

Wandsworth

Health & Care Plan 2019-2021



Working together

Joining up health and care in Wandsworth

Health and social care organisations across Wandsworth have a shared commitment to work together, led by the Wandsworth Health and Wellbeing Board. We recognise that we all share a responsibility to ensure our social care, community, wellbeing and hospital services are as joined up as possible.

As a partnership we want to ensure we have quality health and social care services that meet the needs of Wandsworth residents and will continue to do so for future generations.

The additional demand on health and social care services from our growing and ageing population, the increasing number of people living with long term conditions, together with demand for new treatments and therapies are projected to outstrip growth in the budget.

To meet these challenges and ensure the sustainability of our services for the future we need to rethink the way we work together to improve patient outcomes, tackle problems and make best use of all available resources.

Our partners in health and care

- Battersea Healthcare
- Healthwatch Wandsworth
- London Ambulance Service
- London Borough of Wandsworth
- NHS Wandsworth Clinical Commissioning Group
- South London & Maudsley NHS Foundation Trust
- South West London and St George's Mental Health NHS Trust
- St George's University Hospitals NHS Foundation Trust
- Wandsworth Voluntary Sector Co-ordination Project

Our plan

The vision for health and care in Wandsworth

The Wandsworth Health and Care Plan (2019–2021) is one element of work being undertaken by health and social care partners in Wandsworth and across south west London to improve health and wellbeing. The priorities within the Wandsworth Health and Care Plan are focused on the areas where, over the next two years, we can have the greatest impact by working collectively.

We want people to remain as healthy as they can for as long as they can. We are focused on prevention, joining up care where it is appropriate to deliver a better service and supporting and developing resilience in individuals and local communities.

The Wandsworth Health and Wellbeing Board will oversee the delivery of the Health and Care Plan. We will continue to work using an integrated approach with local organisations and groups to implement actions that will provide quality health and care services our residents deserve.

By the end of 2020 we will



Improve the mental health and wellbeing of children and young people by investing in new services, making it easier for young people to access support, and reducing waiting times – in particular focusing on building emotional resilience and supporting BAME young people.



Support more people living with diabetes in community settings, enabling them to be supported closer to home. We will also double attendance at structured education programmes to improve patient confidence to self-manage and provide extra capacity at evening and weekends to improve uptake.



Improve the support we provide to the frailest older people in care homes at the end of their lives. For example, we will join up community services, including support for carers, and improve falls prevention services.

Start well

Our challenges

of Wandsworth's population is under 18 years of age



Around 2000 children aged 5-16 have mental health disorders

Primary school children



In an average classroom of children.



are likely to have a mental health illness

Children aged 5



have decayed, filled or missing teeth

: 15 year olds



are regular smokers



It's the 5th highest rate in London

Start well

Actions we will take





We want all children, young people and families, regardless of their background circumstances or start in life to feel they belong in Wandsworth and have the support they need to thrive and achieve their potential.

Risky behaviours



Engage with young people and multiagency approach to tackling serious vouth violence



Identify young people at risk and provide whole family support



Focus on prevention and early intervention initiatives and approaches to reduce the take up of risky behaviours

Obestity



Continue to implement the Daily Mile across all primary schools in the borough



Work with leisure and environment partners to encourage more use of open spaces, playgrounds and sporting activities



Support breastfeeding through maternity and early years services and wider community venues

Mental health



BAME Mental Health through Community Pilot Project – a scheme programmes to train young people to provider peer support around emotional/ mental health



Social and emotional learning for secondary schools services



Youth mental health first aid training for schools, colleges on emotional and youth



Teams working in primary schools focusing resilience

Live well

Our challenges

of Wandsworth's population is over 18 years of age



Nearly half of residents are aged between 25-44



We have the highest proportion of people aged 30-34 years nationally



Over 18 year-olds



44,000

have a common mental health disorder, such as anxiety or depression Approx.



25,000

are on the verge of developing it

Approx.

are carers

than



Approx.

Over 18 year-olds are smokers



Over 16 year-olds

units each week





are overweight or obese

Live well

Actions we will take



We know that there is no physical health without mental health and integrating our approach to physical and mental health is an important Live Well priority. We want people with long term conditions to be able to help themselves and Diabetes is a specific concern in Wandsworth that we want to explore.

New integrated care service



Physical & mental health care together?

We are commissioning a new integrated physical and mental health service that will offer specific support for people with long term conditions.



Physical health checks for people with serious mental illness



Invest in talking therapies to bring down waiting times



Tailored talking therapy services for people with diabetes, COPD and cardiovascular conditions



New mental health support workers to work alongside community staff to identify patients with long term conditions who could benefit from support with mental health needs

Chronic disease management



Work to ensure there is consistent care for diabetic and pre-diabetic patients in all GP practices



Provide additional clinical capacity in community settings to enable more patients to be supported closer to home



Increase attendance at structured education programmes to improve patient confidence to self-manage and provide extra capacity at evening and weekends to improve uptake 7





Age well Our challenges

10%

of Wandsworth's population is over 65 years of age

=30,000+

The number of older people set to grow faster than the overall population

By 2034 there will be 42,200 people in Wandsworth aged over 65 years

Age well Actions we will take



We want to join up health and social care services to provide a better service to residents. Increased awareness amongst front line staff has led to earlier diagnosis of Dementia and helps us to look at how we can best support people living with dementia and those caring for someone with dementia. We are also looking at social isolation amongst older people; this is not a medical problem but we know this can adversely impact all areas of their lives.

