

Whole Systems Change: co-producing new models of health and care

Thursday 16th April from 2pm – 5pm
at
Amnesty International – Human Rights Action
Centre

Event report



Over 80 people attended the event.

The event aims were to:

- Understand the complexities of the current health and care system and the need for change.
- Explore the role of the of the voluntary & community sector (VCS), local communities and patient bodies in shaping and co-producing the new models of primary and community care as set out in the [Five Year Forward View](#) and [Better Health for London](#).
- Discuss the role of the patient and communities in integrated pathways to delivering healthier individuals and healthier communities.
- Start the process of developing a framework / roadmap to enable the sectors, including CCGs to co-produce, shape and deliver new models of health and care and healthier communities.

1) Introductions and welcome

Professor Adrian Renton, Chair of [Community Voices for Health](#) (CV4H) network welcomed participants and the speakers.

The role of CV4H and rationale for this event

CV4H is a network of London voluntary and community sector (VCS) organisations, which work to promote community development and co-production approaches to improving health and well-being. It was originally developed under the auspices of the Greater London Authority to inform the London Health Commission. LHC was dismantled a couple of years ago. LVSC has since taken over hosting the network but it has had no funding attached to manage the network beyond the summer of 2013. The network recently hosted the [Help us Shape our health priorities](#) – roundtable event 9th February 2015, which focused on identifying possible areas for co-production between the CV4H, the public, the voluntary & community sector (VCS), academic and private sectors on health and care issues in London. It also explored the role of the CV4H network within the new health and care landscape. To take this further, the roundtable event agreed to hold a seminar on the new models of care, including the Five Year Forward View and Better Health for London.

Adrian introduced our keynote speaker: **Dr Sam Everington, Chair of the Tower Hamlets CCG, Board member of NHS Clinical Commissioners, Trustee of the Kings Fund, and member of the BMA Council and co leading on the national work on primary care-driven care models and service redesign.**

2) Session 1: Dr Sam Everington and Professor Sir David Fish

Dr Sam Everington talked about the New Models of Care as well as the opportunities and implications the VCS.

Download the [presentation](#)

Key points:

- **Vanguards:** In January this year, NHS England invited individual organisations and partnerships, including the voluntary & community sector to apply to become 'vanguard' sites for the New Care Models Programme, one of the first steps towards delivering the [Five Year Forward View](#) (FYFV) and supporting improvement and integration of services. More than 260 individual organisations and health & social care partnerships expressed an interest in developing a model in one of the areas of care, with the aim of transforming how care is delivered locally. On March 10th, the first wave of 29 vanguard sites were chosen – in London they are: [Sutton CCG](#) and Tower [Hamlets Integrated Provider Partnership](#).
- The health system is still generally slow and the general practice not much talked about.
- Do read the [Five Year Forward View](#) – it's easy to read and accessible. NHS England has assured that the new programme provides value for money.
- We do have a cost effective NHS system overall – ours is one of the most effective in the world
- The key elements of the FYFV: the vision for the future is based around 7 models of care including multi-speciality community providers; Primary & Acute Care Systems; urgent and emergency care networks; viable smaller hospitals; specialist care; modern maternity services and enhanced health in care homes. *[See also a useful overview with links to individual sections of Forward View by the [Kings Fund](#) - it also focuses on prevention, public health, leadership, collaboration as well as efficiency gains and productive investment].*



Dr Everington argued why the FYFV is such a positive step in driving the new models of care:

- Key focus of the FYFV is to provide primary care in the community and to avoid admissions to hospital (e.g. because of risks such as MRSA).
- Terminal care is often provided in hospital settings but who wants to die in hospital? Care /support in the community are about providing services that enable people to die at home surrounded by their loved ones. This is also a good thing for family as it supports the bereavement process.

- Diabetic care and control is vital – Tower Hamlets can demonstrate this: we have the best cholesterol and blood pressure control in this borough.
- Emphasis is on prevention – but the question is how we can get consultants to work together.
- Social determinants of health are really important - it is Dr Everington's passion.
- The role of the voluntary & community sector (VCS) is key: where does it fit within the new models of care? [Bromley by Bow is a prime example of joined up work e.g. with social prescribing](#), which includes housing, employment advice, etc.
- Solutions are not to be found in traditional medicine – it's about creativity, housing, education, etc. In Tower Hamlets, people don't live as long as compared to those living in Chelsea. Patients need partnership approaches to improve their health and this where the VCS also comes in. There are challenges but the VCS will have good examples of how vanguards should work but previously the barriers have often been around procurement rules and we need to address these.

