



South West London
Academic, Health and Social Care
System

Annual Report

2016-2017



Supporting collaboration
and innovation

Member Organisations

NHS PROVIDERS

Croydon Health Services NHS Trust
www.croydonhealthservices.nhs.uk

Epsom and St Helier University Hospitals NHS Trust
www.epsom-sthelier.nhs.uk

St George's Healthcare NHS Trust
www.stgeorges.nhs.uk

**South West London and
St George's Mental Health NHS Trust**
www.swlstg-tr.nhs.uk

ACADEMIC INSTITUTIONS

Kingston University London
www.kingston.ac.uk

St George's, University of London
www.sgul.ac.uk

University of Roehampton, London
www.roehampton.ac.uk

LOCAL AUTHORITIES, INCLUDING PUBLIC HEALTH

Croydon Council
www.croydon.gov.uk

Merton Council
www.merton.gov.uk

The Royal Borough of Kingston upon Thames (part year)
www.kingston.gov.uk

London Borough of Richmond upon Thames (part year)
www.richmond.gov.uk

NHS COMMISSIONERS

Croydon Clinical Commissioning Group
www.croydonccg.nhs.uk

Kingston Clinical Commissioning Group
www.kingstonccg.nhs.uk

Merton Clinical Commissioning Group
www.mertonccg.nhs.uk

Sutton Clinical Commissioning Group
www.suttonccg.nhs.uk

Wandsworth Clinical Commissioning Group
www.wandsworthccg.nhs.uk

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Introduction

Graham Mackenzie,
Chair of SWLS

This year has marked a transition for the SW London System as it has worked towards integration with the south London Health Innovation Network. And this last report provides a great opportunity to reflect on the SWLS achievements and to look forward to its ongoing cross boundary working as part of the HIN. The System has been a unique collaboration across sectors and a precursor to the Academic Health Science Networks so the move to the HIN is a fitting next step.

Since its inception in 2009, the SWLS has lived up to the aspirations of the senior leaders whose vision was to work collaboratively across health, social care and higher education to make a positive impact for the benefit of the people of SW London. The success of the System is a tribute to the foresight of its founding members and their ambition of forging collaborations and enabling innovations and

improvements to service and staff development which as individual organisations they could not have delivered. The engagement and contribution of its members has been the System's essential strength and brought a diversity of expertise and resources to its activity in research, education and development and service improvement – and ensured that the System stayed responsive to their priorities.

This annual report highlights some of the System's activity during the past year – including support to developments as diverse as GP Federations, Social Prescribing and Adult Safeguarding.

As Chairman, I have valued my association with the System and its achievements and would like to thank all SWLS members and colleagues and the team who have made these achievements possible.

Key achievements have been:

- Small Grants programme – has supported an impressive range of innovations, enabling people to develop their ideas, engage in research and pilot new ways of improving services or training.
- Leading and Managing Change across Boundaries programme now has over 100 alumni from 5 programmes and has given future leaders the chance to learn about and experience the challenges of cross boundary working and
- Research Summer School to support the future research workforce.

All three programmes are being continued by the HIN and are a fitting legacy to the diverse activity supported through the SWLS.

Impact and Legacy

- The SW London System covered **1.3 million** residents in SW London
- We have been involved in **48 projects** overall since September 2009.
- We have sponsored **19 large projects**
- We have awarded **57 small grants**, 7 in 2010, 6 in 2011, 5 in 2012, 8 in 2013, 11 in 2014, 6 in 2015 and 14 in 2016
- We commissioned the Young Foundation to write a case study on the System
- **Academic paper** published on the *Evaluation of a shared approach to interprofessional learning about stroke self-management* (Fiona Jones) following funding of the project by the System.
- We have a growing portfolio of **9 case studies** on our sponsored projects
- **5 Leadership programme** cohorts – **24 participants** completed first cohort, **29 participants** completed second cohort, **21 participants** for the third cohort, **21 participants** completed the 4th cohort and **21 participants** completed cohort 5.
- We have hosted **5 annual conferences** and a number of smaller events
- We have published **5 annual reports**
- The System financed a part-time project manager who helped get training off the ground to train **40 associate practitioners** in 2012 (in the first year).
- **Over 100 PhD students** attended three Research Degree Summer school organised and funded by the System in conjunction with SWaN in 2012, 2013 and 2015
- The System brought in HIEC funding of **£742,200** for South West London led projects in 3 areas - stroke, infection and the South London Nursing Network for General practice nurses
- For the 2014/15 year, the SW London System secured **£255,000** external funding for joint working.



