

# West London CCG Public Engagement and Integrated Care Voluntary Sector Forum Jan 23rd 2018

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# Contents and Outcome

- Provide an overview of the needs for public Engagement and Integrated Care
- Provide you with an overview of the West London CCG Strategic Plans, split by key areas (e.g Primary Care, Mental Health and Service Transformation).
- Highlight ways that the voluntary sector can support us
- If you would like any of our staff to present to your organisations about these changes in more detail, then let me know.

# Context: North West London Sustainability & Transformation Plan

- Radically upgrading prevention and wellbeing;
- Eliminating unwarranted variation and improving long-term condition management;
- Achieving better outcomes and experiences for older people;
- Improving outcomes for children and adults with mental health needs;
- Ensuring we have safe, high quality sustainable services;
- Ensuring the system has the capacity and capability to deliver (workforce, OD, IT primary care etc.).

# Where have we come from?



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## Are you aged 65 or over?

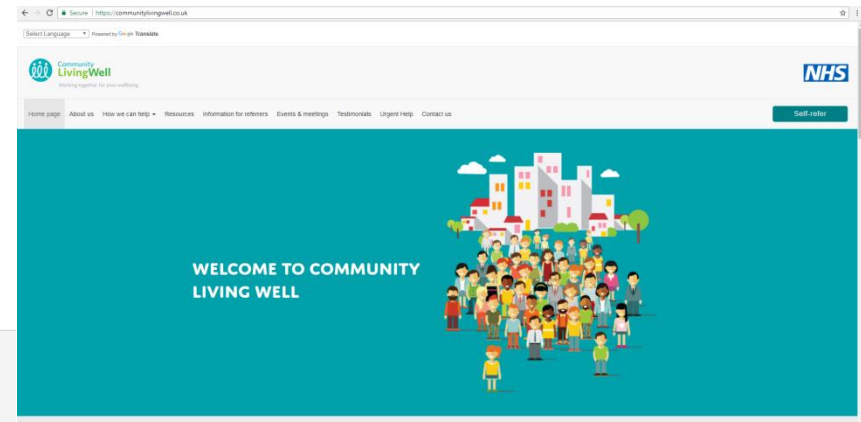
And living in Royal Borough of Kensington & Chelsea, or the Queen's Park and Paddington areas of Westminster?

Your local NHS is introducing a new integrated care service called My Care, My Way especially with you in mind.

My Care, My Way puts you at the heart of planning for your care, both today and in the future. It works to anticipate and prepare for any changes in your health and wellbeing.

It empowers you to manage every aspect of your care in partnership with your GP. A dedicated My Care, My Way team of health and social care professionals also work with your GP.

*"Our patients are giving very positive feedback. They are feeling supported more than they were before and, as a GP, I am feeling supported"*



## WHAT IS INTEGRATED CARE?

Today, health and social care is delivered by different organisations that work separately. Organisational boundaries can prevent professionals from working together to provide the kind of high quality, joined up support that people expect and want. We want to change this so people and their goals are at the centre of a team of health and care professionals who work together smoothly. This will mean unlocking the social capital in our communities, viewing the energy, compassion, skills and learning of local people as valuable assets. We want to enable individuals, community groups, charities, local organisations and services to work effectively together.

Integrated care means integrated care teams that are focused on individual people and their needs. Bringing together all the different parts of the health and social care system will provide better communication and sharing of relevant information to reduce duplication and confusion for individuals, carers and staff. This will mean one set of goals agreed by the individual, supported by one team, one approach.

# SUMMARY - Where We Are Now

## Proposal

- The System Change Workstream of the NWL Accountable Care is a Collaborative Programme between NWL CCGs, NHSE (Insights and NHS Horizons, the King's Fund, Imperial College Healthcare Partners, CLHARC NWL, Healthwatch, the Community Champions, and providers. It's purpose is to develop an emerging ACS narrative that captures key messages from communities on:
  - 'what matters to you?'
  - What a reimagined future health and care system could potentially look like to truly reflect your requirements and aspirations

## Narrative Journey

- Given the Accountable Care ambition, we would expect the narrative to capture insight from wellbeing to prevention in at risk groups to early intervention to treatment to ongoing support (combining health, social care and the wider community).

