



South West London
Academic, Health and Social Care
System

South West London System ANNUAL REPORT 2014

Bringing Better Health, Better Care in
Croydon, Kingston, Merton,
Richmond, Sutton and
Wandsworth



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Member Organisations

NHS PROVIDERS

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

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

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

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

HIGHER EDUCATION INSTITUTES

Kingston University London
www.kingston.ac.uk

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

St George's, University of London
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

LOCAL AUTHORITIES, INCLUDING PUBLIC HEALTH

Croydon Council
www.croydon.gov.uk

The Royal Borough of Kingston upon Thames
www.kingston.gov.uk

Merton Council
www.merton.gov.uk

London Borough of Richmond upon Thames
www.richmond.gov.uk

NHS COMMISSIONERS

Croydon Clinical Commissioning Group
www.croydonccg.nhs.uk

Kingston Clinical Commissioning Group
www.kingstonccg.nhs.uk

Merton Clinical Commissioning Group
www.mertonccg.nhs.uk

Richmond Clinical Commissioning Group
www.richmondccg.nhs.uk

Sutton Clinical Commissioning Group
www.suttonccg.nhs.uk

Wandsworth Clinical Commissioning Group
www.wandsworthccg.nhs.uk

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An Overview of the SW London System

The South West London Academic, Health and Social Care System (SW London System) was formed five years ago by the organisations that commission and provide health and social care to the 1.3 million residents of Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth, together with the three universities in this part of London.

Member organisations work together through the SW London System to help ensure that people who live in south west London receive high quality services. The 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.

You will see that this year's report has an underlying theme of responding to change in the wider health, education and social care landscape and we present different perspectives on the changes taking place in these sectors. It is also our opportunity to showcase some of the tremendous work carried out by our members – without whose continuing support and contributions the SW London System would not continue. Thank you to everyone who has contributed to make health and social care services better for the people of south west London.

The SW London System is collaborative, responsive, innovative, flexible

Collaborative

- Working across the System and with other stakeholders for the benefit of the people in this area of London is our core purpose
- Delivering programmes and activities that member organisations could not do so effectively on their own
- Maintaining our emphasis on cross boundary and cross sector working

Responsive

- Funded by our members, our priority is to meet the needs they identify and anticipate changes in the wider policy arena
- Priorities for this year are integrated care, early intervention, medicines optimisation
- Being independent of main stream funding means we can respond quickly to newly emerging developments
- Creating the network across members by sharing good practice and promoting their activity and achievements
- Supporting education and professional development for the current and future workforce

Innovative

- Our Small Grants programme is a great success – encouraging local innovations across all sectors
- Creating the space for risk taking in niche areas not likely to attract main stream funding
- Focusing on the learning - even if the project does not achieve its intended outcomes - and sharing the learning across our members and more widely
- Research and evaluation - the projects we have funded have provided the evidence base for improvements to services and for securing larger research grants

Flexible

- Good communications ensuring we can adapt to changes in the environment or in local priorities
- Small infrastructure therefore able to respond quickly
- Potential to embrace opportunities for expanding our portfolio, for example, by securing more commissioned work

This year's annual report contains contributions from representatives of member organisations, partners and from the small team of dedicated SW London System staff. The contributions are about the activities of both the System and its member organisations during 2014.

A 'System' Responding to change

by Professor Peter Kopelman

The South West London System was originally established in 2009 to address the challenges to patient care, education and training, and research in crossing the boundaries between the systems of health and social care. Today, after major changes to public health and local government, and a total restructuring of the local NHS following the Health and Social Care Bill, the System is more relevant and fundamental than ever before in informing the tripartite mission of high quality health care across south west London.

Diversifying, active membership

That it has been able to successfully evolve in response to these rapidly changing times is testament to the flexible, adaptable structure of the System. But the true strength of the System is in its constantly diversifying and active membership that involves local government, public health, hospital and mental health trusts, universities, and more recently, Clinical Commissioning Groups.

It is incredibly invigorating to have representatives from all these different backgrounds; they engender a great deal of enthusiasm and determination to find creative solutions and new opportunities. I believe that the System is facilitating positive changes in the way care is delivered; not just within hospitals, but across the wider community. The ways in which our members are responding to change confirms that the SW London System has some of the most far-sighted people working hard to deliver excellent services for the people living in the locality.

As we look to the year ahead one of the System's priorities will be facilitating and supporting the development of integrated, or shared, care. With money being moved from the acute sector into the community it is vital we identify how best to provide high quality care in every way we can. The role of Public Health, highlighted on page 7, and its move into local government throws up some interesting and far reaching opportunities.

Providing inspirational opportunities for leaders to learn

Elsewhere it's also important that the System focuses time and resources on developing leadership and supporting professionals who can work across the boundaries of health and social care. The leadership programme highlighted on pages 10 and 11 demonstrates how the System is providing inspirational opportunities for the development of today's and future leaders in health and social care. And finally, we need to continue encouraging innovation in care; including the research and analysis aspects. You will see many examples of innovative small projects on pages 18, 19 and 20, each showing the impact which can be made through ingenuity, flexibility and a creative approach. The key to achieving all these goals is to ensure the continuing engagement of all parties involved in health and social care.

It gives me personal pleasure that this report presents an excellent overview of the many success stories, although space constraints means that it is not possible to include all of the excellent work going on across the System. I am grateful to all who contributed to the success and I hope that you will enjoy reading of the achievements and impact.



Peter Kopelman MD FRCP FFPH is Principal of St George's, University of London and a non-executive director of St George's Healthcare NHS Trust and joint chair of the SW London Academic Health & Social Care System.

Peter Kopelman is deputy chair of University UK's health education research policy group and a member of UK Health Education Advisory Committee. He is chair of University and Colleges Employer Association Clinical Academic Staff Advisory Group, chair of London Medicine Group and Deputy Chair of London Higher. He was a member of the Board of Medical Education England and until recently the Governance Board of the Centre for Workforce Intelligence. He has chaired the Clinical Examining Board of the Federation of Royal Colleges of Physicians (UK) and the NHR Academic Careers Panel. He is the foundation chair of the Royal Pharmaceutical Society Faculty Board. Professor Kopelman has 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 (2001-10), DH Expert Panel on Obesity (2008-10) and was Science Advisor to the Office of Science and Innovations Foresight Obesity Project.

What are the changes taking place?

A Context View from SW London Collaborative Commissioning

by **Dr Chris Elliott**

Due to a growing population, more complex needs, and higher expectations from the public, there is recognition both locally and nationally that the NHS needs to change if it is to continue providing high quality service to our local populations.

The current situation sees us struggling with fragmented and inconsistent existing services whilst facing a growing funding gap across local NHS that will reach £210m by the end of 2018/19, within the current proposed spending plans of government.

This presents us with a stark choice. Do we oversee a continuous decline in our local health system? Or do we commit to working in partnership with local people and clinical colleagues to deliver care that our residents deserve within the funding available to us? As custodians of the local health system, and as local GPs, we believe the latter is the only acceptable way forward.

A collective approach, working as co-commissioners

Delivery of these ambitions requires a collective approach, working with local providers, with local authorities, and with NHS England as co-commissioners, to ensure the transition happens in a way which is meticulously planned, sufficiently resourced and overseen by senior clinicians and health system leaders.

