Our Healthier South East London
"You said…we did" November 2014 – February 2015

This report summarises engagement carried out during the period November 14 – February 15. It includes community research through drop-in sessions, wider engagement events, case studies, and feedback from our Patient and Public Voices who work closely with our programme. It highlights some key points made by patients and local people (*You Said…*) and the actions we have taken in response (*We Did…*).

The examples in this report are some of the things we have heard and what we have done about them. We keep a full log of all feedback, all of which is considered by the programme and used to inform the further development of plans and ideas.

Our Healthier South East London strategy

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.

Community research

A number of drop-in sessions were held during November and December 2014 with the aim of talking to people in different groups about their experiences of care to provide richer insights to support the work that Clinical Leadership Groups (CLGs) are doing to design new models of care. The sessions focused on maternity, children and young people, urgent care and Local Care Networks.

- 5 November 2014 - Community research with new or expectant parents. Drop-in session at Northend Children's Centre, Bexley
- 6 November 2014 - Community research with new or expectant parents. Drop-in session at St Augustine's Children's Centre, Bexley
- 11 November 2014 - Community research with people with cancer – a drop-in session at Greater London Support Group (part of Prostate Cancer Support Federation), Lambeth
- 13 November 2014 - Community research with families, children and young people. Drop-in session at Kaleidoscope, Lewisham
- 25 November - Community research with people with cancer – a drop-in session at St Christopher's Hospice, Bromley
- 29 November 2014 - Community research with families, children and young people. Drop-in session at Lewisham paediatric A&E
- 8 December 2014 - Community research with people with cancer – a drop-in session at Waterloo Action Centre, Lambeth

Altogether 59 people and families were involved in this research, representing a range of backgrounds.

The key insights and outcomes from these have been used as part of the Care Design Guides produced by the Clinical Leadership Groups, which set out proposed models and interventions.

In-depth case study research

Alongside the drop-in sessions, a number of detailed case studies were produced to be used by CLGs to explore what their planned models might mean for patients; and for further engagement research. The case studies and engagement materials have been tested with patients and residents through local engagement events in March and April 2015.

Participatory workshops

Four participatory workshops were undertaken in December 2014 and February 2015, for the boroughs of Lambeth and Southwark; Bromley; Bexley; and the boroughs of Greenwich and Lewisham. 110 people participated across the four workshops. The aim of the workshops was to:
- Familiarise people with the purpose and main messages of the strategy
- Listen to people's experiences and thoughts about current services
- Gather feedback on behalf of the programme team to be fed into the further development of the strategy

The events were led by CCG chief officers and the programme team. A number of members of the programme's Public and Patient Advisory Group attended. Detailed feedback was gathered which is being used directly to shape further strategy development and engagement.

Four overarching themes connected all the comments:
- **Person-centred care:** people talked about the importance of building relationships of trust with health and care professionals, of getting support that takes account of their wider health and social needs, of feeling listened to and respected
- **Seamless and continuous care**: people talked of the lack of coordination between services and the need for better ways of sharing information about patients and connecting provision, so that patients do not have to knock on multiple doors to get the right help, or indeed fall into gaps between services
- **The importance of support networks in the community:** being connected to networks of support in the community makes a vital difference to people's health, quality of life and how much they need to rely on formal health and care services
- **The need for better information and signposting:** people recognised that there are a wealth of services not being used to their full potential because of lack of clarity on what is available and how to access it, ranging from alternative options to ambulance and A&E, to support services in the community.

A report summarizing the findings is available on the Our Healthier South East London website at http://www.ourhealthiersel.nhs.uk/Feedback. All of this feedback has been shared with the programme and the Clinical Leadership Groups to consider as part of the development of the plans.

Patient and Public Voices

Our Healthier South East London is involving patients and local people directly in the clinical design and shaping of the overall strategy through recruiting patient and public voices for the six Clinical Leadership Groups and three strategic groups: Clinical Executive Group, Partnership Group and Clinical Commissioning Board.

Patient and public voices are provided with a full induction and briefing, and a range of continuing support to enable them to fulfill their roles, including the Patient and Public Advisory Group (PPAG). This group was set up to enable them to share learning; provide peer support; facilitate wider engagement and provide further feedback on engagement materials; and help shape the programme as a whole through its meetings and in particular through in-depth discussion on specific issues and themes (known as 'deep dives').

We have responded to comments and suggestions from PPAG about:
-   How we organize sessions and send out papers
-   Additional issues and themes the group would like to look at in depth ('deep dive' sessions)
-   The diagrams used by the programme to explain our emerging ideas

Reading Group

A number of our Patient and Public Voices advise the programme through a Reading Group. This helps edit, checks and comments on public-facing programme material. The group helps us make sure that our written materials are as easy to understand as possible. The group also helps find terms and explanations for some of the complex and abstract themes that are included in our strategy documents.

We received specific feedback on the language, layout and format of a number of our products:
-   Case for Change and strategy executive summary
-   Jargon buster and Frequently Asked Questions (FAQs)
-   Website content
-   CCG annual report information
-   Public-facing briefing in November
-   Issues paper

Changes were made to all of these documents following feedback from the Reading Group, including the addition of questions to the FAQ list; changes to terminology; reordering of contents; use of simpler English; and addition of information.

The Patient and Public Advisory Group themselves suggested that we should not rely wholly on the Reading Group. We have therefore committed to ensuring that key materials will be sent to the external Plain English campaign to be kite-marked with their 'plain English' mark, although this will depend on timescales and other practical considerations. Documents such as the Issues Paper are also being produced in 'easy read' versions .

