

Healthy London Partnership

Highlights of 2015-16



Transforming London's health and care together

Healthy London Partnership formed in April 2015. It has been working across health and social care, and with the Greater London Authority, Public Health England, NHS England, London councils, Clinical Commissioning Groups, and Health Education England. We have united to amplify the efforts of a growing community of people and organisations that believe it is possible to achieve a healthier, more liveable global city by 2020.

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Welcome from our Chairs

The Health Service in London came together successfully during 2015-16 by forming Healthy London Partnership to develop and agree a shared plan for our capital city for the coming years.

As leaders of the NHS in London we are committed to doing all we can to ensure Londoners get the high quality care they deserve through realising the vision set out in the NHS Five Year Forward View. London's 32 Clinical Commissioning Groups (CCGs) and NHS England (London) launched Healthy London Partnership in 2015 with the overarching goal to make our capital the world's healthiest global city. This partnership grew from the work of the London Health Commission, an independent review of health led by Professor the Lord Darzi. The Commission's report (Better Health for London) contained 10 aspirations for London and over 64 recommendations on how to make London the world's healthiest city.

This report describes some of our most significant achievements in our first full year of collaboration and partnership working to tackle London-wide challenges to health and care. The past year has been exceptionally busy as we mobilised 13 transformation programmes to deliver improvements to health services and to empower Londoners to make healthier choices. We firmly believe that we can make London the world's healthiest city by 2020 by continuing to work together. We are proud to have come this far but we are clear that we are just at the beginning of a long process and there is a lot more to do.

One of the most significant milestones for us last year was the London; One Year On event in October, where we took stock of the progress being made. The Mayor of London, NHS England, Public Health England, London Councils and the 32 GP-led clinical commissioning groups agreed a plan about how, individually and collaboratively, we will work towards making London the world's healthiest major city.

Shortly after this event a major positive step happened when The London Health and Care Collaboration Agreement was signed and endorsed by Government. The approach that London partners proposed of developing and testing different elements of health and care devolution across the capital provides a clear direction for making the improvements necessary to achieve positive change. Other highlights from last year include the roll out of the Urgent and Emergency Care facilities specification, the Primary Care Commissioning Framework and the Children and Young People's Asthma Standards. A lead commissioner for health services for homeless people was also appointed and an NHS estates database was developed.

There is no denying the major challenges we face in London but we remain committed to working together. One of Healthy London Partnership's major priorities has been continued engagement and collaboration with a wide range of people across the health and social care system. This has been fundamental to ensuring our work supports and complements activity at local levels.

We would like to extend a heartfelt thanks to all our colleagues and stakeholders who have committed their time and expertise to the partnership through events, board membership, working groups, meetings and feedback. This contribution has been invaluable to progress the work of the programmes to deliver tailored change.

The scale of transformation that we are aiming for needs strong commitment, investment and a clear purpose in order to vastly improve the health of our city. We are grateful to the dedicated staff working hard to provide the health and care Londoners deserve. The achievements outlined in this report are testament to their efforts and commitment.

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Introduction

Healthy London Partnership was established in response to the NHS Five Year Forward View and the London Health Commission and to improve health services and deliver changes to health in the capital. The aim is to take London from seventh in the global healthy city rankings, to the number one spot.

In April 2015 NHS England and London's 32 Clinical Commissioning Groups (CCGs) launched a plan to make London the world's healthiest global city.

The NHS cannot achieve this goal alone and is working with partner organisations to ensure improvements are made through the London Health Board and the London Health and Care Devolution Programme. Partners involved include 32 Clinical Commissioning Groups, NHS England (London), Public Health England, London Councils, Health Education England, the Greater London Authority and the Mayor of London.

The London Health and Care Collaboration Agreement, endorsed by Government, provides a blueprint for partnership working to help make London a healthier city where health and care services meet the needs of individual Londoners.

When created the work of Healthy London Partnership focused on 13 transformation programmes. All partners pooled funding to undertake transformational change across London, through 13 clinical and enabler programmes (see below for a list of programmes). Each programme was set up to solve a different health and care challenge faced by the capital.

