



# Health Innovation Network

## Annual Report

2013/14



Health  
Innovation  
Network  
South London

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# An introduction: Health Innovation Network

The Health Innovation Network is a membership organisation, driving lasting improvements in health and wellbeing across South London by spreading the adoption of innovation into practice across the health system and creating wealth.

Our work focuses on health priorities for our local communities across a number of clinical areas and cross-cutting innovation themes, to deliver service improvement and sustainable change across shared challenges.

We are proud to be collaborating with our members, which include NHS organisations, universities, local government, community organisations, industry, the third sector, and prioritising involvement from service users and the public, to drive innovation and best practice across South London.

We are focusing on:

### Projects of public health importance

Our clinical priorities – diabetes, dementia,

musculoskeletal, alcohol and cancer – are focused on meeting local health needs. Projects have been co-created with members and patients to promote self-care and encourage a “whole person” approach that integrates physical and mental health and social care needs.

### Wealth creation

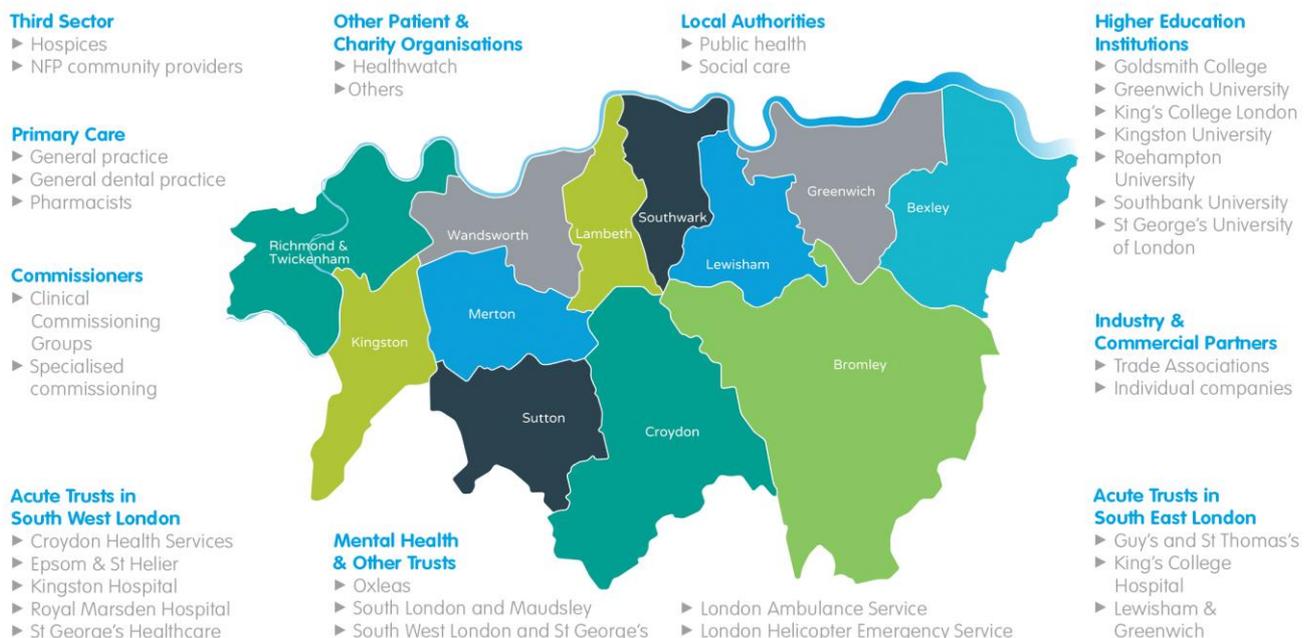
We are working with industry partners to enhance value and improve health across our clinical areas.

### Working together to spread local innovation and initiatives

By working in partnership, we are driving innovation, facilitating the adoption of best practice and celebrating successes across our membership.

### Academic Health Science Networks

Health Innovation Network is the Academic Health Science Network (AHSN) for South London. The Government has established 15 AHSNs across England to pioneer new and innovative ways of working.



## Statement from the Chair

Our Health Innovation Network is now forging ahead, with projects aimed at transforming the quality of care across South London in diabetes, dementia, musculoskeletal disease, cancer and alcohol.

We are focused on engaging patients more actively in their care, integrating information about them more effectively and working with the private sector to ensure its skills and technologies are involved as fully as possible.

Our board embraces the whole South London health economy, the unique contribution of the academic health science networks. Patient representatives, acute care trusts, GPs, the voluntary sector, industry and commissioners all gather to decide our priority projects and advise on how they should progress. Our goal is to be as inclusive as possible, and use the different skills and perspectives around the table to test and challenge project goals and plans. We started by asking all our constituents what they wanted out of the HIN and have held board development sessions to make us more effective as a group. As a result, we aim to make board discussions lively and informal and to draw everyone in.

All our priority areas are major chronic conditions with huge unmet needs and economic burden to the NHS, so there's plenty of opportunity to make a difference. We are working to spread best practice in how patients manage their own health lives, especially in diabetes and osteo-arthritis, develop web-based support tools, for example in dementia, and partnering with companies with innovative products and

approaches to alcohol and diabetes management. We want to 'tear down the walls' that divide the different parts of the health economy and prevent patients receiving the best support, advice and care we can offer. This includes partnering closely with other parts of London where we can achieve more together, as in the London Cancer Alliance.

“  
*We want to 'tear down the walls' that divide the different parts of the health economy and prevent patients receiving the best support, advice and care we can offer.*”

Over the term of our five year licence, we want to deliver real, measureable advances in health, to generate real, measurable economic benefit for our local economy and to demonstrate that, in the words of a senior NHS executive: "the AHSNs are the best idea the NHS has ever had".

**Dr Richard Barker**  
Chair,  
Health Innovation Network



## Statement from the Managing Director

The last year has been very exciting for the Health Innovation Network. It was our first complete year, after the award of our five year licence in May 2013.

We built on a strategy developed in our set up phase of addressing major population health Issues, involving patients and the public in developing plans, and using information wisely to accelerate the improvement of outcomes and creation of wealth.

During this year we have appointed the leadership teams in each area. Chief Executives from amongst our membership organisations are leading each theme. We have appointed strong clinical leaders from a variety of disciplines who are working with the HIN central team and expert panels to develop priority projects for each area. We have striven to be imaginative in the approach to our projects and each one will be evidence based, high impact and evaluated to demonstrate its worth to patients and commissioners.