Annual Conference 2016/17

Over fifty leaders from health, care, academia and education came together at the South West London System (SWLS) annual conference on 3 March 2017 to share their perspectives on leading change and driving innovation. The conference was the last for the SWLS in its current form as it integrates with the South London Health Innovation Network (HIN) from April 2017. While it provided an opportunity to celebrate and share success, the focus was firmly on the future.



Introduction:

Building on success, meeting future challenges

Graham MacKenzie

Chief Officer, Wandsworth CCG and Chair of SWL AHSC System

Opening the conference, Graham said: ***“In some ways this is the end of an era. It’s an excellent opportunity to reflect on the System’s many successes. But also to look forwards, to how the System will continue to come together to address the undoubted challenges of the future.”***



He described those who established the System in 2009 as visionaries who had seen the opportunity to bring together resources from health, social care and academia to work together across boundaries to improve care in all settings. He noted that the SWLS had been a precursor to the development of academic health science networks, so the HIN felt like a natural home for the work of the System.

Graham paid thanks to the member organisations – the trusts, CCGs, local authorities and universities – whose support had made the System possible. He also thanked Kathy Tyler for her leadership over the last four years and Zoe Lelliott for supporting the integration of the organisations. As part of the HIN, its work would continue to focus on responding to members’ needs in the areas of research, education and professional development, and enabling system-wide innovation and improvement.





The theme of the day was taken from the SWLS Leadership Programme. How to lead collaboration across organisational boundaries to respond to emerging challenges was a topic running throughout the day, along with the need to engage and empower frontline staff as the people who will actually deliver change.

Perspectives on leadership in the current climate were shared, with a clear message that everyone can be empowered to take personal leadership to drive improvements. Examples of innovation were explored, with a focus on sharing learning and spreading what works well.



Leading change in the current climate

Four past, present and new leaders from different sectors in south west London offered their perspectives on leading change in the current health and care landscape, followed by a lively and stimulating panel discussion.

Sarah Blow

Accountable Officer for five SWL CCGs and STP Lead

Sarah has recently taken up post as accountable officer for five of the South West London CCGs and is the sustainability and transformation plan (STP) lead for the area. She described the core focus of the STP as wrapping services and care around the individual patient and set out what needs to be in place across the system to deliver that vision:

- The right scale – both a high level vision and how that is delivered locally.
- Needs and preferences – a focus on the needs and preferences of patients, but also of those working in the system because they need to be engaged to deliver it.
- Collaboration – working across boundaries because we know that what happens in one part of the system impacts on the others.
- Governance – good governance is important but must not be used as a barrier, so we need to focus on the collective action we want to achieve.
- Teamwork – staff are crucial, they are by far the largest health and care resource we have, and the people we rely on to make the changes. They need to be valued and have the skills and knowledge to deliver change.

System leadership, Sarah said, starts with personal leadership; it is about individuals, their values and their commitment to the system. Leadership needs to be focused on the system rather than organisations. By being collaborative and values-based, leadership can be devolved and dispersed as appropriate, so that frontline staff are empowered to make the right decisions.

“All of us are leaders, or can be leaders,” said Sarah, “Because all of us can impact on other people’s lives and make them better.”

Matthew Hopkins

Chief Executive, Barking, Havering and Redbridge University Hospitals NHS Trust

Matthew was CEO of an acute trust in SW London before joining Barking, Havering and Redbridge University Hospitals NHS trust in 2014, a trust in special measures and dogged by performance and financial problems. He talked about his experiences of leading improvement at the trust. In the week after the conference, the Care Quality Commission announced that the trust had come out of special measures and praised improvements that had been made.

Matthew was invited to speak as he was the original senior responsible officer for the Leadership Programme and has been a strong supporter and contributor to all five programmes.

Matthew’s key message was that health and care is a people business: ***“It’s about people looking after people,”*** he said, ***“so as leaders we must invest our time in our people.”*** He set out four key things leaders can do to make a difference:

- Get the language and tone right – for example, changing the conversation from ‘targets’ to ‘reducing avoidable harm’ makes a real difference in engaging with clinical teams.
- Get better organised – for example, a visual strategic plan-on-a-page provides clarity and makes it easier for everyone to see where they are headed and how they fit in.
- Get onto the shop floor – leaders need to be where the work is done to understand the challenges and empower the staff who are best placed to identify and implement solutions.
- Set and model standards – leaders must model the behaviours they want to see, keep communications simple and consistent, and recognise, reiterate and reward when people are getting it right.

Matthew believes a key challenge now is developing leadership skills for people in middle management roles, as they are the leaders of the future.