All our programmes aim to make prevention of ill health and care more consistent across the city:



Cancer: Enabling all Londoners to access the best cancer care in the world



Children and young people: Giving London's children the best start in life



Digital: Connecting Londoners and health and care providers to allow for access to records and information



Estate: Making more efficient use of NHS buildings and land



Mental health: Transforming care for Londoners experiencing mental illness



Health services for homeless people: Joining up services to transform the lives of the homeless



Personalisation and participation: Ensuring Londoners are engaged and involved in their own health and the health of their city



Prevention: Preventing ill health and making Londoners healthier



Primary care: Transforming London's primary care



Payments and funding: Aligning funding and incentives to encourage transformation of care



Specialised commissioning: Creating world class specialised care services



Urgent and emergency care: Transforming London's urgent and emergency care system



Workforce: Developing London's workforce to enable transformation of care

Healthy London Partnership programmes have continued to make progress towards goals set out in the vision last year. This report provides insight into the range of activities and outcomes that programmes have delivered in the past year.

Our programmes in 2015-16



Cancer

All Londoners to be able to access the best cancer care in the world

Key challenges in London

- * You can fill Wembley stadium twice with the number of Londoners living with cancer.
- * Cancer patients in England have rated eight out of the 10 London trusts as being the worst.
- * There is significant variance in one-year cancer survival rates across London.
- * Londoners don't know how to spot signs and symptoms of cancer and screening uptake is low.
- * 70% of people with cancer have at least one other condition.

Progress this year

Extending Cancer Research UK primary care facilitator programme:

This programme has been extended to cover all London CCGs. Every GP practice in London now has a facilitator to support development activities and performance improvement.

'Talk Cancer' workshops:

We have worked in partnership with Cancer Research UK to promote 'Talk Cancer' workshops for practice staff. These workshops increase awareness of the fears and fatalistic behaviours that may prevent early presentation and improve participants' confidence in cancer-related communication. Following some seed-funding the uptake of these workshops by CCGs has increased dramatically.

Improving bowel screening uptake:

In partnership with the bowel screening team we identified evidence-based initiatives to improve uptake of bowel screening. These have been used by CCGs to improve uptake in their local populations.

Upgrading referral system for patients with suspected cancer:

Specialists and GPs from across London came together to agree referral protocols and clinical criteria for each cancer type. Innovative online referral forms reflecting these criteria were developed and are being rolled out across all GP practices. The forms are fully integrated with GP IT systems allowing them to be auto-populated with relevant information (for example, test results, medical history) and sent electronically. Educational programmes will support full implementation in 2016/17.

Modelling diagnostics demand and capacity:

We supported all London trusts to complete demand and capacity modelling for imaging and endoscopy services. This supports delivery of the cancer targets and sustainability and transformation plans for strategic planning groups. It also provides commissioners for the first time with a detailed London-wide overview of diagnostic capacity by trust.

Promoting holistic Cancer Care Reviews:

We launched a four-point Cancer Care Review model to ensure all patients have at least one encounter with their GP practice at the end of active treatment that is dedicated to enhancing their self-care ability. This will help prevent recurrence (evidence suggests physical activity may prevent recurrence by 30-40%), encourage personalised care and support management of cancer as a long-term condition.

Formal evaluation of Croydon prostate cancer stratified follow-up pathway:

The project involved transferring the follow-up of 500 patients with stable prostate cancer to GPs. The economic analysis shows the new pathway delivers a 57% saving per patient over five years. This model could be extended to other groups and if implemented across London would release significant outpatient capacity and save up to £10M.

Commissioning support:

We identified 17 pan-London commissioning intentions, plus associated quality and information requirements to transform London's cancer services. These will drive improved cancer outcomes for patients and transform the design and delivery of cancer care across London.



Children and young people

Giving London's children the best start in life

Key challenges in London

- * A quarter of the population (2,116,223) in London are children or young people.
- * They have higher levels of mortality and serious illness, poorer mental health, variability in outcomes from common diseases such as asthma, and significant public health issues such as obesity.
- * A boy born in Kensington and Chelsea has a life expectancy of over 84 years; for a boy born in Islington, less than five miles away, it is around 75 years.

Progress this year

Consistent care:

London standards for asthma care for children and young people were launched in November at an event with 130 stakeholders in attendance. There was huge support for the initiative and a baseline assessment against standards has commenced. An eight-week community pharmacy public health campaign to raise awareness of asthma was undertaken. Sixty per cent of pharmacies across all boroughs participated with over 9,500 responses. This is helping to identify the specific areas which need attention in the care of children and young people with asthma. For example 25% of children and young people are requesting emergency prescriptions for inhalers, an indication that they are not managing their asthma effectively.

Diabetes:

We produced a guide for London school teachers and parents on managing diabetes that will keep children safe, help their long-term health and optimise their academic performance.