Adrian Renton introduced Professor Sir David Fish, Managing Director of [UCLPartners](#)



Professor Sir David Fish's key points:

- There are too many silos in practices – we are not joined up.
- There are challenges that need to be addressed regarding a shortage of health institutions although this is less so in science based institutions.
- David Fish stressed the importance of regulators – e.g. [Care Quality Commission](#) (CQC) and [Monitor](#). CQC aims to ensure safe, effective and high quality care within the health & care system and Monitor aims to make the health sector work better for patients. This is good as this drives behaviour but it is limited in scope as quality care should also be about the individual.
- Patient, public and voluntary & community sector (VCS) involvement is really important to drive co-production. We are experiencing this within our work at UCLPartners - e.g. in stroke services – patients, the public and VCS involvement has shown to be the hallmark of showing leadership. For example, the VCS are also directly involved in developing stroke services, e.g. the Stroke Association.

Here is more information about [UCLPartners' work](#) which includes their partnership vision & values and their approach to an integrated journey to transforming healthcare through innovation and practice. *[Overheads from a presentation by Fiona McKenzie, UCLPartners at the Community Voices for Health [roundtable event](#) on 9th February 2015.]*

Questions/answers/comments/observations

- I welcome the growing recognition of the vital role that the VCSE sector could play in improving health outcomes, but was there any funding directly attached to social prescribing, so that if a patient was referred to a VCSE organisation, a pot of funding went with them?
- Dr Everington: generally no - times are austere still and there are no easy answers, but the new models of care programme will open doors for the VSC.
- Professor Sir David Fish: the VCS need to have more power about what is spent and where. The sector needs to stand up and demand where funding is spent and how!
- There are challenges in Brent in terms of co-production: it's important to understand the landscapes including the [Quality and Outcomes Framework](#) (QOF), etc. The VCS / third sector (TS) need to appreciate the implications of the new landscape in order to have a dialogue with the right people. Councils for voluntary services (CVSs) as infrastructure bodies can deliver capacity building to help the VCS navigate the landscape but the CVSs are often working under huge financial restraints.
- The bottom line is that VCS providers have been cut and must be allowed to campaign for change e.g. with regards to the [London Living Wage](#). There are also huge challenges for the CCGs to consider - e.g. with regards to recruitment and retention of staff of VCS providers.
- Observation: contracting for the VCS was limited a few years ago, but this is now worse through the CCG contracts for the VCS.
- Observation: the health & care needs in local communities often have nothing to do with the VCS as most people are not linked to social networks nor VCS organisations. Many people are able to help themselves but enabling communities to do this effectively demands a complete shift in culture.
- In Bromley by Bow Centre there is evidence of the existence of communities being in control. But health has to be everyone's business including schools, churches, mosques, etc. We need to create a network where we all work together on the health and care agenda. [See also [Top Tips for Practices in supporting self-care](#) – Self Care Forum 2011 and [Bromley by Bow Centre case study](#)]
- We need more people in power – e.g. get more individuals into work but funding this is a challenge. Support individuals to help themselves!
- Professor Sir David Fish: There is no silver bullet. We try to avoid terminology around commissioning. Peer mentoring is really important – we use that model in homeless communities [e.g. [peer mentoring at UCLPartners](#) – mental health and young people]. We need to start within the framework of populations as opposed to institutions.



- Dr Everington stressed the need to tackle this at different levels, not just one single approach. E.g. with diabetes services, we can use Skype consultations – Skyping is often more appropriate especially for younger people as opposed to formal consultations. Some people don't want to go to hospitals for specific services but may be more willing to see a consultant in a shopping centre (e.g. Westfield). It is really important to listen to patients to understand their needs and what they want.
- What about services for 0-3 year olds – there is no NHS offer and schools are worse, even though they should have a responsibility for health.
- Dr Everington said that this is an important issue that needs to be tackled: in Tower Hamlets the education levels and achievement of 5 year olds are less than the national average.
- What is missing is the “design for all” approach – how do you meet the design needs for all including those within the autism spectrum?