We have benefitted enormously from a variety of key partnerships. King's Health Partners have been an essential source of early ideas, particularly in the areas of dementia, diabetes and alcohol, and a positive influence in the development of our thoughts on the strong links between mental and physical health, especially in long term conditions. The SW London Health and Social Care System has similarly been a generator of projects ripe for adoption and a resource for leadership development. The Collaboration in Leadership Applied Health and Care (CLAHRC) works alongside us particularly in the evaluation of our programmes, and I

believe we have the best working arrangement with a Local Education and Training Board, Health Education South London (HESL) in the country.

*“ The challenge for us going forward is to turn what are really excellent plans into the delivery of change that will improve outcomes and create wealth.”*

A number of things give me confidence that we will deliver; we have recruited some excellent teams within each theme; and we have made more progress on working with industry across our themes than expected.

We currently face three big challenges within health services: money, demographics (an aging population with an increased burden of long-term conditions) and a need to rediscover our compass on care and compassion post-Francis. In 2013/14 we built strong foundations which will enable us to deliver going forward across this agenda, focusing on measurable outputs and working closely with local commissioners.

**Dr Chris Streater**  
Managing Director,  
Health Innovation Network



## Strategic Priorities: focusing on areas of public health need

From very early on in the planning of the Health Innovation Network, the leadership team believed that it was essential that the focus of our work was on the major local public health issues – enabling us to have maximum impact on health outcomes across South London with only a modest budget and no authority over member organisations.

During the development of the Prospectus (October 2012) we undertook a review of all recent Joint Strategic Needs Assessments across the 12 South London boroughs, supported by Public Health Colleagues at St George's NHS Foundation Trust. We also took into account:

- Specific local priorities and expertise (clinical and academic)
- The need to engage all our members equally, from social care through primary and community to tertiary providers

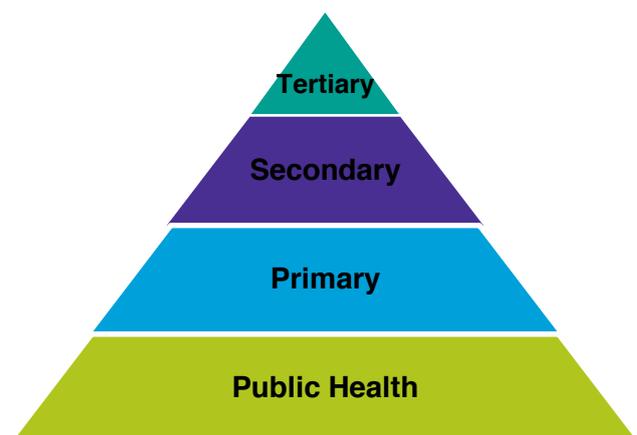
### Priority Areas

Through this process we established the following four priority areas:

1. Diabetes
2. Dementia
3. Alcohol
4. Musculoskeletal

These areas of clinical focus were included in our Prospectus, and endorsed by our Membership Council at its first meeting in February 2013. Cancer was subsequently added following discussions with NHS London, and the programme of transformation work is delivered through the London Cancer Alliance.

These four clinical areas are very broad, and we have conducted extensive consultation and engagement in order to agree more detailed priorities and specific projects within these clinical themes. These consultation exercises have been carried out by the leadership team for each theme (CEO from a member organisation as Senior Responsible Officer (SRO), clinical director and programme manager) and have involved patients, members of the public, third sector, local healthcare and social providers, commissioners, higher education and industry representatives.



Our initial proposals had suggested that our projects should cover the full range of the long term conditions pyramid. However the consultation exercises, coupled with the need to focus due to a reduced financial envelope, have led to a greater emphasis on primary care, public health and self-management. An additional “cross-cutting” piece of work has been the development of an Obesity Strategy for South London, supported by public health colleagues.

We have continued to seek public health expertise, and have liaised with public health colleagues as the Health Innovation Network has developed its work programmes. This has included:

- Individual meetings with Directors of Public Health (DPH)
- Strong links with Academic Department of Public Health
- Including public health colleagues on HIN working groups
- Attending pan-London Public Health

England (PHE) meeting with colleagues from the other London AHSNS - Imperial College Health Partners and UCLPartners

- Presenting at South London Public Health fora

We intend to strengthen Public Health input into the Network going forward, and are seeking a DPH representative on our Board to lead this.

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Health Innovation Network clinical areas are based on a strong public health ethos, and integration of mental, physical and social care.

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## Working in partnership

### Membership Organisations

The breadth of our membership is of great importance to the Network, and we are proud to represent all sectors across South London's 12 boroughs. This has been reflected in our name and our branding, which is inclusive of all our member organisations. We are also actively bringing together the South East and South West sectors (historically separate), encouraging new relationships spanning all South London boroughs. Member organisations have been drawn into our work through our governance arrangements, as well as through increasingly active involvement in our work programmes.

#### **South London Membership Council**

Our Membership Council is run jointly with Health Education South London (HESL), and all membership sectors are represented. The Membership Council meets 3-4 times per year at key points in the planning cycle and has added value to priority setting for the Network, and in shaping the workforce strategy for Health Education South London. A patient or public representative has been invited to speak at all meetings of the Membership Council to date. We are continuing to develop the effectiveness of the South London Membership Council meetings, and are establishing a small sub-group of member representatives to be more actively involved in agenda planning going forward.

#### **Health Innovation Network Board**

The Health Innovation Network Board is responsible for more detailed oversight of the work programmes of the Network, and includes Chief Executives from member organisations who represent a particular sector or constituency (see Appendix Three for more detail). This gives a balance of member voices together with a functional meeting size to allow decision making and discussion. South London and Maudsley (SLaM) partners were engaged in early 2013 to provide expert organisational development support to the Board. Individual Board members have also been actively involved in a number of aspects of our work, for example in developing the Memorandum of Understanding with all member organisations and determining the subscription fee structure (for 2014/15 and beyond).

#### **Working across our Membership**

We are now documenting connections we have made in each member organisation, including:

- Staff appointed to HIN leadership teams
- Staff participating in HIN working groups, programme boards, etc
- Pilot sites for projects within the clinical themes
- Recipients of Innovation Awards

This helps us to better understand the nature of engagement with members, supporting our communications strategy.

