

Event Report
‘A Healthy Future in Southwark and Lambeth’
20 March 2019



Summary

‘A Healthy Future in Southwark and Lambeth’ was arranged by Healthwatch Southwark and Healthwatch Lambeth (Healthwatches) to inform, and engage, the public with some of the programmes and themes overseen by the Southwark and Lambeth Strategic Partnership (SLSP). The SLSP is a partnership of major health and social care providers across Lambeth and Southwark. Between December 2018 and February 2019, the Healthwatch Partnership Coordinator co-designed the event’s content with health and social care partners, programme engagement leads and Voluntary and Community Sector (VCS) partners.

The event covered a wide range of interrelated topics, including the four cross-borough health and care programmes, and themes within the NHS Long Term Plan such as health inequalities.

The event was well attended by 92 people from Lambeth and Southwark boroughs. Approximately half of the attendees were members of the public, not affiliated with any particular organisation, a quarter were VCS staff and a quarter were NHS or council representatives. There was lots of enthusiasm and a good level of participation among guests, resulting in some useful learning and discussion for the programmes.

However, large scale events may not provide the best conditions for thorough engagement and learning from the public. We will explore alternative ways of engaging with patients and the public in the recommendations section of this report (p.13).

Key Successes

There was very positive feedback from the audience about the presentation from Dr R. Chowla from Clinical Effectiveness Southwark (CES), which explored the NHS Long Term Plan, health inequalities and tackling these across both boroughs.

The four programmes were each able to run two conversations with attendees during the workshops. Each programme had the opportunity to showcase what they do and were able to take away key learning points from the discussions (this learning is explored below). We received feedback that 87% of people felt they had learnt about health and care programmes and 91% felt they “had had their say”.

There were a variety of people with different long-term conditions in the audience who brought their ‘lived experience’ to the group conversations.

Key Learning and Reflections

The age range of the attendees did not reflect the demographics of the two boroughs. Younger and working age people should be targeted in future to involve them in conversations around health and social care. Large scale evening events, as a mode of engagement, may not be the best tool for reaching these populations.

Attendees also expressed the sense that professionals regularly gather their opinions, but that they would rather participate in aspects of development, design, delivery and review of programmes, so that good outcomes can be reached for patients. Programmes, and health and social care organisations, should liaise with Healthwatch for support to include the public and patients in this co-productive style of working.

Although there were a number of people in the audience who were new to Healthwatch and other engagement events, there were also people in attendance who are familiar with these modes of engagement. Efforts should be continued to reach individuals and communities who engage less frequently. This point will be explored more thoroughly in the recommendations section.

Next Steps

- Organisations and programmes should involve the public/patients in co-production of services and developments within their programmes, where this is appropriate.
- Communication about developments and changes (within programmes and wider services) and an open, transparent dialogue with the public about health and social care, should also be a priority for NHS, councils, hospitals and CCGs.
- Involve younger and working age populations in future engagement opportunities.
- Design engagement opportunities in a more bespoke fashion to reach seldom heard groups. This may include designing different engagement methods, connecting with people in their regular spaces/activities (e.g. through VCS partners) or through peer support networks, using less large-scale events which may attract more professionals and members of the public who are already ‘active’ in health and care conversations. During the planning stages of this event Healthwatch recommended a series of smaller events/focus groups (rather than a large event) to engage with a wider range of people. However, the SLSP had requested a large event in this case to reach a substantial audience.

- Healthwatch will follow up with the four programmes to understand how they have used learning from this event in their programme development. This will be shared publicly.

Presentations and questions

Introduction

Suzanne McCarthy, the Independent Chair of the Southwark and Lambeth Strategic Partnership, welcomed attendees, thanked them for coming and explained the importance of gathering their feedback about the four programmes.

Sarah Corlett, Healthwatch Lambeth Chair, explained the function of Healthwatch as an independent champion of people's voices in health and social care. She then went on to explain the four programmes that would be discussed and their relevance to the NHS Long Term Plan.