Child and adolescent mental health (CAMHS):

The programme supported CCGs in drafting local transformation plans by running a series of study clubs across each strategic planning group. These were supplemented with a number of workshops on specific themes including eating disorders, learning disabilities and crisis care. Interim guidance on managing children and young people in mental health crisis in London was published.

Critical care:

Paediatric Critical Care (Level 1 and 2) Standards have been published based on the national policy document: Paediatric High Dependency Care: Time to Move On (2014). They provide formal standards for Paediatric Critical Care Level 1 and 2 and once implemented, will address the inequalities across London in service provision. The programme undertook an audit of Level 1 and 2 activity across all trusts in London that will help inform future planning.

Engagement:

We met and spoke with over 600 children and young people through steering group membership, various engagement events and development activity. The feedback and outputs are helping to shape our programme. In direct response to what we heard, we are developing a mobile health app specifically designed for young Londoners. It will help them get information about health services and empower them to make informed decisions. The technical development is underway with the launch planned for July 2016.





Digital (formally interoperability)

Connecting Londoners and health and care providers to allow for real-time access to records and information

Key challenges in London

- * Better Health for London, the NHS Five Year Forward View and the National Information Board Framework have each identified the need for collaboration to achieve information sharing at scale in order to support key transformations.
- * Information and record exchange services remain disconnected proving to be a significant barrier to integrated care when a citizen moves across the capital.

Progress this year

Prioritisation:

Our aim in the past year was to construct information exchange architecture for London-wide information sharing that would address key problems, such as consent, identity, record location and multiple information sharing agreements. The programme was also established to look at ways of enabling improvements in key workflows for urgent care and cancer and to provide the means for patients to connect to their data simply and easily so that they could get more control over their care.

Digital roadmaps:

We assisted London's strategic planning groups (SPGs) and CCGs by coordinating and contributing to the development of local digital roadmaps for April 2016. Additional funding was approved to provide the resource required.

Information exchange:

We successfully developed an agreed architecture for interoperability in London that complies with Integrating the Healthcare Enterprise Standards designed to support information sharing at scale across the capital. Since construction the architecture has been socialised widely across London and has received widespread support. Proof of concept solutions covering record location and exchange; identity management; consent; data controller tools; and record access, were demonstrated at an e-Health Week event. Our approach focuses on agreeing standards that will enable clinical information to be exchanged while avoiding the need to create large central databases. The next phase of work will focus on securing missing capabilities and developing an implementation plan.

Crisis care:

Draft standards for a crisis care data set have been published and work is underway with the Professional Record Standards Body (PRSB) to turn these into national standards. For standards to have the weight to be adopted they need a professional body to publish them. Hence a relationship with PRSB has been established, and the Crisis Care Standard will be promoted to be a published standard during 2016. This involves taking the draft standard developed by the programme and having it formally reviewed by subject matter experts at a national level. The standard will be the first to be implemented pan-London.





Estates

Transforming London's estate to deliver high quality care

Key challenges in London

- * London's hospital estate is three times the size of Hyde Park, and larger than the City of London.
- * The city does not have enough land to meet the current and future needs of the population.

Progress this year

Integrated working:

The programme facilitated engagement between providers and commissioners to enable the progression of integrated estates planning as part of the sustainability and transformation plans due in June 2016. Support from the team included commissioning 217 utilisation studies, 908 condition surveys and around 70 feasibility studies in respect of the primary care estate, all to support the development and delivery of local estates strategies.

Coordinating information:

The programme facilitated five strategic estates planning workshops, with attendees from CCGs, local authorities, NHS Property Services and Community Health Partnerships. These workshops facilitated joint working on estates within the five planning footprints across London.

London Estates Database:

Successfully delivered the London Estates Database for CCGs detailing all NHS assets. The database covers all London NHS estate including, primary care and provider estate data. This information enabled the delivery of 32 CCG Local Estate Strategies, which were submitted to the Department of Health in December 2015. The programme team also assisted with the delivery of the 32 estates strategy.

Expert support:

A team of experts was established to identify more opportunities to work together across London. These specialist estates advisors have been mobilised and are supporting CCGs and sustainability and transformation planning.

