

## **Engagement within Southwark & Lambeth Strategic Partnership Programmes during 2018 - a stocktake**

March 2019

### **Introduction to the Partnership and its Programmes**

The Southwark and Lambeth Strategic Partnership includes King's College Hospital Trust, King's Health Partners (KHP), South London and Maudsley NHS Trust (SLaM), Southwark and Lambeth Clinical Commissioning Groups (CCGs), Southwark and Lambeth Councils, GP Federations in both boroughs, and Guy's and St Thomas' Hospital Trust (GSTT).

The Partnership aims to support the Strategic Transformation Partnership (STP), Our Healthier South East London, which is delivered across six South East London boroughs, by providing shared standards and strategic oversight. The Partnership aims to support integrated care at system and local levels.

The Partnership's shared vision and purpose is to improve health and wellbeing through prevention at all stages of life, focusing on risk factors such as alcohol and obesity; enabling individuals to feel and be well, supporting and promoting self-management and taking the wider determinants of health such as employment and housing into account. The Partnership also aims to improve people's experience of care, promoting consistency, person-centred approaches and choice. The Partnership aims to work within the available resources of a pressured financial context and improve people's health and care outcomes through shared high-quality research.

The Partnership states its commitment to involving local people, in order to understand what it is like to be a carer or a recipient of care, allowing this to inform the programmes' work.

The Partnership Coordinator role, hosted at Community Southwark on behalf of Southwark and Lambeth Healthwatches, was contracted by the Partnership. The purpose of the role is to support and advise the Partnership on engaging with the public, ensure local people's perspective is heard within the Partnership, and monitor the impact of participation. This report aims to reflect on the extent, reach and impact of engagement in the Partnership so far, focusing on 2018.

The Healthwatch chairs of Lambeth and Southwark are members of the Partnership Board and Lambeth and Southwark Healthwatches' Partnership Coordinator attends the Partnerships' Executive Oversight Group.

## The Partnership's programmes

The Partnership has provided guidance to four programmes:

- **The Local Care Record (LCR)** is focused on the sharing of health data across primary and secondary care, and works across the Strategic Transformation Partnership (STP). The next step will be to effectively share data between health providers and social care.
- **Local Care Networks (LCNs)** function in both Lambeth and Southwark. They bring together providers from across primary and secondary care, social care and the voluntary and community sector (VCS), and look at the range of services they provide and how they can work together to provide more joined up care.
- **Mind & Body** aims to change culture within health services to encourage a holistic way of working, considering a patient's mental health as well as their physical health. This programme also looks at the link between mental ill health and physical health and high early mortality rates.
- **The Children and Young People's Health Partnership (CYPHP)** is focused on improving everyday healthcare for children and young people by providing expert care more quickly and closer to home. It uses an evidence based model of care, where healthcare professionals are upskilled, existing and new services are improved, and children with long-term conditions (eczema, constipation, asthma and epilepsy) are being proactively engaged to complete a bio-psycho-social screening tool that informs a child and family centered assessment. The CYPHP Health team provides families who need intervention with integrated care that promotes education and symptom self-management.

## Public engagement by the Programmes in 2018

Below is a summary of the engagement carried out by each programme with patients, the public and VCS partners during 2018.

By 'engagement' we refer to the processes of informing people, actively seeking and acting on experiences and opinions, and in some cases co-designing approaches or materials.

The findings from engagement work are noted as are the people who were involved in each activity. For each programme we explore which areas of work their engagement findings were able to influence.

### Southwark Local Care Networks (LCNs)

#### Patient and public engagement activities in 2018 and who was involved

Activities	Who was involved
Healthwatch Southwark (as part of Community Southwark) were commissioned to obtain patient stories	Ten people were interviewed during January-March 2018, and 24 attended the workshop.