Some further examples of membership engagement activities are provided below:

Member constituency	Example of engagement activities
<b>Industry</b>	<ul style="list-style-type: none"> <li>• Industry advisory board with membership from major trade associations</li> <li>• Market engagement events, e.g. for MSK website</li> <li>• SBRI Healthcare process in Diabetes</li> </ul>
<b>Acute trusts</b>	<ul style="list-style-type: none"> <li>• Medical and nursing directors involved in Patient Safety collaborative</li> <li>• CIOs invited to Informatics forum</li> </ul>
<b>Local authorities</b>	<ul style="list-style-type: none"> <li>• SRO for Alcohol theme is Local Authority chief executive</li> <li>• Engagement with Public Health departments in local obesity strategies</li> <li>• South London Care and Nursing Homes Forum</li> </ul>
<b>HEIs</b>	<ul style="list-style-type: none"> <li>• “Speed dating” event between Higher Education Institution representatives and clinical themes to match identified training needs to educational provision</li> <li>• Internship programme</li> </ul>
<b>Mental health trusts</b>	<ul style="list-style-type: none"> <li>• Clinical directors in Alcohol and Dementia</li> <li>• Pilot project in co-creating patient experience metrics</li> </ul>
<b>Hospices</b>	<ul style="list-style-type: none"> <li>• Board representative leading joint piece of work with HESL on End of Life care</li> </ul>

## South London Partner Organisations

There is huge strength and potential for positive transformation in South London as a consequence of the current close working, shared priorities, and good personal relationships between leadership teams of the key organisations working in the same geography.

### Health Education South London

Both HIN and HESL were established in April 2013, and are accountable to the joint South London Membership Council, described above. There are a number of important links between the two organisations, including:

- Regular Joint Executive Team meetings
- Mutual shaping of organisational strategies and business planning processes

- Shared annual Innovation and Recognition Awards for teams and individuals in member organisations
- HESL support to education and training needs within the HIN clinical themes
- Joint projects being developed between the clinical themes and the Community Education Provider Networks (CEPNs) established and supported by HESL

### King’s Health Partners Academic Health Science Centre

As well as having closely integrated governance arrangements there is considerable alignment between South London’s Academic Health Sciences Centre (AHSC) and its AHSN, in terms of philosophy and approach, and shared clinical priorities.



For example, King's Health Partners shares an emphasis on public health and prevention of ill health, as well as promoting the integration of mental and physical health care. Common priority areas include diabetes, dementia and alcohol. The HIN programme teams are all working closely with the leaders of the King's Health Partners Clinical Academic Groups (CAGs) on joint areas of interest.

### **National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care (CLAHRC)**

The NIHR CLAHRC application for South London has been jointly led by King's Health Partners, St George's Healthcare NHS Trust and St George's University of London. The HIN leadership team have supported the application process and the establishment of the CLAHRC through the provision of matched funds and closely integrated operations in a number of areas. These include:

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- Innovation fellows embedded in CLAHRC themes, and supporting the academic approach for corresponding HIN themes (Diabetes and Alcohol)
- Health economics expertise for the HIN provided via the CLAHRC
- Joint approach to Informatics
- Mutual representation on governance boards

- Joint working on PPI
- Alignment of communications and South London stakeholder engagement

### **Comprehensive Local Research Network (CLRN)**

The overarching aim of the CLRN is to increase patient participation in clinical trials, thereby both improving patient care and advancing scientific knowledge with the aim of further improvements in treatment and care in the future. The Network has actively supported this aim and the work of the CLRN to deliver in this area. We have been particularly pleased to have continuity of local leadership in the transition between the CLRN and the new Clinical Research Network from 2014.

### **Other local collaborations**

We have been keen to recognise and work with existing local structures, meetings and networks, to avoid establishing duplicative or competing structures, where it has not added value to

do so. There are some established groups, such as the South West London Academic Health and Social Care System, and the South East London CCG alliance (of six CCGs), with whom we have developed working relationships. In other cases, such as with public health, new networks are forming, and we have linked to such initiatives.



## Wider Collaborations

### Pan London working

- London AHSC/AHSN Executive – the 3-way AHSC meeting in London was expanded in 2013 to include Managing Directors of the new AHSNs in London. This group has had significant influence in the London landscape, giving rise to collaborations such as MedCity, which is now actively supported by the Mayor
- Improvement Science London (ISL) – the HIN has been represented on this ISL Board (initially established by the three AHSCs) and we have worked closely with ISL projects, such as HeLP Diabetes

### National Joint working

- Network of Networks – the longevity of the South London leadership team has enabled a long-standing contribution to the shaping of the national AHSN agenda, including membership of a number of specific sub-groups

(reporting templates, tender for Network of Network support)

- Links to other AHSNs in clinical themes – we have been proactive in making contact with other AHSNs who have shared our priority areas. In summer 2013 we hosted a Dementia collaboration meeting involving the three London AHSNs, Kent, Surrey and Sussex AHSN and the corresponding Strategic Clinical Networks, together with NHS Improving Quality and the national Clinical Director. We also ran a meeting for all AHSNs interested in Diabetes at the national event in Liverpool in March. In addition, the MSK leadership team attended a session hosted by Arthritis Research UK, bringing together the three AHSNs which share MSK as a priority area.

## Commercial Partnerships

Commercial partnerships are at the heart of the Health Innovation Network's value delivery. They are an enabler that supports the implementation of both health outcomes and wealth creation. All clinical themes have commercial partnership projects, and these relationships are supporting faster or larger-scale delivery.

The Network has been pleased by the quality and quantity of opportunities being proposed, explored and discussed with industry across all of our clinical themes. We have spoken to over two hundred businesses since receiving our licence; ranging from small businesses with a single entrepreneur looking for initial funding, through to multinational corporations.

Our corresponding industry partnerships are now at varying levels of maturity. All opportunities have been following a typical 'funnel' progress: many initial ideas and concepts have been discussed and explored (*'ideas'*); they are then narrowed down to consider those that might be

worth developing further (*'in development'*); once fully scoped and considered some projects will be implemented (*'in progress'*), whereby a reasonable proportion will reach a successful partnership with value delivered through improved outcomes, experience or improved economy (*'completion'*).

