# Our Healthier South East London Joint Health Overview & Scrutiny Committee

Wednesday 25 September 2019
7.00 pm
Bromley Civic Centre, Stockwell Close, Bromley, BR1 3UH

**Membership**
Councillor Judi Ellis (Chairman)
Councillor Philip Normal (Vice-Chairman)
Councillor Danial Adilypour
Councillor Richard Diment
Councillor James Hunt
Councillor Mark James
Councillor Liz Johnston-Franklin
Councillor Chris Lloyd
Councillor Robert Mcilveen
Councillor John Muldoon
Councillor David Noakes
Councillor Victoria Olisa

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**INFORMATION FOR MEMBERS OF THE PUBLIC**

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**Location:** The meeting will be held in the Council Chamber. Please follow the signs at the Civic Centre directing members of the public to the Council Chamber.

**Contact** Graham Walton on 0208 461 7743 or graham.walton@bromley.gov.uk

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MARK BOWEN
Director of Corporate Services
London Borough of Bromley

Date: 17 September 2019

***Copies of the documents referred to below can be obtained from http://cds.bromley.gov.uk/***

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Wednesday 25 September 2019
7.00 pm
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## Order of Business


| Item No. | Title | Page No. |
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| 1 | **APOLOGIES** | |
| 2 | **NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT**<br>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**<br>Members to declare any interests and dispensations in respect of any item of business to be considered at the meeting. | |
| 4 | **MINUTES OF THE MEETING HELD ON 22ND JULY 2019**<br>To approve as a correct record the Minutes of the meeting held on 22nd July 2019. | 1 - 6 |
| 5 | **DISCUSSION OF ANY OTHER OPEN ITEMS AS NOTIFIED AT THE START OF THE MEETING** | |
| 6 | **NHS LONG TERM PLAN (LTP) - SEL RESPONSE** | 7 - 90 |
| 7 | **WORKFORCE DEVELOPMENT/PEOPLE PLAN** | 91 - 96 |
| 8 | **CCG SYSTEM REFORM UPDATE** | 97 - 150 |
| 9 | **MENTAL HEALTH**<br>**(a) Extension of CAMHS Services up to age 25**<br>**(b) Residential Care Beds** | 151 - 154 |
| 10 | **WORKPLAN AND NEXT MEETINGS**<br>At the last meeting, the Committee indicated that it would meet in January and | |

April 2020. The following potential days are available, and Members are requested to confirm the final dates -

- 23rd January 2020 (or 16th, 20th or 21st)
- 21st April 2020 (or 2nd, 28th or 29th)

## 11 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."

## 12 PART B - CLOSED BUSINESS

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

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# Our Healthier South East London Joint Health Overview & Scrutiny Committee

MINUTES of the Our Healthier South East London Joint Health Overview & Scrutiny Committee held on 22 July 2019 at 7.00 pm at The Royal Borough of Greenwich, Town Hall, Wellington Street, Woolwich SE18 6PW

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**PRESENT:**

Councillor Judi Ellis (Chairman)

Councillor Danial Adilypour
Councillor Richard Diment
Councillor James Hunt
Councillor Mark James
Councillor Liz Johnston-Franklin
Councillor Chris Lloyd
Councillor Robert McIlveen
Councillor John Muldoon
Councillor Victoria Olisa

**OFFICER & PARTNERS SUPPORT**

Julie Lowe, Programme Director, OHSEL STP
Tom Henderson, OHSEL STP
Mark Edgington, OHSEL STP
Christina Windle, Director of Commissioning Operations, SEL Commissioning Alliance
Gurdeep Sehmi, Corporate Governance Manager (Clerk)

## 26 APOLOGIES

Apologies were received from Cllrs Philip Normal (Lambeth) and David Noakes (Southwark.)

## 27 NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT

The Chairman informed Members that there were no items for urgent debate.

## 28 DISCLOSURE OF INTERESTS AND DISPENSATIONS

The following interests were declared:

- Cllr Judith Ellis declared that her daughter was an employee of Oxleas NHS Foundation Trust.

- Cllr Richard Diment declared that he was a Governor of Oxleas NHS Foundation Trust.
- Cllr Chris Lloyd declared that his partner worked for the NHS.
- Cllr James Hunt declared that his wife was an employee of Dartford and Gravesham NHS Trust.

## 29 MINUTES OF THE MEETING HELD ON 21ST MARCH 2019

Agreed that the minutes of the meeting held on 31 March 2019 be confirmed as an accurate record.

## 30 DISCUSSION OF ANY OTHER OPEN ITEMS AS NOTIFIED AT THE START OF THE MEETING

There were none.

## 31 THE LONG TERM PLAN - PRESENTATION

Julie Lowe, Programme Director, OSEL STP and Tom Henderson, OHSEL STP presented the item.

In response to questions from Cllr Adilypour about staffing challenges and services for those that have gambling problems, Julie Lowe, Programme Director OSEL STP responded that staffing across SEL NHS is approximately 46,000. This does not include staff in care homes and other settings. The current vacancy rate ranges from 5-6% and there are differences when looking at profession groups. An example of where there was a higher vacancy rate was radiographers for cancer screening. She explained that there were differences in boroughs also and said that Lewisham and Greenwich Trust found it more difficult to recruit staff due to the differences in pay, but once recruitment was made, retention levels were higher.

The Programme Director (PD), OHSEL STP reported that plans to work with education providers were in place to address this by providing learning pathways that lead to Health professions. Apprenticeships were being made more attractive for people to apply to. There were plans for identifying local housing for health professionals so that they do not have to commute too far.

A People Plan is currently being updated and would be brought to this Committee in September.

**ACTION: PD, OHSEL STP**

In respect of services for people with gambling problems, the PD, OHSEL STP reported that there was only one clinic in England and this was based in London. The long term plan will seek to rollout this provision and be in a position to have at

least five clinics across London.

In response to Cllr Diment's questions about the engagement events and feedback received, officers present responded that engagement was part of the national policy and the public was made aware of engagement events through a number of channels that included social media and newsletters. CCG's also promoted the events locally. 2 events took place on Lewisham and Bexley. These saw attendance of 100 people in total. Healthwatch had conducted a survey that had received 1000 responses. Feedback from these was to be analysed so that details of demographics could be drawn. She was aware that the Healthwatch survey had attracted responses from some young residents.

Members expressed their disappointment at the level of responses at local engagement, i.e. 200 across two borough events and felt that perhaps the engagement strategy was not robust enough as they had not had any knowledge of these taking place.

The PD, OHSEL STP responded that this is a start and that would be more events over the summer. However, she was worried that the messages were not coming through to Councillors and as requested by Members, will be able to circulate details of events.

**ACTION: PD, OHSEL STP**

In response to a question from Councillor Johnston-Franklin about digitisation of health services, the PD, OHSEL STP responded that there was a big range from people who wanted all digital access to those that wanted none. It was really difficult to gauge the level of digitisation required and a consultation was being carried out which would inform national standards for digital service provision. She felt that there was a need to proceed with caution and that patient representatives were on the NHS group looking at this, especially in relation to Information Governance. She also reported that General Practitioners wanted flexibility to choose the level of digital service they would provide.

Councillor Muldoon reported that he had attended one of these events and felt that STP were finding it difficult to engage with those that were easily reached and it might be foolish for engagements events to take place in the summer. He asked that activity not be confused with outcome.

In response to questions from Cllr Olisa about process and next steps, the PD, OHSEL responded that the long term plan superseded all other plans, but existing plans would link into the 10-year plan and generally would be an evolution of what was already being done. Additional engagement would take place in boroughs to take stock of what was learnt and would be fed back on a borough level basis.

## 32 CCG SYSTEM REFORM - PRESENTATION

Christina Windle, Director of Commissioning Operation (DoCO), SEL Commissioning Alliance and Neil Kennet-Brown, Managing Director (MD) of GCCG presented this item.

In response to a number of questions from Councillor Muldoon, the DoCO said that the STP was not a legal organisation, but was a partnership to ensure the plan was delivered effectively. The SEL CCG would have the legal status and all Boroughs would be represented at this Governing Body. The place based boards would have delegated authority to make local decisions particularly around primary and community care and they would all meet in public for part of the agenda. The CCG would still adhere to the 2012 Act that required clinical representation at decision making boards.

In response to a question about the business case for this change, officers responded that it was to enable better integration at different levels with efficiency savings being made in respect of management costs.

Close working would continue as previously and would mean continuity of leadership at a local level. Local voice would be represented at the SEL Board and the place based director would continue to come to Council meetings. Relationships with the Health and Wellbeing Boards and Overview and Scrutiny Committees would continue at a local level.

The SEL CCG Governing Body would comprise of approximately 22 Members and would include Director of Public Health and Adult Social Care positions; place based Boards would have the local representation and Council Care partnership representation that local CCG Governing Bodies had now.

In response to questions about risk, the DoCO stated that multiple systems had to work together effectively, and responded that the risk based approach was being adopted to mitigate disruption to services.

In response to Cllr Mcilveen's and other Members' questions about recognising the diverse nature of each borough to ensure local need was recognised when sharing cost and allocations, the DoCO responded that relationships that currently stand would be built on. The management cost envelope had reduced and the savings had gone into frontline services.

Members were advised that not everything needed to be addressed at the centre and that risk share arrangements already operated. Allocation of monies would be made to the SEL Governing body based on a needs assessment. The details needed to be worked through and delegation levels also needed to be drawn up based on need. Large scale collective decisions based on high level principles would be made at SEL Governing Body level.

Delegation to place based boards would be made to address local need. If place based boards required additional resources, they would be received by the SEL Governing Body for consideration.

Challenges in the entire geography of the SEL footprint and the health inequalities this represented were recognised. These reforms would enable even greater collaborations to address this, but still have the ability with delegated budgets to address economies of scale and work with providers to deliver the best services.

In response to a question from Cllr Lloyd on the determination of Better Care Funds (BCF) to boroughs, the MD, GCCG responded that his assumption was that if the BCF continued, it was better to be place based.

It was noted that it was considered that public consultation was not required as this was not a service change, and also that merger approval would be sought from Governing Bodies and membership in September and submitted by the end of the same month.

In response to a question about timescales and information on place based board budgets, the DoCO replied that it was hoped to appoint a shadow governing body by November 2019, who will then look at delegation levels. The details of this would be in the application being presented to NSH England in September. Officers agreed to share further details in September.
**ACTION: MD GCCG and DoCO.**

Members asked for an OHSEL JHOSC Committee to be arranged for late September so that they strengthen the view of the OHSEL JHOSC to be included in the application.

## 33 DEVELOPING PRIMARY CARE NETWORKS

Cllr James asked that the point be noted that this does not address the issue of work force, as GP numbers were reducing. Officers would address this in the report on workforce development that would be brought to the next meeting.

The Chairman, being mindful of the time, and aware that Members knew about the move towards PCN's, suggested (and Members agreed) that this item be noted.

## 34 UPDATE ON COMMISSIONING OF PATHOLOGY AND DIAGNOSTIC SERVICES

The Chairman noted that there were concerns about the service being contracted outside the NHS. She asked for assurances that the tendering process was robust on quality versus cost.

Cllr James reported that Lewisham and Greenwich were going for an NHS solution which would have two aspects of service – in-house diagnostics and provision of service to GPs.

In response this and questions from Members on the selected providers, transparency about the process and details of the three providers, the PM, SEL STP replied that a full competitive tender process was used and that more companies including NHS had expressed an interest at the early stages. The tender process enabled an assessment of quality and cost element to be taken into consideration, and was quality based in the early stages. Financial resilience was looked into afterwards. Due diligence on all companies had been done in line with any formal procurement processes.

Kings College Hospital, and Guys and St. Thomas; NHS Foundation Trusts privatised their pathology services in 2009, setting up a company with Serco, called Viapath. Approximately 100 staff had been transferred to that company at that stage. This contract came to an end in 2020. The PM. SEL STP reported that it was too early to consult with staff on further arrangements but they have been engaged in the process.

The timescale to complete the tender process was outlined, with service provision commencing in September 2020. The contract would be for a minimum of 15 years and a number of key performance indicators would be used to monitor service provision. There were contractual and legal levers that would allow providers to be penalised if service was below accepted levels of performance.

Members asked for the list of KPIs to be circulated to them.

**ACTION: PM SEL STP**

## 35 WORKPLAN AND FUTURE MEETINGS

The Chairman advised that as it had been agreed to receive information on Workforce Development and the CCG Merger application before being submitted to NHS England in September, a meeting be arranged for late September.

Members asked that due to the challenges in co-ordinating dates, officers seek to set meetings in September 2019, January 2020 and April 2020 together.

**ACTION: OHSEL JHOSC Support Officer (Bromley)**

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# South east London ICS response to the NHS Long Term Plan

Update for OHSEL JHOSC
September 2019

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

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# Introduction

In January 2019, the NHS Long Term Plan (LTP) was published, setting out expectations for the next 10 years to support people in starting well, living well, and ageing well. Whilst refreshing areas such as cancer, mental health and urgent and emergency care, the LTP brings renewed focus to specific major health conditions including cardiovascular disease, stroke, and respiratory disease. In outlining an improved health and care offer for our population, the LTP also emphasises the need to reduce health inequalities, enhance out-of-hospital care, and increase digitally-enabled care.

In responding to the Long Term Plan, the South East London (SEL) ICS is required to produce and submit a narrative plan for delivery between 2019/20 and 2023/24, supported by technical documents on finance, activity, workforce, and performance metrics.

Our plans need to be:

- Clinically led and locally owned
- Financially balanced
- Based on realistic workforce assumptions
- Deliver the entirety of the LTP
- Phase activity over 5 years based on local need

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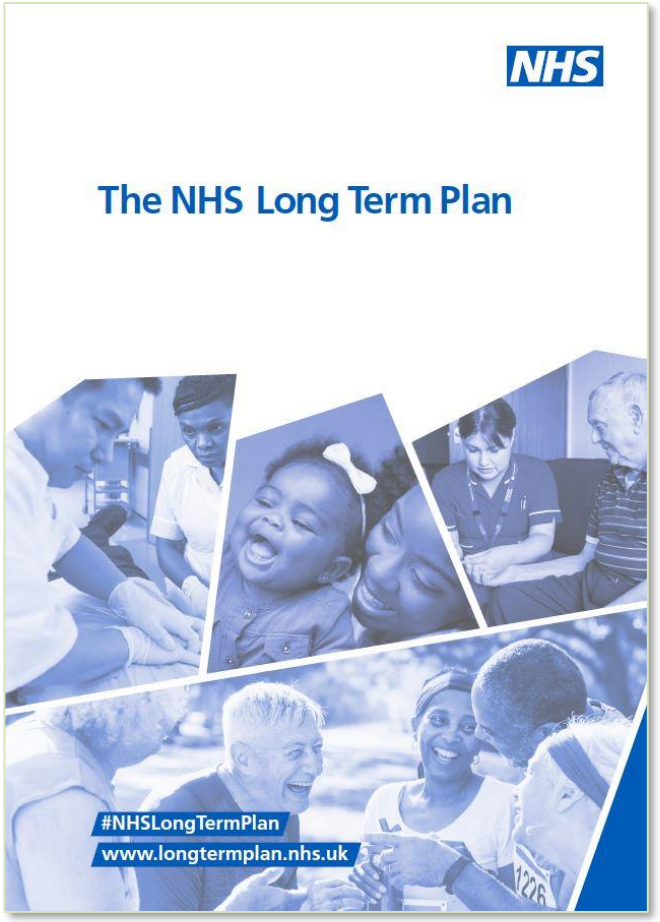
# Background 1 of 2 – The NHS Long Term Plan (January 2019)

1. Do things **differently, through a new service model**
2. Take more action on **prevention** and **health inequalities**
3. Improve **care quality and outcomes** for major conditions
4. Ensure that **NHS staff** get the backing that they need
5. Make better use of **data** and **digital technology**
6. Ensure we get the most out of **taxpayers' investment** in the NHS



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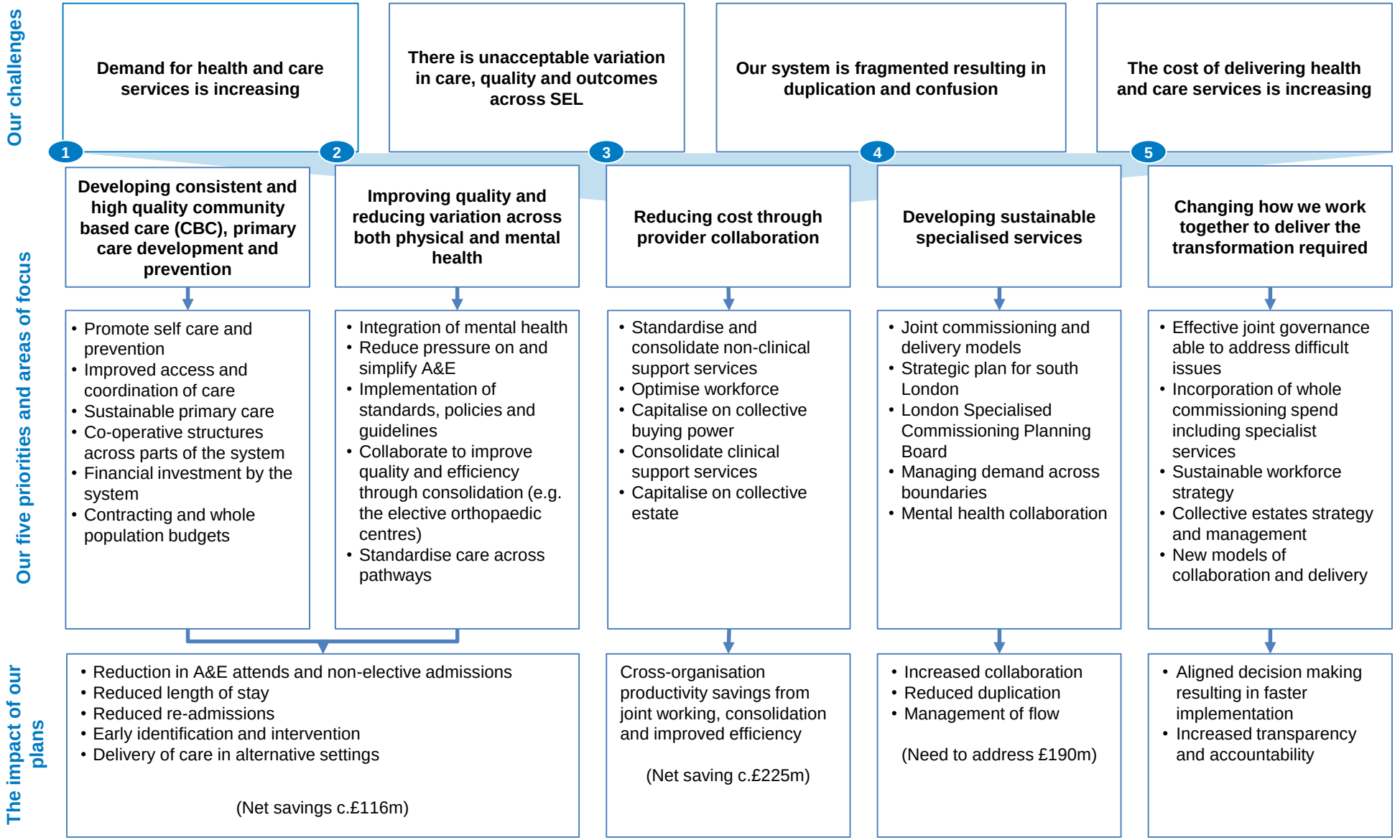
# Background 2 of 2 – OHSEL Sustainability and Transformation Plan 2016



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# Our response – 'Core foundations' and 'prioritised commitments'

All STPs and ICSs are required to write a response that sets out how systems will deliver the commitments within the Long Term Plan. To support this a national framework for implementing the LTP was released in June; the framework confirmed key timelines and importantly identified the areas of the plan that are the **'core foundations'**, the areas that we must have clear plans for delivering on over the next five years.

The framework also outlined a number of areas – **'prioritised commitments'** – where there is more flexibility for local systems in determining how work is phased over the five year period; ultimately the national deadlines within the LTP must still be met, but systems may prioritise actions required to meet these commitments according to local need:

| Core Foundations | Prioritised Commitments |
|---|---|
| • Transformed out-of-hospital care and fully integrated community-based care<br>• Reducing pressure on emergency hospital services<br>• Giving people more control over their own health and more personalised care<br>• Digitally-enabling primary care and outpatient care<br>• Improving cancer outcomes<br>• Improving mental health services<br>• Shorter waits for planned care<br>• Moving to integrated care systems everywhere | • More NHS action on prevention<br>• Maternity and neonatal services<br>• Services for children and young people<br>• Learning disabilities and autism<br>• Cardiovascular disease<br>• Stroke care<br>• Diabetes<br>• Respiratory disease<br>• Research and innovation to drive future outcomes improvement<br>• Genomics<br>• Volunteering<br>• Wider social impact |

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# What our response will cover and how we are developing our response:

| System narrative plan | System delivery plan |
|---|---|
| **1. Our ambition for SEL residents and our service delivery vision** | • **Finance** |
| **2. Understanding our population's need** | • **Activity** |
| **3. Service transformation – SEL actions and priorities** *(including the 'core foundations', prevention, and progress on care quality and outcomes)* | • **Workforce** |
| **4. System development – How we will deliver the transformation of our system to deliver our priorities** *(including our ICS and enablers)* | |
| **5. Finance** *(including meeting the five tests)* | |
| **6. Next steps** | |

- In the first instance our draft plans need to be submitted to NHSE&I (London) on **27 September**, before a final submission on **15 November**.
- Given the additional complexity of being part of the wider London system, our response will also **need to align to London-wide priorities**.
- We have undertaken additional **public engagement** to complement the Healthwatch engagement and to ensure our response is fit for purpose.
- The content of our response will build upon previous and current plans and incorporating the outputs of engagement activities.
- Recognising the critical role that they have in our health and care system, we have **continued to engage with our Local Authority partners**, including the Directors of Adult Social Services, the Directors of Public Health, and the Local Authority Chief Executives.
- In building our response we need to ensure that we are delivering the commitments within the LTP whilst also **addressing our financial challenge**.

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# Our System Improvement Plan commitments – ICS maturity

- In June 2019, SEL developed our System Improvement Plan.

- This made explicit the areas where SEL does not currently meet the standards for a fully mature ICS:
  - We do not consistently meet the NHS Constitutional standards, and performance in some areas is not "consistently improving";
  - We face a significant challenge in developing and delivering plans to move towards system financial balance; and
  - Further development of system leadership, architecture and partnership working is needed to drive effective collective decision making and ability to carry out decisions that are made.

- The System Improvement Plan sets out a number of actions around performance and finance, and makes a series of commitments to enhance our ICS maturity and system ways of working. The ways of working commitments are:
  1. We will set out the governance and delivery of the 'System of Systems', focussing on place-based delivery.
  2. We will redesign how we commission services in south east London.
  3. We will test hospital group model approaches.
  4. We will test integrated care approaches through the development of primary care networks at the core of our delivery model for fully integrated community-based care.
  5. We will explore delegation of specialised services commissioning to the ICS.

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# System financial challenge

- In order to ensure that we can deliver the aims and visions set out in our five year plan, we recognise the vital need to achieve long term financial sustainability across the South East London system. Our aim to achieve financial balance is predicated on a collective commitment from CCGs and providers to system planning and shared financial risk management, supported by a system control total and system operating plan.

- The LTP sets out the recurrent allocations for each CCG and we are required to produce a financial plan for the ICS which includes five year capital plans at a SEL level; this must demonstrate compliance with the five tests set out in the LTP:

  - Test 1: The NHS (including providers) will return to financial balance
  - Test 2: The NHS will achieve cash-releasing productivity growth of at least 1.1% per year
  - Test 3: The NHS will reduce the growth in demand for care through better integration and prevention
  - Test 4: The NHS will reduce unjustified variation in performance
  - Test 5: The NHS will make better use of capital investment and its existing assets to drive transformation

- As part of this process we will develop SEL wide principles that are agreed across our key stakeholders and which would frame the approach to financial planning and assumptions for the LTP response, building on the approach we adopted to the planning round for 2019/20.

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# Delivery through our integrated care system

Person

Neighbourhood c.50k

Place c. 250-500k

System c. 1m+

- Both addressing our financial challenge and delivering the commitments of the Long Term Plan can only be achieved through working across the levels within our integrated care system – neighbourhood, place and system.
- At a borough level this will require the development of place-based boards and local care partnerships to design and oversee delivery of integrated health and care for the local population.
- As part of this services will need to work together beyond the scale of the neighbourhood level. For example, primary care networks and community services will need to work together to wrap services around the needs of patients with long term conditions.
- At the same time we will need to deliver personalised care as far as possible, aiming to do what is right for the individual person rather than what is easiest for the system.

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Our Healthier South East London
Sustainability and Transformation Partnership

# What are local people saying about the future of health and care?

## Summary of south east London public engagement on the NHS Long Term Plan

September 2019

KALEIDOSCOPE Health and Care

togetherbetter collaborative consultancy

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## About this report

The south east London Integrated Care System and Our Healthier South East London commissioned Together Better and Kaleidoscope Health and Care to carry out a series of public engagement activities to gather the views and experiences of local people. This report summarises the views of local people based on these activities.

The report will support the development of south east London's response to the NHS Long Term Plan, which will be finalised later this year and will help to shape the future of local service provision for the next ten years.

# We engaged with people across all 6 boroughs


**We also received**

**76** responses to the survey

**3,178** website hits between June and August 2019

**287** people participated at face-to-face events

We held events across all six boroughs, some focusing on borough-wide discussions and some on the six topics.

**Around 200** people engaged through outreach with seldom heard groups

## People gave us their views on 6 key topics. Here are some of their key messages:

### 1: Getting the best start in life

People want the NHS and schools to work together

### 2: Young people's mental health

Young people need different kinds of support to feel understood

### 3: Daytime hospital appointments

People would welcome telephone and video appointments if there were face to face appointments when needed

### 4: Access to services

People want more information about all of the services available

### 5: Social isolation and charities

People want the NHS to work better with charities to tackle social isolation

### 6: Services working together

People want joined-up, person-centred health and social care



For more detailed information on our engagement activities, see Appendix B: Methodology on page 21.

# The story so far

The future of health and care in south east London is an ongoing conversation. Our Healthier South East London has talked to hundreds of people over the past three years about how to shape the future of local health and care services. As a result of these conversations we have made a number of changes, including seeking to improve services in hospitals, making it easier for people to see a GP, and bringing mental health services closer to where people live. However, we recognise there is always more to do.

To enable constructive discussions about plans, we focused conversations on six topics where the local system is especially interested in local people's views.

| Topic | Why are we focusing on this? | For example... |
|---|---|---|
| **1: Getting the best start in life** | • How healthy children are is not just about the NHS.<br>• It's also about their schools, homes, food, and more. This means working together. | • How much time should the NHS spend working with primary schools? |
| **2: Young people's mental health** | • Half of all mental health problems are established by the age of 14.<br>• This means helping early can have lifelong effects. | • Should GPs be trained to help young people in using social media? |
| **3: Daytime hospital appointments** | • We only want people to go to hospital if they have to.<br>• This means more care outside hospital, and more use of telephone appointments. | • When would you like the hospital doctor to give you a ring? |
| **4: Access to services** | • We want to make it easier to get care in the right place.<br>• This means making it easier to get GP appointments, including in emergencies. | • Which services are better than A&E? |
| **5: Social isolation and working with charities** | • Loneliness is as bad for your health as smoking 15 cigarettes a day.<br>• The best help often comes from the community. | • What services in the community should we prioritise? |
| **6: Services working together** | • We are working together because we want the best health for our area.<br>• This means we need to think about removing barriers. | • How much difference should there be between health and social care budgets? |

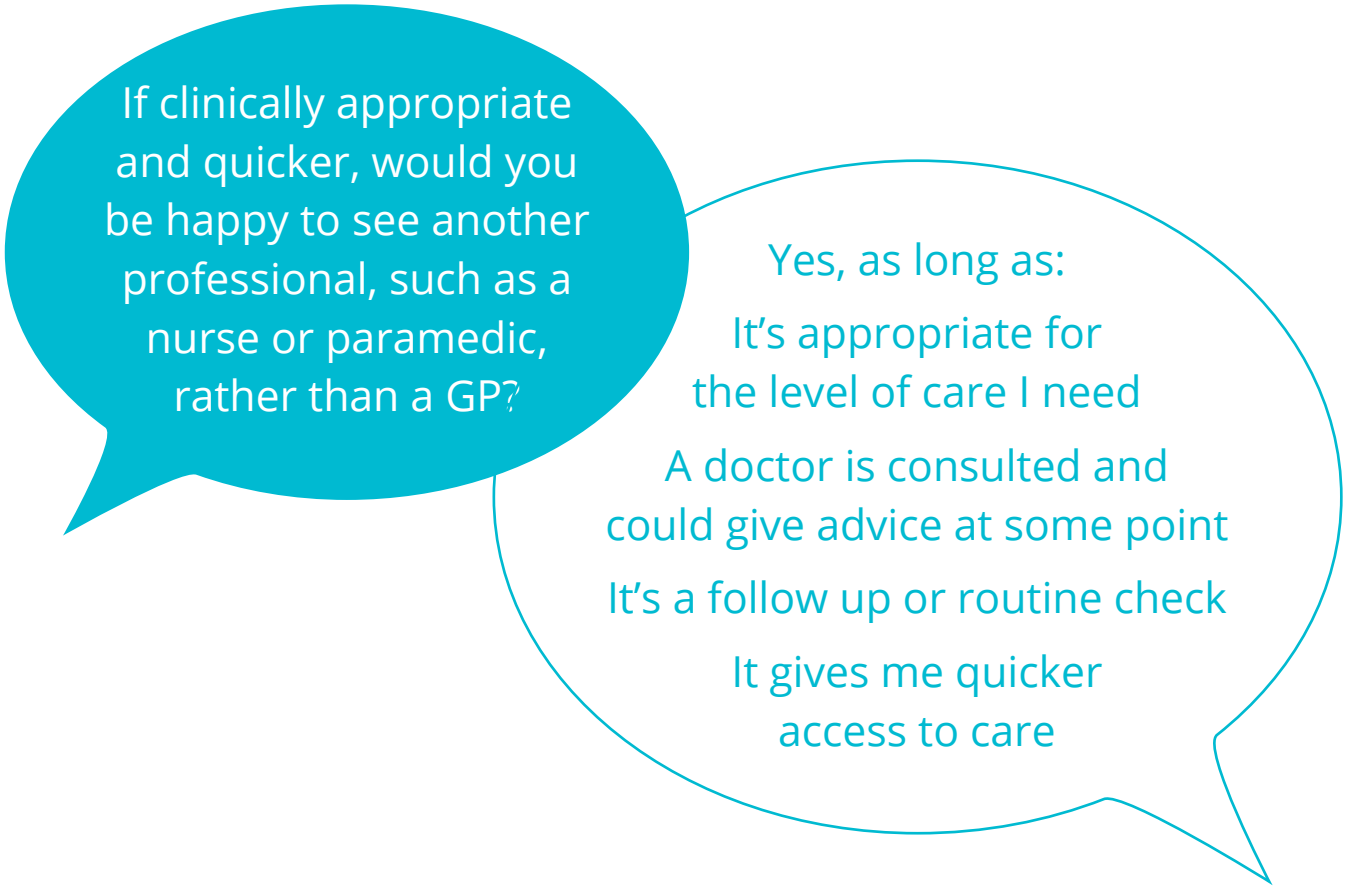
We always want to hear about what matters to local people, so these were only starting points for conversations.

# What do people think?

We told people about the main priorities in the NHS Long Term Plan, then asked them what they thought. We started by asking them what they were pleased by, concerned by, and what they had questions about. Here are the five main things they told us.

1. They **liked** the fact that there is, and will be, more **joined-up working** between different services.
2. They **liked** the fact that the **public** are being involved in south east London's response to the NHS Long Term Plan.
3. They are **concerned** about whether there is enough **funding** available to deliver these changes.
4. They are **concerned** about whether there are enough healthcare professionals in the **workforce** to deliver these changes.
5. They are **concerned** that the NHS isn't making the most of the resources that exist already, especially **organisations in the voluntary, community and social enterprise (VCSE) sector**.

We also had more detailed conversations about specific aspects of the plans. We asked people a number of questions – the following shows a sample of their responses to one of these.



# Main themes

A number of clear themes arose repeatedly across different topics and in different boroughs, indicating strongly that they are important to local people.

## Accessing services

People generally welcomed accessing alternatives to traditional face-to-face appointments including urgent care centres, telephone and video consultations. This supports the general direction towards these alternatives as set out in the Long Term Plan.[1] However, there is a clear need for more information about these services and when it is appropriate to access them. People also felt strongly that they should not be complete replacements for face-to-face appointments at the appropriate time, in particular as initial diagnostic appointments before then having digital follow-up appointments.

