South London Membership Council

June 2016
Meeting Report
South London Membership Council
Summary of the day
Update from the SLMC held Tuesday 7 June 2016

Contents
- Summary of the plenary speakers’ talks
- Notes from world café group discussions

The Health Innovation Network (HIN) and Health Education England South London (HEE SL) met for the second South London Membership Council of the year, and the first since the South West London System (SWLS) merged with the HIN, at the Roben’s Suite, Guy’s Tower.

1. Welcome
   Richard Sumray, Chair of Health Education England South London, opened the meeting by highlighting the importance of workforce improvement initiatives in building a strong, motivated workforce.

2. HIN update
   Director of Strategy and Performance for the Health Innovation Network, Zoe Lelliott, spoke about a number of developments since the last membership council, and highlighted the NHS Internship Scheme and Osteoarthritis (OA) Advisor project as examples of the HIN’s workforce improvement schemes.

Clinical theme highlights:
- **Diabetes** - HIN role in Healthier You (National Diabetes Prevention Programme), and evidence on HIN’s work on insulin uptake at APPG
- **Alcohol theme** – publication of the IBA toolkit and the ‘stories behind the bottle’ film
- **Patient Safety** – communities of practice and Pecha Kucha, planning for Catheter Care Awareness Week (20 June)
- **Dementia** – joint working with Sutton Homes of Care Vanguard (including conference in October 2016), plans for pan-London spread of DeAR-GP and Barbara’s story
- **MSK** – further award for ESCAPE-pain, and interest in spread to other AHSNs
- **Pan-London AF project** established
- **100k Genomes** – website launched and developing clinical and participant programme

Other HIN updates:
- **DigitalHealth.London Accelerator** launched, and great response with 120 applicants – interviews completed on 6 June
- **South West London System** successfully integrated with HIN from 1 April
- **Support** to SW and SE London STP process
- **Strong media coverage**, including Nursing Standard (DeAR-GP and Alcohol), Sunday Times (Diabetes), Telegraph (MSK) and BBC radio (NDPP)
- **Introducing new metrics** for measuring our impact as an AHSN
- **In discussions nationally** about relicensing process for AHSNs beyond 2018
- **Innovation and Diffusion Awards 2016** – launched on 7 June

The NHS internship scheme: continues to grow and has over 300 interns on the HIN register, across six excellent south London universities. The scheme is now recruiting for Guy’s and St Thomas’, South London and Maudsley, Healthy London Partnership, Hounslow and Richmond Community Healthcare Trust, and about to go live for London Ambulance Service, Richmond CCG and SE CSU.
For more information please visit our website and Louise Brennan, lead for the scheme, would be delighted to help: louise.brennan@gstt.nhs.uk.

The Osteoarthritis (OA) Advisor: project aims to pilot and evaluate a model for improving the management of OA in primary care, by giving simple advice and support about exercise, weight loss and pain management. The OA Advisor has now been adopted by six GP practices in Lewisham, serving a population of over 60,000 patients. It is producing measurable improvements to pain, function, QoL, weight and physical activity levels. For more information please visit our website or email Andrea Carter, Programme Director, at: andrea.carter@nhs.net.

3. Health Education England update
   Aurea Jones, Director of Health Education England South London, opened the meeting with an overview of recent work undertaken by HEE SL.

   Nursing Associate: The consultation closed in February with over 1300 responses from a wide range of individuals and organisations. A majority agreed with the introduction of this new role and that it should supplement the registered nurse rather than be a substitute. HEE is holding a series of engagement events over the summer to further define the role, scope of practice and education requirements.

   New education funding system: The public consultation is due to close on 30 June and everyone is encouraged to respond. We held a round-table discussion in May as part of the Capital Nurse programme and identified four areas where pan-London employer and HEI collaboration would be helpful: marketing careers in London, facilitating local partnerships between employers and HEIs, learning from current students and raising awareness across the whole system.

   Team up: A Celebration Event took place at the end of May, which marked the completion of Team Up 2015/16 and recognised the achievements of all health teams and partner organisations that took part in the programme. We have 168 trainees and students interested in volunteering in next year’s programme with a varied mix across healthcare professions and specialties.