<p>from those who had begun the coordinated care pathway. A focus group also took place in March 2018 to test and develop findings from the interviews.</p>	
<p>NHS Southwark CCG ran joint workshops in September 2018 with Southwark Patient Participation Group (PPG) members and those with Multiple Long-Term Conditions to inform LCNs' neighbourhood working.</p>	<p>The North Southwark workshop involved 11 local people. (Two thirds were white British, with one 'white other' and one Black British African).</p> <p>The South Southwark workshop had 17 attendees (Half were white British and other attendees included Black British - Caribbean, Asian (Indian) British and Chinese. Participants were from an older age group.)</p>
<p>Southwark LCNs delivered a social prescribing 'sprint' in Nunhead from December 2018-January 2019, bringing together local people and organisations to begin looking at how we can define, build and promote an effective culture of social prescribing across Southwark.</p>	<p>Approximately 40 people were involved in workshops and interviews, from a wide range of Nunhead and wider Southwark voluntary organisations (including Age UK Lewisham &amp; Southwark, Time &amp; Talents, Coppleston Centre, Nunhead Green), local businesses and local GP practices. The focus was on residents of Nunhead with a long-term condition and mental health needs.</p>
<p>PPG members attended the Lambeth and Southwark LCN Large Scale Change Masterclasses in June and July 2018 and engaged on other occasions around these topics.</p>	

### Key findings from engagement

Links to the Healthwatch Southwark report and CCG-led neighbourhood engagement reports can be found here: <https://www.southwarkccg.nhs.uk/get-involved/Shaping-services/Developing-care-coordination-for-people-with-long-term-conditions/Pages/default.aspx>. (You will also be able to read about earlier engagement work in 2016/2017, which informed the development of care coordination for people living with multiple long term conditions.)

Healthwatch Southwark's Care Coordination research was carried out at an early stage when the programme had just been introduced. Patients felt there was a lack of clarity about what care coordination was - they were invited to appointments via telephone or letter, but most did not understand the information received. Healthwatch recommended that GPs and receptionist staff should improve their communication with patients on this pathway. Care Planning appointment times varied: a review of guidance around timing and the content of the conversations was recommended to ensure a more holistic approach.

Positive feedback was given by patients about the staff who carried out assessments including appreciation of Senior Nurses who were trained in motivational interviewing.

Some patients felt their care plans were valuable and others did not; workshop participants recommended a more engaging format for the care plan. There was variation in how useful patients found the care pathway; some used it to help them towards goals (such as coming off medication) or lifestyle changes (such as walking more often). The workshop discussions revealed some scepticism about having a printed copy of the care plan that people would also need to take to different professionals. Some people also thought that not all professionals were engaged with care plans or the coordinated care process and that this could reduce the programme's impact.

Recommendations for further engagement were made including further research into which professionals are best placed to conduct the appointments, how to prepare the patient for their appointment, and the impact on coordination of care and referral into further services including the VCS.

The neighbourhood focused workshops revealed that community resources and social interaction were very important factors for people at a neighbourhood level. Attendees highlighted the importance of their hobbies and interests and being able to access these locally. Barriers to pursuing these activities were health problems and having multiple conditions, mobility issues, and challenges arranging appropriate transport.

### **How Southwark LCNs have acted on these findings**

Healthwatch Southwark's findings were shared in the following way:

- The feedback was shared with Southwark's neighbourhood co-design groups to highlight a need to focus on the wider determinants of health, and social isolation.
- Evidence informed the LCN Leadership Group.
- Feedback was shared with the Southwark and Lambeth Care Coordination Delivery Group to inform design and quality improvement of the pathway and its implementation.

The patient feedback from the CCG neighbourhood focused workshops has fed into several work areas:

- An event bringing together social care, health professionals and the VCS took place in November 2018 to create a baseline of understanding amongst these groups. Certain neighbourhoods in Southwark will test a model of working, suitable to that area's needs. Groups of health and social care professionals and the VCS will plan approaches to neighbourhood working in each Southwark locality (e.g. Walworth, Rotherhithe, Dulwich and Peckham). The patient feedback from the 2018 workshops has been shared with these groups to inform

their planning. Neighbourhoods will then share their learning across the borough, looking at their different approaches and priority areas.