3) Session 2: The patient, carer, service user and VCS perspective

Adrian introduced Paula Murphy, Director [Healthwatch Central West London](#), Siobhan Sollis, Head of Organisational Development [Kensington & Chelsea Social Council](#) (KCSC) and Maria Connolly, carer, patient and service user. They talked about the VCS and Healthwatch perspectives /experiences/ lessons on co-production in health and care as well as the patient perspective and experience in the context of their whole systems integrated care patient engagement. [North West London is one of the 14 pioneer sites](#) selected to lead the way in developing innovative approaches to delivering better, joined up care. As part of the process to develop a new model of care, the West London Clinical Commissioning Group (WLCCG) commissioned Healthwatch Central West London and KCSC to conduct the patient and voluntary sector engagement element of the work.



The interim report (phase 1) focused on patient engagement – firstly to explore what over 70 years old people and their carers thought of the health and social care services currently received and secondly what their views were on the development of a whole systems integrated care service for over 75 year olds.

Key points:

- The interim report argues for a more engaged relationship with patients, carers and citizens to promote wellbeing and patients in health
- Maria's story: Maria stressed why we should all work together – this is vital in terms of care, culture, coordination, care plans and crisis management.



- Co-design/production involved: e.g. ongoing support for a patient panel; 30 face to face interviews with carers and people of 65 with one or more long-term conditions and focus groups (e.g. an Arabic speaking women's group)
- Findings / recommendations centred around coordinated health care; access to self-management and an integrated hub of health and social care
- The business case: e.g. to show the CCG what the sector can do to deliver to meet their outcomes; the sector's contribution to reducing hospital admissions as well as sending a message that this needs investment

[Download the presentation](#)

4) Session 3: The London perspectives

Adrian introduced **Amanda Coyle, Assistant Director of Health and Communities, Greater London Authority.**

Amanda spoke about the GLA perspective on New Models of Care / Better Health for London as well as the Well London programme.



Key points – Amanda:

- Talked about the [Better Health for London](#) report & how the [London Health Commission](#) arrived at their recommendations. The report covers two main areas: prevention and improving healthcare services.
- Used an example of a Mayoral sponsored project, [Well London](#) to demonstrate how Londoners can be engaged to manage their own health, reduce the gap in health outcomes across London and ensure citizen engagement in co-producing new models of care.
- Outlined the actions the Mayor will be taking to support the whole system, the citizens, the voluntary & the public sectors to work together to make London the world's healthiest global city.
- Described the [Next Steps report](#) – which for example underlined the importance of a partnership approach calling on the widest range of partners. The report also provides a baseline to track progress.

Download Amanda's full [briefing paper](#)

Amanda also showed a short clip from the [GLA Well London video](#)

Questions /answers

- How does the GLA work with local residents and the different parts and local communities?
- Amanda: we address issues at a regional level as well as at a local level. We work with a range of specialist organisations and alliances at a regional level, for example through the [Pan London Dementia Alliance](#). With regards to Well London - a framework for London communities and organisations to work together, it operates at a local and neighbourhood level and works in the most deprived neighbourhoods across London.

Lastly Adrian introduced **Jemma Gilbert, Head of Primary Care Transformation, NHS England.**

Jemma talked about the new Transformation Board and the new 13 London programmes – opportunities for co-production



Delivering value and sustainability across the whole system in London.

The key themes:

- **A radical upgrade in prevention and public health – preventing ill health and making Londoners healthier**
- **Designing care around Londoners' needs:**
 - Giving London's children the best start in life
 - Transforming care for Londoners experiencing mental illness
 - All Londoners to be able to access the best cancer care in the world
 - Joining up to transform the lives of the homeless
- **Transforming how care is delivered to every Londoner:**
 - Transforming London's urgent and emergency care system
 - Transforming London's primary care
 - Creating world class specialised care services
- **Making change happen:**
 - Connecting Londoners and health and care providers to allow for real time access to records and information
 - Ensuring Londoners are engaged and involved in their own health and the health of their city
 - Aligning funding and incentives to promote transformation of care
 - Developing London's workforce to enable transformation of care

- Transforming London's estate to delivery of high quality care.

Working in partnership with Public Health England, local authorities and the Greater London Authority, five key areas will form the prevention programme:

- Informing the transformation of health and care systems to embed health and wellbeing, starting with child health and care
- Improving workplace health, within and beyond the health and care system
- Taking innovative action to reduce smoking and obesity and promote wellbeing
- Developing new and stronger partnerships to promote health
- Examining opportunities to tackle city-level health challenge

Download the [Transforming London's Health and Care draft programme prospectus](#)

5) Workshops

1. Co-productive learning for better communication: improving outcomes for patients, professionals and communities.

This learning session was led by Delia Muir and Hament Patel.