In response to these challenges the Department of Health has required the Clinical Commissioning Groups (CCGs) to form Strategic Partnership Groups (SPGs) to develop longer term strategic planning with their local health authorities. The SPG has to lie within the borders of an NHS England (NHSE) local area team, which for Sutton is South London.

Therefore we have chosen to work with South West London – Kingston, Richmond, Merton, Wandsworth,

Croydon and Sutton, and also NHSE, to form the South West London Collaborative Commissioning (SWLCC).

Transforming the health service across south west London

The vision for this body is to ensure that people in south west London can access the right health services when and where they need them. Care will be delivered by a suitably trained and experienced workforce, in the most appropriate setting, to provide a positive experience for patients.

This requires transforming the health service across the entire South West London health system, including; children's care, integrated care, maternity care, mental health, planned care, primary care, and urgent and emergency care. Integrated Care will initially focus on implementation of the Better Care Fund (BCF) alongside local authorities, whilst Primary Care will work with NHS England to develop a fully networked model of care and see a greater emphasis on multi-disciplinary team working.

Over the coming months we will continue developing these initiatives and working towards our overarching plan of ensuring services are patient centred and integrated with social care. Services will be high quality, but also affordable, with a focus on health promotion that encourages people to take ownership of their health and wellbeing.

Chris Elliott is the Chief Clinical Officer of Sutton Clinical Commissioning Group, has been a GP in Sutton for thirty years and has held a large number of positions within the NHS including Chair of the Nelson Commissioning Group, Joint Chair of The Federation and a member of NHS Sutton & Merton Professional Executive Committee. Chris also chairs the Clinical Quality Review Group for Epsom & St. Helier NHS Trust. Chris has successfully completed the Accountable Officer's assessment process developed by the NHS Commissioning Board.



Leadership perspectives on change....

Social Care by **Cathy Kerr**

Like all areas, the Better Care Fund and Care Act have been occupying us in south west London. Fortunately, they have served to reaffirm a direction in which we are already travelling. For instance, we had previously made some headway around preventative services in Richmond before the Care Act mandated it as a priority. So whilst these are central government levers, we're generally all in agreement that they encourage us on the right policy path of NHS and local government working together, ensuring residents enjoy care that is joined up and meets their needs in an effective and efficient way.

However, changes in how the Better Care Fund (BCF) works do raise some interesting questions for the future. The performance element is now based purely on reducing hospital admissions. Avoiding unnecessary hospital admissions is a positive step forward and consistent with our local plans and strategies and indeed the wishes of older people themselves. But this will mean rising numbers of older people supported in community settings with consequent pressure on community health and social care. The trick will be for us to ensure we make best use of the opportunities of BCF to improve community based support. What a lost opportunity it will be if we lose ourselves in all the detail and metrics of the BCF process (which would be easy to do!) but fail to make some real changes on the ground.

Developing trust across different cultures

With budgets in both the NHS and local government under pressure there is a risk that we retrench to our respective silos yet to deliver the changes required we must do quite the opposite. Success depends on us building relationships and effectively working together as local systems on all levels. It's about developing trust across what are really quite different working cultures – having worked in a range of health and social care settings during my (now rather long) career, I fully recognise this.

From a commissioning perspective in Richmond we're aiming to break down silos and have brought together our council social care commissioners and our health CCG commissioners to form a Joint

Commissioning Collaborative. Still early days, but this means we can commission for a holistic, joint care set of needs; rather than just health, or just social care. We are also integrating care on the frontline. It's about bringing services together on every level.

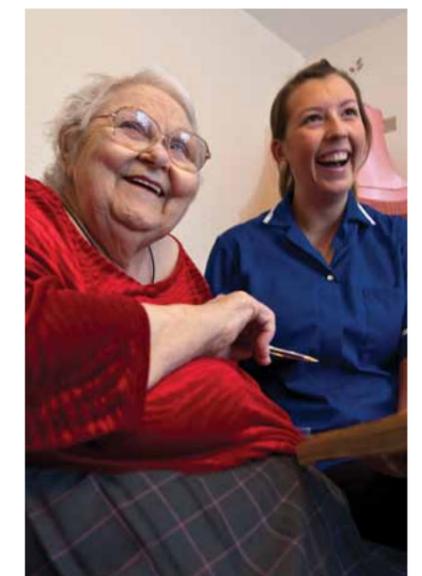
Integrated care makes sense for two reasons; it makes the best use of existing resources across health and social care, and it gives us a real opportunity to improve outcomes for local residents. There may be conflicting opinions on the evidence to support this approach but if you talk to local residents the case is very clear. They want their care to be joined up, they want to have to tell their story once. They want the right care in the right place at the right time.

And that raises another pertinent issue; the role of residents themselves in managing their own care. There is still a high public expectation of what the system will provide. We need to further encourage and empower residents to be more proactive in looking after their own care and wellbeing. Developing creative, flexible models that shift care out of hospitals, mobilising it closer to people's homes with the lowest level of intervention – this is our vision. It will be a challenge, but social care's absolute top priority is ensuring people receive the right support to remain independent and in their own homes as long as possible.

Cathy Kerr is Director of Adult and Community Services in the London Borough of Richmond upon Thames, and chair of the London branch of the Association of Directors of Adult Social Services.

A graduate of Manchester University, Cathy is a qualified social worker who started her career working in the London Boroughs of Haringey and Barnet. She has also worked in a number of health settings, both as provider and commissioner and was project manager responsible for the long stay hospital closure/resettlement programme for people with learning disabilities in Hertfordshire.

Under Cathy's leadership, Richmond is national leader in personalisation, giving people choice and control over their care and support. In her previous work, and in her role in Richmond, Cathy has worked to 'join up' support across health and social care and is the Council's representative on the Governing Body of Richmond Clinical Commissioning Group



Higher Education

by **Dr David Mackintosh**

Universities live in “interesting” times as the Chinese saying goes. I have worked in Medical Schools and the pre-92 and post-92 sector, both teaching and in research for over 30 years and one thing I have learned and relearned is the remarkable resilience of the sector.

The past year has seen no let-up in the pace of change in higher education, affecting both NHS funded and HEFCE (Higher Education Funding Council for England) regulated courses. Much of this has been previously announced policy being implemented and the effects of earlier changes now being felt. One very significant new change early in the academic year which had not previously been signalled was finding out for the first time in a ministerial speech that the student number controls were to be lifted. While this is likely to lead to increased student recruitment by those institutions with the demand and appetite to do so, the question of how the increase in Higher Education (HE) participation it signals will be funded appears currently unanswered. I think we all have to prepare for further very significant change in HE funding and policy in the post-election period.

The challenge around participation levels

For the present, it is encouraging that we have seen undergraduate participation recover to almost pre-tuition fee rise levels. It remains a worry that within that, mature student and part time recruitment which was disproportionately affected post fee changes, remains depressed. This is likely to particularly hurt some allied health courses.

Participation by home students in Postgraduate taught education has already declined in the majority of institutions and is likely to suffer a marked drop for 2015 entry as the first cohort of graduates with significant debt from the new fees face the prospect of further loans to pay for Masters courses. It is likely that many will be unable, or choose not, to continue their education in this way. We await a government autumn statement on this issue with interest.

CPD a vital part of NHS training

The growing demands on Health services and the concomitant funding pressures continue to impact on the training budget. As the NHS wrestles with its finances we are once again in a period of contract renegotiation and a wish to reduce benchmark pricing. As one might expect these negotiations are proving difficult. Continuing Professional Development (CPD) is a vital part of NHS training as the need for staff skills to remain current is nowhere more pressing than in Health, and funding this at the level required is also part of the challenge. Those tasked with managing this process will be stretched, the Local Education and Training Boards are suffering a reduction in senior staff to reduce costs, and it remains to be seen if this will impact their effectiveness.