   Trainee conference: Getting Ahead in your Medical Career, the inaugural conference for doctors in postgraduate training in south London, took place at the Kia Oval on May 25th. The conference was organised by the Confederation of South London Lead Providers trainee forum with support from South West London and St George’s Mental Health NHS Trust. Dr Clare Gerada, Medical Director of the Practitioner Health Programme, delivered the keynote speech: Restoring the past to create a healthier future for trainees.

   Supporting the ‘Five Year Forward View’ and changes to LETBs: HEE is ensuring that its structures align with STP footprints and the Local Workforce Action Boards. From 1 August there will be a move from four LETBs to one LETB for London and the South East. The local office for south London will be retained to work with SWL and SEL STPs and ensure effective stakeholder engagement continues following the changes to internal LETB structures.

   The collective challenges for the workforce will be: developing the workforce to deliver models of care, changes to service provision, developing new roles in multi-disciplinary teams, productivity and developing system leadership.

4. Sustainability and Transformation Plan update:
   Mark Easton, Programme Director, Our Healthier South East London, gave an update on the STP process and the development of the south east London’s Sustainability and Transformation
Plan (STP). Health and care systems have been asked to come together to create their own ambitious local plan for implementing the Five Year Forward View and its approach to address three overarching areas:

- The health and wellbeing gap
- The care and quality gap
- The funding and efficiency gap

Mark reported that the plan must cover all areas of CCG and NHSE commissioned activity including:

- Specialised services, from the 10 collaborative commissioning hubs
- Primary medical care, from a local CCG perspective
- Integration with local authority services (prevention, social care, reflecting local agreed health & wellbeing strategies)

And described how the organisations across south London were working together to meet the challenges faced. For more information Mark can be contacted at: mark.easton5@nhs.net.

5. The first World Café session:
With experts on each subject giving a fast and engaging one minute overview of their area, before breaking into individual tables and rotating through a series of 12 minute discussions. The headlines from each of the tables can be seen on page five, together with contact details for each of the subject leads.

6. Working across boundaries to improve care:
Kate Heaps, Chief Executive Greenwich and Bexley Community Hospice, South London Hospice Collaborative spoke about her experience in working collaboratively to develop hospice volunteering across eight South London Hospices. Kate outlined how the Assistant Practitioners (AP) Project is tackling the issues of increased demand on the healthcare system and an aging workforce. Kate stressed that we need to be creative in how we use both the new and existing workforce. For more information Kate can be contacted at: kateheaps@gbch.org.uk.

7. Workforce redesign for new care models: emerging priorities and examples:
Nav Chana, Senior Clinical Advisor, Workforce Redesign – New Care Models NHS England spoke about maximising the ‘value’ of the existing workforce. The new care models seek to: improve the health of populations, improve the individual experience of care, reduce the per capita cost of care, improve the experience of providing care and increase joy and meaning for the workforce. For more information Nav can be contacted on: nav.chana@southlondon.hee.nhs.uk.

8. The second World Café session:
The headlines from each table can be seen below, together with contact details for the subject leads. Afterwards there was a short reflection session:

What were the common themes in discussions?

- Passion for improving quality (of education)
- We’re not great at adopting innovation from elsewhere
- How do you get people to take things on board – incentives?
- Importance of evaluation
• Collaboration – only way we will achieve a lot of what needs to be done (Not just obvious collaboration across geographies and sectors)
• Learning together – for experience means continued collaborative experience
• Different/New Contacts add a lot of value

What will you take away that will help you to do things differently?

• Veteran’s health (mapping skills to health sector) relevant to nursing associate armed forces medical technician could be equivalent
• Leadership across boundaries – not just in health professions.
• Think about the customer more than the provider when it comes to workforce – population and with public/clients should be focus

9. Innovation and Diffusion Awards 2016:
Kathy Tyler, Director of the South West London System, announced that applications for the 2016 Innovation and Diffusion Awards are now open, incorporating the South London Innovation Small Grants and Recognition Awards. The deadline for both Innovation Small Grants and Recognition Awards is 5pm on Friday 15th July 2016.