Feedback

Below is a selection of feedback received through engagement, including participatory events, local engagement and from our Patient and Public Voices. These are examples of things we have heard and what we have done about them. Much of this is very specific, some more general. All feedback and responses to the programme are logged centrally and shared with the appropriate groups for action and response**.**

Communicating the programme

You said:

- "Would it be worth creating some Local Care Network maps showing the geographical areas a Local Care Network might cover and the number and location of GP practices in the LCN (including numbers of GPs per GP practice)?"
- "Wrong door / right door - what does it actually mean?"
- "Terminology doesn't explain what the service is actually offering. Terminology could be more positive."
- "Acronyms like CYP, SSPAU and SPOA need to be avoided as people do not know what they stand for. Explain them or cut them out."

We did:
We have made changes to the way we refer to some of our ideas and the terminology we use. For instance, 'no wrong door' is now explained as: 'Ensuring access to the right service quickly and effectively'. Making these changes has helped the programme because it has meant we have had to revisit and properly define what we mean by these terms and ensure that everyone in the programme agrees. We try to avoid acronyms as much as possible, and have produced a 'jargon buster' to help explain some of the NHS terms that are used in our materials. This is available online at http://www.ourhealthiersel.nhs.uk/Downloads/Strategy%20documents/Glossary%20of%20terms.pdf

We are also developing further communications materials and will make sure it is available as soon as possible. These will help us better explain the programme to patients, the public, and partners.

Equality

You said:

"More attention should be paid to inequality of outcome, not only between the six boroughs and within each one, but also among different socioeconomic groups and communities. This includes lesbians, gay & bisexual men and trans people."

We did:
Equality is key to the strategy. One of our main aims is to address the fact that outcomes from care vary significantly and high quality care is not available all the time. There is a difference in life expectancy between the most deprived and least deprived wards of 11.8 years for women and 11.4 years for men. We are very clear that addressing this disparity is fundamental to the success of the strategy.

An Equality Impact Assessment was undertaken in 2014 to give an early picture of how and to what extent the programme and south east London CCGs are meeting the needs of 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 looked specifically at carers and people living with deprivation. Because this was undertaken at such an early stage, the report was not able to look at the strategy in depth. We are therefore working in partnership with colleagues from CCGs with responsibility for equality to address issues raised in the report and plan further work in this area. This includes the commitment to undertaking a further Equality Analysis.

Mental health

You said:
- "There is a need for 24/7 access to emergency mental health support."
- "Mental health should be better supported by A&E"
- "Professionals in urgent and emergency care should have greater awareness of mental health and disability issues"

We did:
We are making sure that in our model for the future, hospital Emergency Departments will have a specific link with mental health services. This will allow for earlier identification of mental health issues (including dementia) and enable quicker streaming to specialities for mental health patients, by having Psychiatric Liaison nurses (PLNs) and joint assessment available when people attend A&E.

For some people in mental health crisis a hospital Emergency Department is not a good place to be. We are still thinking about that challenge; there needs to be an alternative.

Maternity

You said:
- "I want choice and I want to be trusted about my own experience and instinct."
- "The doctors and midwives don't always explain things. It's not new to them, but it's new to me."

We did:
A named midwife for every pregnant woman is part of the proposed model. This will enable mums-to-be and their professionals to develop a supportive relationship. More choice for women with low-risk pregnancies will mean they are supported to give birth in an environment of their choosing.

Supporting strategies

You said:
"There should be better communication between professionals across the system. This could be through shared 'health information passports', or improved technology systems."

We did:
Work is planned to support Information and Communications Technology (ICT) infrastructure through south east London through the supporting strategies. This is an important part of any changes, and patient and stakeholder feedback on the use of IT will be used to support the development of this workstream.

Local Care Networks: more person-centred care and focusing on keeping well

You said:
- "People who live alone are much less likely to come forward for screening, so campaigns should be targeted at them"
- "There should be more proactive care to stop greater needs arising down the line. This doesn't need to be provided by a highly-paid professional, they could be a volunteer."
- "I found I ended up having to coordinate medical staff, and I think this was particularly hard as I have other health conditions as well as cancer."

We did:
A key element of the Local Care Networks is to support people to live healthier lives. There will be a greater focus on prevention as well as advice and treatment. Local Care Networks will draw on a range of specialists, service providers and community groups including those in the voluntary sector to help people stay well and/or manage their conditions. Targeted wellness programmes are a key part of this (and specifically for cancer) and will take into account current research on what campaigns are most effective and how to target people.

Each Local Care Network (LCN) will also offer local people, patients and carers a range of services designed to help support them to manage their own health and wellbeing and to help them, when they do need services and support, to receive the right care and treatment in a timely, accessible and coordinated way. To achieve this ambition, care coordinators or navigators equipped with the skills, knowledge and experience to provide advice, signpost or arrange access to services and other support, coach and educate and even coordinate care, for those who require it, will be a feature of Local Care Networks.

Cancer

You said:
"The interface between London Ambulance Service (LAS), A&E, acute medical teams and acute oncology teams is problematic"
"It is simply unacceptable that the patient, as happens at the moment, has to repeat all of their personal details over and over again to every department and healthcare agency."
"Patients may have different preferences about where they would like to receive I/V chemotherapy treatment, and these should be acknowledged."
"In relation to support, we don't know what patients and their carers want or need."

We did:
One of the specific aims of the strategy is to ensure that the interfaces between different teams are simplified. Our vision is for a service created around the patient and their needs, with integrated teams and services. We know that in order to make sure that the proposed models meets these needs, and those of carers we need to undertake further research and engagement. We are planning much more and deeper engagement to understand the impacts of our models on individuals.