## Services working together

There was also a lot of emphasis on the need for NHS services to work jointly with the variety of organisations who can support people to manage their health. This includes the support that schools can provide young people, for example in managing mental health and tackling childhood obesity. This aligns with the Long Term Plan's commitment to work with schools, for example by embedding mental health support within them.[2]

In particular there was consistent support for the NHS developing a stronger relationship with the voluntary, community and social enterprise (VCSE) sector. This was based on some new principles that recognise, embrace and nurture the contribution that the sector makes in people's lives, as well as the diversity of its composition. Support for this was reflected in the opening questions as well as in more focused discussions.

The potential outcomes of a stronger relationship are promoted throughout the Long Term Plan, for instance to support prevention, address health inequalities,[3] and commission and work with community organisations to support vulnerable and at-risk groups.[4] However there is less emphasis in the plan on what needs to change to make this possible. People expressed the view that the changing relationships are vital for NHS organisations working with the VCSE sector to master, even though it may mean changing the way the NHS works. There is a very clear need for the NHS to develop equal and reciprocal partnerships, because we know that formal healthcare services play only a small part in health and wellbeing. Health is created in neighbourhoods and

1 See for instance 1.47 on hospital appointments and 5.21 on virtual outpatient appointments.

2 NHS Long Term Plan (LTP), 3.28.

3 LTP, 3.68.

4 LTP, 2.37.

communities, schools, places of worship, homes, and workplaces. The expertise and assets that exist in these spaces have not always been recognised by the NHS.

Many groups in south east London expressed a wide range of current barriers to effective partnership working. A key barrier is that many members of seldom heard communities do not trust professionals, or do not feel that they are understood or respected by them. Small community groups also felt they had lost out to the bigger high-profile charities for commissioning. The ideas behind social prescribing are already at the heart of what the VCSE sector does, yet the NHS is developing it as a new initiative instead of learning from what is already being done.

The Long Term Plan calls for innovative approaches to working with community organisations,[5] but the message from organisations in south east London is that it is first necessary to establish a relationship with the communities they support, in which they feel recognised, valued and respected as equals by the NHS. They can show these communities they are supported in a number of practical ways, including by providing accessible information (such as translated written information and British Sign Language videos) and signposting to these formats. More fundamentally, however, there is a need to value their expertise and work in genuine partnership with them – moving beyond simply seeking contributions, to collaborating to improve health and care.

Building connections would provide a real opportunity for Our Healthier South East London to have significant impact on the health of local people who wouldn't normally access traditional NHS services. It would be worthwhile to build community capacity through existing organisations, working with them to support people to live well, prevent ill health, and address health inequalities.

The challenge is now to take on these messages and change the way we work. The following pages set out more specific messages based on the responses that people gave to the questions they were asked and the themes discussed.

[5] LTP, 2.37.

# Feedback by theme

## 1. Getting the best start in life

We explored themes including the NHS's relationship with schools, building on support in the community and practical ways to reduce childhood obesity.

"In south east London, 32% of our children are overweight or obese, and 26% are classified as living in poverty."

*Martin Wilkinson, Managing Director, Lewisham Clinical Commissioning Group*

### Schools

There was broad agreement that education is a key part of getting the best start in life, which includes educating and supporting both children and their parents. People also felt that early diagnosis and intervention are essential in helping children and families get support.

"Very important to teach children from a young age about healthy lifestyles, mental health, how to access services and boys and girls are equal, no shame or embarrassment especially for males seeking help."

*Survey respondent*

Participants knew of some schools who are getting it right and there are pockets of excellence across south east London where children are receiving stand-out support – for example, in-school creative therapies and parent support groups. However, there was broad concern about the capacity and resources of schools and teachers to teach and support children and families regarding their health and wellbeing, including with autism, mental health problems, and attention deficit hyperactivity disorder (ADHD). There were a number of ideas on how to address this challenge, such as investing in 'healthcare ambassadors', who teach children in schools about health and wellbeing, as well as building on existing community support.

"When considering the amount of time given you may want to consider the economic-social background of the majority of children in any given school. The needs for this input may well vary considerably between one school and another. Good communication and shared knowledge between NHS and schools would be vital."

*Survey respondent*

There were some concerns raised about a lack of understanding in many schools of what to look out for and where support should come from. People also felt that the NHS

and schools needed to work more closely together to address the issue, especially with primary care teams working with relevant school staff such as nurses and special educational needs coordinators. Concerns were also raised about the difficulty of accessing child and adolescent mental health services (CAMHS) and the need for better integration and communication between schools and NHS services to address this.

## Local communities

Participants in the focused discussion on this topic considered the importance of understanding diversity in local communities and have appropriate support locally to cater for it. Ideas included: working with the community sector to create this local, personalised support; ensuring schools are trained in effective signposting; identifying indicators that will help services identify families in need of additional support; and using outreach workers who can go to homes and support families who require additional help.

> "Schools have access to those children and young people who may not be accessing health services via statutory services, GPs, hospitals – key way to improve provision for those that are marginalised."
>
> *Participant in getting the best start in life focused event*

## Childhood obesity

There was broad agreement across the range of engagement opportunities that more needed to be done to tackle childhood obesity in south east London. This included supporting staff in schools but also supporting parents and children outside school to understand more about healthy food and choices and the risks and impact of an unhealthy lifestyle. There were also some discussions about working with local authorities to use their planning powers to limit access to less healthy and fast foods, especially near schools. Participants in the focused discussion on this thought there was more that could be learnt from places where childhood obesity has been successfully reduced, such as Leeds and Amsterdam, and adopt their approaches.

> "We should be trying to change the food choices on the high street. There are too many unhealthy, cheap options."
>
> *Participant in borough event discussion group on 'decreasing childhood obesity'*

Members of Bexley Youth Council felt that good choices are hard to make when healthy food can be more expensive and there is little choice. Ideas from across a range of the events included better food choices at school, healthy food vouchers, evening access to school gyms, more affordable gym memberships, after-school cooking clubs and healthy eating classes for parents and children.

> "I think there should be some education about food and exercise for parents and youngsters. Less screen time more movement."
>
> *Survey respondent*

# 2. Children and young people's mental health

We explored the themes of social media, supporting parents and carers, and the role of GPs and other services including specialist mental health support.

## Social media

There was a mixed set of views about social media.  There was agreement in some borough discussions that families, schools and medical professionals all need to learn more about how young people use social media to better understand how it affects their mental health and how to provide support. 30% of survey respondents agreed that GPs should be trained to help young people use social media. However 41% of survey respondents said it was of greater relevance and importance for schools and VCSE organisations, and 28% thought that GPs had enough to do already – a view shared by some participants in the discussion groups.

There was also a mix of views about whether social media was partly to blame for increasing level of mental health problems in children and young people. While some people felt this was the case, others felt more positively that social media could be used as a tool to support and educate children and young people, if used correctly.

> "Young people are under a range of social pressure from a variety of sources, and issues within their own home exacerbated by poverty and austerity cuts. It is about all people who have contact with children, not just GPs and clinicians. More investment in specialised services local to home is imperative."
>
> *Survey respondent*

## Other mental health support

People recognised that young people can face a range of risks to their mental health in addition to social media. Members of Bexley Youth Council listed exams, parental and peer pressure and cultural expectations as additional risks.

There were concerns raised about access to mental health support in other settings, including community and youth centres, which can play an important role in supporting young people and their families, and schools. In particular, the question was raised of how to shift funding between services to ensure that schools have enough money for developing expertise in mental health support.

There were also questions about the extent to which GPs could provide the support that young people needed. Some participants questioned how much impact a GP can have in supporting a young person with mental health problems in a 10 minute

appointment. Members of Bexley Youth Council observed that young people don't always feel confident to talk to their GP, for instance because they feel dismissed or are worried about confidentiality.

> "GPs need training in how to engage with children and teenagers around mental wellbeing issues. GP surgeries would benefit from having specific resources for young people and young people employed to promote healthy teenage living including mental wellbeing. Parents also need support in dealing with adolescents and understanding adolescent brain development and its implications for their care and support. How to offer a 'secure base' for children and build resilience as they develop should be things GPs promote in their contact with families."
>
> *Survey respondent*

Participants in a range of the events had a number of observations and ideas to better support and address children and young people's mental health. Some emphasised the importance of individualised support both for young people and their families. People argued that young people need to feel that they are being supported by someone who understands them, and it was therefore important to involve a diverse range of young people in shaping the services designed to support them. Specific ideas for improving support included upskilling GPs, having faster and easier access to CAMHS, improving school liaison, accessing online chat groups, and providing mental health information hubs. People also suggested building on existing local resources and assets – such as working with Goldsmiths College to coach and support young people, a standardised app that GPs could signpost young people to, and more public mental health initiatives to ensure that populations understand how to stay mentally healthy.

> "Every child matters, so you need a strategy which individualises support for parents and carers based on their circumstances, rather than what is easy for professionals."
>
> *Participant in children and young people's mental health focused event*

> "Be creative, current & up to date in how we access children and young people. Are we accessing them in a way they want, and [that] is meaningful & safe?"
>
> *Participant in children and young people's mental health focused event*

# 3. Daytime hospital appointments (outpatients)

We explored the themes of self-referral and self-management, and feelings about virtual outpatient appointments.

"I think a lot of precious time is wasted by giving patients outpatients appointments when much of the time a phone call would be adequate."

*Survey respondent*

## Virtual outpatient appointments

The people we engaged with generally agreed that there is value in using telephone or online/video appointments for follow-up appointments, rather than initial diagnostic appointments, but with some important caveats:

- adequate support should be provided for those who are not used to using technology to make sure they are not left behind
- face-to-face appointments should always be available for those that want them, especially for older people
- there needs to be more investment in the administration services supporting virtual appointments.

"I like the new advice line in STH/Guys Gastroenterology Dept. There is an email you can use, if you need help/advice. So help is at hand, if need be your consultant will call you. Or advice via email. More like this please."

*Survey respondent*

There was a strong emphasis on ensuring that the approach to appointments is person-centred, based on the needs of patients and ensuring that they are part of an ongoing conversation. It is also important to ensure that people with additional needs are considered to ensure that appointments remain in the most accessible format.

"The patient must feel at the centre of an appointment not a satellite to a central group of practitioners."

*Participant in daytime hospital appointments focused event*

There was also broad agreement that there needs to be more publicly available information on how to access outpatient services, especially with an increasing set of options.

"A good idea and an amazing topic, when I think that over the past year I could have saved 10s of hours and hundreds of miles travelling to and waiting in hospitals, to be told by the doctor, 'this looks fine, we'll see you in 12 weeks'. I cannot recommend this idea highly enough."

*Survey respondent on the question of telephone /online appointments*

## Self-referral and self-management

There were mixed views about self-referral – some saw it as empowering to patients, but it was agreed that there is a lack of clarity about how it works. Again this was an area that people felt needed more information and publicity, especially about how and when to self-refer and in what conditions it is appropriate.

Similarly, for self-management to be effective, people needed access to the appropriate information to enable them to make decisions about their healthcare. Training and peer support groups were suggested as ways to provide support.

> "Self-management is critical to success but patients need to be able to access information/test results to enable them to do so."
>
> *Participant in daytime hospital appointments focused event*

# 4. Access to services

We explored different types of services and consultations with other healthcare professionals, and the theme of video consultations.

## Accessing different services

There was general agreement across those we engaged with that it is increasingly difficult to get GP appointments, and this was having an impact on increased attendance at A&E and other urgent services. Many people were aware of and had used urgent care alternatives to A&E such as urgent care centres and increased 8am–8pm GP access but there was broad agreement that there is a lack of clarity about alternative services out of hours. There is a need for clearer publicity, information and signposting on the different urgent care services available and where to access them. The need for clear, easy to understand and visual information and education came out particularly strongly throughout the outreach discussions. Many people wanted to take responsibility for managing their own healthcare but felt they needed the information to enable them to do so.

"Make people aware of the services and staff on offer at your GP surgery."

*Participant in access to services focused event*

Access to transport was raised across the engagement, as it can often create a barrier to access urgent care services. This is important as 8am–8pm GP access hubs or GP out of hours appointments are often far away or difficult to access by public transport, especially for the elderly and vulnerable.

"Sometimes just speaking to a pharmacist is all the service someone needs."

*Survey respondent*

The outreach discussions highlighted barriers to access in many guises – availability of appointments (especially in primary care and mental health), postcode lottery, awareness of what's available, location, hours of operation, language and communication difficulties, lack of reasonable adjustments for people's needs and a fear of authorities. There was a clear need to build trust with many communities, who feel that their needs or cultural differences are not properly understood or respected. There was broad agreement that people want to have a trusting relationship with their GP, especially when meeting for the first time. People also noted that community leaders can help build trust between the NHS and local people, so that people feel confident and safe in accessing services.

"[It's] really hard to access healthcare when every time you talk to a receptionist you are called up by the wrong name or wrong pronoun."

*Participant in Strong in Southwark LGBT+ community outreach event*

In discussions on seeing an alternative professional rather than a GP, where clinically appropriate, the majority of those we engaged said they would be happy as long as:

- the staff were adequately trained and they were confident in their abilities
- there was clear communication about what each member of staff could provide
- it gave them quicker access to care
- a doctor could be consulted and provide some advice if required
- it was a follow-up appointment or more routine check-up.

## Online appointments

> "Better online services to arrange appointments would also be great, also communication online with the GP would improve the service."
>
> *Survey respondent*

The people we engaged with broadly agreed that providing access to online GP booking, appointments or video consultations was a positive development but with some important considerations:

- It is not a substitute for human interaction or appropriate where a physical examination is required, and for some people, it is not accessible; and
- online solutions can be valuable when people feel uncomfortable in certain situations – for example, they may help people to overcome stigma or embarrassment, or can help those with autism who find waiting rooms challenging.

> "We know that A&E and GPs are under pressure. Booking a GP appointment in the borough can be very difficult if you don't have the app or if you are not confident in using the app. Vulnerable groups such as the elderly would struggle. I welcome new digital platforms to improve the service but it is important that the needs of such group are still met. They should be able to call or visit the GP surgery to make an appointment without being dismissed and told to download the app."
>
> *Survey respondent*

Concerns were raised about the lack of GPs across south east London and participants were keen to know more about what was being done to recruit more.

# 5. Social isolation and working with charities

We explored services in the community, and how to work better with charities and local communities.

"Social isolation can both shorten and cost lives. Invest in community projects for people to meet and particularly craft projects where people of all ages can occupy their minds, engage in social interaction and learn skills simultaneously, e.g. Men/Women in Sheds projects."

*Survey respondent*

There was broad agreement that social isolation is a key issue of concern, particularly affecting the elderly and chronically ill, and that it is important to tackle the challenges of social isolation and loneliness, and the surrounding stigma. A number of participants also felt it was important to highlight that this issue affects people of all ages.

"We need to try and understand the effects of social isolation among young people."

*Participant in social isolation and working with charities focused event*

Participants agreed that the VCSE sector had a key role to play in supporting people to better connect to their communities. There was also broad agreement about the value of, and need to support, VCSE organisations and protect community resources.

People raised concerns about funding for the local VCSE sector, with examples of specific concerns about cuts to day centres, and the impact this would have on the socially isolated and the voluntary sector.

"Charity goes beyond love of people and needs to be funded."

*Participant in social isolation and working with charities focused event*

"Although the voluntary sector in general is funded, it only allows a charity to support the tip of the iceberg for services that are needed more widely than the funding allows for. It's time to put much more money into services as a preventative and a sustaining measure than just tinker around the edges."

*Survey respondent*

Ideas from across a range of the events included the development of a central community directory so that NHS professionals and individuals can see voluntary services that are available, both on and offline; more use of faith groups and supermarkets to improve social engagement; and holding regular local networking events with schools and care homes.

"The public need to be made aware of all of the charities involved in addressing... social isolation."

*Participant in social isolation and working with charities focused event*

There is lots of enthusiasm for the change of tone in the NHS Long Term Plan, but scepticism that the NHS is capable of changing its relationship with communities and the VCSE sector, especially when it comes to sharing power for decision-making.

There was a broad feeling, both in the outreach discussions and public engagement events, that vibrant community life is not recognised or well understood by the NHS. The community organisations we spoke to were clear that they have lots to offer and are ready to work with the NHS. These groups can help people stay well, are trusted in their communities, and can bridge the gap between the NHS and its citizens, helping marginalised groups integrate into local communities. They also often have the flexibility to respond to the needs of the communities and people they work in.

There were a number of concerns that the funding and procurement systems can work against very small or local community groups in contrast to larger charities, so sustainability is a problem. The NHS could help by sharing its assets, for example by providing space for groups to meet, and by ensuring healthcare professionals reach out to, and meet, community groups.

> "If commissioners keep recommissioning in the same way we will keep getting the same issues[...].lack of real understanding of service delivery and impact. No room or courage for real innovative approaches."
>
> *Survey respondent*

## Social prescribing

Most participants at events regarded social prescribing as helpful insofar as it connected people with services that could help them. However, there were mixed feelings about the approach and the term itself. While some people felt it was an overly medical model of tackling a social issue, others said that the prescription aspect was helpful for the credibility of VCSE organisations supporting socially isolated people, and for raising their profile.

Some people were concerned about the disparity in access to social prescribing and befriending services across some boroughs due to geographical and funding differences. 36% of survey respondents acknowledged the importance of charity programmes and many highlighted poor funding and lack of integration with healthcare services.

> "The best help for loneliness comes from a variety of places and services should be more joined up. People who experience loneliness have multiple needs; health, financial, social, practical like shopping[...] Better collaboration between local statutory and community services needs to be explored. The charitable sector has been so under resourced during the last 10 years they will need a huge input of resources to tackle these multiple issues on loneliness."
>
> *Survey respondent*

# 6. Services working together

We explored joining up health and social care budgets and services, and working in partnership with local community groups to support health and wellbeing.

"I feel that the budget should follow the patient and be adequate for the treatment needed. There should not be any dissection between health and social, real or artificial."

*Survey respondent*

## Joining up health and social care

The majority of survey respondents (67%) agreed that health and social care go hand in hand, with just 7% perceiving them as distinct concepts. Integrated health and social care budgets were mentioned in one-third of responses.

Participants in the focused discussion on this topic expressed a range of views on the current position of services. There was a feeling that services often work in a fragmented way and are not always focused on individuals. People also felt there are barriers because organisations are incentivised and funded differently, and information is not always shared between organisations or people. People supported the move towards greater integration of health and social care budgets and statutory teams, with a greater focus on working more closely with community groups.

There were key themes that came out across the range of engagement activities, including:

- the importance of information sharing amongst organisations working together
- the critical role and assets that local communities and the voluntary sector can provide working with health and social care to improve health and wellbeing across south east London.

"Treat the person, not the problem."

*Participant in services working together focused event*

## Merging CCGs

While there was general support for services working together, a number of participants at different events expressed concerns about proposals for merging the six borough CCGs in south east London. Some felt that the six boroughs have different priorities and questioned how this would be reflected in a new structure. There was also concern about retaining local accountability in a new merged structure. However, the merging of CCGs wasn't discussed in detail as part of the engagement process.

## Working with local communities

There was a large amount of feedback collected from the outreach discussions on the value that local communities can bring to work with statutory services. There was an overall feeling that much more could be achieved in improvements in local health and wellbeing if health and care services were willing to work in genuine co-production with their communities, rather than just engaging or consulting with them. There was broad agreement across the outreach discussions that local community groups are enthusiastic and keen to work with the NHS, and that they have a lot to offer, including their expertise and the fact that they are trusted within their local communities.

"The voluntary sector is in the business of assets, not sickness."

*Participant in services working together focused event*

# Key priorities for the future

At the end of the sessions at the six borough-focused events we asked participants to vote for their key priorities for the future, from a list of ten statements based on the six topics we had discussed:

1. More services in the community so I have less need to go to the hospital for planned outpatient appointments.
2. Access to telephone or online 'virtual' planned outpatient appointments so I have less need to go to the hospital.
3. Access to online or video consultations with general practice.
4. More accessible 'urgent care' services away from hospitals that I can book appointments at via 111.
5. More support to help reduce childhood obesity in south east London.
6. Help give children the best start in life by working with schools, local authorities, other public services and community groups to stop health problems starting.
7. Improved mental health care for children experiencing a mental health crisis by being able to access help 24 hours a day, seven days a week through NHS 111.
8. Expanded access to children and young people's mental health services.
9. Improved health across south east London by understanding better how to make our population healthy, and agreeing plans which cover all south east London.
10. Increased access to support for lonely and isolated people to connect to their local communities.

We asked participants to consider what they would most like to see in both one year's time – as an immediate and pressing priority – and what they would most like to see delivered in five years' time – things that are important, but longer term goals.

Most people at the engagement events regarded priority 10, increasing support for lonely and isolated people, as a top priority for one year's time. Most boroughs also chose priority 9 – improving population health, and 1 – increasing services in the community, as the key improvements they would like to see in one year's time. Three boroughs chose priority 6, helping give children the best start in life.

Across most boroughs, participants in the events also chose priorities 10, 9 and 1 for the next five years.

# Next steps

Discussions between the health and care services in south east London and the population they serve is an ongoing process of engagement. The survey, public events and outreach activities that have produced the feedback for this report have been another step in this process.

This report will now be used to support the development of the next system-wide plan for south east London, helping to shape the area's priorities for the next five years. Later in 2019 this plan will be finalised and sent to NHS England and Improvement; after this there will be further feedback to the public on how the input of local people has been used within the plan, followed by continued engagement activities throughout the plan's implementation.

# Appendix A: Context

## What is 'Our Healthier South East London'?

In south east London, we have health and care services that we are very proud of. But these services have to adapt to be fit for the future.

NHS England is setting up ways for NHS organisations and local councils to work more closely together to make health and care better for everyone. These are called Integrated Care Systems.

Our Healthier South East London Integrated Care System includes managers and clinicians from the NHS, local councils and others, all working together to ensure a sustainable future for NHS services in our area. This builds on close partnership working which has been in place between the NHS and local councils for a number of years in south east London.

We aim to improve the health of people in south east London, reduce health inequalities and deliver a healthcare system which is sustainable for the future. For example, we want to support people to be in control of their physical and mental health and have a greater say in their own care.

We also want to develop joined-up care so that people receive the support they need when they need it. Doing this will also help us spend our money more wisely, deliver better outcomes and avoid waste.

## What is the NHS Long Term Plan?

The government asked the NHS to write a plan for the next 10 years. The plan shows how extra money for the NHS will be spent.

It is based on what the public and NHS staff thought the NHS needs. For example, it aims to improve mental health in schools and access to online GP appointments. Over the next 10 years it will enable local plans that the NHS and local councils have developed in partnership to:

- make sure everyone gets the best start in life, such as by supporting continuity of care for women in pregnancy
- deliver world-class care for major health problems, such as spending £2.3bn more a year on mental health care
- support people to age well, such as increasing funding for primary and community care by at least £4.5bn.

# Appendix B: Methodology

We have sought to gather local people's views and experiences in three main ways:

- twelve face-to-face events
- conversations with 19 community groups
- a short survey.

## Face-to-face events

We ran twelve events across the six boroughs in July and August 2019. Six of these focused on the specific boroughs (Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark). During these events participants heard overviews from representatives of local clinical commissioning groups (CCGs) and local authorities. They could then choose to take part in discussion groups on the topics they were most interested in from the six discussion topics (see page 2).

The other six events were each focused on one of the six topics and broke these down into further questions, such as: 'When would you like the hospital doctor to give you a ring?' and 'Should GPs prescribe cooking classes and lunch clubs?'. These prompted extensive discussions of what was important to local people within each of the six topics.

We promoted these events through local news and social media, communications via CCGs and trusts, patient groups and posters in care settings such as GP practices and care homes. We had 287 participants across all events (though some people took part in more than one event).

## Conversations with community groups

In order to reach a broader set of views we have also had a series of conversations with 19 community groups whose voice is seldom heard in the NHS, reaching out to people in places where they meet, at times when they meet, and talking about the things they want to talk about. These discussions covered a range of issues relevant to the topics, such as services working together and tackling social isolation. Through these conversations we have spoken to approximately 200 people.

## Survey

We gave people the opportunity to answer a short survey – primarily online, although we also shared it with CCG communications and engagement teams and accepted any hard copy responses we received too.  We had 76 responses to the survey.

This report summarises the outputs of these engagement opportunities. We have produced a fuller synthesis of each of the twelve events which have been shared with participants, as well as syntheses of the outreach conversations and survey results.

Our Healthier
South East London
Sustainability and Transformation Partnership

healthwatch

# NHS Long Term Plan

# Engagement Report

South east London

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# What is Healthwatch?

There are 152 local Healthwatch organisations that were established throughout England in 2013, under the provisions of the Health and Social Care Act 2012. The dual role of local Healthwatch is to champion the rights of users of health and social care services and to hold the system to account for how well it engages with the public.

The remit of local Healthwatch as an independent health and social care watchdog is to be the voice of local people and ensure that health and social care services are safe, effective and designed to meet the needs of patients, social care users and carers.

Healthwatch gives children, young people and adults in their local areas a stronger voice to influence and challenge how health and social care services are purchased, provided and reviewed within the borough.

Healthwatch's core functions are:

1. Gathering the views and experiences of service users, carers, and the wider community,
2. Making people's views known,
3. Involving locals in the commissioning process for health and social care services, and process for their continual scrutiny,
4. Referring providers of concern to Healthwatch England, or the CQC, to investigate,
5. Providing information about which services are available to access and signposting,
6. Collecting views and experiences and communicating them to Healthwatch England,
7. Working with the Health and Wellbeing board in their local areas on the Joint Strategic Needs Assessment and Joint Health and Wellbeing strategy (which will influence the commissioning process).

# Introduction

## Aim of the research

The aim of the research was to obtain views and experiences of south east London residents to support local implementation of the NHS Long Term Plan. Each borough carried out local engagement and enabled people - including seldom heard communities - to have their say in how the NHS can better take care of them and how the care they receive can be improved.

The engagement undertaken was part of a wider engagement coordinated by Healthwatch England. The findings will be shared with Our Healthier South East London (OHSEL), south east London's Integrated Care System to help shape the local plan and support OHSEL's own engagement.

## What is the NHS Long Term Plan?

The NHS has been asked by the government to write the NHS Long Term Plan. The plan shows how the NHS will spend additional funding in the next ten years.

The plan is based on the views of NHS staff and the public on what the NHS needs. It covers the following key areas:

- Helping more people to stay well and tackling health inequalities.
- Improving how the NHS works so that people can get help more easily and closer to home.
- More money invested in technology.
- Making care better. The NHS wants to get better at looking after people with cancer, lung and heart diseases, mental illness, dementia, learning disabilities, and autism.

## What is Our Healthier South East London?

The NHS has set up Integrated Care Systems. These are ways for NHS organisations and local councils to work together further to improve health and care for residents.

OHSEL is an Integrated Care System. It is made up of managers and clinicians from the NHS, local councils, charities and other community organisations.

The aim of OHSEL is to improve the health of people in south east London, reduce health inequalities and deliver a healthcare system which ensures a sustainable future for local NHS services.

## What does south east London look like?

The following areas have been broken down by borough to contextualise the findings:

- Population size
- Key health services
- Income equality
- Life/healthy life expectancy

The table below provides a breakdown of the south east London population and key health services available.

| Borough | Population size[1] | Key health services[2] |
|---|---|---|
| Bexley | 247,258 | *Local hospitals*<br>• Queen Elizabeth Hospital<br>• Princess Royal University Hospital<br>• Darent Valley Hospital<br>*Mental health trusts*<br>• Oxleas NHS Foundation Trust<br>• South London and Maudsley NHS Trust<br>*Number of GP Practices*<br>• 23 |
| Bromley | 331,096 | *Local hospitals*<br>• Princess Royal University Hospital<br>*Mental health trust*<br>• Oxleas NHS Foundation Trust<br>*Number of GP Practices*<br>• 45 |
| Greenwich | 286,186 | *Local hospitals*<br>• Queen Elizabeth Hospital<br>• Princess Royal University Hospital<br>• University Hospital Lewisham<br>*Mental health trust*<br>• Oxleas NHS Foundation Trust<br>*Number of GP Practices*<br>• 46 |
| Lambeth | 325,917 | *Local hospitals*<br>• King's College Hospital<br>• Guys' & St Thomas' NHS Foundation Trust<br>• University Hospital Lewisham<br>*Mental health trust*<br>• South London and Maudsley NHS Trust<br>*Number of GP Practices*<br>• 43 |
| Lewisham | 303,536 | *Local hospitals*<br>• University Hospital Lewisham<br>• King's College Hospital |

[1] "Estimates of the population for the UK", *Office for National Statistics*, 26 June 2019, https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland

[2] Information found on local CCG and NHS websites.

| | | |
|---|---|---|
| | | *Mental health trust*<br>• South London and Maudsley NHS Trust<br>*Number of GP Practices*<br>• 38 |
| Southwark | 317,256 | *Local hospitals*<br>• Guys' & St Thomas' NHS Foundation Trust<br>• King's College Hospital<br>*Mental health trust*<br>• South London and Maudsley NHS Trust<br>*Number of GP Practices*<br>• 49 |
| **Total** | 1,811,249 | |

## Income equality in south east London

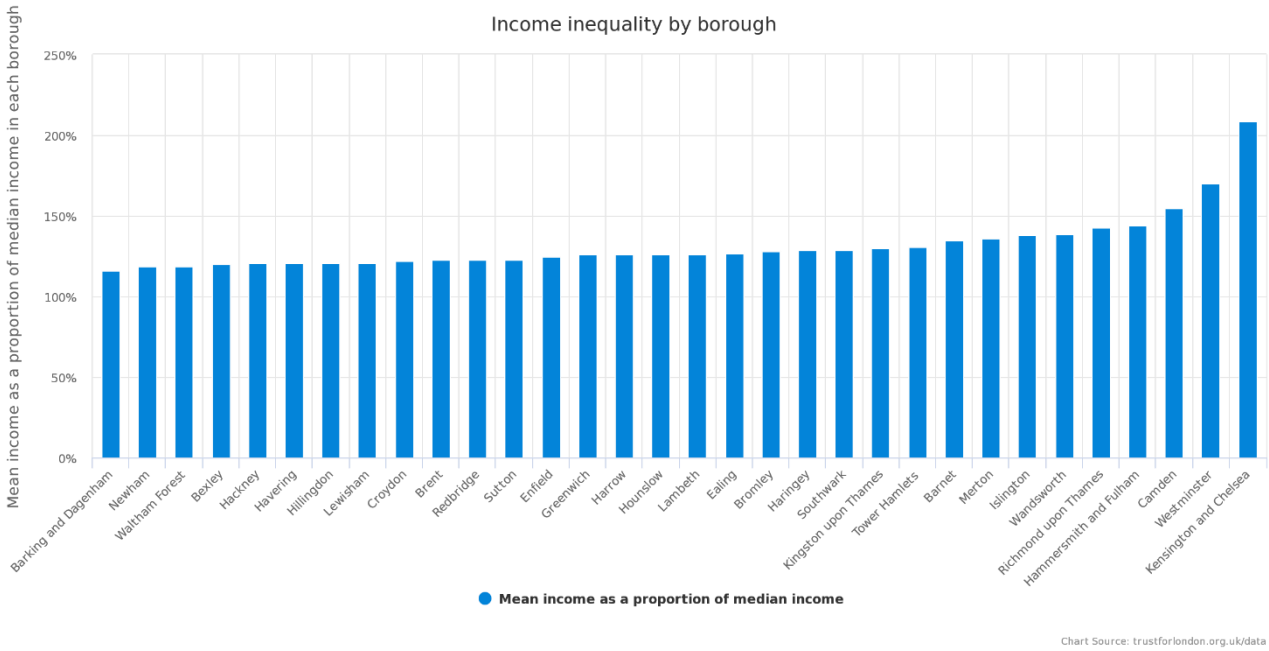



**Figure one:** "Income equality by borough", The Trust for London, https://www.trustforlondon.org.uk/data/income-inequality-borough/

Figure one compares income inequality across London boroughs. Kensington and Chelsea placed 1st on the above chart and overall is the wealthiest borough. Barking and Dagenham placed 32nd and is the most deprived borough. South east London boroughs ranked as follows:

- Southwark - 12th
- Bromley - 13th
- Lambeth - 15th
- Greenwich - 18th
- Lewisham - 24th
- Bexley - 28th

