<table>
<tr><th colspan="2">Summary of roundtable discussion on cancer</th></tr>
<tr><td>Desired outcome</td><td>Ambition to have a strategy in place for the next 10 years</td></tr>
<tr><td>Suggested priorities</td><td>Encourage early diagnosis:
support patients ability to spot symptoms and self-refer, also encourage improved uptake of screening opportunities
improve access to diagnostics with less diagnosis taking place in A&E
help front line clinicians listen for early signs although must recognise the pressure on primary care
Developing a model of care that prevents patients ‘bouncing’ between specialities
Interventions on smoking cessation across the NHS and partners
Look at how prevention is promoted, combined with more research on prevention eg vaccines</td></tr>
<tr><td>Other key points</td><td>Improve care planning through a whole programme approach
How to provide financial/physical and other support
Address multimorbidity – eg make sure patients who have more than one long term condition are helped appropriately
Recognise that cancer can be a long term condition
Use digital records to improve the joining up of services
Provide more support closer to home
More involvement of the voluntary sector</td></tr>
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<table>
<tr><th colspan="2">Summary of roundtable discussion on maternity</th></tr>
<tr><td>Desired outcome</td><td>Create a digitally mature system which is informed by joined up IT systems that can help predict women’s needs
Respond to needs for increased workforce (at scale)
Improvements in maternal morbidity and reduction in still birth</td></tr>
<tr><td>Priorities</td><td>Scope population needs, targeting resources to personalised care
Personalised care plans before, during and after care
Workforce - engage at a place level e.g. schools, universities, colleges, job centres to improve recruitment, skills, retention and training
More preconception health assessment, better maternal health
More home births and midwifery led units
Joined up services
Personalised care plans - giving women more choice
Reduce variation and share learning and best practice
Early access to information for women and partners</td></tr>
<tr><td>Other key points</td><td>Problem with lack of IT/digitalisation
Capacity issues within maternity units – impact on number of women being transferred
Need to engage with neighbourhood networks, public health, youth groups, schools, voluntary sector, schools, faith groups and the community</td></tr>
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Summary of roundtable discussion on people aged from 0-25	
Key outcome	• Agreed priorities for 2019/20 • Work should be underpinned by the UNICEF Child friendly accreditation standards • Hard outcomes measures will be zero avoidable deaths from youth violence/mental health issues or a lack of right care
Priorities	• Early intervention and primary intervention (NHS Prevention investment) • Complex children/ personalisation • Mental Health Prevention • Resilience – family resilience and person centric • NHS engagement with disabled housing • Social Psychiatry • Lack of parity with adult agenda • Knife crime (carrying knives into departments) • Issues caused by drug/alcohol abuse • Deprivation/poverty/housing • Distressed/challenging behaviour that we don't address early • Increasing mental health needs • Preventable child death • Increasing complexity & demand • Health inequalities • Impact of social media • Local vs STP challenge • Opportunity to engage more effectively with the voluntary sector • Ensure CYP have an understanding on how to navigate the system
Other key points	• Has been a lack of strategic focus on 0-25 for a long time

Summary of roundtable discussion on end of life.	
Desired outcome	• Demystify and 'normalise' death as it is still difficult to talk about which means difficult to improve service. • Improved community awareness of subject so people at end of their life are better supported. • Sharing information between organisations is key • The service (and place where it is provided) needs to be based around the person's needs
Priorities	• Support for carers, practical support, counselling • A greater role for the voluntary sector (including hospices) so their expertise can provide necessary support • (Improving) community awareness – talk about death • Access to medication, Health Care Assistant, paramedics, 111 • Improved advanced care planning
Other key points	• Broader focus than just older people, must include children and young people who are at end of life and also those who have lost their parents

Summary of roundtable discussion on prevention	
Key outcome	• Agree what prevention is, what are the social determinants are before project starts • Capacity including resourcing primary care • Shaping services that are not doctor/GP centric • Long term social change that is driven by communities: keeping people well at home, through promotion of good health