### Ideas

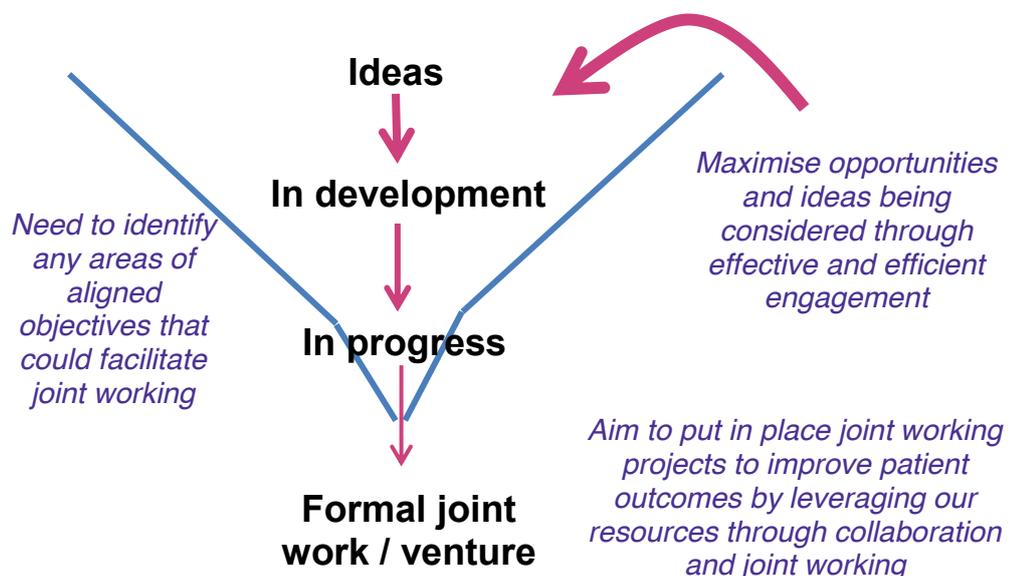
The involvement of clinicians upfront to assess ideas is vital. The value of the proposition of any commercial partnership, is measured with regards to the realistic chance of a value improvement to the patient or health system.

### In development

Our alignment with the CLAHRC will allow us to benefit from commercial partnerships, where it supports the rapid implementation of best practice care pathways. We are in discussions with major corporations around support for our projects.

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## Prioritising of commercial partnerships



We are also close to signing a partnership arrangement with a small technology company to develop a tool to support clinicians in the delivery of the ESCAPE knee-pain programme.

### In progress

The Network led the clinical aspects of the national SBRI (Small Business Research Initiative) Healthcare Diabetes Challenge. We were delighted by the quality of the responses to our clinical challenges, and pleased that out of the 48 applications, six bids were offered development contracts. We now look forward to partnering with these businesses as they develop their products and services to improve the outcomes for people with diabetes.

We are also pleased to be partnering with the British AIM-listed company IXICO in

the development of a care planning tool for people with dementia. IXICO were successful in obtaining funding to develop the tool through an SBRI round one bid. People with dementia in South London, their families and carers will be some of the first to benefit from this new tool.

These commercial partnerships offer a new way for the NHS to work with industry. Through these mutually beneficial projects and joint working partnerships, we are proud to be facilitating stronger relationships built on trust between commercial organisations, patients and the health system. We are positive about our current portfolio of projects, and look forward to seeing them deliver economic growth, employment and value enhancement across South London.

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## The Health Innovation Network has engaged with over 200 potential commercial partners in our first year, including:



## Performance highlights: case studies

### Diabetes clinical theme: Integration of care for people who experience serious hypoglycaemic or hyperglycaemic event

Network members expressed a strong interest in improving support to people with diabetes who access unscheduled care due to serious hypo or hyperglycaemic events. These incidents can be an indication that people need additional support to manage their condition and the provision of such support after an emergency event can reduce the risk of future avoidable emergency call outs and hospital admissions.

In October 2012 the London Ambulance Service (LAS) launched a new pathway for hypoglycaemia and hyperglycaemia<sup>1</sup> to improve their management of diabetes-related emergencies and prevent future episodes. In this pathway, hypoglycaemic and hyperglycaemic events resulting in non-conveyance to a hospital A&E department are notified to the patient's GP (where consent is given) within a 24-48 hour window and this notification should then be acted upon by the GP practice or other receiving healthcare organisation. The aim is to improve these patients' ongoing diabetic care and reduce the risk of future emergency hyper/hypoglycaemic events.

This year a project plan has been developed, which includes the following objectives:

1. Evaluate the implementation of the LAS pathway using robust data collection in the LAS, primary, community/intermediate and secondary care
2. Assess whether the information being shared by LAS under the new pathway is resulting in optimal primary care interventions in each London borough and work with stakeholders to make recommendations for improvement
3. Work with service users and providers to develop and implement pathways in primary care which ensure effective information sharing and maximise improvements in patient outcomes. The role of service users in co-designing these changes is crucial. The changes made will be assessed against the baseline established under objective one

Data sharing agreements have been developed and agreed with LAS to support the work. Priorities for 2014-15 are to finalise the information governance framework for the project, complete the data analysis and work with urgent care networks across South London to implement pathway improvements. The project's success will be assessed by measuring patient reported outcomes alongside the volume of LAS attendances, A&E attendances and hospital admissions for hypo and hyperglycaemia.

## London Connect: Information Governance as an enabler for improving care

The term, Information Governance (IG), is used to capture the necessary safeguards for, and appropriate use of, patient and personal information in care. These safeguards are underpinned by a number of policies, procedures and processes, for implementation by those working with patient and personal information across care settings and IG professionals.

Through conversations with London IG professionals in 2013, London Connect became aware that IG professionals can feel isolated, confused and unsupported in their organisation level roles. The combination of a changing NHS and IG landscape with the release of the Caldicott2 Review in April 2013 added to these existing challenges, alongside media attention on potential problems with information sharing.

At the February 2014 IG Community event, Dame Fiona Caldicott reported that information sharing across health and social care had 'gotten worse' since the NHS April 2013 Reforms<sup>ii</sup>. This echoed London Connect's findings, with IG professionals reporting the top five barriers to implementing the new principles from the Caldicott2 Review being:

1. Lack of understanding of legal technicalities
2. Lack of leadership and vision
3. Inter-organisational working is difficult
4. 'Can't do' culture
5. Finding resources to implement when facing cuts

The default to sharing patient and personal information across care settings often becomes 'no'.