## Life/healthy life expectancy

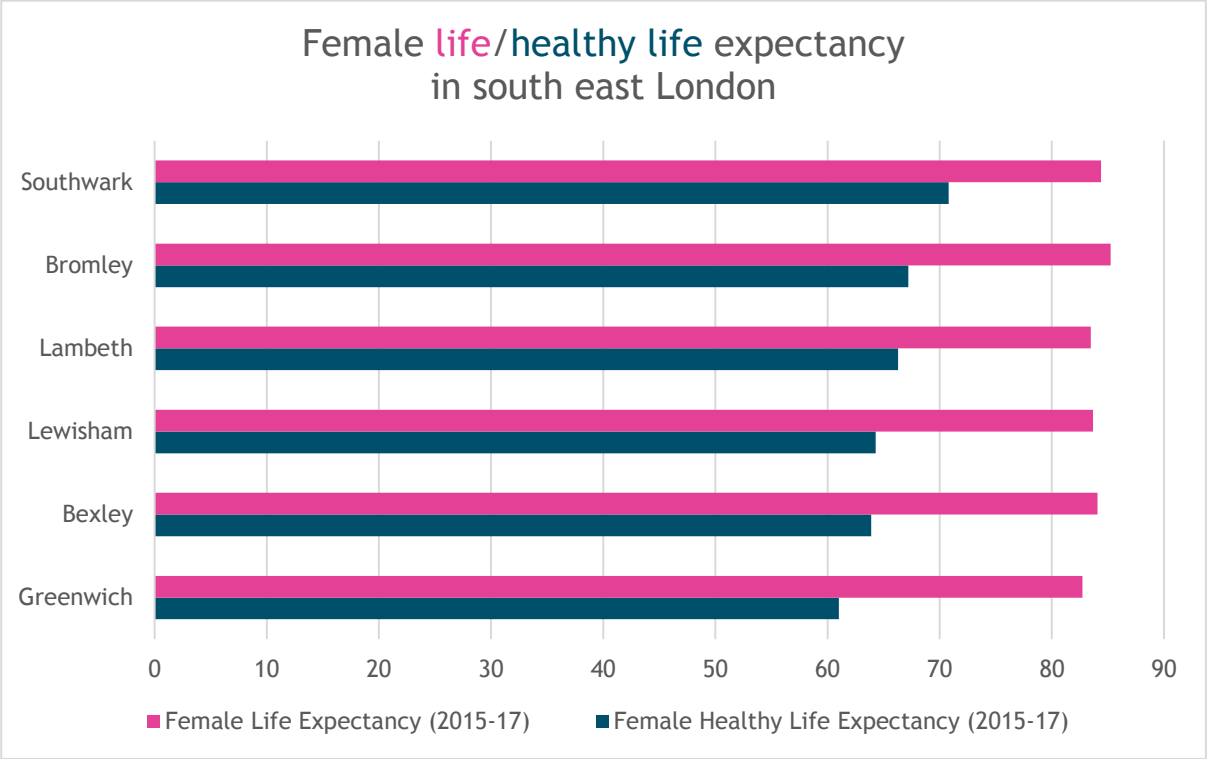



**Figure two:** 'Female life/healthy life expectancy in south east London', Office for National Statistics.

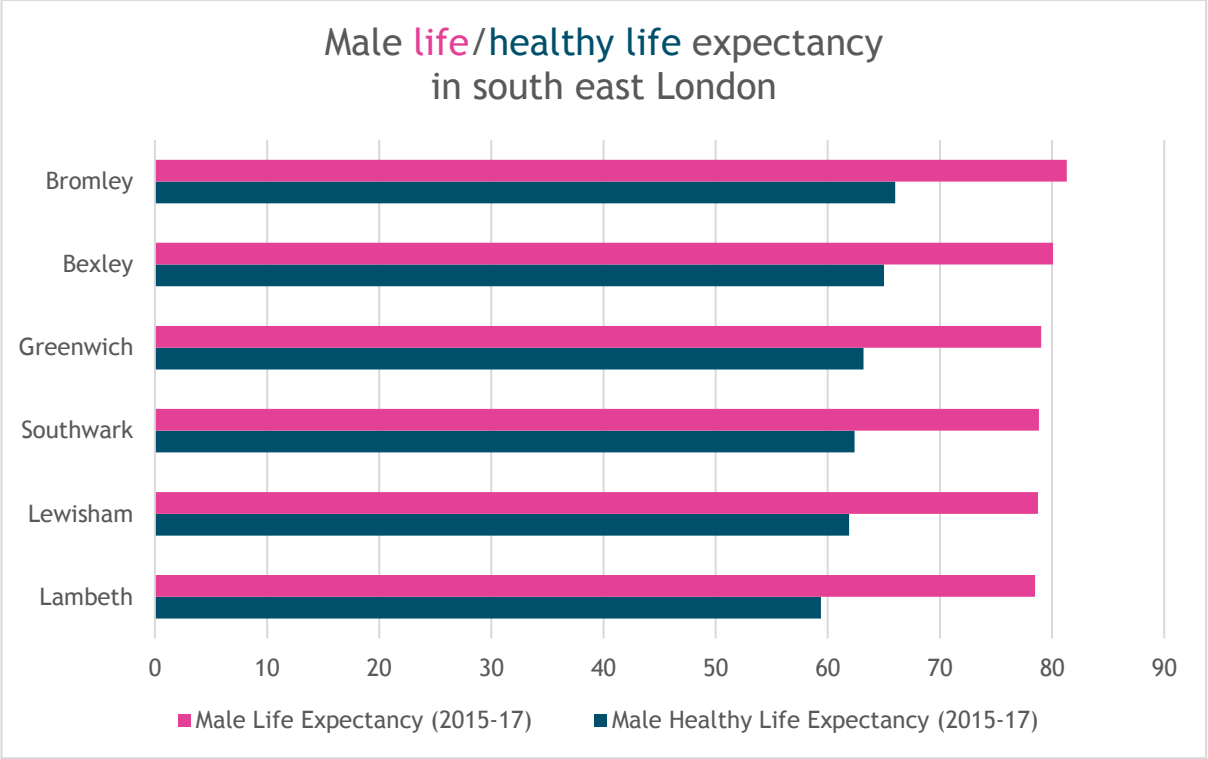



**Figure three:** 'Male life/healthy life expectancy in south east London', Office for National Statistics.

Figures two and three show a breakdown of female and male life and healthy life expectancy in south east London.

# Methodology

The research was carried out across south east London, including the London boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark. Each local Healthwatch carried out individual engagement in their own borough. The findings below are a collation of the results, summarising the themes across the region.

A two-pronged approach of surveys and focus groups was used to gather feedback, broken down into the following areas:

- **Survey**
  - *General survey*
    - Living a healthy life
    - Managing and choosing support
    - Independence as they get older
    - Interaction with local NHS
  - *Specific conditions survey*
- **Focus groups**
  - Mental health
  - Learning disabilities and autism

The topics of the focus groups were agreed with OHSEL and covered mental health and learning disabilities and autism. In addition, two surveys were filled out by nearly 1000 residents and covered themes within the NHS Long Term Plan. A breakdown of equality and diversity data can be found in an attached appendix.

The table below gives a breakdown of the number of residents engaged with in each borough.

| Borough | General Survey | Specific Survey | Mental health focus group | Learning disabilities and autism focus group |
|---|---|---|---|---|
| Bexley | 243 | 35 | People with lived experience (0)<br>Carers (28) | People with lived experience (10)<br>Carers (0) |
| Bromley | 127 | 0 | People with lived experience (12)<br>Carers (0) | People with lived experience (12)<br>Carers (0) |
| Greenwich | 94 | 39 | People with lived experience (12)<br>Carers (0) | N/A |
| Lambeth | 84 | 26 | People with lived experience (17)<br>Carers (3) | People with lived experience (15)<br>Carers (3) |
| Lewisham | 241 | 11 | People with lived experience (12)<br>Carers (1) | People with lived experience (20)<br>Carers (1) |
| Southwark | 72 | 25 | People with lived experience (3)<br>Carers (0) | People with lived experience (6)<br>Carers (0) |

| | | | | |
|---|---|---|---|---|
| Total | 861 | 136 | People with lived experience (56)<br>Carers (32) | People with lived experience (63)<br>Carers (4) |

# Executive summary

## What matters most to people in south east London?

South east London residents identified the following aspects as the most important in the delivery of their local services:

**Living a healthy life**

*Access to the help and treatment I need when I want*

**Managing and choosing support**

*Communications are timely*

**Independence as they get older**

*I want my family to feel supported at the end of life*

**Interaction with local NHS**

*I have absolute confidence that my personal data is managed well and kept secure*

Therefore, it is recommended that OHSEL focus on these areas as priorities to improve local NHS services.

## What did they tell Healthwatch?

**General survey**

South east London residents were asked what would help live a healthier life. Overall, residents were aware that they should eat healthily and take regular exercise, but felt that access to clean green spaces, monetary constraints and busy lifestyles were barriers to making this a reality. It was also paramount to residents that the link between mental and physical health is made to help them live a healthy life. It should encompass all aspects of life, including community awareness, activities, education and health services. Whilst south east London residents had a general awareness that exercise and good diet is vital to wellbeing, they would like more in depth information and education. A huge area of concern for all residents in all boroughs was easier and quicker access to GP services. South east London residents do not have confidence they can access primary care services promptly if they feel unwell.

In addition, South east London residents were asked what would help them manage and choose support. Once again, residents highlighted the need to be able to access local services in a timely manner. This is a clear priority throughout the region. Poor administration at services such as approach of staff and communication were barriers to receiving appropriate support. More integrated NHS services would improve the experiences of patients. Residents also wanted to be listened to by professionals and have their opinion respected during the decision making of their health care. Improved collaboration between NHS staff and patients would help residents manage their health better.

Also, residents were asked how the NHS can support them to retain their independence as they grow older. South east Londoners wanted support to stay in their home as long as it is safe to do

so, through community based support and better social care. Likewise, availability of home services such as good quality care workers are imperative to retain independence. Residents value support to maintain mobility, including good transport systems and links. Access to support services, day centres, activities, social groups, GPs and specialist health services are vital to support residents as they get older.

Finally, south east London residents were asked how they would like to interact with the NHS. The subject of digital appointments had mixed feedback. Mainly, residents who objected were concerned that technology would override the current channels to make appointments and access services. Therefore, residents would like the option to make appointments through digital formats, but should still have the option to speak to staff either face to face or on the phone. Likewise, information sharing and record keeping had mixed responses from residents. Residents raised important concerns such as data security. If records are shared with patients and across services, this must be done in a safe and secure way. Residents hope that technology will improve communication between themselves and services, and also across NHS services.

**Mental health**

Early access and prevention was a significant theme for those with lived experience of mental health issues and parents/carers. Barriers to early access to services included individuals acknowledging they made need help, fear of the possibility of being sectioned after asking for help, carers not being included in decisions, not being listened to, a lack of face to face assessments and poor communication between departments. Participants suggested speed of response, access to mental health professionals and annual health checks would help.

Having sufficient support to stay well (mentally and physically) was also important, with participants describing barriers such as a lack of outdoor activities, access to good quality care coordinators, fear of trying activities and poor information on services. It was suggested that safe community spaces, home strategies, befriending services, continuity of care, healthy budget eating education and support for carers would help them to stay well.

Quick and easy access to services is vital for people with ill mental health, who currently face barriers such as thresholds to accessing support, long wait times, limited information and a lack of crisis support. Participants' examples of good practice included a service directory, concise information, including service users in the design of services, person-centred care, service availability at a range of times and quicker access to low level support.

Experiences of poor treatment was another significant theme. Examples included services too quick to prescribe medication, mind and body not being treated together, long waiting times when in crisis, individuals not being involved in their own care, GPs unwilling or ill-equipped to help, trust issues as a barrier for group therapy and more support for dual diagnosis. Good practice examples included collaboration, more mental health education for GPs, suitable environments and person-centred treatment.

Lastly, health inequalities prevented participants from accessing resources. These included ongoing issues with the Department for Work and Pensions, financial difficulties and a lack of understanding for cultural-specific issues. Participants suggested paid sheltered employment, reduced stigma and education to improve their own social circumstances would help to tackle these inequalities.

**Learning disabilities and autism**

Adults with learning disabilities and/or autism and parents/carers described a number of barriers to accessing appointments. These included not being able to book over the phone, long wait times to see the same doctor, approach of staff, having check-ups across multiple days and difficulties with travel. It was suggested that support for booking and remembering appointments, options for the appointments and good signage would be helpful.

Preventions and staying well was a significant issue for this group, with barriers including limited physical exercise, poor diet, expensive and busy exercise facilities and a reliance on relatives or support workers. Friendships, empowering parents, therapies like mindfulness, Easy Read information, creative activities and community groups were given as examples of best practice.

Multiple negative examples of outpatients' services were given, such as GPs not understanding carers' needs, long waits that left individuals feeling anxious, struggles getting the correct medication from pharmacies, professionals underestimating them, hospital appointment information not in easy-read format, doctors using unfamiliar language and a lack of thorough explanations of health tests. Participants suggested staff calling patients' name, friendly staff who support them during procedures, better communication, specialised nurses, carers being able to represent the patients and clear communication would improve their care.

Professional's knowledge was also seen as an issue, with negative experiences given such as staff not having awareness of disabilities and unclear explanations of procedures given to children with learning difficulties. Purple Star Strategy, training for professionals and ongoing support were all given as examples of good practice.

Lastly, negative experiences around screening were shared, including not knowing if the doctor would be male or female at breast screening appointments, not given adequate appointments for cancer screenings, not being given test results, fear around the word "screening" and difficulties carrying out tests. Participants suggested being told the sex of the health professional, education about what the screening is for, expectations being set about the procedure for screenings and education from community organisations would be helpful.

# Recommendations

OHSEL are focussing on six areas to improve the NHS until August 2019 as priorities, outlined in the table below. The suggestions to improve NHS services in south east London and examples of good practices shared by our residents have been categorised by colour throughout the report to reflect the six topics OHSEL is focussing on. These form the recommendations of the report.

| Topics | Why are OHSEL focussing on this? | For example… |
|---|---|---|
| 1: Getting the best start in life | • How healthy children are isn't just about the NHS<br>• It's also about their schools, homes, food and more. This means working together. | • How much time should the NHS spend working with primary schools? |
| 2: Young people's mental health | • Half of all mental health problems are established by the age of 14.<br>• This means helping early can have lifelong effects. | • Should GPs be trained to help young people in using social media? |
| 3: Daytime hospital appointments | • We only want people to go to hospital if they have to.<br>• This means more care outside hospital, and more use of telephone appointments. | • When would you like the hospital doctor to give you a ring? |
| 4: Accessing care | • We want to make it easier to get care in the right place.<br>• This means making it easier to get GP appointments, including in emergencies. | • Which services are better than A&E? |
| 5: Social isolation and charities | • Loneliness is as bad for your health as smoking 15 cigarettes a day.<br>• The best help often comes from the community. | • What services in the community should we prioritise? |
| 6: Services working together | • We are working together because we want the best health for our area.<br>• This means we need to think about removing barriers. | • How much difference should there be between health and social care budgets? |

healthwatch

## NHS Long Term Plan

# General Survey Findings

# Living a healthy life

Respondents to the general survey were asked to rate how important the following things are to them when it comes to living a healthy life, on a scale of "Very Important" to "Not important at all":

- *Easy access to the information I need to help me make decisions about my health and care*
- *The knowledge to help me do what I can to prevent ill health*
- *Access to the help and treat I need when I want it*
- *Professionals that listen to me when I speak to them about my concerns*
- *For every interaction with health and care services to count; my time is valued*

The table below shows a breakdown of the statements ranked "Very Important" in each south east London borough:

| Borough | Statements ranked "Very Important" |
|---|---|
| Bexley | 1. *Access to the help and treatment I need when I want it* (90%)<br>2. *Professionals that listen to me when I speak to them about my concerns* (86%)<br>3. *Easy access to the information I need to help me make decisions about my health and care* (76%) |
| Bromley | 1. *Access to the help and treatment I need when I want it* (89%)<br>2. *Professionals that listen to me when I speak to them about my concerns* (78%)<br>3. *Easy access to the information I need to help me make decisions about my health and care* (73%) |
| Greenwich | 1. *Access to the help and treatment I need when I want it* (83%)<br>2. *Easy access to the information I need to help me make decisions about my health and care* (82%)<br>3. *The knowledge to help me do what I can to prevent ill health* (76%) |
| Lambeth | 1. *Easy access to the information I need to help me make decisions about my health and care* (80%)<br>2. *Access to the help and treatment I need when I want it* (79%)<br>3. *Professionals that listen to me when I speak to them about my concerns* (79%) |
| Lewisham | 1. *Access to the help and treatment I need when I want it* (85%)<br>2. *Professionals that listen to me when I speak to them about my concerns* (79%)<br>3. *Easy access to the information I need to help me make decisions about my health and care* (73%) |
| Southwark | 1. *Professionals that listen to me when I speak to them about my concerns* (88%)<br>2. *Access to the help and treatment I need when I want it* (85%)<br>3. *The knowledge to help me do what I can to prevent ill health* (74%) |

Overall, South East London residents ranked the following as the top three 'Very Important' aspects for them to live a healthy life:

1. *Access to the help and treatment I need when I want*
2. *Professionals that listen to me when I speak to them about my concerns*
3. *Easy access to the information I need to help me make decisions about my health and care*

South East London residents provided the following comments on what would help them live a healthier life through the free text section of the survey, which have been broken down into themes.

## Access

A huge area of concern for South east London residents was access to services. Easier and quicker access to GP appointments was of great importance for people in helping them live healthy life. Patients did not feel confident that they would have prompt access to local GP services if they felt unwell.

Residents shared the following examples of barriers to accessing services:

- Long waiting times for appointments. One resident told us about her experience of being in an automated queuing system for her GP surgery and being told she was 21st in line to be answered. She did not wait and took her daughter to A&E instead. Other patients also stated they used urgent care facilities if they could not get a GP appointment.
- Quicker follow up appointments after initial diagnosis. *'Being able to get important appointments - I have been waiting 6 months for an initial physiotherapy assessment for my disabling arthritis.'*
- Appointment booking systems need improvement. A large number of people still use the telephone as their preferred booking method, however it does not always work well. Residents felt GP practices should recognise that people have commitments such as work or school run, which prevents them from spending long periods of time on the phone early in the morning.
- A number of people were unsure of the options available to them when they felt unwell. Going to the GP or Emergency Department is not always the right solution.

Residents made the following suggestions to improve access to services and shared examples of good practice:

| | |
|---|---|
| ✓ | • Alternative easy booking methods for appointments. The use of more digital technology would be welcomed by some. They would like the option to book appointments and receive prescriptions via mobile phone apps. Also, they would like to be able to email or text concerns and have consultations via telephone or Skype. However, a large number of people wish to continue to use the telephone as their preferred booking method. |

| | |
|---|---|
| ✓ | • More consultation time which is time consuming initially, but saves time in the long run. *'I don't get enough time with the health professional to sort out my multiple health needs.'*, *'Only 10 minutes per appointment is not enough.'* |
| ✓ ✓ | • An effective transport infrastructure is necessary to support access to health care services, as well as other amenities vital to independent and healthy living, such as shops social activities and fitness centres. This is especially important for those who are less mobile or have a disability. |
| ✓ | • If patients need to access treatment that they have to pay for, it should be affordable. |
| ✓ | • Better communication between patients and the service provider (GP, Hospital or other health and social care professionals). Greater levels of co-ordination between services locally. |
| ✓ | • GP services should be able to offer tests such as bloods and other tests. |
| ✓ | • Residents that had access to the GP hub service in their borough praised the additional access to selected surgeries, including appointment availability until 8.00pm. However, some felt that they are still not enough available appointments and that receptionists at their regular practice ought to be able to book appointments at extended services for them. |
| ✓ ✓ ✓ | • There should be a wider societal view of health rather than focus on medication, illness, and disease. People said that they would benefit from being referred (not signposted) to a holistic lifestyle service to support in successfully making life changes. |
| ✓ | • Many people are aware of the pressure that health and social care services are under, with considerable pressures on staff. It is desirable that future changes are equitable for staff and service users alike, with good levels of support available to all. |
| ✓ | • Many people are happy to see a different health or care professional (not their regular one) to reduce waiting time. |

*'I have recently seen my elderly parents struggle massively with attending hospital appointments - driving was virtually impossible due to parking, ambulance was not available, public transport difficult. Parents had to rely on relatives taking time off work (unpaid) to take them to and from hospital. Putting pressure on parents and family.'*

*'More support accessing hospital transport. Shocked to hear that I wouldn't be attending my appointment because they couldn't cope with numbers.'*

The survey asked respondents to highlight areas that needed improvement in the delivery of NHS and what was most important to people locally. However, some respondents also shared positive feedback about the quality of services, once they were able to access them.

*'I have every confidence in my local GP surgery and the hospitals to which I have recently been referred. Despite financial constraints and the growing population, I have received high quality care, the NHS at its very best, for which I am extremely grateful.'*

## Knowledge

South east London residents suggested that further information around the following areas would help them live a healthier life:

| | |
|---|---|
| ✓ | • Advice around nutrition and information on how to maintain good health, without relying on medication. Information should be clear, accessible and from a |

| | |
|---|---|
| ✓ | trustworthy source. *'More accessible and clearer information given on treatment and support in managing health conditions.'* |
| ✓ | • Greater awareness of the impact that certain foods or lifestyles can have on your health later on, starting as early as primary school level. |
| ✓ | • Also, early education about menstruation and how diet and exercise can have a positive/negative impact on a female's health. Some said that not all families are comfortable talking about this topic at home, and so general awareness raising would help. |
| ✓<br>✓ | • Regular reminders of how and what we can do to keep healthy. The extensive advertising and marketing campaigns of food manufacturers was compared to how often information on more healthy choices and lifestyles were seen. *'Regular information on healthy and good living.'* |
| ✓<br>✓ | • Improvements of public health messages that can be "bland" and "basic", such as, "sugar is always bad" would be beneficial. Messages should be relevant and clear, for example, "diet of too much sugar puts you at risk of developing diabetes because of the strain you put on your insulin production." |

*'There are too many options and I am not sure what is right for me.'*

## Lifestyle

- **Healthy, affordable food**

Many south east London residents focused on the need for easier access to healthy food at an affordable price. They described the following barriers to making this a reality:

- Time, ability and confidence to shop for more healthy choices and then cook from "scratch".
- The cost of ready-made, highly processed, instant meals that were often cheaper than buying more healthy alternatives.
- The large number of take-away shops was compared with the much smaller number of places to buy fresh fruit and vegetables and that, as a result, it was much easier to find and buy a takeaway than a bag of fruit and veg. *'Why is coke cheaper than water? Why is fried chicken cheaper than salad?'*

Awareness of what foods were healthy was clear to most, however, people also stressed the importance of access to consistent advice about health lifestyles. The practical means to make changes to lifestyles was also limited.

*'Consistent advice about healthy lifestyles [is needed] - there is so much out there in the media it is hard to know what is right.'*

- **Exercise**

South east London residents considered access to sport and exercise facilities as vital to help people stay well, including people with mental health issues. Residents emphasised the following barriers to taking regular exercise:

- The high cost of gym memberships and exercise classes. They wanted easier access to "free" or "affordable".

- Some residents did not feel they have enough time to focus on their health.
- Accessing green spaces could also be difficult if not nearby. Having to cross busy roads to access parks and gardens raised the issues of air pollution.

Residents made the following suggestions for uptake of exercise in south east London:

| | |
|---|---|
| ✓ | • They wanted to take part in activities such as swimming, cycling and gym workouts. Other suggestions also included having a walking companion for country walks. |
| ✓ | • People felt it was essential to provide "gentle" exercises to suit those with reduced mobility. |
| ✓ | • Respondents also expressed their desire for women only and disability friendly sessions. |
| ✓ | • Some residents wanted further information on how they can lose weight or keep fit. |

Awareness of the need to be more physically active was apparent, but the means of doing so were limited.

*'Free gym membership or subsidised gym membership for young adults to help them prevent illness.'*

- **Health inequalities**

For some South East London residents, wider social issues impacted on their wellbeing.

*'Some of my benefits were stopped because I was getting myself more mobile and this is detrimental to my wellbeing.'*

*'To be blunt, I think for many people the thing that would help them retain their independence and live healthily for as long as possible might simply be MONEY - being able to buy in the help you need rather than having to rely on what the state might provide.'*

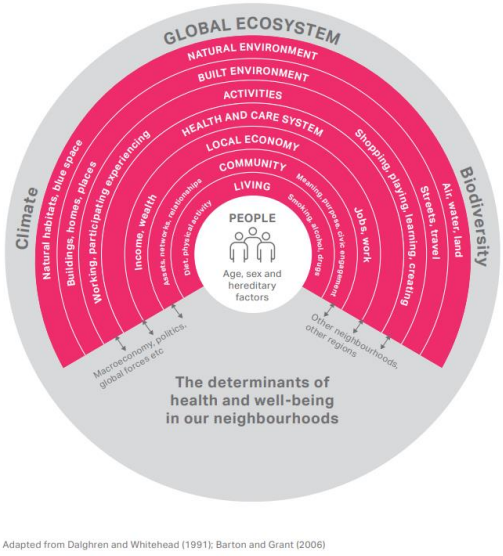



Figure four: "The determinants of health and well-being in our neighbourhoods", *The London Health Inequalities Strategy*, September 2018.

Figure four demonstrates the determinants of health and wellbeing, including social security and financial inequality.

The breakdown of wealth in south east London in figure one showed Bexley, Lewisham and Greenwich to be the most deprived boroughs.

Females had the lowest healthy life expectancies in Greenwich, Bexley and Lewisham. This seems to reveal a clear link between wealth and female healthy life expectancy in these areas.

Males had the lowest healthy life expectancies in Lambeth, Lewisham and Southwark. Interestingly, Southwark and Lambeth were two of the wealthiest London boroughs.

## Environment

South east London residents felt that improvements could be made to the environment to help them live a healthier life. They described the following issues with the current environment:

- They stressed the negative impact that low quality ambient air can have on a population's health.
- People felt smoking in public spaces (including at bus stops) remains an issue and affects those with respiratory problems such as COPD. It was felt that smokers would benefit from greater support to help them quit.

Residents made the following suggestions to improve pollution levels in south east London:

| | |
|---|---|
| ✓<br>✓ | • Planting more trees |
| ✓<br>✓ | • Lower speed limits |

Changes to the physical environment should not have a detrimental impact on access to public transport.

*'The area that concerns me is that over which I have least control and that is the quality of the environment and the pollution that is high in my area.'*

## Mental health

The need to link good mental health with good physical health was also considered important to south east London residents. The following suggestions were made to improve people's wellbeing:

| | |
|---|---|
| ✓<br>✓ | • Being outside and accessing nature was suggested as an opportunity to link both mental health and physical health, particularly through group activities. |
| ✓<br>✓ | • A chance to make friends or meet neighbours and others in the local community while taking part in some form of physical activity would be welcomed. |
| ✓<br>✓<br>✓ | • More understanding about mental health issues by professionals. |
| ✓<br>✓<br>✓ | • Education on mental health from an early age. |

| | |
|---|---|
| ✓<br>✓ | • Prompt access to mental health services was also stressed as vital. |

# Managing and choosing support

Respondents to the general survey were asked to rate how important the following things are to them when it comes to managing and choosing support, on a scale of "Very Important" to "Not important at all":

- *If I have a long term condition I decide how the NHS spends money on me*
- *Choosing the right treatment is a joint decision between me and the relevant health and care professional*
- *I make the decision about where I will go to receive health and care support*
- *I should be offered care and support in other areas if my local area can't see me in a timely way*
- *I make the decision about when I will receive health and care support*
- *My opinion on what is best for me, counts*
- *Communications are timely*
- *I have time to consider my options and make the choices that are right for me*

The table below shows a breakdown of the statements ranked "Very Important" in each south east London borough:

| Borough | Statements ranked "Very Important" |
|---|---|
| Bexley | 1. *Communications are timely* (68%)<br>2. *Choosing the right treatment is a joint decision between me and the relevant health and care professional* (66%)<br>3. *I have time to consider my options and make the choices that are right for me* (64%) |
| Bromley | 1. *Communications are timely* (69%)<br>2. *Choosing the right treatment is a joint decision between me and the relevant health and care professional* (61%)<br>3. *I have time to consider my options and make the choices that are right for me* (54%) |
| Greenwich | 1. *Choosing the right treatment is a joint decision between me and the relevant health and care professional* (70%)<br>2. *Communications are timely* (69%)<br>3. *My opinion on what is best for me, counts* (60%) |
| Lambeth | 1. *Choosing the right treatment is a joint decision between me and the relevant health and care professional* (65%)<br>2. *I have time to consider my options and make the choices that are right for me* (61%)<br>3. *Communications are timely* (60%) |
| Lewisham | 1. *Communications are timely* (65%)<br>2. *Choosing the right treatment is a joint decision between me and the relevant health and care professional* (62%) |

| | |
|---|---|
| | 3. *I should be offered care and support in other areas if my local area can't see me in a timely way* (60%) |
| Southwark | 1. *Communications are timely* (72%)<br>2. *Choosing the right treatment is a joint decision between me and the relevant health and care professional* (61%)<br>3. *I have time to consider my options and make the choices that are right for me* (56%) |

Overall, South East London residents ranked the following as the top three 'Very Important' aspects for them to manage and choose support:

1. *Communications are timely*
2. *Choosing the right treatment is a joint decision between me and the relevant health and care professional*
3. *I have time to consider my options and make the choices that are right for me*

South East London residents provided the following comments on what would help them manage and choose support through the free text section of the survey, which have been broken down into themes.

## Accessible, timely services

Throughout their responses to the survey, south east London residents stressed the importance of easier and quicker access to services.

Residents outlined similar issues to those made above, that create barriers to living a healthier life and managing and choosing support:

- Access their GP services when and where they need them.

Residents made the following suggestions to improve access to services and gave examples of good practice:

| | |
|---|---|
| ✓ ✓ ✓ ✓ | • Alternative ways of improving mental and physical health, such as exercise, could be made more accessible through NHS contact for those who might not be able to access due to confidence, mobility, and finance. |
| ✓ ✓ | • Patients should be offered care and support at other local services, if they cannot be seen in a timely way at their registered practice. Some surgeries have access to a Pharmacist who takes appointments for patients with medication issues/problems, freeing up some time for the doctors to see more patients. |
| ✓ | • GP appointments that can be booked on different days and times, and can be booked in advance. |
| ✓ ✓ | • Some want to access blood test service in the nearest hospital. Those who also have tests would appreciate discussing the results with the GP who referred them for tests. |
| ✓ ✓ | • More investment in evidence-based talking therapies. Patients wanted the ability to access CBT without waiting for months and to receive it for as long as needed within reason (current time limits are too tight and inflexible). |

| | |
|---|---|
| ✓ | • Availability of experts in one building. |
| ✓<br>✓ | • Having regular, annual, health checks was suggested as a useful addition to current provision. "MOT" type check-up for patients that incorporated guidance and advice on how to stay healthy as well as picking up early indications of "something not quite right" where the patient not had yet experienced any worrying symptoms. *'Consultation with doctor on all health problems. 10 mins a problem at time doctor slots means many health concerns are overlooked and never dealt with properly and as prevention is better than cure. I feel a yearly consultation for people with more than one health concern would be beneficial.'* |
| ✓ | • Doctors to get it right the first time and shorter waiting time to see specialists. One respondent said she did not have good support for her mental health condition, which resulted to family stress. |
| ✓<br>✓ | • There should be a consistent booking system across GP services. *'It seems that each practice has very different ways of doing things and you have to get used to each one to make it work for you. This is difficult for someone who doesn't use their GP very often.'* |
| ✓<br>✓ | • Some did not know where or who to go to for help when they were unwell and found services difficult to navigate. |

## Administration

South east London patients shared their frustrations over inefficient administrative processes that create barriers to managing and choosing support.

They gave the following examples of negative experiences:

- Communication from services. *'It shouldn't take weeks for referrals and prescriptions to be sent via post… especially when external providers are involved.'*
- Ineffective IT/data systems. One resident recently moved to a temporary address to receive additional support and needed to update the records with their GP practice. Despite confirming the details on the receptionist's screen, all communications continued to be sent to their previous address, resulting in the patient have to constantly chase information.
- Poor communication from services. For example, a number of people said that they had to chase follow-up appointments, as these were not coming through automatically. *'It takes a long time for my doctor to get hospital results and often these are not received prior to my next GP appointment.'*

*'NHS Patient Access has functions for instant messaging, however this is up to the GP practice to "switch that function on" even when I request it, and one response was "we won't switch that function on for you as its more work for us!"*

Residents made the following suggestions for to improve administration and gave examples of good practice:

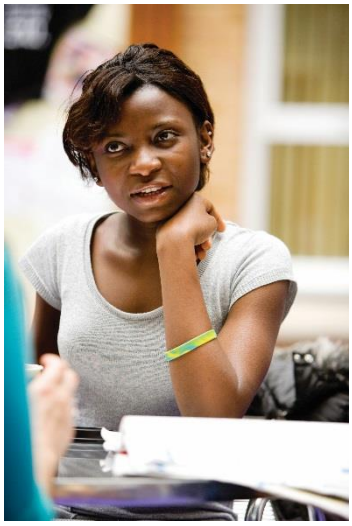
| | |
|---|---|
| ✓ | • Improved service integration and faster processes to ensure communications are timely. |
| ✓ | • Health Passports should be routinely used and elevated into a health standard. *'Health Passports aren't always utilised by some medical professionals.', 'All medical professionals should be aware/made aware of Health Passports and know to use them.'* |

| | |
|---|---|
| ✓ | • Improved staff approach and training. People asked for *'better attitudes from doctors' receptionists', 'more helpful receptionists. Most are, not all.'* |
| ✓ | • People felt that GP practices should tackle the issue of missed appointments, especially in light of current problems around access. |

## Decision making

Decision making was of particular importance to south east London residents when managing and choosing the best support for them. People highlighted the following areas for improvement:

- Many do not feel listened to when discussing health and care options with professionals. *'Recognise that some patients are experts on their conditions and their actual experience may differ from the text book or even other patients with the same condition, so the support would be to acknowledge their experiences and supplement with their medical experience.'*
- Care and treatment was not always felt to be tailored to the needs and experience of the user, even when direct requests were made. Some residents felt this inflexibility reduced their confidence in their healthcare professionals and made it harder for them to comply with or attend referrals or follow-ups.