## Geographical Area

- North West London – within the wider context of London Health London Partnership and Other London wide Programmes

## Approach

- Given the breadth of whole populations we intend to adopt a stepped approach to gathering data and developing the narrative
- Our starting point is people with long term condition and people with complex needs given that these are prioritised in NWL accountable care programmes

## Key Assumptions

- We define communities as:
  - Patient representatives/groups
  - Citizens – public service users, carers
  - Community voluntary sector, - infrastructure and direct delivery organisations, carer organisations – HealthWatch etc
  - Front line staff – both health and care staff
  - Independent sector – direct service providers from health and care services

# SUMMARY - Where Do We Want To Be

## In three months....

- An agreed manifesto for action
- Strong evidence base to support approach
- Large-scale energy for change and improvement
- A catalogue of change initiatives driven by new momentum
- Active and continued engagement of citizens and patients in addressing system challenges across accountable care agendas and priorities

# SUMMARY - How Will We Get There

## Change Conversations targeting

### ➤ **Community organisations, voluntary organisations**

- How to build a co-ordinated response to supporting health and wellbeing in north west London
- How to mobilise and value the people and assets in the local place

### ➤ **System leaders**

- What commitment can you make to support a new change narrative
- What activities can be used to support this agenda
- reimagine and redesign care - so that people who need flow effortlessly through the system
- How to measure outcomes that matter to local people
- Where is there scope to introduce new thinking and improvement ideas – e.g. supply side (service led) improvement to demand side (citizen driven) change
- Is there a willingness to collaborate, stay connected and to champion this change opportunity

### ➤ **Community representatives, patients, carers**

- What matters most to your health and wellbeing
- How connected are you to the services you need
- What aspects of your care could be improved

### ➤ **These will build on existing mechanisms and structures for engagement and outreach**

- Health watch
- Community champions, Hillingdon for All, 3<sup>rd</sup> Sector Umbrella Groups
- Provider Organisation Communication, Engagement and Experience Leads
- Commissioners

### ➤ **The change conversations will further aim to Widen scope to influence and to take action by**

- Identifying volunteers who are willing to mobilise and be engaged
- Documenting and mapping engagement of system leaders and partner organisations
- Integrating lessons learnt and new ideas into training programmes and learning lab

### ➤ **Large-scale marketing and promotion activities**

- Develop and craft key and emerging messages
- Identify approaches to amplify our message and cascade and disseminate to agreed audience
- Introduce a social media campaign
- Use creative and engaging methods including digital stories
- Share lessons learnt from bottom up change approach to care design
- Support leaders and practitioners to think differently about care design and present practical options to take action



# Key Challenges

## Asking the right question

- Current Data and insights gathered tell us the current challenges in the system and how to improve them. In order to create the required '*paradigm shift*' in health and care systems we need to:
  - Intentionally move from retrospective questions of '**what was** your experience and **how can we improve access, experience and quality of existing services?**'

## To

- prospective questions such as '**what if** services were designed around you as person taking into account your background, home life, culture etc.. (see appendix 3)
- How do we ensure that we constantly reframe the questions to respond to **what will be** rather than **what is**?

## Access to the right insight and intelligence

- What data (feedback and insight) is currently collected across the system (providers, commissioners, health and social care, community and voluntary sector, Healthwatch) that we do not or cannot access?
- What approach and methodology (survey, ethnography, workshop feedback, JSNA etc..) is currently used to capture insight and feedback
- What new social movement methods and research engagement approaches could we adopt to mobilise communities to be part of the data collection and analysis process?