### Why effective information sharing is important to the HIN

We believe the way to improve patient experiences and outcomes across South London, and the capital more broadly, is to improve the use of information. Working with the HIN's clinical themes, London Connect promotes a culture where professionals are empowered to improve care through the use of enabling information governance frameworks. Following the Caldicott2 Review, the emphasis in IG is on the appropriate sharing of information to support clinical care, as well as protecting patients' confidential information.

The practical implications of this at the point of care can be resolved by the coming together of communities to address the risks/benefits equation of information flows. In supporting the solution development, London Connect has been recognised as a national thought leader.

*“ I'm here because I would like to be part of finding a solution to ensuring effective information sharing across health and social care. ”*  
IG Community member



**LONDON  
CONNECT**

## Work to date

Over the past nine months, London Connect has achieved:

- a) Development of a multi-disciplinary pan-London community that enables people to come together to address everyday IG implementation challenges, with the active support of Dame Fiona Caldicott.
- b) Prioritisation of four common themes, with development of solutions continuing throughout 2014:
  1. Raising awareness with service professionals
  2. Raising awareness with the public
  3. Developing new IG tools and solutions
  4. Systems and technology to facilitate IG
- c) Formal recognition from the Department of Health as an example of cultural change in their documented response to the Caldicott 2 Review<sup>iii</sup>
- d) Partnership working with NHS England and HSCIC to support pan-London delivery of pragmatic solutions for common challenges, alongside existing national and regional IG forums, who have expressed interest in aligning efforts for joint delivery.
- e) Development of a downloadable booklet, introducing the work of the London Connect IG Community to broader stakeholders<sup>iv</sup>



## Musculoskeletal clinical theme: Addressing the challenges of MSK conditions

'Musculoskeletal' is a broad description for a diverse set of conditions affecting bone and joint health. The most common is osteoarthritis/chronic joint pain, but it also includes inflammatory conditions such as rheumatoid arthritis. Most of us will experience issues with our bone or joint health at some point in our lives, but the burden of the musculoskeletal group of illnesses receives little publicity, compared to other conditions.

After mental health and cardiac health, MSK uses more resources than other diseases treated by the NHS. Around 20 per cent of all GP consultations are MSK related (the second highest) and it

workplace due to reduced MSK-associated sickness absence.

### Promoting the spread of best practice

Much of our initial work has focused on improving care of patients with osteoarthritis in primary and community care, placing more emphasis on prevention and self-help.

We have identified best practice interventions such as the ESCAPE knee-pain programme which teaches patients how to manage their osteoarthritis including how to use exercise in managing their condition. Following widespread publication of the programme to NHS

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In September 2013, the Health Innovation Network drew together physiotherapists, GPs, patients, rheumatologists, orthopaedic surgeons and industry partners at a launch event to determine the priorities for its work in the MSK arena. Based on information from this expert group, projects have been set up which aim both to improve the quality of life of patients with osteoarthritis. This aims to reduce the costs associated with the condition, both in terms of improving the value of healthcare provision and in the

providers and commissioners across South London, the ESCAPE knee-pain programme will soon be offered to patients at a number of sites across South London.

We have also been working with three national charities - Arthritis Care, Arthritis Research UK and the Arthritis and Musculoskeletal Alliance (ARMA) to identify the best information to share with patients to help them manage their condition, as well as education and training resources that can be delivered to staff with the emphasis on self-management and prevention.

## 2013/14 Financial Report

In the first year of the AHSNs the initial priority has been to build the infrastructure to catalyse partnership working.

The financial report provides a high level summary of how public funds have been deployed to build the partnership platform and, furthermore, how funds have been allocated against the Network's strategic priorities.

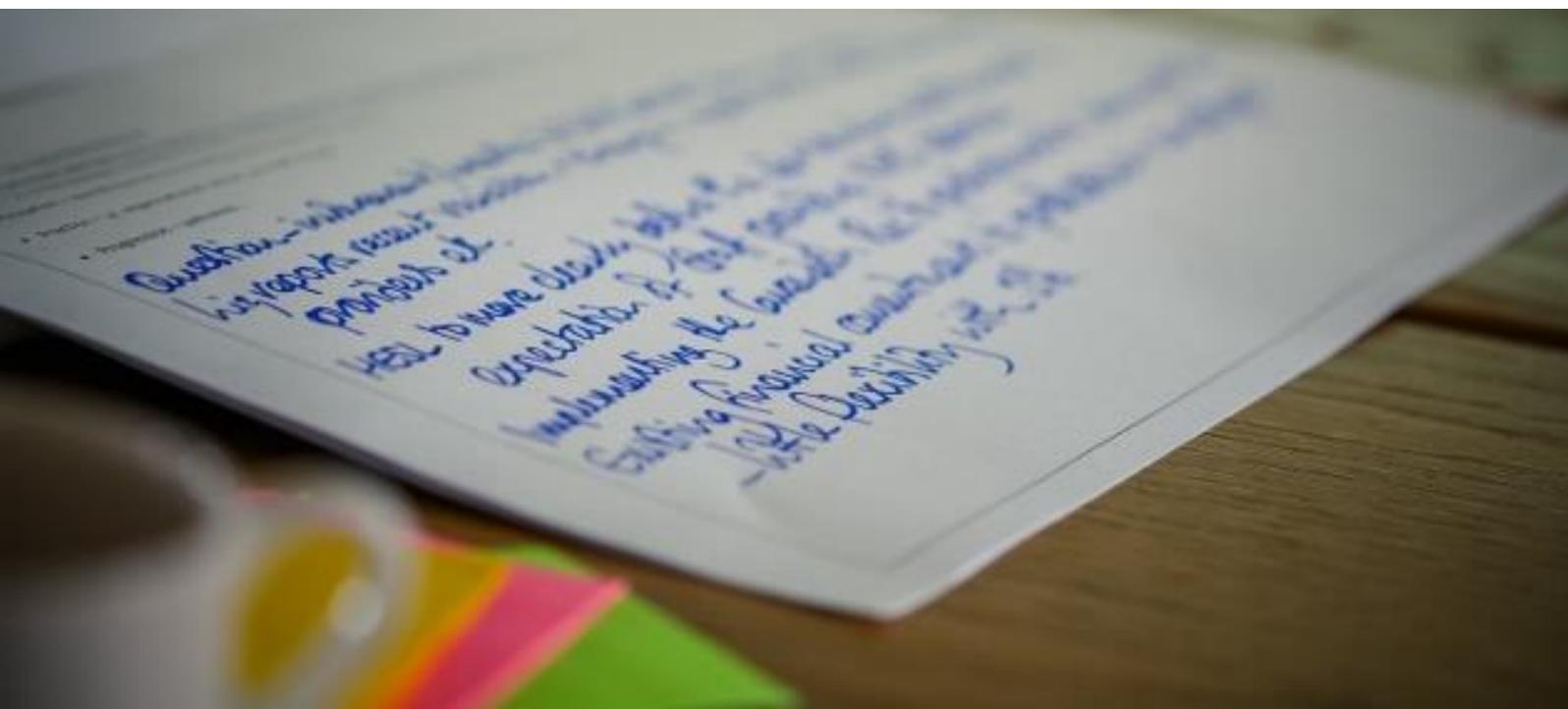
### Summary of Resource Allocation 2013/14

