

Our Healthier South East London

“You said...we did”

This report summarises the ‘deliberative’ events carried out in June and other engagement activities we have undertaken so far in developing the South East London Five Year Commissioning Strategy (now called *Our Healthier South East London*). It highlights some key points made by patients and local people (You Said...) and the actions we have taken in response (We Did...). ‘Deliberative’ means that we have taken careful note of questions and concerns raised at these meetings. This is how we responded.

In south east London we have some very good health services. People are living longer and many people are healthier. But we also have some health care systems and services that could be better. We have services that people find hard to access. Some people do not get the help they need to keep themselves and their families well.

The six south east London NHS Clinical Commissioning Groups (CCGs) (Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark) and NHS England (London) are working in partnership with local councils, hospitals, mental health, primary and community care services, Healthwatch organisations, local people and patients on a five-year plan to improve healthcare services in south east London for everyone. This is the south east London five year commissioning strategy, *Our Healthier South East London*.

The strategy aims to improve the health of people in south east London, to reduce health inequalities and to deliver a health care system which is clinically and financially sustainable. The strategy has a strong focus on engagement, aiming to co-design with partners from the wider NHS, local authorities and the voluntary sector, as well as patients and local people. Already, early thinking and planning is being developed and changed by talking with local people and organisations.

Dedicated engagement events

Wide testing of the work of then seven (now six) Clinical Leadership Groups* and the overall shaping of the strategy was carried out during June 2014 at two south east

London-wide engagement (deliberative) events involving more than 100 invited representatives of voluntary and public stakeholder groups, the public and patients

The events were led by clinicians, social care professionals and CCG commissioning leads. Rich feedback was provided and participants welcomed the overall direction of the strategy. Detailed feedback was gathered; it is being used directly to shape further strategy development and engagement.

The headline reports from these meetings are available on webpages on all six CCG websites. Key messages and comments included:

- Participants agreed with most of what they had seen of the draft strategy. A need for more detail on some of the aims was expressed, with helpful suggestions for additional focus areas
- Participants broadly agreed the case for change reflected their experiences.
- Participants broadly agreed with the strategy's clinical themes which they explored. However it was felt that there is a need for further detail and more focus on certain elements. Additional helpful suggestions were made.

A number of specific issues were raised at these events and our responses are set below.

You said:

Involve the voluntary sector more directly in service delivery and design

We did:

We have added representatives of the voluntary sector to three of our clinical leadership groups (community-based care, maternity and cancer)) and we will look to increase the involvement of the voluntary sector across the programme.

You said:

Access to services would be improved by better signposting and information for patients about where to get help when

We did:

A key part of the challenge we face is to make sure that all local services – not only the NHS but also social care services provided by local councils and others – work much more closely together and are able to point members of the public to where they can get help. We recognise that a significant public information campaign will be needed to underpin changes to local health services and we are committed to working across the local NHS and with colleagues in local authorities, Healthwatch, the voluntary sector and the media to provide this. The Local Care Networks that we are proposing for every borough should support this process of making services more joined up.

You said:

Important elements of building community confidence and strength would include: supporting patient self-management, supporting carers and recognising the impact of socio-economic factors and conditions on health outcomes especially those in protected groups.

We did:

All of these points are vitally important and recognised in our strategy. Our early Equalities Impact looks in particular at how we ensure we do not disadvantage people with 'protected characteristics' under the Equalities Act 2010 (age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy). We also asked those carrying out the work to look specifically at the impact on carers.

You said:

Bring mental health into clearer and more explicit focus.

We did:

We recognise mental health issues are involved in all six of our clinical workstreams, so it will be specifically covered by all of our Clinical Leadership Groups. We have also shown explicitly that mental health is being addressed jointly between CCGs and local authorities through their local partnerships.

You said:

Education is important in prevention and in supporting a healthy lifestyle and wellbeing.

We did:

We agree that patient and carer education and information is critical and we want to invest time and money in prevention and supporting people to keep well and manage their own long term conditions. We also need to ensure that local schools and children and young people have access to good information about healthy lifestyles.

Earlier engagement activities and feedback

Case for Change for South East London

The early public engagement on the strategy focused on testing the draft case for change. This was developed by local clinicians and social care professionals. It looked at the most important health issues for people in south east London. It is based on local needs and aspirations and builds on work carried out already at borough level, while also taking into account national and London-wide policies.

