via a GP.
- Professionals need to communicate effectively with one another to ensure good patient experience and joined up care. They also need to communicate with patients about their options, and the care they will receive.
- Professionals need to have efficient access to a patient’s past conditions so that these can be taken into account when dealing with health services again, even when it is about a different condition. For example, past history of mental health is important for effective maternity care.

Building community resilience

— While there was some disagreement about whether "community resilience" is the best term for this, the idea of building stronger communities was felt to be important across the issues discussed.

— One aspect of resilience is supporting people to self-manage their own conditions better.

— Carers need to be supported effectively. Under-supported carers can themselves develop long term conditions and have poor mental health.

— Further clarification is needed about how services can work together to support community resilience, recognising the contributions that different sectors can make. It may be that some of the socio-economic factors influencing health outcomes can be addressed most effectively from outside of the health service.

Mental health needs more attention

— Some participants thought that mental health needed more explicit focus than the strategy currently provides.

— By including mental health with long term conditions, there is a danger of overlooking the very different needs of mental health patients. There is also a danger of overlooking short term mental health problems.

— Some people suggested that mental health should be an extra clinical theme in its own right. Others suggested that it should be addressed much more explicitly across all of the themes, not just long term conditions.

Prevention is important

— Prevention needs to be a clear over-arching work stream that links to all aspects of the strategy. Cuts in services are hitting prevention particularly hard.

— Effective education is one important aspect of prevention. Another is addressing existing barriers which stop people from living healthy lifestyles, even when they know how they could be living more healthily. These barriers can be socio-economic, work related, housing related etc.