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Mental health

Transforming care for Londoners experiencing mental illness

Key challenges in London

- * People with severe mental illness die 17 years earlier than the rest of the population.
- * Only 14% of people get the support they need in a mental health crisis.
- * London has the highest demand for child and adult mental health services in the country, the highest rate of compulsory psychiatric admissions in England and the highest rates of schizophrenia.
- * Mental illness remains underdiagnosed and under-treated, with 75% of people experiencing mental illness receiving treatment compared to 92% of people with heart disease.

Progress this year

Managing capacity:

The programme commissioned NHS Benchmarking Network to develop a suite of dashboards to support London commissioners and providers in understanding pressures on the mental health system. The dashboards will help CCGs with ongoing capacity and demand modelling for mental health care.

Psychosis care:

An early intervention in psychosis project was established to prepare the system for the 1 April 2016 go-live date for the early intervention in psychosis access and waiting time standard. Implementation is underway for new access and waiting time standards for people experiencing psychosis for the first time.

Perinatal support:

An online perinatal mental health resource has been launched hosting key messages for commissioners including CAMHS to support their transformation plans. Resources include an animated film 'Building Better Perinatal Mental Health Services' and the London perinatal mental health care pathway.

Stolen years:

A workshop for improving physical health for people with severe mental illness (SMI) was held in November 2015 to develop work priorities. Public Health England undertook extensive partnership work to develop a physical health SMI data set and literature review. Case studies of best practice across London have been collated and a Darzi Fellow is now in post to support projects.

Primary care:

Guidance on how to help improve access to high quality mental health education and training for the primary care workforce has been published. This outlines ways of supporting staff, community education provider networks (CEPNs), Health Education Local Teams and commissioners to understand the key components of primary care mental health training and education. A baseline analysis of training and education has been published alongside the report.

Crisis care:

A Mental Health Crisis Care Summit was held in February 2016 bringing together leads of London's crisis concordat groups and urgent and emergency care networks as well as other key stakeholders in the crisis care system. The summit provided an opportunity to share learning and ensure that local transformation activity led by the crisis concordat groups and UEC networks is properly informed and supported by national and pan-London transformational programmes. The crisis care coordination function was established to increase transparency and collaboration across London's crisis care system. Leads from national, pan-London and local crisis care work programmes are involved.





Health services for homeless people

Joining up to transform the lives of the homeless

Key challenges in London

- * Homelessness can be both a cause and a consequence of physical and mental health problems.
- * At any one time, hundreds of people sleep rough in the capital. Over a quarter of people sleeping rough in the UK are now in London. The numbers are rising, including other types of homelessness that are difficult to measure – for example, hostel dwellers, sofa surfers and people in chronically insecure housing.
- * The homeless population has a life expectancy of only 43-47 years, around half that of the average general population, and is more afflicted by mental ill health than any other group.
- * Many homeless people are very high users of acute NHS services – for example, homeless people attend A&E five times as much, stay three times as long, and cost up to eight times as much as the general population. Many are discharged onto the streets.

Progress this year

Prioritisation:

The programme was established to address recommendation 31 of the Better Health for London report: “Health and care commissioners should develop a pan-London, multi-agency approach to health care for the homeless and rough sleepers, with dedicated integrated care teams and commissioned across the capital by a single lead commissioner.”

Collaborative commissioning model:

We developed a case for action bringing together existing evidence and views from the homelessness sector. Lambeth and Central London CCGs were jointly appointed as lead commissioners under a collaborative ‘combined’ commissioning approach to bring forward proposals to address the issues raised in the case for action.

Defining key deliverables:

A small dedicated team was recruited to create a programme plan with specific deliverables for London’s CCGs. That team has now engaged over 100 organisations, including every CCG, to create a programme plan based around delivery of five key outputs by September 2016:

- Create pan-London CCG Commissioning Intentions for homeless health.
- Make recommendations to NHS England following a review of the nine specialist homelessness GP Practices in London.
- Development of a simple CCG toolkit to brief commissioners on their local homelessness needs and services.
- Produce a simple ‘Best Practice Guide’ for CCGs on ‘what works’ in improving health services for the homeless.
- Co-produce a report with London’s homeless population to inform and underpin the other key deliverables.





Payments and funding

Aligning funding and incentives to promote transformation of care

This programme has evolved to undertake a more supportive portfolio function for all other Healthy London Partnership programmes. The payments and funding group now ensures programmes build robust business cases and programme initiation documents (PIDs) that support strategic goals and ensure value for money. The group also reviews and makes decisions on the release of funds for programmes.