Priority / work programme	Financial allocation (£000)	How the funds were deployed
Diabetes	500	Leadership team, events costs, ad hoc consultancy and backfill
Dementia	250	Leadership team, events costs, ad hoc consultancy and backfill
Musculoskeletal	300	Leadership team, events costs, ad hoc consultancy and backfill
Alcohol	250	Leadership team, events costs, ad hoc consultancy and backfill
Cancer	500	Contribution to London Cancer Alliance operating costs
London Connect (patients and information)	400	Staffing costs, consultancy, events

Priority / work programme	Financial allocation (£000)	How the funds were deployed
Informatics	400	Leadership team and analytical staff  Non-pay to support technology development projects
Core team	570	Leadership team, administrative support, communications
Cross cutting themes	300	Leadership and project support for patient experience and education and training themes
Non-pay	400	Office and administration costs  Hosting costs (via Guy's and St Thomas)  Consultancy
<b>TOTAL</b>	<b>3,870</b>	

## Commentary / notes

- There has been a balance between part year effect (PYE) for a number of costs (i.e. staffing) and the additional costs of “start-up” (i.e. agency costs, recruitment costs, consultancy, etc)
- Differential allocation to clinical themes reflects PYE and the variation in launch dates and start-up speed for each of the themes
- Agreed with host that unallocated funds from 2013/14 will be carried forward, in view of the reduction in allocation from NHS England in 2014/15



## Appendix 1: Programme projects

All our clinical and innovation areas have outlined key projects that were identified and shaped in collaboration with network members and service users. Our clinical and innovation areas were launched at different times throughout the year and these projects are at varying stages of development and delivery.

### Alcohol

- **Alcohol-related frequent attenders** - there is significant scope to manage these attendances better, providing additional and appropriate support, and to develop early interventions to avoid the need for frequent attendance occurring. Work is likely to be developed around this theme to take advantage of existing work and to apply real outcomes quickly
- **Identification and Brief Advice** - there is significant scope to develop improved methods of delivery for IBA across the NHS and boroughs in South London, with particular focus on technological solutions to delivery
- **Service support bank of expertise** - develop a project that provides partnership resource to work with service providers to improve their compliance with NICE guidelines

### Dementia

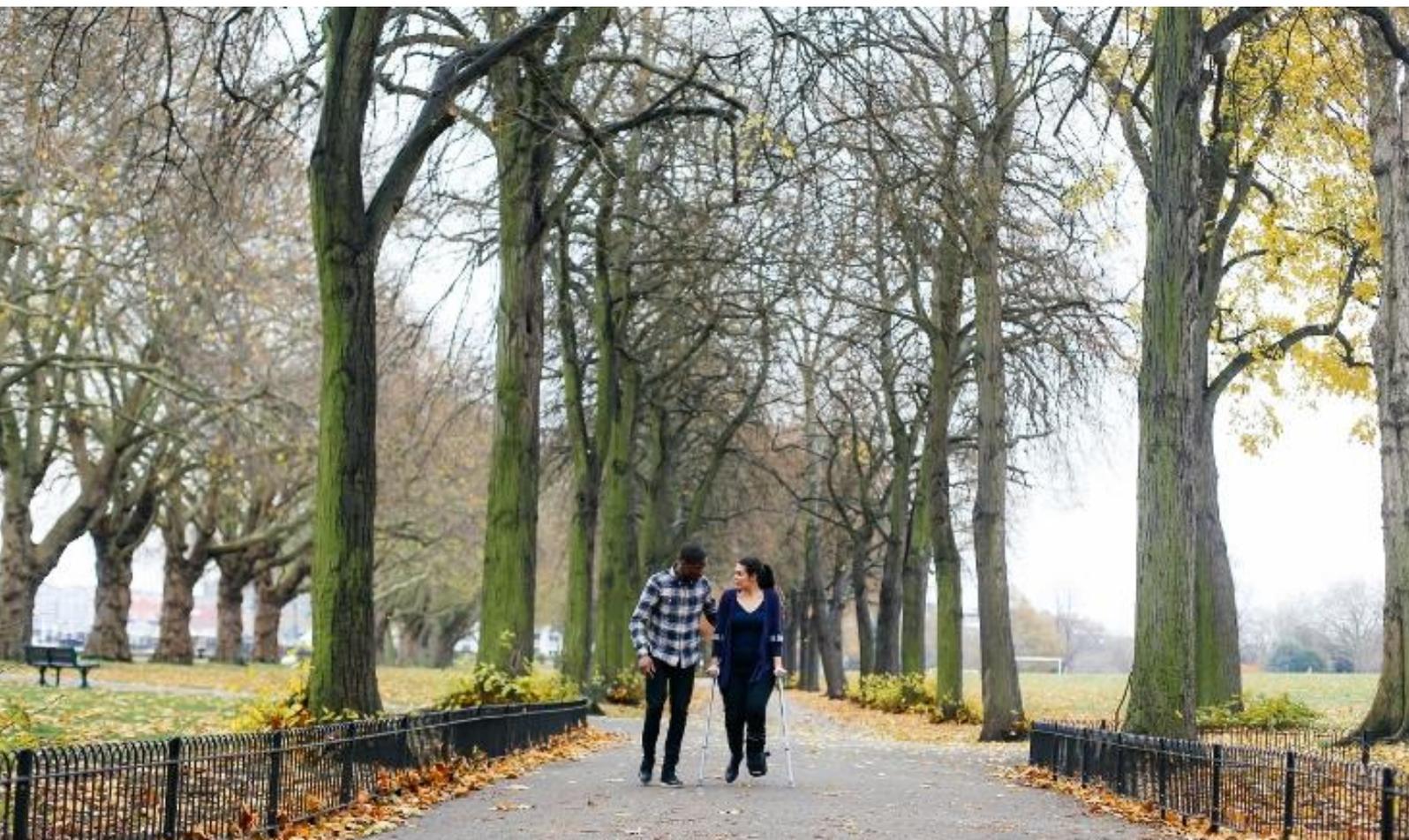
- **My Brain Book** - work with industry partner IXICO and people with dementia to develop My Brain Book, an electronic device which supports people with dementia to take control over their current and future care needs
- **Improving patient experience** – work with people with dementia, their families and carers and the people who provide health services to understand what matters to them and use this insight to co-create experience metrics and service improvements
- **Care homes as a positive choice** – facilitate the South London Care and Nursing Homes Network to disseminate innovation and best practice in the sector so that care and/or nursing homes are seen as a positive choice for some people with dementia, when the time is right
- **Access to quality peer support**- ensure all people with dementia and carers can access good quality peer support, regardless of where they live in South London