In spite of all this, and I may lay myself open to accusations of undue optimism, whatever further major change emerges I firmly believe that the UK Universities and the key role they play in health education will remain as important and successful as ever. The way they will do this is as it has always done by innovation, flexibility, team working and sharing of good practice. The SW London System is an embodiment of all of these things and the role it will play in coping with the turbulence to come is a valuable one.

David Mackintosh was appointed Deputy Vice-Chancellor of Kingston University in 2009; previously he was Dean of the Faculty of Science. He took his first degree in biochemistry at the University of Kent, and then a doctorate in diabetic kidney disease at Guy's Hospital Medical School, post-doctoral research and then a lectureship at Charing Cross Medical School followed before joining Kingston.

David's interests range across most aspects of the student lifecycle. He has been responsible for quality assurance and enhancement, portfolio development and student support. As a former institutional lead on equality and diversity he has actively studied the ethnic attainment gap.

His current focus and responsibilities include strategy development, planning, recruitment, international, widening participation and outreach, marketing and communications and alumni relations. He is a senior awards examiner at London Metropolitan University, a governor at Kingston College and on the executive of the SW London Academic Health and Social Care System. He was formerly chair of the South West London academic network. He is currently leading an institutional research group at Kingston.

Over 100 PhD students attended two research degree summer schools (September 2012 and 2013), organised and funded by the SW London System and SWan (South West Academic Network)

Public Health

by **Dr Mike Robinson**

The move of public health into local government has been anticipated by policy makers for some years. This is because, whilst the NHS is obviously a very important partner, it is clear that the most fundamental, basic requirements for health are better managed from a local government position.

It has been well established that having somewhere secure and decent to live, having a purpose in life, such as paid or unpaid work, and having supportive relationships to avoid loneliness, are the three things that everyone needs in order to remain healthy. And it is the local government that has the principal responsibility for things such as housing, jobs, and ways to bring people together. So this development represents a great opportunity to make a difference.

Developing quality, working partnerships

Moving forward from a Public Health perspective we need the right knowledge and communication skills to make the most of this opportunity. So our priorities now are to ensure that all our staff understand how local government works, and how to be really effective in this more directly political environment.

Also, in this time of austerity with increasing numbers of elderly and dependent people, it is essential that we develop quality, working partnerships with all other areas of local government. As someone who has also provided out of hours care as a GP, I would say that what matters most to our patients is receiving the care they need; regardless of who commissions it. So it makes sense that we should further integrate health and social care.

By working together we can provide quality seamless care that focuses on the outcomes that matter to patients, their carers, and their families; and avoid the counter-productive ‘cost-shunting’ of the past. We've worked hard to make progress in this area over the last eighteen months, and our teams have already built promising relationships with colleagues in Adult Social Care as well as other council functions such as Licensing, Planning and Environmental Services.

Clear about outcomes, guided by evidence

Finally, from a wider perspective we need to take a ‘whole systems’ approach and be clear in identifying those outcomes and how we're going to measure them. We need to be guided by evidence and where necessary evaluate things as we go. If our first way of doing things doesn't work then the system must have the agility to allow us to try something different.

We still have a long way to go. But in terms of better health and wellbeing for our residents in south west London I believe there is great dividend at the end of it. Being part of the SW London System is crucial for giving all stakeholders the shared platform and structures to make this a reality.

If our first way of doing things doesn't work then the system must have the agility to allow us to try something different

Dr Mike Robinson is Director of Public Health for the London Borough of Croydon, where he has worked since October 2012. Mike has previously held DPH posts at the NHS Hounslow/LB Hounslow, NHS Wakefield District/Wakefield MBC and East Leeds PCT.

Mike has a long standing interest in training, most recently as Head of the School of the London Kent Surrey and Sussex Speciality School of Public Health based at London Deanery.

Before training in Public Health, Mike undertook vocational training in general practice and continues in part time clinical practice as a sessional GP.

Mike lives in Putney and is married with two grown up children.



Workforce and Professional Development

by **Julie Screaton**

As with all other aspects of health and social care in the capital, Health Education South London's (HESL) recent and future strategic decisions are increasingly made with the aim of achieving the holy grail of Integrated Care. From our perspective this depends on ensuring primary care is at the core of our care delivery system, and setting up seamless pathways of care for our patients.

The system needs to be more responsive to patients' needs. Where possible, it should enable and encourage patients to self-manage. Previously we've all been trained to work in our own separate silos, but it is now clear that approach is no longer in our patients' best interests. The question for us is how do we develop a workforce that is skilled and equipped to work in these different situations and settings where the boundaries between organisations and institutions are increasingly blurred?

Locality based cooperation at its best

One response that we're particularly excited about is Community Education Provider Networks. Led by local teams based around primary care and general practice, the aim is to bring together everyone involved in health and social care in a particular borough to identify and discuss that specific population's needs and translate that into an education and workforce response. As part of that inclusive, local level partnership we can then all better plan how to deploy our training and education resources to deliver the best health and social care workforce for that particular community. This is an example of locality based cooperation at its best.

We are all driven by a need for improving communication between parts of the system, improving training in primary care and creating a solid informed basis for workforce and education planning. All Local Education Training Boards (LETBs) in England have developed 5 years strategic plans and we're already collaborating across London to share lessons from each other's experiences and ensuring those plans line up with what commissioners aim to achieve in terms of service design and delivery.

Training for flexibility, responding to emerging issues

One of our main priorities over the next few years will be training for flexibility; both in terms of the settings in which staff work, and in the types of patients they will encounter. We need to train people to a reasonable level of competence across a wider range of health issues. We'll also be addressing the increasing need for rapid upskilling to ensure the workforce has the contemporary skill sets in time to respond to emerging issues; such as diabetes or childhood obesity. How do we shorten the cycle from identifying the need for further training and actually delivering it, whilst still being cost-effective? It's crucial that we develop effective partnerships to meet this need and maintain the same high standards of care. Technology and flexible learning will both play an important role.

Part of our responsibility is around innovation and we've heavily invested over the past few years in developing technology to assist learning, such as simulated environments. In partnership with the Academic Health Science Network we've worked hard to find and commission small, local projects that will eventually inform larger changes in the workplace, but for a small initial investment.

With all these changes and positive responses from HESL and our partners, I'm confident that health education will provide our current workforce and the next generation of healthcare workers with the right skills, competence and understanding for better patient care across south west London.

How do we develop a workforce that is skilled and equipped to work in these different situations and settings?

Julie Screaton is Managing Director of Health Education South London. Julie joined the NHS as an HR graduate management trainee and after six years working as HR Director of West Middlesex University Hospital in west London, left the acute sector to take on a number of workforce strategy roles within Strategic Health Authorities. Immediately prior to being appointed as the Managing Director for Health Education South London and more recently as Health Education England National Director for London and the South East, Julie worked in NHS London and led the establishment of London's three LETBs, working with employers, Higher Education Institutions and other key partners.



Responses from SW London System members

The SW London System has a well established reputation for supporting and commissioning a range of projects and programmes in the areas of research, service improvement and education and professional development. These were the three areas of activity identified when the System was established in 2009.

