

# SOUTH WEST LONDON SYSTEM

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ANNUAL REPORT 2013

Croydon, Kingston,  
Merton, Richmond,  
Sutton and Wandsworth



South West London  
Academic, Health and Social Care  
System

## Member organisations

### NHS providers

**Croydon Health Services NHS Trust**

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

**Epsom and St Helier University Hospitals NHS Trust**

[www.epsom-sthelier.nhs.uk](http://www.epsom-sthelier.nhs.uk)

**Kingston Hospital NHS Foundation Trust**

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

**St George's Healthcare NHS Trust**

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

**South West London and St George's Mental Health NHS Trust**

[www.swlstg-tr.nhs.uk](http://www.swlstg-tr.nhs.uk)

### Higher education institutes

**Kingston University London**

[www.kingston.ac.uk](http://www.kingston.ac.uk)

**University of Roehampton, London**

[www.roehampton.ac.uk](http://www.roehampton.ac.uk)

**St George's, University of London**

[www.sgul.ac.uk](http://www.sgul.ac.uk)

**Faculty of Health, Social Care and Education**

(a partnership between Kingston University and St George's, University of London)

[www.healthcare.ac.uk](http://www.healthcare.ac.uk)

### Local authorities, including public health

**Croydon Council**

[www.croydon.gov.uk](http://www.croydon.gov.uk)

**The Royal Borough of Kingston upon Thames**

[www.kingston.gov.uk](http://www.kingston.gov.uk)

**Merton Council**

[www.merton.gov.uk](http://www.merton.gov.uk)

**London Borough of Richmond upon Thames**

[www.richmond.gov.uk](http://www.richmond.gov.uk)

**London Borough of Sutton**

[www.sutton.gov.uk](http://www.sutton.gov.uk)

**Wandsworth Council**

[www.wandsworth.gov.uk](http://www.wandsworth.gov.uk)

### NHS commissioners

**Croydon Clinical Commissioning Group**

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

**Kingston Clinical Commissioning Group**

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

**Merton Clinical Commissioning Group**

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

**Richmond Clinical Commissioning Group**

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

**Sutton Clinical Commissioning Group**

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

**Wandsworth Clinical Commissioning Group**

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

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## **The South West London Academic, Health and Social Care System...**

comprises the organisations that commission and provide health and social care to the 1.3 million residents of Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth, and the three universities in this part of London.

Member organisations work together through the SW London System to help ensure that high quality services are provided for people who live in south west London. The SW London System promotes and supports collaborative activities and research that can provide the evidence needed to improve services, and helps to develop education and training for health and social care professionals.

This annual report contains contributions from representatives of member organisations and from the small team of dedicated SW London System staff who are based at St George's, University of London. The contributions are about the activities of both the SW London System and its member organisations during 2013.

**‘working across boundaries to serve the population of south west London by supporting service improvement, education and training, and research’**

# What is in a 'System'?

Find it hard to believe, but next year will mark the 40th year since I qualified in medicine; it has been a great privilege. During this time there has been continuing change within the NHS with the greatest change occurring during the past 12 months. The passage of the Health and Social Care Bill in 2012 has resulted in major revisions to the external NHS and local authorities' landscape that have had reverberations in universities and for the future training of the workforce. Such changes have brought not only challenges to the SW London System but also real opportunity.

The SW London System has traditionally worked closely with public health and social services. The move of public health to local authorities and the creation of health and wellbeing boards present new and exciting opportunities for even closer working across health boundaries within the System. The establishment of clinical commissioning groups (CCGs) and their membership of the System provides new levers to bring greater responsiveness to the needs of our local populations, including greater involvement with primary care. The System is working collectively and collaboratively to take forward in south



by **Professor Peter Kopelman**  
principal, St George's, University of London and co-chair, South West London Academic, Health and Social Care System (SW London System)

west London major policies such as integrated care (*see page 18*) and other areas of shared practice. The System will also provide a collective forum to support the wide scale changes in south west London proposed by the *Better Services Better Value* review of NHS services and their local implementation ([www.bsbv.swlondon.nhs.uk](http://www.bsbv.swlondon.nhs.uk)). *Better Services Better Value* and the movement of services out of hospital will also herald a changing educational environment that will have great potential and challenge for education and training in different community-based and multiprofessional settings.

## The benefits of collaboration and working across boundaries

The work of the SW London System highlighted in this annual report demonstrates the benefits of collaboration and working across boundaries. The small grants – at the heart of the System with a focus on improving health and

social care for people of south west London – create opportunities to try out new services, evaluate changes to services, and develop and pilot new types of education and training (*see page 8*).

One of the System's objectives addressed by the leadership programme (*see page 12*) is to develop the workforce and increase the capacity of future leaders to work effectively across boundaries – additionally it allows them to gain greater understanding of ways in which other organisations work.

The critical importance of education and workforce development to the future of health and social care is underlined by Robert Francis' report on Mid Staffordshire NHS Foundation Trust. The pertinent recommendations are acknowledged by our education commissioner, Health Education South London (HESL), which brings together the providers of health care and the providers of education, together with a wide range of other interested parties, to determine how the current and future workforce in *continues over page →*

**Peter Kopelman** graduated from St George's in 1974 and undertook most of his junior doctor training at St George's Hospital. He has been closely involved in undergraduate and postgraduate health professional education: he is chair of the Faculty Board of the Royal Pharmaceutical Society, a member of the UK Healthcare Education Advisory Committee, deputy chair of the Universities UK Health Education and Research Policy Network and chair of the Universities and Colleges Employers Association Clinical Academic Staff Advisory Group. He is a member of the Executive of the Medical Schools Council and chair of London Medicine. In the past he has chaired the Clinical Examining Board of the Federation of Royal Colleges of Physicians (UK) and the National Institute for Health Research Academic Careers Panel. He has a long-standing interest in diabetes care, nutrition and obesity, with a major research interest in obesity. He was a member of the UK Department of Health and Food Standards Agency Scientific Advisory Committee on Nutrition, the Department of Health Expert Panel on Obesity, and was science advisor to the Office of Science and Innovations Foresight Obesity Project. Professor Kopelman is a board member of Health Innovation Network (the Academic Health Science Network for south London) and co-chair of the South West London Academic, Health and Social Care System.

the health sector can best be educated and trained to deliver the best possible care. The SW London System is also developing close links with Health Innovation Network – the new Academic Health Science Network in south London – whose purpose is to support innovation and wealth creation. HESL and Health Innovation Network share the same Membership Council and by being part of that structure, the System is able to engage with and influence their plans and strategies.

The System will seek a similar relationship with the new National Institute for Health Research (NIHR) Collaborations for Leadership in Applied Health Research and Care (CLAHRC) that has now been approved for south London. The primary purpose of the CLAHRC is to support the evaluation and implementation of improvements to health and care identified through

research. That work will be central to bringing the benefits of research to the people of south west London.

So what are the values of the System to south west London?

- The System values collaboration which enables members to achieve more collectively than as individual organisations.
- It optimises the better use of resource and expertise by drawing on partner strengths and sharing knowledge and experience.
- And it provides a platform for better communications provided across south west – and the whole of south London – to facilitate and encourage the sharing of best practice and learning across boundaries.

I commend this annual report to you.