- **CYPHP - Children and young people's health partnership.** Focusing on better care for children and better access to health and care guidance for their families. This work is closely related to the NHS Long Term Plan's intention to give everyone the best start in life and ensure that young people and their families experience good communication and an integrated health and care system.
- **LCR - Local Care Record.** Sharing of people's health records between health and social care professionals. This work is linked with the Long Term Plan's focus on improving the NHS's use of digital technology (IT, the Internet, apps) to improve patient care and ensure the right information is available at the right time.
- **LCNs - Local Care Networks.** This programme focuses on integration and multi-disciplinary working. Work strands include social prescribing, care coordination for patients and moving health and social care teams into working in 'neighbourhood' geographies. This LCN work is directly related to the Long Term Plan's ambitions for GP practices to support one another, improve services, make care more accessible, and bring professionals together to coordinate care better. This is also connected to the formation of Primary Care Networks, as described in the Plan.
- **Mind & Body** - working with Southwark and Lambeth health and care services to develop and deliver excellent mental and physical healthcare, research and education so that treatment focuses on the whole person. This programme is related to the commitment made in the Long Term Plan to improve and increase funding to mental health services, including access to talking therapies.

Presentation from Dr R. Chowla, Clinical Lead for Clinical Effectiveness Southwark (CES)

Key points:

- Health inequalities are a result of socio-economic, geographic, and cultural factors and this has an impact on the life expectancy and quality of life for Southwark & Lambeth residents.
- Dr Chowla explained the NHS Long Term Plan's areas of focus, including reducing health inequalities and preventing diseases in the population by working with patients as partners.

- Local initiatives to reduce health inequalities were explored, including Clinical Effectiveness Southwark's approach to working with GPs to ensure the optimum care for everybody with a long-term condition, no matter which GP they see. The presentation also looked at the Vital 5, a King Health Partners initiative of tracking and preventing common diseases and disease enhancing behaviours including smoking, obesity, blood pressure, depression and common mental health problems and alcohol consumption (See <http://www.clinicaleffectivenessouthwark.co.uk/> and <https://www.kingshealthpartners.org/latest/1954-the-vital-5> for more on these programmes).

Question and Answer Session

Following the introduction and presentation we paused for questions from the audience, which highlighted the following issues:

- One attendee expressed that more time is needed at appointments with GPs to account for mental health issues and suicide risks. Another person felt that other treatments, besides drugs and medicines, need to be explored with the GP to tackle mental health issues. Dr Chowla agreed this was an area of interest for CES, and Mind & Body also aims to influence GP appointment times and to support GPs to become more knowledgeable around mental health issues.
- One patient raised the need for collaboration with local and national government to increase the availability of affordable housing developments, since housing has a huge impact on people's health, she referred to poor housing as - *'like a hole in the roof when trying to cure people'* Fiona Connelly from Lambeth Council replied: *'The NHS Long Term Plan can't be implemented in isolation without partnerships and without all the other services. Integration [means] looking at all the needs of the person, [we] need to come together with the VCS and housing and others. Use what we have better. It's not all about money but mindset - breaking institutional barriers.'*
- A Link Age Southwark representative highlighted that there were lots of VCS services available and also Talking Therapies; she stated that people need to be informed and guided to self-refer to these kinds of resources.
- Another comment referred to 'unhealthy behaviours' and how these should be viewed and investigated by health and care staff *'Recognise the value of life - if someone is at the point where smoking and over eating is of more value to them than the situation they are in, we need to solve the situation (behind this) to get behavioural change.'* This relates to the Dr. Chowla's presentation and the Vital 5's focus on alcohol consumption, smoking, obesity, mental health issues and high blood pressure.
- Some members of the audience had personal medical questions that were not appropriate to answer in this space.

Discussion Sessions

Event attendees were given the option to attend two of the four programme discussions. All programmes received interest in their topics and a range of people joined their conversations. The LCN and Mind & Body tables received the highest number of guests. Below are summaries of the most salient and recurring themes that arose in each discussion:

Mind & Body Programme



Thinking of the Mind & Body, what helps us to stay well? What more could be done?