Sarah Blow



Matthew Hopkins



Aurea Jones



Zoë Lelliott

Aurea Jones

Local Director for South London,
Health Education England

Aurea explained the role of Health Education England (HEE). In addition to managing training numbers, places and quality, HEE also plays an important role in workforce transformation.

Quoting the Five Year Forward View, she said: ***“We can design innovative new care models, but they simply won’t become a reality unless we have a workforce with the right numbers, skills, values and behaviours to deliver it.”***

The key elements of the workforce transformation plan are:

- Supply – while it is difficult to do, we must predict future workforce needs to inform education and training and workforce investment
- Up-skilling – Three quarters of the staff we have now will still be with us in ten years, so how do we develop their skills to meet future needs?
- New roles – what will the multi-disciplinary team look like in the future and what new roles will we need? How do we develop both the staff and create the demand for new roles such as Physician Associates?
- New ways of working – healthcare is drastically changing with advances in technology, how do we support our current workforce to adapt?
- Leadership – what are the leadership skills that we need for the future health and care system?

Aurea said that a key advantage working together as part of a STP Local Workforce Action Board was the opportunity to collaborate. As an example, she spoke about the levels of staff turnover in London. Noting that much of the churn is staff moving between organisations to develop their experience and opportunities, she said that collaboration between employers on nurse rotations, for example, could offer staff the experience they want without the

Zoë Lelliott

Director of Strategy and Performance,
South London Health Innovation Network

Zoë said that the underpinning question for leaders in the system was: ***“How do you drive change and improvement in a system where you don’t have direct authority over the individuals in the system?”***

She set out the core aims of the HIN:

- To improve the lives of local patients and populations
- To speed up the adoption of innovation into practice
- To build a culture of partnership and collaboration
- To save money and create wealth.

Zoë highlighted the commonalities between the SWLS and the HIN. Both are member organisations, with many of the same members; both work through cross-sector collaborations and joint working; and both have taken a particular focus on public health, self-management and out of hospital care. Zoë reflected that this shared focus was because both are highly responsive to the needs of local organisations.

Three key areas of SWLS work that will continue from within the HIN include:

- Small Grants – these have stimulated creativity in a wide range of settings and the SWLS has supported them well.
- Leading change across boundaries – the SWLS Leadership Programme has been very well received, encourages people to work across boundaries in practical ways and addresses the middle management development that Matthew spoke about.
- Building academic partnerships – this will include reaching out to bring graduates into health; capacity building for research in people’s day-to-day work; and developing better real-world evaluation capability.

The HIN is increasingly supporting the STPs in South London, Zoë said, and as part of the HIN, the SWLS would be helping to develop experience in cross boundary working and supporting innovation and innovators.

Panel Discussion

The breadth of the panel's perspectives on leadership was mirrored by the wide range of questions and challenges posed by attendees.

Asked about their confidence in the system to deliver, both Matthew and Aurea felt that there were signs of more collaboration now than in the past and Sarah was encouraged that people are thinking more in terms of the system rather than individual organisations.

The importance of collaboration with local authorities was raised. Sarah reiterated that they are key partners in the STPs, but recognised the challenges of working across multiple boroughs with different political complexions. She felt that being able to tell a good evidence-based story about our plans was key to being able to get people behind us to navigate a way through the political aspects. Matthew commented that local authorities are not just vital partners on social care, but also public health, transport and even policing.

In light of increasing collaboration, Simon Stevens' recent comment about STPs signalling the end of the purchaser / provider split was raised. From the commissioner's perspective, Sarah felt that the split was right at the time, because there was poor visibility of where the money was going. However, she believes we have got much better at that and a focus on the system would now be a better driver of improvement than payment by results.

Matthew agreed, adding that, from a provider perspective, the transactional relationship with commissioners creates additional costs that provide little value.

Many attendees commented that the perspectives on leadership had been inspiring but had challenges around the practicalities of delivering change.

Matthew recognised that change is very difficult and that it is essential to create the right conditions for change. This means engaging people in the conversation so they have a greater degree of control. Zoë agreed, reiterating that change is not driven just by senior leaders. Frontline staff often have the solutions and stay in post much longer than many senior leaders. They are the ones who will deliver what the system needs so they must be empowered and facilitated.

Aurea commented that new roles are often seen as the solution to workforce problems. However, we should look first across the whole team to see what other options there might be to up-skill, as people in new roles or single-handed professions can easily become isolated without established support networks.

There was recognition that effective leaders need to spend time on the shop floor, but a challenge about how to achieve that in practice given the huge pressures from the centre, particularly for assurance. There was agreement among the panel that leaders should push back on unnecessary or excessive demands for information, but Sarah noted that we need to acknowledge the political imperative to provide assurance and find other, more constructive ways of doing that.