Residents made the following suggestions to improve decision-making and gave examples of good practice:

| | |
|---|---|
| ✓ | • Improved collaboration between NHS staff and patients. Residents wanted reassurance that staff *'will listen to all of their issues'*, treat them with dignity and respect and take their views into account when making decisions. |
| ✓ | • All professionals should be trained to support people with joint decision making. Statutory and voluntary sector should work better together to provide the care, treatment, and support if possible. |
| ✓ | • Patients wish to have time to consider options and make the choices that are right for them. Patients wish to ask questions without being patronised. '*I need to be assured that at all times, I would be given sufficient information and then time to make such decisions - including, if necessary, second opinions from professionals.*', *'I take research to my doctor and am told it's wrong (from proper sources such as Thyroid UK). I am made to feel paranoid.'* |
| ✓ | • Residents sought greater clarity around professionals' diagnosis and why treatments are offered or refused. They wanted detailed, consistent and trustworthy information which would help them explore their options. *'Results need to be explained more. Patients being told that the blood test is satisfactory but last time it was good - what does this mean? GP will not offer advice or support unless the bloods are unsatisfactory but patient should be informed about what they can do to improve and what this actually means.'* |
| ✓ | • Patients wished to be valued and treated with respect and dignity. *'Every NHS person treating you with respect and dignity and making you feel you matter', 'Staff are not valued, patients are just numbers, doctors need to be more caring instead of staring at a computer screen when being seen.'* |
| ✓ | • Full access to joint up records which would allow them to see their entire medical history and have a greater understanding of any health conditions. |
| ✓<br>✓ | • Some GPs don't know about local services to appropriately enable choice. Options should be presented in a balanced manner with appropriate information to empower the patient to make their own decisions. However, some patients wanted GPs to know which service would best suit the person and their needs |

| | |
|---|---|
| ✓ | and be able to advise accordingly. *'I have often experienced that doctors/nurses don't have enough time to read our health records and knowledge about my own health condition and treatment plan helped me a lot and the doctors to provide me with the best care.'* |
| ✓ | • Using simple language and presenting results and information in "layman's terms" is important to ensure patients' understanding. The Accessible Information Standard should be embedded in information given to a patient. *'I am currently deciding whether to have a surgery, and where, but it's hard to find information about likely risks of the surgery, and also which surgeons/hospitals have the best outcomes.', 'I was told verbally what my options were but I could not remember everything, I received nothing in writing.'* |
| ✓ | • The ability to choose a health professional and continuity of care are equally important. |
| ✓ | • The option to discuss serious health problems with a family member present. *'If serious concerns then it should be discussed with patient and perhaps family member both together if possible.'* |

*'LISTEN to what I am really saying as this would help to know what was wrong and therefore not get so much wrong by presuming, assuming and guessing.'*

## Independence as they get older

Respondents to the general survey were asked to rate how important the following things are to them when it comes to retaining independence as they get older, on a scale of "Very Important" to "Not important at all":

- *I want to be able to stay in my own home for as long as it is safe to do so*
- *I want my community to be able to support me to live my life the way I want*
- *I want my family and friends to have the knowledge to help and support me when needed*
- *I want there to be convenient ways for me to travel to health and care services when I need to*
- *I want my family to feel supported at the end of life*

The table below shows a breakdown of the statements ranked "Very Important" in each south east London borough:

| Borough | Statements ranked "Very Important" |
|---|---|
| Bexley | 1. *I want my family to feel supported at the end of life* (85%)<br>2. *I want to be able to stay in my own home for as long as it is safe to do so* (84%)<br>3. *I want my family and friends to have the knowledge to help and support me when needed* (69%) |
| Bromley | 1. *I want to be able to stay in my own home for as long as it is safe to do so* (81%)<br>2. *I want my family to feel supported at the end of life* (74%)<br>3. *I want there to be convenient ways for me to travel to health and care services when I need to* (69%) |
| Greenwich | 1. *I want to be able to stay in my own home for as long as it is safe to do so* (76%) |

| | |
|---|---|
| | 2. *I want my community to be able to support me to live my life the way I want* (54%) |
| Lambeth | 1. *I want to be able to stay in my own home for as long as it is safe to do so* (81%)<br>2. *I want my family to feel supported at the end of life (79%)*<br>3. *I want there to be convenient ways for me to travel to health and care services when I need to* (68%) |
| Lewisham | 1. *I want my family to feel supported at the end of life* (84%)<br>2. *I want to be able to stay in my own home for as long as it is safe to do so* (77%)<br>3. *I want my family and friends to have the knowledge to help and support me when needed* (71%) |
| Southwark | 1. *I want to be able to stay in my own home for as long as it is safe to do so* (81%)<br>2. *I want my family to feel supported at the end of life* (75%)<br>3. *I want there to be convenient ways for me to travel to health and care services when I need to* (61%) |

Overall, south east London residents ranked the following as the top three 'Very Important' aspects for them to retain independence as they get older:

1. *I want my family to feel supported at the end of life*
2. *I want to be able to stay in my own home for as long as it is safe to do so*
3. *I want there to be convenient ways for me to travel to health and care services when I need to*

South east London residents provided the following comments on what would help them to retain their independence as they get older through the free text section of the survey, which have been broken down into themes.

## Social care and home services

For south east London residents, it was very important to be able to stay in their own home for as long as it is safe to do so. Availability of social care and home services was important to south east London residents. People highlighted the following areas for improvement:

- Friends and relatives of those needing care in their homes told us that finding care workers was a challenge. For those with care workers, time limitations meant that just getting the basis care tasks was a challenge, often leaving no time for choices in how time was spent, for example, no time to simply sit and have a chat and get to know each other.
- While home care staff are trained to carry-out their duties, people have told us that they will often miss key early symptoms of deteriorating health.
- Some surgeries no longer provide home visits from GPs and health workers which is an issue.

Residents made the following suggestions to improve social care and home services and gave examples of good practice:

| | |
|---|---|
| ✓ | • More community based support. |
| ✓ | • Some people wanted the local authority to prioritise investment in domiciliary care. |

| | |
|---|---|
| ✓ | • More availability of care workers. |
| ✓ | • More information about options. Some respondents who didn't have any family were unaware of what social care is available to them. |
| ✓ | • The needs of disabled people, including those with learning disabilities, must be accounted for when providing support both at home and in care homes. |
| ✓ | • Services provided by local councils were valued, however, it was felt they should to be extended. One older resident needed further support from the handyperson service with maintenance tasks such as changing light bulbs or repairing curtains rails, which have become increasingly more difficult. |

*'It would be essential for me to retain my independence for as long as possible and to know I had rights to receive appropriate care and medical aid in my home if necessary without further charge - this being much more economic than institutional care.'*

*'Home care services that you can rely on are very important, this also applies to the district nurses.'*

## Mobility

Respondents considered maintaining mobility to be essential to retaining independence. They highlighted the issues they currently face in maintaining mobility:

- Provision of support services to help people with their mobility and transport. It is important to ensure that appropriate transport infrastructure is in place or accessible. '*Since the start of my mobility issues I find it hard to get around, so I have to rely on dial a ride or taxi to get me to places.'*

Residents made the following suggestions to enable mobility and gave examples of good practice:

| | |
|---|---|
| ✓ | • Being able to travel freely is important and accessible transport schemes such as the Freedom Pass are valued by older people. |

## Community based services

Getting the right community based support was important to south east London residents. They highlighted the issues they currently face in accessing community based services:

- Residents struggle to find and access support services for themselves and, more commonly, for relatives and friends they look after. There is a lack of support groups and day centres. This is issue is particularly difficult for those looking after others with dementia and/or with mental health issues such as depression and loneliness.
- Where provision was available there were sometimes barriers in having the confidence or ability to get to a venue.

Residents made the following suggestions for accessing community based services and gave examples of good practice:

| | |
|---|---|
| ✓ | • Access to activities, social groups and community support is vital in helping people to be less lonely and thus improving their wellbeing. |
| ✓ | • Free, person-centred activities. *'Free access to a personal trainer to keep my muscles strong and prevent frailty!'* |

*'Social groups/support groups to make me feel independent/support/not lonely'.*

### Getting older

Towards the end of life, it was very important to south east London residents that their families feel supported. It was also important to know how to stay healthy to prevent ill health when they are older. They made the following suggestions to achieve this:

| | |
|---|---|
| ✓ | • Quick access to high quality GPs |
| ✓ | • Improvement to access and quality of other services such as palliative care and specialist dementia services. |

*'I would like to think that my family will be supported when I die but I have not heard any good examples of this happening.'*

## Interaction with local NHS

Respondents to the general survey were asked to rate how important the following things are to them when it comes to how they want to interact with their local NHS, on a scale of "Very Important" to "Not important at all":

- *I have absolute confidence that my personal data is managed well and kept secure*
- *I can access services using my phone or computer*
- *I can talk to my doctor or other health care professional wherever I am*
- *I can make appointments online and my options are not limited*
- *Any results are communicated to me quickly making best use of technology*
- *I manage my own personal records so that I can receive continuity in care*
- *I am able to talk to other people who are experiencing similar challenges to me to help me feel better*

The table below shows a breakdown of the statements ranked "Very Important" in each south east London borough:

| Borough | Statements ranked "Very Important" |
|---|---|
| Bexley | 1. *I have absolute confidence that my personal data is managed well and kept secure* (70%)<br>2. *Any results are communicated to me quickly making best use of technology* (64%)<br>3. *I can talk to my doctor or other health care professional wherever I am* (58%) |
| Bromley | 1. *Any results are communicated to me quickly making best use of technology* (63%)<br>2. *I can access services using my phone or computer* (57%)<br>3. *I have absolute confidence that my personal data is managed well and kept secure* (55%) |

| | |
|---|---|
| Greenwich | 1. *I have absolute confidence that my personal data is managed well and kept secure* (68%)<br>2. *I can talk to my doctor or other health care professional wherever I am* (65%) |
| Lambeth | 1. *I have absolute confidence that my personal data is managed well and kept secure* (70%)<br>2. *Any results are communicated to me quickly making best use of technology* (52%)<br>3. *I can access services using my phone or computer* (48%) |
| Lewisham | 1. *I have absolute confidence that my personal data is managed well and kept secure* (69%)<br>2. *Any results are communicated to me quickly making best use of technology* (64%)<br>3. *I can talk to my doctor or other health care professional wherever I am (59%)* |
| Southwark | 1. *I have absolute confidence that my personal data is managed well and kept secure* (58%)<br>2. *Any results are communicated to me quickly making best use of technology* (53%)<br>3. *I can access services using my phone or computer* (51%) |

Overall, south east London residents ranked the following as the top three 'Very Important' aspects for their interaction with local NHS:

1. *I have absolute confidence that my personal data is managed well and kept secure*
2. *Any results are communicated to me quickly making best use of technology*
3. *I can talk to my doctor or other health care professional wherever I am*
   *I can access services using my phone or computer*

South east London residents provided the following comments on how they would like to interact with the NHS through the free text section of the survey, which have been broken down into themes.

## Digital appointments

Respondents had mixed views on digital appointments. Many felt that digital access that is consistent and up to date with technological advancements would help people maintain their health. For others, the increasing use of technology was viewed as a barrier to accessing advice and treatment. They highlighted the following issues:

- The use of technology was a concern for those who were not fluent English speakers and for those who did not have, or want to have, the skills to use digital technology. This includes elderly people and those with reduced dexterity or with additional communication needs. Amongst the latter group, the increasing use of technology was felt to be a way of saving money rather than a way of addressing demand for services.

*'I don't have a new phone that can do everything and I don't have a computer. How does this work for me?'*

Residents made the following suggestions for use of digital appointments and gave examples of good practice:

| | |
|---|---|
| ✓ | • Ensure equality of access for those who do not use technology and prefer other methods of communication. Those who expressed this view were concerned that they may be excluded as a result. '*I need to receive information by phone or letter.'* One patient requested: *'That there will always be a human to speak with, in regards to my health matter, and that it would not be only a data/digital process.* |
| ✓ | • It was important that patients were able to book online appointment, in particular with their GPs and manage access to their online record in a reliable way. Some residents wanted primary care services to offer "online chat" access to doctors. *'Our GP surgery is supposed to have on-line option to make appointments but despite signing up for this, the service is unavailable when I try to use it.'* |

## Information sharing and record keeping

Residents suggested that services could utilise technology to streamline information sharing and record keeping, leading to better continuity of care.

Residents highlighted the issues they have with information sharing and record keeping:

- Security. *'Can computer data really be secure?'*
- Current records available to patients is limited.

Residents made the following suggestions for better information sharing and record keeping and gave examples of good practice:

| | |
|---|---|
| ✓ | • Improve communication with patients including responding to patient's queries (phone and email) and providing information about test results promptly, using the best use of technology. *'Better use of technology across the NHS. There should much more that is standardised / mandated. Linked systems allowing access to patient records.', 'Better communication of my care between hospital and community services.'* |
| ✓ | • Secure, integrated access to records. *'All information on my heath and care is held in one data file which is accessible by authorised professionals.'* |

*'Integrated services (e.g. my GP to have access to my hospital records and vice-versa. The hospital shouldn't have to be writing and sending letters with blood test exams to my GP! That's what computers are for! Save everyone some time please.'*

healthwatch

NHS Long Term Plan

# Specific condition related findings

# Mental Health

Through focus groups and the specific conditions survey, south east London residents shared their experiences of using mental health services, which have been broken down into themes. 56 adults with lived experienced of mental health issues and 32 parents and/or carers took part in the focus groups. 136 south east London residents completed the specific conditions survey.

## Early access and prevention

Participants of the mental health focus groups felt that early access to help was vital for people living with mental health issues. Offering help on how to prevent MH issues escalating/prevention is important. Many carers described the person they care for being in denial, not getting help until it is too late and not placing value on preventative strategies.

People with lived experience and parents/carers described the following barriers to accessing early help:

- The problem many carers face is getting the person with the problem to acknowledge they need help and getting them to access help early. Some had accessed their local crisis café rather than A&E to deescalate problems, especially those who don't like to admit they have a problem. *'Mental health prevents them accessing services.' 'They are in denial and hide the problems…..they have to be ready to get help.'*
- Many of those cared for were scared to ask for help as they were worried about losing control and being sectioned, this is often due to past experiences of how they were treated and affects all aspects of treatment. As a result they often left it until reaching rock bottom before asking or seeking help.
- Difficulty expressing themselves. Those with learning difficulties found it difficult to express themselves in ten minute appointments and were presented with information that was not in easy read. People with lived experience of mental health without carers or someone to advocate on their behalf found it difficult to access early help.
- Carers felt that they were often not included enough or their concerns taken seriously by the professionals making decisions about those they care for. *'Who knows their child better than their mother? Carers are not recognised and taken seriously as experts on their children.' 'They hide their illness so take notice of carers who are more aware of what is actually happening.'*
- Not being listened to or referred for further help may discourage people from asking again. A participant with chronic mental health problems said *'When I stick my hand out, and asked for help. No one did anything.'*
- People with lived experience felt there was a move towards telephone assessments which was not a good idea, as the people they support can hold it together for a phone call. They felt face to face was better as body language and appearance were important in diagnosing. They explained how *'a brave face could be put on over the phone which could be misleading.'*
- Carers also cited lack of communication between different professionals, hospitals, community care etc., and the person they cared for (who may not understand fully what's happening) and carers. *'Including carers in discharge decisions as they are the ones that have to cope when it goes wrong.'*

- Ill mental health and lack of early support has a domino effect on other aspects of life for an individual such as their ability to sustain employment, risk of losing housing, relationship and family breakdown and social life.
- They also said that when their situation changes, the system doesn't respond very well.

*'They often don't face up to problems so won't get preventive help, that's why it gets to crisis. They then ask for help when it's too late'*

*'We can't force or make them go but it would help if they got help sooner…how do you persuade someone?'*

*'I got chucked on tablets at 16 and it took 2 years to get a CAHMS appointment. I was very disappointed with the service and their suggestions on how to make me feel ok'*

*'I have been on the waiting list for counselling for a couple of years, I need one to one so my needs have not been met yet.'*

Participants of the focus groups made suggestions to improve prevention and early access and gave examples of good practice:

| | |
|---|---|
| ✓ ✓ | • Carers felt speed is really important as if the person they care for agrees to get help and attends an initial appointment. If consecutive treatment has a long wait they may worsen or change their mind about getting help. People should get help the first time they ask. *'It takes a lot courage to seek help'* and asking for help is not easy for many people, especially men. |
| ✓ ✓ | • There should be immediate access to someone people could talk with instead of being prescribed medication. Many felt that it would be beneficial to have a mental health professional/ psychiatrist or psychologist people could speak to in GPs or other community settings. Prescription is not an answer. *'They may get the first appointment (with GP) and be referred fast but if they have to wait 6 months after that lots could have changed.'* |
| ✓ | • Annual health checks were suggested if people could be persuaded to attend. The appointments should be available immediately without a long wait for an appointment as mental health can change quickly. They should be local and carried out by someone that they already had a relationship with and know i.e. their own GP. |

## Access to services

Access to services is vital for people with ill mental health. Quick access to good quality care and appropriate support is key to managing mental health.

Participants in the focus groups raised the following barriers to accessing services:

- Accessing and receiving help from adult services was flagged as a significant problem. The necessary criteria to access support has become harder to meet.
- Many felt that access to specialist services such as Community Mental Health Teams (CMHTs) and care coordinators is very difficult. They said that they have to wait for a long time before they can access any support.
- Those in Greenwich with long-term mental health problems felt there was a lack of long-term support in the borough.
- Timely access to talking therapies is also a big issue. Some are still waiting for their calls, and it has been over three months since they were told that they would be called for an appointment. One person described waiting 10 to 15 weeks to see a psychiatrist.

- Making an appointment with the GP or other medical practitioner takes a degree of self-worth. Also if you don't turn up for an appointment you are deemed to not need your appointment.
- People with MH conditions said that they receive limited information and rely heavily on a voluntary sector groups to help them access support.
- Access to crisis services is vital. In Greenwich, it was felt there was a lack of crisis support services. Those needing pre-crisis support who said they were about to have relapses could not find services welcoming enough with people who understand where they are coming from. It is also difficult to get an appointment with a GP. They are unaware of the Home Treatment Team and so will wait for their Community Mental Health Team or to go to the A&E.

Participants in the focus groups suggested the following changes for people with mental health issues to access services and gave examples of good practice:

| | |
|---|---|
| ✓ | • A map, flow-chart or directory, for service users, to help them understand, navigate and effectively use services. Knowing who and where to go to, for what, would reduce time spent and frustrations when trying to access services. This would also increase efficiencies for services with a reduction in time spent with patients who have (inadvertently/inappropriately) turned to them. We were given examples of service users going to the "wrong" service because they did not know who they should go to and feeling upset/angry/irritated because this service could not meet their needs. |
| ✓ | • Information should be short and written on a one-page paper with information on how to access them. They also mentioned the libraries as a good place to do things such as reading the paper, having access to the internet, and to find out what things are happening. |
| ✓ | • Carers suggested that GP should be the point of contact to access services and provide information. |
| ✓ | • Service users should be fully engaged and central to the planning process before any changes are made. |
| ✓ | • It is extremely important to have access to a named person as a care coordinator. The coordinator should know them well and the relationship they build should be helpful. *'Not having a named person who really knows you just makes me more anxious.'* |
| ✓ | • There should be a more personalised approach where things are included in their care plan. Some would prefer that the information is tailored to their need because not everyone wants the same things. |
| ✓ | • Services should be available at a variety of times, to reflect people's differing schedules. *'Services at different times as life not 9-5, I work long hours and often weekends.'* |
| ✓ | • Some said that they had difficulty accessing their GPs and felt that people with mental health conditions should be given priority. |
| ✓ | • Quick access to low level support services such as IAPT would help patients recover quicker. More thorough assessments at these services would assist in ensuring the right support and treatment is given to help recovery. |
| ✓ | • For others, more in-depth treatments are necessary for recovery. Thorough assessment was address this issue if service users can be referred to more specialist services. |

*"One stop shop for all mental health treatment as its confusing trying to navigate the system"*

## Support to stay well

Ongoing support was an important aspect to keeping well after an onset of ill mental health and hospitalisation. Those who were left without support or follow up felt anxious because they were unsure about how to best care for themselves.

Individuals and carers described the following barriers to staying well:

- Participants felt there was a lack of outdoor activities available to people with mental health conditions.
- A good care coordinator plays a pivotal role in supporting people with ongoing mental health issues. Participants shared both positive experiences of exceptional coordinators and others shared negative experiences. Those who provided positive experience felt their care coordinator continued to have a positive impact on their wellbeing. Others said that the lack of frequency of contact can be difficult. One participant is only seen once every three months by the community mental health team and said that this is not helpful.
- Regardless of how long ago diagnosed, there should be better access to physical and emotional support. There was a feeling that priority was given to those newly diagnosed and those who had been diagnosed for some time did not get the same level of access to support.
- Participants felt they would struggle to take more control of their own health and well-being. Some felt they would not be able to manage on their own. It would *'take a great deal of courage, it would be difficult. I would not know where to start.'*
- Accessing services and activities can be daunting for people with ill mental health. *'The person I care for is terrified of change so wouldn't engage in activities.' 'My son won't travel on the bus so he can't get to things.' 'They assume we can just use [sports] services like everyone else.'*
- Many participants of the focus groups felt that there is lack of clear and accessible information and this creates a significant barrier to accessing services. Not all had access to internet services or felt they did not have the skills to find information this way. Putting more information online maybe helpful for some but for others it may create a barrier. Others may need support and help to understand online information. Some patients noted Mind as a useful source of information, but did not know where to get help other than Mind. *'This can only work if all information was available in the format that meets the needs of the patient.'*
- Carers also talked of their difficulty caring for the person with mental health problems when they were discharged from hospitals, saying they did not get help and no one came to assess their needs.
- People with lived experiences in Greenwich felt there was a long wait time between referrals, assessments and diagnosis.

Participants of the south east London focus groups made suggestions to support them to stay well and gave examples of good practice:

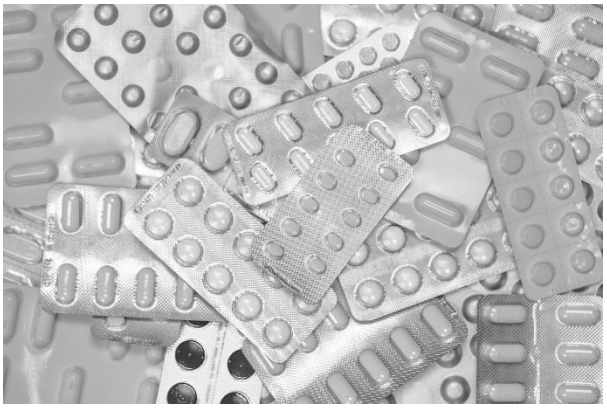
| | |
|---|---|
| ✓ | • Health care professionals and the wider community to acknowledge that they are in pain: *'it's like a roller-coaster that you can't get off'.* |
| ✓<br>✓ | • People with lived experiences felt that consistent support from care workers and health professionals that could be trusted and who were empathetic was key. |

| | |
|---|---|
| ✓ ✓ | • Also for some, frequently and timely communication with clinics and receiving appropriate care and treatment soon after diagnosis was important. |
| ✓ | • Safe, community, spaces where people with mental health issues can come together to help and support each other, such as community café and/or peer support groups. |
| ✓ | • Participants would appreciate access to outdoor activities. Other activities such as Mindfulness can be very helpful, but sometimes are not available or difficult to access. |
| ✓ ✓ | • Strategies to use to cope at home would be useful, especially to those who hear voices and may experience triggers. Others said they need support for anxiety and help self-management of symptoms. |
| ✓ | • Many felt they would benefit from having someone to talk to. They suggested something to bring people together as a group, build confidence and do things together, such as a befriending service. *'Everyday life triggers anxiety but there is nowhere to go when you need it'.* |
| ✓ ✓ | • Also, others felt that education about the conditions, triggers and self-management was vital to stay well. |
| ✓ ✓ | • People appreciated support from organisations such as Quo Vadis Trust and other national mental health charities. They felt they are an excellent way of feeling listened to and supported in their recovery. They also valued mental health cafes. |
| ✓ | • Holistic, person-centred, tailored approach to mental health rather than a "best-practice/one size fits all" process that many had experienced. They asked for flexibility in care packages. |
| ✓ ✓ | • Continuity of care and seeing the same person was important, but also choice of who they see was important. If they don't connect with those offering help or the community team worker assigned to them then they don't attend, don't improve or may refuse help. |
| ✓ ✓ | • Good sleep and diet are valued, but are not always possible if symptoms are active and money is tight. Sessions on healthy eating and cooking on a budget would be valued. Some did not realise that exercise and healthy diet could help improve health. |
| ✓ ✓ | • Carers must receive support to improve their quality of life, as well as the people they care for. Several carers were suffering from stress anxiety and their own mental health issues. It is important that the needs of carers are considered at the same time of those of the person with mental ill health to prevent carers becoming ill themselves. *'Carers and those they cared for should have free bus travel to encourage them to get out and about.' 'No one asked if I was ok. The focus was on my husband.'* |
| ✓ ✓ | • Greater awareness of services people with ill mental health are eligible to access, especially after discharge from hospital. *'It's fixed, off you go'! 'You hope for the best'* |

*'We are left to manage our own thoughts far too much'.*

## Treatment

Participants of the focus groups described the following experiences of poor treatment:



- Medication was an issue that many have raised. Many felt that the services are quick to prescribe without looking at patient's holistic needs. Access to additional support in the form of therapy or activities (sport, mindfulness, learning, hobbies) help them manage their mental wellbeing. *'They don't look for the cause only treat the symptoms.'*
- Some pointed out that their mental health has not been taken into account when they accessed services through A&E. Mind and body are not treated together. One patient who attended A&E as a result of self-harming was only treated for physical injuries, although his injuries were a result of his ill mental health. His mental health was overlooked and he was discharged after his physical health improved.
- Participants also complained about long waiting times at hospital. One patient shared his experience of accessing A&E. He felt he was in '*turmoil'*, yet was asked to wait for a couple of hours. He eventually left without being seen and as a result was admitted to a mental health hospital soon after.
- Some participants were not involved in decisions about their own care. One participant complained about his GP stopping his medication without his knowledge. This was only discovered by the participant's key worker after realising he was not taking his medication.
- Other participants had experiences of GPs who were either unable to did not want to help them with their mental health. One participant said that his GP told him '*We don't deal with your mental health issues'.* Another participant said that a GP had told her daughter *'[y]ou're young and fit what I have you got to worry about?'* The daughter had described symptoms and said that she was raped, the GP was unable to deal with this situation.
- Some felt their GP does not have enough expertise regarding mental health medication.
- People feel that they are in a system where they are required to repeat their story to numbers of different health professionals. *'Apparently you can only bring up one issue with your GP per appointment.' 'This isn't good enough for me with my multiple conditions.' 'It means that when I make a next appointment I am not seeing the same person.'*
- Not all mental health patients were in receipt of a care plan from their psychologist. This has led to poor monitoring of medications both regular and newly prescribed.
- In conversation with the Department for Work and Pensions and Jobcentre Plus there is agreement that people should do voluntary work as this is good for mental health. However tribunal teams - over which there is no jurisdiction - may assess the person is more capable than they really are and change benefits in a way that doesn't support their recovery. GPs may encourage patients to do physical activity to help with their well-being, but this might be seen, or is seen, by the DWP as evidence that the person does not need to be on the benefits that are on, therefore there is a disincentive to lead healthier lifestyles.
- Some people with trust issues and anxiety find it hard to take part in group therapy or build relationships with others.
- Mental health and addiction services need to work together more to be effective. Wards don't support people with dual diagnosis. They are told it's a substance use issue so they are discharged. *'Need to be clean and sober to get help, but drinks due to mental health problems which are not sorted so it's an endless circle'.*

Participants of the focus groups described and made the following suggestions to improve treatment and gave examples of good practice:

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| ✓ | • Treatment options should be discussed and agreed with the patient. *'Many people know what helps them. It should be a joint decision.'* |
| ✓ | • Staff at services, especially GP practices and A&E, would benefit from more education on how to best support patients with mental health. |
| ✓ | • People feel grateful if they've spoken with someone quickly even if it's with Primary Care. |
| ✓ | • People would like recognition that ill mental health can affect their physical health. |
| ✓ | • Environments should be appropriate for people going through a mental health crisis. *'The Crisis Café looks like an office, it is too bright and confusing.'* |
| ✓ | • Treatment should be person-centred. *'Treatment should be personalised to be effective, not one size fits all.'* |

*"Hospital and A&E often discharge too early, they don't talk to the carers and services are not joined up. It's an endless circle of the same things happening resulting in repeated hospital visits as the cause is not addressed. People are not interested"*

## Health inequalities

The participants described inequalities that prevent them from accessing resources and looking after their mental health.

Participants of the focus groups described the following experiences of health inequalities:

- Participants with chronic illness or disabilities reported ongoing difficulties with the Department for Work and Pensions (DWP) which caused them a great deal of stress and financial difficulty, making it doubly difficult for them to access support. Having housing and financial problems was a key factor having a major impact on their physical and mental health. *'The agencies employed by the DWP [should] operate more fairly. I have had two work capability assessments … after a lot of struggle and stress, including having my benefit stopped unfairly…It also puts additional pressure on the NHS as its costs the consultants and GPs time to send in reports that are no different to the last time.'*
- Participants said that they don't have enough money to live on, even to meet the very basic. This makes it incredibly difficult to stay well.
- Residents from BAME communities using mental health services often found that professionals lacked knowledge and understanding of cultural- specific issues affecting their mental health, leaving them feeling unsupported. *"I think the BME people…need more professionals in the mental health services with own background to understand our specific problems beyond the mainstream services."*

Participants of the focus groups made suggestions to tackle health inequalities and gave examples of good practice of this:

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| ✓ | • Some suggested paid sheltered employment, mentioning SRA as a positive example. For most of them, having something meaningful to do is important and it is not only about work. *'More supported housing.'* |
| ✓ | • Carers said that they try to be fit and healthy but prefer not to be dependent on services. They said that they should be enabled to make their own arrangements, |

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| | e.g. for respite care. *'Social media/computer training for carers to use internet and email to increase connectivity.'* |
| ✓ | • Increased awareness of mental health in communities. *'Continued visibility about mental health problems to decrease stigma.'* |
| ✓ | • Education to improve social circumstances. *'Budget management for those with MH issues.'* |

# Learning disabilities and autism

Through focus groups and the specific conditions survey, south east London residents shared their experiences of learning disabilities and autism, which have been broken down into themes. 63 adults with learning disabilities and/or autism and 3 parents and/or carers took part in the focus groups. 136 south east London residents completed the specific conditions survey.

## Access to appointments

Participants of the focus groups described the following barriers to accessing appointments:

- Participants said that they cannot book appointments with their GP over the phone or through any means and this must be done by their family/relative or carer. They are frustrated by spending significant amounts of time waiting on hold, to either not get through or to be only able to book appointments two weeks away. This results in some patients going to walk in clinics, however, they may have to wait a long time to be seen.
- Participants said they may have to wait longer to see the same doctor. It is hard not seeing the same doctor for all appointments. Most would prefer to see the same doctor for every appointment because they are aware of the patient's medical history and understand the patient's needs. Some described difficulties with individual doctors such as accents or not enough eye contact.
- Reception staff were often not very helpful at their GP.
- Having check-ups on different days can be stressful, for example, hearing and dental. It can be difficult for carers to arrange, and can make some people with learning disabilities feel anxious because they don't like going to hospital. They would value being offered different checks in one day/appointment. They said that professionals should coordinate the services because people with LD will be unable to ask for it.
- Travel to and from hospitals can be difficult. Taxis are expensive and you can have trouble parking.

