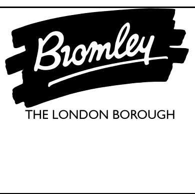

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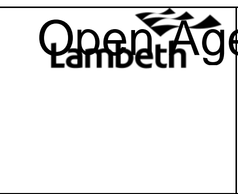

Our Healthier South East London Joint Health Overview & Scrutiny Committee

Tuesday 26 April 2016
6.30 pm
Coin Street Neighbourhood Centre, 108 Stamford Street, London SE1 9NH

Membership

Councillor Rebecca Lury (Chairman)
Councillor Judi Ellis (Vice-Chairman)
Councillor Ross Downing
Councillor Jackie Dyer
Councillor Hannah Gray
Councillor Alan Hall
Councillor Robert Hill
Councillor James Hunt
Councillor Averil Lekau
Councillor Matthew Morrow
Councillor John Muldoon
Councillor Bill Williams

Reserves

INFORMATION FOR MEMBERS OF THE PUBLIC

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Contact Julie Timbrell on 0207 525 0514 or julie.timbrell@southwark.gov.uk

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Members of the committee are summoned to attend this meeting
Eleanor Kelly
Chief Executive
Date: 18 April 2016

Our Healthier South East London Joint Health Overview & Scrutiny Committee

Tuesday 26 April 2016
6.30 pm
Coin Street Neighbourhood Centre, 108 Stamford Street, London SE1 9NH

Order of Business

Item No.	Title	Page No.
1	**APOLOGIES**	
2	**NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT** In special circumstances, an item of business may be added to an agenda within five working days of the meeting.	
3	**DISCLOSURE OF INTERESTS AND DISPENSATIONS** Members to declare any interests and dispensations in respect of any item of business to be considered at the meeting.	
4	**MINUTES** To approve as a correct record the Minutes of the open section of the meeting held on 1 February 2016. The OHSEL programme has provided feedback to points raised at the previous meeting in the attached document.	1 - 11
5	**DISCUSSION OF ANY OTHER OPEN ITEMS AS NOTIFIED AT THE START OF THE MEETING**	
6	**OHSEL CONSULTATION PLAN**	12 - 23
7	**MENTAL HEALTH**	24 - 37
8	**SUSTAINABILITY AND TRANSFORMATION PLAN**	38 - 48
9	**WORKPLAN**	

The next meeting is scheduled for 17th May 2016 in Greenwich. The scheduled agenda is:

- Emergency & Urgent Care designation outcomes
- Planned care options

10 PART B - CLOSED BUSINESS

11 DISCUSSION OF ANY CLOSED ITEMS AS NOTIFIED AT THE START OF THE MEETING AND ACCEPTED BY THE CHAIR AS URGENT.

12 EXCLUSION OF PRESS AND PUBLIC

The following motion should be moved, seconded and approved if the committee wishes to exclude the press and public to deal with reports revealing exempt information:

"That the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in paragraphs 1-7, Access to information Procedure rules of the Constitution."

Date: 18 April 2016

Our Healthier South East London Joint Health Overview & Scrutiny Committee

MINUTES of the OPEN section of the Our Healthier South East London Joint Health Overview & Scrutiny Committee held on Monday 1 February 2016 at 7.00 pm at Ground Floor Meeting Room G01A - 160 Tooley Street, London SE1 2QH

PRESENT:

Councillor Rezina Chowdhury
Councillor Ross Downing
Councillor Jacqui Dyer
Councillor Judith Ellis
Councillor Alan Hall
Councillor James Hunt
Councillor Averil Lekau
Councillor Rebecca Lury
Councillor Matthew Morrow
Councillor John Muldoon
Councillor Bill Williams

OTHER MEMBERS PRESENT:

OFFICER & PARTNER SUPPORT:

Mark Easton, Programme Director OHSEL
Dr Jonty Heaversedge, Clinical Chair, NHS Southwark Clinical Commissioning Group
Annabel Burn, Chief Officer, NHS Greenwich Clinical Commissioning Group
Julie Timbrell, scrutiny project manager

1. APOLOGIES

Councillor Hannah Gray sent her apologies.

1. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

Councillors Alan Hall & John Muldoon declared that they both are elected governors at South London and Maudsley Foundation Trust (SLaM).

Councillor Judith Ellis declared that her daughter works at South London and

Maudsley Foundation Trust (SLaM and she a governor at Oxleas NHS Foundation Trust.

Councillor Rezina Chowdhury declared she works for Public Health England.

Councillor James Hunt Cllr James Hunt declared his wife is an employee of Dartford and Gravesham NHS Trust at Queen Mary's Hospital.

4. DISCUSSION OF ANY OTHER OPEN ITEMS AS NOTIFIED AT THE START OF THE MEETING

5. TERMS OF REFERENCE

RESOLVED

The committee agreed to delete the second sentence under point 13 of the Terms of Reference; the amended version was agreed.

6. OUR HEALTHIER SOUTH EAST LONDON PROGRAMME

6.1 The Our Healthier South East London (OHSEL) briefing was presented by Mark Easton, Programme Director OHSEL; Dr Jonty Heaversedge, Clinical Chair, NHS Southwark Clinical Commissioning Group; and Annabel Burn, Chief Officer, NHS Greenwich Clinical Commissioning Group.

6.2 The OHSEL team briefly summarised the OHSEL work programme work on the six identified strands: Cancer, Maternity, Community Based Care, Urgent & Emergency Care, Children & Young People and Planned Care, followed by Mental Health, as the committee had requested this as an additional area.

6.3 The presentations were followed by a question & answer session with the committee and a discussion, which are summarised below.

Cancer

6.4 Officers were asked how the move of people to the Queens Mary's Hospital and Guy's Hospital for cancer care would impact locally and if it was well received. The OHSEL team responded that Guy's & St Thomas' Foundation Trust have said this would be helpful as they would be able to treat people earlier.