Innovation in practice: Showcasing SW London System initiatives

The 'world café' event was an opportunity to celebrate and showcase some of our successes and for attendees to learn more about these innovative projects that the SWLS has supported in recent years.

The Bridges programme supporting truly patient-centred care

Professor Fiona Jones,
Founding Director and CEO of Bridges

The Bridges programme began in stroke building on research at Kingston and St Georges Universities to design and test a new individualised programme to support self-management for stroke survivors through a patient's workbook and training for stroke practitioners. SWLS-funded Bridges at a pivotal time to evaluate how the programme could be used across a whole stroke pathway. Bridges now delivers training across a range of long term conditions.

At the heart of the Bridges approach is the question 'What does the patient want to do?' The aim is to help patients identify their goals and support practitioners to use their expertise to help put each patient's plan into action.

The initial SWLS project successfully funded training for 70 staff from 11 different teams to integrate self-management support across the

stroke pathway, with impressive results. However, the Bridge's ambitious goal was not just to provide an add-on to existing practice but to change the culture and embed the approach in a busy workplace.

With further SWLS funding, the programme expanded to provide extra training, masterclasses for self-management 'champions' across south London, and training for support workers who would not traditionally have access to this sort of professional development. To date, Bridges has delivered training to over 190 health and social care teams. Among workshop attendees, 100% report a change in practice to more person-centred approaches and feedback from patients and families has been very positive. Patients report feeling more involved in their rehabilitation and able to access professional support without feeling dependent on their practitioner.



Bridges is now a social enterprise in a unique partnership with St George's University of London and Kingston University. Further projects supported by Your Healthcare in Kingston, South London HIN, Health Foundation and St George's Hospital NHS Foundation Trust has enabled expansion of the programme including people with progressive conditions and acute brain injury and trauma.

MSK in Primary Care

Dr Jeffrey Croucher,
GP, Benhill and Belmont GP Centre



Funded by a Small Grant from SWLS, GPs at a practice in Sutton established an innovative project to provide improved musculoskeletal (MSK) care in a primary care setting.

The initiative involved offering new and follow-up patients appointments in the GP practice at a weekly multidisciplinary clinic. The multidisciplinary team included a GP with special interest, physiotherapist and interventional radiologist, with access to a range of diagnostics and treatments. Referrals were received from GPs at the practice (covering a population of 11,000) for patients where no serious pathology was suspected.

The project reduced both patient waiting times and secondary referral

rates, whilst improving levels of patient satisfaction and the cost effectiveness of MSK care. In addition, the team provided an educational element, feeding directly back to referrers on their referrals and running education sessions on common issues such as shoulder and back assessments.

Since then, the team have run a second project, funded by the HIN, expanding on the success of the first. The second project includes another larger practice and has introduced psychological MSK assessments and acupuncture appointments. The second project is currently being evaluated with a view to exploring a hub model that could support an even larger locality.

Pharmacy-led preoperative diabetes clinic

Sara Qureshi,

Lead Pharmacist, St George's University Hospital NHS Foundation Trust

A SWLS Small Grant enabled a pilot project to demonstrate how a pharmacist led preoperative clinic for diabetic patients could improve patient outcomes and experience, and achieve a more efficient use of hospital resources.

Poor medicines management can often result in cancelled operations and additional time spent in hospital



for diabetic patients. Patients often encountered problems when resuming self-management of their condition after surgery. The pharmacy team wanted to see if individual diabetic plans, provided through a pharmacist led preoperative assessment clinic, could improve diabetes management during the perioperative period.

The results were very impressive, with no operations cancelled due to poor management of diabetes during the four-month pilot. The hospital was able to end the traditional practice of admitting diabetic patients the night before surgery. Feedback from patients and clinicians alike has been very positive, with patients feeling they had far more ownership and understanding of the process.

The project was a finalist for Royal Pharmaceutical Society award and the team are now working to embed pharmacist-led preoperative clinics for a range of other medicines such as warfarin.

South London Nurse Network

Fiona White,

Nurse Consultant and Lead Nurse, Merton CGC

Supported by the SWLS, the South London Nursing Network (SLNN) is the only professional network across South London for general practice nurses. It provides a voice for these professionals and enables them to contribute more effectively to the transformation of primary care.

SLNN is a network of nurse leads for CCGs with a portfolio that spans training and education, non-medical prescribing and clinical supervision. In SW London, the network meets monthly to coordinate training and education, link together to scan the horizon, and to review and disseminate new guidance and workforce papers. South west and south east areas meet together quarterly.