- The information from the neighbourhood workshops along with other evidence also highlighted a need to support people's access to VCS services. social prescribing approaches are now being explored and developed in Southwark and this work is closely aligned with LCN neighbourhood working.

The LCNs in Southwark and Lambeth commissioned London Southbank University to develop an evaluation framework for Care Coordination, so that there could be a robust evaluation of how care coordination service has improved peoples' health and wellbeing, and experience of using local services. There is a lack of funding across both Southwark and Lambeth LCNs to deliver the evaluation, but options for funding are being explored. This is noted as a risk on the LCN programme risk register.

### Further engagement

Further engagement with patients with lived experience of the areas of focus will take place at a neighbourhood level. Developing neighbourhood networks will be a regular agenda item on the north and south Southwark PPG meetings to keep local people informed about this work. The neighbourhood networks will then look at how to involve local people more widely in their work as they continue to develop.

Southwark LCN is now working alongside Community Southwark and Healthwatch Southwark to form a Social Prescribing Network with VCS partners to establish a definition of social prescribing. This work will include engagement with the public who have experienced this approach in Southwark.

### Patient representation on boards/committees

There are no patients are on the Southwark LCN board. Southwark LCNs aim to gain input from patients with 'lived experience' of specific conditions or services. Healthwatch Southwark has attended the LCN board to present research on a couple of occasions.

From April 2019 LCN programme work will be progressed through Partnership Southwark <http://www.southwarkccg.nhs.uk/our-plans/partnership-southwark/Pages/default.aspx>.

## Lambeth Local Care Networks (LCNs)

### Patient and public engagement activities in 2018 and who was involved

Activities	Who was involved
Healthwatch Lambeth conducted interviews with patients who had been through the care coordination pathway. They were interviewed just after receiving Care Coordination support and 6-8 weeks after receiving a Holistic Needs Assessment.	Seven patients were interviewed between August 2017 and January 2018. They were older adults with multiple long-term conditions.

Further engagement interviews were carried out by Healthwatch Lambeth; this project was titled: 'Care Coordination, Participant Experiences, February-June 2018.'	
There have been 3 large LCN seminars (January and June 2018) to develop the proposal for the future of LCNs.	These involved PPG Network members as well as the VCS.
LCN Forums were run every 6 weeks in 2018 in Lambeth (one in each locality).	Each forum had PPG representation and VCS organisations in attendance.
A carer and person with long-term conditions have been members of the care coordination working groups around care planning and care coordination during 2018.	This involved a person with long term conditions and their carer.
The North Lambeth LCN carried out social prescribing 'sprints' where local people were interviewed around how they connected to their local community assets, in May 2018.	A total of 6 people were interviewed from a variety of cultural backgrounds. They held a 'sharing of insights' workshop in May 2018.
South West Lambeth LCN engaged local people in their 'walk, map, learn' project, where local people walked the patch and mapped out their local assets. The walks took place in May 2018.	Walks were led by the PPG Network involving local people.
PPG Network members attended the Lambeth and Southwark LCN Large Scale Change Masterclasses in June and July 2018.	PPG Network members
Lambeth Together engaged local people in 'Changing the Conversation' training and there was an evaluation event at the end of the series of training in April 2018.	
Lambeth have established three 'communities of practice' to support a shared understanding of co-production across Lambeth's health and care system. Each has a mixture of local people, local VCS and frontline health and care staff. There will be three training sessions for the 'communities of practice' which will support the participants to do some engagement themselves. This work began in December 2018.	45 people from various VCS organisations, Healthwatch Lambeth, GPs and primary care staff, frontline staff from health and social care, PPG Network members.

### Key findings from engagement

Between August 2017 and January 2018 seven people who were receiving coordinated care support were interviewed by Healthwatch Lambeth. None of the participants had

received a copy of their care plan, so they could not use it to support their conversations with health professionals at this time. Similarly to the Healthwatch Southwark findings, there were communication issues between staff and patients and patients were not clear about the care coordination process they were going through, with a couple assuming it was a routine appointment.