The group meets monthly and is comprised of chief financial officer representatives from CCGs, SPGs and NHS England. The programme provides ongoing robust governance arrangements of the transformation fund and supports the development and progress of the Healthy London Partnership programmes by ensuring they build robust business cases and achieve value for money.



Specialised commissioning

Creating world class specialised care services

A programme focusing on specialised commissioning began mobilising in the latter part of the year. Through a joint committee it will focus on two key areas:

- i)** Collaborative commissioning with CCGs – to ensure CCGs have a greater say over the commissioning of the majority of specialised services
- ii)** Devolving services to CCGs – inform recommendations to Ministers to devolve commissioning responsibility for services to CCGs where it is considered appropriate.



Personalisation and participation

Ensuring Londoners are engaged and involved in their own health and the health of their city

Key challenges in London

- * Three quarters of Londoners with several long-term conditions say each condition is treated individually rather than as a whole person.

Progress this year

Mobilising community assets:

We have forged strong working relationships with local authorities, voluntary sector, industry and other partners, such as the London Fire Brigade, throughout the course of the year. In 2016/17, we are looking to formalise these relationships and secure additional resources and capacity at a local level to support agreed local health priorities.

Personal health budgets:

We scoped and defined high-level requirements for online personal health budget applications to be offered as part of an online citizen's account. A number of workshops with members of the public and other key stakeholders were held to ensure that the requirements reflect what matters most to people. Detailed research has taken place to better understand the current market position, the processes that would benefit from standardisation, the optimal conditions to drive personal health budget take up and mechanisms to enable suppliers to develop apps.

Co-production:

In partnership with the digital programme, the team captured the headline user requirements and functionality that patients, carers and personal health budget holders want from an online account. This year also saw the start of recruitment of a number of Patient and Public Champions to work alongside digital, personalisation and participation programme board members and help drive both programmes forward.

Case for change:

The team produced the case for change for investing in personalisation and self-care in order to support strategic planning groups in the development of their sustainability and transformation plans. The case for change takes the form of a bitesize version; a headline summary of the policy context and key findings from the evidence; and a comprehensive literature review. Findings from economic modelling on the most evidence-based interventions have been shared with strategic planning group leads. It also outlines how effective, coordinated action around self-management, with community-based approaches, improves outcomes for patients and is more cost effective.





Prevention

Preventing ill health and making Londoners healthier

Key challenges in London

- * More than half of adults in London are overweight or obese.
- * In London almost one in four children in Reception and more than one in three children in Year 6 are overweight or obese.
- * 1.8 million adult Londoners report they do less than 30 minutes moderately intense physical activity each week.

Progress this year

Mobilisation and prioritisation:

Significant engagement took place to align the programme scope to other work and priorities at London and national levels including strengthened partnership working with the GLA, PHE, Strategic Clinical Networks and boroughs, and a CCG engagement session to review the programme deliverables. The London Prevention Board was established to align the scope and programme priorities and undertake a strong focus on childhood obesity.

Tackling inactivity and forming innovative partnerships:

The programme has successfully worked with London's professional football clubs and Deloitte Digital to develop the 'fanActiv' campaign. The scheme devised incentive-based behavioural interventions to encourage healthier choices and physical activity in football fans, specifically targeting men aged over 35. The programme also worked with Transport for London to incentivise physical activity through mechanisms such as a walking map of London's tube stations.

Workplace Health:

One of the programme's biggest achievements has been gaining the commitment of a group of hospital charities to work together to support Workplace Health. This involves matched funding for the development of workplace health tools and resources in 2016/17. The HealthWorks pilot completed recently and its tools are now available. The team also helped the Royal Free London NHS Foundation Trust become a vanguard for social movement for health in the workplace. The programme has also encouraged larger NHS organisations in London to sign up to the GLA's Healthy Workplace Charter, and promote healthy initiatives in the workplace. Engagement and collaboration has begun with management and trade unions, London NHS HR Directors Network, Londonwide LMC, and London's hospital charities.

Supporting local action:

We have been supporting CCGs with their sustainability and transformation plans, including hosting fortnightly webinars for commissioners; an STP briefing pack; and financial modelling data packs. A diagnostic review of childhood obesity in three London neighbourhoods has been published and we chaired roundtable debates with experts on obesity.

Childhood obesity:

Two schools in Tower Hamlets and Haringey and a housing estate in Hackney are working with the programme to develop solutions for tackling childhood obesity as part of a Health Communities initiative. The sites are working with design and behavioural insights specialists to prototype solutions to obesity and gain a deeper understanding of the supporting environment. Learning will inform future models of place-based care and outcomes will be shared across London.





