

## Transforming Services, Changing Lives (TSCL): Patient and Public Engagement Event

**Monday 18 August 2014  
Report**

**Subject:** Feedback on the NHS in east London from Newham, Redbridge and Waltham Forest

**Source:** Patient and Public User Engagement Event, 18th August 2014

**Purpose of the Report:** To document the attendees views of the health services in east London

This report is an account of what the attendees said, and through the voice of the patients.

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#### 1. Summary

On Monday 18th August 2014 Healthwatch Newham, Redbridge and Waltham Forest held a joint event to inform people and gather feedback on the Transforming Services, Changing Lives (TSCL) at Whipps Cross Hospital Lecture Theatre.

The event promoted lively discussion, approximately 100 people from all 3 boroughs attended. Attendees were both familiar with one or more of Barts Health

NHS Trust Hospital sites through personal experiences as patients, carers, relatives and visitors ensuring health services across the boroughs remain 'fit for purpose' meeting local needs and demand.

The purpose of the event was to:

- inform patients and local people about the TSCL programme
- provide them with the opportunity to feedback on their personal experiences of health and care services and raise any queries or concerns about services received
- input into the development of TSCL programme

Workshops were held on Unplanned Care, Finance and Estates, Children and Young People and Maternity and New-borns, these were 4 of the 11 work streams in the TSCL programme. Healthwatch selected these topics as they are some of the areas of the greatest concern to local people.

Attendees were encouraged to choose 2 of 4 different workshops to attend Maternity, Estates and Finance, Children and Urgent Care and encouraged to make a note of any outstanding questions or queries they had in relation to the TSCL programme, what it stands for and what it might mean for the future of health services across east London.

Throughout the event attendees were invited to note down questions and comments using 'comment cards' and hand these in at the end of the event, for consideration by the TSCL Programme and Healthwatch.

The event was a discussion of observations and concerns around Barts Health NHS Trust and the wider health economy.

This report is an account of what the attendees said, and through the voice of the patients.

The feedback will be used by TSCL programme staff to develop a final 'Case for Change' document which is due to be published in autumn 2014 and will help to shape the future of east London's NHS services.

## 1. Key Recommendations

- a.) Improve communication between services and patients
- b.) Improved communication between providers
- c.) Ensure proper staffing levels, morale and good staff are retained
- d.) Streamlined booking system across medical services
- e.) Coordinate health services with other services in the community

## 2. Background

### 3a) What is Healthwatch?

Healthwatch Newham, Healthwatch Redbridge and Healthwatch Waltham Forest are separate local Healthwatch organisations, established by the Health and Social Care Act 2012 to act as local independent consumer champions for health and social care for their respective London boroughs.

Local Healthwatch organisations have statutory duties to:

- Gather the views and experiences of patients and public
- Make those views known to providers and commissioners
- Promote and support the involvement of people in the commissioning and provision of local care services and how they are scrutinised
- Recommend investigation or special review of services via Healthwatch England or directly to the Care Quality Commission (CQC)
- Provide information and signposting about access to services and support for making informed choices including independent advocacy support to make an NHS complaint
- Make the views and experiences of people known to Healthwatch England, providing a steer to help it carry out its role as national champion

### 3b) What is Transforming Services Changing Lives (TSCL)?

Transforming Services, Changing Lives (TSCL) is a clinical programme established by local Clinical Commissioning Groups (CCGs) in Waltham Forest, Tower Hamlets, Newham, Barking and Dagenham, and Redbridge, NHS England and Barts Health NHS Trust.

The aims of the programme are to:

- Describe the current state of NHS services in east London

- Identify if change is needed to services for patients
- Provide an opportunity to think about what we want our local NHS services to look like
- Begin to develop a shared vision of how we could improve services
- Enable joint planning across east London for changes to health services locally
- Start planning for the future

A key element of the TSCL programme is to consider how best to ensure safe, effective and sustainable hospital services at The Royal London, Whipps Cross University, St Bartholomew's and Newham University Hospitals which are all part of Barts Health NHS Trust and how any changes may impact on the continuing development of hospital and community services at Homerton University Hospital NHS Foundation Trust.

The TSCL programme focusses on 6 specific areas: Unplanned care, Maternity and new-born, Children and young people, Long term conditions, Elective surgery and Clinical Support services.

The TSCL programme states that 'significant change' is required in order to manage the health economy, by making savings, providing quality services and addressing the forthcoming population increase. TSCL states that there needs to be a saving of £400 million to make the health service more sustainable and that a population increase of 250,000 is expected in east London (notably across Olympic legacy sites in Newham) by 2030.