There was little evidence of follow up after the assessments apart from some isolated referrals.

During February -June 2018, interviews with six further patients did not find evidence that the care coordination pathway was being fully delivered. Care plans were more frequently being received by patients during this round of interviews, but there remained a lack of post-assessment follow up. The feedback about the assessors' (health professionals) inter-personal skills was positive overall. Interviewees did not report a change in their ability to self-manage their condition, although one person found it useful to share their care plan with their family. There was not much evidence of a holistic conversation looking at the person's wider social context.

Through the LCN Forums, LCN Leadership Group and quarterly larger LCN workshops it was established that while some care should be planned at a borough level it was important to deliver care at a neighbourhood level.

The North Lambeth social prescribing sprint revealed that:

- People wanted more information about local community assets.
- Barriers to accessing support included lack of confidence, inability to get to places, mobility issues and cost.
- People also said that it would be helpful to have someone to signpost them to new opportunities and to attend activities with them.

### **How Lambeth LCNs have acted on these findings**

The Care Coordination pathway continued to roll out throughout 2018. Healthwatch made a recommendation to test care coordination delivery by the VCS rather than medical professionals. This began in January 2019, with a review led by Healthwatch Lambeth. Healthwatch Lambeth also recommended co-designing an information leaflet for patients to clearly inform them about care coordination and to address some of the issues around communication. This leaflet design is planned for early 2019.

A patient delivered a presentation at a care planning workshop for frontline staff (both Lambeth and Southwark) in October 2018. Based on this, work is about to commence on clarifying the purpose of the plan and agreeing how to communicate this and share this across the system more effectively.

### **Further engagement**

Lambeth LCNs are developing neighbourhood based care:

- A ‘Defining neighbourhoods’ workshop took place in January 2019. The invitation to this was widely distributed across all LCN Forums, Lambeth VCS Forums, Community Hubs, LCN Leadership Group, Local Councillors and partner organisations.
- LCNs are working with the communities of practice to engage local people, frontline statutory staff and VCS to coproduce what health in neighbourhoods means.

#### Care Coordination:

- There was a Lambeth and Southwark care coordination refresh workshop in December 2018. Details from this will inform a work plan for refreshing the pathway to ensure it is more effective. Teams will focus on better communication for people who are offered the care coordination assessments as well as for staff undertaking them. They also plan to provide clarity around the purpose of the care plan and to give more guidance to patients/carers and staff as to how to use it. Local care coordination tests where voluntary organisations have undertaken the assessments will also be reviewed to uncover learning.

#### Social Prescribing:

- A borough wide network for link workers will be developed.
- Neighbourhood connectors will be established for 2-3 neighbourhoods.
- LCNs in Lambeth are scoping digital support for connecting community assets.

From April 2019 Lambeth LCN work programmes will be progressed through the Lambeth Together Alliance. <https://lambethtogether.net/>

#### Patient representation on boards/committees

There are PPG Network members on all Lambeth LCN Forums, LCN Leadership Group and neighbourhood based care working groups. PPG Network members are represented on the LCN Leadership Group along with Age UK and Incredible Edible Lambeth.

One of the LCN Chairs, Sandra Jones, is also the chair of Lambeth PPG Network and is the lead for co-production, culture and ways of working for Lambeth Together.

PPG Network representatives are members of the neighbourhood based care and wellbeing working group.

#### Local Care Record (LCR)

#### Patient and public engagement activities in 2018 and who was involved

Activities	Who was involved
April 2018 People’s Assembly (large scale event open to Southwark and Lambeth residents focused on the Mind & Body programme - see p14). An update on LCR	125 members of the public and health and social care professionals.



programme was provided. LCR team ran a stall providing information about how people can keep up to date on the LCR programme, how to participate in boards or focus groups, and how to be invited to LCR events in the future.	
During summer 2018 the LCR team attended a health event in Lambeth and ran an information stall.	Members of the public
In July 2018 a Citizens' Jury was organised by Southwark council. The jury focused on the sharing of data between health professionals and adult social care and vice versa. This group looked at which aspects of health and social care data should be shared by which professionals.	Ten Southwark residents who were all recipients of social care.
In December 2018 the Lambeth PPG Network and the LCR team ran an event to increase general awareness of the LCR, and test opinions on the sharing of social care information with health care providers and vice versa.	PPG Network Lambeth members, 3 members from Carers Hub Lambeth, Age UK Lambeth members.