- People thought about employment, their community and 'me time' (including walking, meditation, listening to music), when thinking about staying well.
- Social, economic and other external factors (wider determinants) were also noted as major influences on mental health, as well as interaction with other people.
- Examples were given of GPs offering medication as a first line of treatment for mental health issues. An example was given by someone about their personal experience of sleep problems; they felt they were offered medication first by the GP, rather than having the GP look at their whole situation or consider them as a whole person.
- Some people felt that GPs didn't have the expertise or time to really think of the 'whole person'.
- People also felt they would only visit their GP when they were already unwell, not for prevention/or lifestyle advice/support.
- Attendees noted feeling uncomfortable talking about mental health or stress issues with GPs.
- Mind & Body programme has the potential to influence how GPs interact with patients and encourage a focus on prevention through their work with primary care.
- Attendees thought there should be a focus on staying well, supporting people to self-manage and guidance about how to manage their mental health. Diet and exercise were highlighted as important aspects of self-management and staying well.
- A prominent theme was that the Mind & Body conversation should be extended to primary care, pharmacy, opticians, dental, school nurses and social media (to reach young people) - *'make it everyone's business to ask, 'how are you?''*
- People thought there should be earlier diagnosis of mental health issues.

'They give you pills first before really asking about what might be causing my problem... that's not finding out really what's going on for me.'

- VCS connections and social prescribing was seen as vital to supporting a healthy mind and body.
- Attendees thought that children and young people should be educated about Mind & Body issues and taught from an early age about mental health and self-care. Schools, school nursing and social media should all be considered to support this work. Conversations around parental mental health and the impact on children and families should also be considered, and awareness raised among health and social care staff. Supporting the ‘whole family’ was viewed as a useful approach for keeping communities mentally well.

What needs to change in health, social care and wider community services to help things improve?

- People thought an increase in ‘Social Prescribing’ would be useful. However, passive signposting was thought to be ineffective for poorly motivated people or people with low confidence.
- Leisure, sports and other activities should be made more accessible.
- The importance of peer support groups was highlighted and their potential role as gateways into new activities.
- Peer support was also related to strengthening communities, which was seen as important for the Mind & Body agenda. There is a need to create, support and enable groups in the community to form naturally, to provide social spaces/places where people can come together, often but not always with similar issues.
- Loneliness was highlighted as a theme behind lots of ill health.
- Attendees felt that service developments, especially within mental health, are often focused on narrow topics - e.g. help into employment - and that this should change to view the person’s situation more holistically.
- Relationships between practitioners and people need to be more ‘human’ rather than ‘customer based’ or simply professional.
- Everyone (professionals) in the system needs to *focus less* on formal occupational boundaries (about who should do what, provide services within strict boundaries etc) and overly formal relationships with patients.
- Health inequalities in Black, Asian and ethnic minority groups was highlighted as an important area for the Mind & Body programme. Mind & Body should focus on removing discrimination within health and social care and support equality in access.

Children and Young People’s Health Partnership (CYPHP)



How is CYPHP contributing to health prevention and supporting children and young people to be healthy, happy, and well?

How is CYPHP reaching families who find it hard to access health services?

- Attendees suggested that new conditions to focus on next for CYPHP could be Irritable Bowel Syndrome and abdominal pain in children.
- More outreach at schools and in the community was recommended. In terms of health inequalities, attendees thought that families who are new to the UK or otherwise not familiar with, or trusting of, statutory services, may be more likely to work with community centres and people in these settings. It was recommended that CYPHP could start to deliver services in trusted community spaces to overcome barriers that some people may experience at the GP.
- People questioned the accessibility of the CYPHP portal for those with limited internet access, or confidence, and also those with English as a second language.
- Advertisement of CYPHP and what is available for families should be widened to increase public knowledge about what is available.
- People thought that assessments and outreach, and communications, should be provided in Portuguese and Spanish for communities in both boroughs as well as other commonly spoken languages.