## Diabetes

- Improving self-management of insulin **through improved access to technology**
- **Integration of care** for people who experience serious hypoglycaemic or hyperglycaemic events
- Improving access to **structured education** and related support for self-management
- Review of **insulin prescribing** in Type 2 diabetes to optimise outcomes and use of resources
- **Diabetic eye disease** and improved sharing of clinical information between care settings (to be launched during Autumn 2014)

## Musculoskeletal

- Promote and support the spread of **ESCAPE knee-pain** - a NICE-endorsed rehabilitation programme for knee osteoarthritis
- Identify **training needs of primary care staff regarding osteoarthritis** and other common musculoskeletal conditions and develop a programme to address these needs
- Help General Practice explore ways to **enhance the management of osteoarthritis in primary care**, and improve compliance with NICE guidance
- Facilitate the **reduction in variation of outcome for common surgical pathways** in South London - fractured neck of femur and elective hip and knee replacement
- Evaluate and promote the **spread of Occupational Health models** to reduce time off work for MSK conditions



## Cancer

- London Cancer Alliance (LCA) works collaboratively across the integrated cancer system in South and West London to deliver safe and effective care, improve cancer clinical outcomes and enhance patients' and carers' experience and quality of care
- The Network is supporting the LCA to further **develop the patient pathway** and **improve early diagnosis**
- Their integrated cancer system is clinically-led, with responsibility for delivering specified care pathways for different tumour sites and for delivering safe and effective care for the community

## Wealth Creation

Our approach reflects the belief that wealth creation is broader and more encompassing than pure profit generation. There are many ways we can achieve this holistic wealth creation, including:

- **Look at all our projects from a value-based healthcare perspective** to improve value of the health or social care provided
- Engage with commercial partners on **value-improving projects** and engage in **joint working on initiatives** where there is appropriate goal congruence
- **Look at wealth creation from an economic growth perspective** via projects that focus on improving population health, in order to provide a larger and more productive workforce and consumer base, which in turn makes an economic impact by minimising the cost of healthcare to the NHS
- Further contribute to economic growth by **working with private enterprises** that have scope to improve value of healthcare provision whilst boosting employment and tax revenues

## Informatics

- **Network Collaboration Portal** - this portal will act as a virtual office for our clinical areas to overcome the traditional boundaries of running projects across large geographical areas
- **My South London** - a 3D interactive map which brings together multiple sources of publicly available data. It reflects each South London borough's socio-economic demographics as well as data on each of our workstreams
- **South London Information Governance Agreement** - develop an IG agreement to enable sharing of data across our members, above and beyond the national data sets
- **South London Benchmarking Club** - providing both a virtual and face to face benchmarking service for providers in the primary, secondary and tertiary sectors

## London Connect

London Connect brings people and information together to improve care. London Connect focuses on three priorities:

- Championing the development and uptake of **online records**
- Supporting **information governance** professionals to promote the safe and

appropriate sharing of information to improve patient experience and outcomes

- Helping patients make better informed decisions by comparing existing patient-focused data to improve public-learning **benchmarking**

## Patient Experience

- With active involvement of local partners, we have designed an active **network of interested service users**, clinicians, managers and voluntary sector representatives to identify opportunities to spread best practice and support capability building
- We are focusing on two critically important and complex areas – diabetes and dementia and working with partners across South London to **accelerate feedback – service improvement cycles**. Using Patient

Opinion stories, diabetes and dementia services are being supported to make rapid improvements at the point of care

- A major project is underway, working with dementia patients and carers as well as the people who provide health services, to **co- create experience metrics** and support services to re-design around the delivery of this experience. It is hoped that this work will shape the way care is delivered in the future across all the HIN clinical themes

## Education

- Work with Health Education South London (HESL) to ensure **education commissioning** is informed by our priorities and developments, so the future workforce is equipped to deliver new models of care
- In collaboration with the South London CLAHRC, **Innovation Fellows** and **Darzi Fellows** will be appointed across our clinical themes to help progress project areas with academic rigour
- Work with each HIN clinical area to complete a **training needs and gap**

**analysis** to help inform future planning. We will work to develop or source bespoke training packages to help address the training needs identified in the clinical areas

- We believe the need to improve the outcomes and experiences of service users must remain at the core of everything we do. To further support this ethos, we will also explore options for **training patients and the public** to participate in service review and redesign

## Appendix 2: Health Innovation Network Board

The Health Innovation Network Board is responsible for the more detailed oversight of our work programmes and performance. The Board is led by an independent chair and consists of representative from each of the major South London membership constituencies.