6.5 A member asked how GPs are being helped to better diagnose. OHSEL said that they are developing a training programme to see what good looks like. This will look at what is working well on programmes like bowl screening. They are also trying to prevent cancer occurring.

6.6 A member of the public voiced concerns about raising issues with practice receptionists and doctors, and whether there was sufficient confidentially and expertise. Officers spoke about training that enabled better identification of early symptoms, such as a coughs and lung cancer.

6.7 Officers were asked about the extent of consultation with carers and service users. Officers reported that consultation with cancer survivors had identified that an unexplained symptom could make someone very anxious and that a quick scan would be very helpful to alleviate concerns. Dr Jonty Heaversedge said that increasingly cancer is a long term condition, and as such survivors need good support from GPs who are able to know how to escalate.

6.8 The committee asked about prevention. The OHSEL team said that over 50% of cancer is not preventable , however a significant amount of cancer cases could be prevented and OHSEL are working on stopping smoking , exercise , obesity , nutrition etc. . Officers were then asked about tackling cancer that is not preventable and the OHSEL team responded that genetics does play a part and our major hospitals are looking at this and the NHS is improving its rapid diagnosis & scans. A member commented that sometimes there are delays from diagnosis to scans and then treatment. Dr Jonty Heaversedge agreed this is a problem and there are delays in the pathway, that the treatments centres proposed are designed to address this, as often the delay is originating from a local hospital referring to a specialist centre.

Maternity

6.9 The OHSEL team gave a brief presentation that highlighted the rising birth rates across South East London and the need for a step change to increase clinical standards. One of the standards is for an obstruction to be on call 24 hours; however South East London does not yet meet this standard.

6.10 Members asked if there will be a consultation on this programme. The OHSEL team responded this strand does not need it , however they have been asking about midwifery standards , which are met , and consultant care, which as not.

6.11 A member commented that the a maternity unit serving Bexley residents was abolished due to falling birth rates during Picture of Health, the previous NHS reorganisation plan.

6.12 There was a discussion about low risk units being able to access more specialised emergency services. Dr Jonty Heaversedge pointed out that having a consultant on site was expensive; however not having expert care could result in a disabled child - so there are personal, social and financial costs in not having this expertise there.

6.13 A member asked if the OHSEL have done a survey of midwives to look at

ages. OHSEL team responded that it is quite polarised - South East London have young people and older people. There is particularly an issue of retention as people are going to outer areas when starting a family. A member commented that she had heard midwives and other health professional are finding it difficult to access training to return to work after a child or career break. The OHSEL team commented that they will take that back; return to work has not featured as an issue so that is helpful feedback.

6.14 The committee raised the need for good communication and care for mothers to be a priority. Members said that Mental Health always needs to be considered, and continuity of care is very important.

Community Care

6.15 The OHSEL team said that they are planning to bring proposals on Local Care Networks to individual scrutiny committees. Annabel Burn said that Community Care will be threaded through most presentations, but also part of the programme.

6.16 There was a discussion about sharing patient information. Dr Jonty Heaversedge said this can be vital. There are various arrangements to connect care in Greenwich and a different arrangement for Lambeth and Southwark. Member said in the Princess Royal University Hospital (PRUH) there is problem with sharing with Kings College Hospital, which is concerning as both hospital are run by the same Foundation Trust. The member added that there are also problems sharing information with doctors. Members sought clarification on when the IT solutions between King's and the PRUH will be solved; it was pointed out that this gets raised at stakeholder meeting and there are reports that the sockets have been installed awaiting implementation, yet still paper is being used. Professor Moxham, of King's, commented, from the audience, that PRUH was recently taken over by King's and this will be rapidly sorted out , however members responded that the PRUH was acquired three years ago, and they would like to see more progress. The OHSEL team promised to take this away and respond formally.

6.17 A member reported that health care assistants with additional skills have been commissioned to do more work with patients on their priorities and navigating the system - and making use of all the voluntary sector, which is very rich . The OHSEL commended this work and said that a programme working with older Southwark and Lambeth residents, SLIC, is considering this programme.

6.18 Members requested more information on the requirement that all CCGs do a Sustainability and Transformation Plan.

6.19 The OHSEL team were asked about improving discharge from hospitals. The team responded that better consistency across the whole South East

London area could really help with this as there can be very local arrangements which can create confusion. They said that they need to work very locally to respect the community aspect but also get standardisation.

6.20 A member raised concerns with housing and commented that often NHS knowledge is quite poor, and this needed to improve so patients get better so adaptations, which are done faster. The OHSEL team commented that the health assistant navigators in Greenwich identified that housing is an issue and the CCGs have started to invite both housing and psychologists to our partnership meetings.

Urgent & Emergency Care

6.21 The OHSEL team commented that they will need to go through a process of assessing the present arrangements; however the OHSEL team reported that they think the South East London are will need to keep all the existing capacity. There will be a designation process.

6.22 A member raised concerns about standardisation, and potential loss of service. She reported that a local A & E was lost in the previous South East London reorganisation: Picture of Health. The local Urgent Care centre stays open late and is very busy. OHSEL commented that some Urgent Care services are at the higher end of use, and it is services at a lower end that might change their designation.

6.23 A member commented that ovarian cancer is diagnosed often late, at A&E, and asked what services are in place to get better diagnosis. . Dr Jonty Heaversedge commented that this is a condition that we are seeking improvement in early diagnosis; an A& E diagnosis is often late and not ideal.

6.24 Clarification was requested on how an Urgent Care centre is designated. OHSEL offered to send more information and explained that the confusion about whether a centre is an Urgent or Emergency Care centre is something the OHSEL team are trying to solve. They recommended a website: "Health Help Now "[http://southeastlondon.healthhelpnow-nhs.net/] that signposts to the right place.

Children & Young People

6.25 A member commented that there can be a five to sixth month wait for a child or young person to see a consultant at CAMHS; and asked if there will be an improvement. OHSEL team said that there are more resources being allocated.

6.26 The OHSEL were asked to explain what role pharmacies will play. They responded that the OHSEL will be investing more - pharmacists are very well trained.

