Wandsworth
South West
London
Integrated
Care System

Wandsworth
Health & Care Plan 2022–2024

Final Report

Table of Contents

Wandsworth South West London Integrated Care System

1 Introduction

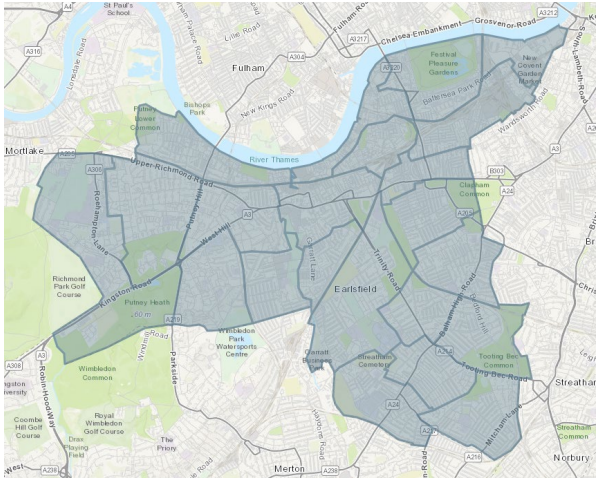
Wandsworth South West London Integrated Care System

Our Health and Care Plan

The Wandsworth Health & Care Plan 2022-2024 outlines the vision, priorities and actions to meet the health and care needs of local people, as well as to deliver improvements in their health and wellbeing throughout the course of life stages, categorised as; Start well, Live well and Age well.

Health, social care, Public Health, voluntary, community organisations and residents across Wandsworth helped to develop this plan, which represents; a shared commitment to working together, focusing on where we can add value and have the greatest impact. We share the responsibility to work collaboratively as part of an Integrated Care System; to prevent ill health, keep people well and support them to stay independent.

This final report marks the end of this iteration of the Health & Care Plan 2022-2024. This document aims to highlight and celebrate the successes of this period, which will help inform the refresh of the Health & Care Plan covering the 2024-2026 timeframe.



Source: https://www.datawand.info/

2 Our Vision

Wandsworth South West London Integrated Care System

Wandsworth is a place where people are supported to live healthy, fulfilling lives in thriving communities.

We will work together to make a difference to the people of Wandsworth to ensure everyone:

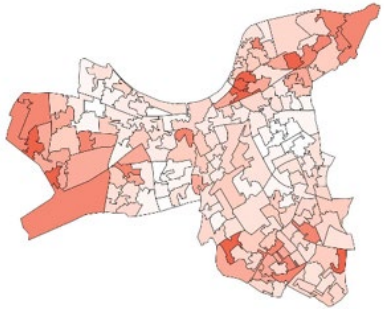
- ✓ Has the same life chances, regardless of where they are born or live.
- ✓ Can live healthy, independent, fulfilling lives.
- ✓ Can be part of dynamic, thriving and supportive communities.
- ✓ Has equal access to health and social care services.

3 Our Community

Population 327,506 (2021)

Wandsworth South West London Integrated Care System

Wandsworth



Follow this link to the data sources:

Local people

Wandsworth has the second largest population in Inner London and among the youngest populations in the country (33.7 years). Two thirds are White communities; almost 50% are aged 18 to 39. The Black, Asian and Ethnic Minority population has grown since 2011. In Tooting, West Hill North, Furzedown and Roehampton almost 60% of residents are Asian and under 40. The Black heritage population is higher around Falconbrook, Shaftesbury and Queenstown, Battersea Park and Furzedown.

Languages spoken

Top 5 after English: Spanish, Italian, Urdu, Portuguese and Polish.

In 2011, Polish was the most spoken language and is now in fifth place. The proportion of residents who cannot speak English is lower in Wandsworth than it is in Inner London.

CORE20* areas

Tooting, West Hill North, Furzedown, Roehampton, Falconbrook, Shaftesbury, Queenstown and Battersea Park

Health needs

In 2020, the proportion of secondary school pupils with substantial emotional, social and mental health needs was the second highest in London.

In 2018/19 Wandsworth's rate of hospital admissions for self-harm in children and young people aged 10 to 24 was the seventh highest in London.

The proportion of overweight children in Wandsworth is increasing more rapidly than elsewhere in London and in 2019/20 Wandsworth's overweight proportion in Year 6 was the highest in London (16.2%). Wandsworth has the highest proportion compared to statistical neighbours of pupils with hearing impairments, visual impairments and multi-sensory impairments compared.