## CURRENT PROJECTS



## ADDITIONAL PROJECTS



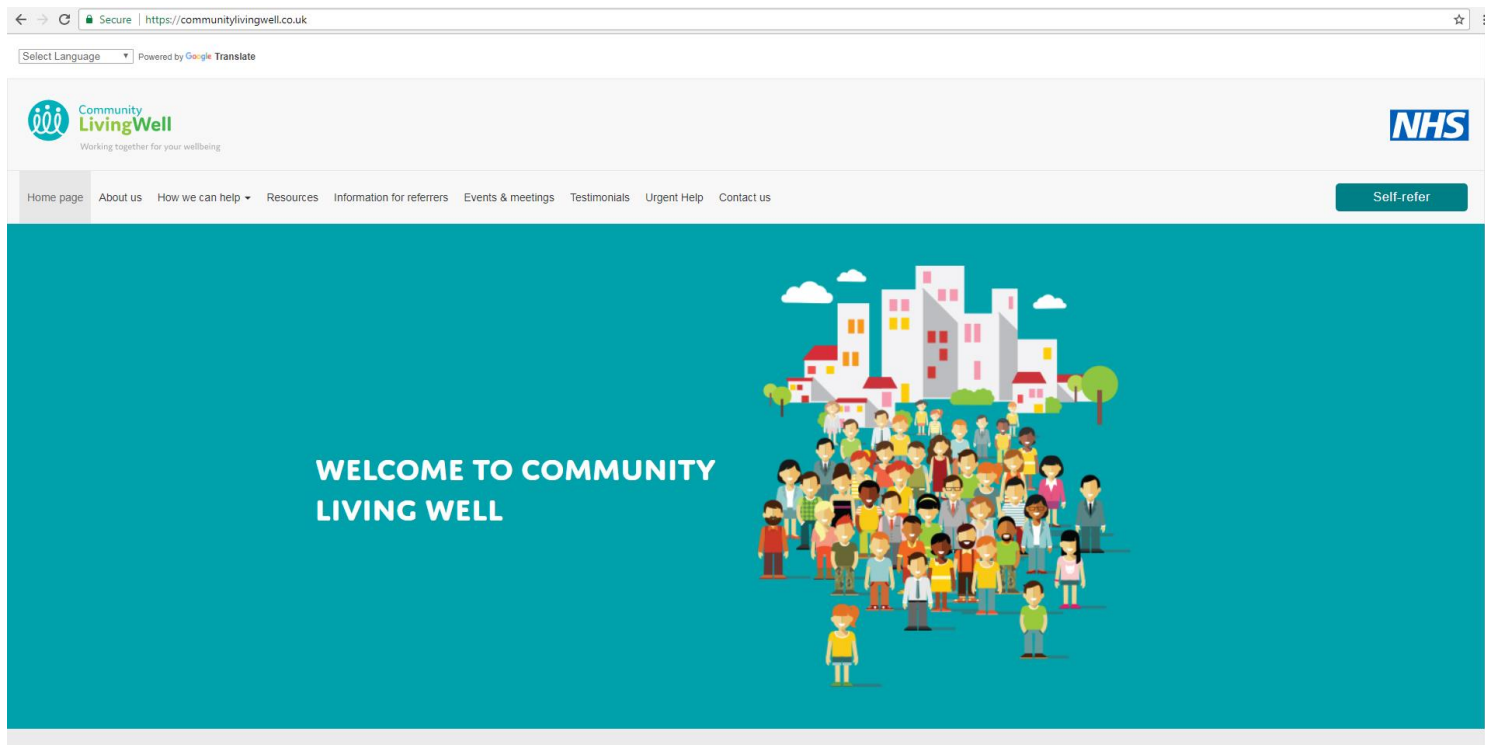
Community Insights Network



Outcomes Frameworks

# Mental Health – Community Living Well

- Develop the **Community Living Well** strategy to prevent people getting unwell, improve pro-active care and support in a crisis.





# Primary Care

- Patient care which is coordinated around the individual, for their specific needs
- Improved outcomes, reducing premature mortality and reducing morbidity
- Services in the right place at the right time.
- Maximising independence by providing support at home and in the community and by empowering individuals to self care
- Avoiding unnecessary admissions to hospitals and care homes through proactive and joined up case management.
- Supporting people to rapidly regain their independence after episodes of ill-health and hospital admissions.

# North Kensington Health Response

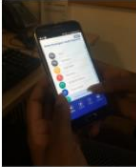
← → ↻ Secure | https://www.grenfell.nhs.uk

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## North Kensington Health Response

Have you or someone you know been affected by the Grenfell Tower Fire? We are here to help you. Browse our site with information on physical, emotional health and wellbeing and how to get help with coming to terms with the disaster.