6.27 The OHSEL said that Hippo department allows a better experience, but they are looking at who gets better outcomes to learn and standardise. PRUH is planning to develop a children's service. The OHSEL are looking at places, location and who admits the most. Members asked if this information could be fed back.

6.28 The OHSEL team reported that the vast majority of children are well - and they are looking at schools and wellbeing to improve and sustain this.

Planned Care

6.29 OHSEL team opened the discussion by explaining that they are looking at the South West London Elective Orthopaedic Centre (SWLEOC) [http://www.eoc.nhs.uk/] The OHSEL programme are looking at commissioning one, possibly two centres . The team reported that when they spoke to stakeholders they could see the merits - but there was concern about travel.

6.30 A member commented on the standardisation of procedures.

6.31 A member commented that this is very relevant to the current orthopaedic service being delivered at Orpington Hospital by King’s College Hospital Foundation Trust, which is aiming for a 24/7 care as a through put, and one reason for this is that elective care is something that generates money. She commented that is also worth bearing in mind that some procedures and patients are at not straight forward, and so will need emergency facilities; however some providers want only day cases. In addition the funding stream would be hard to take away from King’s College Hospital Foundation Trust without consequences.

6.32 Members also commented that lots of older people would not be able to travel easily.

6.33 The OHSEL were asked if Queen Mary's Hospital has been thought about as possible location. They responded that is could be - this has not been decided yet.

6.34 Members commented that they are pleased that more than one location is being considered.

Mental Health

6.35 The OHSEL team commented that this is not an actual strand as they consider that Mental Health can best be delivered at a local level.

6.36 Members asked if the OHSEL will be looking at the detail in at Mental Health at a local level. The team responded that some will be looked at the

CCG level, and other times Mental Health will be embedded in programme strands e.g. Planned Care.

6.37 Committee members commented that they could not quite understand why Mental Health dose not have its own strand. A member said that OHSEL could, for example, look at the training needed to diagnose a condition at the South East London level

6.38 Annabel Burn responded that there is a lot of work being developed at a borough level and the OHSEL do also have a psychologists and psychiatrists on our wider decision making bodies so they can help in understanding the Mental Health issues. This means that they can advise on issues like how does travel impact on wellbeing. She added that the public helps us to do that too, as they are not compartmentalised.

6.39 A member said that she is concerned that in a prior presentation on the OHSEL programme wellbeing had not been mentioned, until queried.

6.40 There was a further discussion on examples of local Mental Health provision, and the merits of looking at this a South East London level or at borough level. Annabel Burn gave the example of local suicide prevention, where it would not be helpful to discuss the work at sub-regional level. She added, however, that if there were issues that need to be decided at a cross borough level then this could be considered, and explained that she had a wider strategic role working on Mental Health working across a number of different boroughs.

RESOLVED

The committee requested:

- A briefing paper on the London Quality Standards.
- An update on the sharing of information between Princess Royal University Hospital and Kings College Hospital and progress towards introducing a paperless system
- A response to concerns that midwives and other health professional are finding it difficult to access training to return work, after a career break.

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7. WORKPLAN

RESOLVED

The committee will look at:

1. OHSEL consultation process for all 6 strands, including any engagement process that has led to a conclusion that a full consultation exercise is not needed.
2. Emergency & Urgent Care designation outcomes.
3. Planned care options.
4. Mental health options.
5. Sustainability & Transformation Plan (STP).

The next meeting will be held before the pre-election period starts on 21 March for the Greater London Assembly (GLA) and London Mayor. It will be on the STP, overall consultation and mental health. After the GLA elections on 5 May the following meeting will be on Urgent and Emergency Care designation and Planned Care options.

8. PART B - CLOSED BUSINESS

9. DISCUSSION OF ANY CLOSED ITEMS AS NOTIFIED AT THE START OF THE MEETING AND ACCEPTED BY THE CHAIR AS URGENT.

10. EXCLUSION OF PRESS AND PUBLIC

Actions from the SEL JHOSC meeting
1 February 2016
OHSEL response

Report Author: Mark Easton, Programme Director, Our Healthier South East London
Purpose: At the first meeting of the south east London Joint Health Overview and Scrutiny Committee (1st of February 2016), the committee requested a number of updates: • A briefing paper on the London Quality Standards and the London Urgent and Emergency Care Facilities and System Specifications. • The Urgent and Emergency Care Facilities and System Specification • An update on the sharing of information between Princess Royal University Hospital and Kings College Hospital and progress towards introducing a paperless system. • A response to concerns that midwives and other health professional are finding it difficult to access training to return work, after a career break. This report seeks to action the above requests for information.
London Quality Standards and the Urgent and Emergency Care Facilities and System Specification: **Introduction** The majority of the London Quality standards are national recommendations from Royal Colleges and other clinical bodies, and represent the minimum quality of care that patients attending an emergency department or admitted as an emergency should expect to receive in every acute hospital in London. Similarly, the maternity services quality standards represent the minimum quality of care women who give birth should expect to receive in every unit in London. Development of the standards was informed through extensive engagement with key stakeholders and patients, the public and public group representatives. The London Clinical Commissioning Council and the London Clinical Senate have also been engaged throughout developments and the final London quality standards endorsed by both groups. The standards are grouped into a number of main areas: • Emergency departments; • Critical care; • The fractured neck of femur pathway;

- Paediatric emergency services (medicine and surgery); and
- Maternity services (labour, birth and immediate postnatal care).

You can read more about the standards here: http://www.londonhp.nhs.uk/wp-content/uploads/2016/01/All-London-Quality-Standards-Acute-Emergency-and-Maternity-Services-Nov-2015.pdf

In November 2015 the London Urgent and Emergency Care Facilities and System Specifications were published.