Participants of the focus groups made the following suggestions for accessing appointments and gave examples of good practice:

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| ✓ | • Clear explanations and support booking appointments would be valued. Some participants said that they receive letter reminding them of their appointments. One group member told us that they had missed several appointments, because she doesn't remember them. Participants said they would prefer health services to provide text or phone call reminders about their appointments. It was suggested that practices could also issue tickets which would contain full appointment details, like those provided by dental practices. |
| ✓ | • Appointment processes should always be in easy-read format, including online appointments. *"Can't get through to my doctor. Always on the answer phone, never call me back. Don't know how to book online."* |
| ✓<br>✓ | • Those who are given options for appointments value them. For example, having the option for home visits is valued. Also, being able to choose which hospital to attend is important. To make sure they have enough time with the doctor, participants wanted the option of a double appointment. They also wanted to be given the option to take someone to their appointments. *"Sometimes it is easy, sometimes difficult. Depending on the times it can make it difficult. More difficult if an appointment is early."* |
| ✓ | • Good signage is important to people with learning disabilities. For example, colour-coded signs like those on underground trains and big letters are helpful. Participants would appreciate support to inform them it's their turn for an appointment. Some find it difficult to read the current signage. |
| ✓ | • At one hospital, all staff including the cleaner had been trained to be able to help give directions. This was especially helpful. |

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| ✓ | • Participants were unaware of the GP Extended Access service available in some boroughs. A participant received a text message about the service but did not understand the content. They felt it would have been easier for a doctor to explain the message. |

*"Find it easier to go into practice to book an appointment. Staff are friendly and sometimes send letter reminders."*

## Prevention and staying well

Participants of the focus groups described the following barriers to staying well:

- Parents of children with LD and autism said that they value good physical health for their children, but often physical exercise is limited.
- For some, it is a struggle to achieve five fruits and vegetables a day. It is much easier to eat takeaway/convenience foods. Finances were also an issue for, for example, some people cut out meals to save money.
- Accessing facilities to exercise can be expensive and some would prefer to go to specially arranged sessions when it was quieter. *'Gym sessions for people with autism, less crowded, quiet changing rooms dim lighting etc.'*
- Knowledge varied between participants of healthy diet. Some did not equate health with sugar intake, and would add sugar to their tea.
- Most participants rely heavily on the help of their relatives/family and support workers and would struggle to stay well on their own.

Participants of the focus groups made the following suggestions for staying well and gave examples of good practice:

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| ✓ | • They talked of the value of friendship and how having friends is good to encourage people to attend appointments and give advice on how to stay well. They said that when they are sad, they talk to their support workers or friends. Support of key workers, friends and carers was vital to wellbeing. They are not aware of places where they can get information and so they ask their support workers if they need to know about places or services. |
| ✓ | • Parents should be empowered to ask questions and to have the confidence to navigate the system. Where this is not possible, for example for parents who themselves have autism or learning disability, information should be readily available and accessible. |
| ✓ | • Parents of children and young people with LD/autism said that introducing more play time and more physical activities in school is beneficial and helps children sleep better. |
| ✓ | • Alongside physical exercise, participants valued some therapies like mindfulness. One parent talked about her child who is very violent and said that therapy talking has helped her a lot. |
| ✓ | • Parents of children with LD/Autism said that therapies should be offered in different ways such as face to face or online. One mother said that she wants online therapies where she can dip and out depending on her availability. |
| ✓ | • More information provided in Easy read about where to find good NHS dentists, with easy access and you know they are going to treat you fairly. |
| ✓ | • Participants of the group were aware of the importance of a healthy balanced diet and healthy lifestyle, including eating five a day, exercising, not smoking and drinking less alcohol. Their key workers, family and carers play a key role in encouraging and supporting them to change their eating habits and improve their wellbeing. Participants were encouraged to lose weight by health |

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| | professionals/or carers. Some accessed help of a dietician which they found helpful. |
| ✓ | • The importance of exercise was appreciated with many participants giving examples of a variety of physical activities they take part in including walking, swimming, Zumba, dance class, Taekwondo and the gym. Some used weights at home and others had completed the Couch to 5K scheme. People who were exercising felt empowered and happy. One participant who uses a wheelchair and Zimmer frame felt a sense of achievement after being supported by a physiotherapist and staff at a home he lives in. |
| ✓ | • Participants also valued access to other activities such as painting that promote good mental health. |
| ✓ | • Community organisations that organise fitness sessions, discussion groups and information sharing are valued, and financial help in running these groups would be really helpful. Participants had learnt about being safe, sex and relationships, losing weight, current events and travelling safely through community groups. They had also been introduced to new hobbies. |
| ✓ | • Many participants said that they prefer to receive information via post. |

## Outpatients

Participants of the focus groups described the following negative examples of outpatients' service:

- Many carers stated that GPs don't understand carers' situation. GPs have assumed that carers can cope but, in reality, some carers are also suffering from depression and need of counselling. Carers expected their GP to be more supportive and knowledgeable of other services they can be signposted to.
- Participants described experiences of GPs not asking enough questions about the issue the patient wants to discuss, and focussing on other health problems instead.
- Participants were frustrated by long waits, and would often feel anxious whilst waiting. *'My appointment is always last; I need to regularly talk to staff to ask why.' 'Get there especially early and still have to sit for over an hour. You only get 10 minutes to chat. Long queues for reception desk. Sick and tired of it, people would turn up way after me and get seen before me. I've changed doctors because of it.'*
- Participants described struggles to get the correct medication from their pharmacies. Lack of communication between services had caused patients to unnecessarily visit their pharmacy to pick up a prescription when the medication was unavailable. *'We shouldn't have to fight for medication, I know there is so many people, but the people should get the treatment they need.'*
- Participants felt that health professionals often underestimated people with learning disabilities. *'Staff don't think you can do it, so don't suggest certain things, they make an assumption. Just give us a chance to put a foot in the door, give me a chance to share my views.'*
- Participants commented that letters and leaflets were not being received in easy-read for hospital appointments, so help was required to understand the information being received for appointments. Some had help when attending their appointments.
- Some participants expressed frustration at long waiting periods between diagnosis and treatment.
- Some doctors don't quite understand how to interact with someone with learning disabilities. Doctors often used words that were unfamiliar to patients or that patients did not fully understand. *'Rather than talking in jargon, it would be better if they used pictures.'*
- Also, participants felt that doctors do not spend enough time explaining health tests to them. One person was scheduled to have a CT scan at hospital, but was not really sure

what it was for. He was really scared as the GP had mentioned that it could be an infection or even a tumour. He prepared himself for the worse. It would have been good if the GP could have spent more time with him, explaining what the scan was for and exactly what would happen during the procedure. The leaflet explaining about CT scans, (that arrived with his appointment letter) was not in easy read and was confusing.

Participants of the focus groups made the following suggestions for outpatients' and gave examples of good practice:

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| ✓ | • Staff calling patients' name and seeing their name on the screen when it is their turn for appointments. |
| ✓ | • When accessing health services, participants appreciate being clearly explained who they will see and why. This would help them to be reassured and improve their experience. Participants appreciate it when staff are friendly and when they are seen quickly. *'I went to Accident and Emergency department because my iron was low. I was taken to Ambulatory care. They book you for an appointment quickly. Staff were nice and explained everything.'* |
| ✓ | • Some felt that communication during treatment at hospitals could be improved. *'Doctors in hospital need to explain what they are doing better. During my last visit, they stuck a needle in my arm, and I don't know why? It was painful.'* Having injections was described *'scary'* for many patients and extra support and reassurance during procedures requiring injections would be beneficial. |
| ✓ | • It is helpful to have someone or a family member to support them when going to appointments. One participant was frustrated that his stepdad wasn't allowed to ride in the ambulance with him. |
| ✓ | • One hospital has an experienced learning disability nurse present when undertaking blood tests. Another hospital already has a nurse who is experienced in this field. She assists learning disability patients with most things at the hospital. This would help patients with learning disabilities feel less anxious. |
| ✓ | • Carers would appreciate having the option to communicate on behalf of the person they care for. Occasionally people with learning disabilities are unable to understand the doctor. |
| ✓ | • Clearer, jargon free communication supported by pictures would improve people's understanding of their health issues. People would appreciate accessible written information that they could take home and this would help them remember it. |

## Professionals' knowledge

Participants of the focus groups described the following negative examples of professionals' knowledge:

- People with learning difficulties felt that the awareness of hospital staff of disability is low. One carer shared her experience how she accompanies her sister with down syndrome to A&E and the sister was transferred to a wrong ward because the nurse that assessed her sister did not have the skills to identify a Down's Syndrome patient. Parents of young people with autism said that the doctor dismissed the symptoms of autism and instead prescribed him paracetamol. *'My older sons have autism, often doctors don't know this until I tell them, I think it is important that something can be put on the system so they are aware of their autism and I am not explaining each time, as it does affect how they are treated.'*
- Parents of children with learning difficulties described negative experiences of blood tests. One health professional lied to a parent's child saying no blood would be taken and they would just check his muscles. Another parent had similar experience of her child

being restrained so they could get blood. The parent recommended not to restrain children, but to model blood taking is done.
- Participants said that their experience with their GPs were ok in terms of quality of care, but that they wished they would talk to them. They said that doctors talk only to their support workers or relatives. They said that it would be nice if doctors would also speak with them and explain about their health. More importantly, they also felt that doctors don't listen to them.

Participants of the focus groups made the following suggestions for improve professionals' knowledge and gave examples of good practice:

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| ✓ | • There should be a system that could easily identify patients wherever they present themselves to avoid confusion and misunderstanding. When asked what can be used to flag learning disability, they suggested to using the Purple Star Strategy. This is a system that has been developed to award health services that work really hard to give the best help to people with learning disabilities. |
| ✓ | • Parents of children with learning disabilities said that all health professionals should be trained on how to deal with children with autism and learning disability. They should also work with parents to understand the needs of the child. |
| ✓ | • Support should be ongoing for people with autism and their carers. *'Autism is for life and help is only short term, this needs to be addressed.'* |

## Screening

Participants of the focus groups described the following negative examples of experiences with screening:

- Participants had a mixture of knowledge on screenings. Some felt that they were not as good at being screened as they could be, and that information needs to be better regarding the process for people with learning disabilities. Others knew about screenings and had accessed them.
- Carers described difficulties helping their children to attend breast screening appointments because the letter they received did not state if it was a female or male doctor at the appointment.
- Some participants felt that people with learning disabilities are not adequately given appointment for cancer screening.
- Lack of test results was an issue raised by several participants. *'If everyone just communicated in the NHS, we wouldn't have these issues. Everyone should get letters; we shouldn't have to chase them for our results.'*
- Many participants were scared of the word screening.
- Participants had mixed experiences of being offered screening tests. Some women had been invited for a smear tests via their GPs, but others said they had not been offered screening.
- Some ignored their screening letters. Bowel cancer is one of the hardest screening test for people with learning disabilities because of the different samples required. It is easier for people with assistance and support at home to carry this test out.

- Some participants were confused about how and when they would receive their screening results. *'Uncomfortable but it is good to know what is going on in my body. Doctors will get my results, but I can't remember if they told me if I'd get them.'*

Participants of the focus groups made the following suggestions for experiences screening and gave examples of good practice:

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|---|---|
| ✓ | • Patients with learning difficulties should be told the sex of the health professional performing the screening. |
| ✓ | • Education about the body such as what prostate or bowel is would be helpful in understanding what the screening was for. |
| ✓<br>✓ | • It needs to be made clearer what the tests are, how they are done, how long they will take and if there is any discomfort. They said that they should be informed of what to expect before they go to the hospital or GP. They added that leaflet with flow chart of stages or steps with pictures of what the screening is about to happen at the appointment should be sent to them. |
| ✓ | • Organisations such as Mencap are doing some training around screening and this is valuable. |

# Next steps

Our Healthier South East London provided the following statement in support of the work undertaken:

*'The feedback we have gathered from this engagement work will now be used in the development of the south east London response to the NHS Long Term Plan. The findings of this report will help to ensure that south east London plans take into account what is important to the local population. All plans have to be submitted to NHS England and Improvement in mid-November, after which national plans will be published publicly. Once our plans have been finalised we will provide feedback on how your input helped to shape these.'*

The findings of the work undertaken align with existing insight of local Healthwatch. For example, Healthwatch Lewisham's 2018-19 Annual Report cites the following common examples of change residents want to see:

- *'Make it easier to see a doctor or nurse quickly'*
- *'Improved access to mental health services'*
- *'Increased awareness around self-care for seldom heard communities'*
- *'Services should provide clear, accessible information so that everyone can make informed decisions'*

Further insight and existing data for individual boroughs can be found at the following local Healthwatch websites:

- http://www.healthwatchbexley.co.uk/home
- https://healthwatchbromley.co.uk/
- https://healthwatchgreenwich.co.uk/
- http://www.healthwatchlambeth.org.uk/
- https://www.healthwatchlewisham.co.uk/
- https://healthwatchsouthwark.co.uk/

Local Healthwatch look forward to further working with OHSEL to improve local health and social care services for our residents, and would welcome any opportunity to support the region's work.

# Acknowledgements

Local Healthwatch would like to say thank you to all charities, organisations, GPs and volunteers who supported this project and committed time to gathering south east London residents' feedback. In particular, we would like to acknowledge:

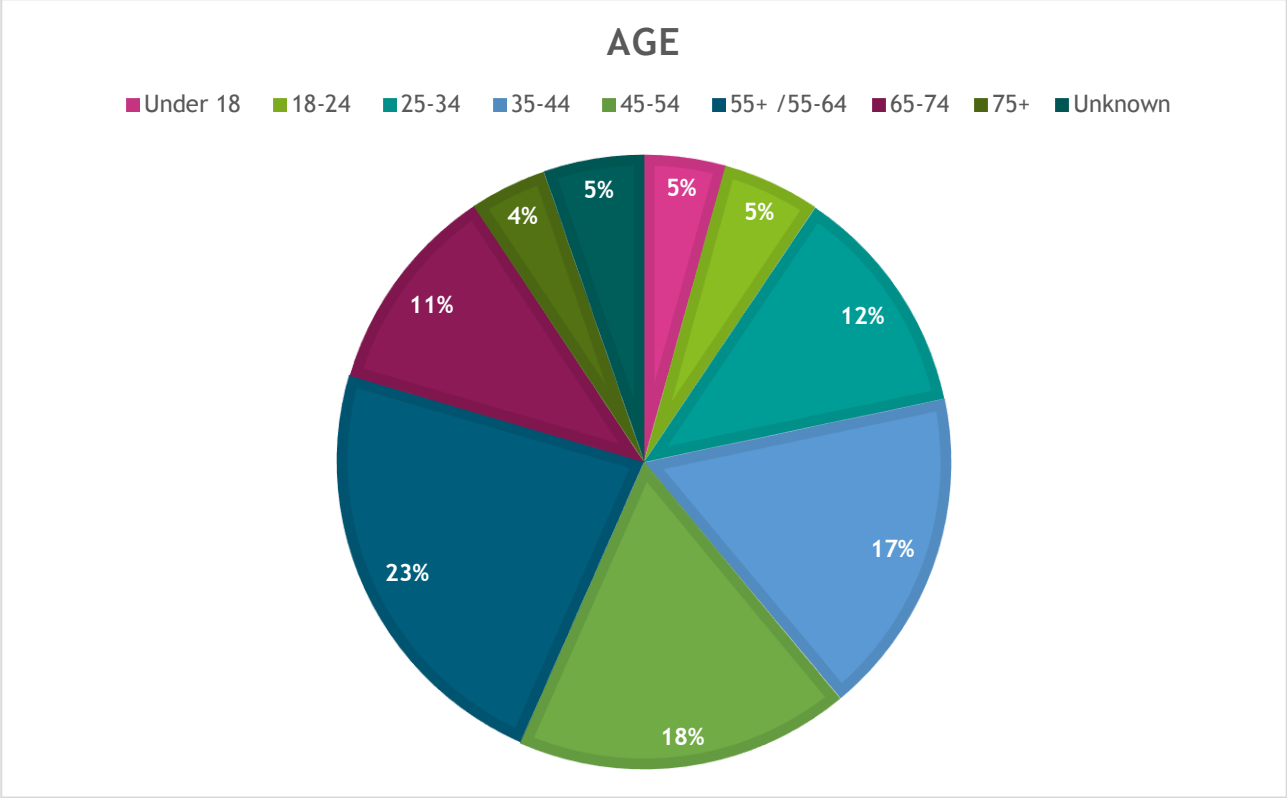
- Oxleas ResearchNet
- Bromley Well
- Bromley Mencap
- Bromley, Lewisham & Greenwich Mind
- Advocacy For All
- Lewisham Speaking Up
- Quo Vadis Trust
- Mind in Bexley Carers Groups
- Bexley Mencap
- Carlton Centre (Sidcup)
- Hearing Voices Group

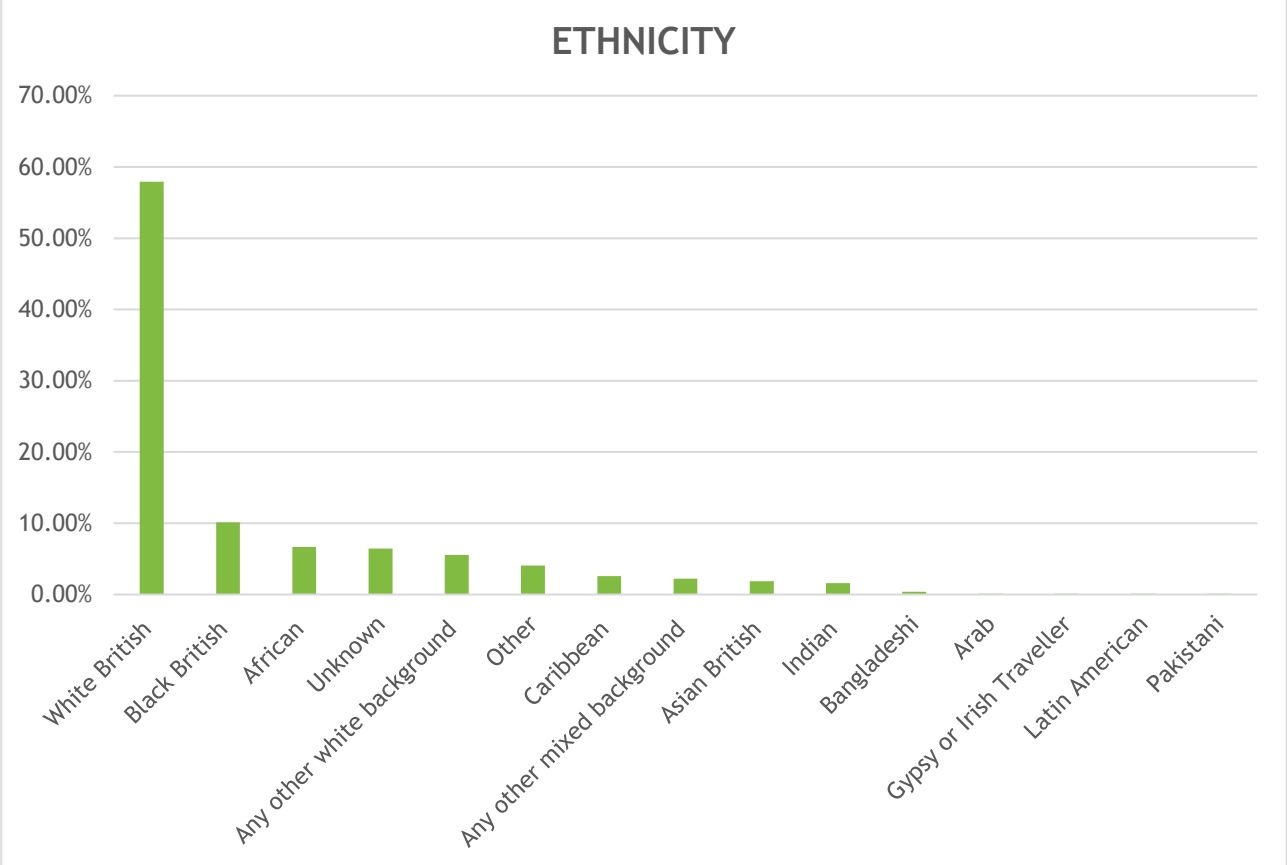
healthwatch

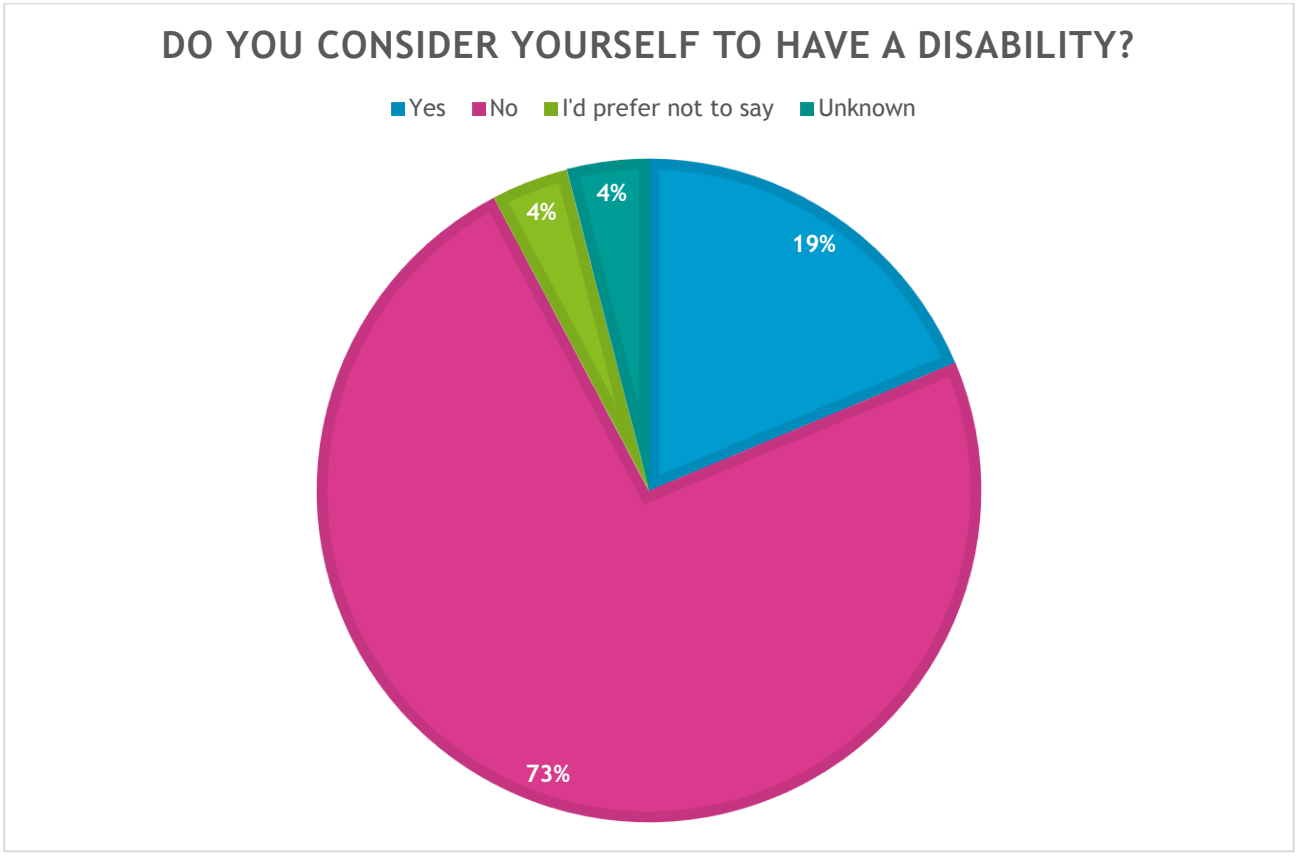
## NHS Long Term Plan

# Equality and diversity data

# General survey demographics

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No
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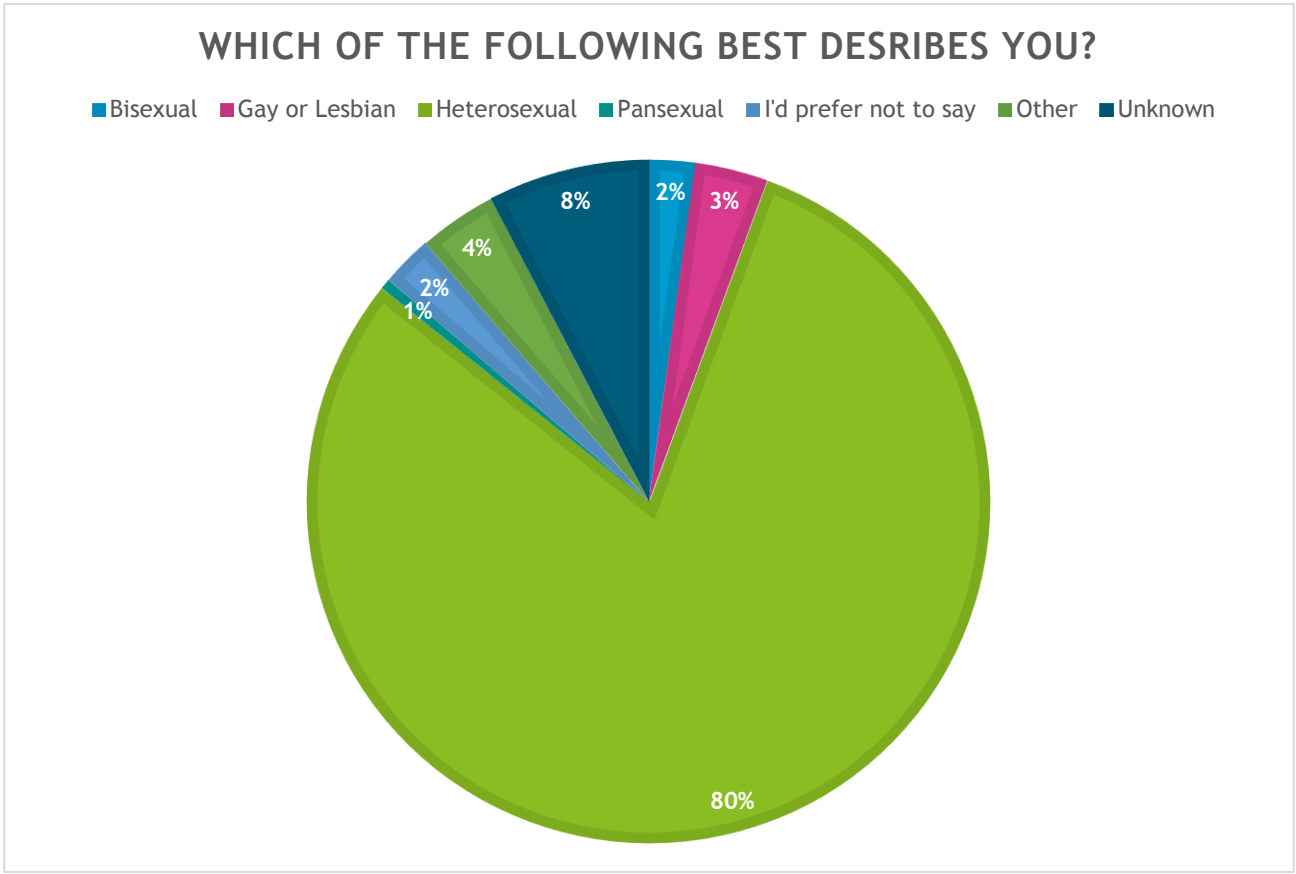
73%
4%
4%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Heterosexual
Pansexual
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2%
4%
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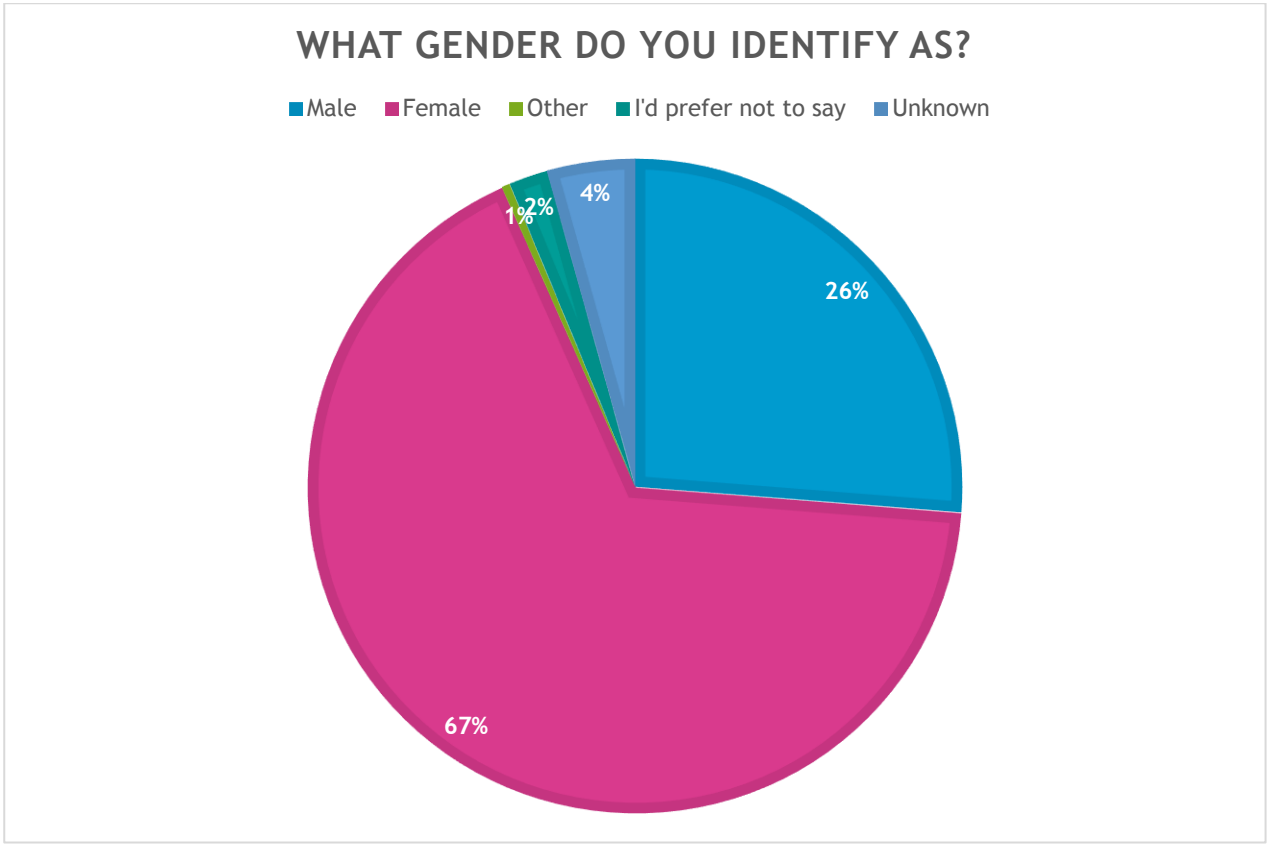
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Female
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67%
1%
2%
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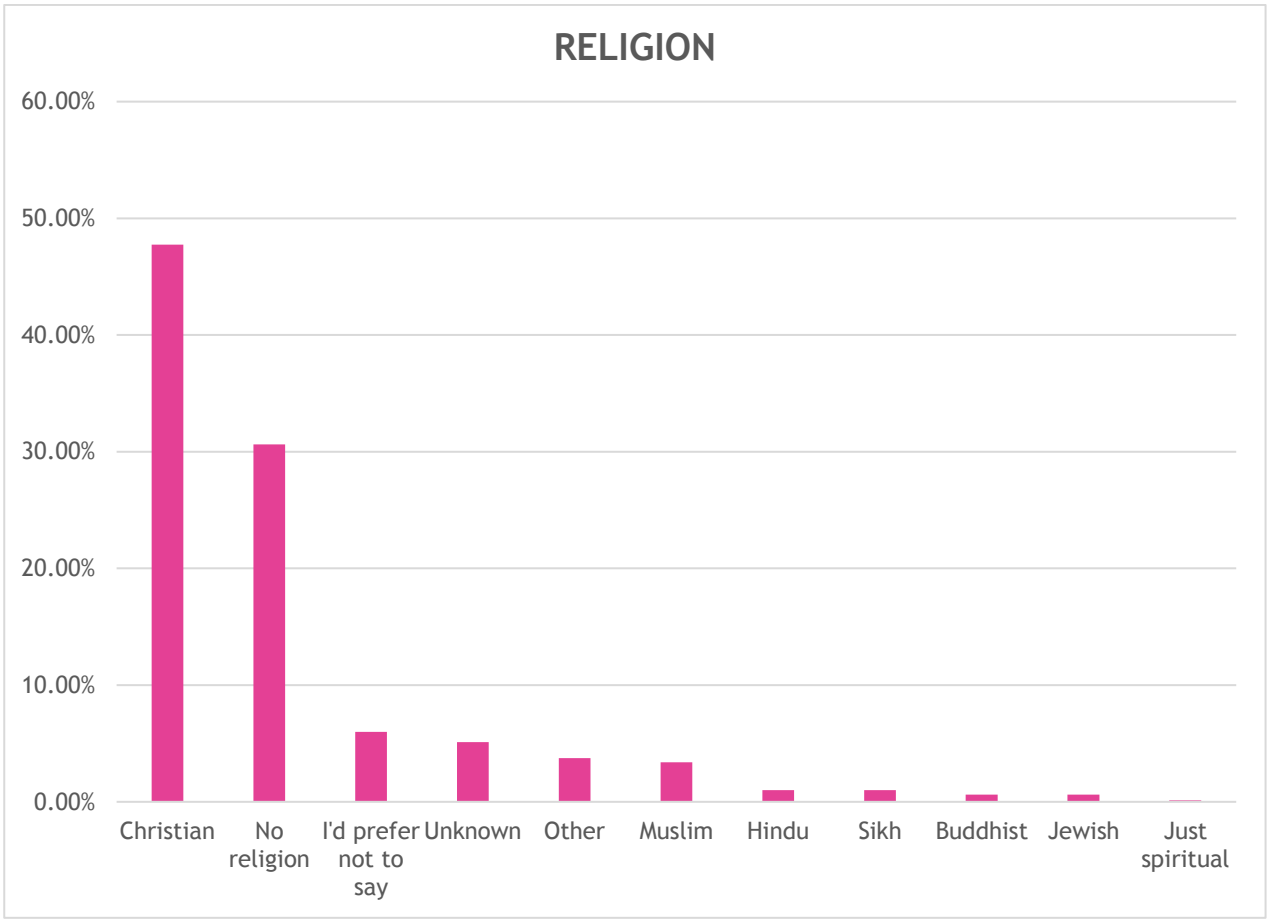
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Christian
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Other
Muslim
Hindu
Sikh
Buddhist
Jewish
Just spiritual

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Our Healthier South East London
Sustainability and Transformation Partnership

NHS

# Workforce and the NHS Interim People Plan

JHOSC
September 2019

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

Our Healthier South East London
Sustainability and Transformation Partnership

NHS

# National picture

- As many as 60,000 vacancies under a do-nothing scenario by 2024.
- The Long Term Plan aims to increase the NHS workforce:
  - At least 7,500 Nursing Associates.
  - A 5,000 increase in the number of doctors working in Primary Care.
  - Centralised support offer to international recruits – 3,000 nurses and 7,500 doctors per year.
  - Changes to funding for pre-registration nurses; which might include grants for Mental Health and Learning Disabilities nursing
  - Increases in placement capacity by up to 50%
  - Supporting trusts to achieve a 2% improvement in retention
- Supported by more places for undergraduate nurses, more medical school places and more routes into the NHS, such as apprenticeships.
- Making the NHS a better place to work, so more staff stay in the NHS and feel able to make better use of their skills and experience for patients.