## Joining the System – a clinical commissioning group perspective

This year has been a time of unparalleled change within NHS commissioning organisations as the new architecture created through the Health and Social Care Act has been implemented. Familiar organisations such as primary care trusts have been abolished and their commissioning responsibilities taken on by the new clinical commissioning groups and NHS England, whilst our colleagues in public health have moved across to local authorities or Public Health England.

There are six clinical commissioning groups (CCGs) in south west London, each coterminous with one of the local authorities of Kingston, Sutton, Merton, Croydon, Richmond and Wandsworth. Each CCG has been in the fortunate position of inheriting member status of the SW London System from the primary care trusts (PCTs) and thereby gained immediate access to the range of expertise and innovation available across the System partnership. In my case, as chief officer of Wandsworth Clinical Commissioning Group, I also inherited the legacy of Wandsworth Primary Care Trust (NHS Wandsworth) having been a founder member and risk share partner of the System. I was invited to co-chair the System for much of 2012-13.

The benefits of membership and involvement in the SW London System have been immediately apparent to me. As a new organisation, each CCG has a range of duties and responsibilities to fulfil that accord with the role and work of the System – duties to improve the quality of services, promote innovation, support research and enable education and training, to name a few. Recent months have

also seen strengthened policy imperatives around the integration of service delivery and commissioning across settings of care and organisational boundaries.



by **Graham Mackenzie**  
chief officer, Wandsworth  
Clinical Commissioning Group  
and co-chair, South West  
London Academic, Health  
and Social Care System  
(SW London System)

These highlight the importance of building and maintaining a collaborative approach to innovation and best practice across south west London. The challenges ahead for CCGs, in collaboration with

a broad range of partner organisations, are significant. As the commissioners of the majority of local health services for our populations, we have responsibilities for improving the health of local people whilst securing continuous improvement in the range, access and quality of services provided to individuals. To secure these outcomes and benefits for local people requires transformational change in the way services are designed, resourced and configured, with the active engagement of clinicians, patients and the public.

## **The importance of the SW London System as an enabler**

The SW London System is an important enabler in supporting us to rise to the many and diverse challenges we face. In the short life of Wandsworth Clinical Commissioning Group so far, it has been invaluable for the organisation to be able to access leadership development for staff, contribute to and learn from projects supported by the System, draw in best practice and evidence-based innovation to the organisation, and contribute to the strategic development of the education and training of the wider NHS workforce. On a personal level, the role the System plays in fostering collaboration between senior leaders of the NHS, local authorities and university partners has provided an important forum for shared understanding, debate and progress in areas of shared strategic importance.

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**Graham Mackenzie** has worked in Wandsworth since 2007, firstly as director of commissioning and later as borough managing director for NHS Wandsworth. He was appointed chief officer of Wandsworth Clinical Commissioning Group in June 2012. A qualified music therapist, he started his career working as a clinician in learning disability and mental health services before moving into management roles. He has significant experience working at the interface between health and social care, managing integrated services and leading joint commissioning or partnership programmes for the NHS and local authorities in East Anglia, Surrey and London. He holds an Executive MBA from Sussex University and, in 2011, completed the NHS London Next Generation Chief Executives Programme. He is co-chair of the South West London Academic, Health and Social Care System.

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# Small grant, big impact

'Small grants' are a well-established and essential part of the activities of the SW London System. Since the small grants programme was created in 2010 – to complement the System's larger strategic projects – 25 diverse projects have been supported. Health and social care professionals in every south west London borough have worked together, often with university-based researchers, and successfully applied for a small amount of money that has frequently enabled bigger changes.



by  
**Chris Hartfield**  
project officer, South West  
London Academic, Health and  
Social Care System



and  
**Sotiris Polyzopoulos,**  
executive assistant, South  
West London Academic,  
Health and Social Care  
System (SW London System)

In 2013-2014, the SW London System is supporting eight new projects, the greatest number since the programme began. You can find out more about each of them by visiting the System's website, [www.swlondonssystem.org](http://www.swlondonssystem.org).

The small grants programme exemplifies collaboration across academic, health and social care boundaries, reflecting a fundamental principle of the System. Anyone from our member organisations can apply for a small grant, whether or not they have had any previous experience of research. A small grant can really encourage health and social care professionals to get involved and undertake research to provide evidence that can, ultimately, help shape better services for south west London and possibly beyond. Our grants can aid in the development of new, more effective systems and processes, and identify new, better ways of working – within a single organisation, between agencies or even across the whole of south west London.

## Enabling evaluations of existing services

'The small grant enabled me to conduct a service evaluation that would have been very difficult to do without the dedicated research nurse time that the grant paid for,' says Jeremy Isaacs, dementia lead at St George's Healthcare NHS Trust. He was awarded a small grant in 2011 to examine the efficacy

of dementia screening in St George's and Kingston Hospitals. 'This allowed us to answer questions about the quality and acceptability of our services that we wouldn't have been able to address otherwise. We uncovered some significant problems with current practice and made recommendations for improvement,' he says.

The small grants programme supports initiatives that aim to address health and social care priorities in south west London. These priorities include those spelled out in the *Better Services Better Value* review of south west London's NHS services; those identified by commissioners; and those identified by the move towards greater integration across health and social care.<sup>(1)</sup>

Part of the thinking behind the small grants programme is also a desire to support innovation. This includes the development of products that can improve clinical practice – such as a lithium monitoring 'app' that works across many platforms (software and devices), currently in development at Springfield Hospital with support from the most recent round of grants. e-Med, an e-learning resource developed at South West London and St George's Mental Health NHS Trust with the support of a 2011 small grant, was, in October 2013, nominated for the Royal Pharmaceutical Society's Excellence in Education Award. The online training is designed for allied professionals and support workers to improve their knowledge of mental health medicines and their safe handling. Another 2011 grant allowed

<sup>(1)</sup> To find out about commissioners' priorities, visit the websites of the six clinical commissioning groups in south west London. They are listed on the inside front cover of this annual report. To find out more about *Better Services Better Value*, visit [www.bsbv.swlondon.nhs.uk](http://www.bsbv.swlondon.nhs.uk).

for a research project that resulted in the creation of gait recognition software that can provide feedback to clinicians and older patients about their individual exercise plans following a fall.

### Enabling brand new initiatives

A System small grant can prove to be the catalyst for a larger project by funding a vital pilot or evaluation phase that can help acquire further funding for the next cycle in the development of new services or treatment pathways. Small grants also give the opportunity to roll out schemes that are working well in one part of south west London – either to another area or to another setting. For example, Difficult Conversations©, a short course to help GPs and community nurses feel more confident about talking to patients approaching the end of their life, was adapted for care home staff with the support of a 2012 grant.

Over the past three years, small grant holders have delivered many successful projects, introducing some positive benefits to south west London's health and social care landscape. A 2011 grant awarded to heritage2health founder and director Theresa Nash allowed her to explore the feasibility of setting up a network comprising higher education, health and social care providers, the heritage industry and south west London communities to support recovery and rehabilitation for those at risk of social isolation due to age, disability and the demands of caring or social status. The network is now firmly established.

### Small grants prove more popular than ever

In 2013, there was an unexpectedly high number of applications to our small grants programme – 47. All of them were of extremely high quality and proposed great, innovative ideas. This made the selection process a very intense and hard task for the assessment panel, consisting

**Chris Hartfield** began his career working in customer services then joined NHS Croydon Health Services where he provided business and service support to the community health services management team for three years. He assisted in the merger of the organisation with Croydon University Hospital and gained further project management experience as part of the Croydon Pandemic Flu team in 2010. He worked for the London 2012 Venue Security programme, project managing the delivery and control of national venue security plans for the Olympic and Paralympic Games. He joined the SW London System in September 2013. Chris graduated from Brunel University in 2006 with a BA in English Literature.