Professor Sir Bruce Keogh's national UEC review called for clarity and transparency in the offering of Urgent & Emergency Care (UEC) services to the public. It recommended the development of UEC Networks and the designation of UEC Facilities:

- Urgent care centres
- Emergency centres
- Emergency centres with specialist services

The development of specifications for these facilities in London was led by the UEC Clinical Leadership Group with wide stakeholder engagement. The foundation of all of the specifications is the London Quality Standards which were developed in 2012 to address the variation that existed in service arrangements and patient outcomes.

The full specification is available here:

https://www.myhealth.london.nhs.uk/system/files/FINAL%20London%20UEC%20Facilities%20and%20system%20specifications%20November%202015.pdf

Programme activity around the London Quality Standards

Through the Urgent and Emergency, Maternity and Children and Young Peoples Clinical Leadership Groups within the programme, a number of stakeholder workshops were held in autumn/ winter 2015/16. These explored how trusts in south east London could work collectively to share best practice, improve performance and achieve the London Quality Standards.

Information sharing between Princess Royal University Hospital and Kings College Hospital:

The JHOSC asked the programme to establish the position regarding information management and technology at the PRUH and the progress towards a paperless system.

Kings College Hospital currently has electronic patient records (EPR) at Denmark Hill but not at the PRUH, which currently only has paper records. Kings have had the business case approved to put

in a new EPR which will be implemented on both sites over 15/16. Paper records will be phased out over time at the PRUH. A big piece of work going forward involves the interoperability of IT systems, so patient records in the hospital can be viewed by the GP and the acute doctor can view the patients GP record. We have tested this in Lambeth and Southwark and are planning to roll this out to other areas. There are already plans to develop this in Bromley.

Both the PRUH and Denmark Hill sites use the same Patient Information Management system (PIMS) so you can look the patient records up whether they are at the PRUH or Denmark Hill.

Perceived difficulty of midwives accessing training to return to work:

Committee members highlighted to the programme a case of someone who wished to return to nursing but was discouraged because she faced the prospect of being charged for re-training.

The programme has raised this with Health Education England, who were concerned and surprised. They are very keen to get nurses to return to practice and there are a number of programmes which aim to do this. I attach a link to the website that highlights where help and support can be obtained: http://comeback.hee.nhs.uk/

This website shows that individuals who wish to complete a return to practice course, can now expect:

- Course fees to be paid
- Additional financial support towards travel, childcare and book costs etc.
- Clear information on how to find a course
- Support in finding a clinical placement
- Theory and clinical-based training
- Access to a mentor
- Simulation techniques to practice skills
- Preceptorship support

The programme would be happy to investigate this issue further, if the individual can provide further details on the specific case.

Date Report submitted: 14 April 2016

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Communications and engagement forward plan

A partnership of NHS providers and Clinical Commissioning Groups serving the boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark, with NHS England

Communications and engagement to date

- The programme is committed to undertaking best practice communications, engagement and equalities activity in order to exceed our statutory requirements
- We have structured our engagement to ensure early opportunities for influence, working closely with our stakeholders, Healthwatch organisations and patient and public voices
- The programme aims to have an on-going dialogue with stakeholders throughout the strategy's development

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Communications and engagement to date

Engagement is an on-going dialogue with our key stakeholders. The table below aims to represents the most significant engagement activity to date.

Period	Activity
October 2013 - to date	• Involvement of 500 stakeholders from across London in the development of the strategy, including local authorities, providers, social care, NHS commissioners, Health Education (South London), the voluntary and community sector, Healthwatch organisations and over 30 Patient and Public Voices (PPVs). The role of PPVs is central to ensuring two way engagement and feedback into the development of the strategy.
June – August 2014	• Two deliberative events, involving over 100 people, to explore the case for change, the draft strategy, and the areas of focus. • Market research telephone interviews and focus groups, reaching 2987 people. These were used to get a better understanding of the views of local people, particularly those with protected characteristics, on the priority areas being looked at.
November 2014- February 2015	• Six in-depth case studies with individuals to explore what the programmes planned models might mean for patients. • In-depth work undertaken via workshops and drop-in sessions at local community venues to talk to people from different backgrounds about their experiences of care. 59 people provided rich insights to support the work that Clinical Leadership Groups are doing to design new models of care. • Four workshops, involving 110 people, held with the aim of listening to people's experiences and thoughts about current services and to gather feedback to be fed into the further development of the strategy.
March 2015 – December 2015	• Local engagement with more than 1700 people, through CCGs, on the Issues Paper, reaching all of the protected characteristic groups. Over 200 events and activities where conducted including stalls, roadshows, meetings with local voluntary and community sector organisations, newsletters, discussions at local meetings and representation at partner events. The Issues Paper was distributed to more than 350 locations across south east London. • 441 people involved in six deliberative events (focussed on the Issues Paper) with a representative sample of people from each borough to explore the challenges the health service is facing locally; why things need to change; and seek feedback on our current thinking. • Option appraisal criteria' (decision-making process) development engagement event, with 30 key stakeholders. Plans for the option appraisal were shared, and participants explored what principles or values should guide the decision-making (the evaluation criteria); what evidence and information should be used to assess how each option meets these criteria; how decisions will be made; and by whom.
January 2016 – to date	• Establishment of a Planned Care Reference Group to support the development of ideas around changes to planned orthopaedic services. Involvement of over 30 key stakeholders from across south east London, including Healthwatch organisations, voluntary sector representatives; people who have recently used planned care services; and specific organisations from the voluntary and community sector who support and work with populations most likely to be affected.