By improving our responsiveness to our members and to the changes taking place across the health, social care and higher education sectors, we are delivering a co-ordinated programme of work which addresses the priorities in south west London.

This next section illustrates some of the activities we are supporting.



Leading and Managing Change Across Boundaries

by Professor Christine Edwards

This has been a turbulent year for managers working in health, social care and higher education. Leaders are faced with an increasingly complex and rapidly changing environment, and there are mounting pressures 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 this radical change agenda: the innovative leading across boundaries programme aims to equip leaders with the knowledge, analytical and personal skills to address this challenge.

The programme is run by the SW London System in partnership with Kingston University's Business School and was funded this year by Health Education South London. It is an excellent example of collaboration across the System with members contributing staff time and premises to deliver a very high quality programme at a fraction of the usual cost.

Constantly evolving, informed by research

The ten month programme includes personal development exercises, master classes, tutor led workshops, mentoring, and a group project, backed by study materials. The module content is constantly evolving in response to the latest developments in the sectors. It is informed by research and theory with exemplars and exercises that demonstrate how they can be used to improve practice. The emphasis is on "what works" and it is designed to bridge the gap between knowing and doing.

The programme's strength is partly due to the invaluable contributions from numerous senior leaders from NHS Trusts, Clinical Commissioning Groups, Public Health and the Department of Health and Department for Communities and Local Government. We are also indebted to the Vice Chancellor of Kingston University.

Given confidence to innovate

Participants described these sessions as informative and inspiring, and said it put their own challenges into perspective and gave them confidence to innovate. They greatly appreciated these opportunities for open discussion and debate with those at the leading edge of change.

Sessions are also led by distinguished academics that drew on the latest research to link strategy with practice. They used case studies and role play exercises to apply knowledge and gain understanding of differing values and perspectives. For example, delegates agonised over a decision as to whether the NHS should supply a drug for children with a rare but fatal condition that failed to meet NICE guidelines.

A major part of the learning process is working on a group project to deliver evidence informed solutions across organisations. Projects tackle issues that require cross organisational and cross disciplinary collaboration, and included for example the development of a local support website for adults with autism. Self-knowledge and developing appropriate leadership style are also important themes of the programme.

Participants and contributors are drawn from across the NHS, local and central government organisations and universities, and their different professional and organisational experience is a vital input into the programme. There are now 91 programme alumnae and the relationships formed are building an expanding network for collaboration and research. The need for leadership development in cross boundary working is growing apace and the programme themes of innovation, commissioning, integration, health and wellbeing, partnership, and managing change are more relevant than ever before. We hope therefore to announce very shortly the start of recruitment for another cohort to start early 2015.

Further details can be found on website www.swlondonssystem.org

The emphasis is on "what works" and it is designed to bridge the gap between knowing and doing

Professor Christine Edwards – Programme Director - Emeritus Professor, Kingston University
Emeritus Professor of Human Resource Management at the Business School of Kingston University and was founder and Director of the Institute of Leadership and Management in Health. Christine has researched and published widely in the area of employee relations and engagement, the quality of working life, knowledge transfer, and changing managerial roles and practice. She has undertaken research in a wide range of public and private sector contexts and has worked on the Royal Borough Kingston's biannual staff surveys since 1999. 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 the SW London System on two other National Institute for Health Research projects - on the role of peer support workers in mental health, and hospital strategies to promote the safety of patients with learning difficulties. She is a member of the National Evaluation Panel of the UK Technology Board's Knowledge Transfer Partnership Scheme, and Fellow of the Chartered Institute of Personnel and Development, and the Higher Education Institute.

My Experience with The Leadership Programme

by Laura Spratling

The 'Leading and Managing Change across Boundaries' programme is an excellent combination of practical exercises, inspirational speakers and opportunities to learn from colleagues in other parts of the health and social care system.

For me the central concept of the programme was that of public value (shared with us by Professor John Benington from the University of Warwick) and the challenge for us as leaders to think beyond individual organisations in order to meet the complex needs of the populations we serve.

In this way the programme provided just the right amount of "stretch" in giving participants access to both theoretical models and practical exercises in cross-sector collaboration. This was the first development programme that I have taken part in to involve clinicians alongside non-clinicians, with physical health, mental health, operational management and commissioning equally represented alongside colleagues from the health schools in local universities. As the modules progressed I noticed that we had really "gelled" as a group and it helps my day job to be in contact with colleagues from a wider range of organisations across our region.

Knowledge that applies to my current and future roles

The group project was an excellent opportunity to learn in more detail about colleagues' individual perspectives on current challenges in health and social care. In particular I learnt a great deal about approaches to supporting people to effectively self-manage long term conditions and recent initiatives combining physical and mental health services in this area. This knowledge will be of great use to me in my current and future roles, as I am a strong believer in integrated services that support people with long term conditions in a holistic way.

I would warmly recommend the leadership across boundaries programme to all clinical and non-clinical practitioners who are looking to collaborate for new and practical solutions.

This was the first development programme that I have taken part in to involve clinicians alongside non-clinicians

Laura Spratling is Senior Programme Manager for Diabetes at the Health Innovation Network (HIN), the Academic Health Science Network for South London.



Capacity Development: Supporting Leaders in Transforming Care

by **Kathy Tyler**

Great change is taking place across the health and social care sectors, as reflected in this annual report. This has a major impact on individuals and organisations and the ways in which they work together. Effective transformation is a shared effort and can only be achieved through collaboration – at team, organisation and agency level.

Implementing change of such complexity and scale in south west London demands both exceptional leadership and collaboration from the senior directors responsible for transforming health and social care.

Working effectively together is essential to make change happen – but it is not easy to create the time and space to develop shared understanding and new ways of working.

Unique forum to share learning and challenges

To support this process and help develop the leadership capacity, the SW London System commissioned experts from the King's Fund to deliver a series of seminars for directors in health and social care from our member organisations.

Our aim was threefold: to create a forum for people to hear about the latest thinking and lessons from across the UK and world-wide; to share the learning from local success and to work together on shared challenges.

Themes include:

- The broad agenda for integrated care policy and implementation; what's worked and what hasn't, the challenges and opportunities using UK and some international experience, evaluation and evidence.
- The health and social care agenda including the Barker report and the ideas being tested with stakeholders; focusing on the culture differences in health and local authority organisations and its impact on planning and delivery of Better Care Fund proposals.

- Systems and models of collective leadership, drawing on the experience of four communities in England and emerging lessons and an overview of work on medical engagement.
- Presentation of the King's Fund work on workforce, particularly new specialist roles outside hospital settings and also on the analysis of acute sector led integrated care.

Testing senior leadership skills in a safe environment

The seminar programme is designed to enable senior leaders to develop their skills to enhance the delivery of this complex agenda, through collaborative working on local key challenges. Learning together, we create greater opportunity for successful implementation. Each session uses local case study material from participants as well as other scenario material for small group working. This enables responses to be tested out in a safe environment and allows participants to widen their perspectives to enhance effective service planning, delivery and evaluation.

A key outcome from the programme is the development of a cadre of leaders from organisations across the SW London System whose combined impact and enhanced relationships from participation will strengthen delivery of the local transformation ambition.