**Sotiris Polyzopoulos** joined the SW London System in July 2013. He studied marketing and has worked in several communications-related posts in the past. He has recently completed his MA in Public Relations at the London College of Communication, University of the Arts.

of senior managers and clinicians. We were only able to fund eight of them, but we also aspire to provide networking channels with partner organisations – and consequently potential funding – for many of the other project teams.

Our small grants programme is a significant platform for improvement in social care and health in south west London. Teams who have received funding also share their experiences and results via our website. This means all health and social care professionals across the area can make use of the information and experience gathered during the course of the projects.

## 2013 projects

### • Speech and language therapy input to the Croydon Youth Offending Service for young people on intensive supervision and surveillance orders

The project aims to assess the efficacy of speech and language therapy for young people who are on an intensive surveillance and supervision order (ISS) in Croydon. Staff at Croydon Youth Offending Service will be trained to identify young people who may benefit from working with a speech and language therapist because they have communication difficulties. A speech and language therapist will then give staff specific advice and strategies to use when working with each individual who has communication difficulties, and explain the impact and effect those difficulties may have.

**Project lead:** Ann Harvey, service manager, Paediatric Speech and Language Therapy Service, Croydon Health Services NHS Trust.

### • Feasibility pilot study of collaborative work to provide patient-centred, low level and low cost supported exercise programmes in the community to patients with chronic pain

Innovative collaborative work between staff in the Pain Clinic at Kingston Hospital and the public health Physical Activity Team at the Royal Borough of Kingston upon Thames will provide low-cost supported exercise programmes in the community for patients who have chronic pain and who therefore find it hard to exercise. The project aims to support people by providing options for outdoor exercise (healthy walks) and indoor exercise sessions ('Aquacise' class or a low-intensity exercise class).

**Project leads:** Amanda Clifford, clinical specialist physiotherapist, Pain Clinic, Kingston Hospital NHS Foundation Trust and Shirley Piotrowski, physical activity lead, Public Health Team, Royal Borough of Kingston upon Thames.

*continues over page →*

### ● **Pathway for PCOS: mapping treatment and referral routes for women diagnosed with polycystic ovary syndrome**

Polycystic ovary syndrome (PCOS) is the most common endocrine disorder, affecting 1 in 10 women. Its symptoms include infertility. Women with PCOS commonly develop depression and anxiety and are more likely to develop type 2 diabetes and cardiovascular disease than other women. This project will investigate whether care of women with PCOS differs across south west London and ascertain whether women are treated by GPs, fertility specialists, endocrinologists, dermatologists or dieticians. The project will map the treatment and referral routes for women with PCOS to help inform recommendations for future care.

**Project leads:** Dr Yvonne Jeanes, senior lecturer, clinical nutrition and Dr Sue Reeves, principal lecturer, health sciences, University of Roehampton.

### ● **Lithium app (level monitoring and physical health monitoring)**

Lithium is a medicine prescribed to treat and prevent relapse in bipolar disorder and may be used to treat depression. Too much lithium can be poisonous, so people who are prescribed this mood stabiliser need to have regular blood tests to make sure the levels of the drug inside their body do not become too high. Lithium can also have other side effects and people's physical health needs to be monitored to ensure the drug is used safely. South West London and St George's Mental Health NHS Trust is developing an 'app' that service users can use to replace a lithium monitoring paper record. Users will be able to record their mood and sleep patterns.

**Project lead:** Carl Holvey, principal clinical and deputy chief pharmacist, South West London and St George's Mental Health NHS Trust.

### ● **Empowering and supporting carers' management skills for people with a diagnosis of dementia**

Working in partnership with the Alzheimer's Society, Merton Council, the Royal College of Nursing and families of people who have dementia who live in Merton, this project will produce guidance for carers about what to do and how to respond to behaviour, symptoms and changes brought about by dementia. The project will formulate the content of an education and skills-based programme that will help carers understand more about dementia and know when to access appropriate services for their relative, as well as look after their own health and wellbeing.

**Project lead:** Miles Rinaldi, head of recovery and social inclusion, South West London and St George's Mental Health NHS Trust.

### ● **Alcohol and the 136 suite: pilot of a brief alcohol intervention**

Section 136 of the Mental Health Act 1983 (amended 2007) empowers police to remove a person who they believe to have a mental illness from a public place for assessment, if they deem them to be a risk to themselves or to others. For people who live in Wandsworth, Merton, Sutton, Richmond and Kingston, assessment takes place on Ward One at Springfield Hospital. A recent audit of assessments demonstrated that over a six month period, 44 per cent of people assessed were intoxicated. This project will pilot a brief alcohol intervention with people admitted to Ward One for assessment: there is substantial evidence that brief interventions for harmful drinkers can be effective.

**Project lead:** Aileen O'Brien, honorary consultant, Ward One, Psychiatric Intensive Care, South West London and St George's Mental Health NHS Trust, and senior lecturer in psychiatry, St George's, University of London.

### ● **Innovative home monitoring for hypertension in pregnancy**

Women who develop pregnancy-induced hypertension are advised to attend the hospital twice weekly to monitor their blood pressure and test their urine for significant proteinuria. This frequent monitoring can be a source of anxiety to women and their families, and has significant cost implications for limited healthcare resources. Innovative home monitoring for hypertension in pregnancy will make it possible for women who come to St George's Hospital for their maternity care to have their blood pressure monitored and urine tested at home. The scheme will reduce expenses, improve patient wellbeing and empower patients to become involved in their own care.

**Project lead:** Elaine Sheehan, research midwife and Day Assessment Unit midwife, St George's Healthcare NHS Trust.

### ● **Changing environment and work practices to improve physical activity, physical and psychological wellbeing, quality of life and dignity in care homes**

*Access to wellbeing* is an innovative programme for older people that encourages physical, mental and social activity. The programme will be formally evaluated at Lyle House care home in Wandsworth.

**Project lead:** Professor Mike Hurley, professor of rehabilitation sciences, Faculty of Health, Social Care and Education (a partnership between Kingston University and St George's, University of London).

**Visit [www.swlondonsystem.org](http://www.swlondonsystem.org) to find out more...**

# Research Degree Summer School

The Research Degree Summer School is jointly supported by the SW London System and the South West London Academic Network (SWan). To date, our two summer schools have given more than 100 PhD students a development opportunity to learn more about how to do their PhD, about the potential opportunities that a PhD might offer in addition to research, and to learn more about themselves.

The second Research Degree Summer School was held on 2 and 3 September 2013. Students from St George's, Kingston, Roehampton and Royal Holloway Universities took up residence at Roehampton to share their experiences and look towards their future careers. They were joined by a range of speakers whose presentations ranged from 'successful completion of a PhD' and 'alternative career options' to a discussion on 'how to win a Nobel Prize', delivered by Professor Sir Tim Hunt, a Nobel Prize-winning biochemist from the Cancer Research UK London Research Institute.



by **Dr Rachel Allen**  
associate dean (research degrees) and senior lecturer in immunology of infection at St George's, University of London

A key feature of the 2013 Summer School was the opportunity to bring together students from a range of disciplines in a collaborative environment where they could work together on activities designed to develop their communication and interpersonal skills. Once again, the varied programme of lectures and interactive sessions proved popular with students, who described the event as 'motivating and inspiring' and are already encouraging the next cohorts of students to attend in 2014.