Download: [Co-productive Learning for Better Communication](#). It includes an abstract as well as notes & feedback from participants.

2. Transformation Board and the 13 programmes in London – co-producing with local people, patients and the VCS.



[Transforming London's Health and Care draft programme prospectus](#)

Download workshop notes: [Transformation Board and the 13 programmes London workshop notes](#)

3. VCS, patient groups and communities in co-production – how can the VCS, Healthwatch and patients be at the heart of the New Models of Care programme?

Facilitated by Mark Harrod.

Download: [VCS, patient groups and communities in co-production](#)

Useful reports (see also workshop notes above):

- [Joint Review of investment in the voluntary, community and Social Enterprise Sector](#)
- Even though the report: [“Open Public Services – experiences from the voluntary sector”](#) was produced in 2012, it’s still a very useful document with a number of relevant case studies regarding VCS engagement and co-production in health and care.

4. **How can the VCS, patient groups navigate the NHS health structures to enable them to more effectively co-produce in the new health and care landscape?**

Presented by Fiona McKenzie, UCLPartners

The Kings Funds has useful maps/diagrams of how about providers are regulated; who can influence commissioning of services; how the money flows and the principal relationships between health bodies in London

Fiona also talked about the wide range of structures and organisations that are part of the new structures including:

- Local Healthwatch
- Health & Wellbeing Boards
- Public Health England (London)
- Greater London Authority
- London Health Board
- Local authorities (they use a variety of methods to engage including user panels, focus groups, consultations, online forums, etc)
- NHS England (London)
- London Clinical Senate and Strategic Clinic Networks
- London Commissioning Support Units
- London CCGs
- Academic Health Science Networks

Another useful body is the [London Social Care Partnership](#).

The main aim of LSCP is to improve social care across London, and to identify ways of doing this more cost-effectively. They do this by working with staff in Adult Social Services across London and with other bodies, such as NHS England, which are involved with the health and wellbeing of Londoners.

Link to Fiona McKenzie’s [Engaging with NHS structures](#) presentation

You may also find the Regional Voices /LVSC [Who’s Who guide](#) useful. The guide includes relevant contacts from CCGs, health and wellbeing boards, CQC, NHS England area teams, commissioning

support units, local Healthwatch, etc. It will be updated again in July this year.

6) Next steps and action

LVSC has several mechanisms through which we deliver our health and care policy initiatives. These are:

- LVSC's constituent membership of [Regional Voices](#), which is one of the Strategic partners of the Department of Health, Public Health England and the NHS England. More information can be found on the [LVSC Regional Voices' webpage](#).
- [London for All](#) – LfA capacity building work includes a range of health related activities such as building your evidence (e.g. through data), Social Value Act training, etc.
- [LVSC's London Employment & Skills Policy Network](#) - which also looks at mental health and (un)employment as a mental health issues
- [Community Voices for Health network](#). This network is currently not funded but LVSC is actively negotiating with partners to identify ways to resource the network.
- [Safer Future Communities London](#) -The London Safer Future communities VCSE network is a forum for voluntary, community and social enterprise (VCSE) organisations with an interest in criminal justice, crime prevention and/or community safety issues.

LVSC has received funding from NHS England through its constituent membership of Regional Voices. The projects funded till March 2016 will focus on the NHSE Five year Forward View as well as the strategic programme (which has been running for over 5 or so consecutive years): Stronger Connections for Better Health. Link to the [LVSC Regional Voices' webpage](#).

Next steps

LVSC will:

- Write up the event report and circulate to participants, the wider VCE sector as well as share learning with Regional Voices and [National Voices'](#) partners. Jeremy Taylor from National Voices will Chair a [Programme Board](#) as part of the Five Year Forward View governance.
- Help to improve local commissioning with the VCSE by building links and working with the VCSE, Healthwatch, NHS E, [Commissioning Support Units](#), Greater London Authority, [London Social Care Partnership](#) and the [London Office of CCGs](#).
- Support the VCSE to be better involved in the commissioning of primary care.
- Develop, promote and share a briefing on the London Transformation Programme (including challenges and opportunities for the sector)
- Pending resources, develop training and events where need is identified.