Primary care

Transforming London's primary care

Key challenges in London

- * Only 50% of Londoners think it's easy to access GP services.
- * Three in four Londoners think it is important that routine services are available seven days a week.

Progress this year

Standardised care:

The programme set ambitious new standards for primary care through the London Transforming Primary Care Strategic Commissioning Framework. The target is to ensure 70% of population has access to an 8am to 8pm service by 2017/18.

Better planning:

We supported CCGs and strategic planning groups to develop plans for delivering the primary care specification across London. These plans were integrated into individual operating and sustainability and transformation plans. The team has been supporting CCGs with their sustainability and transformation plans by providing London-wide content and dedicated support. Dedicated delivery support was deployed to south west London to assist in the development of their plans and financial modelling support was initiated for north central London. The team have commissioned a financial model that has been designed to allow CCGs to estimate the recurrent cost of delivering extended access to primary care from 8am-8pm and have also developed a business case to procure further modelling on areas that will provide once-for-London support on key initiatives to deliver coordinated and accessible care.

Supporting providers:

We launched a provider development programme in November to strengthen and equip London's providers, developing a provider toolkit and pan-London events to share best practice. The team have been working with a learning partner who held learning needs assessment workshops, which brought federation leads and those working at scale together to identify the areas they would most value support from during the year ahead. The year-long programme will see London's GP leaders develop the skills they need to ensure the capital's primary care is fit for the future. Eighty-three per cent of Londoners are now supported by networks of GPs working together to deliver a wider range of population based services.

Shared learning:

An innovation group consisting of non-clinical and clinical champions from across London has been created to encourage problem solving and sharing of best practice. The group has designed 'The Perfect Week in General Practice', a quality improvement initiative and put a spotlight on how the public can benefit from using pharmacists through an initiative called Pharmacy Matters.

Patient online:

Through supporting the implementation of Patient Online in the last three months of 2015/16, 370,000 more patients have an online account with their GP and 4,000 more repeat prescriptions have been ordered online. 25% of appointments are now available to Londoners online.

Clear communication:

The team published a Transforming the Workforce in London infographic in partnership with Health Education England, to illustrate the roles and responsibilities of the key stakeholders in the system.





Urgent and emergency care (UEC)

Transforming London's urgent and emergency care system

Key challenges in London

- * 500 Londoners lives could be saved if weekend care were the same as during the week.
- * Only 14% of people get the support they need in mental health crisis.
- * Patients defaulting to A&E due to confusion in the current system.

Progress this year

Urgent and emergency care networks:

The team supported the creation of the five urgent and emergency care networks across London that oversee London's planning and delivery of urgent and emergency care.

Specifications for urgent and emergency care facilities:

Our clinical leadership group led the development of the specification, in response to extensive engagement and feedback from stakeholders. It incorporates the London Quality Standards and builds on the national urgent and emergency care review and specialist urgent and emergency care networks in London. The specifications outline service standards for Urgent Care Centres (UCC), Emergency Centres (EC) or Emergency Centres with Specialist Services (ECSS). All facilities in London offering urgent and emergency care that patients can walk-in, or arrive by ambulance, without an appointment will be designated as one of these facilities and comply with the associated specification. This includes both colocated and standalone centres. We undertook wide ranging engagement to seek widespread buy in, and support the urgent and emergency care networks with implementation at a local level.

Improved access to urgent dental out-of-hours care:

We collaborated with clinicians, commissioners, 111 providers, Advanced (IT provider) and Smile (dental nurse triage provider) to develop a new London-wide service, offering a single point of access (dialling 111) and a better patient experience for Londoners with urgent dental problems outside dental practice opening times.

Facilities designation guidance:

To support consistent decision making when applying the specifications across London, we developed designation guidance for urgent and emergency care networks to support them in designating facilities, based on the specifications. Wide ranging stakeholder engagement was undertaken during the development of the designation guidance including with the London UEC Clinical Leadership Group, London UEC Board, London CCG Chief Officers and Chairs, NHS England (London Region) directors, and the London Clinical Senate Council. External funding has been secured to help support networks in their planning of designating urgent and emergency care facilities.