‘Children’s centres are a good place to go because lots of parents go there to get their babies weighed.... A lot of families like those seen by Homestart won’t even go to the GP, for example asylum seekers. There is definitely a lot of need.’

‘I think the take up would go sky high if you made it easier for parents and young people to use the portal.’

- There was acknowledgment that lots of early intervention services are being cut and that this makes CYPHP's job even harder as there may be fewer resources and fewer partners to work with (e.g. Home Start, Family Support).
- There were suggestions to train up young people as CYPHP champions - this could particularly help with the wellbeing initiatives in schools.
- Attendees felt that CYPHP should include a focus on sexual health and family planning.
- Southwark Carers were interested to signpost families to CYPHP and to have CYPHP recommend their services. It was thought that CYPHP could play a role in signposting to the voluntary sector more broadly.
- Attendees suggested that CYPHP could build a peer support programme for families. The Lambeth PPG network were interested to support and work with CYPHP - *'Could CYPHP and Lambeth PPG network run a session together? Increase awareness of the programme amongst GPs and PPGs. And also try out something between a PPG and a school. This could link into the development of the primary care networks.'*

'Some families won't trust going to services - you have to come to where families are, - and where they will trust you.'

Local Care Record (LCR)



How do you want to interact digitally with the Health and Care system?

What could be beneficial for patients and staff about better use of digital? What might be the drawbacks?

- Attendees generally agreed about the importance of sharing records to make care and communication better. They highlighted several stories of where records had not been

shared properly and this had caused problems and, in some cases, resulted in avoidable hospital admittance.

- Attendees reported that health staff do not consistently use the LCR. One patient recounted being asked to take more blood tests that duplicated those they had already taken and the results of which should have been available on the LCR.
- Attendees across the conversations were keen to make LCR available to families/patients themselves. This is related to improved care coordination and patient empowerment.
- Attendees felt that the LCR should include a brief patient summary that is immediately accessible to all those providing care, to avoid the need to repeat their story, which can take up a lot of time during an appointment and be frustrating or distressing.
- One suggestion is that this brief summary could be printed out and held securely by the patient, and/or held digitally so they could share it as they wished.
- This was felt to be particularly important when the patient was having to repeat a story which caused distress. Real examples were discussed - people experiencing domestic violence, people with mental health issues, and carers dealing with difficult issues with loved ones with dementia. This is a major concern and should be addressed by the LCR team.
- Concerns were raised about the LCR audit process and the need to ensure there is public confidence in LCR security. Attendees felt that the audit processes needed to be more transparent and that this should be communicated more widely with the public.
- We discussed the need to join up the LCR with services such as London Ambulance Service to support better health and emergency care.
- Better usage of the LCR among staff is necessary and should be prioritised by the LCR team. This may involve better communication and more promotion of LCR usage among professionals. Currently from the patient perspective LCR usage is inconsistent among staff. We discussed the need to ensure it is used and included in all staff induction. It seems to be random as to who uses it, and no one is ensuring that it is used although it brings benefits to patients and staff.
- Staff who do actively use it have reported benefits: *'It's transformed the way I work - it's made it more streamlined. I can see what's happened in real time and provide better care.'* (GP).

'Professionals are all sharing info between themselves, but patients need to have access to the records too - either digitally, or to have something printed out. It's no good clinicians all being digitalised if it alienates the patient and doesn't actually benefit them in terms of being better informed.'

General comments on the increased use of digital for patients & staff:

- Patient 'passports' shared electronically could be useful (The catheter passport and My Medication passport are examples).¹
- Attendees highlighted that many older people may not be able to interact digitally with the NHS, for example those with mild dementia, even if they were previously digitally literate.
- Using Siri, Alexa and ways to interact digitally using voice systems was discussed as a useful tool for those with visual impairments or older people, but that these tools aren't yet available via the NHS.

¹ This was also echoed by Lambeth Learning Disability Assembly members during an LCR focus group on 25 March 2019.