For more information on the TSCL programme and Case for Change please see [here](#).

### **3c) Engagement and involvement**

Healthwatch organisations were invited for involvement and input into the TSCL programme during the initial stages of its development (from April - July 2014).

Healthwatch took part in introductory discussions and debate and provided patient experience data it holds on local services.

After three months of intensive work by partners the TSCL programme established a 'Case for Change' which identified why change is needed but not yet what those changes are.

From the outset, Healthwatch championed for wide public and patient engagement and involvement in the TSCL programme, and the event of 18 August was a coordinated effort to ensure our borough residents were provided with their first opportunity to do just that.

The TSCL programmes interim 'Case for Change' is out for public consultation over summer 2014, with the aim of producing a final 'Case for Change' in autumn 2014.

Healthwatch will continue to champion patient and public engagement and involvement in the programme as it moves forward and will seek to ensure partners provide varied and meaningful opportunities for local people to have their say on the future of health services in east London.

### 3. Questions and Answers session

Hosted by Don Neame, TSCL Public and Patient Reference Group Facilitator, the Q & A session Panel was comprised of the following representatives:

- Dr Steve Ryan, Medical Director, Barts Health NHS Trust
- Rob Rose, Hospital Director, Whipps Cross Hospital, Barts Health NHS Trust (recently appointed)
- Dr Stuart Sutton, GP and member of Newham Clinical Commissioning Group Governing Body
- Lisa Henschen, TSCL Clinical Work stream Lead
- Terry Huff, Chief Officer, Waltham Forest Clinical Commissioning Group
- Mike Gill, Associate Medical Director and TSCL Clinical Lead, Barts Health NHS Trust

In this session questions from the audience were asked covering a broad spectrum of issues and concerns around health, and health and care services in east London. The issues raised and answered provided, where available, are summarised below:

A few attendees quizzed the panel about the need for TSLC to adequately address the **ageing population** as well as ageing health professionals.

A point was made about people with multiple and long-term conditions being frequent users of services.

A comment was made that the 'prime focus' of good care provision is **retaining the ability of staff and teams**, and that 'any [service] changes are dependent on the quality of staff so we need to look at the interdependencies of staffing'.

One question related to the **importance of the Voluntary and Community Sector (VCS)** who provide front line services, and highlighted that local organisations are knowledgeable about local issues and it is vital to ensure that the VCS are included in any consultations.

Two significant questions on **communication** were asked: unsigned letters and unanswered telephones [on wards and service areas] were highlighted as frequent occurrences. Barts Health NHS Trust staff on the panel responded that they were aware this is a common issue and are working on it.

One attendee mentioned how a relative was discharged from hospital with no care plan in place and no communication between the hospital and social care services.

Another attendee reported they struggled with text and wondered why the hospital could not use an old fashioned letter.

Two members of the audience were profoundly deaf and concerned that the TSCL video presentation, shown for the first time at the event, had no subtitles and was therefore inaccessible.

Comments were made that the 'Case for Change' seemed like an extensive programme and that engagement should be ongoing with a year of events and consultations. The panel response reflected that, when commissioning there are 'hoops to go through' so we have to get it right, **making use of valuable patient feedback**. They also noted that changes will not go through the final hoop if not all parties - the Clinical Commissioning Group, for example, are signed up.

One attendee described how a **care package** had been removed and that it can take 6 to 12 months to re-apply. In the meantime, the family member was left to struggle with shopping and cleanliness.

Several comments highlighted that **mental health** appeared to be the 'poor relation' in health services, with one person pointing out that 'there is nothing specific for people with mental health conditions, who have waited for 6 hours in A&E'. The panel responded that there was not a specific part on mental health within the TSCL programme because it was felt to be integral throughout all areas and would be captured throughout.

A member of the audience highlighted that Newham has a **low cancer survival** rate, 7% of people referred for screening being found to have cancer. The panel responded that there needs to be greater awareness of symptoms and screening and that people often don't recognise the symptoms and are too embarrassed to ask. They confirmed that cancer mortality rate in Newham are above the London average.

An attendee described a recent personal experience when Whipps Cross was unable to provide elective surgery so they had to reluctantly go private. The panel believed possible solutions could be increased theatre provision and weekend work.