## A student's description of the Summer School experience

Ruth Joyce, a first year PhD student in the Stroke and Dementia Research Centre at St George's, described the event. She said: 'The Research Degree Summer School 2013 was an advisory session for PhD students with a difference. Instead of repetitive lectures that struggle to address primary concerns of the PhD student, the

two-day course completely engaged the student in a very welcoming environment that aimed to address and offer advice about worries that burden students on a day-to-day basis.

'Set in the scenic grounds of the University of Roehampton, day 1 provided helpful interactive seminars on producing a strong PhD; managing the balance; and the importance of networking. A beautiful lunch was provided, with regular refreshments throughout the day and a barbeque in the evening, which gave the students opportunities to network with fellow students and guest speakers.

## Multidisciplinary team project

'Day 2 saw students divided into groups for the multidisciplinary team project, an intense exercise encouraging students to step out of their comfort zone and identify attributes that make a well-rounded researcher. Students were given the opportunity to practise and develop their communication skills, personal effectiveness, project planning and management skills, entrepreneurship and knowledge transfer skills. The course concluded with a question and answers style advisory session from a final year PhD student entitled "If I had my time over". This gave students the chance to ask and discuss anything they wished.

'Overall, a very worthwhile course for any PhD student that not only offers academic benefits but also succeeds in bridging the gap between PhD students in their home university and enables them to make new contacts in other universities.'

**Rachel Allen** joined St George's in 2007 to specialise in the field of innate immune receptors and their ability to amplify or inhibit immune activity in various diseases. She had obtained her D.Phil in immunology at the Weatherall Institute of Molecular Medicine in Oxford in Professor Andrew McMichael's laboratory studying HLA B27 - a protein which predisposes some people to inflammatory arthritis. This work led to a postdoctoral position in the Department of Pathology at Cambridge University, where she was subsequently awarded a Beit Memorial Fellowship to study the recognition of HLA B27 by innate immune receptors.

# Leading across boundaries

This unique leadership programme is run by SW London System in partnership with Kingston University's Business School. Unlike most development courses, its focus is on working across boundaries. The underpinning rationale is that public sector leaders are not only engaged in transforming their own organisations, but have to work collaboratively across disciplines, organisations and sectors to integrate services, contain costs and improve service quality. Differences in culture, funding regimes, and ways of working present barriers to meeting the demands of a radical change agenda. The innovative *Leading and managing change across boundaries* programme was designed specifically to address these issues.

The programme is an excellent example of collaboration across the SW London System, with members contributing staff time, speakers and premises. In consequence, we are able to deliver a very high quality programme at a fraction of the usual cost, with long-term benefits for the member organisations.

## Bridging the gap between knowing and doing

The primary aim is to equip participants with the advanced knowledge and change management skills to build partnerships and to lead and work effectively in multidisciplinary, multiprofessional and cross-organisational teams. The 12-month programme consists of a combination of personal development exercises, tutor-led workshops, mentoring, a group project and study materials. The module content is constantly evolving in response to the latest developments in the sectors (health, social services and academic). It is evidence-informed but combines research and theory with exemplars and exercises that demonstrate how they can be used to improve practice.



### by Professor Christine Edwards

emeritus professor of human resource management at Kingston University Business School and director of the *Leading and managing change across boundaries* programme

Participants learn about each of the three sectors and have the opportunity to discuss strategy in practice with local leaders. For example, Matthew Hopkins, chief executive officer at Epsom and St Helier University Hospitals NHS Trust, Bruce McDonald, chief executive at the Royal Borough of Kingston upon Thames and Professor Julius Weinberg, vice-chancellor at Kingston University, give

graphic accounts of the challenges posed by political and resource constraints as well as organisational strategy – and insight into their leadership style.

Sessions are also led by distinguished academics who draw on the latest research to link strategy with practice. For example, Professor Ray Jones from the Faculty of Health, Social Care and Education (Kingston University and St George's, University of London) provides an analysis of the social care system and a hands-on exercise in interprofessional working. Professor Zoe Radnor (professor of service operations management at the Loughborough School of Business and Economics) runs a stimulating workshop on *Lean* working using examples from her own research to help delegates identify redundancy and develop efficient and effective work processes. Sessions run by Professor John Benington (emeritus professor in public management and policy at Warwick Business School) on public value and case studies about the management of change stimulate discussion about the role of public sector services and the challenges of strategy implementation. Chris Yapp, a freelance consultant who is an expert on innovation, leads a workshop on how to foster creativity. Dr Sunitha Narendran from Kingston Business School leads a workshop on how to manage risk.

## Developing leadership style

Self-knowledge and developing appropriate leadership style is an important theme of the programme. At the start, participants complete an online leadership assessment that enables them to reflect on their leadership strengths and weaknesses. This leading edge test is donated by Saville Consulting: their expert occupational psychologist Tom Hopton explains the science underpinning the assessment and gives personal feedback. Participants also work on cases and exercises to develop effective team building and change management skills. Professor David Matthew – a consultant who has worked with the Cabinet Office and other government departments as well as senior managers from international corporations – facilitates the group project process and runs extremely popular team building and leadership workshops.

## Learning through doing: the group project

A central part of the learning process is working on a group project to deliver evidence-informed solutions across organisations. At an event hosted by the Royal Borough of Kingston upon Thames in October 2013, projects were presented and the audience also enjoyed a fascinating talk by David Smith on his boundary-spanning leadership role as chief officer of Kingston Clinical Commissioning Group and director of adult social services at the local authority (*see page 18*).

The projects included:

- an evaluation of the patient experience that revised and piloted the 'Friends and Family Test' used to assess the quality of service in the acute NHS system to fit community care settings;
- research that identified the cross-boundary barriers that delay the patient journey, access to physiotherapy services and ultimately discharge following surgery;
- the design of care pathways to overcome problems of hospital discharge across boundaries.

A panel – consisting of Matthew Hopkins, chief executive officer at Epsom and St Helier University Hospitals NHS Trust; Professor Fiona Ross, executive dean of the Faculty of Health, Social Care and Education, (Kingston University and St George's, University of London); and Professor Claire Ozanne, deputy provost, University of Roehampton – were most impressed with the high standard and relevance of the areas addressed. This is a considerable achievement given the work problems and pressures faced this year, and confirms our decision to keep the project as part of the next programme.

## Participants' evaluation

Participants' evaluations of each session and the programme as a whole have been very good indeed. 'The whole course is excellent. Very inspiring programme,' is a typical comment. There were also constructive suggestions about timing and process, and where possible, these were acted on as the programme progressed. Finding time has been a major challenge for senior managers who are experiencing unprecedented pressures at work, and some have had more than one job change. Attendance at the module sessions was good, but some found the three-day absences from work problematic, so modules will be shorter next year. Participants struggled to organise learning project meetings and these will be written into the formal timetable. However, the general consensus was that a great deal had been learned from the project process.