Improving patient experience:

The cloud-based NHS 111 Patient Relationship Manager System launched across all four London 111 providers in December 2015. It has delivered immediate benefits to patients and the urgent and emergency care system. It is also helping London's CCGs comply with the national NHS England top eight Integrated Urgent Care Commissioning Standards. We are extending the Patient Relationship Manager system by linking with a range of organisations to support complex patients with specific local pathways, including patients with MS (NeuroResponse), dementia (MyBrainBook.com), and long-term conditions (Care Information Exchange and Patients Know Best).

Evidence-based commissioning:

An academic evaluation of the Patient Relationship Manager System is underway with NELCSU and the London collaboration for leadership in applied health research and care (CLAHRCs). The evaluation will use 'big data' linkages to understand patient journeys across 111, GP out of hours, London Ambulance Service and emergency departments and support data driven, evidence based decisions on future urgent and emergency care commissioning models.

Wider access to health and social care service information:

The team is working with a range of partner organisations to provide wider access to information about NHS, local authority and voluntary sector services, primarily to support patient referrals to primary, community and unscheduled care services. This is being achieved through the MiDoS© search tool, which can be used by health care professionals to find service information in a variety of settings and on the move.



What does the Patient Relationship Manager System do?

- ✓ Enables 111 clinicians to see the caller's care plans and crisis information in real time, supporting clinical decision making and referral to the right service, first time.
- ✓ Enables intelligent call routing, where callers with crisis or care plans from a range of data suppliers are routed directly to a clinician (bypassing the call handler), who can see real time crisis or care plan information to support their clinical decision making. This includes callers with a Coordinate My Care plan and Health Analytics End of Life and Integrated Care Management plans.
- ✓ Ensures callers ringing back 111 within 96 hours are routed to the same provider and avoid repeating demographic information.
- ✓ Provides CCGs and emergency planning teams with a real-time 111 performance dashboard and call-balancing capability, supporting system resilience management in London and an early warning on system demand (including syndromic health surveillance).

Engagement:

We undertook extensive engagement with patients and members of the public to understand their views and expectations of local urgent and emergency care services and support transformation of services across London. We surveyed 1,000 people and interviewed over 800 patients attending emergency departments in five London trusts. In response to the engagement, commissioners and clinical leaders across the health and social care setting in London worked together to shape the future ambition for London. Some of the key priority areas included developing:

- urgent and emergency care networks to provide overarching coordination and accountability for the UEC system
- a facilities specification to ensure consistency and reduce public confusion
- responsive and effective personalised care with 'NHS 111' as the front door.

Supporting integrated urgent care procurement:

Following the publication of the national Integrated Urgent Care Commissioning Standards, we continued to support London urgent and emergency care networks and NHS England in their integrated urgent care procurement and mobilisation processes. This includes developing London-wide clinical hub services that are vital to the new integrated urgent care model. We also hosted local and regional workshop, including the London Integrated Urgent Care Roadshow in September 2015, that brought together over 150 commissioners, clinicians, providers and service users with national and local urgent and emergency care leaders.



Using MiDoS©

MiDoS© is a search tool that can be used by health professionals and the public to find information in a variety of settings and on the move.

Optimising London's health and care system

The most frequent searches by Ambulance and A&E staff are GP bypass numbers and community services, which highlights the potential for reducing unnecessary A&E attendances and admissions.

Going beyond the NHS

To date, links have been built with Newham and Havering Local Authority service directories and with Age UK in Barking, Havering and Redbridge.

Available to the public

We have created public access to appropriate service information via **www.myhealth.london.nhs.uk**, including London-wide pharmacy opening times on Bank Holidays.



Crisis care – a combined mental health and urgent and emergency care project to transform mental health crisis care in London

The urgent and emergency care and mental health programmes developed mental health crisis care recommendations through extensive engagement with a wide range of stakeholders including CCG and strategic planning group leads. The focus is on increasing transparency and connectivity across the crisis care system and pan-London actions to support the system to meet the mental health crisis commissioning standards and the Mental Health Five Year Forward View.

