

**Involving local people in developing a Local Health and Care Plan for Wandsworth**





## **1. Introduction**

The Wandsworth Health and Care Plan describes our vision, priorities and actions to meet the health and care needs of local people and deliver improvements in their health and wellbeing through the life stages of Start Well, Live Well and Age Well. It is a two-year (2019–2021) plan which focuses on the actions which no single organisation can achieve alone. By working together, we believe health, social care and the voluntary sector can deliver quality health and care services that support local people.

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



## 2. Our engagement process





## **2. Using local insight to inform our early thinking**

Wandsworth's health and care partners considered views of local people gathered over the last year including what we learnt through our commissioning intentions engagement work undertaken in Summer/Autumn 2018. This shaped our thinking as we developed our early ideas about what health and care priorities for Wandsworth would look like. This included hearing from communities and groups who do not always feel their voice is heard or may face specific barriers to involvement, for example people who self-identify as LGBTQ+, people disabled by sensory, perceptual, physical and emotional processing difficulties (Learning Disabled), people who care for others whether paid or unpaid and BAME communities. We used feedback from local people to refine our early ideas into a set of draft priorities that were presented at our deliberative event in November 2018.

## **3. Testing our early thinking and draft priorities**

In November 2018, we held an engagement event for local people, health and care staff, and representatives from community organisations. We talked about the kinds of things which no single organisation can achieve alone and how organisations could work better together. We also shared what people had already told us about what they want from local services. Discussions focused on:

- Childhood obesity
- Children and young people's mental health
- Risky behaviours
- Integration of our approach to physical and mental health
- Diabetes
- Dementia
- Health and social care integration
- Isolation

Over 160 people attended the event– including around 50 local people who had been specifically recruited to represent the diverse community in Wandsworth and who had never worked with us before. We worked with a specialist organisation to reach out to a representative cross section of the



Project), NHS staff and GPs. The discussion document was also discussed at the Voluntary Sector Forum, Healthwatch Assembly and St. George's Patient and Public Engagement Group and in addition Healthwatch Wandsworth ran a priorities survey, seeking comments to feed into the final plan.

Feedback received indicated that overall there was a good understanding of the aims and focus areas within the plan. Whilst it was agreed the priorities within the Wandsworth plan were appropriate, it was noted that there are also priorities held at the South West London (SWL) system level (e.g. cancer, maternity and children). It was felt that these are equally relevant but are not fully reflected in the Wandsworth plan and this represents a challenge for some stakeholders and providers in how they can best engage across all the priorities at different levels.

## 5. What did people tell us?

Here is a summary of what people told us throughout our engagement process. Overall, people were supportive of a focus on prevention, community activation and self-management as well as greater involvement of the voluntary sector in providing solutions to health and social care challenges, with the right resources. It was recognised that none of this would be possible without a strong and stable workforce and increasing the use of technology. A strong theme throughout the feedback was around increased support and recognition for carers.

### Start Well

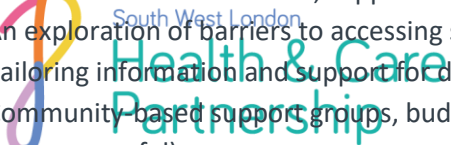
- Greater provision of emotional wellbeing services for children and support for parents – some services in the wider community are currently not easy to access with long waits.
- Some felt children and young people should be involved in the wider group and community rather than doing healthy activities in isolation.
- Support should be given to enable social gatherings, community building, activities, events and groups and it was suggested that services could help with financing and resourcing.
- Supporting healthy weights for children and incentivise healthy eating
- Involve young people and schools in conversations about risky behaviours – in particular, gang culture

### Live Well

When asked about services considering physical and mental health and wellbeing at the same time and about health and social care services working together, the following points were raised.