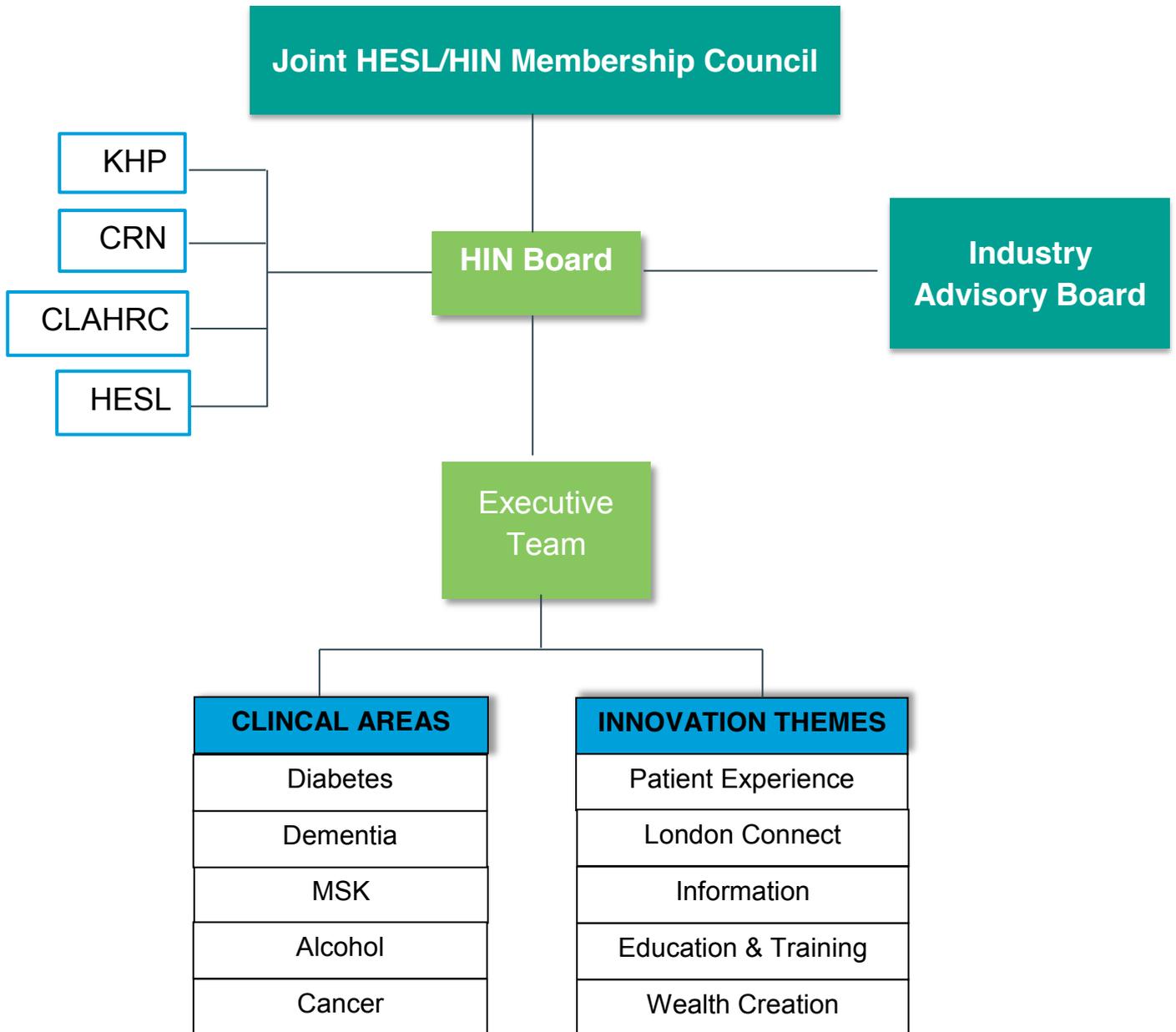
The Health Innovation Network Board in 2013/14 had the following members:

Prof Richard Barker	Director, Centre for the Advancement of Sustainable Medical Innovation Chair, Health Innovation Network Board
Miles Scott	Chief Executive, St George's Healthcare NHS Trust Deputy Chair, Health Innovation Network Board
Peter Ellingworth	Chief Executive, Association of British Healthcare Industries Representing Industry
Stephen Firn OBE	Chief Executive, Oxleas NHS Foundation Trust Representing Mental Health Trusts
Dr David Goldsmith	Director, Clinical Research Network South London <i>Partner Organisation</i>
John Goulston	Chief Executive, Croydon Health Services NHS Trust Representing Acute Trusts
Kate Heaps	Chief Executive, Greenwich and Bexley Community Hospice Representing not-for-profit hospices
Prof Peter Kopelman	Principal, St George's University of London Representing Higher Education Institutions
Prof Sir Robert Lechler	Executive Director, King's Health Partners <i>Partner Organisation</i>
Jonathan Lewis	Chief Executive, Bromley Healthcare Representing not-for-profit NHS providers
Prof Peter Littlejohns	Deputy Director, South London CLAHRC <i>Partner Organisation</i>
Dr Adrian McLachlan	Chair, Lambeth CCG Representing South London CCGs

Kate O'Neill	Operations Director, Alzheimers UK Representing Third Sector
Cally Palmer CBE	Chief Executive, The Royal Marsden NHS Foundation Trust Representing Specialist and Teaching Hospitals
Catherine Pearson	Chief Executive, Healthwatch Lambeth Representing Healthwatch
Julie Screaton	Managing Director, Health Education South London <i>Partner Organisation</i>
Dr Chris Streater	Managing Director, Health Innovation Network
Will Tuckley	Chief Executive, Bexley Council Representing Local Authorities
Dr Darren Tymens	GP, Sheen Lane Health Centre Representing GP providers



## Appendix 3: Governance Structure



## Endnotes

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<sup>i</sup> See LAS Enhanced Pre-Hospital Practice 2012/2013 document at [www.londonambulance.nhs.uk](http://www.londonambulance.nhs.uk)

<sup>ii</sup> Health Service Journal, 17 Feb 2014, Caldicott: Information governance knowledge has worsened (available: [http://www.hsj.co.uk/news/caldicott-information-governance-knowledge-has-worsened/5067997.article#.U3DDV\\_IdW00](http://www.hsj.co.uk/news/caldicott-information-governance-knowledge-has-worsened/5067997.article#.U3DDV_IdW00))

<sup>iii</sup> Sept 2013, Department of Health, *Caldicott information governance review: Department of Health response*, available here: <https://www.gov.uk/government/publications/caldicott-information-governance-review-department-of-health-response>

<sup>iv</sup> London Connect IG Community Booklet, available here: <http://londonconnect.org/portfolio-item/introducing-the-london-connect-information-governance-community/>)

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Diabetes | Dementia | Musculoskeletal | Alcohol | Cancer  
Wealth Creation | Patient Experience | London Connect | Information | Education

[hin.southlondon@nhs.net](mailto:hin.southlondon@nhs.net)  
[@HINSouthLondon](https://twitter.com/HINSouthLondon)  
[www.hin-southlondon.org](http://www.hin-southlondon.org)