Process in summary

- Logical stages
- All reconfigurations should have regard to them
- However, planning & development of reconfigurations is rarely linear
- Process should be flexible – depending on nature of scheme

Planning and delivering service changes for patients December 2013

	Early engagement	Pre-consultation	Consultation	Post-consultation
What is it?	On-going conversation with local communities and key stakeholders to develop ideas and solutions to local challenges.	The purpose of the pre-consultation phase is to inform and prepare for the full public consultation by discussing the proposals, informally, with key stakeholders.	Consultation is a time limited period of formal discussion with the public and stakeholders, on a specific set of options.	A process of transparent decision-making, about which option will be taken forward. This will lead to implementation.
When should this happen?	As early as possible.	Pre-consultation begins once proposals for consultation have been developed, in draft.	Once formal options have been agreed (informed and shaped by the pre-consultation engagement).	Once feedback has been conscientiously considered.
What are the legal requirements ?	Health and Social Care Act 2012 Patients and carers to participate in planning managing and making decisions about their care and treatment through the services they commission as set out in Section. 14Z2 of the NHS Act 2006 - Entitled "Public Involvement & Consultation by Clinical Commissioning Groups".	Health and Social Care Act 2012 Section 244 requires NHS bodies to consult relevant OSCs on any proposals for substantial variations or substantial developments of health services. This duty is additional to the duty of involvement under section 242 (which applies to patients and the public rather than to OSCs).		

Equalities Analyses will be conducted throughout, informing every stage of the process (Equality Act 2010 S.149)

Our view of consultation requirements

Formal consultation

- Our current understanding is that the planned care workstream (specifically ideas around elective orthopaedic centre(s)) is the only one in which we are likely to develop proposals which will require public consultation
- We believe the other areas, as described earlier, will not bring about a substantial change to local services
- There may be a need for consultation about service changes, at a local level. These will be discussed with the relevant OSC committees, through the usual processes

On-going communications and engagement

- On-going communications and engagement activity may be required to develop thinking within the other areas of the programme. We are identifying where engagement can influence the remaining interventions, and are developing plans
- We are testing our thinking, and potential approach, with south east London Healthwatch organisations, together with CCG engagement leads, to further develop these plans

NHS

Pre-consultation - approach

- In developing our plan we have considered the Consultation Institute's seven principles of best practice together with feedback from the Patient and Public Advisory Group, Stakeholder Reference Group and Communications and Engagement Steering Group
- We are targeting engagement with groups most impacted by any potential changes to planned care orthopaedic services, building on intelligence gathered during early engagement. Our independent Equalities Analysis (Aug 2015), and the south east London Stakeholder Reference Group, identified groups who would be most affected by changes to planned care services, including: older people; carers; people who live in areas of socioeconomic deprivation; people with physical disabilities; people with mental health conditions and people with learning disabilities.

Pre-consultation - objectives

- Informally discuss the proposals with local stakeholders, tailoring our engagement approach to the needs of each audience
- Build on information gathered during the early-engagement phase and from the equalities analysis – reaching those communities most affected by possible changes to planned care
- Show that we have listened and responded to what people have already told us
- Ensure ideas are discussed in the context of the wider health and care system
- Strengthen our relationships with local communities and stakeholders in order to ensure an effective consultation
- Demonstrate how ideas have been developed and that all scenarios, benefits and impacts on service users have been considered

Pre-consultation allows us to understand "issues likely to raise concerns in local communities and give commissioners time to work on the best solutions to meet those needs"[1]

1 'Planning, assuring and delivering service change for patients' – NHS England (2015)

https://www.england.nhs.uk/wp-content/uploads/2015/10/plan-ass-deliv-serv-chge.pdf

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Pre-consultation – information we aim to gather

- How people like to be communicated and engaged with during consultation? Including which materials and methods we should use
- Whether people feel that the proposed changes will have an impact on them or those that they care for
- Whether people need any additional information in order to make an informed response to our ideas
- Whether there are any other questions we should be seeking views on
- Whether there is anything missing from our plans
- If people understand how the proposed changes fit into the wider work of Our Healthier South East London.

Next steps following pre-consultation

- Once feedback from the pre-consultation period has been considered, and options finalised, formal consultation will begin (following discussions with the SEL JHOSC)
- During the consultation period, key stakeholders and the general public will be asked to respond to our options
- Once consultation closes, all feedback received will be independently analysed, before being considered by the programme
- Following this period of consideration, a final decision will be made and communicated publicly

Independent assurance

Our communications and engagement processes are subject to external, independent, assurance by the Consultation Institute (tCI). They will scrutinise the following areas of our work:

- Pre-consultation
- Equalities Analyses
- Consultation planning
- Analysis of consultation feedback and consideration

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Equalities

- In order to meet our duties under the Equality Act 2010, we carried out an Equalities Analysis in 2015, based on the content of our Issues Paper, which summarised our early thinking and considered which groups protected under the Equality Act may be positively or negatively impacted by our strategy
- In addition to the 9 characteristics protected under the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, and sexual orientation) we asked the independent organisation carrying out the analysis to consider the impact on carers and those who are socially or economically deprived
- The 2015 Equalities Analysis concluded that, subject to taking forward its recommendations, Our Healthier South East London was well-placed to meet its duties under the Equality Act
- Should the programme go to public consultation on proposed changes to planned orthopaedic care (or any other area), we are committed to carrying out 3 further Equalities Analyses – one prior to consultation, one during and one at the close of consultation, to take account of feedback from those impacted
- The programme has been advised on its best practice approach to equalities by an independent expert from The Consultation Institute and this work continues to be led through the programmes Equalities Steering Group

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NHS

Mental health in Our Healthier South East London

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Mental health in Our Healthier SEL and the Sustainability and Transformation Plan

Mental health is principally planned and delivered at a borough basis. However there are three areas where our planning is aggregated.

1.The STP submitted at the end of June will have a section on mental health where we are asked to address specific questions on:

- Implementation of the two new mental heath waiting time standards
- Closing the health gap between people with mental health problems, learning disabilities and autism and the population as a whole
- How we will deliver our element of the national taskforces on mental health
- Maintain a minimum of two-thirds diagnosis rate for people with dementia

We have established a mixed provider/commissioner group to work through the development of content.

2. We have embarked on a demand and capacity exercise with our two big mental health providers to ensure the needs of patients in SEL for acute and community mental healthcare are met.