10. Closing remarks:
Richard Barker, Chair, Health Innovation Network brought the meeting to a close, reflecting on the enormous value of coming together to discuss issues in this way and the wide ranging connections he had seen made through today’s meeting.
Comments received from members on the value of the Membership Council for them included:
• Room to learn
• Networking
• Valuable opportunity to learn from others and to take away ideas for implementation
• I feel as though I can contribute to workforce development and innovation
• Very valuable/Interesting agendas – of the moment
Richard re-iterated the importance of what we’d covered and the value of it in the context of Delivering the Forward View and the need to keep these discussions going well beyond the boundaries of this meeting.
World Café Sessions
World Café Discussion notes
Summary from 7 June 2016

Contents
- Summary of the six world café sessions
- Additional information and contact details

1. Sandra Parish and Kirsty Giles/Mark Dalgarno, South London & Maudsley Hospital – Mental health training across boundaries

Simulation training for Bands 1-4 non-clinical staff - Sandra Parish - Senior Nurse Tutor – Maudsley Simulation - SLaM

SLaM have developed an interactive simulation training course for Band 1-4 staff in non-clinical roles who usually wouldn’t receive a lot of training – especially in simulation. The course looks at communication skills required in interacting with service users and carers. They used 8 different scenarios to explore challenging situations, which could be face to face/over the telephone and include inpatient as well as community settings. One of the aims of the course is to increase staff confidence in dealing with difficult situations and to empower them to feel they have an important role to play in dealing with service users.

There is limited availability as only 10-12 people are able to attend each session. Eight sessions of the course have run so far and feedback from participants has been extremely positive. Questionnaires are collected after each session so suggestions can be taken forward to develop the course.

The World Café discussions focussed on how the initiative could be spread wider than SLaM. Negotiations are currently taking place with Oxleas to run the course and it was suggested that this would work really well in GP practices. It would definitely be transferable across different organisations/healthcare settings and many staff could benefit from this kind of training approach.

The next course is being run in September and it is hoped that participants will be a mix of people across south London as well as work areas.

More information can be obtained from Sandra Parish: Sandra.parish@slam.nhs.uk

SLaM Recovery College - Kirsty Giles - Recovery College Manager /Mark Dagarno – SLaM

SLaM Recovery College runs courses for services users, carers and staff who learn together as students. Courses are co-produced and delivered (a Health & Social Care professional and a service user/person with lived experience). It is funded through the Maudsley Charity – with the hope that it will be able to become sustainable. 1600 people have attended courses in the past 2 years and 18% of these have been staff.

HEE South London funded 3 specific projects:

1. 100 course places for people from other organisations
2. City & Guilds accreditation working with GSTT School for Improvement for a cohort of Health Trainers (distance learning)
3. Co-production of a physical/mental health interface course
Trying to create jobs for people with lived experiences, and looking to develop the workforce, but in potentially non-traditional roles. SLaM are trying to break down the stigmas/barriers for people in recovery.

The College are hoping that more courses get accredited and they are developing modules as college gets more established.

The discussions focussed on how this initiative could be spread wider allowing more people to access the courses.

There is scope for more collaboration, even internally within SLaM as well as with external partners, as well as developing delivery methods other than face to face and varying the locations of where training is delivered to places such as libraries etc.

There is potential to move into primary care settings and charge GPs once embedded. And also be able to offer courses for those people that haven’t accessed SLaM services i.e. those people who accessed treatment/support at a primary care level.

Further details can be requested by contacting Kirsty Giles: Kirsty.Giles@slam.nhs.uk

2. Wendy Riches - The Evelina London – Children & Young People’s Health Partnership - Learning Together: an innovative joint educational model

There was attendance over the three world café sessions from professionals across the range of health and care, and organisations, including: pharmacy; oncology; obstetrics; anaesthetics; medical education; HR; hospice care; HIN; the BMA and HEE. Broadly, they could each identify how this approach could be adapted to their own area of work.