Priorities	• Prevention needs to be built into all workstreams
	• Develop a common language around prevention
	• Voluntary sector is key and needs to be an equal partner
	• Need to actively address the inverse care law (particularly focussing on addressing the health impacts of poverty)
	• Need to be much more sophisticated about behaviour change linking messages to values (impact on mindset around self-care
	• Need to work with Health Education England to maximise the opportunity of developing a common framework of training and job roles for social prescribers as similar roles
	• Need to use data that is sufficiently fine grained to enable targeting in areas of highest need
	• Integrated leadership;
	    • Health and social care involved in raising awareness on issues involving health (eg air pollution)
	    • Use NHS brand to endorse prevention actions
	    • Use simple social media messages to advise and signpost
	• LTP to identify links to local actions
	• Social prescribing – shouldn't be left to GPs
	• Developing integrated care – small steps with impact at local levels

Other key points	• Opportunity to links with Transport for London on active travel • Do we have enough (budget) in public health and education to make a change • Action learning sets to help NEL professionals to stay connected • What are LAs doing that is linked to health

Summary of roundtable discussion on estates	
Key outcome	• More investment in estates so buildings are fit for purpose
Priorities	• GPs in better buildings • Ensure patients have the services in the most appropriate building • Voids - commissioners to be aware of costs to help reduce and make best use of estate • Look at whole cycle costs (10/ 20 years) to help build flexibility into estates provisions • One IT system and governance • One ICS estates holder • More effective use of PFI buildings • One stop/ co-location of services for patients,
Other key points	• A live database of building usage would help make best use of estate

Summary of roundtable discussion on workforce	
Key outcome	• North east London an attractive place to work (and stay working) in health and care
Priorities	• How to deal with competition between providers – disparity of pay across NEL – need equity of offer • Housing for health and care workers a key issue – need to work with local authorities • Working with volunteers so they are properly trained and doing appropriate roles. Can be path into employment • Work closer with schools and colleges - need to encourage young people to come through the system and fill the gaps. • Data – sharing is a must as must use data to drive action • Work closely with providers to determine what the partnership can do to help nationally and locally • Greater retention of key roles
Other key points	•

Summary of roundtable discussion on mental health	
Key outcome	• Capacity – (currently) outstripped by demand • Early access/ intervention • Tackling stigma • Building the community • Joined up mental health within all services • Mental Health is everybody's business, all employers should have a fundamental level of training in mental health awareness • Accepted that everyone has mental health, people have the right to reach the best levels of mental wellness they can • Privacy and sensitivity in services • Trained up primary care workforce • Links between mental health services and other services (eg housing) • Increased voluntary and community sector provision • Maintain mental health specialists
Priorities	• People can be uncomfortable having personal conversations at receptions – if services are expanding in and around primary care, how can privacy and sensitivity be woven into access? • Integration of services around the person when they need them with no wrong door • Strategy, coproduction and super specialist delivery at system level • Assurance, coproduction and specialist delivery at place level • Feedback, coproduction and delivery of majority of community priorities at local level (neighbourhood and schools)
Other key points	• None

Summary of roundtable discussion on personalisation	
Key outcome	• Assessment of personalisation needs to be part of each patient contact (measured through satisfaction surveys) • Demonstrable and measurable better health and quality of life outcomes for the patient and their carers.

Priorities	• Unified definition across health and social care
	• Shared records
	• Culture of not having same repeated conversations
	• Assessments done by each service accepted at others
	• investment in care co-ordination specialists (across health, social care and voluntary sector)
	• Service redesigns – co production with personalisation in mind
	• Sharing best practice
	• Place level – need to work with those responsible for social care and personal health care budgets (PHBs) within each borough. Each borough has a different way of managing social care, PHBs and the voluntary sector.
	• System level in terms of digital integration. Allows plans to be accessed my multiple providers so that all carers in different settings are aware of the care needs of the patient.
	• NEL level in terms of providers that supply care across boroughs.
	• Growing the number of people with PHBs
	    • Managing the message
	    • Developing local market
	    • Be clear on who pays what local authority/ccg
	• Develop networks between boroughs as PHBs managed differently in each - joined up working between health, social and voluntary care sectors can help ensure correct balance between demand and capacity
	• Ensuring quality of provision
	    o Block contracts, activity needs to start being counted so these can be split out and personalised going forward
	    o Personalised care plan

Other key points	**Who should be involved:** • patients • local authority • medical professionals • allied health professionals • schools • carers • CCG staff • voluntary sector • care providers • national charities • everyone