Working effectively together is essential to make change happen – but it is not easy



Integrated Care: Mental Health and Social Care Leadership Programme

by **Chris Hartfield**

As the SW London System continues to focus on integrated care across the sector, this year will see the launch of a leadership programme for managers and team leaders involved in mental health and social care. Run in conjunction with the South West London and St George's Mental Health NHS Trust and local authority members, the programme will prepare those leading staff in a multi-organisation environment and responding to operational demands in a shifting political landscape. With the implementation of the Care Act 2014 due in April 2015, the timing could not be more critical.

Representatives from Adult, Older People and drug and alcohol services will form the programme cohort, along with mental health and social care services from the local authority membership of the SW London System. The programme is specifically aimed at team manager level, as these staff will be closely involved in the operational elements of their respective service provision.

Participants will be selected to create relevant local pairings, thereby fostering local working relationships, promoting learning between teams and enhancing cross-working practices on service and care pathways.

Understanding shared priorities and joined up care

We expect to see leaders emerge with a greater understanding of each other's shared and strategic priorities as well as effective responses when jointly providing a complete pathway for the service user. Developing understanding alongside others in this way will support in-depth learning, especially when exploring and unpicking the grey areas or questions over legality for clients around issues such as capability and when intervention becomes the appropriate course of action, and in the delivery of section 75 agreements.

With implementation of the Care Act, there is an even greater pressing need for integrated partnership working, and understanding of shared priorities can only help with changes to care delivered at ground level, by building skills and removing barriers from operational demands.

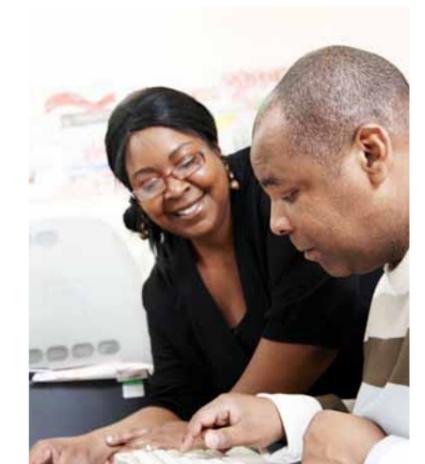
The programme will be built on the same foundations as the highly successful 'Leading and Managing Change across Boundaries' programme the System currently runs in conjunction with Kingston Business School (see page 10). It will include teaching informed by experts in both sectors and project work based on reviews and analysis of case studies from participant organisations. Action learning sets will give groups the chance to talk about solutions in their project groups and define simulated pathway changes that allow a focus on the service user's experience. Like Leading and Managing Change, sets will be facilitated by experienced and expert facilitators, drawing on in-depth knowledge from both fields.

Fostering a cross-agency culture of working

A final strand to the programme will see participants shadowing their colleagues within their local partner care organisations, building an understanding of the cross-agency culture and experiencing first-hand the challenges faced in delivering joint care along the service user pathway. The programme will begin in January 2015, followed by one day a month of learning and project work into April 2015, finishing with a presentation day and hearing from project groups. If you would like to learn more, please contact the SW London System by emailing gcahsn@sgul.ac.uk

With the implementation of the Care Act 2014 due in April 2015, the timing could not be more critical

Chris Hartfield is Project Officer for the SW London System. He began his career in customer services before joining 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.



A Clinical Commissioner's View

by Dr Nicola Jones

My main ambition when first becoming chair of Wandsworth Clinical Commissioning Group (CCG) was that through placing clinicians in a position where they can influence the decision making process, we could make a positive and lasting impact on frontline services. Today, considering the relatively early stage of development we're at, I feel optimistic enough to say that we are making real progress.

We have all spent a great deal of time and effort building relationships, and there are now clinicians working at every level in our organisation. There is a clinical majority on the board, in varied decision making roles, and leading work streams. So the level of clinicians' influence in how the budget is spent is greater than it has ever been. That wasn't there before and it has been extremely useful.

Every GP is a commissioner

The concept of GP membership has also evolved across all general practices in the community. Every GP in our area now knows that they are in effect a commissioner. Every time they refer, every time they write a prescription, they are commissioning. It has given them a much greater sense of connection to the CCG than they ever had with a Primary Care Trust (PCT).

Another benefit has been the focus on the quality of the patient's experience. Every day GPs hear about their patients' experience with NHS services, but previously that insight went nowhere. Today we capture that information and are able to quickly respond to problem areas to constantly improve care.

Balancing targets, clinical and quality issues for best patient outcomes

Looking ahead, although the CCG spends most of our money in the acute services an increasing amount of care is moving into general practice and community settings, putting them under more pressure than ever before. GPs want to provide excellent care and be part of a real partnership with patients, and that's where a lot of our focus needs to be over the next few years; ensuring

general practice is effectively resourced and GPs are supported to be providers as well as commissioners. And whilst it is very important that CCGs are seen to deliver and hit targets it is essential that we don't focus on those to the detriment of the underlying clinical and quality issues that make the whole system work on a local level. It has to be a balance so that patients get the best possible outcomes.

If the system permits and supports CCGs to create a really vibrant, high performing primary care service through the continued influence of clinicians there will be positive effects throughout the system; through community, social care, and into secondary and tertiary care.

It's a huge job that clinicians have taken on, and considering that most people haven't been trained in this area I'm amazed at the enthusiasm and rapidly developing expertise being demonstrated in these roles. GPs, clinicians and managers working together is incredibly powerful and positive and I think it's working because people are really motivated to make those changes, and are now being enabled to do it.



GPs, clinicians and managers working together is incredibly powerful and positive

Dr Nicola Jones has been a GP since 1995 and is managing partner of a group of practices in London. She is Chair and Clinical Lead of Wandsworth Clinical Commissioning Group and has been the cardiovascular clinical lead for 10 years. She gained an MBA from London Business School in 1999 and has developed her management expertise in a variety of roles but remains utterly rooted in NHS clinical practice and primary care. Under her leadership, Wandsworth CCG has developed an approach to improving quality through primary care development, integrated working and care planning. Nicola loves to climb, ski, trail run and generally be outdoors and she spends her free time persuading her three children to get out of breath.

Medicines Optimisation: Developing Safer use of Medicines

by Barbara Adie and Wendy Pullinger

Medicines Optimisation is a Department of Health priority. If implemented effectively, it will help patients, public and society to get the best outcomes from medicines. Medicines remain the most common therapeutic intervention in healthcare and all healthcare professionals must work harder to ensure that patients get maximum benefit from and safer use of their medicines.

This exciting project provides a unique collaborative opportunity between academia, NHS commissioners and providers to improve the care of patients in south west London by looking more closely at processes and patient outcomes in relation to high risk medicines.

The Pharmacy Teams at St. George's Hospital and Croydon and Wandsworth Clinical Commissioning Groups will be piloting the project. Their aim is to collect data and review the results for participating patients, share the outcomes with the SW London Medicines Commissioning Group, before extending the project and involving other local providers.

The team at St. George's is going to focus on a target group of 50 patients with Type 1 or Type 2 diabetes using insulin at the time of admission to the acute setting. They will review the discharge of the patients and analyse how their care is managed when transferring from secondary to primary care. This group of patients is known to be at high risk if communication is poor or information provided to the patient or healthcare professionals is inadequate. The review will audit current processes against standards required by NHS commissioners, Care Quality Commission, organisational policies and good practice guidelines. Learning from the project will be shared across south west London and enable barriers to good practice to be identified and recommendations for improving patient outcomes to be made.