- Help to identify good practice in local, sub-regional and regional co-production and share learning with NHS E, CCGs, the VCSE and Healthwatch.
- Develop links with the two vanguard sites in London.
- Regularly update our contacts and networks including the Community Voices for Health network on any opportunities re: the transformation programme, 5YFV, and the [NHS Standard Contract Light](#).
- Link in / liaise with the Kings Fund on their work on the Five Year Forward View, including the vanguards

Appendix

Participants list

Fiona	Baird	Newham New Deal Partnership
Nimrod	Ben Cnaan	Law Centres Network
John	Bevan	London Borough of Haringey
Tracey	Bignall	Race Equality Foundation
Sue	Blain	Barnet Healthwatch
Colin	Bowen	Together North London
Laura	Brown	Royal Association for Deaf
Rachel	Clarkson	Community Action Southwark (CAS)
Julie	Costley	Thrive
Amanda	Coyle	Greater London Authority GLA
Mark	Creeger	Mark Creeger
Michelle	Curtis	LVSC
Linda	Damerell	Tapestry Innovation Ltd
Shaun	Danielli	NHS England
Anne	Darlington	LB Camden
Gerry	Dickson	Groundswell
Linda	Doyle	Healthwatch Enfield
Sue	Dutch	NHS England (London Region)
Dr Sam	Everington	NHS Tower Hamlets CCG
Salina	Faro	St Mungos Broadway
Yvonne	Farquharson	Breathe Arts Health Research
Mary	Fee	LETSlink London
Professor, Sir David	Fish	UCLPartners
Aarti	Gandesha	Healthwatch Southwark
Jemma	Gilbert	NHS England (London Region)
Bob	Green	Stonewall Housing
Malik	Gul	Wandsworth Community Empowerment Network
Lise	Hansen	Shelter
Mark	Harrod	M&KH Consulting
Frances	Hasler	Healthwatch Camden
Frances	Haste	Hackney CVS
Claire	Helman	Aston-Mansfield
Suz	Hemming	
Leah	Herridge	Shelter
Maurice	Hoffman	Harness Locality PPG
Gavin	Hook	Mosaic
Dan	Hopewell	Bromley by Bow Centre
Zeenat	Jeewa	Asian People's Disability Alliance
Errol	John	The Childrens Society
Gladys	Jusu-Sheriff	Wand UK
Mina	Kakaiya	Certitude
Meeta	Kathoria	Marie Curie
Ellen	Kemp	Patient Group Rep.
Sue	Kenten	DASL

Henrietta	Key	NHS England
Daria	Kuznetsova	Big Society Capital
Peter	Landman	Healthwatch Newham
David	MacKintosh	GLA
Yvonne	MacNamara	ITMB
Lena	Malkin	Mosaic Clubhouse
Imran	Mannan	Royal Free London NHS Foundation Trust
Margaret	McCulloch	Coram
Kara	McDonnell	Macmillan Cancer Support
Fiona	McKenzie	UCLPartners
Delia	Muir	Health Education England Professional Support Unit
Paul	Munim	Changing Faces
Julie	Pal	CommUnity Barnet
Lena	Pamphile	
Kalpna	Patel	Sickle Cell Society
Hament	Patel	OCP Ltd
Lakhvir	Randhawa	EACH
Adrian	Renton	University of East London
Lindsay	Richardson	Abbey Community Centre
Heidi	Riedel	Woman's Trust
Lara	Rufus	Bromley by Bow Centre
Ernest	Rukangira	Diversity Living Services
Eithne	Rynne	LVSC
Cathy	Salisbury	University of East London
Jade	Sempare	Healthwatch
Barry	Silverman	Blackfriars Settlement
Roy	Simpson	NHS England Patient Online Patient Representative.
Mike	Smith	Real DPO
Cat	Smith	Coram
Rosalind	Spinks	Public Health England
Jenny	Stiles	Waterloo Action Centre
Lynn	Strother	Healthwatch City of London , Greater London Forum for Older People
Jessica	Veltman	West Euston Partnership
Swati	Vyas	Redbridge Council for Voluntary Services RCVS
Jessica	Wanamaker	VCKC
Adrian	Whyatt	West London Mental Health Trust (WLMHT)
Sarah	Williams	Sustain
Kathryn	Williamson	Richmond CVS