3. Each CLG has undertaken a 'challenge' session to ensure that each of the six OHSEL clinical models has taken on board mental health issues. The mental health components of each of the models are set out in the following slides. We have agreed an engagement process between mental health professionals and Clinical Leadership Group leads to review the progress being made by each group to give assurance that the needs of people with mental health issues are being addressed, ensuring we systematically address mental health throughout the programme

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NHS

Mental health

Urgent and emergency care

Adult mental health services

1. Experts streaming at the front door to allow for earlier identification of mental health cases (including dementia) with quicker streaming to specialities for mental health patients
    1. Training nurses at the front door to better recognise mental health needs and refer to mental health services faster
2. The potential for mental health screening to be carried out during the ambulance journey
3. Parallel working of the PLN within the Emergency Department at an early stage, ensuring rapid intervention and moving away from the medical model of clearance
4. Supporting the police to better recognise mental health needs and refer people to mental health services rather than bringing patients to the Emergency Department
5. Ensuring there is a doctor and nurse mental health professional in the Emergency Department at peak times

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NHS

Mental health

Urgent and emergency care

U18 mental health services

- Specialist input at an early stage to avoid long waits, especially in the 16-18 year age range
- Increase in specialist services within the Emergency Department according to level of need across SEL
- Aim for entry to referral within one hour from streaming or triage nurse to the paediatric mental health nurse
    - Includes more triage nurses and medics, as well as better IT

Drug and alcohol (D&A) services

- D&A professionals and a rapid access to the D&A service from the Emergency Department to reduce the 'drop off' between the patient taking themselves from the Emergency Department to the D&A service
- Low cost interventions
- Having D&A professionals sited in the Emergency Department

NHS

Cancer

The programme is responding to key recommendations outlined in *Psychological support for people living with cancer* report, published by London Strategic Clinical Networks

- Improving access to appropriate specialist, generalist, social, psychological support
- Carers needs assessments, in order to better support people in care giving roles, including psychological support
- Sage and Thyme training courses – nationally recognised model of basic communication skills training
- Improving access to psychological and emotional support during treatment phase
    - Level 2 CNS
    - Level 3/4 psychiatric liaison services
- Improving access to psychological and emotional support post treatment (patient and carer)
    - IAPT (self/GP referral)
- Holistic Needs Assessments as part of recovery care package for patients with cancer

NHS

Mental health

Cancer

- Macmillan practice nurse course – upskilling the generalist workforce to ensure better recognition of patients' psychological and emotional needs
- Training and education in the signs and symptoms, recurrence and consequences of cancer, this will include mental health.
- Inclusion of cancer as a criteria for referral to exercise/physical activity on prescription schemes (evidenced benefits on the impact of mental wellbeing)
- Training to support people to return to work – Macmillan vocational model
- Cancer Care Review wellbeing events
- Promotion of early diagnosis and equal access to treatment for all people
    - Focus on early diagnosis for individuals with one or more of the nine protected characteristics, including mental health needs
- Care coordination at diagnosis and treatment
    - Focus on care navigation, including how to access complimentary services such as psychological support

Mental health

Children and young people

A holistic approach to the care of children and young people. Service design will take into account the physical, social, emotional and mental wellbeing of the young person plus that of their carers and siblings

- An integrated approach to community based care is being developed for those children and young people with more complex needs
  - Such C&YP often require mental health support and the integration of CAMHS into the team is being explored
- To maintain the mental health and well being of our young people, all professionals coming into contact with them need to be aware of the signs that may indicate an emerging problem – and what support is available. This includes staff working in schools and primary care. The Programme needs to consider how such staff should be trained.
- Each borough has developed a C&YP's Mental Health and Wellbeing Transformation Plan
  - The programme is reviewing these to identify opportunities that could be delivered across south east London

Mental health

Children and young people

The programme has identified a number of schemes which local commissioners will consider:

School based CBT support to enhance the emotional resilience of children (CUES-ed)

- Package designed by SLAM clinical psychologists and CBT therapists – six sessions embedded with evidence based CBT practice delivered as a whole class
- Interactive and use of different media
- Encourages children to recognise the signs or cues when things aren't right, and offer simple coping strategies

Supporting young people to communicate about their mental health (Doc Ready App)

- Digital tool to help young people prepare and make the most of mental health related GP visits
- Helps young people know what to expect, plan what to say and record outcomes

Children and young people

Building parenting and peer support capability in the community (EPEC)

- Empowering parents, empowering communities is a system of parenting support based on the 'being a parent' programme
- The programme helps parents learn practical communication skills and develop abilities to raise confident and happy children
- The programme uses discussion groups and role plays, where new skills can be practised with support – there is a significant peer support element
- Parents can become accredited and complete training to lead and facilitate their own parenting support groups

NHS

Mental health

Community based care

Examples of comparable models from across SEL shared with CBC delivery leads to inform local mental health commissioning based upon local priorities.

Local Care Networks

- Providing training to GPs so that they are able to manage a higher number of patients with mental health and wellbeing conditions
- Upscale the "Improving Access to Psychological Therapies" programme (IAPT) to the remaining areas in South East London. IAPT currently offers free counselling service to residents in Southwark either directly or through GP referral
- Baselining mental health training across disciplines, in particular motivational coaching and interviewing, mental health first aid, solution focused psychological education
- Upscale of services to assist people with dementia
- Use of additional diagnostic tools for use in making decisions on where to refer mental health patients from primary care. e.g. secondary care or other services

Upscale of Outreach and Support in South London (OASIS) services

- Early intervention services for people at high risk of psychosis

Mental health

Community based care

Examples of comparable models from across SEL shared with CBC delivery leads to inform local mental health commissioning based upon local priorities.