Learning together projects and their benefits

- Wendy explained how to set up a ‘learning together’ project (see leaflet) and the highly positive impact identified in the evaluation of the paediatric ‘learning together’ project – it proved cost effective and had a statistically significant impact on child health in the practices which had been involved in the work.
- The response from parents of the patients involved in the programme had been very positive.
- Wendy also emphasised the benefits of this particular model (of specialist registrars going into GP practices) over the reverse model (GPs going into the acute setting).
- There were a range of qualitative and quantitative impacts (see leaflet). Work was also underway on a project for over 65s in care homes (Croydon HEE SIP project), and in mental health with SLaM.

Identifying and addressing challenges

- Wendy described how this project had addressed the challenge of engagement from specialists and clinical leaders, in order that the approach could be rolled out in other specialties. She emphasised the need for interest from the clinical leader, and having a ‘champion’ among the registrars – this was easier once a cohort had undertaken the learning.
The registrars needed to ‘own’ the programme and have the freedom to organise their own rota to allow time for participation in the clinics, and clinics were undertaken as part of trainee study time.

Ideally, this approach would become part of the curriculum, and could be lined to revalidation.

A further challenge was increasing issues with capacity in GP practices – further programmes would require CEPN support.

Learning from the discussion

- The potential of education as an effective intervention.
- The importance of evidence-based programmes, with clarity on outcomes.
- The importance of evaluation – particularly in demonstrating impact and cost effectiveness of training and education programmes in an environment where development funding has been cut by 50%.

The intangible benefits of such programmes, supporting participants to feel valued and to enjoy the experience

For further information please contact wendy@raupartners.com.


Summary:

- Lewisham and Health and Well Being Board agreed to take a systematic and strategic approach to health and wellbeing by embedding Making Every Contact Counts (MECC) across the whole system.
  Members of the Board made a commitment to prioritise the training of their staff to deliver brief interventions on healthy lifestyles, in line with NICE guidance, on account of the strength of evidence.
- The aim of the training programme is to enable participants to gain knowledge and develop skills to equip them to improve their practice and promote health in various settings through effective practice
- Brief Intervention Training was offered in smoking, alcohol use, diet and physical activity
- Other Key priority areas in the Health Improvement Training Programme were: health checks and cardiovascular disease, child health, screening, mental health first aid, sexual health and substance misuse.
- LBL Public Health contacted managers from both the Statutory and Voluntary Sector with the offer ‘Managers Briefing Sessions,’ where managers could explore the training offered. This was a successful approach as it enabled managers to also identify staff in their organisations who would benefit in participating in the training and how they would support staff in the delivery of MECC.
- This year, around 490 staff have been trained from a range of organisations including Lewisham Council, Primary Care, Lewisham and Greenwich Healthcare Trust. Additional
participants were from the voluntary sector, Housing Associations, South London and Maudsley and Lewisham CCG.

- As well as brief intervention, participants have expressed a high interest in mental health first aid training, this alongside substance misuse courses were one of more popular courses which have been delivered.

Challenges and how LB Lewisham Public Health are resolving them:

- Managers in services to be more proactive in identifying staff to attend training and that they ensure that the time allocated for the training is protected learning time.

- Some staff have cancelled attending training at short notice due to conflicting priorities, such as the need to attend meetings, appointments etc.

- Training being accessible to all organisations – this was resolved by the facilitator bringing training to organisations as part of team meetings or allocated staff training sessions to ensure original uptake is delivered.

- Managers and staff welcomed opportunity of increasing knowledge and skills in initiating a conversation on some of the training topics, as they recognised that these can be difficult conversations to manage.

- It was discussed that these priority areas and interventions are important, yet some staff won’t see them as being main priorities. It was said that this work needs to raise the profile of these interventions, which in turn, will hopefully change people’s attitudes.

- The importance of embedding the learning in practice was emphasised. Evaluation was built into the training from the outset. The evaluation system has now been amended, in light of ongoing evaluation.