### Key findings from engagement

The key findings revealed through the various engagement activities were that people expect their data to be shared in the way it is through the LCR. However, public awareness of the LCR among both the public and medical professionals could be improved.

Patients have reported feeling unclear about how to opt out of sharing their information via the LCR and there has been some expression from the public that they would like the option to view their own LCR data.

### How the LCR has acted on these findings

The People's Assembly (a large-scale event for Lambeth and Southwark residents to engage around themes of the Partnership) findings in April 2018 influenced the proposal on which data items and information should be shared between health and social care professionals.

The LCR team now actively promote how patients may opt out of the LCR, with FAQs, and a link to the patient opt out form. An LCR email address which is regularly monitored has now been created for people to contact the LCR programme with any queries. (See <https://www.kingshealthpartners.org/localcarerecord>).

The findings from the citizen jury support data sharing between health and adult social care - this is yet to be active and will be discussed more widely with the public in 2019.

### Patient representation on boards/committees

Nicola Kingston and John King from the Lambeth PPG Network are the LCR patient board members, and members of the OHSEL digital board. Nicola Kingston and

another Lambeth citizen, Rosemary Glenville, are members of the LCR board. They do not aim to represent any group or demographic but provide a layperson’s perspective.

### Children and Young People’s Health Partnership (CYPHP)

#### Patient and public engagement activities in 2018 and who was involved

Activities	Who was involved
<p>The program began their investigations by working closely with young people, children and their families.</p> <p>Children and young people’s focus groups were the basis for design of Health Checks and Health Support Packs in 2018, and helped the programme understand how these tools might work for people in practice.</p>	<p>Those who were engaged were families living with high levels of need, social disadvantages and were people who have commonly found the health care system difficult to navigate. Analysis of population health and trends in Lambeth and Southwark also helped CYPHP include the families that need support.</p>
<p>Outreach was carried out at several events (Stockwell Festival, Asthma and Eczema Open Day, and ‘Keeping your family healthy and happy’). There was a chance for families to meet the CYPHP Health team, who were able to promote their Health Checks and Health Support Packs. These events all took place in Lambeth.</p>	<p>The team met VCS group members and the general public</p>
<p>During evaluation, CYPHP have spoken to 22 families about their experience of this new model of care.</p>	<p>22 families</p>
<p>Teen Health Talk (THT) engagement work was carried out with two groups of young people, and a health professionals’ stakeholder group. This was the foundation for the piloting of the THT at three GP surgeries in Southwark and Lambeth.</p>	<p>Two groups of young people.</p>

#### Key findings

Detailed input from children and young people’s focus groups was the basis for design of Health Checks and Health Support Packs in 2018.

#### Teen Health Talk:

- Young people felt that Teen Health Talk improved GPs’ rapport and communication with them.
- They also felt that the topics covered represented their views of health, and the THT made it feel as though they were given enough time with the professional.

→ Patients in the KAOS (King’s Adolescent Outreach Service) also fed back that their care was improved through use of THT there and the support they received.

### How CYPHP has acted on these findings

Feedback from children and families’ focus groups influenced the design of CYPHP’s Health Checks and Support Packs. Due to the population approach to the health checks and knowing *how* families want care to be, more children and young people have been reached and have been provided with tailored advice. Over 2,500 Health Checks have been completed in the first year. There is evidence that these are reaching BAME people, and residents who live in deprived areas of Lambeth and Southwark. Support Packs are sent to families after completing the Health Check, so that families have access to high quality clinical information and to be signposted to community resources.

CYPHP used the evaluation from 22 families, patient feedback, and professional feedback to continue to improve their local services, with an aim of improving access of care and influence new ways of working to provide better quality of care.