- Attendees emphasised that not everyone wants to interact digitally and that digital options should be an ‘enhancement’ not a ‘replacement’ of services.
- There are, however, some patients who do very much want a digital option e.g. younger people with long term conditions, or carers, who work in jobs that make telephone discussions impossible.
- We discussed the system whereby pregnant women carry their shared care records, and that this is something that works well. The same process should be developed where patients want to carry their own details.
- The process needs to be changed so that patients are seen as having a right to their own records.
- Text messaging patients was agreed as a good and efficient way of communicating. Being able to use digital tools to book and manage your own appointments, view test results and check the validity of personal health records was seen as important to many event attendees. It was found that this experience varied from GP surgery to GP surgery, with some patients being able to view all their records and some only having limited access for appointments and a minimum level of repeat prescriptions.

Local Care Networks (LCNs)



What do you think about the approaches the LCNs have taken to coordinated care and neighbourhood working? What's good about it? What could be improved?

- Better coordination of people’s care was agreed as important. However, attendees thought this should include younger people and people with fewer conditions not just multiple long-term conditions (LTCs).

- Attendees emphasised the need for better communication between different professionals and with patients (and hoped that the integrated neighbourhood system may support this).
- Attendees were strongly supportive of the preventative approach and thought that people should be enabled to stay well before they developed LTCs.
- People wanted to know how neighbourhood working will progress and be monitored. There was uncertainty around this, which indicates that strong public communication is needed around any changes in the way services are delivered. A ‘test and learn’ approach for new neighbourhood working could be beneficial, involving patients in testing the way services are delivered differently.
- People were also not clear about how hospitals will interact with neighbourhoods, including for patient discharge.
- Attendees thought that Primary Care Networks are a good opportunity to bring clinical staff and the community together.
- People thought that better networking for health and care professionals in neighbourhoods would improve things and help smooth communication. Simply knowing the names of one’s neighbourhood team is important for introductions and relationship building, for both staff and patients.
- Patient Participation Groups (PPGs) were mentioned as a useful resource to help improve connections in neighbourhoods and support initiatives. However, other people felt that there was great variety in the quality of PPGs in Lambeth and Southwark and that some were a ‘*tick box*’ exercise and not always representative of the populations. Attendees asked whether PPGs could be ‘*broadened out*’ to be more inclusive and diverse.
- Attendees emphasised the need to look at carers’ underlying needs and provide better support to this group.
- Questions were raised as to how to involve BAME communities, such as the Chinese community, in the design of neighbourhood working and other LCN work. People who are housebound and non-English speakers were noted as also being at risk of missing out on social prescribing and other opportunities. A suggestion was made to find volunteers who speak other languages.
- Variation in quality and enthusiasm from practice staff across surgeries and across future ‘neighbourhoods’ was raised as an issue: ‘*Lack of buy in from clinical staff: there’s a need for local support groups, diabetes, pain relief, self-management courses [but the] practice manager is interested in bums on seats.*’
- This also indicates that ‘activating the community’, and forming support groups, requires tools and support, community development, co-production and design with the public.
- Attendees emphasised that the patient/clinician relationship should be a partnership.

‘It’s essential that action must be taken earlier on and the patient must be empowered too.’

‘We are talking about what we can do for a patient, but we need to look at how they can do things themselves, how they can carry their own information around with them and how to take control of their own situation.’