- Public Health plan to introduce a level 2 course in September, for participants that have already completed the initial course. To support with embedding the participants understanding, build on their knowledge and to provide additional networking opportunities.

Table discussions:

- One table member said that it can be difficult to identify staffs needs, and therefore suggested that LBL Public Health look at ways in which they can help resolve this.

- Another member said that they can see this working in their own organisation, and maybe suggested implementing it within their trusts leadership training.

- With regards to delivery of the training, the idea of online courses were discussed, with some agreeing that although it might hinder impact, it might entice more staff to participate. This could then be followed up a year later, in order to implement and embed the learning gained.

For further information please contact: Frances.fuller@lewisham.gov.uk or Lisa.Fannon@lewisham.gov.uk.
4. **Geoff Berg**, South East CSU - Associate Partner, Transformation & Service Redesign & **Aileen Jackson**, HIN – Senior Project Manager (Dementia Clinical Theme and Diabetes Clinical Theme)

**Sutton Homes of Care Vanguard/DeAR-GP**

**Session 1:**

Who do dentists reach out to when they suspect dementia? Standard proforma letter or perhaps dentists could use the dear GP tool.

Could dear GP tool be rolled out communities (churches etc.) – Could be misused, issue of consent

Q. How can we better integrate education and training resources between professions and across organisational boundaries for the care of older people?

- Multi professional training
- Hospitals need to be aware of skills and communications.
- Communications needs to be able to buy these skills current
- ION’s can do training in care homes
- Use of PGMC’c (Facilities/Trainers) for care homes

**Session 2:**

- Hounslow and Richmond Community Healthcare NHS Trust – community nurses doing training in care homes
- Dear GP – can referrals go directly to memory service?
- Workforce issues – language? Targeting interventions at the right level
- Need to think about how the interventions/onward referrals are planned once Dear GP referral is made.

**Session 3:**

- Would like to see data to see impact of DeAR GP tool
- How will GPs react?
- Could link into care certificate – talk to skills for care.

Q. How can we better integrate education and training resources between professions and across organisational boundaries for the care of older people?

- CQC/CCGs – how are they commissioning services?
- How are they asking about joint training.
- How do you get the right people in the room together to engage in training?

For further information please contact [g.berg@nhs.net](mailto:g.berg@nhs.net) or [aileen.jackson@nhs.net](mailto:aileen.jackson@nhs.net).

5. **Mia Skelly & Sumera Angus**, Darzi Fellows, Health Education England South London - **Expanding** the undergraduate medical and nursing placements in primary care

**Anything new:**
Thinking of education differently – All students considering careers in health care that they do a foundation health and social care year that helps the students to understand the full ranges of roles and services spanning health and social care

Themes:

Recurrent issues around indemnity – it was mentioned on every rotation

Need for one common language across health and social care

How can students contribute to a practice/placements area – work at changing the culture so that professionals see opportunity in hosting students.

The importance of networking across the boundaries – change won’t happen if we aren’t talking to each other. E.g. considering dentistry and GPs working collaboratively

Making training in the community viable option for students and not the exception – the desire to be success is there, but much work needed to make it happen

Breaking down the community – removing silos in the community, even within single professionals e.g. nursing

For further information please contact Mia.Skelly@southlondon.hee.nhs.uk or Sumera.Angus@southlondon.hee.nhs.uk.

6. Danielle Fullwood, Nurse Advisor, South London & Jess Lainchbury, Project Support Officer, Health Education England South London - Step into Health (Supporting veterans/veterans’ health) & Team Up

Step into Health

- This project works across geographic, organisational, industry and professional boundaries
- There is still a big gap in knowledge within the health care professions about what veterans’ health is and why is it important
- The most vulnerable veterans are the ones who receive the least resettlement support
- Links need to be made with other health providers and organisations such as
  - PHE
  - King’s fund
  - CCGs
- The project has expanded to support the wider Armed Forces community: Link with apprenticeships would be beneficial particularly for dependents (>18yeas) of veterans
- Nursing associate roles and physician associate roles could be ideal for those leaving the military with defence medic and combat medic qualifications