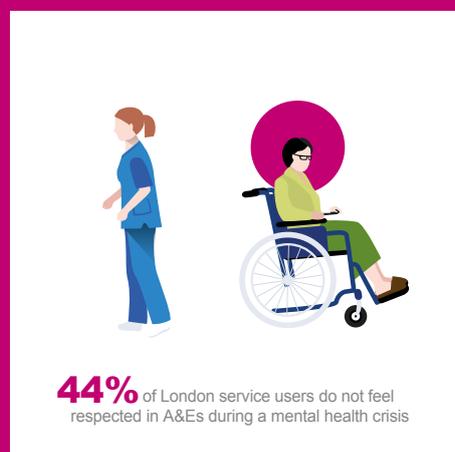
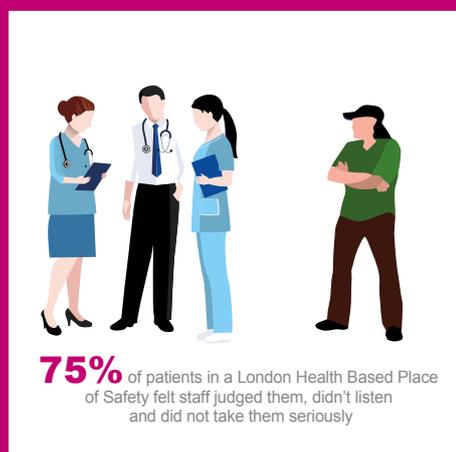
A specification document for Health Based Place of Safety sites is underway. This will outline the minimum standard of care a site must offer. This specification sits alongside a section 136 care pathway that provides guidance to support a more consistent pathway across London.

Extensive engagement has occurred across London's crisis care system to develop the Health Based Place of Safety specification and s136 pathway; this has involved working with acute and mental health trusts, London's three police forces, LAS and local authorities. Over 240 service users have also been involved ensuring service user needs and expectations are met. This has been through the development of 'I' statements and holding service user workshops in each of the sustainability and transformation plan footprints.

South London and Maudsley Mental Health Trust are consolidating four Health Based Place of Safety sites into one. The new site will pilot the London specification and s136 pathway and an evaluation process has begun to understand the impact of the specification and consolidation of sites to inform wider implementation plans across London.

Baseline data is being collected for prevalence and demand of mental health crisis and section 136 across London and current service provision. To do this a Health Needs Assessment has been commissioned with the Health in Justice System Strategic Clinical Network and additional data on current Health Based Place of Safety services has been sought through the NHS England (London) Mental Health Trust Bed Audit. Initial data has been shared with local sustainability and transformation planning leads and it was recently agreed a generic position statement on crisis care (specifically s136) will be included in each sustainability and transformation plan outlining the current challenge, ambition and commissioning intentions.

In February, we held London's first Crisis Care Summit. Delegates from across London's Crisis Care System came together to share learning, best practice and discuss common challenges. There were updates from the national and London crisis care programmes; workshops showcasing best practice models; poster presentations of innovation occurring across London and the UK; and discussion of ways to increase collaboration and joint working between key players in the crisis care system. To further increase transparency and alignment across the system, a crisis care coordination function has been established providing bi-monthly updates of national and pan-London programmes to all crisis concordat groups, urgent and emergency care networks and CCG and strategic planning group leads.





Workforce

Developing London's workforce to enable transformation of care

Key challenges in London

- * Many qualified professionals leave London for a number of reasons including high cost of living.
- * The majority of training is delivered in hospitals meaning that a hospital-focused mind-set persists, and we are yet to deliver a cultural and behavioural shift.

Progress this year

Providing guidance and support across London:

A number of Local Health Economy Transformation Programmes and Networks have received support on their most pressing workforce challenges locally. For example, the Transforming Services Together Programme in East London received assistance to help shape local solutions for current workforce challenges within nursing, primary care and general practice, whilst also considering new roles and new ways of working for their current workforce. We have also worked with the North West London Critical Care Network to define appropriate actions to tackle some of their priority workforce challenges including retention of the existing workforce, developing existing and new roles and improving networked training.

Shared ambitions:

The London Workforce Strategic Framework developed by the programme provides a coherent voice across London on where coordinated action is required to ensure the existing health and social care workforce is trained, focused and supported to best enable them to deliver the transformed services of the future. The eight key areas of focus within this framework were developed through extensive system-wide engagement with over a thousand clinical and non-clinical stakeholder conversations from across the capital (including strategic planning group workforce leads, CCG chief officers, providers, HR directors, and trade unions). In addition, a workforce delivery group, comprised of workforce leads from each London strategic planning group area provided the essential connection between London-wide and local workforce issues. A London Workforce Senate has been established providing a valuable system perspective on proposed workforce priorities that are best solved once for London.

Supporting other programmes:

We developed a workforce spheres of influence methodology. It can help facilitate a shared dialogue to determine actions to mitigate current local workforce challenges and those arising due to planned transformational change. The team continues to support other Healthy London Partnership Programmes to identify and shape their existing workforce challenges and priorities for the future.



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