General themes and Healthwatch recommendations

- Large scale events are useful for distributing information to a wide audience. However, for engagement purposes often the feedback obtained is quite general. This event reinforced and highlighted some important points for programmes and organisations to consider, such as bringing health conversations to community settings to reach more seldom heard groups and extending a holistic approach to mental and physical health across professions. However, richer learning can be achieved by working with more specific patient and public groups. For example, in-depth test and learn and quality improvement work with GPs may be useful in understanding how new neighbourhood and Primary Care Network's ways of working are affecting patient care. Healthwatch encourages these approaches to engagement.
- Organisations and programmes should continue to communicate relevant advances and changes in services as widely as possible and through VCS partners. Healthwatch websites and networks can be utilised to improve communication reach.
- The audience indicated that they supported a change in how engagement should be done: the public wants to see outcomes, but also want to be involved in development. We recommend that health and social care should work directly with the public on programmes: create specific opportunities for people to participate in aspects of development, design, delivery and review, think creatively about inclusion and the need for diverse input and share opportunities to participate. Insight on progress should be sought in a 'test and learn' style, rather than continually asking for opinions after services have already been implemented, since it is not always clear where this public opinion is used. Healthwatch encourages health and care services to liaise with us around their plans for engagement and co-production with the public.

“Get a bit tired of hearing the same things - patient at the centre, working in partnership with service users/patients/carers... Need to hear more about positive examples of collaborative working resulting in good patient outcomes.”
- Collaborative working at multiple levels was of high importance to attendees. Institutions need to come together to address the wider determinants of health and inequalities at local and national level, including housing, poverty and their interaction with health. As recommended by Fiona Connely (Lambeth Council), the ambitions in the NHS Long Term Plan (<https://www.england.nhs.uk/long-term-plan/>) cannot happen in isolation but require councils, social care, NHS, education, housing and other essential services to work together. Healthwatches will remain engaged with the new alliances of these institutions in both boroughs, 'Lambeth Together' and 'Partnership Southwark' and will champion the involvement of the public in their development. We also wish to encourage the leaders of health and social care institutions to work collaboratively and begin to address inequalities in health and their wider determinants.
- Attendees acknowledged the importance and potential of 'activating' communities and the possibility for communities to provide peer support, and also, medically focused groups e.g. pain relief support groups, diabetes groups. Adequate resources are needed to support such developments and make them sustainable. In future this support could come

through Primary Care Networks or ‘neighbourhood’ models of working. Close working with VCS partners and the public are essential to this development.

- The VCS and public spaces were mentioned as important across the four discussion topics. Places for people to gather, to form, and maintain, supportive communities, and potentially peer support networks, were seen as integral to the population's health and ability to ‘stay well.’ A strengthening and support of the VCS and availability of community spaces in both boroughs should be a priority for the councils and others.

Appendix

Demographics & attendee information

92 attendees signed in at the event (Eventbrite sign up was 113) with 32 being from Lambeth and 38 from Southwark, 22 registered as invested in both boroughs.

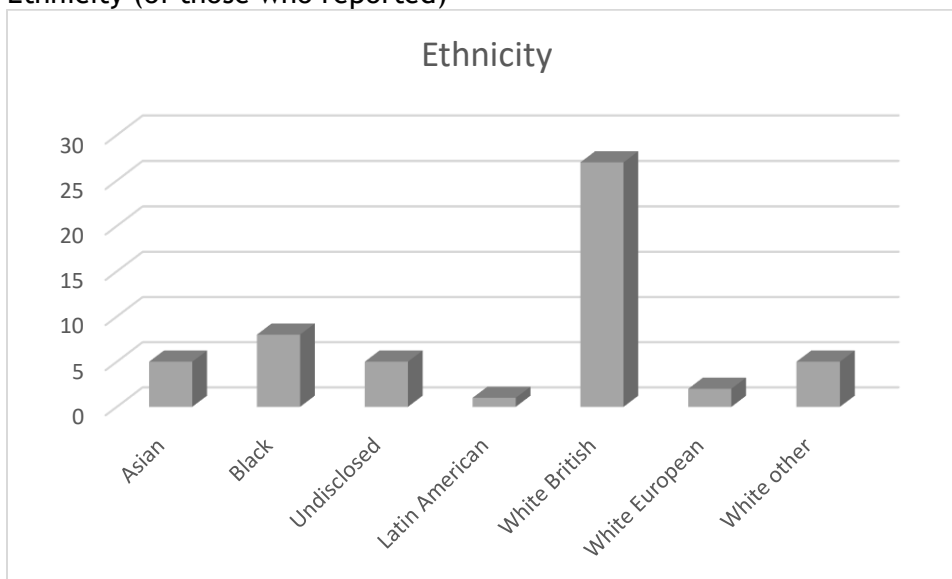
Approximately 26 VCS professionals, approximately 24 council or NHS staff from across both boroughs signed up to Eventbrite. The remainder of guests were members of general public.