You said:

Prevention is not adequately covered in the case for change.

We did:

We are now emphasising the role of prevention in helping to improve health and reduce health inequalities.

You said:

Start with the key health issues that are getting worse, and then explain why. The extremes of wealth and deprivation across south east London are important, but more important is that four of the six boroughs are in the worst categories nationally.

We did:

We strengthened what we had written about why we need to improve our health services and why it is important clinical commissioning groups work together on the issues that are important in more than one borough.

You said:

Make a real point about the varieties of 'urgent care services'. Is it proposed to bring all A&E services to a similar standard?

We did:

We clarified what would count as an urgent care service and confirmed that all A&E services in south east London will need to meet the London and required national standards.

You said:

Mental health services need to be improved; there should be a seamless transition from Child and Adolescent Mental Health Services (CAMHS) to adult services for those young people who need continuing help as they move from 17 to 18.

We did:

Mental health has become a cross cutting theme for all the clinical leadership groups and a safe journey through childhood and a seamless transition to adult services is part of the proposed model for the Children and Young People's Clinical Leadership Group.

You said:

Health education and disease prevention: the issues which are getting better are all improving because of better education, as well as more effective treatments. Is it too much to expect that subjecting the 30 – 60 year olds to effective self help health management will produce a fall in the prevalence and complexity of ill health, Long Term Conditions etc in the over 65's?

We did:

Preventing ill health and health education have become key themes across all the strategy's working groups; helping people to self-manage their health has been added to the overarching ambition for the strategy. If we get prevention and self management right and treat people sooner than we often do now, it will reduce the number of people developing long term conditions and make those already with LTCs less likely to get worse.

You said:

The financial position is clearly very difficult for everyone in the NHS. However, the draft case for change outlines a number of encouraging initiatives. Plain English version is equally clear on this, then suddenly launches into 7 areas where the intention is to "transform" X, Y and Z. This is in stark contrast to the moderate and measured language of most of the rest of the document which is in terms of improvement/ gradual change etc. Can you really expect local people to believe that with limited and reduced resources virtually everything is going to be "transformed" and made better for less? Can we, please, have a bit more realism and honesty.

We did:

We believe that if we succeed in supporting our communities to be healthier, support self management of health conditions where appropriate, invest more in prevention and deliver what we expect to through local care networks of health professionals, we truly will transform our health services and the health of our communities.

Involvement of patient and public voices and Healthwatch

You said:

The integrated care [now Community-Based Care] workstream should include dementia specifically.

We did:

Mental health conditions are picked up in each clinical leadership group as we believe they cut across all workstreams. The community-based care workstream includes dementia whether it stands alone or is a significant additional long term condition alongside others.

You said:

Most care in the community is delivered currently by social services. The strategy needs to be very closely aligned with social services.

We did:

Social care professionals are included on all the clinical leadership groups and a senior social care professional chairs one of them.

You said:

Is there is a case for having a small subgroup of the Clinical Executive Group, Public and Patient Advisory Group, or maybe members from both, whose duty it is to read documents to ensure good English as well as to ensure that the public can fully understand.

We did:

The collective forum for the strategy's patient and public voices and Healthwatch representatives is the Patient and Public Advisory Group (PPAG). It has established a Reading Panel of members to advise the strategy on the readability and accessibility of public-facing documents.

Engagement activities from July 2014

Engagement events and focus groups are planned between July and December 2014, in addition to increased local engagement activity within CCGs and with partner organisations.

Market research: an independently-run telephone survey with a representative sample of local populations to gain deeper insight into local people's views on priority areas for the strategy's seven Clinical Leadership Groups was carried out in July and August 2014. This was supplemented with more in-depth face-to-face surveys with groups of people with those protected characteristics for which it would not be realistic to obtain a statistically valid sample through the telephone survey. These individuals were contacted via local community groups and surveyed in July and August 2014 via in-depth interviews by an independent research company. A report on findings will be published shortly.

Accessible materials: we will shortly publish a Plain English summary of the strategy and the case for change; these will appear on the dedicated programme website (www.ourhealthiersel.nhs.uk) where all materials can be accessed in one place.

*The clinical workstreams are maternity, children and young people, planned care, urgent and emergency care, cancer and community-based care (which merges two previous groups – primary and community-based care and long term conditions)