Team up

- Team Up could link in with the dental project ‘Now You Have Teeth’, which is currently underway. Mandatory involvement for dental trainees. Elaine King could act as a link
- Pharmacist uptake is fairly good and they should continue to be involved. Low dropout rates for pharmacists in 2015/16
Project management training and experience will be a draw – training instils additional knowledge and skill

Evidence of legacy now needs focus – will provide evidence of the benefits of the programme

Encourages understanding of other populations and being a valued member of the community

Having Team Up involvement on CV will be a major selling factor for employers

Paramedic trainees should be encouraged

Chief officer for AHP would be a good contact – Suzanne Rastrick

Could we involve non-clinical volunteers, e.g. finance, HR, facilities, etc.?

Consider links with graduate apprentices and internships

For more information please contact Danielle.FULLWOOD@southlondon.hee.nhs.uk or Jessica.LAINCHBURY@southlondon.hee.nhs.uk.

7. Palvasha Zia, Health Innovation Network – Project Support Officer
NHS Internship Scheme

Overview:
The scheme aims to get students from 6 universities into non-clinical NHS roles, in finance, IT, admin, support etc. There are now over 300 students in the scheme and the bands range from 3 – 5.

- Biggest issue is employer engagement
- Need 2 years experience; encouraging job evaluations
- Advertise as 6 months with extension, as most Trusts don’t have probation periods – fixed term contracts
- Challenge someone with no or lots of experience
- Benefit of getting an intern vs. same cost, especially when making redundancies
- Skill set you wouldn’t normally attract – it’s about bringing new talent and skills into the organisation
- SLAM - band 4, 5, 6 at the moment, would apprenticeships be more appropriate?
- New students have essay and writing skills and IT student shad something very different to offer
- Apprentices at Guy’s 60% moving up to 70% - hard to justify full salary?
- Band 4; degree is desirable, not essential
- GSTT has 100 band 4, graduate level vacancies per month
- Whole recruitment service – take as much control as wanted as it’s a free process
- Can’t recruit for lower than the London living wage

Common themes:
- To work across organisations – collaboration leads to innovation and a new way of doing things
- Brings new energy into an organisation
- Making connections and avoiding duplications

Take away:
The focus on local examples of good practice and STP footprint – how can we continue this?

Creativity and thinking differently

Importance of evaluation

Improving quality

Making every contact count – contact could add value to each group

Thinking about customer more than provider

People are more motivated if they have the opportunity to enjoy themselves by working with others, positive feedback, better looked after

For more information please contact palvasha.zia@nhs.net or louise.brennan5@nhs.net.

8. Kathy Tyler, Director, South West London System - Leading across boundaries

Summary:

- Leadership which responds to constraints
- Leading and managing change across boundaries – the scheme has been running for 5 years
- How to ensure transformation rather than transfer
- Develop a safe culture to challenge/take risks
- Clarity/communication/collaboration
- Constant change of boundaries – leading across shifting boundaries

Discussion points:

- Very different cultures
- Joining teams who work in social care and health – if you bring in frontline staff things happen much more quickly
- In some places training is seen as a punishment – we need to tackle this culture
- Biggest boundary – the assumption that everyone is speaking the same language. You are a product of the culture of your profession and training
- Importance of coming back to the patient
- Training – a forum for learning together
- Pharmacists are currently reviewing their general practice guidelines – include leadership
- Nursing – new standards in next few years – include leadership
- Don’t take a top down approach
- All of us are leaders
- Undergrad level is when we should be introducing leadership training
- Tension between leaderships and professional role
- Last year – mental health and social care integration
- Levelling – provide neutral environment
- What’s the reason for participating in training? – Carrot or stick
- Engaging local authorities etc. to build capacity across the system
- Understanding and appreciating other people’s roles
- The boundaries are, organisational, cultural and professional
- ‘How to’ guides would be really useful
- Entrenched staff behaviour – especially at senior level
- ‘Listening into action’ – Croydon Trust initiative

For more information please contact ktyler@sgul.ac.uk.