Out of the 92 attendees, we received 53 evaluation forms.

Attendees reported various disabilities and long-term conditions, including: Multiple Long-term conditions, Diabetes, MS, Learning disabilities and Mental health issues.

62% of attendees were female; the rest reported as male.

Ethnicity (of those who reported)



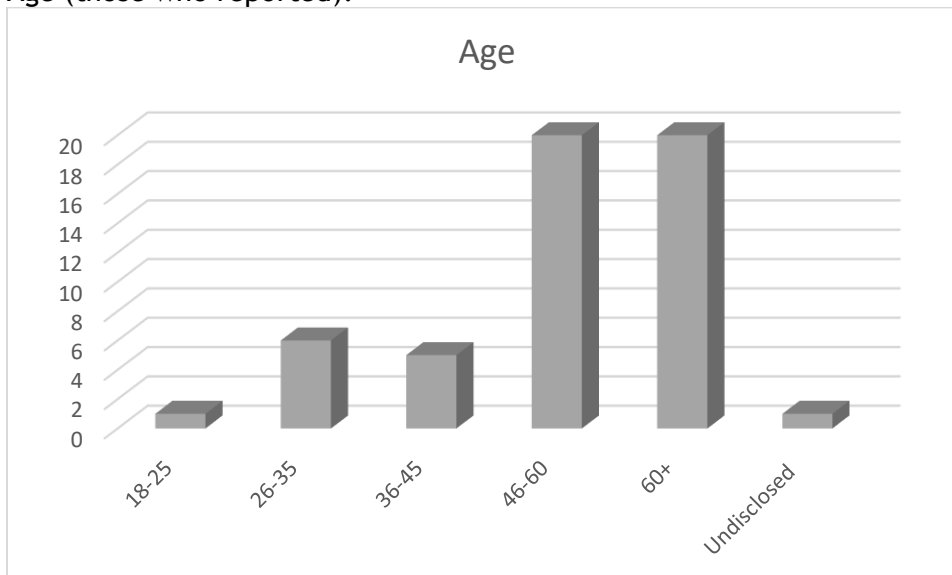
- White British: 28

- White other: 5
- Black: 8
- Asian: 5
- Other: 2
- Undisclosed: 5

The over-representation of white British people may have been skewed by the number of fairly senior NHS or council staff present, approximately 24 people, indicating a lack of diversity at this level. We advertised the event through Community Southwark, Healthwatch Lambeth and Healthwatch Southwark and Black Thrive websites and members. However, more effort to encourage non-white residents to engage should be made to ensure better representation.

We did not receive demographic information from 39 of the 92 attendees, it is therefore difficult to draw conclusions from the information we have.

Age (those who reported):



- Between 18-25: 1
- Between 26-35: 6
- Between 36-45: 5
- Between 46-60: 20
- 60+: 20
- Undisclosed: 1

The under-representation of younger people may have been related to the style of the engagement; also, the timing of the event, which was in the evening, might not suit families or other younger age groups. The topics covered, except for the CYPHP programme, may have been more relevant to older age groups who have experience of managing health conditions.

Again, 39 attendees did not provide information about their age.

Satisfaction & Feedback

- Agreed or strongly agreed that they have learnt about health programmes **87%**
- Agreed or strongly agreed that they had had their say **91%**
- Very positive feedback about the presentation from Dr Rachna Chowla (Clinical Effectiveness Southwark and linked to Kings Health Partners Vital 5)
- People welcomed learning experience about programmes
- People were mostly satisfied with the venue and refreshments - some found the venue a little far from bus stops and campus not well lit.