THT has been used as a training tool to support child health and care professionals to successfully support young people.

### Patient representation on boards/committees

There is a Citizen Co-chair of the CYPHP board - they have experience of navigating the NHS in London on behalf of their children. There are also two consistent parent representatives, who work on projects as they arise, e.g. reviewing materials and resources prior to public distribution.

## Mind & Body

### Patient and public engagement activities in 2018 and who was involved

Activities	Who was involved
<p>In January 2018 an Expert Advisory group (EAG) of patients and carers was established to ensure that the patient perspective is taken into account in the Mind &amp; Body programme.</p> <ul style="list-style-type: none"> <li>→ EAG co-present at King’s College Hospital’s Mental Health Board meetings</li> <li>→ EAG members have fed into work aimed at embedding psychosocial support into three care pathways for long term conditions.</li> <li>→ EAG also commented on Compass, an online platform for Cognitive</li> </ul>	<p>The EAG consists of 19 people with lived experience of both mental and physical ill health as a patient, service user or carer.</p>

<p>Behavioural Therapy for people with long term conditions.</p> <ul style="list-style-type: none"> <li>→ EAG members advised on the newly funded Integrating Mental and Physical Healthcare Systems project at the South London and Maudsley Trust, specifically on the Health Champions workstream - a peer buddying Programme.</li> <li>→ EAG members have contributed to routine screening for depression and anxiety in physical health services and holistic care pathway development</li> <li>→ EAG members have contributed to Integrating Mental and Physical Healthcare: Research, Training and Services (IMPARTS)</li> </ul>	
<p>The IMPARTS team have also established their own patient and public involvement group to advise on specific projects and co-design the IMPARTS Massive Open Online Course.</p>	
<p>Mind &amp; Body visited Southwark Carers in May 2018 to provide information and hear the group's thoughts on mind and body issues.</p>	<p>Members of Carers Southwark  <a href="https://www.southwarkcarers.org.uk/">https://www.southwarkcarers.org.uk/</a></p>
<p>Mind &amp; Body visited Carers Hub Lambeth in November 2018</p>	<p>Members of Carers Hub Lambeth  <a href="http://carershub.org.uk/">http://carershub.org.uk/</a></p>
<p>Mind &amp; Body visited Lambeth PPG Network in October 2018</p>	<p>Members of Lambeth PPG Network  <a href="https://lppgn.org.uk/">https://lppgn.org.uk/</a></p>
<p>In April 2018, the EAG members delivered the programme at the People's Assembly, a cross borough public event for the Partnership on the theme of 'Mind &amp; Body' - see p14.</p>	<p>125 members of the public, and health and social care professionals.</p>

## Key findings

Through the various engagement described above, the Programme has recognised key themes:

- Staff at all levels should pay attention to both mind and body, and the whole person should be considered rather than an individual disease. Awareness should be improved about co-morbidity of physical and mental illness and its impact.
- Mind & Body should help to improve statutory and non-statutory organisations' awareness of the Programme's approaches.
- Improvements should be made to referral pathways to mental health support for those with physical conditions.

- Information about care, resources and support should be made more user friendly and accessible.
- People feel that care needs to be personalised across the whole of the NHS, and also preventative work to reduce the likelihood of developing conditions.
- Patients felt that services were fragmented and that there needed to be better collaboration between NHS services and other organisations.

### How Mind & Body have acted on their findings

Mind & Body are continuing to work with the VCS in Lambeth and Southwark to enhance awareness.

Mind & Body are expanding into primary care and social care during 2019. The programme will help to ensure all staff across different services develop their understanding of physical and mental health issues.

Mind & Body’s work will support better collaboration between organisations providing care.

### People’s Assembly, April 2018

An event for the public took place in April 2018 to reflect upon the Partnership and its themes. The event was led by the Mind & Body Programme with a focus on integrating physical and mental health.

112 People attended, 75% of whom were local residents from Lambeth and Southwark (55% were White British). There was a disproportionate representation from Lambeth in terms of attendees and stall holders.