Our Healthier South East London
Sustainability and Transformation Partnership

# Interim People Plan - Themes

Making the NHS the best place to work

Delivering 21st Century Care

Tackling the Nursing Challenge

Improving the Leadership Culture

Our Healthier South East London
Sustainability and Transformation Partnership

NHS

# Envisaged role for Integrated Care Systems

- Developing long-term population-based workforce plans, working closely with primary care networks, providers, commissioners and local authorities.
- Contributing to decisions over allocation of activity (such as doctor rotations)
- Taking responsibility for current placement infrastructure to manage educational capacity, improve learning environments and align educational supply with local service capacity.
- Ensuring system-wide leadership development and supporting regional talent boards
- Coordinating action to reduce temporary staffing spend across local provider organisations, including the establishment of tech-enabled collaborative staff banks across trusts
- Developing initiatives to make the local NHS a better place to work
- Overseeing the employment implications of the development of primary care networks

Our Healthier South East London
Sustainability and Transformation Partnership

# Our Workforce Strategic Framework

## Our delivery plan responds to the challenges of the Long Term Plan & Interim People Plan

| SEL STP Clinical Programmes and Transformation Workforce Delivery Plan Categories and explanation of coverage | | |
|---|---|---|
| **Capacity**<br>1. Workforce numbers (Surplus, shortages)<br>2. Structure and profile (Age, professions, etc)<br>3. Supply pipeline<br>4. Retention of existing workforce<br>5. Roles<br>6. Workload management and deployment<br>7. Productivity (Creating capacity in Primary care)<br>8. Career pathways<br>9. Recruitment of future workforce | **Capability**<br>1. Skill requirements/ emphasis / shift and development<br>2. Patient care and navigation skills – clinical and non-clinical workforce<br>3. Advance practice skills/ role enlargement<br>4. Change management skills<br>5. Quality improvement skills<br>6. Technology skills<br>7. Management (staff) skills | **Collaboration, engagement & enabling**<br>1. Working together, recognising expertise and experience and sharing best practice<br>2. Engagement of the workforce (Engagement = motivation/ involvement/ advocacy)<br>3. Job satisfaction and performance<br>4. Workforce health, well-being and resilience<br>5. Workplace health and support strategies (Employee Assistance Programme, Occupational Health etc)<br>6. Enabling the workforce to live and work in SEL - Living standards (housing, transport, etc) available from income/ remuneration<br>7. Collaborating, engaging and supporting carers and the voluntary sector<br>8. Education, estates, technology funding opportunities |
| **Contracts & governance**<br>Regulatory, professional and legal factors to be considered<br>Employment / contractual factors to be considered<br>Approaches to enable working across organisations, sectors and settings. | **Culture**<br>1. Culture and behaviour of individuals and groups<br>2. Leadership skills and leadership development<br>3. Organisational culture and workforce implications<br>4. Workforce performance, support and recognition – Policies e.g. flexible working, working patterns, working age. | |

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NHS
South East London Commissioning Alliance
Partnership of Clinical Commissioning Groups

**Meeting:** **Joint Health Overview and Scrutiny Committee**

**Location:** **Council Chamber, Bromley Civic Centre**

**Date:** **Wednesday 25 September 2019**

**Title:** **Commissioning system reform in south east London: Merger proposals and application**

**Presenter:** **Andrew Bland**

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**Summary:**

An action from the previous JOSC meeting (July) for the system reform team was to share further information on the merger programme process in September. Therefore, this paper (& appendices) has been included in response to this request, which is the paper for the six SEL CCG public governing body meetings (Sept):

The paper outlines the:

- Context for the merger proposals
- Case for change for merger agreed by Governing Bodies in May 2019
- Process followed to date in support of this application
- Key features of the proposed new CCG
- Operating model and governance of the proposed new CCG
- Process through which the capacity and capability of the new CCG will be secured
- Arrangements for the ongoing assessment of risks, mitigations and benefits

In particular, a summary of the timeline can be found on page 6.

**Action Required**

None required - For information

# Governing Body Paper

## Commissioning system reform in south east London

## Merger proposals and application - September 2019

## 1. Purpose

1.1. This paper seeks the Governing Body's approval of an application to NHS England and Improvement (NHSE&I) to merge the six CCGs in south east London (SEL - Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark) from 1 April 2020, establishing a single SEL CCG; and the dissolution of the existing six CCGs from that point.

1.2. The same proposals are being received by each of the six CCG Governing Bodies at their meetings in public over September 2019. Applications for merger have to be made to NHSE&I by 30 September 2019.

1.3. This paper outlines the:

- Context for the merger proposals
- Case for change for merger agreed by Governing Bodies in May 2019
- Process followed to date in support of this application
- Key features of the proposed new CCG
- Operating model and governance of the proposed new CCG
- Process through which the capacity and capability of the new CCG will be secured
- Arrangements for the ongoing assessment of risks, mitigations and benefits

1.4. When considering the proposals Governing Bodies will need to have assured themselves that:

- The views of key stakeholders and partners have been sought through an engagement process and have been adequately and appropriately taken into account in the proposals
- The proposals have the support of member practices

1.6 This paper provides Governing Bodies with further details and assurance on each of these points. In this context the Governing Body is asked to:

- Approve an application for merger and its submission to NHSE&I on 30 September 2019
- Note that in addition to Governing Body approval the CCG's membership will also need to approve the proposed new CCG Constitution and endorse the merger application
- Approve the proposed senior executive team structure for the new CCG (found at section 5.18 of this paper).

- Note the process and principles by which the management structure of the new CCG will be derived and implemented (see section six and supporting documentation.
- Note that an application for this merger application will only be progressed if the approvals sought above are agreed in all six CCGs according to the same process.

## 2. Context

The NHS Long Term Plan

2.1. Our proposals for merger form part of SEL's response to the Long Term Plan for the NHS in England published in January 2019. The Long Term Plan clearly outlined the importance of orientating commissioning and provider working around populations at a Neighbourhood (circa 50k), Place (circa 150 to 450k) and systems (over 1m) and this mirrors the arrangements outlined by the SEL ICS for a 'system of systems' approach where neighbourhoods are understood to be organised and coterminous within the boroughs in which they sit, where our natural 'Places' are our six boroughs and our system is, on a long standing and well evidenced basis, SEL.

2.2. The Long Term Plan goes on to outline the future of CCGs in England and states, in the context of ICS development, which the plan mandates:

*"Every ICS will need streamlined commissioning arrangements to enable a single set of commissioning decisions at system level. This will typically involve a single CCG for each ICS area. CCGs will become leaner, more strategic organisations that support providers to partner with local government and other community organisations on population health, service redesign and Long Term Plan implementation." (pg. 29 LTP Chapter 1)*

2.3. The creation of a SEL CCG allows for the simultaneous and coordinated commissioning of all three population scales which is critical due to the interdependence of our system (given patient flows) in terms of quality, performance and financial sustainability. It also supports the changes to the commissioning function outlined by the Long Term plan, noting that in SEL we had already, as part of the CCG Alliance and STP work as an Aspirant ICS, recognised the need to make changes to our system in advance of that.

2.4. CCGs of whatever size will remain sovereign commissioning bodies in their own right and their statutory duties to their residents remain unchanged by merger.

2.5. A CCG for SEL will be coterminous with the footprint of the SEL ICS and the six local authorities in SEL.

CCG Management Cost Allowance

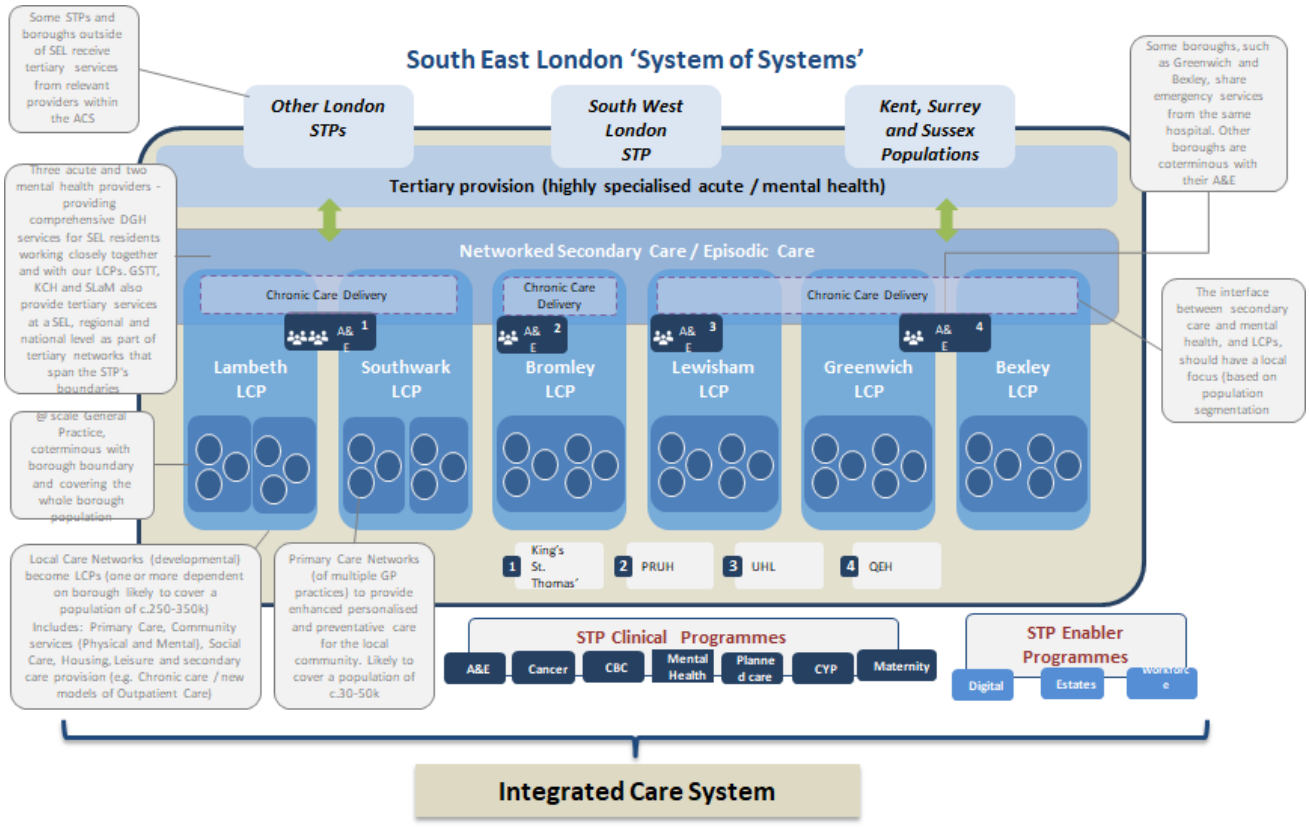
2.6. In November 2018 all CCG Accountable Officers (AOs) were asked to make plans, with their Governing Bodies, to secure a 20% reduction in management costs by 1 April 2020. The funding associated with that reduction (£4.7m for SEL) would then be transferred to commissioning of front-line services.

2.7. It is important to note that SEL have taken steps to minimise their management costs in the past and as such do not currently spend the full management cost allowance. As a result, the challenge reduced in financial terms but is increased in implementation terms because many efficiencies have already been achieved.

2.8. SEL CCGs plan to achieve this reduction to time and at the required level but a significant element of it will be reliant upon our ability to reduce any waste and duplication and make efficiency gains through the merger of our organisation. A failure to realise these opportunities through merger will of necessity, result in a straightforward reduction in management capacity.

2.9. As both a collective of CCGs, STP partners and now ICS partners we have outlined the requirement for a 'system of systems' approach to the future commissioning and delivery of services in SEL, and supporting improved sustainability and health outcomes. That 'system of systems' map is provided in figure 1.

**Figure 1: South east London 'system of systems' map**




2.10. It is critical that the merger proposals for the CCG do more than aggregate a statutory body across a bigger footprint. The coterminousity of the new CCG and the ICS is important in overall terms, but critically so in terms of our ability to differentiate the scale of commissioning activity, including deepening the local focus of health and care commissioning at borough level with local authorities, whilst enhancing our ability to join up decision making when care pathways extend beyond that borough.

## 3. Case for change

3.1. Our application for merger is made in support of our ambition to secure more integrated, high quality and sustainable services for SEL's residents and in response

to the NHS Long Term Plan (January 2019). It was agreed by Governing Bodies in May 2019.

3.2. It responds to the policy context in which we operate, in addition to the very immediate challenges faced by SEL in terms of quality and variation of outcomes, performance and finance.

Objectives

3.3. Through the creation of a single SEL CCG we are seeking to create a commissioning system that:

- Locates and coordinates decision making for the populations we serve and the services we commission at the scale at which they are best planned and delivered
- Brings about a greater integration of health and social care commissioning around the wider needs and wellbeing of our population and the whole person
- Fundamentally shifts the interaction between providers and between commissioners and providers towards collaboration and collective responsibility for patient outcomes, service delivery and living within available resources

3.4. We will be changing our commissioning arrangements alongside the establishment of provider and commissioner alliances in each borough (Local Care Partnerships) and at SEL level as the platform for our developing Integrated Care System (ICS).

Case for change

3.5. In May 2019, the CCG Governing Bodies concluded a process of testing a case for change that has underpinned our subsequent work to describe and make arrangements for a new commissioning body. The case for change was based upon creating a new commissioning approach that would derive:

- Responsive population-based commissioning at very local (neighbourhood), borough, and system (SEL) place levels that those diverse communities require - simultaneously through the redesign of commissioning functions and planning and co-ordination of a single commissioning authority.
- A different approach to commissioning - that gives greater focus to system strategy, planning and oversight; greater integration of health and social care commissioning; and enables alliances of providers to take 'traditional commissioning roles' in service design, responding to populations of similar geography or need.
- The ability to derive solutions at the required scale and pace, to the quality, performance and financial challenges that cannot be resolved by our current organisations working in isolation.
- The requisite capacity and different capability required to commission services for our populations going forward within a reduced management cost envelope and in line with the above objectives.

3.6. In addition, we recognised the clear need to take control and secure the very local design of our new commissioning system at the earliest opportunity, recognising the need to:

- Go beyond a simple aggregation of our organisations and design a CCG that empowers commissioning focus at every tier of our multi-layered system.

- Take urgent action in recognition that the quality, performance and financial challenges we face are long standing and we know now require a more coherent commissioning response beyond the collaborative actions of separate commissioning organisations currently in place.
- Ensure that the required reduction of management costs in SEL is underpinned by a planned redesign of our approach to ensure their achievement retains the requisite capacity and capability, rather than a simple reduction in resource.

## 4. Process

Delivery

4.1. In SEL the CCGs have set up a 'CCG System Reform' process to take forward the merger proposals, including the establishment of a governance structure to deliver both 'pre' and 'post' application activities.

4.2. The System Oversight Group (SOG) is comprised of the Chairs and Accountable Officers (AOs) of the six CCGs and oversees the programme, making recommendations to all six CCG Governing Bodies, as well as providing them with the necessary advice and documentation to support their decision making.

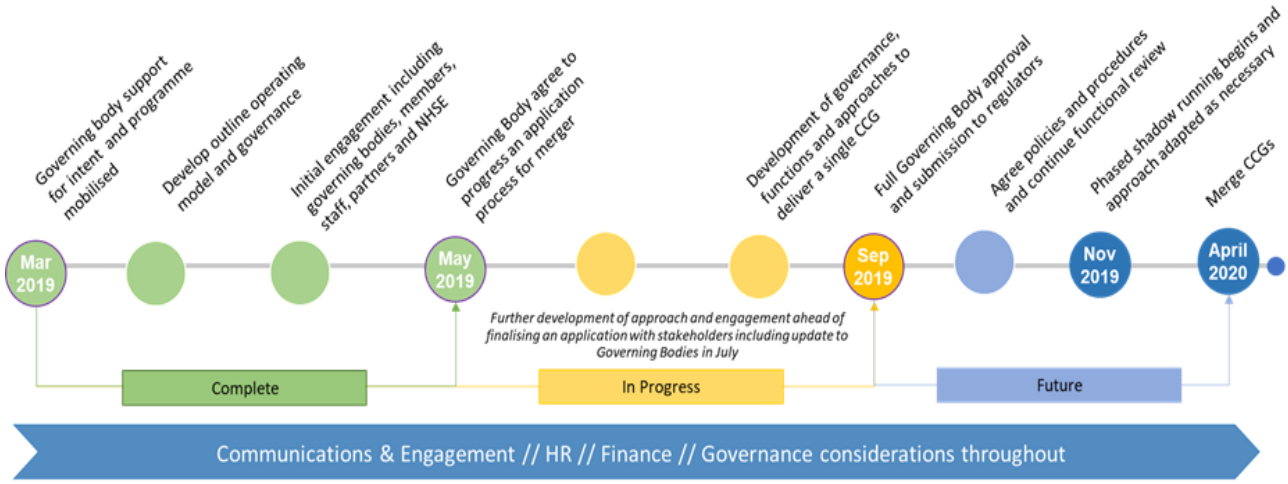
4.3. The SOG is supported by a System Reform and Delivery Group (SRDG) that is independently chaired, bringing together subject matter experts (SMEs) and executive directors from across the CCGs to focus upon the delivery of programme activities. The SRDG also benefits from clinical and local authority input as members.

4.4. The overall programme is further supported by an Executive Director seconded and dedicated to this programme of work and a small Programme Management Office (consisting of project leadership and support, HR and communications expertise and resource).

4.5. The entirety of this infrastructure will be maintained until April 2020 for the purposes of implementation and potentially beyond that. It will be reviewed in quarter three 2019/20 to ensure it has the capacity to support the restructuring of the management teams of the CCG and wider CCG reform programme implementation ahead of and during 2020/21.

4.6. The summary process for the reform programme is provided in figure 2.

**Figure 2: Summary Process**




4.7. At the outset the SOG agreed a set of principles, endorsed by Governing Bodies, by which the programme would abide and they are provided at Appendix one.

Pre-application and application

4.8. The vast majority of reform programme work between March and August 2019 has been focused upon engagement to shape a new CCG design, taking due account of views expressed.

4.9. Following initial engagement with stakeholders and consideration of the NHS Long Term Plan in February and March, the CCG Governing Bodies agreed to submit an expression of interest for merger to the Regional Director for NHSE&I in April 2019.

4.10. In May 2019, Governing Bodies agreed a case for change for the merger of the CCGs in SEL (summarised in section 3.5 and 3.6) and approved the continuation of development and engagement on proposals to merger and on the specific design of that new body and how it would work.

4.11. Our proposed application will be considered by all CCG Governing Bodies between 4 and 18 September 2019 and later in September the membership of each SEL CCG will consider a new constitution for that body and the dissolution of their current CCG from 1 April 2019.

4.12. This two-part approval process will culminate in a final application being made to NHSE&I on 30 September 2019, which will then be subject to an assurance process by our regulator over October and either an approval, conditional approval or rejection in early November 2019.

Post-application

4.13. Should our merger application be successful then the SRDG and SOG will give focus to implementation processes including possible shadow running where appropriate. Major programmes of work will relate to:

- Structure design, engagement and consultation with staff, followed by implementation (as outlined below)
- Population of the shadow Governing Body membership so that the leadership group can begin to oversee transition more directly

- Full preparation of organisational 'handover and closure' including staff transfer to the new body where that will relate to TUPE, employment liabilities, policies and procedures, ledgers etc.
- Establishment of Borough Based Boards with agreement upon both the level of formality of joint arrangements to be established at 'Place' from 1 April 2020 in each borough, recognising that these arrangements will develop over time.
- Ongoing communication and engagement with stakeholders upon the implementation of these changes.

Engagement

4.14. The proposals outlined are the product of an extensive period of engagement with the full range of stakeholders and partners across SEL. Our communications and engagement plan outlined our approach in detail and we have implemented it in full with over 120 meetings alongside other communications conducted with residents/ population, member practices, NHS providers, Local Medical Committees, Healthwatch, local government leadership, Health and Wellbeing boards, Overview and Scrutiny Committees, the wider Integrated Care System (ICS) partnership, other London Sustainability and Transformation Partnerships (STPs) and NHS regulators.

4.15. The purpose of this engagement was to shape our proposals, to ensure a full awareness of them and their implications, and to ensure we have demonstrably taken account of views expressed.

4.16. Our approach to engagement has been shaped by the following:

- The need to engage across six boroughs and so we have ensured that we have undertaken this process both in individual boroughs but also by bringing the six boroughs together to have shared discussions in some instances.
- The wide range and number of stakeholders and partners to engage with, which has required us to utilise small and large scale face to face meetings, attend existing meetings (e.g. Health and Wellbeing Boards), and produce written briefings and updates
- The fact that the act of merger does not involve any changes to services

## 5. A single CCG - key features

5.1. The proposed CCG remains coterminous with the six boroughs. In response to the case for change above and taking account of views expressed in our engagement processes, we have designed and agreed a merger proposal that formalises arrangements for SEL commissioning at scale, whilst establishing 'Place' or Borough Based Boards that will take delegated authority for planning and delivering more localised change (see Appendix Two – Outline Governance Arrangements separate document).

5.2. The main features of our merged CCG proposal:

- **Coherence** - A single and coherent approach to commissioning for the entirety of our population organised through a single commissioning authority that is clinically led by our Governing Body, connected to and led by our membership through a Council of Members.

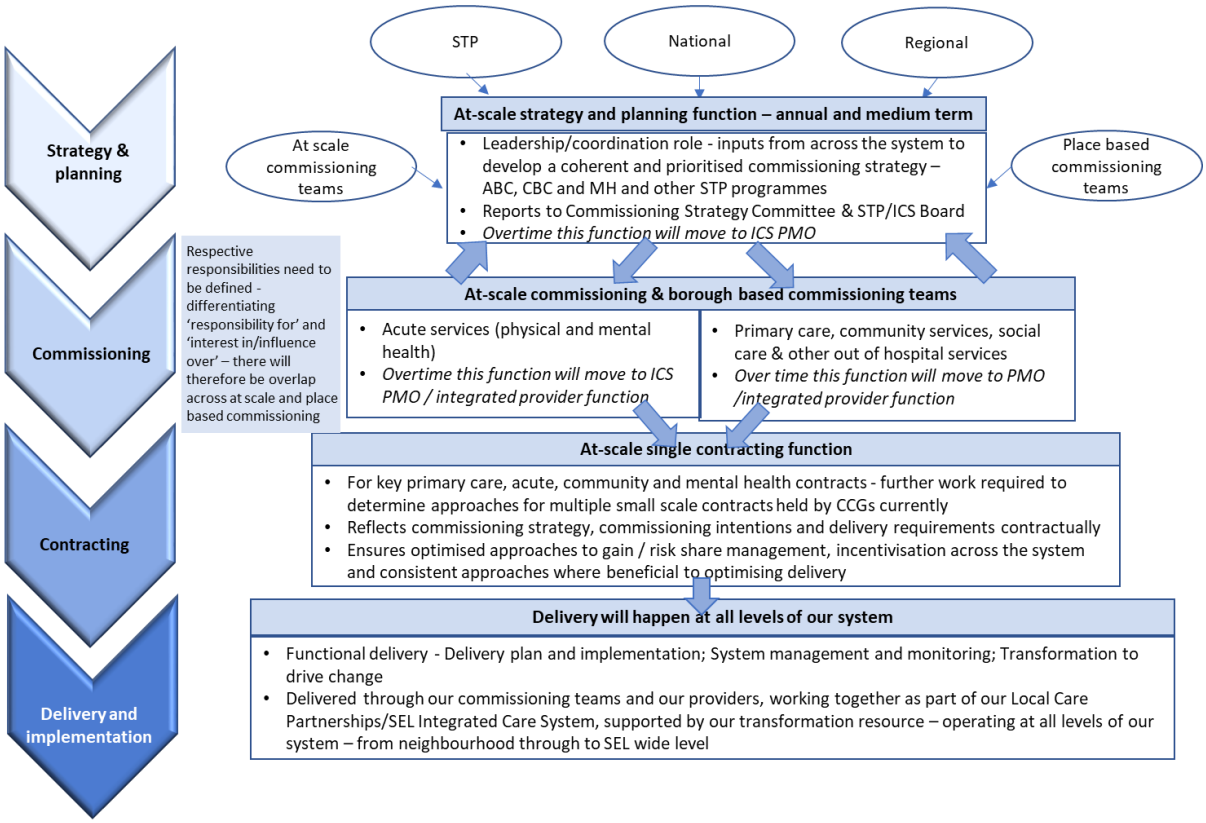
- **Clinically led** - A clinical leadership approach that retains the best features of a clinically led organisation as a CCG but recognises the broader clinical leadership offered by developments such as Primary Care Networks (PCNs), our ICS clinical programmes and our Local Care Partnership (LCP) leadership teams.
- **Responsive** - Prime committees that secure both the safe and effective commissioning of services in line with our statutory duties right across SEL, and place delegated authority to enable decision making at the most appropriate scale, through Borough Based Boards in the case of the commissioning of community based care with a greater integration of health and social care commissioning.
- **ICS ready** - A clear interaction and shift towards collaboration between commissioners and providers, and between providers by organising commissioning arrangements alongside emergent commissioner and provider Alliances at SEL and borough level, referred to as Local Care Partnerships (LCPs) at the borough level.
- **Affordable** - An operating model that will reorganise our management resource to support our delivery whilst living within our management cost allowance through the removal of duplication, inefficiencies, and the concentration of expertise.

Operating model

***Decision making***

5.3. The merger proposal establishes a commissioning operating model that is reflective of our 'system of systems' and the need for a multi-layered response at each tier of the system. Planning and commissioning (for all areas) would be led and coordinated at SEL level by the Governing Body supported by its local (borough) and SEL committees. Annual commissioning plans will include engagement with and be recommended for support by the Council of members. Figure 3 outlines the commissioning process within the new CCG:

**Figure 3: Commissioning processes within the new SEL CCG**




5.4. Borough teams will have an interest in and influence upon all SEL commissioning including generation of local priorities with local member practices and clinicians to feed into SEL wide plans. This will either be organised and developed through Borough Based Boards or through the coming together, with equal representation, of clinicians and managers in SEL fora.

5.5. Within the model:

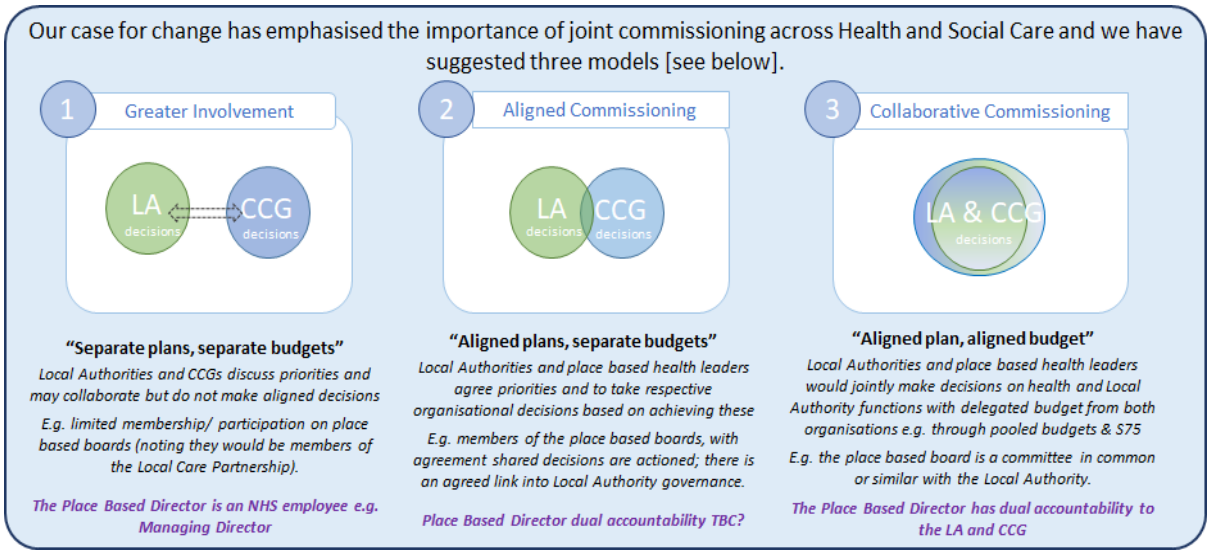
- The Specialised / Acute planning and commissioning function will be undertaken once across SEL with associated responsibility, authority and budget
- The responsibility, authority and budget related to Primary/ community / out of hospital services will be delegated to Borough Based arrangements (including a Borough Based Director and a Borough Based Board) who sit on the Governing Body
- In all cases, budget and other financial information will be transparently shared across SEL and boroughs
- Primary Care strategy development, planning and commissioning intention creation will be undertaken at borough level
- Should boroughs wish to undertake further delegated responsibilities, a set of criteria has been agreed (and can be found in the 'Outline Governance Arrangements' document – Appendix two) and against which such proposals would be considered by the SEL CCG Governing Body.

Borough Based Boards

5.6. A key feature of this model is the ability to commission local and in particular community-based care services at borough level. Our proposals create the opportunity and expectation that that will be undertaken in the best interest of residents if it is increasingly a joint or integrated commissioning board across health and care in partnership between the SEL CCG and the Local Authority for that borough.

5.7. To that end the proposal makes clear that each local authority has the opportunity to agree with the CCG both the level of formality, with which they would like to operate a shared arrangement, drawing upon one of the three models outlined in figure four. This application formalises that opportunity only and between 30 September 2019 and 1 April 2020 there will be opportunity to make further agreements within each borough as to the local start point and the trajectory for change.

**Figure 4: Three models for shared commissioning arrangements**




5.8. In addition to these arrangements it is the clear expectation that in each borough the LCP will directly interact with commissioners on the Borough Based Board (and for many of the commissioners, they will already be a part of the those Commissioner / Provider relationships).