The data for the project is being gathered using three questionnaires:

- **Inpatient setting** - information about the patient's insulin and discharge summary
- **GP Practice** - receipt of the discharge summary and process in the patient's GP

- **Patient** - information obtained for the patient (or their carer) on their experience

After analysis, data from the questionnaires will indicate the level of compliance with standards, identify problems and barriers to good practice. The patient questionnaire may also highlight potential individual case studies. The project will also explore the potential for an electronic data collection system to reduce burden on staff time.

Promoting best practice, tackling barriers

NHS Commissioners and providers in south west London have worked together and established agreed standards for the safe discharge of patients. This includes set requirements for prescribing medicines to be included in discharge summaries. The Medicines Optimisation project is a proactive way of building on this to achieve these standards and promote best practice. Looking closely at the processes involved and feedback from patients will help to identify key areas where problems can arise and highlight areas of good practice. Sharing this information and recommendations will ensure consistent practice across the sector. Working together to remove barriers will impact positively on patient outcomes and the patient experience.

If successful, this project has the potential to be shared more widely as a benchmarking tool or further research opportunities, if applied to a range of other high risk medicines such as anti-coagulants and opioids.



Sharing information and recommendations will ensure consistent practice across the sector

Barbara Adie, self-employed Pharmacist Consultant, currently working as a project facilitator with SW London System on the Medicines Optimisation Project. Barbara previously worked as a community health services pharmacist in Croydon for seven years and has a wealth of experience working in the NHS in secondary, community and primary care settings. Her role is to provide practical advice and support to the project from development through to reporting and sharing of results.

Wendy Pullinger, Deputy Chief Pharmacist, St George's Healthcare NHS Trust. Wendy's role in this project is to ensure collaborative working with colleagues and to assist with data collection. This should demonstrate that patients with diabetes receive the information they require regarding high risk medicines such as insulin and an improved experience of healthcare services.

Healthy Living Pharmacies in Croydon

by Matthew Phelan

Croydon Council is working in partnership with Croydon Clinical Commissioning Group, Croydon Local Pharmacy Committee (LPC) and the SW London System to develop the Healthy Living Pharmacy (HLP) concept in the borough.

Croydon Public Health was charged with developing the Pharmaceutical Needs Assessment (PNA) on behalf of the Croydon Health and Wellbeing Board, with Mike Robinson, Director of Public Health the lead officer. We've used engagement with the Pharmacist, the LPC and local partners throughout PNA development to foster closer working relations and discussions around embedding the HLP approach.

The concept builds upon the role of community pharmacies to establish Healthy Living Pharmacies as a key element within public health services. It aims to do this through the delivery of high quality services, advice and intervention as well as regular health promotion activities. The pilot will also build on good work already underway such as the Making Every Contact Count initiative.

Croydon's ambition is that HLPs will consistently deliver a range of high quality health and wellbeing services for local residents. They will do this by:

- Achieving quality criteria requirements and meeting productivity targets linked to local health needs e.g. a number of Stop Smoking quits at 4 weeks
- Proactively promoting health and wellbeing and offering advice on health issues such as smoking, physical activity, sexual health, healthy eating and alcohol
- Using a trained Health Champion who is proactive in promoting health and wellbeing messages, signposts the public to appropriate services and enables and supports the team in demonstrating the 'ethos' of an HLP
- Engaging with the local community and other health and social care professionals, especially their local GP practice

- Being recognisable to the public through the display of the HLP logo

We are delighted that Croydon Pharmacists have demonstrated commitment to support their workforce's development and we already have 53 Healthy Living Champions. Sixty two per cent of Croydon Pharmacies have accessed training provided through the South London Local Education Training Board already, with more training available.

High quality pharmacies across NHS Networks

Although the HLC concept in Croydon is still in early stages of development, we have set an ambitious target: our goal is to establish three Healthy Living Pharmacies in each of the six local NHS Networks.

There are clear benefits for Pharmacies that choose to take part. Each will achieve accreditation and have opportunities of being commissioned to deliver advanced targeted interventions based on local need in each of the Networks.

It's an ambitious undertaking, but by the end of the project we are confident that we will see our Pharmacy staff equipped to provide consistent, simple information and support for their local communities. Our hope is to see significant, measurable impact and a transferable model and framework that can be shared across south west London boroughs.

For more information, please contact Matthew Phelan, Interim Public Health Principal or Dr Ellen Schwartz, Consultant in Public Health Ellen.Schwartz@croydon.gov.uk

Our goal is to establish three Healthy Living Pharmacies in six local NHS Networks

Matthew Phelan is currently an Interim Public Health Principal, in Croydon, with responsibility for Pharmaceutical Needs Assessment and Healthy Living pharmacy development, as well as leading work around Alcohol Harm Reduction, specifically, Identification and Brief Advice programmes. Prior to then he was Health Improvement Support Manager, PHE London with lead responsible for Obesity and Physical Activity. As Health and Wellbeing Board Programme Manager, NHS London, he was responsible for working with local Government to support establishment of London Health and Wellbeing Boards and Local Healthwatch. Matthew is a former Special Constable in the Metropolitan Police, with a focus on managing the night-time economy in central London. He has been Project Officer, National Support Teams, with the Department of Health working across four Health Improvement teams, including alcohol-harm and health inequalities.



Croydon Clinical Commissioning Group

Merton Health Promoting General Practice Pilot

by Dr Kay Eilbert

A new Proactive GP Practice Model in Merton is being developed as a creative, cost-effective response to the challenge of balancing increasingly well-informed patients' rising expectations against resolutely non-rising funding and resources.

Our specific focus is on changing GP practices and behaviours, with a view to improving patient outcomes and quality of life. The pilot, starting in November 2014, will run for a year.

In general, the country as a whole is moving towards GP practices working in networks as one way of offering better value for money. While effective models have been developed elsewhere, these have required significant new investment. But in this time of austerity our project looks at using factors, other than money, that can positively influence GP behaviours.

Some of those levers employed include professional norms, helping develop a model for delivering new General Medical Council and Royal College of General Practitioners standards for proactive care to reduce health inequalities, and sharing of best practice among GP peers. There is also the public recognition of those practices and an element of healthy competition with other GP colleagues; no-one wants to be the worst in their locality. And whilst these are all non-financial inducements there are still financial benefits to be had by GPs.

For instance, if a GP increases prevalence on chronic obstructive pulmonary disease, any patient detected and registered will attract Quality Outcome Framework points and funding. If the GP then provides excellent care in the management of that disease they can expect further gains.

Exciting partnership: primary care and public health

But what's really exciting about this project is that it's a partnership between primary care and Public Health. Our behaviour change lifestyle service, Live Well, will be engaging with community groups across east Merton,

where our more deprived, multi-ethnic population resides. Using a community health champion model, volunteers receive training to encourage healthier lifestyles and the take up of clinical prevention interventions, such as immunisations or our stop smoking service, creating a direct, joined-up pathway from community to primary care.

Meanwhile we will also be working with the Clinical Commissioning Group (CCG) to bring together GP clinical directors to identify and provide to participating GP practice support to make improvements in embedding prevention initially around smoking, increasing prevalence, reducing A&E attendances, and admissions for ambulatory care sensitive conditions that could be managed in the community.

Building on strong GP buy-in

Our long-term goal for this pilot is to improve quality of life for residents, and save money. Ultimately however it cannot be just a Public Health project; it has to be a GP project. There are nine GP practices in east Merton and it is vital the majority participate if the project is to succeed. Fortunately as well as strong GP buy-in, we are starting to see interest from the CCG in providing leadership in partnership with Public Health, as well as plans for the research evaluation component so that results can be disseminated further afield.