Potential SEL high impact scheme (further research of evidence and impact pursuant to the development of a SEL proposal)

- Improving psychological and psychiatric support for people with long-term conditions (Swindon & Wiltshire and Birmingham models) also encompassing:
  - Routine mental health wellbeing assessment and support for long term conditions (training, education, extended counselling)
  - Mental health assessment and support for older people

Workforce development (HEE funded project)

- Development of the coordinator role across community and mental health non-clinical administrative staff to include the core competencies (mental and physical health) and development of training curricula to match agreed career pathway framework

Mental health

Maternity

- Physical and emotional wellbeing of women pre conception is important. Resilient communities will support this, as will primary care clinicians
- Continuity of midwife-led care will do much to maintain the emotional well being of women and allow those who are experiencing mental health issues to be identified quickly and appropriate support secured
- We also seek to see women as early as 10 weeks. This too will allow us to assess both the physical and mental health risks early
- Continuity of care needs to extend to postnatal care. We need to make sure that new mothers are monitored and cared for appropriately. Such continuity of care will make sure that emerging mental health issues are recognised and support provided
- Awareness of mental health issues needs to be increased, amongst both midwifery staff and Primary Care and Community practitioners. The programme will consider how best to deliver such training

NHS

Mental health

Planned care

- The programme recognises that there are opportunities to provide more comprehensive psychological support to patients throughout the planned care pathway
- Mental health support will be included within the following planned care workstreams:
    - Diagnostics
    - Elective Care Centres
    - Pathway Reviews
- We are actively looking for mental health representatives to join the planned care CLG
- Particularly for patients during referral, we will focus on treatment, discharge and rehab and reablement
- Looking at best practice, for instance mental wellbeing questionnaires in use with MSK patients

Mental health

Information management and technology

- Interoperability for urgent and emergency care and cancer
- Digital mental health and wellbeing project underway

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Sustainability and Transformation Plan

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STP Overview

- Health and care systems have been asked to come together to create their own ambitious local blueprint for implementing the 5YFV, covering Oct 2016 to Mar 2021. The STP is the "umbrella" plan for SEL
- The STP will build on the work of Our Healthier South East London and other transformation programmes
- The STP will need to describe an overall local vision, and its approach to address three overarching areas:
  - The health and wellbeing gap
  - The care and quality gap
  - The funding and efficiency gap
- It must cover all areas of CCG and NHSE commissioned activity including:
  - Specialised services, from the 10 collaborative commissioning hubs
  - Primary medical care, from a local CCG perspective
  - Integration with local authority services (prevention, social care, reflecting local agreed health & wellbeing strategies)

NHS

Final plans will need to be submitted by 30 June

1 *Collective leadership agreed*

2 *15th April checkpoint*

Set out early thinking

3 *30 June submission*

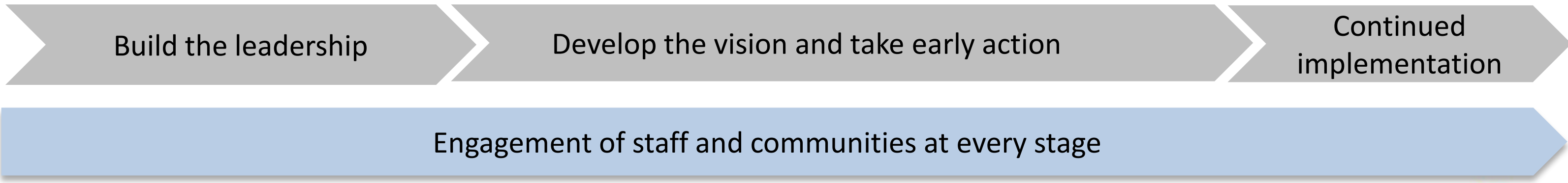
Full Plan submitted to national bodies

Develop local leadership and collaboration

Establish common purpose

Define early vision and priorities

Ongoing planning, implementation and learning



Engagement of staff and communities at every stage

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NHS England have asked us 10 big questions

1. **How are you going to prevent ill health and moderate demand for healthcare?** Including:
   - A reduction in childhood obesity
   - Enrolling people at risk in the Diabetes Prevention Programme
   - Do more to tackle smoking, alcohol and physical inactivity
   - A reduction in avoidable admissions

2. **How are you engaging patients, communities and NHS staff?** Including:
   - A step-change in patient activation and self-care
   - Expansion of integrated personal health budgets and choice – particularly in maternity, end-of-life and elective care
   - Improve the health of NHS employees and reduce sickness rates

3. **How will you support, invest in and improve general practice?** Including:
   - Improve the resilience of general practice, retaining more GPs and recruiting additional primary care staff
   - Invest in primary care in line with national allocations and the forthcoming GP 'Roadmap' package
   - Support primary care redesign, workload management, improved access, more shared working across practices

4. **How will you implement new care models that address local challenges?** Including:
   - Integrated 111/out-of-hours services available everywhere with a single point of contact
   - A simplified UEC system with fewer, less confusing points of entry
   - New whole population models of care
   - Hospitals networks, groups or franchises to share expertise and reduce avoidable variations in cost and quality of care
   - health and social care integration with a reduction in delayed transfers of care
   - A reduction in emergency admission and inpatient bed-day rates

5. **How will you achieve and maintain performance against core standards?** Including:
   - A&E and ambulance waits; referral-to-treatment times

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NHS England have asked us 10 big questions

6 **How will you achieve our 2020 ambitions on key clinical priorities?** Including:

- Achieve at least 75% one-year survival rate (all cancers) and diagnose 95% of cancer patients within 4 weeks
- Implement two new mental heath waiting time standards and close the health gap between people with mental health problems, learning disabilities and autism and the population as a whole, and deliver your element of the national taskforces on mental health, cancer and maternity
- Improving maternity services and reducing the rate of stillbirths, neonatal and maternal deaths and brain injuries
- Maintain a minimum of two-thirds diagnosis rate for people with dementia

7 **How will you improve quality and safety?** Including:

- Full roll-out of the four priority seven day hospital services clinical standards for emergency patient admissions
- Achieving a significant reduction in avoidable deaths
- Ensuring most providers are rated outstanding or good– and none are in special measures
- Improved antimicrobial prescribing and resistance rates

8 **How will you deploy technology to accelerate change?** Including:

- Full interoperability by 2020 and paper-free at the point of use
- Every patient has access to digital health records that they can share with their families, carers and clinical teams
- Offering all GP patients e-consultations and other digital services