An attendee asked about **Lord Darzi's review** of London's health and social care services that challenges the Government to increase funding for London, due to increases in population and demand, and asked how this fitted into the TSCL programme. The panel responded to say that the NHS is working with the London Health Commission and 'links are being made.' They also highlighted that the predicted population growth for City and Hackney, Newham, Tower Hamlets and Waltham Forest is estimated at 250,000 over the next 15 years; with a 70,000 increase in the population of the Olympic Park alone.

## 4. Workshop sessions

During the next section of the event, attendees had the opportunity to attend two of four workshops covering: Maternity; Estates and Finance; Children, and; Urgent Care. At these workshops a mixture of further presentations, discussions and questions took place. Feedback and comments from workshop attendees touched on a number of areas, both those directly linked to workshop specific topics, and those more broadly associated with wider aspects of care and the Transforming Services, Changing Lives programme itself. Feedback is summarised below under each workshop area, themed whenever possible.

### 5a) Workshop session: Maternity

Presenters Mike Gill, from Barts Health, and Kara Renno from the TSCL programme started discussions with some further information, stating the Transforming Services, Changing Lives interim 'Case for Change' highlighted out of 22 London hospital maternity services, Barts Health is ranked 19<sup>th</sup> and the Homerton 21<sup>st</sup> (source: Care Quality Commission 2013), although a recent CQC inspection of maternity services at the Homerton rated the services as 'good'.

#### Communication, education and awareness

One attendee highlighted communication and language barriers during appointments for women with interpreters, with translators sometimes translating in error.

It was also noted by the group that there was too much focus on support after the baby is born, and more attention is needed on working with diverse communities around contraception, healthy eating, and exercise - all being important issues which could help in tackling the high number of low-weight births in in east London.

The topic of culturally appropriate services and pre-pregnancy advice was discussed as being crucial to improving the low-weight birth statistics.

#### Appointment booking

It was highlighted that booking systems are different in different hospitals.

One attendee noted that care for women used to be shared between Whipps Cross and the GP, but that GPs do not always have the necessary record-sharing capacity for this to take place effectively - the need for IT systems to be linked was highlighted as being vital to the provision of good quality care.

#### Services and support

One attendee highlighted that girls (young mothers) are being sent home with their babies to no support and that systems and services need to be vigilant.

The workshop felt that mothers were not given enough support after discharge.

The importance of investment in school nurses was highlighted, as was the experience that young mothers suffer the consequences of a lack of support/advice/education - early on after birth, and in pre-pregnancy.

## **5b) Workshop session: Estates and Finance**

Facilitated by Geoff Sanford, Don Neame, and Beata Malinowska from the TSCL programme this workshop explained that the finance Workstream within the TSCL programme had looked at opportunities to reduce costs and make savings through improvements in quality and productivity, in order to meet a £400m saving requirement over the next 5 years.

They explained that throughout this process TSCL had been reviewing buildings and facilities run by Barts Health - understanding how they are currently used and identifying opportunities to use them in a more efficient way that will benefit patients.

Attendees at the workshops expressed their concerns about the poor quality of some of the buildings and facilities - voicing their anxiety that there was not enough money allocated to run a safe and effective NHS.

A number of questions were asked about the Whipps Cross estate. There were concerns about potential closures and it was explained there was no indication for this, as there is strong demand for the services at Whipps Cross, and that demand will continue to grow. The A&E is one of the busiest in London and there are a substantial number of births at the hospital.

## **PFI**

Questions were raised about Barts PFI arrangements and whether the Trust is looking at 'radical means of re-financing'. The response from presenters highlighted that no solutions had yet been proposed. However, they went on to state that investment in estates is required, and Barts Trust is committed to developing an estates strategy linked to the TSCL programme.

## **Borough population**

There was a lot of consternation that the funding for Tower Hamlets and Newham is greater than that for Waltham Forest. The speaker explained that overall the health of the population in Waltham Forest is better than it is in Tower Hamlets and Newham, which is why the funding is weighted in the way that it is. Funding



between boroughs does vary per head; Tower Hamlets and Newham receive more per head of NHS funding than Waltham Forest as there is more demand on services in these boroughs.

### **5c) Workshop session: Children**

Presenters Steve Ryan from Barts Health NHS Trust and Lisa Henschen from the TSCL programme introduced the session, noting that young people that are unwell deteriorate a lot quicker than adults suffering the same illnesses.

#### **Pharmacies**

Several attendees suggested the involvement of pharmacies in TSCL and highlighted the crucial role they can play in prevention support including Health Checks, advice, and much more.

#### **Children's Voice**

Redbridge was identified for having a good model of hearing the child's voice; good early intervention and cover immunisation existed.