## Learning from each other: knowledge exchange and relationship building

Participants are drawn from across the NHS, universities and local government, and their different professional and organisational experience and expertise is a vital input into the programme. At a time of constant change, this frontline knowledge is critical to understanding the practical realities

of implementation that have yet to be documented or researched. The programme provides a forum for discussion of some of the most complex and challenging issues facing managers in the public sector and the quality of participants' contributions has been outstanding. Thus knowledge exchange between participants, speakers and tutors is a major strength of the programme. Moreover, the relationships formed are building an expanding cross-boundary network for future collaboration and research. It has not been possible to mention everyone who has contributed to this programme. It relies heavily on the support of the System's member organisations. We are also very appreciative of the external speakers who have given great support to the programme. Our particular thanks to Matthew Hopkins for his unstinting support and guidance.

## The future

When the programme first ran in 2011, the importance of its unique focus on cross-boundary working was gaining recognition. As we look forward to recruiting the third cohort early in 2014, the programme themes of innovation, commissioning, integration, partnership and managing change are even more relevant. There are now 70 alumni of the programme and, with another cohort starting early in 2014, the final aim of the programme – which is to build a network across the System to facilitate cross-organisational collaboration – is being realised.

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**Christine Edwards** was founder and director of the Institute of Leadership and Management in Health at Kingston Business School. She has researched and published widely in the area of employee relations and engagement, knowledge transfer and changing managerial roles and practice. She has undertaken research in a wide range of public and private sector contexts and, since 1999, has worked on the biannual staff surveys at the Royal Borough of Kingston upon Thames. A specialist in organisational development and the management of change, she has a particular interest in promoting knowledge exchange between practitioners and researchers. She is currently leading a major NHS-funded study on how managers use information and evidence to make decisions and is working with colleagues from across the SW London System on two other National Institute for Health Research-funded projects – on the role of peer support workers in mental health and hospital strategies to promote the safety of patients who have learning difficulties. She is a member of the National Evaluation Panel of the Knowledge Transfer Partnerships UK-wide programme, funded by the Technology Strategy Board and all the UK research councils. Knowledge Transfer Partnerships supports UK businesses wanting to improve their competitiveness, productivity and performance by accessing the knowledge and expertise available within UK universities and colleges. She is a Fellow of the Chartered Institute of Personnel and Development and a Fellow of the Higher Education Academy.

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# Education for innovation

One of the prevailing challenges in the NHS is variation in quality of care. In Mid Staffordshire NHS Foundation Trust, there were wards with appalling staff who failed and neglected the most vulnerable, and others in the same organisation who were giving their very best. One of the goals of the government's restructuring of the NHS is to reduce this sort of variation – to ensure that the best research evidence is driving innovation and that education is targeted to enhance organisational and professional behaviour.

## New responses

The new government-funded Academic Health Science Networks (AHSNs) are heralded as part of the solution to these challenges. I am pleased to be part of Health Innovation Network, the new AHSN in south London. Health Innovation Network brings together healthcare organisations, local authorities, universities and industry, and aims to drive lasting improvements in health and wellbeing by sharing innovations and capitalising on research and education to benefit the health and social care economy. Education is a key part of this and is one of the interventions for overcoming the organisational, professional and personal barriers to change in health and social care. As education lead for the Health Innovation Network, I believe we can work together with Health Education South London (HESL)<sup>(1)</sup>, the SW London System and other partners on this improvement agenda by encouraging an open culture that is inclusive of patients and service users, and by facilitating a range of approaches from the informal – eg coaching and mentoring – to formal credit-bearing modules and programmes leading to an academic award.



### by Professor Fiona Ross

executive dean of the Faculty of Health, Social Care and Education (a partnership between Kingston University and St George's, University of London)

As dean of the Joint Faculty of Health, Social Care and Education (a partnership between Kingston University and St George's, University of London), I have been a board member of the SW London System since it was established (originally as the SW London Academic, Health and Social

Care Network) in 2009. The SW London System brings together health, social care and higher education to work in partnership to improve health and tackle inequalities in our communities through collaboration across three strands of activity: research; education and training; and service improvement. The Faculty of Health, Social Care and Education embodies the cross sector approach by addressing the education needs of both the future and current workforce in health and social care.

How will the SW London System work with Health Innovation Network? Founded as a membership network of academic, health and social care organisations, the SW London System is arguably ahead of its time and a forerunner of these new national changes. It has had many successes – encouraging bright ideas, breaking down barriers between the worlds of academia and clinical practice and pump priming innovation pathways.

Recently I attended the final session of its flagship programme *Leading and managing change across boundaries* (see page 12). Participants are drawn from across the System's member organisations and learn together to tackle challenging issues in health and social care. The projects they presented to an audience of mentors

**Fiona Ross** trained as a registered general nurse at the University of Edinburgh and at the same time, did a District Nursing Certificate. She completed a PhD at King's College London. She has worked in primary care in a variety of clinical and academic posts. In 1996, she was appointed as St George's Medical School's first chair in nursing (primary care), through its partnership with Kingston University, and then went on to be the director of the National Nursing Research Unit in the Florence Nightingale School of Nursing and Midwifery at King's College London. She has recently completed a study of nurse and teacher leaders in universities for the Leadership Foundation for Higher Education. She is a fellow of the European Academy of Nursing Science and has published extensively, including a recent book about service user involvement in health care research. She is president of the International Collaboration of Community Health Nursing Research, fellow of the Queen's Nursing Institute, chair of London Higher's Healthcare Education Group and a trustee of Princess Alice Hospice in Esher.

<sup>(1)</sup> Health Education South London (HESL) is the area's Local Education and Training Board and part of NHS Health Education England. HESL is responsible for training and developing all NHS staff in south London and works with NHS employers, universities, students and patients.

and chief executives from the member organisations were terrific examples of how energy and solutions can be brought to bear on endemic problems in the NHS – for example, how to overcome blocks in referral pathways across the sector and evaluating the ‘Friends and Family Test’ in different healthcare settings. This programme offers a down-to-earth approach to learning for practice improvement and is an example of what could be provided to meet the needs of the clinical priorities of the Health Innovation Network (diabetes, dementia, musculoskeletal, alcohol and cancer).

I am interested in hearing from others on how we make available the best of our resources in south London and target collaborative learning in practice to enhance

teamwork and patient care outcomes. We will draw from the excellent universities in south London, which include Roehampton, Greenwich, Kingston and London South Bank as well as St George’s, University of London and King’s College London. Education may take place in real time or in simulated settings, it may involve patients as educators, or take the form of mentorship, briefings, Schwartz rounds<sup>(2)</sup>, workshops and lectures. I believe that designing meaningful and effective education is best done through conversation and co-production in the right academic and service partnership. The Health Innovation Network – like the SW London System – provides the building blocks that make this possible. Let’s start the conversations!

## A new MSc in Health and Wellbeing for 2014? – watch this space

St George’s, University of London is committed to building collaborative partnerships with our local health and social care organisations. So when an opportunity arose to review our portfolio of postgraduate courses, the natural starting place was to seek the views of key individuals from the health and social care sector in south west London.



by **Dr Elizabeth Miles**  
associate dean for taught postgraduate courses and deputy dean of the Graduate School, St George’s, University of London



and **Fiona Reid**  
joint course director for the MSc in Health Sciences and senior lecturer in medical statistics at St George’s, University of London

A scoping study, commissioned by the SW London System last year, suggested there was significant interest in having a Masters degree along the lines of ‘public health’, but with a more contemporary twist. Further discussions facilitated by the System have helped to refine these initial ideas.