5.9. It is envisaged that this will be conducted via formal meetings, likely in two parts, - the Borough Based Board and then together with the LCP Board.

Governance

5.10. The Outline Governance Arrangements document (Appendix two) in support of this application provides full details of SEL's proposals. These establish a Council of Members allowing the membership a clear forum for engagement but also importantly to participate in the decision making of the CCG within its mandate as well as hold the Governing Body to account for delivery against it; a Governing Body that is both compliant with statutory requirements and contains equal representation from each of the six boroughs; and a series of prime committees including Audit, Remuneration, Integrated Governance and Performance, Commissioning Strategy, Primary Care Commissioning Committees, and the six Borough Based Boards (also prime committees).

5.11. The Terms of Reference for the Audit, Remuneration and Primary Care Commissioning committees will be contained within the draft Constitution document. In the case of Borough Based Boards it is important to note that their final composition will be reflective of the formality of joint arrangements and leadership in each borough. However, in order to ensure safe and effective governance arrangements it will be the case that minimum voting membership of the Borough Based Board will be established, and this is detailed in Appendix Two.

Constitution

5.12. The draft constitution prepared for the new organisation will require the approval of the CCGs' membership, according to the requirements of their current constitutions for those decisions reserved to them accordingly. It is important to note that the document is draft and that some elements of the constitution are not yet fully agreed. The Governing Body is advised that those areas that remain outstanding do not relate to the proposed decision-making or governance of the CCG, as it relates to commissioning patient care, but rather to mechanisms for voting in future upon matters reserved to the membership, where a consensus cannot be reached. NHSE&I guidance requires provision of a plan for the constitution as part of the merger application.

Clinical leadership

5.13. The new CCG will continue to be a clinically led membership organisation. It will however operate in a new operating environment where clinical and professional leadership will change.

5.14. The current proposals establish a Council of Members for the CCG providing a vehicle through which practices can participate in decision-making appropriately and hold their Governing Body to account. That Council of Members will have borough-based divisions for the purposes of local clinical engagement (each chaired by an independent (of the Governing Body and borough-based boards) local GP. In addition, we have ensured that clinical leaders are included from all boroughs, equally, on SEL decision making groups, including the Governing Body. We intend to perpetuate our clinical associate type arrangements albeit they will change over time.

5.15. Our CCG arrangements are set in a context of change as we move toward ICS ways of working and so our merged CCG will also sit in the context of a changing landscape including PCN and LCP development right across SEL, offering new and different forms of clinical leadership and input. As such we will need to develop further proposals for this area post application and ahead of April 2020, acknowledging that changes will also continue to be made after that date.

Management resources

5.16. The section that follows provides details upon the process by which the new CCG's management structures will be populated, noting our clear assessment that current Alliance management structures provide a firm platform from which to build a single CCG's management support, with the changes outlined below, but that it does require change in order to improve or optimise our approach whilst ensuring it is affordable.

5.17. In May 2019, the Governing Bodies approved the overall Operating Model for management structures and that is provided within the Outline Governance Arrangements document. It sets an expectation that the SEL CCG and all its parts will work as 'one team' and will need excellent interfaces, underpinned by significant organisational development (for which a final outline organisational development

strategy will be prepared as part of the final application). It is also aimed at and designed to ensure that proposals stay within the management cost envelope, which is significantly less than received currently. This, alongside improved effectiveness, is achieved in part through a number of functions being performed by teams that are either single SEL teams working with and on behalf of each borough or SEL teams with 'embedded' resource, physically working in each borough. The model then includes functions that will work as fully borough-based teams.

Executive leadership

5.18. Whilst section six outlines the steps the CCGs will undertake to optimise delivery arrangements and ensure they are affordable, the SOG has now recommended the following Executive team structure for the CCG (for which the portfolios and responsibilities are outlined in the Outline Governance Arrangements document – Appendix two):

- **An Accountable Officer** – the single CCG will require a single AO and from the 1 October 2019 all six CCGs will share the same AO. This will be a CCG Governing Body voting member.
- **A Chief Financial Officer** – the single CCG will require a single CFO and pending the outcome of consultation and implementation of current proposals, the six CCGs will share a single CFO, and this will be confirmed in advance of application and be enacted in November 2019. This will be a CCG Governing Body voting member
- **Six 'Place' Based Directors** – the operating model for the CCG describes leadership positions for each borough. At this point we can confirm that as a minimum there will be one appointed Place Based Director with dual accountability to the CCG AO and Local Authority CEO (Lambeth) and five Directors with borough leadership responsibility for aspects of NHS commissioning and working as part of agreed joint arrangements with the respective Local Authorities. All six will work with and through a Borough Based Board. It is anticipated that 'Lambeth' type arrangements might be adopted in other boroughs either in advance of 1 April 2020 or post-merger. They will be voting members of the CCG Governing Body.
- **A Chief Nurse** – This new executive director role will be created upon the recommendation of SOG and will have responsibility for Nursing, Quality, Safeguarding and other related requirements that should be exercised by an Executive Director, once for the CCG, in line with statutory requirements.
- **A Chief Operating Officer** – This post will be responsible for overall leadership of corporate, governance, assurance, communications and engagement, and business support functions. The post will ensure the effective leadership and co-ordination of the CCG across it's multi-layered SEL and borough structures.
- **An Executive Director of Commissioning and Planning** – providing leadership and coordination of the CCG's commissioning strategy and planning process (working with SEL wide and borough-based teams plus ICS partners) and leadership of specialised/ acute commissioning and wider contracting functions.

5.19. The team above represents a near equivalent 'head-count' of executive directors as offered by current Alliance arrangements, with the addition of the Chief Nurse post. When taken together this team satisfies the requirements of the CCG as a statutory body, abides by and is well placed to lead the proposed CCG Operating model.

## 6. Securing capacity and capability

6.1. Over the next six months the System Reform programme will lead, on behalf of the CCGs, a process for design, consultation and implementation of full CCG structures for April 2020.

6.2. To date, the SEL Alliance executive team and the SRDG has been giving thought to potential structures for SEL wide and borough structures, and an initial phase of staff engagement, on a number of functions has been conducted which included discussions with over 200 staff. In July 2019, the SRDG and SOG met together to agree a final approach to this area as outlined below.

6.3. This approach excludes finance structures, the primary care contracting team that will be a 'lift and shift' from current SEL wide arrangements; primary care support teams in each borough (that will be maintained as part of wider borough transformation teams in most cases); or Medicines Optimisation Teams in each borough. The latter two areas represent clear commitments made to member practices during the engagement phase. Finally, it will not relate to the current Our Healthier South East London (or ICS) team, the consideration of which will be taken forward as an ICS wide engagement aligned to our Wave three ICS development programme.

6.4. For all other functions the following process will apply:

| | **Action:** | **Complete by:** |
|---|---|---|
| 1 | Initial draft structure proposals across all functions to be outlined following work to date with baseline and indicative future costs to provide a realistic basis from which to engage more widely | 13 Sep 19 |
| 2 | Complete a design and engagement period involving staff, governing bodies and stakeholders to shape structures from initial draft proposals from 16 September 2019 | 11 Oct 19 |
| 3 | Produce final structures and test with SRDG and SOG in order to move to a consultation | 18 Oct 19 |
| 4 | On 21 October 2019 launch a nine-week consultation with all staff | 20 Dec 19 |
| 5 | On 20 January 2020 provide a management response to consultation and implementation on new structures | 27 Mar 20 |

6.5. The process above will be undertaken with due account of all management of change policies that have been harmonised across the CCGs.

6.6. Importantly, the timeline ensures that proposals for change only reach the point of consultation post successful application submission and with the certainty of membership support for changes.

6.7. In addition to a clear requirement to abide by the agreed Operating Model the SOG have also proposed a set of bespoke principles against which these CCG structures should be designed, agreed and implemented and they are included in the Outline Governance Arrangements document (Appendix two).

## 7. Responding to engagement

7.1. These proposals have taken due account of the programme of engagement activities, the issues raised and the changes to our proposals made as a result.

7.2. In general terms the proposal for merger has received a high level of support from stakeholders and partners. This is particularly true of the arrangements that allow a single commissioning authority to appropriately address the full pathway of care received by residents through commissioning more effectively across SEL, whilst ensuring a more integrated health and care approach to commissioning in each borough.

7.3. In terms of support, all 17 ICS partners are signatories of the SEL Wave Three ICS application in May 2019, which proposed merger. In addition, each of the NHS Providers and the ICS have provided written letters of support for the proposal to merge.

7.4. Each local authority in SEL has welcomed these proposals and is actively engaging in preparations for the implementation of Borough Based Boards.

7.5. Engagement with local residents and patient groups has been positive, noting some express a concern as to whether the new CCG would lose local borough connectivity, responsiveness and the ability to take account of the views of local people. The establishment of Borough Based Boards and arrangements we have established or committed to locally (in boroughs), in terms of maintaining local partnerships and engagement, alongside further explanation of the statutory requirements of a CCG, irrespective of size, have sought to address those concerns.

7.6. The Healthwatch organisations across SEL have expressed their support and have agreed the recruitment of additional resource with the CCGs to allow them to operate effectively at borough and SEL levels.

7.7. Finally, in the case of member practices, it seems clear that support has been expressed for merger. Concerns have, however, been shared around the governance arrangements within the constitution (in relation to Governing Body composition, voting and the Council of Members arrangements) and the availability of resources in local CCG support teams to general practice. Our proposals have taken clear steps to address those areas.

7.8. Our widespread engagement has provided invaluable feedback. As a result, we have been able to make concrete proposals that demonstrably respond to potential issues and concerns raised by stakeholders.

## 8. Understanding impact, risks and benefits

8.1. Importantly, the act of merger does not involve or require changes to service provision for residents. Instead our merger proposals create a safe and effective commissioning system capable of discharging its statutory duties.

8.2. In the London context we have been careful to recognise the clear need to remain locally responsive and connected to residents in the very diverse communities we serve and ensure that relationship is not negatively impacted upon; so we have:

- Ensured an equal voice on our Governing Body and committees for each borough in our SEL arrangements
- Developed Borough Based Boards with delegated authority to secure this focus. We have ensured that we will perpetuate all local CCG interactions with borough partnership and related arrangements (Health and Wellbeing Boards,

Safeguarding, Overview and Scrutiny arrangements) to ensure effective CCG input to these wider processes and arrangements

- Retained local commissioning and leadership teams and enhanced their ability to interact with local authority commissioners and other local partnerships
- Maintained borough based clinical engagement with members and the wider system and resources to allow for full engagement of local people

8.3. Clearly, the act of merger may have significant impact upon our staff and as such we have undertaken work to ensure we take the requisite steps to mitigate any risks.

8.4. Going forward it will be important that we have an approach to track the benefits of the changes we are making and the benefits realisation approach is outlined below and will be followed by the new CCG:

- **Economic benefit** – financial improvement, releasing cash, increased income and better use of funds
- **Effectiveness benefit** – Doing things better or to a higher standard
- **Efficiency benefit** – Doing more for the same or the same for less
- **People benefit** – A benefit that although it has an economic, efficiency or effectiveness reason has a direct benefit to our people
- **System benefit** – A benefit that although it has an economic, efficiency or effectiveness reason has a direct benefit on our systems

8.5. Whilst merger, in and of itself, does not have an impact in terms of service change, and because we have taken steps to ensure both local responsiveness and future ICS alignment, we clearly expect to realise the opportunities and benefits highlighted by our case for change over time.

Risks and mitigations

8.6. Risk and impact assessment upon proposals for merger have been understood in two ways – those risks to successful implementation of merger and the risks / impact of establishing a merged and single CCG for SEL, alongside mitigation plans and they will be continued to be monitored over time.

## 9. Recommendations and next steps:

9.1. The Governing Body is asked to:

- Approve an application for merger and its submission to NHSE&I on 30 September 2019
- Note that in addition to Governing Body approval the CCG's membership will also need to approve the proposed new CCG Constitution and endorse the merger application
- Approve the proposed senior executive team structure for the new CCG (found at section 5.18 of this paper and in the Merger Application document).
- Note the process and principles by which the management structure of the new CCG will be derived and implemented (see section six and supporting documentation).

- Note that an application for this merger application will only be progressed if the approvals sought above are agreed in all six CCGs according to the same process.

9.2. Our final application document and proposed constitution will reflect the details outlined above and the assurances received by Governing Bodies more generally. They will be:

- Considered by the membership over the coming days and in NHS **XXX** CCG member practices will be asked to agree the draft constitution for the new CCG.
- Submitted to NHSE&I on 30 September 2019

**Appendix One**

**CCG System reform - SOG agreed set of principles**

- Evidence enhanced effectiveness and enable our ICS development in response to the Long Term Plan
- Seek to drive best value out of all corporate investment; we will aim to minimise impact on staff by maximising efficiencies from estates, corporate costs and other non-pay costs
- Ensure capacity and capability at each scale; the necessary cost savings will need to be delivered but there must be assurance that the CCG and place based systems are able to undertake the CCG's required functions effectively
- Encourage integration with other partners; particularly at the borough level it is expected that there could be increased blended teams with Local Authorities and other partners, and that some place based functions could be delivered with or by these partners
- Initially include all functions; however some may be moved out of scope by the Delivery Group or Oversight Board
- Speak to immediate and future operating environments; this programme should actively move us towards our 'system of system' ICS vision and therefore consider our resource requirements for the future as well as the immediate term
- Support our staff through this change; we will aim to communicate regularly, engage as much as possible, and offer options for our staff to minimise the concerns and impact related to these changes

**Please see separate document for Appendix Two**

Appendix Two

South East London Commissioning Alliance
Partnership of Clinical Commissioning Groups

# NHS South East London CCG

# Outline Governance Arrangements



The purpose of this document is to outline the proposed governance arrangements of NHS South East London CCG and includes:

- Influence & Decision Making arrangements
- Joint Commissioning Arrangements with the Local Authorities
- Functional analysis included the agreed operating model and executive leadership team
- Governance

# Three Interdependent Elements of Design

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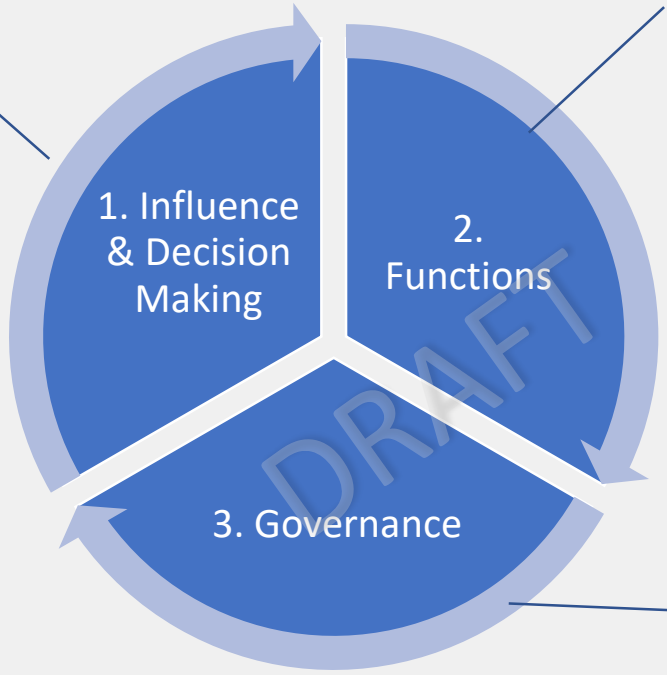
There are three interdependent elements of the design which need to be considered in parallel:

Where will responsibility, decision making and budgets sit and critically how will every part of the new SEL CCG influence that?




What are the functions and teams required at each level to shape and deliver the outlined responsibilities?

What governance is required to appropriately deliver and oversee responsibilities?

There is an overarching need to ensure that our future approaches support strong engagement with other partners, and move us positively towards our ICS ambitions

**This pack aims to summarise the key proposals in each of the areas for implementation for the new NHS South East London CCG**

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# 1. Responsibilities, Influence and Decision Making across our commissioning system

# 1. Responsibilities, Influence and Decision Making across our commissioning system - Key messages

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1. 'Where' things happen in this commissioning operating model should be reflective of our 'System of systems' and the need for a multi-layered response (*see next slide for the model supported to date*)
2. Planning and commissioning (for all areas) would be led and coordinated at SEL level by the Governing Body supported by its local (borough) and SEL committees
3. Annual commissioning plans will include engagement with, and be recommended for support to the council of members. The council of members would have representation from all six boroughs
4. Borough teams will have an interest in and influence all south east London commissioning including generation of local priorities with local members and clinicians to feed into SEL wide plans.
5. Specialised / Acute planning and commissioning will be undertaken once across SEL with associated responsibility, authority and budget
6. The responsibility, authority and budget related to Primary/ community / out of hospital services will be delegated to boroughs from the Governing Body
7. In all cases, budget and other financial information will be transparently communicated to SEL and boroughs
8. Primary Care strategy development, planning and commissioning intention creation will be undertaken at borough level.
9. Should boroughs wish to undertake further delegated responsibilities, a set of criteria has been agreed (see App 1) and applications can be considered by the SEL Governing Body once appointed
10. The level and formality of joint arrangements in Borough Based Boards will be a matter for (existing) CCG and Local Authority decision before April 2020

# Summary of Proposed Model - Responsibilities, Influence and Decision Making

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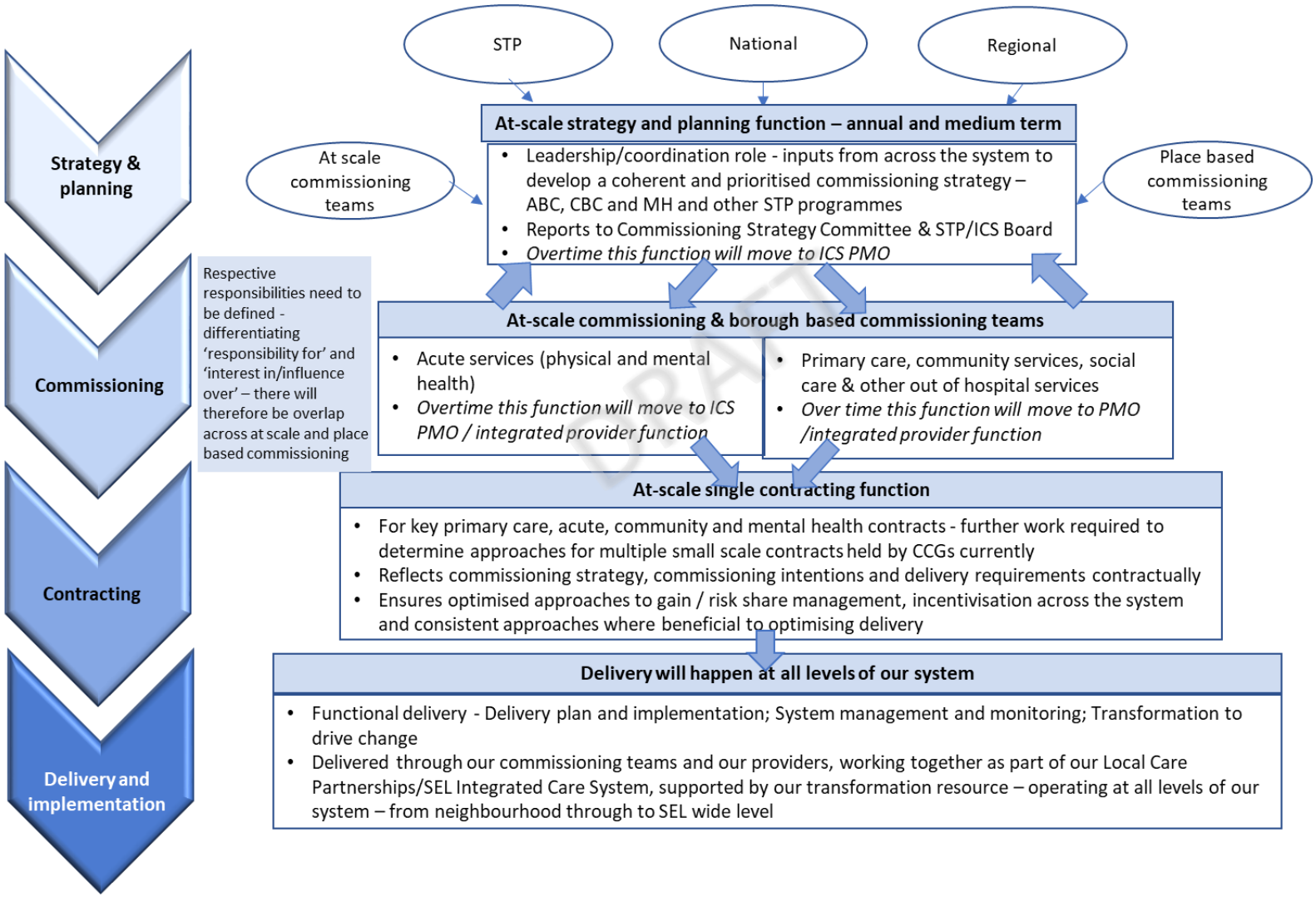
The below is a high level summary of the proposed approach for a collaborative strategy and planning process, and associated decision making in the new SEL CCG




**To note there have been discussions about where boroughs want to undertake further delegation (see Appendix 1)**

# Joint Commissioning Arrangements with the Local Authority

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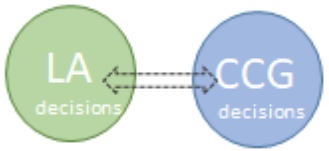
Our case for change has emphasised the importance of joint commissioning across health and social care and consequently three models have been proposed, and agreed:

Our case for change has emphasised the importance of joint commissioning across Health and Social Care and we have suggested three models [see below].

## 1 Greater Involvement




**"Separate plans, separate budgets"**

*Local Authorities and CCGs discuss priorities and may collaborate but do not make aligned decisions*

*E.g. limited membership/ participation on place based boards (noting they would be members of the Local Care Partnership).*

*The Place Based Director is an NHS employee e.g. Managing Director*

## 2 Aligned Commissioning


**"Aligned plans, separate budgets"**

*Local Authorities and place based health leaders agree priorities and to take respective organisational decisions based on achieving these*

*E.g. members of the place based boards, with agreement shared decisions are actioned; there is an agreed link into Local Authority governance.*

*Place Based Director dual accountability TBC?*

## 3 Collaborative Commissioning


**"Aligned plan, aligned budget"**

*Local Authorities and place based health leaders would jointly make decisions on health and Local Authority functions with delegated budget from both organisations e.g. through pooled budgets & S75*

*E.g. the place based board is a committee in common or similar with the Local Authority.*

*The Place Based Director has dual accountability to the LA and CCG*



**To note it is not proposed there is a prescriptive model for this joint working; every borough/ current CCG has been asked to agree their approach as of 1st April 2020 with their Local Authority**

# 2. Functional Analysis

# 2. Functional Analysis - Key messages



1. Need for a robust structure to deliver upon the arrangements being proposed for responsibilities, influence and decision-making (including delegation to place based boards)
2. Expectation that SEL CCG and all its parts will work as 'one team' and will need excellent interfaces, underpinned by significant organisational development
3. Need to ensure that proposals stay within the management cost envelope, which is significantly less than received currently, and enables us to invest in the skills and capabilities we need to achieve ICS
4. Functions in 'blue' (on the next slide) in the proposed model will be performed by teams that are either single SEL teams working with and on behalf of each borough or SEL teams with 'embedded' resource – physically working in each borough
5. Functions in 'Salmon' (on the next slide) in the proposed model will work as fully borough based teams
6. Boroughs are working with local partners on integration and joint transformation priorities and how this will work from 1st April 2020 and this will be developed alongside this programme
7. Primary Care Support, Medicines Optimisation practice support and GP IT, if right for the borough, will remain available to local practices as they are now
8. Many aspects of commissioning and contracting are already provided by single SEL teams today (e.g. Primary Care Contracting) and this will not change. Greenwich, Bexley and Bromley community services are the only main providers not already contracted for by a single team.

# 2. Summary of Proposed Model - Functions

*SEL Functions (at scale/ embedded)*

*Borough functions (where possible with partners eg LA)*

*Transformation teams (owned by commissioners and providers)*

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| Single SEL CCG (once for SEL functions) | Commissioning Strategy & Planning | Acute (Mental /Physical) commissioning | Contracting (except client groups) | Finance - Financial Strategy & Planning | Quality Oversight to commissioning, Sis/QAs, surveillance | Assurance of delivery & Performance | Comms /engagement - delivery & support | Corporate support* |
|---|---|---|---|---|---|---|---|---|
| SEL embedded Resource; Either coordinating on behalf of or fully embedded in place | *Commissioning will require an interaction at all levels* | | | Finance (embedded) | Quality (coordination) | Assurance (coordination) | Comms/ engagement (embedded) | Corporate support (coord/ embedded) |

*Note all boroughs are represented on SEL GB*

| Bexley | Bromley | Greenwich | Lambeth | Lewisham | Southwark |
|---|---|---|---|---|---|
| Primary Care Commissioning | Primary Care Commissioning | Primary Care Commissioning | Primary Care Commissioning | Primary Care Commissioning | Primary Care Commissioning |
| Community (MH & physical) Commissioning | Community (MH & physical) Commissioning | Community (MH & physical) Commissioning | Community (MH & physical) Commissioning | Community (MH & physical) Commissioning | Community (MH & physical) Commissioning |
| Client Groups: CYP**, learning disabilities, physical disabilities, non-acute mental health | Client Groups: CYP**, learning disabilities, , physical disabilities, non-acute mental health | Client Groups: CYP**, learning disabilities, physical disabilities, non-acute mental health | Client Groups: CYP**, learning disabilities, , physical disabilities, non-acute mental health | Client Groups: CYP**, learning disabilities, , physical disabilities, non-acute mental health | Client Groups: CYP**, learning disabilities, , physical disabilities, non-acute mental health |
| Medicines Optimisation Safeguarding SEND | Medicines Optimisation Safeguarding SEND | Medicines Optimisation Safeguarding SEND | Medicines Optimisation Safeguarding SEND | Medicines Optimisation Safeguarding SEND | Medicines Optimisation Safeguarding SEND |
| Local transformation team | Local transformation team | Local transformation team | Local transformation team | Local transformation team | Local transformation team |

*Borough based teams may work together as/ when required*

Enablers: Workforce | Estates | Digital | QI & OD

**SEL-wide Transformation (system owned)**

**System wide pathway changes**





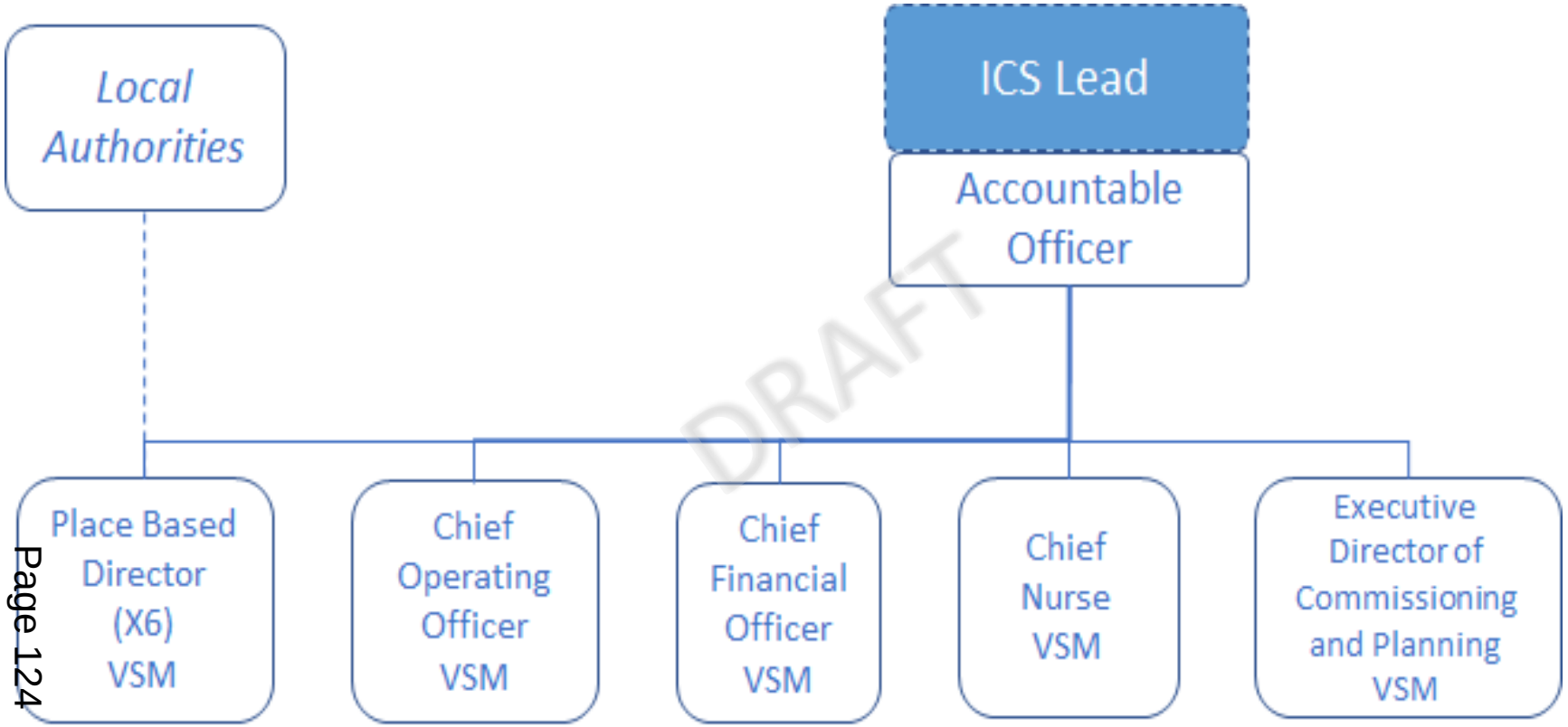
*To note: Further discussion required on Quality, BI, CHC & Medicines Management*

*Includes: Governance, *FOI, IG, Complaints, E&D, Data Warehousing, Procurement, OD, HR & payroll, GP and Corp IT (excepting Bexley and Bromley) /// **Non acute elements (maternity included in acute) .

# 2. Executive Leadership Team



The agreed Executive leadership team is as follows:



# 2. Structure Design – Guiding Principles (1 of 2)



- **Better outcomes and experience for patients** - a prevailing priority; however, it is important when considering the allocation of capacity over a multi-layered organisation. Allocative decisions must keep the population at its heart as often resource deployed at SEL level will achieve better outcomes for residents than if it were deployed at borough level (and the reverse), equally there may be considerations around different 'places' in SEL that are not homogenous.

- **Statutory requirements of a CCG are fulfilled effectively** - As a single statutory body, there will have to be sufficient centralised resource to undertake that safely and effectively and it must be adequately resourced. A CCG is not an ICS. Until such time as those self-regulatory and collective accountability features outlined by the ICS maturity matrix are achieved and recognised as such by regulators, the Improvement Assessment Framework requirements and its successors must be adhered to.

- **Value for money and efficiency** - that structures should take all possible opportunities to remove waste, minimise non-value adding processes and avoid duplication. This should apply to non-pay as much as it does to pay and should take full advantage of any procurement opportunities to drive efficiency from commissioning support services.

- **Clinical Leadership** - As a clinically led organisation resources should be made available to support effective clinical leadership. This investment should pay due regard to the national establishment of Primary Care Networks and our ICS's development of Local Care Partnerships and provider alliances that could and should provide different opportunities for clinical leadership and the resourcing of it. The NHS Long Term Plan is clear on the future of CCGs as smaller, strategic bodies and points to the movement of system and clinical leadership to ICS partners. This is in part the rationale for CCG management cost reduction and its reinvestment in the 'Provider side'.

# 2. Structure Design – Guiding Principles (2 of 2)



- **Transition to an ICS** - any new structure will need to reflect our ambitions to become an ICS. Whilst regulation has not changed, there is a very clear and stated direction of travel which means we should be moving away from transacting for activity and towards shared responsibility for the cost and the care provided to the population of SEL. This is unlikely to have resulted in a meaningful change to requirements on 1 April 2020 but must certainly feature in longer range thinking.

- **The balance of capability and capacity across the new CCG** - to perform effectively the new SEL CCG must not lose the capability to support effective commissioning and transformation at local level and must significantly build its capability and capacity to do so at SEL level, for which it currently devotes less than 25% of its resources dependent on definition. CCGs will be key enablers of change and must be co-investors in transformation activities. However, co-investment must be a principle alongside other ICS partners as experience has shown a significant correlation between 'ownership' and 'funding' of such teams and functions.

- **Affordability** - The CCG will need to demonstrate the 20% reduction in expenditure as per the national requirement upon it. It will also be unable to deploy programme costs for any given year beyond that which is available to it when taking into account expenditure of patient care.