Local people fed back that they welcomed the input from the Partnership board members and clinical leads as well as patient stories. Attendees felt that more time was needed for table discussions and conversations split into themes to allow choice and more in-depth discussion.

Attendees were asked two questions related to Mind & Body:

- i. What do you think your role is in making joined up physical and mental health care a reality?
- ii. What are your ideas about how we can work together to join up physical and mental health care?

Themes raised by attendees at the April 2018 People’s Assembly event	Some related actions by services in Southwark and Lambeth
People thought there would be challenges to integrated working because medical and	The LCNs in both Lambeth and Southwark are moving towards ‘neighbourhood’ based working, where different health and care professionals work side by

<p>social care professionals work in silos and may not communicate efficiently.</p>	<p>side in small geographic areas. This work is being taken forward by:</p> <ul style="list-style-type: none"> <li>→ Lambeth Together: <a href="https://lambethtogether.net/">https://lambethtogether.net/</a></li> <li>→ Partnership Southwark: <a href="https://www.southwarkccg.nhs.uk/our-plans/partnership-southwark/Pages/default.aspx">https://www.southwarkccg.nhs.uk/our-plans/partnership-southwark/Pages/default.aspx</a></li> </ul> <p>The LCR is also in place to share patient data among professionals to improve their communication and knowledge of people they care for: <a href="https://www.kingshealthpartners.org/localcarerecord">https://www.kingshealthpartners.org/localcarerecord</a></p>
<p>Services should be arranged around multidisciplinary teams.</p>	
<p>The VCS is undervalued by health and care professionals.</p>	<p>Southwark CCG is working closely with the VCS to establish a model of ‘social prescribing’, to utilise the expertise within the VCS. Community Southwark is working with VCS partners to establish a Southwark wide approach to social prescribing and Healthwatch Southwark are talking to the public to understand the impact of social prescribing projects on people’s health and wellbeing.</p> <p>Lambeth LCNs are working with VCS partners to establish ‘neighbourhood’ working (above) and are planning to connect all ‘link workers’ in the borough, (many of whom are from the VCS), around social prescribing.</p> <p>Social prescribing is also part of the NHS Long Term Plan.</p>
<p>There should be community involvement in LCNs.</p>	
<p>The focus is often on treatment rather than prevention. The medical model is not the only solution and alternatives, such as social prescribing, should play an increasingly prominent role.</p>	
<p>Having spaces available for people to meet and learn from each other is important, as is social prescribing.</p>	
<p>The importance of signposting was strongly emphasised - there is a lot out there that people need to know about.</p>	

<p>Capitalising on positive local service developments, particularly the potential to upscale. For example, the 30-week strength and balance classes have also had a positive impact on people’s social life, reducing loneliness.</p>	<p>Sustaining useful VCS and health activities should be emphasised in both boroughs’ approaches to LCNs and neighbourhood networks.</p>
<p>Look at the wider social needs of people and involve organisations such as housing associations.</p>	<p>This is being touched upon via social prescribing advances.</p> <p>No further updates directly related to relationships with housing associations.</p>
<p>Develop a community liaison role to support with navigation of services for people who require this.</p>	<p>The NHS has announced that there will be an increase in ‘Link Workers’ across the UK to help with navigation. Some social prescribing approaches involve a key worker looking at people’s holistic needs. Care coordination attempts to improve navigation from GP staff to community services that will benefit the patient (these are topics being developed by the LCNs in both boroughs).</p>
<p>People considered whether there could be a role for expert patients and ‘community connectors’ - volunteers connecting health services with community assets.</p>	<p>An example of this kind of working in Lambeth is ‘Project Smith’ which you can read about here: <a href="https://www.lambethccg.nhs.uk/get-involved/join-a-patient-group/Pages/Become-a-community-connector.aspx">https://www.lambethccg.nhs.uk/get-involved/join-a-patient-group/Pages/Become-a-community-connector.aspx</a></p> <p>Healthwatch Lambeth has been researching the importance of peer support networks, that help these kinds of connections.</p> <p>Southwark Council and CCG, along with Community Southwark and Healthwatch Southwark, have been exploring the role of faith groups and their ability to connect people to health and community opportunities.</p>
<p>PPGs could support the agenda in GP Practices</p>	<p>Mind &amp; Body has engaged with PPGs in both boroughs.</p>