The Network aims to maintain and improve standards and the quality of care for patients by increasing the skills, expertise and confidence of practitioners. It also seeks to identify and address the training and development needs of the practice nurse workforce and facilitates placements and employment opportunities.

Pain management for sickle cell disease

Dr Jenna Love,

Clinical Psychologist, St George's University Hospital NHS Foundation Trust

Dr Jared Smith,

Research Fellow, St George's University of London

A SWLS Small Grant funded the in-depth evaluation of an innovative pain management clinic for people with sickle cell disease.

The Red Cell Pain Management Service (RCPMS) at St George's was established in response to a lack of distinct chronic pain services for sickle cell patients. This was identified as a health inequality. People living with the condition often experience on-going pain and acute crises with profound psychological and social impact.

The RCPMS is a specialised service offering individual and group sessions run by a clinical psychologist, physiotherapist and pain medicine consultant, working closely with the hospital's haematology team. The research focused on the evaluation of a specialised pain clinic run by a Consultant in Pain Medicine alongside other members of the interdisciplinary team.

The mixed-method research found that patients were satisfied with the specialist pain clinic. They liked the fact the clinic was focused solely on pain, with a consultant from outside of haematology who could bring fresh perspectives and new pain management ideas. The consultations were often described as therapeutic in themselves, with listening, trust and respect being key themes emerging from the data. Patients also valued the multi-disciplinary approach which recognised the interplay of physical and emotional health.

The findings of the research have fed into the on-going development of the clinic, which is now opening up to all those on opioids at home and is starting to take referrals from other hospitals.



Building capacity for our communities

Why General Practice Federations?

Darren Tymens,

Chair, Richmond General Practice Alliance, and Joint Chair, South West London Federation Collaborative

The Challenge

General Practice in England is facing unprecedented challenges. Rising demand, an ageing population, sicker patients, a workforce crisis, problems with estates, and inadequate resources mean that it has to find new ways of working in order to survive. But how can it transform and still retain its traditional virtues of compassion, continuity and thrift?

As a response to this challenge, South West London General Practice providers have been transforming the way that they work together to provide services. Across south west London General Practice has formed itself into place-based Federations, one per CCG area, and have also come together to work as a large collaborative covering all of south west London – one of the first and largest such collaborations in the UK.

A simple idea lies at the core of this transformation; General Practice operating collaboratively at a larger population level can offer new opportunities for commissioning innovative forms of care, and can offer a far greater range of services to their communities.

Lean and effective

GP Federations believe they can offer pathways that make it easier and faster for patients to access high-quality services, make the delivery of care safer through use of integrated real-time IT, and can deliver efficiencies and savings to the overall system.

At the same time using enhanced community-based teams to deliver more care out of hospitals can free up our hard-pressed hospital colleagues to deliver specialist care to those patients who really need it. Ultimately the majority of planned care and chronic disease management could be delivered in the community, from Hubs run by practices working together in localities.

Support from the SW London System

The GP Federations in south west London are at different stages of maturity with some being more established than others. Funding provided by the SW London System has enabled the SW London GP Federation Collaborative to run a series of developmental workshops to address the challenges of developing common approaches and practises, as it looks to work at a scale General Practice has never worked at before.

Lessons learnt

A lot of the work we've done already in South West London shows that transformation can work – for patients, for commissioners, and for General Practice. The progress of the South West London GP Federations demonstrates that there is the potential for a significant shift in how we deliver care.

However, there are challenges that those trying to engender transformation in other areas will face. Not all GP Federations are set up in the same way, or offer the same potential benefits to patients, commissioners and to practices. I would argue that the SW London approach of developing place-based CCG-wide Federations - that are also able to operate collaboratively across much bigger geographies - is the right one. To make rapid progress it is also



important that General Practitioners feel that their autonomy will not be put at risk through this integration process - their engagement, energy and enthusiasm being the key to ensuring the success of GP Federations.

This transformation has the potential to be a game-changer for the NHS. We could deliver a service that is better, faster, safer and cheaper - NHS version 2.

Biography

Dr Darren Tymens is a GP in SW London, is a GP Vocational Training Scheme Programme Director, is an LMC Medical Director for Surrey and Sussex, and is Chair of the Richmond General Practice Alliance – though his Medical Director says 'he is more of a Chaise Longue'.

He is also joint Chair of the SW London GP Federation Collaborative.

He doesn't believe the partnership model or practice model of general practice is dead – just horribly neglected and underfunded. He does believe General Practice working together at scale is in everyone's best interests, and the route to a new and sustainable future for General Practice.

Socially Prescribing Healthcare and Wellbeing

Amanda Killoran,

Public Health Consultant, London Borough of Merton

What would it look like for people to be able to care better for themselves, know where to go for help in the community and lead a healthier and happier life?