We have had input from local authorities, clinical commissioning groups, directors of public health, NHS trusts, Health Innovation Network (the south London Academic Health Science Network) and Health Education South London. Those of you reading this report who have

taken the time to speak or meet with us – thank you. Work has now started on developing a new degree, for which the underpinning theme is the new health and wellbeing agenda – and our working title is *MSc in Health and Wellbeing*. There is a formal validation process to ensure the degree meets the necessary academic quality requirements and, of course, a business case to be approved. But all being well, the MSc will take its first students in September 2014.

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<sup>(2)</sup> ‘Schwartz rounds’: an initiative from the USA that involves providing a forum for clinical and non-clinical staff to meet regularly and explore the impact their jobs have on their feelings and emotions.

So, who is this new degree for? It is primarily aimed at health and social care professionals and managers who are working (or wish to work) in a strategic, policy, analytic, or management role, with an interest in, or responsibility for, the health and wellbeing of their local populations. The degree aims to develop graduates who can confidently address all the current challenges of UK health and social care provision, including integrated care, working across boundaries, public engagement, patient self-management, value-based healthcare, and the new commissioning agenda. Graduates will also be well prepared for a move into academic research or lecturing.

Current thinking is that modules will include: health and social care systems and policy; the health of populations and strategic needs assessment; how to evaluate and commission services; strategies for improving the health and wellbeing of your population; leading and managing across boundaries. We hope to offer some more targeted option modules, for example, mental wellbeing, or global perspectives in healthcare. And we are working closely with our colleagues in the Faculty of Health, Social Care and Education (a partnership between Kingston University and St George's) and with its dean, Fiona Ross.

### Developing the content and study routes

The degree will have a strong academic core (you'll know you've done an MSc!) but we have taken on board feedback that members of a workforce should not just know the theory – they should be able to apply it in the real world. So we will look at how our module assignments can be aligned to practical skills, such as data analysis, writing policy documents, or constructing a business case.

Achieving a work-life balance is a challenge for everyone these days, never mind adding a postgraduate degree into the equation. With this in mind, a number of flexible routes will be offered, including full-time study (one year) or part-time study (over two or several years); a choice of MSc, postgraduate diploma, or postgraduate certificate; and the option to take individual modules, which can later be accumulated into a degree, if desired.

### Your views count: please tell us what you think

There's much still to be decided, including the detailed content, and whether to opt for the traditional 'one-day-a-week' attendance or explore other delivery options. So the next phase is some indepth market research, and we hope that we may again depend on the goodwill of our local health and social care sector partners. We will be gathering views and ideas over the next few months, and you may be contacted directly, but if not, we would love to hear from you – please contact either Fiona Reid (freid@sgul.ac.uk), who is leading on the development of the MSc, or Elizabeth Miles (emiles@sgul.ac.uk), who heads up the postgraduate portfolio of taught

courses at St George's. We'd also like to invite some of you to contribute to teaching, or to consider hosting a research project in your organisation.

We're hoping to commence advertising the course early in 2014 – keep an eye on the St George's website, [www.sgul.ac.uk/courses/postgraduate](http://www.sgul.ac.uk/courses/postgraduate). Please let us know your views – this is your opportunity to influence local postgraduate provision for your workforce. And consider whether this might be the course for you, or your colleagues – either the full MSc, an individual module, or something inbetween.

### The pivotal role of the SW London System

The SW London System has been pivotal to the development of this new degree – in supporting the initial scoping exercise, facilitating conversations with key health and social care professionals and managers across the sector, and sharing invaluable sector-wide insights on emerging initiatives and priorities. We are immensely grateful to the System team, and look forward to our successful relationship continuing into the future.

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**Elizabeth Miles** joined St George's in 2006 as the academic lead for teaching and learning staff development. She became the associate dean for taught postgraduate courses and deputy head of the Graduate School in 2012. She studied microbiology in London and Cambridge and then progressed through a series of lecturing posts in biomedical sciences, along the way developing and leading academic programmes, including an MSc in Medical Microbiology and a PGCert in Work-based Learning by distance learning. While holding the post of principal lecturer in teaching and learning at the University of Westminster, she was the director of an Accreditation of Workplace Learning scheme for diagnostic biomedical scientists.

**Fiona Reid** lectures in statistics and quantitative research methods. Her research interests include the epidemiology of STIs in women, screening for eating disorders and inequalities in health service provision. After studying mathematics and statistics at Strathclyde and Southampton Universities, she began her career in the Government Statistical Service. A move to King's College Hospital Medical School led to a number of joint roles between academia and the NHS, focusing on the application of statistics and research methods in public health. She worked for South East Thames Regional Health Authority and her role there included methodological assessment of research grant applications. She also had analytical roles within the public health departments of Merton, Sutton and Wandsworth Health Authorities and of South West London Strategic Health Authority.

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# South London Nursing Network

As highlighted in Robert Francis' report about Mid Staffordshire NHS Foundation Trust, maintenance of a consistently high level of professional practice is essential to ensure that patients receive high quality nursing care. The South London Nursing Network was set up to support and share good practice across the whole of south London, focusing on education and continuing professional development opportunities for nursing staff, primarily in primary care and community settings.

The Network was originally sponsored by both the SW London System and the former South London Health Innovation and Education Cluster (HIEC). Since the HIEC ended in December 2012, we have been able to continue with financial support from Health Education South London (HESL). This enables two practice nurse facilitators, Fiona White and Brenda Donnelly, to be employed for several sessions each month, working with practice nurses and also health care assistants, who are important members of the team. We are currently looking for a new facilitator for community matrons and district nurses. These groups of nurses were chosen as a focus because they are crucial to shifts in the provision of care. However, there are workforce challenges, such as the need for new recruits since many existing members of staff are nearing retirement. Management support for the South London Nursing Network (SLNN) is provided by the SW London System team.

In Spring 2013, we commissioned a training needs analysis for practice nurses in four boroughs in south London. This raised a number of serious issues that have implications for education commissioning, including the difficulty some practice nurses have in being released to undertake training. This has been discussed with HESL's joint director of education and quality, Dr Nav Chana, and a guide to mandatory and core training for practice nurses has been compiled. We also feed views from the SLNN into the Primary Care Forum that advises HESL, so we were pleased that HESL has identified specific funds for training in primary care this year.

As the training needs analysis showed, there is a need to address variable standards and professional isolation in primary care nursing so that patients can expect a consistent level of skills and expertise. This will become even more important as the care and management of long-term conditions shifts from secondary care to primary care and the home, and patients are enabled to play a greater role in their own care. Previous SLNN seminars have included non-medical prescribing, and the care and treatment of chronic obstructive pulmonary disease in order to spread best practice. We will also be working with Community Education Provider Networks (working to address gaps in workforce provision) to identify



by **Professor Liz Meerabeau**

chair of the South London Nursing Network

opportunities to increase training capacity, and take a whole patient journey perspective to facilitate integrated working.

More recently, we have commissioned a short piece of work to help shape our work with district nurses in south London and are liaising with two Community Education Provider Networks to explore what lessons from these can be adopted more widely.

We have recently revised the membership of the stakeholder group for the SLNN to take account of the shift from primary care trusts to clinical commissioning groups. Brenda Donnelly is the main point of contact for south east London and Fiona White for the south west London primary care work. They can be contacted through the SW London System team (*see page 23*).