- Easy and quick access to services was highlighted as important by many
- More community and peer led drops-in and multi-disciplinary teams
- More advocate and buddy systems based in the community
- Mental health and drug and alcohol services working together

- Easy access to people with expertise to help, advise and provide information, including prevention and self-management to keep well
- More access to information, support from dieticians and physical activity
- An exploration of barriers to accessing self-management services
- Tailoring information and support for different cultures and language users was highlighted as important
- Community-based support groups, buddies and peer support (some already attended a community group that helped provide this support and felt it was very useful)



**Age Well**

Most of the feedback received related to communities building resilience and increased access to services. It was noted that most of the actions in the plan relate to specific health services and interventions and suggested the voluntary sector will bring community-based support alongside services. However, it was felt that specific community capacity and resource building isn't outlined in detail.

The following feedback was provided about the plan in relation to dementia, isolation and about health and social care services working better together.

- The plan should include intergenerational projects with schools and young people to support in reducing social isolation
- More support networks, buddy systems and community activities and information about the support available – support for financing and resourcing community activities
- Advice and proactive access to services (rather than reactive)
- More services and support for dementia, including lifestyle services that can help as well as cognitive rehabilitation

**6. So what?**

It's important for all partners involved in implementing the health and care plan to demonstrate how feedback from local people has shaped the final plan. Health and care partners have considered the themes from the feedback provided to inform the final version of the health and care plan. The following changes have been made to the plan in response to the feedback received:

You said	We did
<b>Start well</b>	
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 long waits.	Education wellbeing practitioners are now in place in some schools in Wandsworth and further teams will be rolled out in 2020.

Some felt children and young people should be involved in the wider group and community rather than doing healthy activities in isolation.	We have committed to work with leisure and environment partners to encourage more use of open spaces, playgrounds and sporting activities.
Supporting healthy weights for children and incentivise healthy eating	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 – in particular, gang culture	This will be central to our approach as we develop our plans.
<b>Live well</b>	
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.



<b>Age well</b>	
The plan should include intergenerational projects with schools and young people to support in reducing social isolation	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.
More services and support for dementia, including lifestyle services that can help as well as cognitive rehabilitation	The roll-out of face to face social prescribing services will help people access services within their communities.

## 7. 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.

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. Our approach to ongoing engagement will be multi-faceted:

1. Direct engagement – involving people with lived experience of services directly in project working groups, where possible. Testing communications and engagement plans with existing channels, such as the CCGs Patient Engagement Group.
2. Wider engagement – working with existing voluntary and community groups to speak to those they work with.
3. Targeted engagement – working with those most impacted by specific projects within the plan and current service users. This might be through holding bespoke focus groups, surveys and telephone interviews.

Work is already underway to involve local people in several projects within this plan – see some examples of this below.

<b>Area of the plan</b>	<b>How are we already involving local people in implementing the plan</b>
<b>Start Well</b>	<ul style="list-style-type: none"> <li>• Working with children in schools to seek feedback on the mental health support being provided – including selecting a provider for online counselling services and tailoring promotional materials so they are more young people friendly.</li> </ul>
<b>Live Well</b>	<ul style="list-style-type: none"> <li>• Working with Healthwatch to interview mental health service users, to improve the pathway for those in crisis.</li> </ul>

	<ul style="list-style-type: none"> <li>• Improve the uptake of structured diabetes education by engaging targeted communities such as men and those from BAME communities to understand how courses could be tailored to better meet different needs.</li> </ul>
<b>Age Well</b>	<ul style="list-style-type: none"> <li>• Running an integrated communications and engagement campaign around Dementia to focus on supporting dementia friendly communities and carers through awareness raising.</li> </ul>

We are committed to making sure we share the outputs of our engagement work by feeding back directly to groups we've worked with; by 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.

### **8. Next steps**

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.

As we begin to implement the Local Health and Care Plan, keep an eye on our website for updates on our work. If you would like more information about how you can get involved, please visit our website: <https://www.wandsworthccg.nhs.uk/getinvolved/Pages/default.aspx> or contact us by emailing: [wandsworthccg.getinvolved@swlondon.nhs.uk](mailto:wandsworthccg.getinvolved@swlondon.nhs.uk)