In January 2017, Merton General Practice in south west London launched a year-long pilot that aims to develop and evaluate a service model for social prescribing. The overarching goal is to improve the health and wellbeing of people through expanded access to non-medical, community based support, via primary care.

Primary Care Transformation

During the design stage, it was estimated that 10% -20% of GP referrals from the most socially deprived area of Merton were for non-medical reasons. Social prescribing could help to ease the number of attendances in these practices as patients would stand to benefit far more from non-medical solutions provided by and for the community. This would reduce some of the

pressure on GPs who are finding their limited resources stretched. Our goal is to establish a collaborative pathway between primary care and the voluntary and community organisations that have the capacity to assist. Through a personalised assessment session, with the Social Prescribing Coordinator using a validated wellbeing star tool, improvements are being measured from a holistic perspective – taking a wide range of social conditions into account, including family circumstance, physical activity and diet. We have also drawn on experiences of social prescribing nationally and across London to inform our work.

Tackling isolation and loneliness

The early stage of the pilot is based on two general practices, with a catchment population of 17,400 with

therefore the potential to impact many lives for the better. At a practice level, the pilot gives GPs a non-medical referral route for patients who could benefit from social prescribing. It places significant emphasis on enabling patients to better care for themselves and make the most of the resources at their disposal. For frequent patients of GPs for non-medical reasons, social prescribing offers a way to help tackle loneliness and social isolation. In particular, GPs will focus on patients who present with issues relating to social isolation, and with mild to moderate mental health conditions. Through opening up opportunities for patients for social engagement and support, the potential for raising the level of wellbeing can be placed back in to the patient's hands.

Better care, easing the pressure

Evaluation of the pilot is looking closely at numbers of frequent attenders of Merton General Practice and early indications show that the referral pathway is working as intended with over 60 new referrals in the first 3 months. People are being referred to partners to access support around life skills, volunteering, as well to the local IAPT service (improved access to psychological therapies). Although it's very early days, the signs so far are looking promising, which is good news for Merton residents, GP practices and the wider community.

Biography

Dr Amanda Killoran is currently a Public Health Consultant in Merton, and previously worked in Richmond Public Health. Previous experience includes working in the Centre of Public Health Excellence at NICE for six years in development of public health guidance across a range of areas. Amanda gained a PhD in Health Policy at the London School of Economics and Politics.

A Cross-Agency Approach to Safeguarding

Steve Taylor

Director of Adult Social Services, The Royal Borough of Kingston upon Thames

The past 18 months have seen statutory care providers in Kingston introduced to a new set of techniques and procedures in order to improve the quality of safeguarding. The strategy revolved around emphasising the importance of safeguarding as a social form of care and to implement a cultural change within the agencies themselves.

Improving safeguarding techniques required a cross agency approach, incorporating agencies such as the police, fire brigade and ambulance services to help bring positive change. Because of its founding ethos of cross boundary working, the SWLS funded a series of Masterclasses organised by Adult Social Services leads in Kingston to support a proactive approach to understanding the mass of complexities that lie within effective safeguarding. The focus was placed upon helping participants in the workshops - around 90 professionals from across SW London - to improve the understanding of their own roles, how these interact with other agencies and to develop the relationship with the social care providers. An immediate positive has been shown by providers communicating that they have increased faith in the process itself and are more willing to come forward and voice the issues that they face with safeguarding.

A Change of Attitude

All this amounts to what is at the heart of the changes in safeguarding practices: instilling a cultural transformation within the staff of the statutory agencies to improve their own understanding of the practices; and to build on the relationships within statutory care. This was to encourage a culture that is organically able to identify and implement ways to improve. Agencies were seen as an essential part of the continuing dialogue, not just as deliverers of services. The use of language played an important role and group discussions within the masterclasses allowed for a broad range of views and experiences to be expressed. The increase in the general

understanding of concepts such as mental capacity and the deprivation of liberty were noted to have been a particular success. The masterclasses gave the professionals a chance to learn from each other and reflect upon their own practice.

Looking Forward

Progress within adult safeguarding has been relatively quick, although there are still areas that can be improved. There are still opportunities to learn from Children's safeguarding to further develop practice, and opportunities to work together with our Children's colleagues, particularly around areas such as domestic abuse and preventative methods. There is optimism, however, that the early successes of shared learning could have features that are adaptable for different areas of cross boundary, cross-agency collaboration.

Biography

Stephen Taylor is currently Director of Adult Social Services in the Royal Borough of Kingston, a post he has held since July 2016.