### Latest News

Download our new app today


 Published on: Thursday 18 January 2018 [READ MORE](#) 

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-  Latest Grenfell Tower Response briefing now available  
 Published on: Monday 15 January 2018
-  Response booklet translations and easy read version now available  
 Published on: Tuesday 9 January 2018
-  Read the latest Grenfell response briefing  
 Published on: Monday 8 January 2018
-  Tips for helping yourself to stay well


### Emotional Health & Wellbeing

- > Mental health services
- > Trauma and mental health
- > Emotional wellbeing
- > Self-refer for counselling



### Public Health Information


Read the latest updates from public health on the air quality and safety from Public Health England here.














### Physical Health

How the fire may affect your

### Staying Well



The NHS Stay Well booklet is now available and we recommend it for all those affected by the Grenfell Tower fire.

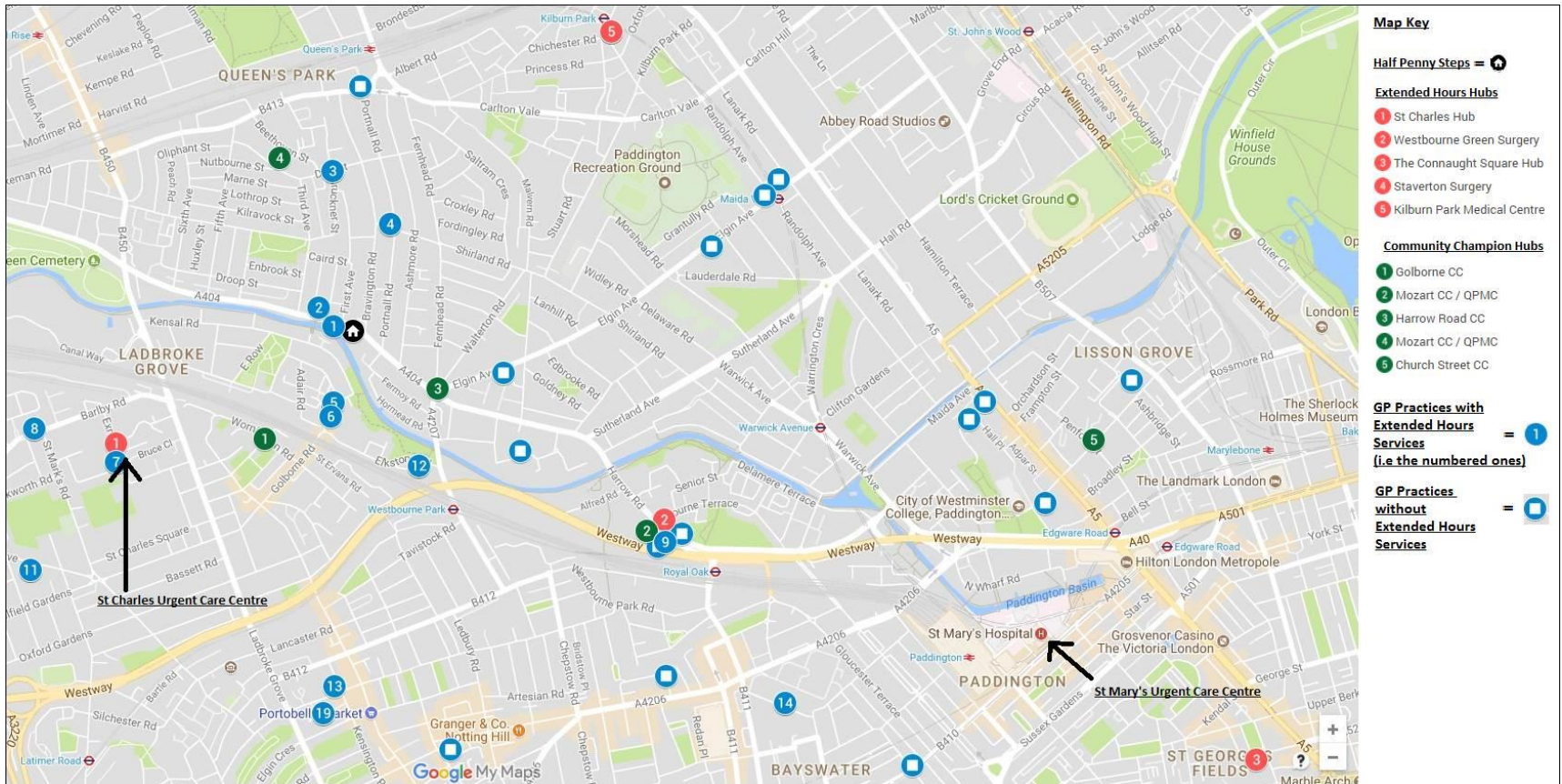
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22 January 2018 Monday