9 **How will you develop the workforce you need to deliver?** Including:

- Plans to reduce agency spend and develop, retrain and retain a workforce with the right skills and values
- Integrated multidisciplinary teams to underpin new care models
- New roles such as associate nurses, physician associates, community paramedics and pharmacists in general practice

10 **How will you achieve and maintain financial balance?** Including:

- A local financial sustainability plan
- Credible plans for moderating activity growth by c.1% pa
- Improved provider efficiency of at least 2% p.a. including through delivery of Carter Review recommendations

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We have identified three areas of focus that build on our existing work

Achieving the SEL vision and closing the three gaps

Shifting the focus through community based care	Improving productivity and quality through provider collaboration	Optimising specialised services
Status: Fully worked out plan with implementation plan with milestones	**Status: Clinical model established, delivery plan in place with milestones**	**Status: Identified as key area for focus, hypothesis and model to be developed**

The priorities will run in parallel with other clinical leadership groups

Maternity | Urgent & emergency care | Planned care | Cancer | Children & young people

Mental health is a cross-cutting theme through all CLGs

Supported by the development of key enablers

Estates | Workforce | IM&T

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The STP requires a place based governance structure

Governance principles

Jointly owned

The plan is owned collectively by organisations in SEL. There is an understanding of shared issues and risks

Strong clinical leadership

Ensure that clinical leadership and decision-making is strengthened within the new structure

Patient participation

Engagement of patients and the public at all levels of the programme

STP SRO and Leadership

- **SRO**: Amanda Pritchard, GSTT
- **CCG**: Andrew Bland, Southwark CCG
- **Council**: Barry Quirk, London Borough Lambeth
- **Clinical Lead**: Andrew Parsons, Bromley CCG

Organisational Governance and Decision Making

Provider Meeting | Local Authority Cabinets | Trust boards | Committee in Common | Clinical Strategy Committee | CCG Governing Bodies [x6]

Collective STP Leadership and Governance

Strategic Planning Group

A senior joint group for strategic decision making led by the Senior Leadership team.
Chair: Amanda Pritchard
Members: CCG Chairs/COs (x12) Trust CEX, Local Authority rep (x1), NHSE Specialised Commissioning
In attendance: PPAG Chair, Healthwatch

Patient and Public Advisory Group

Directors of Strategy

Stakeholder Ref. Group

Partnership Group

Programme PMO

Clinical Executive Group

Guides design work to ensure the STP is clinically Driven
Chair(s): 1 CCG Chair + 1 secondary care lead
Members: CCG Chairs, Provider MDs, NHSE (South London) Medical Director, other professions, Social Care, Public Health Lead, Healthwatch, PPAG

STP Executive Group

Chair(s): Quartet & NHSE (South London) Delivery Director
Members: CCG and Provider SROs, Programme Director, NHSE commissioning leads, local authority representation.

Finance & Technical Group

Drives financial affordability and transformation
Chair(s): CCG DOF and Trust FD
Members: CCG DOF, Trust FD

System redesign

TCP | U&EC | Cancer | Planned | CBC | CYP | Maternity | Mental health

Productivity

Chair(s): SRO productivity (Trust FD)
Members: Trust implementation leads

Back Office | Procurement | Estates | Clinical Support | CIPs | Workforce

Enablers

Estates | Workforce | IM&T | Commissioning and payment

Key: Programme Decision Making | Programme Governance | Advisory and engagement

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Taking forward our clinical models

- Everyday we engage with local people and communities in planning, developing and evaluating local health services, to ensure they are fit for purpose
- This engagement process is part of normal business and does not require the need for a formal public consultation
- If proposals come forward for significant service change, such as a major service reconfiguration, there is a requirement for formal public consultation as set out in Section. 14Z2 of the NHS Act
- Our current understanding is that the planned care workstream (specifically ideas around elective orthopaedic centre(s)) is the only one in which we are likely to develop proposals which will require public consultation.

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Taking forward our clinical models

Cancer

Key areas of focus:

- Delivering education and training packages for clinicians and staff in Local Care Networks
- Acute oncology services – the programme will provide a specification for providers to deliver a single phone line for patients, across SEL with linked e-prescribing systems.

Children and young people

Key areas of focus:

- Integrated Community Based Care - supports the strengthening of community based care for children and young people, both in terms of prevention and wellness.
- Short stay paediatric assessment units - all trusts in south east London already have - or plan to have - a short stay unit. For the most part, these differ in form and function. The programme will evaluate each unit and share best practice.
- Meeting the LQS - there will be a step approach to meet the required standards. Each trust will develop a plan that sets out how they could achieve them, in what time frame and the support they would require to deliver the plan.

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Taking forward our clinical models

Community based care

Community based care focusses on developing shared standards across south east London, with local delivery.

The development of Local Care Networks, including GP federations and alliances, will be subject to engagement at CCG level.

Maternity

Key areas of focus:

- Continuity of midwife led care
- Improved assessment of risk at 10 weeks
- Meeting the LQS - there will be a step approach to meet the required standards. Each trust will develop a plan that sets out how they could achieve them, in what time frame and the support they would require to deliver the plan.
- Increased number of births in birthing units or at home

Taking forward our clinical models

Urgent and emergency care

- Relatively early on in its work the urgent and emergency care clinical leadership group concluded there may be no need for consultation on major change to A&E services.
- There is sufficient demand to ensure that all of our current A&E services are needed. This has been public communicated.

Key areas of focus:

- Meeting the LQS - there will be a step approach to meet the required standards. Each trust will develop a plan that sets out how they could achieve them, in what time frame and the support they would require to deliver the plan.
- Facilities specification and designation process for Urgent Care Centres and Emergency Departments – the SEL JHOSC is to consider this topic at it's May 2016 meeting
- Front door streaming - a single governance structure, staffing and pathways for all collocated urgent care centres and emergency centres.
- Front door steaming (all age mental health) - support CCGs in developing this model promoting good practice and a consistent level of service across south east London

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

Document is Restricted