The Youth Council in Newham was also highlighted as having helped design children's services and could be a good model for other boroughs to adopt.

#### **School Nurses and health visitors**

One attendee stated that 'School Nurses have been cut back' and that the school nurses consultation in Newham was more like 'a force communication, about cluster schools rather than asking parents and children what their needs were.'

One attendee noted that 'there is a need for coordinated services: linking schools with health service and we are chasing the same families for immunisations; we need to coordinate better.' It was also highlighted that health visitors will often know about problems before a child reaches school.

The same attendee highlighted that there is 'no clarity in schools, schools are not guided, and the child is sent to the GP when it is not necessary.'

'Home Start volunteer' was highlighted as a good initiative, but was left to the Council to provide funding.

#### **GPs**

One attendee suggested medical facilities in schools - particularly for children whose parents did not take them to the GP, and who could perhaps be seen by a

School Nurse. It was also suggested that such an approach could potentially make savings in primary care, and make the borough [Newham] innovative in dealing with its shortage of GPs, and ageing GPs, and where there is often a two week wait, and a consequent pressure on urgent care services.

## Staff

The group had many concerns relating to staff posts and specialist children's services. Regarding Acorn ward at Whipps Cross there were queries from the group relating to:

- Specialist Paediatric Nurse recruitment
- If specialist posts would remain
- Whether/when the closed beds on the ward would reopen.
- If possible changes to the neo-natal service would affect other children's services in the future.

## Mental Health

One workshop attendee suggested moving away from the term 'mental health' services and using a more friendly name, such as 'emotional support' particularly for CAMHS, stating that 'there is a breadth to mental health, psychosis is mental health, but the term 'mental health' service is harsh for vulnerable and sensitive people to hear'.

It was noted by participants that neither ELFT (East London Foundation Trust) nor NELFT (North East London Foundation Trust) were present or involved in the TSLC panel. A query was raised as to whether the programme has the capacity to influence Mental Health services within the trust.

The group highlighted that the TSLC programme must take children's mental health services into account and were keen to point out that appropriate services were needed for a changing society. The following were highlighted and queried:

- Depression in children over-8-years-old has become prevalent, how is it being treated and supported?
- Will alternatives to medication for treatment be provided? Suggestions of CBT (Cognitive Behavioural Therapy) group support were raised, and the role of schools and pharmacies highlighted.
- Access to Mental Health rapid intervention within east London is an issue.
- Early identification of eating disorders and suicidal thoughts are also issues that need addressing.

## Communication

Communication between hospitals and other hospitals, trusts and other trusts, and GPs and hospitals was highlighted as being important. In relation to communication, IT, and patient record links, it was felt that:

- Main hospitals should have clinical records systems
- There should be paperless notes systems
- GP systems should be connecting in
- Patients should have access to personal records

## Other

Attendees pointed out that there was a need for consistent hospital pathways throughout the patient journey, and that sometimes this wasn't the case. A seamless transition in care was required.

There was general consensus amongst attendees who felt strongly that 'we need to maintain a good service' and that there was 'a lack of coordination of care'.

One attendee explained that occupational therapy and physiotherapy initially support families, and yet there is no follow up.

One attendee felt that certain groups get more than their fair share, and that ethnic minorities were not getting enough.

Another attendee stated that people with learning disabilities experience some conditions earlier than others, and that care pathways need to take this into account.

In general the group felt that children should be treated as a whole person not just a condition.

## 5d) Workshop session: Urgent Care

Presenters were Dr Stuart Sutton from Newham CCG and Yasmin Peiris from TSCL programme.

### Communications and connectivity

It was noted by several attendees that **use of plain English** is key for all materials, and they further pointed out that this is especially critical, especially when explaining complicated programmes such as TSCL and or service changes. Often when it is explained verbally it makes sense, but participants felt strongly that written explanations must also make sense.

It was suggested that TSCL and other health partners could use patient groups such as Whipps Cross Patients Panel to **test documents and information before they go out to patients** and the wider public. Again it was reiterated by an attendee that 'putting things in plain English is vital to ensuring they can be understood'.

It was noted by attendees that some of the people who are supposed to direct patients to services, don't even know where to go, and further suggested that those providing signposting services must have good support systems to provide strong direction to patients accessing Out of Hours, urgent and unplanned care.

It was also suggested that a **better system for directing people to services** should be able to recognise where postcodes cross borough boundaries - the system must be sophisticated enough to recognise, for example, that some E7 postcodes are also part of Waltham Forest and therefore patients should be directed to their nearest appropriate service, not one associated with another borough that accounts for the majority E7 postcode.