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## 3. What governance will we need to support this?

*..At a South East London and Place Based level*

# 3. The single Governing Body composition - Key Messages

1. 26 voting members with a GP majority
2. Voting membership includes 13 GPs ( 12 borough GPs and 1 chair with a casting vote), 1 registered nurse, 1 secondary care doctor (15 clinicians in total), 3 lay members and 8 Executive members
3. These clinical representatives form part of the Governing Body making decisions for south east London, and would also work closely with the membership and other clinical leaders in each borough (including those on the LCP board, PCN Clinical Directors, and OHSEL clinical leads)
4. The GP majority would be secured by the casting vote of the chair

# 3. The single governing body composition

The proposed Governing Body membership is:

| Board | Type | Member | Voting | Total per type |
|---|---|---|---|---|
| Governing Body | Clinical | SEL Chair X 1 | Yes + Casting | 13 GP votes + casting vote **(provides GP majority)** 15 Clinical votes |
| | | GP Lead X 12 | Yes | |
| | | Secondary Care Dr X 1 | Yes | |
| | | Registered Nurse X 1 | Yes | |
| | Lay | Lay Member X 3 | Yes | 3 |
| | Exec | Accountable Officer X 1 | Yes | 8 |
| | | Chief Financial Officer X 1 | Yes | |
| | | Place Based Directors X 6 | Yes | |
| Total voting | | | | 26 |



**Note that in addition to the above the Chief Nurse would be in attendance as would other South East London CCG executives as required**

# 3. South east London Prime Committees - Key messages

1. Prime and sub-committees are provided on the following slide
2. All south east London committees will have equal representation from each of the six boroughs
3. The Primary Care Commissioning Committee will receive recommendations from borough based boards and focus on appropriate contractual actions required to undertake strategies agreed through Borough based boards
4. A core CCG membership for Borough based boards has been agreed which includes a lay member (see slide 16). However, the exact composition will be determined by the (current) CCG and the Local Authority depending upon the level of joint arrangements that they decide upon - reflecting collaborative working on social care, public health etc
5. The Borough based board must be chaired by a voting member of the SEL Governing Body, preferably one of the two borough GPs, (determined by that borough) and membership must contain the GB voting members from that borough
6. It is proposed that Healthwatch and the LMC are also 'in attendance' at these boards in every borough
7. Boroughs also each have a Local Care Partnership board which has further clinical and professional representation from across the local system. They will meet alongside the Borough based board (with a part 1 / 2 as appropriate)

# 3. Summary of Proposed Model – SEL CCG Prime Committees

## Proposed prime and subcommittee structure:


The prime committees above would comply with all nationally mandated requirements and provide the appropriate governance to effectively run the SEL CCG

Borough (place) based boards are a critical part of our new system and will represent prime committees of the SEL CCG governing body. They will bring together the CCG in the borough and the local authority. It is increasingly considered that Borough based boards will be a part two of local care partnership boards that will also include providers, including primary care network leads

# 3. Borough (place) Based Boards - Key messages



- It is proposed that these prime committees should be referred to as Borough Based Boards (BBB) with the following core membership:
  - Borough Based Director
  - The two GPs from the SEL Governing Body
  - One lay member
  - Director of Public Health (non-voting for CCG matters)
  - Healthwatch (non-voting)
  - LMC (non-voting)

NB: the Executive membership of the board is potentially dependant on staff in boroughs

- The Local Authority membership will be determined in line with the level of formality of arrangement and afforded status and decision-making rights (on LA budgets or any formal joint agreements) commensurate with those arrangements

- Officers (CCG or LA, embedded or local) will be agreed between the local leadership and the CCG Accountable Officer to ensure the effective running of the BBB

- Clinical leadership will also be present in the provider focussed Local Care Partnership Boards that will sit alongside these BBBs.

- It is proposed that a GP voting member of the SEL CCG GB must chair or co-chair (with the local authority if that reflects the formality of joint arrangements). Co-chairing would not be expected where there is no similar delegation of LA funds to the BBB.

- It is proposed that the (CCG) Chair of the Borough Based Board will have a casting vote

# 3. Council of Members (CoM) - Key messages

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- A single Council of Members will be established, across south eat London, from 1 April 2020 that will allow for:
    - Members to hold the single SEL CCG Governing Body to account and take decisions on matters reserved to the membership as outlined in the scheme of reservation and delegation
    - Members to be held to account for ensuring their contribution to the commissioning development of the CCG
- Each borough will establish a Membership Division of the Council of Members which will each have an independent chair
- Each member practice will appoint a practice representative (and a deputy)
- The practice representatives will represent their member practice's views, act on behalf of their member practice in matters relating to the CCG and vote on the Council of Members on matters relating to the CCG, reserved in the constitution to the members
- Engagement with membership will continue to take place locally in boroughs, as it does now, and all matters related to votes will be discussed at these fora
- There will be a single Council of Members meeting that takes place at least annually and more likely bi-annually with all SEL practice representatives (i.e. an all member conference)
- At least 50% of all south east London practice representatives will be required to be present / vote (electronically) in order for the Council of Members to be deemed as quorate
- Voting will take place once across south east London

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# Appendix 1 – Further detail on delegation

# 1. Proposed initial delegation to place (1/2)

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| Proposed delegation (this would be 'stage 1') | The give - delegated borough/place based responsibilities | The get - system commitments to support borough place based delivery |
|---|---|---|
| Responsible for:<br>**Input to, interest in and influence over the SEL wide planning and commissioning process**, including developing consolidated Place Based proposals and priorities – decision making input secured through through full participation in SEL wide processes and through the SEL CCG Governing Body.<br><br>**Community/out of hospital services planning and commissioning** – with agreed authority and budget - working to deliver agreed commissioning intentions across national, London and local priorities, to a 'minimum expectation, satisfied everywhere' model.<br><br>Interest in and influence over:<br>Specialised/acute planning & commissioning. | Delegated authority and autonomy for the planning and commissioning of out of hospital care services – primary care, community, social care, voluntary sector - to secure an out of hospital care offer that meets local and agreed SEL requirements/deliverables.<br><br>A delegated NHS budget covering NHS primary care, community and voluntary sector services.<br><br>Delegated authority and autonomy to run a Place Based Board to govern and oversee borough based planning, commissioning and delivery.<br><br>Delegated authority and autonomy to work with in borough Local Care Partnership and Primary Care Networks to secure local delivery.<br><br>Delegated authority and autonomy to determine, with other local stakeholders, the utilisation of place based transformation resource, to secure agreed delivery commitments. | Transparent and inclusive process through which planning and commissioning priorities are identified and agreed – each borough as an equal partner in the decision making process.<br><br>Transparent process through which budgets are set and agreed - to enable boroughs to track current to proposed spend transparently. Resulting annual/multi year budgets to be determined on the basis of a fair allocation of resource distributed in line with an agreed SEL investment strategy (inclusive of a commitment to increase investment in community/out of hospital care services) - each borough as an equal partner in the decision making process.<br><br>Full access to and participation in:<br>• SEL wide risk management approaches in line with collectively agreed approaches to managing financial and other risk.<br>• Acute and specialised commissioning arrangements – to ensure local priorities are reflected in place and that delivery benefits are shared proportionately across boroughs. |

# 1. Proposed initial delegation to place (2/2)



Some boroughs expressed a desire to secure a **greater level of delegation over and above the proposed core** delegated responsibility for the planning and commissioning of out of hospital services and arrangements to secure an interest in and influence over acute / specialised planning and commissioning and SEL wide planning and commissioning.

Below is a high level proposed criteria by which further delegation would be considered and assessed post application

| Proposed assessment criteria | Description - Proposals will need to demonstrate |
|---|---|
| Strategic fit | • A strategic fit to our stage 2 ICS operating model<br>• A clear step towards the delivery of this operating model |
| Stakeholder support | • Support from local stakeholders on the Local Care Partnership/Place Based Board<br>• Support from the relevant/impacted acute sector provider(s)<br>• Support from other impacted boroughs (those with a shared interest in the relevant acute provider(s))<br>• Support from the SEL CCG Governing Body and each of its six constituent 'Places'. |
| SEL alignment | • How the borough will ensure alignment with and joined up approaches to issues that span more than one borough with regards the acute planning and commissioning function<br>• How the borough will guarantee the delivery of our core acute offer for the SEL population regardless of borough of residence |
| Benefits realisation | • The benefits to be realised from a delegation to borough approach for acute planning and commissioning, with an expectation that benefits realised are demonstrably better than those derived from a consolidated planning and commissioning approach, applied from the perspective of the individual borough and wider system, to include:<br>o Pathway improvement and delivery<br>o Performance improvement and sustainability<br>o Networked acute delivery<br>o Financial risk management |





NB: no further delegation would be considered until the SEL governing body has been appointed.

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# South East London CCG System Reform

## Update – SEL Joint Health Overview & Scrutiny Committee (JHOSC)

## 25 September 2019
## V5

# Purpose



This document is provided as a supplement to the full paper shared in advance*.

It seeks to provide an overview of:

- The expectations of a single CCG
- The process/ timeline to date
- Status of the approvals process
- Engagement Summary
- Opportunity for discussion



*The main paper provided the public Governing Body paper received by meetings in public of those bodies between 4 and 18 September.

# What do we expect to achieve from a single SEL CCG?

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Our case for change was based upon creating a new commissioning approach that would derive:

- ✓ Responsive population-based commissioning at very local (neighbourhood), borough, and system (SEL) place levels that those diverse communities require – simultaneously, through the redesign of commissioning functions and planning and co-ordination of a single commissioning authority with borough based boards.
- ✓ A different approach to commissioning - that gives greater focus to system strategy, planning and oversight; greater integration of health and social care commissioning; and enables alliances of providers to take 'traditional commissioning roles' in service design, responding to populations of similar geography or need.
- ✓ The ability to derive solutions at the required scale and pace, to the quality, performance and financial challenges that cannot be resolved by our current organisations working in isolation.
- ✓ The requisite capacity and different capability required to commission services for our populations going forward within a reduced management cost envelope and in line with the above objectives.

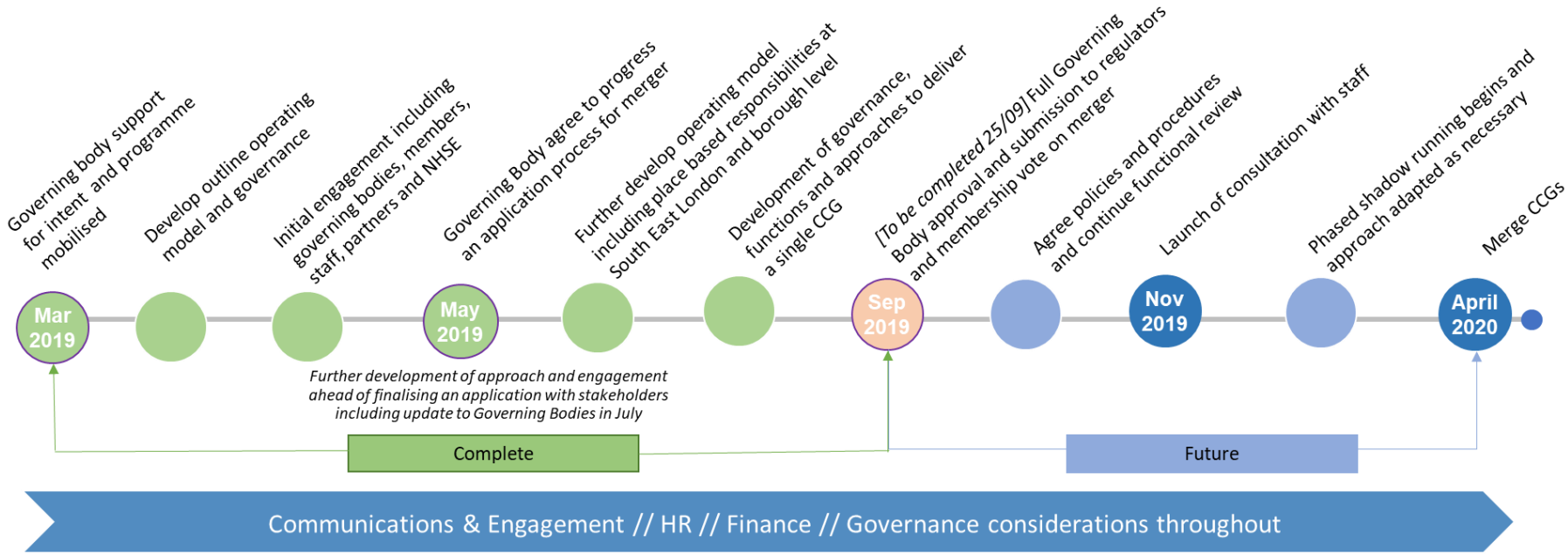
Importantly however, there are a number of commitments and expectations which remain in place:

- ➢ The CCG will be a statutory organisation, with the same obligations to patients & residents, membership etc as the current six organisations. To note the STP / ICS will not change status through this process, it continues to be a partnership of sovereign bodies
- ➢ Services commissioned by our boroughs are not being changed through this process
- ➢ We will continue to work closely with all six Overview and Scrutiny Committees (OSCs), Healthwatch, Health & Wellbeing Boards, Local Authorities and Local Medical Committees (LMC) and other local groups within each borough – in fact our expectation is that this is enhanced in many boroughs by the 1st April 2020
- ➢ The CCG will continue to analyse and act upon local population data and needs and will maintain engagement resources and fora locally

# Progress to Date: Preparing for Merger



Since the initiation of our System Reform programme in March 2019, we have been developing our proposed approach to a South East London CCG merger. Below is a high level timeline of different phases of the programme:




- Over the last few months (and intensively since May 2019), we have undertaken significant engagement work on our proposal to merge, with over 450 points of contacts with our stakeholders across staff, governing bodies, memberships, Local Authorities and Health & Wellbeing Boards, Residents, Providers and others across all six boroughs.
- Throughout August and September, we have been developing our merger application, in preparation for our internal approvals and submission to the regulator and our engagement has shaped that process and set of proposals.
- During September, the six SEL CCG governing bodies and their membership are asked to approve the merger. This will be completed by the 25 September (see slide 5). The decision upon merger application approval is NHS England's.
- We have been preparing for implementation for several months, including developing function approaches and structures with staff since June.

# Approvals to date

Each of our Governing Bodies have been asked to approve the application to merge, and then make a recommendation to their membership who then need to vote. The current status of this is shown below

## Governing Body Approval:

| CCG | Governing Body Decision Status | Outcome |
|---|---|---|
| Bexley | Complete – 5 Sept 2019 | Approved |
| Bromley | Complete – 5 Sept 2019 | Approved |
| Greenwich | Complete – 4 Sept 2019 | Approved |
| Lambeth | Complete – 18 Sept 2019 | Approved |
| Lewisham | Complete – 12 Sept 2019 | Approved |
| Southwark | Complete – 12 Sept 2019 | Approved |

## Membership Votes:

- Four of the CCG memberships have now voted in accordance with their existing constitutions
- Turnout has been positive (between 63 – 95%) attendance
- Votes have then been overwhelmingly in favour; at least 80% “for” of those attending
- These front line clinicians in Bexley, Bromley, Greenwich and Lewisham have now approved an application to dissolve their current CCG and establish a new SEL CCG on 1 April 2020.
- Lambeth and Southwark practices will vote on the afternoon and evening of 25 September 2019.

# Engagement Feedback

# Summary of Engagement meetings

Since March 2019 we have designed and completed a programme of engagement.

**>450**

**Points of contact**

**35**

**Local Authority or Health & Wellbeing Board meetings**

**>150**

**Meetings**

**>30**

**Resident and patient meetings and discussions**

**>30**

**Governing Body Discussions**

**1:1 meetings with 6 trust Chief Executives and letters of support from ICS partners**

**>200**

**Staff involved in developing proposals**

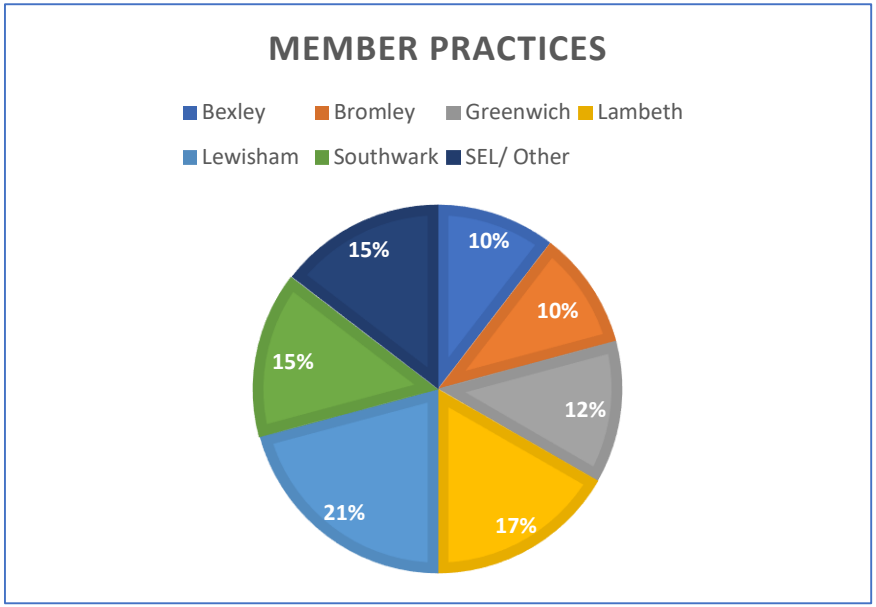
More detail is provided on the following slides…

# Member Practices Engagement Feedback

NHS
South East London Commissioning Alliance
Partnership of Clinical Commissioning Groups

We have had **48** meetings with member practices on system reform (in addition to informal discussions etc) and other interactions including:

- *Borough membership and/or locality meetings across engagement period*
- *Seven newsletters and update letters to all practices*
- *Two Frequently Asked Questions documents produced in response to initial engagement with membership*
- *General Practice constitution reference group (two representatives per borough)*
- *LMC Standing Joint Liaison Committees in every borough*
- *SEL Six Borough Meetings with LMC Chairs*




We have made commitments or changes to proposals in response to engagement with this group:

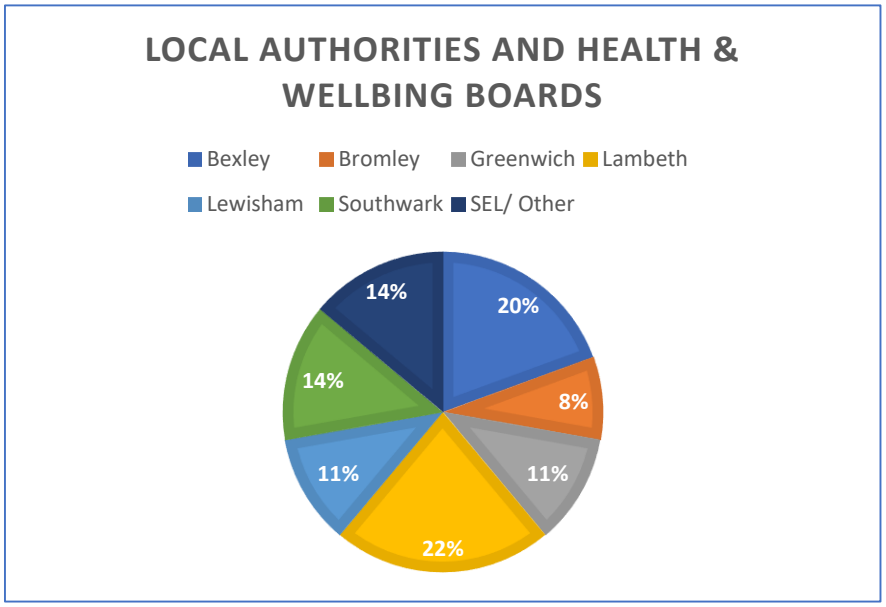
- ✓ **Maintaining local connectivity and responsiveness**
- ✓ **Retaining capacity and capability to support Primary Care**
- ✓ **Further developing clinical leadership and voice in commissioning at borough and SEL levels**
- ✓ **Supporting clinical leadership of different kinds and with partner (e.g. supporting PCN leadership)**
- ✓ **A GP majority on the Governing Body, equal votes per borough and GPs on Borough Based Boards**
- ✓ **Direct involvement in the development of the constitution**
- ✓ **Continued engagement through the process and in the new CCG**

# Local Authority & Health & Wellbeing Board Engagement Feedback

NHS
South East London Commissioning Alliance
Partnership of Clinical Commissioning Groups

We have had **36** meetings with Local Authorities and Health & Wellbeing Boards on system reform (in addition to informal discussions etc) and other interactions including:

- *1:1 meetings with Local Authority CEOs in all boroughs and with leaders and/ or portfolio holders/ cabinet members*
- *Attendance at Health and Wellbeing Boards or informal engagement with members*
- *Letters of update and briefing to each Local Authority CEO*
- *Regular attendance and briefing of DASSs at the CCG Alliance Executive*
- *System Reform and Delivery Group (SRDG) membership includes one DASS and one Director of Integrated Commissioning (Joint appointment)*
- *Local Authority representation and inputs to CCG workshops, Governing Bodies and committees.*
- *Letters to SEL's MPs on the CCG Merger sent in June and July 2019*




We have made commitments or changes to proposals in response to engagement with this group:

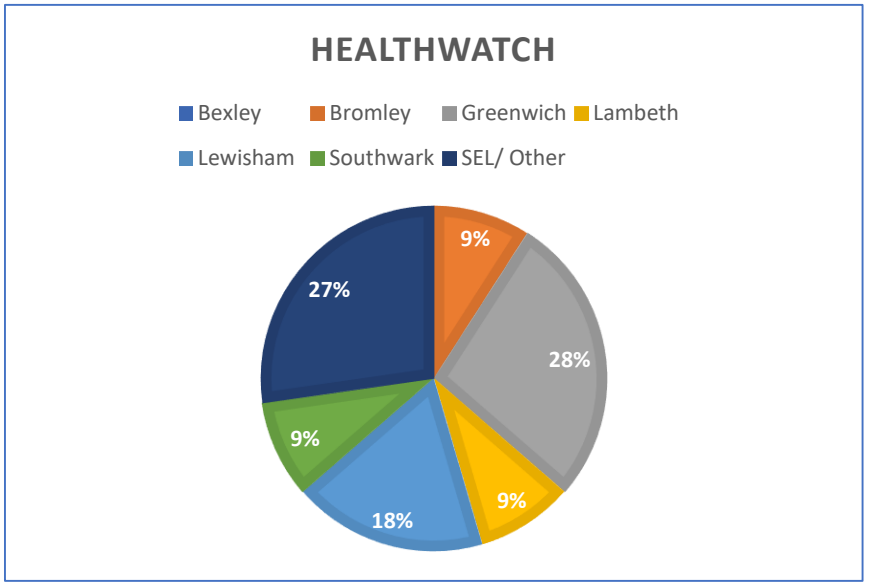
- ✓ **Maintaining local connectivity and responsiveness (H&WBs, JOSCs and OSCs and local capacity)**
- ✓ **Ensuring SEL decision making is appropriately representative of and informed by boroughs and formal delegation of decision making of borough based boards**
- ✓ **Allowing flexibility in our 'Place' or borough arrangements based on local partnership preferences**
- ✓ **Ensuring that commissioning remains responsive to different local requirements and need (Local DPH attendance at borough based boards and DPH input to the SEL Governing Body)**
- ✓ **Transparency in budget setting and management**

# Healthwatch Engagement Feedback

NHS
South East London Commissioning Alliance
Partnership of Clinical Commissioning Groups

We have had **11** meetings with Healthwatch on system reform (in addition to informal discussions etc) and other interactions including:

- *1:1 Borough meetings between the CCG and borough Healthwatch representatives*
- *Six borough Healthwatch organisation meetings*
- *Inclusion of Healthwatch representatives at public / resident engagement meetings*
- *Inclusion of Healthwatch representatives at CCG workshops*




We have made commitments or changes to proposals in response to engagement with this group:

✓ **Local Healthwatch representatives will be members of the Borough Based Boards in each place**

✓ **A Healthwatch representative (on behalf of the 6 boroughs and mandated accordingly) will be a member of the CCG Governing Body**

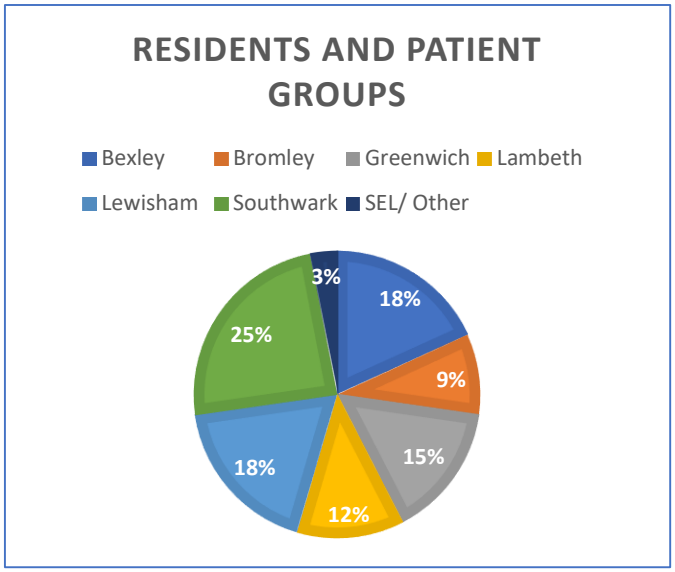
✓ **The new CCG will provide additional funding (for two years) for the recruitment of additional capacity to support the above as requested (pending a positive outcome of the merger application)**

# Resident and Patient Engagement Feedback

NHS
South East London Commissioning Alliance
Partnership of Clinical Commissioning Groups

We have had **33** meetings with residents and patients on system reform and other interactions including:

- *Public meetings*
- *Patient Participation Groups*
- *Our Healthier South East London (ICS) Patient and Public Advisory Group*
- *Lewisham Pensioners Forum & stakeholder event*
- *Bexley Patient Council & Voluntary sector network*
- *Voluntary sector organisation meetings in Greenwich*
- *Responses to letters received (four patient letters and Save Lewisham campaign letter)*
- *Meetings held in public including July and September CCG Governing Bodies, several HWBBs and SEL JHOSC. Papers are also available on appropriate websites*
- *Information on CCG websites*




We have made commitments or changes to proposals in response to engagement with this group:

- ✓ **Commitment that the CCG will seek out best practice in opportunities to involve individuals and communities in our commissioning activities**
- ✓ **Ensuring there is capacity in leadership, commissioning and communication and engagement at borough and SEL level**
- ✓ **Confirmed that the single CCG will address all statutory requirements of a commissioning organisation**
- ✓ **Each borough will be equally represented in decision making (particularly for the SEL Governing Body) and continued GP leadership in each borough**
- ✓ **That all partnership and related arrangements will be maintained at borough level – e.g. Health & Wellbeing Boards, Healthwatch (which will also work closely with the CCG at a SEL level) and OSCs**
- ✓ **SEL GB and Borough Based Boards will meet in public and consideration as to where meetings are held**
- ✓ **Ensuring work on health inequalities and diversity and equalities is not lost through the merger; in fact an aim to enhance our approaches here**
- ✓ **Clarification that management cost reduction saving would be invested in front line services**
- ✓ **Commitment to a dedicated governance fora at SEL level to ensure the voice of local people is heard and patient and public involvement is monitored and effectively delivered upon**
- ✓ **Arrangements to be in place at both SE London and borough level to involve individuals and communities in the planning and delivery of health services and in addressing health inequalities.**

# Overview and Scrutiny Committees Engagement Feedback



We have met with each Overview and Scrutiny committees, and attended the Joint Health Overview & Scrutiny Committee in July.

This meeting provides an opportunity for further comments from the JHOSC, some of the comments or questions responded to were:

- ✓ **Clarification that the merger proposals did not include a service change.**
- ✓ **Clarification that the CCG, post-merger, would be the sovereign and statutory body and that STPs and ICSs remain partnerships of sovereign bodies and have no legal status generally or as a result of merger.**
- ✓ **Question regarding whether there would be meetings in public – confirmed that the CCG Governing Body, its primary care commissioning committee and its Borough Based Boards will meet in public and would do so locally.**
- ✓ **Noted that the CCG would maintain its relationship with borough based OSCs.**
- ✓ **The CCG will relate to both the borough OSCs and the SEL JHOSC as and whenever appropriate.**
- ✓ **Members sought to understand the degree to which differential delegation would be possible across boroughs and that transparency of borough-based allocations would be provided. Full assurance was provided on this latter point and in relation to the former the proposals now include the arrangements for how the CCG will determine upon changes to delegation that may create a differential.**

# Question and Answers

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Our Healthier South East London
Sustainability and Transformation Partnership

**Meeting:** **OHSEL Joint Health Overview and Scrutiny Committee**

**Location:** **Council Chamber, Bromley Civic Centre**

**Date:** **Wednesday 25th September 2019**

**Title:** **Child and adolescent mental health services (CAMHS) – transition for 0-25 year olds**

**Presenter:** **Julie Lowe**

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**Summary**

Building on recent reports such as Future in Mind and The Five Year Forward View for Mental Health, the NHS Long Term Plan (LTP) has asked systems like ours in South East London to extend 'current service models to create a comprehensive offer for 0 to 25-year-olds that reaches across mental health services for children, young people and adults' and delivers 'an integrated approach across health, social care, education and the voluntary sector'.

In responding to the LTP SEL partners will be exploring the opportunity to improve support, care and treatment for young people, particularly those aged between 18 and 25, who have repeatedly reported poor experiences of care within current services, whether provided by statutory or non-statutory bodies. This includes people who are transitioning from children and young people's services into adult services as well as those presenting for the first time.

NHSE recently published a report on provision for young adults aged 18 to 25 describing a range of emerging mental health models – the challenges, successes and lessons learned – and derives a set of principles and considerations to inform the development of support, care and treatment for young people.

Broadly, services have been more successful where their development has been incremental, co-produced with young people and professionals, rooted in the communities they serve and implemented jointly across different types of providers. Difficulties have arisen where change has been less evolutionary, and specifically where this has led to an overwhelming demand on new services.

We have local examples of where services have been developed for this age group such as the following in Lambeth, but we recognise that we need to take a systematic approach across SEL to ensure a comprehensive offer.

## The Well Centre, Lambeth

### What was the challenge?

Providing an open access service that provides a holistic approach to young people's mental and physical health issues.

**What did you do?**

Partnership working between statutory and voluntary sectors (Primary Care, youth health charity and CAMHS) and co-production with young people – active YP panel including input into service design, decoration and use of space, registration design and proto-typing of journey through service.

Developed an assessment to proactively identify mental health concerns in Young People. Open for "Drop-in" 3 afternoons a week- 3.30-7pm- staffed by GP (adolescent health experienced), 2 youth workers and Band 7 CAMHS nurse. YP can drop in or have booked appointment. Youth work outreach activities at other times – including regular counselling sessions in schools, school assemblies and PRSHE, running young peoples' activities e.g. Girls Group, Voice Collective.

The service shows multiagency working between schools and colleges, parents, youth participation ambassadors, local authority, voluntary sector, primary care, adult mental health education and training and hospital trusts.

**What were the results?**

For the year 2017-2018:

- Total number of young people seen: 705 (may see more than one professional – e.g. GP and youth worker and/or a mental health practitioner.
- 55% of new patients were peer to peer/self-referral
- 88-100% user satisfaction scores over the last 2 1/2 years
- 46% reported improved self-esteem and emotional well-being in 2017/18

**Find out more:**

Dr Stephanie Lamb; stephanielamb@nhs.net

**Action Required**

Members are asked to note the update

Our Healthier South East London
Sustainability and Transformation Partnership

NHS

**Meeting:** **OHSEL Joint Health Overview and Scrutiny Committee**

**Location:** **Council Chamber, Bromley Civic Centre**

**Date:** **Wednesday 25th September 2019**

**Title:** **South London Partnership – Children and young people's inpatient care**

**Presenter:** **Julie Lowe**

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**Summary**

The South London Partnership has successfully delivered a new model of care for children and young people's inpatient care providing additional local beds and more community-interventions which have significantly reduced occupied bed days outside the borough.

Since the start of the programme out of area placements have reduced by up to 75%. Most of the out of area placements now tend to be for bed types that we do not provide in South London i.e. Low Secure Units and we only admit out of area in exceptional circumstances when there is no capacity within the partnership for other bed types. The South London Partnership Bed Management team coordinate repatriation back to local services as soon as possible where this is appropriate. This means that more children and young people are getting care closer to home when they need to be admitted to inpatient units.

Our aim is to ensure by 2020/21, that inpatient stays for children and young people will only take place where clinically appropriate, will have the minimum possible length of stay, and will be as close to home as possible to avoid inappropriate out of area placements.


**Action Required**

Members are asked to note the update

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