# Transformation

- Progress the **Urgent Care Review – Closure of the Half Penny Steps Walk-in Service on 23<sup>rd</sup> March**



# Transformation

## • Progress the **Urgent Care Review** –

## Closure of the Half Penny Steps Walk-in Service on 23<sup>rd</sup> March

If you require further information or advice, please contact your local NHS England primary care commissioning team ([www.england.nhs.uk/about/regional-area-teams/](http://www.england.nhs.uk/about/regional-area-teams/)).

Please refer to the NHS England Guidance on Patient Registration: Patient Registration Standard Operating Principles for Primary Medical Care (GP), November 2015: [www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/11/pat-reg-sop-pmc-gp.pdf](http://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/11/pat-reg-sop-pmc-gp.pdf)

### To be completed by the GP practice

If you cannot register this patient, please identify the reasons from the list below and sign and date the form so the patient is informed.

A: Our list is closed to new patients as from (date) ☐

B: The patient states that they live outside the practice boundary and we do not offer an enhanced registration service. ☐

(N.B This relates to patients in settled accommodation so is not an applicable ground to refuse to register a homeless patient who sleeps rough or is vulnerably housed in the vicinity of your practice)

C: We cannot register the patient due to other reasons as stated below: ☐


Name:

GP Practice:

Other reason (if applicable):


Date:

Signature:



**PEOPLE WHO ARE HOMELESS**

How to register with a doctor (GP)





**West London**  
Clinical Commissioning Group

## Need to see a GP or nurse in the evening or at the weekend?

Your practice receptionist can now book an evening or weekend appointment for you at the locations over the page.

Ask your receptionist for more details.

If you need to see a GP or nurse when your practice is closed, please dial 111.

**New opening times**

Monday to Friday	6pm – 9pm
Saturdays and Sundays	8am – 8pm



Melissa Dalton, Nurse

[www.westlondonccg.nhs.uk](http://www.westlondonccg.nhs.uk)

### Who is it for?

Anyone registered or resident in Kensington and Chelsea or Queen's Park and Paddington can use this service.

### Patient records

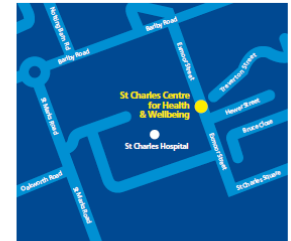
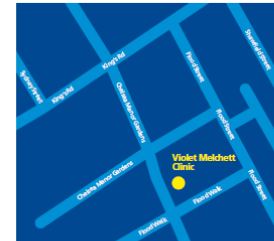
To make the appointment as effective as possible, the health care professional will ask you for permission to view your patient record.

### How do I get an appointment?

Your practice receptionist can book an evening or weekend appointment for you at the following locations:

**Violet Melchett Clinic**  
Integrated Care Centre  
30 Flood Walk  
London SW3 5RR

**St Charles Centre for Health & Wellbeing**  
Integrated Care Centre  
Exmoor Street  
London W10 6DZ



### Opening times:

Monday to Friday	6pm – 9pm
Saturday	8am – 8pm
Sunday	2pm – 8pm

Tube: Sloane Square (District & Circle) or South Kensington (District & Circle and Piccadilly lines)

Buses: 11, 19, 22, 49, 211, 319

### Opening times:

Monday to Friday	6pm – 9pm
Saturday	8am – 8pm
Sunday	8am – 2pm

Tube: Ladbroke Grove (Hammersmith & City)

Buses: 7, 23, 52, 70, 295, 316, 452

# **Any questions?**

## **Alex.Silverstein@nhs.net**