In general workshop attendees were acutely aware of the need for **patient education and awareness raising campaigns** about what services were available and where and how to access them. Communicating with patients and the public in ways that they understand and can connect with was seen as vital. Educating children in particular was felt to be a useful avenue to explore.

It was noted by one attendee that Waltham Forest CCG together with Redbridge CCG were currently undertaking a joint procurement exercise for provision of urgent care services. The TSCL programme should connect in to this procurement.

Some attendees asked what the difference is between urgent care and walk in centres.

## Social Services and Social Care

Social services and social care were highlighted by many as vital services, crucial to helping people avoid the need for unplanned urgent care. Attendees at one workshop spoke strongly about:

- 'Care at home' being unavailable
- Previous bad experiences and lengthy delays (up to 4 years) in receiving some basic provisions of social care
- A lady in a wheelchair almost injured herself whilst trying to vacuum the stairs from her stair lift as social services would not provide support.

It was suggested that full social support and back up services are needed for patients, especially around discharge and ensuring appropriate support is put in place at home from day one.

Workshop attendees clearly highlighted the vital connectivity of social care to unplanned health care. It was suggested that current work being pursued around **integrated care** is important and must be driven through more strongly, with interconnectivity, communication and onsite integration between health and social care professionals being paramount.

During this conversation it was also clearly noted that the thresholds and processes for acquiring social care and support are often inadequate and fail to meet what

are deemed to be major needs to both patients and their families. It was reiterated that need is not being met by shortcomings in social care support.

## **GP**

It was noted by several attendees that people use A&E and other urgent care services when they cannot access their GP. Attendees went on to query the role of the GP in the TSCL programme.

The use of GP triage at urgent care/ A&E was discussed positively, but it was felt there was a need to avoid people going straight to urgent care without attempting to see their GP first. The question of how this would be avoided was raised. Some workshop attendees also highlighted concerns around GP locums being used at these services.

The 'Big Front Door' initiative was highlighted as being very positive (at the time of writing Healthwatch were not sure what this meant, potentially the triage system at the Urgent Care Centre at Newham University Hospital).

As in other workshops, concern was also raised around the number of elderly GPs across east London.

## **Care Homes**

It was noted by a workshop attendee that the highest group of '999' users were the people who run care homes and that they are not trained specifically enough and use '999' as their default position. They work under pressure and stress, are underfunded, and the care teams need help, support and education on appropriate use of urgent healthcare services.

## **Decision makers**

It was felt that the patients need to engage more with their Councillors and the policy makers in the borough around health and social care needs.

## **Carers**

The vital role and resource of unpaid carers was noted by several attendees, and it was felt specific reference needs to be made of them and where they fit into the TSCL programme.

## **IT and Equipment**

It was noted by several attendees that technology needs to be used appropriately in health services going forward. The workshop highlighted that there is not one solution that fits all, and that whilst technology can and should be used to improve efficiency, access and choice, it should not result in the exclusion and isolation of others.

Attendees highlighted that there is currently no facility to take back health and social care equipment and aids in Waltham Forest. This was a common situation experienced by others present and there was strong feeling that a return/recycling service was needed.

## **Mental Health**

It was noted that mental health is integral to all areas of the TSCL programme and that this needed to be clearer.

The quality of mental health services was questioned by some in the workshop who had heard from Doctors in Waltham Forest that they do not want to refer patients to the services because they are poor.

The approach to chronic care for those with mental health conditions in Newham was highlighted by attendees as needing improvement, as was the approach at A&E when people turn up in crisis.

It was also pointed out that deaf people with mental health conditions have to attend Springfield hospital as there is no support closer by.

## **Engagement and Involvement**

People were keen to find out how their comments and opinions would be fed in and counted, and how they could be involved in making sure the changes proposed were in the right direction.

## **Centralisation**

People were concerned about the possible centralisation of services as a result of this programme. They highlighted that appropriate investment in local hospitals was needed and could avoid the push to centralise. Travel was mentioned as a crucial factor for consideration in any service change and centralisation. Patients and the public present at the workshop expressed deep concern about travelling further and further to appointments and/or to receive hospital treatment.

## Pharmacy

As came up in other workshops, the vital role of community pharmacists was also noted in this session, and their contribution to unplanned and urgent care was discussed. It was felt by attendees that their role should be fully explored, and that they should be fully involved in the TSLC programme.

Raising awareness of the pharmacy role amongst patients was highlighted as an area for development.