**Liz Meerabeau** qualified as a nurse and then worked for six years as a health visitor. She spent 12 years in nursing and health visiting education before becoming a research manager with the Policy Research Programme at the Department of Health, specialising in education and workforce research. From 1997 to 2011, she was dean of the School of Health and Social Care at the University of Greenwich. She now works part-time on a range of activities, including chairing the South London Nursing Network. She is visiting professor in the Centre for Health and Social Care Research, Faculty of Health, Social Care and Education (a partnership between Kingston University and St George's, University of London). She has a PhD in the sociology of health and illness, and an MBA.

# The integration journey: lessons learned in Kingston

I had worked in Kingston for four years as the primary care trust (PCT) chief executive before becoming the director of adult social services and I thought I had a pretty good understanding of social care and local government. Wrong!

I certainly knew the key leaders and had strong relationships with council officers and many councillors, but I had no real understanding of the challenges facing local government in Kingston and the scale of the transformation agenda required in social care. To some extent, this is not surprising, given the enormity of the agenda we were managing as a PCT. However, it is also a reflection of some fundamental differences between the NHS being a national service and local government being local. An example of this is that both the council and the PCT ran separate reablement services, working with the same acute provider.

As I started to delve into the mysteries of social care, it became pretty clear that we had to join up both our commissioning of services and our provision. Whilst colleagues in the NHS think they have had it tough because of the financial pressures, at least the resources have been increasing. In social care, the money has been going down despite demand rising. It was obvious that we had to start integrating services in ways we had never done before, not only because of the money, but also to improve our services to users.

## Co-designing new services that focus on supporting people in their own homes

Our service changes have been facilitated by the strong partnership with Your Healthcare CIC, the social enterprise that was set up in 2010 to take on Kingston's community health services, and with Age Concern Kingston. These two organisations jointly funded the feasibility study that has formed the platform upon which our integration has been built. Together we have co-designed new services that are focused on supporting people in their own homes. As a result we have created a single point of access for professionals to refer clients; we have joined up our reablement services; we have closed one of the council-run residential care homes; we have put more money into prevention; and we have reduced permanent admissions to care homes.

Now that we have achieved this, it sounds easy, but it has only been possible through a whole range of factors. Getting buy-in to this model from councillors,

council officers and GPs was critical to the decision-making, but we also consulted widely with service users and with the staff we were transferring from the council to Your Healthcare CIC (YHC). I remember some of the questions raised by council colleagues. 'Does YHC have a track record



by **David Smith**

chief officer for Kingston Clinical Commissioning Group and director of health and adult services for the Royal Borough of Kingston upon Thames

in providing social care?'; 'How much money will this save?'; 'You aren't going to close a care home, are you?'; 'Will my salary and pension be protected?' Overcoming these issues took a substantial amount of time from a lot of people as well as a great deal of planning in order to ensure we safely managed the transfer of services from the council to YHC. I cannot underestimate the importance of the most senior leaders driving this change.

Inevitably, the financial issues raised their head and this is where the differences between local government and the NHS financial regimes have got to be overcome, otherwise they are absolute blockers to change. We decided that the simplest way of contracting was to bolt the social care transfer onto the contract the NHS already had with YHC as we didn't want to run two contracts. The £5m budget has been transferred to the new Clinical Commissioning Group via section 75<sup>(1)</sup> – another issue to be dealt with, as we didn't have a section 75 agreement, so had to create one. In addition, we had to create a business transfer agreement, which defines in minute detail the services being transferred. Incidentally, we would not have achieved this without the help and

<sup>(1)</sup> Section 75 of the National Health Service Act 2006 provides that local authorities and NHS bodies may enter into arrangements to improve the way in which their functions are exercised.

advice of our lawyers, who forced us to wade through a number of critical legal agreements, but it focused our attention on what we had to do to turn our vision into reality.

One of the other financial issues was whether this transfer would deliver any savings for the council. The services we were transferring carried a share of council corporate overheads, amounting to almost £500,000, in accordance with local government accounting practice. This was potentially a show-stopper as YHC needed some funding to cover their own increases in corporate overheads, and it was not possible for the council to reduce all of these costs. We came to a negotiated settlement.

Having achieved these transfers, we are now looking at whether there are other social care services that could also be provided by YHC. This is a sensitive area as we need to get the right balance in our locality between co-design, integration and competition.

Finally – what are my lessons from this experience?

Don't do it! That is, unless you are committed to seeing it through and putting in the time and effort to engage with all parties – and have the support of decision-makers across all organisations to resolve the problems that will inevitably get in the way.

You had also better have a sense of humour for when the going gets tough...

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**David Smith** is both statutory director of adult social services for the Royal Borough of Kingston upon Thames and the chief officer of the Kingston Clinical Commissioning Group. He is implementing new integrated service delivery models and leading the integration of health and adult social care commissioning in Kingston. He also leads mental health services commissioning in south west London and is co-chair of the national Association of Directors of Adult Social Services (ADASS) Mental Health Network. He was previously chief executive of Kingston Primary Care Trust. He is an honorary fellow at Kingston University and a qualified accountant.

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# New partnerships to improve musculoskeletal health

I am leading the musculoskeletal clinical theme at Health Innovation Network, the new Academic Health Science Network for south London.

Academic Health Science Networks (AHSNs) are partnership organisations, based on the principles of *Improving Health and Generating Wealth* as set out in the Department of Health document of the same title, published in 2011. The south London AHSN is called Health Innovation Network: it received its licence in May 2013 and is focusing on five priority clinical themes: diabetes, dementia, musculoskeletal, alcohol and cancer.

Membership of Health Innovation Network is drawn from 12 south London boroughs and comprises all primary care, acute and mental health providers, commissioners, higher education institutions, third sector and industry and commercial partners, covering a population of three million people. Through these partnerships, Health Innovation Network will facilitate the uptake of best practice, care and NICE (National Institute for Health and Care Excellence) guidance, share innovations across the health system, and capitalise on teaching and research strengths, with the aim of driving lasting improvements in health and wellbeing.



by **Matthew Hopkins**  
chief executive officer,  
Epsom and St Helier  
University Hospitals NHS Trust

## The challenge of musculoskeletal conditions

'Musculoskeletal' (or MSK for short) is a 'catch-all' description for a diverse set of conditions affecting bone and joint health, the most common being osteoarthritis/chronic joint pain, but also including inflammatory conditions such as rheumatoid arthritis. Many of us

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will experience such issues at some point in our lives, but the burden of the musculoskeletal group of illnesses receives little publicity compared with 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 accounts for around 25 per cent of all surgical interventions. With an ageing population, and a growing obesity problem in young people, the demand for healthcare for MSK will soon be unsustainable.

Health Innovation Network held a launch event in September 2013 and the attendees – including physiotherapists, GPs, patients, rheumatologists, orthopaedic surgeons and industry partners – quickly concluded that there are currently wide variations in the way MSK care is delivered across south London. Health Innovation Network will be exploring the different models of care available and looking for evidence to support and promote best practice. Taking such a collaborative, partnership approach has been shown to be highly successful in other clinical areas – such as in stroke care and cancer care in London – but has not been tested in such a way for MSK conditions before.

If MSK problems are diagnosed earlier and appropriate interventions are made, then there could be huge socio-economic benefits as well as clinical benefits. Health Innovation Network will be testing whether helping patients with some musculoskeletal conditions become more self-aware and teaching self-management techniques at an earlier stage would both improve health outcomes, and reduce time off work for musculoskeletal conditions.