It is an exciting time as we see greater collaboration between primary care and Public Health in Merton for the benefit of our local residents. Through creative partnerships we are optimistic that we can still significantly improve quality of life, while working together differently within existing resources.

Our project looks at using factors, other than money, that can positively influence GP behaviours

Dr Kay Eilbert, Director of Public Health, London Borough of Merton

Kay Eilbert is a public health leader, experienced in addressing population health issues and health inequalities in the UK and abroad. She worked for the NHS in East London for nine years (City & Hackney, Tower Hamlets and Waltham Forest, where she was Acting Director). She moved to Merton to take up the Director of Public Health post in March 2013.

Starting as a UN volunteer and then as a professional with UNICEF in Lesotho and Kenya, Kay then worked for two international voluntary organisations. She focussed on maternal and child issues and the social determinants of health. Building on this public health experience, she earned a Master of Public Health from Johns Hopkins Bloomberg School of Public Health and a Doctorate in Public Health from George Washington University to develop a professional career in public health.



Small Grants, Big Impact

Small Grants is a programme that supports collaborative projects across academic, health and social care sectors. This is a unique programme in south west London, since it promotes innovation that could potentially be of great benefit for the population of the area and even beyond.

In 2014-15, the SW London System is supporting 11 new projects, the greatest number since the programme began in 2010. Applications for funding come from our member organisations and we encourage collaborations with partner organisations too.

With 35 applications this year, the System was only able to fund almost a third of them, but we will work with those who missed out to provide networking channels with partner organisations.

A highlight from the programme this year was our popular Dissemination Seminar. Previous successful projects had the chance to present their results and share their experience with current projects, identify areas of concern and advise on specific matters around the project procedure. Attendees also included potential future applicants who benefited from hearing from project leaders. This successful seminar will become part of our regular events.

We have awarded 37 small grants;

7 in 2010,
6 in 2011,
5 in 2012,
8 in 2013 and
11 in 2014

2014 Projects

Virtual clinics and telehealth monitoring set to reduce recurrent acute hospital admissions

The pilot aims to reduce admissions and associated healthcare costs for patients who are frequent hospital attendees due to chronic conditions prone to recurrence. People with conditions such as chronic respiratory disease, chronic heart disease, urinary tract infections, falls and associated anxiety and depression are likely to benefit in particular from this ground-breaking pilot.

Using an affordable smartphone-based home monitoring system combined with digital video consultations, the project aims to improve patient quality of life through timely interventions and reduce associated costs.

Project lead: Dr Indranil Chakravorty, Consultant in Acute & Respiratory Physician and Senior Lecturer, St George's, University of London

Skilling up not dumbing down: improving access to mental health care services for people with learning disabilities

People with intellectual disabilities have poorer health outcomes than the general population, according to current literature. They often face barriers to health care provision due to poor training and awareness amongst health care staff.

The aim of this project is to provide a service user informed training package for the South West London and St. George's Mental Health Trust. People with a learning disability and mental health problem and their carers will be involved in the development and design of the pilot training package.

Project lead: Dr Paula Jean Manners Highly Specialist Clinical Psychologist and Lecturer in Learning Disability

Innovative use of red LED lights for neonates with difficult intravenous access

The project aims to show non-inferiority of the red LED lights in success of cannulation for neonates. Further

information will be gathered using questionnaires, informing decisions as to whether the lights are likely to be taken up as a viable option in clinical practice.

If the lights are shown to be non-inferior to standard techniques, and if the qualitative results from clinicians support their use, their roll-out would be clearly justified. The obvious benefits of using these lights would be on cost and improved sterility.

Project lead: Dr John Chang, Research & Development Director, Croydon Health Services NHS Trust

The Sutton musculo skeletal care within general practice (SCIPP) pilot study

This pilot will provide clinical input to musculoskeletal conditions where serious pathology is not suspected and red flag conditions and exclusions have previously been discounted by the referring clinician.

It will build on previous work by developing a multidisciplinary assessment and treatment process using defined referral criteria within a GP surgery site, through addition of a practitioner in the assessment and treatment process and extension of diagnostics to MRI and ultrasound (where indicated). The project aims include higher patient satisfaction, reduced waiting times and missed appointments, and more effective use of diagnostic services.

Project lead: Dr Jeffrey Croucher, General Practitioner and GP with Special Interest in Musculo Skeletal Medicine

Why weight? Supporting healthy weight of clients with mental health and/or learning disabilities

This project aims to develop a sustainable, community-led solution to the multiple factors that influence obesity, in particular for clients with disabilities, and support an innovative programme designed to find solutions to the complex issue of disability and obesity.

A budget will be made available to involve the local community in making positive changes to tackle obesity in children and

adult clients with a disability, with a focus on learning disabilities and/or mental health. The local community and local families will be involved in all aspects of the bid and the project, including planning.

Project lead: Anna Kitt, Health Improvement Principal, Public Health Croydon

Food first: screening for malnutrition in the community setting

It has been estimated that at any one time more than three million people in the UK are at risk of malnutrition. Many nurses and other health care professionals face challenges in screening or assessing malnutrition in the elderly.

The aim of this project is to raise the skills of sheltered housing wardens, and key health and social care professionals to use a malnutrition screening tool. This will make it simpler to identify older people at high risk of malnutrition, and provide guidance with signposting of potential programmes, such as luncheon clubs.

Project lead: Anna Kitt, Health Improvement Principal, Public Health Croydon

Borderline personality disorder in first episode psychosis – evaluating comorbidity rates in Wandsworth early intervention service (EIS)

Very little data exists on the actual diagnosed comorbidity of Borderline Personality Disorder (BPD) in first episode psychosis, although clinical experience locally suggests that a significant proportion of EIS patients appear to experience significant BPD traits, and these traits may significantly influence their prognosis.

The aims of the project are to look at the need for, and feasibility of, running an introductory group across service pathways for both psychosis and complex needs. The pilot will also look at comparison outcome data for this group, compared to the programmes run within the complex needs team.

Project lead: Dr Sarah Mansfield, Chartered Clinical Psychologist with Wandsworth Early Intervention Service

Optimising glycaemic control and medications management prior to elective surgery

Diabetes can lead to various co-morbidities that consequently increase the likelihood of surgical intervention. As a result the proportion of diabetic patients undergoing surgery has increased.

There is a potential to improve diabetic management during the perioperative period by reducing fasting times and the need for, and duration of, intravenous insulin therapy. This can be achieved by preparing individualised diabetic management plans during the perioperative period.

This project will evaluate the effectiveness of a pharmacist-led pre-assessment diabetic clinic for the optimisation of diabetes management prior to elective surgery.

Project lead: Assana Assadi, Senior Pharmacist, **Minal Patel**, Senior Pharmacist, and **Sara Qureshi**, Lead Pharmacist, St. George's NHS Healthcare Trust

Educational intervention to promote medicines optimisation with black and minority ethnic groups with experience of community treatment orders

Studies suggest that better medication adherence outcomes are possible where service users feel involved in decision making about their treatment. This action research study will use mixed methods to identify elements considered important by black and minority ethnic (BME) service users, lay and professional carers to improve medicines optimisation.

Based upon these elements, a training intervention for professionals will be implemented and evaluated. A service user steering group will be set up to oversee and consider direction of the study. Service users will also co-develop a training programme.