## Other services and conditions

One attendee was keen to know what the programme was looking to do around blood testing and scanning services.

Another attendee expressed an interest in rehabilitation services, which also linked back to earlier discussion about the vital role of social support in preventing unplanned care needs arising.

An attendee noted that they were not clear how neurological services fitted into the TSLC programme, and went on to highlight a big impact on unplanned care services, for this patient group. It was also noted that neurological conditions must be part of the long-term conditions planning and considerations.

Several attendees noted the specific needs of those with learning disabilities and other disabilities. When dealing with this client group the time taken in consultation, and the approach by staff was highlighted as two examples that needed to be considered by the TSLC programme.

## 5. Comment Cards within the Delegate Packs

Throughout the event attendees were encouraged to use comment cards to note down any queries, questions or concerns they might have about TSLC. The following is a list of those relevant comments:

- What are you doing about waiting times at GPs for Mental Health service users
- How are you going to address GPs not being confident to refer Mental Health community services, regarding a recent ITV News report?
- How is patient choice going to work for Mental Health service users?
- Patient choice came in on 1<sup>st</sup> April 2014 but mental health service users are largely unaware of patient choice.

- There is a lack of GP continuity of care
- What opportunities will there be for entrusted parties such as Whipps Cross Patients Panel, or Walthamstow Watch to participate in decision making when it comes to decisions about reorganising services?
- TB is on the increase in Newham. What is being done to monitor, immunise and treat cases?
- Some would have liked a workshop around partnership working across all sectors - perhaps in future events this could be covered. Also - an assurance that the voluntary/community sector organisations are fully involved in transforming services going forwards.
- The CCG (board members) are paid employees and do not represent the views of GPs. How are you going to involve GPs? Have you contacted the Local Medical Committees (LMC) and their statutory representatives? Will there be proper consultation?
- There is a chronically bad blood-testing service in Waltham Forest. Over two and a half hours for a simple blood test.
- Self care: we need to promote planned care via the pharmacy. It should be the first port of call to access a health professional as no appointment is needed. In relation long-term conditions (LTC) pharmacy can help, also with compliance of medication.
- What is the future of A&E at King George?
- How do Redbridge, Barking & Dagenham fit into the TSCL picture? What are the statistics and population data for those boroughs?
- What will happen to the London Chest Hospital if services that are now being offered there are to be transferred to Barts?
- 'Everyone has a responsibility for good health.' Air pollution in this part of east London is at least two times the EU permitted maximum. Instead of doing something about this significant contributor to the local higher than average mortality rate, the efforts of the Mayor of London and his staff seem to be focused on hiding the true situation from EU monitors and the local population. Without a significant improvement in the quality of air we breathe, any transformation of services will be fighting a losing battle. What can we do? How do King George and Queens Hospital look into this?
- Wellbeing and access to therapy services for adults with complex needs are required. Management of life-long chronic conditions was queried.
- There are increasing numbers of people developing dementia.



- There is population growth and the challenge of caring for increasingly diverse populations with specific health needs such as the haemoglobin
- What plans are there to overhaul IT on wards?
- The IT systems in community nursing are not fit for purpose and need addressing.
- If change is to bring us a world class service, then services should be sustainable and maintained indefinitely. Therefore what plans will be in place to look at future and changing needs?

## Acknowledgements and further contacts

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**Thanks** also to the panel speakers, workshop facilitators and TSCL programme staff.

And on behalf of the organisers - thank you to all the residents who attended, participated and gave their feedback.

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## Glossary

|              |   |
|--------------|---|
| <b>CAMHS</b> | <b>Children and Adolescents Mental Health Service</b> |
| <b>CBT</b>   | <b>Cognitive Behavioural Therapy</b>                  |
| <b>CCG</b>   | <b>Clinical Commissioning Group</b>                   |
| <b>ELFT</b>  | <b>East London Foundation Trust</b>                   |
| <b>GP</b>    | <b>General Practice</b>                               |
| <b>LMC</b>   | <b>Local Medical Committee</b>                        |
| <b>LTC</b>   | <b>Long Term Condition</b>                            |
| <b>NELFT</b> | <b>North East London Foundation Trust</b>             |
| <b>PFI</b>   | <b>Private Finance Initiative</b>                     |
| <b>TB</b>    | <b>Tuberculosis</b>                                   |
| <b>TSCL</b>  | <b>Transforming Services, Changing Lives</b>          |
| <b>VCS</b>   | <b>Voluntary and Community Sector</b>                 |