Over 65 year-olds

4 in 5

people have at least one chronic illness



Over

10,000

people are living alone





Nearly

1,400

people have dementia



hospital admisssions each year



For every

5 years

that we age over 65 the likelihood of developing dementia doubles



Approx

9,000



Dementia





Improve care navigation and planning so that more people are able to maintain independent living in their own home or place of care



Improve support to unpaid carers of people with dementia and more proactive engagement with carers

Tackling isolation



Work with the Voluntary sector to develop more services to prevent people from becoming isolated,

with a focus on activities

generation together

to bring younger and older



Develop an enhanced Voluntary Sector Coordination programme to help manage these services



There is already a
Wandsworth Wellbeing Hub
to connect people to the
voluntary sector services in
their local community, we
will also launch a face to
face Social Prescribing
service

Integrated health and social care





Improve access to intermediate care and reablement services, with better coordination between services



More coordination of community services for people with the most complex health and care needs, including support for carers



Improve falls prevention services including an enhanced community exercise programme with access to evidenced based training



Improve health care support to the very frail, including residents in care homes



health and social care services for frail, older people in the borough



How we will know if we succeed

Actions we will take



Start well



Improved health and wellbeing of children and young people



Improved access to mental health services for young people



Increased confidence and self-awareness amongst BAME young people



Live well



Increased uptake of diabetes prevention programme



Increase access rate for adult mental health services and more people receiving psychological therapies support



Increase in the number of people accessing services through the voluntary sector



Age well



Improvements in quality of life and experience of older people



Care home residents will require fewer visits to hospital as an emergency

You said, we did

How engagement shaped our plans

It has been essential to develop this plan with local people – a commitment of all our partners. Between August 2018 and July 2019 we spoke to around 250 people to hear what you want from health and care services and to test our ideas with local people at different stages in the development of the plan.

August -November 2018 Using local insight to inform our early thinking around health and care priorities

November 2018 Testing our early thinking and draft health and care priorities to inform the actions and impact

May - June 2019 Testing our draft plan with key stakeholders before finalisation

September 2019 onwards Launching and implementing our plan with the ongoing involvement of our local community

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You said, we did

Implementing our plan with the ongoing involvement of our local community

Publishing this plan won't be the end of the conversation and we want to work together with local people and community organisations to put these plans into action.

Work is already underway to involve local people in several projects within this plan, for example involving young people in improving mental health services in schools, working with Healthwatch to interview mental health service users, to improve the pathway for those in crisis, understanding how uptake of structured diabetes education could be improved by working with those we aren't currently reaching and planning a Dementia campaign to raise awareness.

We know, from looking at the profile of people we've heard from during our engagement work, that we've reached a good cross section of the community. But, there's always more we can do

We will involve people with lived experiences of services as well as continuing to work closely with voluntary and community groups to reach out into the wider community.

We are committed to making sure we share the outputs of our engagement work by feeding back directly to groups we've worked with, publishing feedback reports online and using those involved as champions to spread the word about the impact their involvement has had. Keep an eye on our website for updates on our work or email:

WandsworthCCG.GetInvolved@swlondon.nhs.uk for more information.

Age well	
You said	We did
intergenerational projects with schools	We have committed to working with the voluntary sector to develop activities to bring younger and older generations together
Advice and proactive access to services for older people	We will work to identify older people who are at risk and develop a person-centred plan for their care, bringing all organisations together
1 March 1997 Annual Control of the C	The roll-out of face to face social prescribing services will help people access services within their communities

Start well	
You said	We did
Greater provision of emotional wellbeing services for children in schools and support for parents - services in the wider community are currently not easy to access with lon waits.	•
Some felt children and young people should be involved in the wider group and community rather than doing healthy activities in isolation	
Supporting healthy weights for childr and incentivise healthy eating	ren Health Visiting Team and Children's Centres promoting healthy weaning and healthy diet. Family based weight management interventions appropriately focused towards early years and children in primary school
Involve young people and schools in conversations about risky behaviours	•

Live well	
You said	We did
Easy and quick access to mental health services was highlighted as important by many	We are investing in talking therapies to bring down waiting times
Mental health and drug and alcohol services working together	We are running wellbeing workshops within substance misuse services for people who are currently engaged in work around abstinence. Closer links between the mental health and drug and alcohol services means that we are now often able to see people for treatment whilst they are engaged in ongoing maintenance/ abstinence work which helps early intervention in mental health problems that may be a trigger alcohol/ substance misuse
Easy access to people with expertise to help, advise and provide information on diabetes, including prevention and self-management to keep well	We will provide extra capacity at evening and weekends for structured education programmes to improve uptake.
An exploration of barriers to accessing diabetes self-management services	We will carry out insight work in 2020 to understand what these barriers might be

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