Project leads: Dr Julia Pelle, Senior Lecturer in Mental Health Nursing, and **Dr Iris Gault**, Associate Professor in Mental

Health Nursing; Faculty of Health, Social Care and Education, Kingston University and St George's, University of London

Continuation of care between hospital and community pharmacy in Wandsworth

Many specialist medication therapies are initiated at St. Georges and patients are often discharged with increasingly difficult to manage treatment regimens. High risk patients will be referred to the St. George's Medicines Information (MI) team, who will then refer the patient to their community pharmacy of choice.

Referring these patients to such services on discharge will ensure continued support is available to patients from the medicines expert in the community setting, and aid patient's understanding and medication management. It will also allow identification of any problems the patient may be experiencing with their medication.

Project leads: Neha Shah, Senior Pharmacist, and **Ciaran Weir**, Resident Pharmacist, St. George's Healthcare NHS Trust

Piloting a specialised sickle cell pain management service: a mixed-methods observational study

The purpose of this project is to understand the impact of the introduction of a specialised Sickle Cell Pain Management Service, from the perspective of service users and staff, in order to critically inform the development of this initiative.

This pilot study will critically inform refinement of the specialist Sickle Cell Pain Management Service and potential roll out of service elements. Results of this project will be used to improve pain management in sickle cell disease and improve the quality of life for people with the disease.

Project leads: Dr Jared G Smith, Research Fellow, Section of Mental Health, St George's, University of London and **Dr Penelope Cream**, Highly Specialist Clinical & Health Psychologist, St. George's Healthcare NHS Trust

Home Monitoring of Hypertension in Pregnancy Project

by Elaine Sheehan

Pregnant women who are affected by hypertension have a high risk of developing a life threatening disease in pregnancy known as pre-eclampsia. Pre-eclampsia is the second leading cause of maternal death in the UK. It is therefore crucial that we monitor these women closely - especially their blood pressure and urine - as these are the current diagnostic signs of pre-eclampsia.

I am a research midwife at the Day Assessment and Fetal Medicine Unit at St. George's Hospital. I was awarded a small grant from the SW London System in 2013. This small grant was used to create a pilot project, "Home Monitoring of Hypertension in Pregnancy".

Our overall aim is to improve the quality of care delivered to women who may be at risk of developing pre-eclampsia, whilst enhancing and improving patient experience and satisfaction.

My role within this project is to counsel women on how to monitor their blood pressure and urine at home by supplying them with an automated blood pressure machine and urine dipsticks validated for pregnancy and currently used within our maternity unit.

Monitoring and advice 24 hours a day

The women have access to professional healthcare advice from a midwife or doctor 24 hours a day if their blood pressure or urine results are out of range. Participants of Home Monitoring of Hypertension will have appointments at the hospital every two weeks instead of once or twice per week.

The main aims and objectives of this ongoing project are to:

- Implement an innovative model of care to address inefficient traditional care pathways
- Empower women to become involved in their care, whilst enhancing patient experience and satisfaction
- Eliminate long waiting times and reduce the amount of hospital appointments

- Provide cost savings for the patients by minimising transport and childcare costs
- Reduce the rate of unnecessary medical intervention and adverse pregnancy outcomes
- Reduce busy workload and time consuming tasks for NHS staff
- Provide a large cost saving mechanism for the NHS

London has an average of 130,000 births per year and south west London accounts for 30,000 of these. On average 3,000 women are affected by hypertension in pregnancy in south west London and therefore at risk of pre-eclampsia.

Innovating the care pathway, improving patient experience

The South West London (SWL) Maternity Network is a collaboration of five maternity hospitals: Epsom and St. Helier Hospitals, Kingston University Hospital, Croydon University Hospital and St. George's Hospital.

A common objective for the SWL Maternity Network is to move maternity care out of hospital. Although the NHS spends a significant sum of money every year monitoring these women for the development of pre-eclampsia, only 20% of women with hypertension will actually develop the disease. This highlights the need for an innovative care pathway that meets the satisfied needs of the patient but that is also cost effective and productive for the NHS.

At the end of the year, we will analyse the pilot data and use the results to disseminate and implement our learning and practice across hospitals within south west London.

One of our aims is to empower women to become involved in their care, whilst enhancing patient experience and satisfaction

Elaine qualified as a midwife at University College of Cork, Ireland. She has been a practising midwife for over four years. Her current role is a research midwife at St. George's NHS Hospital, London. She is working on a research project identifying cardiovascular changes in pregnancy, predominantly changes associated with pre-eclampsia. Elaine works with pregnant women who are affected by hypertension and pre-eclampsia on a daily basis. Hence her interest for developing a new care pathway for women at risk of developing pre-eclampsia. Elaine's goal for the future is to spread and adopt 'Home Monitoring of Hypertension in Pregnancy' across local and eventually national NHS maternity units.



Going Forward

Ongoing Change..... SW London System Going Forward

by Kathy Tyler

The changes that happened last year in the health and social care landscape produced a more complex terrain, bringing the potential for rapid development in services, research and workforce development while underlining the need for co-operation across boundaries.

For these reasons, the focus for the System was on:

- Relationships – welcoming new members into the System and reflecting their interests and priorities
- Collaboration – working effectively with new partners to make the best use of all our resources and expertise
- Communication – strengthening engagement and participation within and outside the System and
- Activity – developing our plans for responding to priorities identified by our members

This year is again a time of radical change locally and more widely. The SW London Collaborative Commissioning has published its Five Year Strategy, the implementation of the Better Care Fund is making an impact on the way health and social care are being delivered and the report from the London Health Commission on the health of Londoners is expected imminently.

In this year's annual report we have looked more closely at the impact of change on particular sectors such as higher education, social care and public health and then outlined some of the responses from the SW London System.

How has the SW London System responded.....

This has been a year of growth and achievement for the System:

- The "Leading and Managing Change across Boundaries" programme was funded by Health Education South London and opened up to colleagues across south London

- Developing an Integrated Care work programme – supporting the five year strategy developed by the SW London Commissioning Collaborative
- Strengthened the involvement of our members through our programme of projects, seminars, dissemination events and planned training programmes
- Built up our wider engagement – by collaborating with partners, supporting and contributing to professional networks and making better use of social media and other communication channels
- Delivering a comprehensive work programme that
 - o addresses local priorities of integrated care, early intervention and medicines optimisation
 - o supports innovation
 - o develops our workforce through greater cross boundary working and
 - o increasing leadership capacity to support the changes taking place in this part of London

This success is due to the continuing support and contributions from our members.

Looking forward.....

It's important to remember that we are a unique organisation established five years ago. We bring together so many organisations who choose to work collaboratively and who actively fund and support the SW London System to address the health and care needs of the south west London population.

Funding will be very tight in all sectors over the next few years so it is essential that we continue to work collectively to make the best use of our shared resources

and expertise to address health and social care needs in our area of London. We will build on our strengths, demonstrate good value and become more innovative ourselves – using our flexibility to explore opportunities to widen our portfolio.

We will continue working with our members to shape the future of the SW London System in a way that brings most benefit to the population of south west London and to the academic, health and social care organisations which serve them.

The underpinning theme of this year's annual report is "responding to change"

Kathy Tyler was appointed as Director of the SW London System in 2012. She 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 expertise in workforce development and a particular interest in cross-agency working. Previously, 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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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 can be found on our website and via our Twitter feed.