## Learning from the South West London Academic, Health and Social Care System

The SW London System has already paved the way for partnership working in south west London. As a new partnership organisation in south London, Health Innovation Network hopes to benefit from the experience of the SW London System and to translate some of this learning to south east London, which has not to date had the benefit of such a System.

Health Innovation Network offers the potential not only to reach service users across a wide geographical area, but also to access a large group of employees. The relationship between staff health and wellbeing and performance, patient satisfaction and quality of care is well documented, but there is currently a lack of clear treatment pathways to quickly support staff with MSK problems back to work. We hope that by focusing on employee health, we can achieve the twin objectives of improving health and generating wealth across partner organisations.

The access to the SW London System small grants scheme, and the relationship with the newly established NIHR (National Institute for Health Research) CLAHRC

(Collaborations for Leadership in Applied Health Research and Care) South London, will also enable dissemination of evidence-based good practice across the population.

## Get involved with Health Innovation Network

There are many ways to get involved with Health Innovation Network. If you are a health or social care professional, Health Innovation Network is seeking volunteers to participate in 'expert groups' and to take either leadership or support roles in its musculoskeletal work. The Network believes in having strong patient and public engagement to ensure its work focuses on areas that are most important to patients. The musculoskeletal team is already engaging with national charities such as Arthritis Care and Arthritis Research UK, but is also keen to work with local charities and patient groups.

If you are interested in the field of musculoskeletal care, please contact us to find out how you can take part. Email either me, Matthew Hopkins, senior responsible officer, musculoskeletal theme, [matthew.hopkins@esth.nhs.uk](mailto:matthew.hopkins@esth.nhs.uk), or Mike Hurley, clinical director, musculoskeletal theme, [Michael.Hurley@sgul.kingston.ac.uk](mailto:Michael.Hurley@sgul.kingston.ac.uk).

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**Matthew Hopkins** joined Epsom and St Helier University Hospitals NHS Trust in January 2011. He had previously worked at the strategic health authority NHS London where he was deputy director of provider development. His role there included responsibility for the performance management of foundation trust trajectories and leading the externalisation of the community services programme (Transforming Community Services) for London. Prior to this, he was chief operating officer at Barts and The London NHS Trust, where he was responsible for the day-to-day running of one of the capital's largest NHS organisations. Matthew, who trained as a nurse at Addenbrooke's Hospital in Cambridge and was a Macmillan nurse for five years, has extensive experience in the NHS. He has also worked for Imperial College Healthcare NHS Trust, St Mary's NHS Trust and Guy's and St Thomas' NHS Foundation Trust. Epsom and St Helier University Hospitals NHS Trust hosts the South West London Elective Orthopaedic Centre and has a high performing Hip Fracture Service.

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# Looking forward...

In this annual report, we have reflected the voices of our members and illustrated the range of work the SW London System has supported during the last year. As many of you have experienced in recent times, the climate in health, social care and higher education has been challenging – yet with great support from our members and colleagues, we have had a successful and productive year.

## Relationships

A central theme for the System will continue to be relationships – both developing the relationships with our new members and fostering new relationships with key organisations across south London – and we will do this most effectively through collaboration and joint working.

Within the System, we have been able to strengthen the involvement of clinical commissioning groups, local government and public health. As a network organisation, we will continue to seek opportunities to collaborate and support joint working with Health Education South London and Health Innovation Network, the new Academic Health Science Network for south London. In this way, we can bring together our respective strengths to work on areas of common interest, such as education and training of our workforce and support for the five clinical themes of Health Innovation Network – diabetes, dementia, alcohol, musculoskeletal and cancer.

One major area of shared interest across our members is the development of the evidence base to support evaluation. This is an area with great potential for joint working with the new NIHR (National Institute for Health Research) Collaborations for Leadership in Applied Health Research and Care (CLAHRC) South London, whose primary purpose is to bring research into practice through supporting the implementation of research findings into service delivery.

## Collaboration and joint working

The underlying principle of the SW London System is to enable ‘working across boundaries to serve the population of south west London by supporting service improvement, education and training, and research.’

The System is a collaborative network that enables our members to achieve more by working collectively than as individual organisations. Other benefits of collaboration include greater access to expertise and resources and more opportunities to share learning and good practice and we will continue to look for new ways to do this. One of the strengths of the System is our local focus and we will continue to support the NHS *Better Services Better Value* strategy by contributing to the programme’s working groups. We will work with our members to support the implementation of local changes.



### by Kathy Tyler

director, South West London Academic, Health and Social Care System (SW London System)

The SW London System has also seen the benefits of collaboration as Health Education South London (HESL) has shown its support for our work by funding the next *Leading and managing change across boundaries* programme (see page 12). HESL has also provided funding for the South London Nursing Network for practice and community nursing supported by the SW London System to help maintain consistently high standards of professional practice (see page 17).

We recently held a very successful round table event in partnership with HESL and Health Innovation Network for our board members, and senior managers and clinicians, on integrated care, exploring the implications this has for the health and social care workforce, and for the way in which education and training is commissioned and provided. The SW London System is an established network across the three sectors – health, social care and higher education – and so exemplifies the benefits of a collaborative approach to addressing change as complex as the delivery of integrated care. The event also demonstrated that the System continues to be a valuable means of enabling people to work together.

## Communications

To foster more effective relationships, we will improve our communications, building on the improvements to our website, making better use of social media and creating more opportunities for face-to-face contacts through a series of seminars and workshops. We will

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also be more active in our engagement with our funded projects by providing different types of additional non-financial support such as project management, administrative support and help with disseminating the learning from the projects to a wide audience.

## Focus of activity

Over the coming year we will be more active in the way we work:

- to reflect our members' interests – through our work programme which focuses on our members' shared priority areas, including integration and out-of-hospital care, developing the evidence base for evaluation and early intervention/prevention;
- to increase our opportunities for influencing through joint work and collaboration with partner organisations and by providing a collective voice for south west London;
- to improve care for the people of south west London by supporting professional networks and contributing to innovations in education and training;
- to support innovation through our small grants programme;
- to help build the capacity within the System for more integrated working through our *Leading and managing change across boundaries* programme; and
- to build on already established working relationships and to look for opportunities to work with new partners in the voluntary and independent sectors. For example, we are now working with the Thomas Pocklington Trust and South West London and St George's Mental Health Trust on psychological services for people with visual impairment.

The SW London System is its members. We hope that by working hard to develop and maintain good and effective working relationships, building on areas of shared interest and fostering the spirit of collaboration, we can continue to help improve health and social care for the people of south west London.

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**Kathy Tyler** has worked in both health and education sectors and at local, regional and national levels, gaining most experience in policy development and implementation. She has particular expertise in workforce development and a particular interest in cross-agency working. Before taking up post as director of the SW London System, she was director England (London and South East) for Skills for Health, leading on employer engagement across NHS, independent and voluntary sectors. Prior to that, she worked at the Department of Health on continuing professional development (CPD) for two years, with a focus on multiprofessional CPD. Her initial health sector operational experience was in community health services. She has an MSc in Organisation Consulting and a first degree in philosophy from University College London.

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 @SWLSystem

 South West London System

Join the System's mailing list via the website or by sending a request to do so using the generic email address.  
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In addition to the activities outlined in this report, the SW London System team organises networking events for staff working at member organisations. Our networking and other events are advertised on our website and via our Twitter feed.

Find out more about the **South London Nursing Network** by emailing [gcashn@sgul.ac.uk](mailto:gcashn@sgul.ac.uk) or calling 020 8725 3352.