He has a varied background in health and social care, having led a number of integrated services, and the integration of services, particularly for people with mental health issues and people with learning disabilities.

Prior to his current role Stephen was a Principal Advisor to the Winterbourne View Joint Improvement Programme, working with Local Authorities and CCGs to develop commissioning for people with complex needs, aimed at preventing admission to hospital settings.



Innovation and research

South London Small Grants

Josh Brewster

Project Manager, SW London System



The SW London System's Small Grants programme has had a major impact on health and social care across south west London and further (reaching as far as The Gambia) over the past six years. There are dozens of innovations in medicine, clinical practice, hospital and community based care that found their beginnings thanks to a Small Grant.

This year following our integration into the Health Innovation Network (HIN) the Small Grants combined with the South London Innovation Grants and Recognition Awards to form the Innovation and Diffusion Awards.

Pooling resources, broader impact

The awarding of grants to stimulate innovation has been an important feature for the SWLS, HIN and Health Education England working across south London. Combining the awards allowed us to take the best elements from each programme such as utilising the Small Grant approach of smaller awards of up to £10,000. This meant the funding remained accessible to everyone and allowed twice as many projects to be funded compared to previous years, across the whole of South London.

The joint aim was to encourage innovation that addresses the gaps highlighted in the Five Year Forward View:

- The Health and Wellbeing Gap – shifting our focus to prevention and early intervention
- The Care and Quality Gap – reshaping care delivery, harnessing technology, and driving down variations in the quality and safety of care, to better meet patient needs
- The Funding and Efficiency Gap – improving efficiency with reasonable funding levels, maximising value and redesigning services.

Enabling the best ideas to flourish

Competition for funding was tough with over 70 organisations applying and after a rigorous selection process we funded 14 excellent and varied projects:

Understanding how do leisure centre managers decide whether to deliver exercise programmes for people with chronic health conditions?

Project lead:

Dr Rachel Hallett

Faculty of Health, Social Care and Education, Kingston and St George's

Project GROW: Establishing and testing a new intergenerational falls prevention gardening programme to improve physical activity levels, health and wellbeing in older people at risk of falling.

Project lead:

Sandra Klaperski

Senior Lecturer in Sport and Exercise Psychology, Department of Life Sciences, University of Roehampton

Neurological Exercise Class 12 week program in a community leisure centre.

Project lead:

Darren Beales

Team Lead Kingston CNRT, Your Healthcare

Reducing hospital admissions from care homes through enhanced training for UTI management, including identification and prevention

Project team:

Liz Nicholls

Primary Care Tutor, Bexley CEPN

Wendy Milligan

Project Manager, Bexley CEPN

Pauline Wortman

Primary Care Development Manager, Bexley CCG

Meera Parkash

Care Homes Pharmacist, Bexley CCG

Managing Your Joint Pain: helping people manage their joint pain in the community through health coaching

Project leads:

Jane Connor

Head of Public Health Development;

Sheila Taylor

Senior Public Health Manager

The Royal Borough of Greenwich

Piloting the use of video-conferencing technology to support liaison and improved care between General Practice and a Residential Care Home

Project lead:

Diane Simes

Business Manager,

Lakeside Medical Practice

Piloting and refining a health data mapping tool to combine discharge information from secondary care and public health / local authority data

Project leads:

John Chang

Paediatrics consultant and director of research, enterprise and innovation, Croydon Health Services NHS Trust

Reem Kayyali

Associate Professor, Kingston University London

Improving detection of Atrial Fibrillation after Stroke and Transient Ischaemic Attack (TIA)

Project lead:

Karen Kee

Associate Professor, Kingston University London

Acceptability and Feasibility of Alcohol Identification and Brief Advice (IBA) interventions for London University Students

Project lead:

Antony Moss

Director of Education and Student Experience, LSBU

Developing safe, effective, responsive and high quality care for people with dementia and families within a hospice care environment

Project lead:

Katie Spencer

Sister, Royal Trinity Hospice

Initiation of a tertiary clinic for primary care health professionals caring for patients with advanced Parkinson's on complex therapies in the community

Project leads:

Shelley Jones

Pharmacist

Professor Ray Chaudhuri

Consultant Neurologist, Kings College Hospital NHS Foundation Trust



An evaluation of the impact and success of the Living Well After Stroke group in Wandsworth – a new model for a community based stroke secondary prevention group

Project leads:

Gill Cluckie

Stroke Nurse Consultant

Rachel Sibson

Clinical Team Leader,

St George's University Hospitals NHS Foundation Trust

An audit of all referrals to Merton Tier 3 CaMHS—a baseline mapping project

Project leads:

Catherine Gamble

Head of Nursing

Sarah Galloway

Merton TaMHS Lead

Getting over the Bump: A collaborative project between Maternal Medicine Midwives and Occupational Therapy enabling increased independence in childcare roles for expectant mothers with physical and/or sensory impairments

Project leads:

Cheryl Edwards

Principal Occupational Therapist

Elizabeth Lyle

Specialised Occupational Therapist

Trudy Williams

Maternal Medicine Midwife,

St. George's University Hospitals NHS Foundation Trust

Supporting the workforce

Leading and Managing Change across Boundaries Programme

The Leading and Managing Change across Boundaries is one of our flagship programmes and it embodies the spirit of collaboration and cross sector working which was the foundation of the South West London System.