<p>and provide practical support to patients.</p>	<p>PPG Network Lambeth have been extensively involved in Lambeth LCN developments. They have also engaged with the LCR.</p> <p>PPG Southwark members were also involved with Southwark LCN.</p>
<p>School programmes and local business programmes that focus on improving wellbeing (e.g. Mindfulness) should be available and extended family members, relatives or carers should be trained to recognise mental health issues.</p>	<p>Training is available for both staff and wider groups via the Mind &amp; Body Programme.</p> <p>The CYPHP programme offer advice and training for school teachers: <a href="http://www.cyphp.org/cyp-professionals/schools-teachers">http://www.cyphp.org/cyp-professionals/schools-teachers</a></p>
<p>Clinicians need longer appointment times to assess physical and mental health of patients.</p>	<p>This is a priority area for the Mind &amp; Body programme.</p>
<p>Staff should be trained to listen without judgement and consider peoples' holistic needs. This should be part of mandatory training.</p>	<p>Mind &amp; Body programme is attempting to tackle this by integrating their training into different teams throughout NHS services. They are also advancing their work into primary and social care.</p> <p>The CYPHP has incorporated the Mind &amp; Body approach into their work with young people.</p>
<p>People should take ownership of their health including ownership of a care plan.</p>	<p>Lambeth and Southwark LCNs have been offering care coordination through GP surgeries. This involves patients with long term conditions being given extra guidance from GP practice staff. Part of this is that the patient should hold a copy of their own care plan.</p> <p>However, patients have reported a lack of understanding around the use of care plans and so communication and usability of the care plans needs to be developed. Care Coordination is being reviewed to plan next steps in both boroughs. A focus of this is to understand from patients what type of</p>



	communications they need to make care coordination work for them.
Patient-held records containing holistic information about a person should be piloted.	<p>The LCR is enabling information about a patient to be shared between primary and secondary care staff. The next step for this programme is to share relevant patient records between health staff and adult social workers.</p> <p>Digital advances are also a big theme in the NHS's Long-Term Plan.</p>
Align work with existing schemes, such as 'Making Every Contact Count'.	The Mind & Body Programme is linked with this work. Quarterly forums run for Making Every Contact Count and Mind & Body Champions across GSTT.
There is a need to engage young people and ensure they don't feel isolated. Use of social media could be further explored to ensure that it helps rather than hinders the mental health of young people.	<p>CYPHP have been working to engage young people and families in their work. For example, they have developed 'Teen Health Talks', a conversational tool to support GPs and other professionals to interact with young people successfully:</p> <p><a href="https://www.cyphp.org/cyp-professionals/general-practitioners/teen-health-talk">https://www.cyphp.org/cyp-professionals/general-practitioners/teen-health-talk</a></p>
Service providers should be mindful of the diversity in the local population, ensuring services are as inclusive as possible and exploring - where necessary - inequalities in access and outcomes.	<p>Initiatives such as the Vital 5 by King's Health Partners are working towards addressing health inequalities:</p> <p><a href="https://www.kingshealthpartners.org/latest/1954-the-vital-5">https://www.kingshealthpartners.org/latest/1954-the-vital-5</a></p> <p>It is vital that health and care services strive to engage the diverse populations of Lambeth and Southwark. If you are keen to be more involved, please sign up to your local Healthwatch mailing list for opportunities.</p> <p>Healthwatch Southwark:  <a href="https://www.healthwatchsouthwark.co.uk/become-member">https://www.healthwatchsouthwark.co.uk/become-member</a></p> <p>Healthwatch Lambeth:  <a href="http://www.healthwatchlambeth.org.uk/membership/">http://www.healthwatchlambeth.org.uk/membership/</a></p>