Originally for SWLS members, its value was recognised by Health Education South London who jointly funded the last two cohorts to open up the programme to future leaders across south London. And we are delighted that the programme will continue to be supported by the Health Innovation Network after integration of our organisations in April 2017. The 6th cohort is planned for 2017/18.

The Leadership programme has been successful in bringing together aspiring leaders from many different professional backgrounds - pharmacy, medicine, nursing, public health, academic, social care and healthcare managers from commissioning and providing organisations.

The programme gives them the chance to reflect on their personal leadership development and aspirations, gain feedback from a leading-edge leadership assessment, work with a mentor and work with colleagues from different parts of the health, care and higher education sectors.

In addition to hearing from senior leaders from health, local government, voluntary sector and government departments, participants are able to explore management and transformation methodologies and put some of these into practice through a group project. Contributors value the opportunity to share experiences of managers at the front line. Learning from each other and building a network for knowledge is at the centre of the programme.

Here are some of the things participants have said about their experience:

Expectations of the programme

"That the programme would expose me to insight from senior leaders, provide tools and tips on managing change, and the opportunity to network"

"Learning about leadership, other sector priorities and opportunity to work/learn with leaders/potential leaders in other sectors"

Impact on your thinking

"It has positively impacted on my ability to lead change during a period of restructuring and enhanced my management skills. I feel it has also positively influenced my role as an educator for future professionals working in health, public health and social care"

"I am thinking more broadly about the different systems that I need to be engaging with in order to progress my career and also develop my current service. This is both exciting and a little overwhelming"

"The programme allowed me to consider my organisation, job, etc. in light of the current challenges facing the NHS as a whole, particularly the modules looking at the STP [Sustainability and Transformation Plan]. It was very useful to be able to share and discuss the ramifications of not just my own organisation, but also the plight of others in South London"

Effect of programme

"I am noticing more about how I view situations and what influences me as I make decisions"

"Some of the management and leadership content has enabled me to have more confidence to delegate responsibility and empower others including actively seeking involvement of a previously oppositional colleague. This has generally worked well and improved output and morale in some areas"

"The wider perspective and hearing from industry leaders was such a boost in how I now view public sector healthcare provision"

Most useful aspects

"Really enjoyed the opportunity to challenge myself and reflect on my assumptions, strengths, weaknesses"

"Over the whole programme, I have found the quality of the external speakers to be generally excellent"

Looking to the future

Kathy Tyler

Director, SW London System

If the SWLS has a legacy, it is that we have created a space for innovation. It has also encouraged and enabled people who had not previously thought of themselves as 'innovators' to try out their ideas and succeed.

Reflecting over the past seven years, we can rightly take pride in the foresight of those who originally established the SWLS and the successes that followed.

The SW London System has been invaluable in creating the right environment to foster new links and strengthen what was already effective. It is still essential that there is a strong appetite for cross-boundary working and collaboration, and a willingness to learn from various perspectives on leadership, particularly in the current climate.

Examples throughout the report demonstrate how successful the SWLS has been. Of course, with its limited resources and small team of just three, the SWLS could not have achieved any of this on its own and its success was thanks to the committed and enthusiastic support of its members.

Many of the SWLS's most important initiatives will be continuing as part of the Health Innovation Network (HIN). These include:

- The acclaimed Leading and Managing Change across Boundaries Programme, which benefited over 100 people so far.
- The Small Grants awards, which have already supported over 50 projects.
- The Research Summer School for PhD students to develop the future research workforce in partnership this year with the Collaboration for Leadership in Applied Health Research and Care (CLAHRC).



We are delighted that the value and impact of our work is recognised and we welcome the opportunities that becoming part of the HIN offers us. A key objective for the HIN is speeding up the spread and adoption of innovation and by joining this highly successful organisation, we are able to be part of their extensive networks and contribute to improving health and care services across south London.

We are moving forward and we hope you will continue working with us

Team contact details

Please note our new Team contact details as part of the Health Innovation Network, South London

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