Census data 2021 Wandsworth and Wandsworth Joint Strategic Needs Assessment

CORE20* - represents the 20% of people in England who experience the greatest socioeconomic inequality

4 Wandsworth Health and Care Committee

Wandsworth South West London Integrated Care System

THE BRIGHTER BOROUGH Wandsworth

South West London Integrated Care System

healthwatch Wandsworth

WCA involve, connect, transform

NHS South West London and St George's Mental Health NHS Trust

Wandsworth GP Federation Working Together for Better Health and Care

NHS St George's University Hospitals NHS Foundation Trust

NHS Central London Community Healthcare NHS Trust

Partners:

- Central London Community Healthcare NHS Trust
- Healthwatch Wandsworth
- South West London and St George's Mental Health NHS Trust
- South West London Integrated Care System
- St George's University Hospitals NHS Foundation Trust
- Wandsworth Borough Council
- Wandsworth Care Alliance
- Wandsworth GP Federation

5 Our Opportunities

Wandsworth South West London Integrated Care System

Our Joint Strategic Needs Assessment reflected the main opportunities for change in Wandsworth, which helped inform the Health & Care Plan 2022-24 priorities. These opportunities were:

- Reducing childhood obesity
- Improving the mental health and wellbeing of children and young people by making it easier for young people to access support, and reducing waiting times.
- Supporting more people living with long term conditions in community settings, enabling them to be supported closer to home.
- Improving the support we provide to the frailest older people in care homes at the end of their lives.
- Improving access to mental health and wellbeing
- Prevention framework 2021-2025, to embed prevention to promote good health and;
- To address and reduce health inequalities

6 Our Priorities

Wandsworth South West London Integrated Care System

In our Health and Care Plan we took a life course approach, meaning the plan covers the different stages of a person's life, categorised as: Start Well, Live Well and Age Well. The local opportunities and priorities are addressed within each category.

Start Well	Live Well	Age Well
• Reduce childhood obesity • Improve mental health and wellbeing for children and young people • Protect vulnerable adolescents (formerly Risky Behaviours)	• Address inequalities in mental health • Support people to identify and manage their long-term condition • Support people to stay healthy	• Better integrate services • Strengthen our support for Care & Nursing Homes • Improve Falls Prevention • Support Carers and reduce social isolation • Ensure good quality dementia support services

There are three overarching core themes that feature across the life course – Integration, Health Inequalities and Prevention.

7 Our Projects - Start & Live Well

Wandsworth South West London Integrated Care System

Our projects are how we plan to achieve our priorities.

Start Well
Reduce Childhood Obesity

- Develop a leisure strategy for Wandsworth
- Continue national child measurement programme
- Family weight management programme
- Participate in Healthy Schools London programme

Start Well
Improving mental health and wellbeing for children and young people

- Mental Health Support Teams (MHSTs)
- Empowering Parents Empowering Communities (EPEC) Programme
- Continue to support Trailblazers project in schools and achieve greater coverage of PATHS.

Start Well
Vulnerable Adolescents (formerly Risky Behaviours)

- Setting up of Multi agency risk, violence and exploitation (MARVE) panel,
- Whole family support via Family Safeguarding team
- Intelligence led disruption and engagement team.

Live Well
Address inequalities in mental health

- Development of x 4 Health and Wellbeing Hubs as Part of the EMHIP programme of work
- Active Wellbeing programme.

Live Well
Support people to identify and manage their long-term condition

- Hosting of six health and wellbeing events.

Live Well
Support people to stay healthy

- Cancer screening assurance framework and Connecting Health communities project
- Delivering and Promoting NHS Health Checks
- Promoting Smoking Cessation services and The Health Bus
- Diabetes prevention
- Adult Weight Management Programme

7 Our Projects – Age Well

Wandsworth South West London Integrated Care System

Our projects are how we plan to achieve our priorities.

Age Well
Integrating Services

- Improving hospital discharge process (including mental health)
- Virtual ward/hospital at home
- Intermediate Care (formerly Enhanced recovery and reablement support)
- Urgent (2 hour) community response

Age Well
Care Homes

- Enhanced Health in Care Homes (EHCH),
- Universal Care plan
- Digital Care record
- E-red Bag scheme
- Remote monitoring

Age Well
Falls Prevention

- Reconfigure falls prevention service by establishing a falls network with more evidence-based prevention programmes in voluntary sector and community setting – supported by St. George's Hospital Community Therapy specialist service.

Age Well
Carers and Social Isolation

- Provision for carers through support in primary care by providing extended carer appointments
- Support to all carers through Improving access to social prescribing & voluntary services to reduce social isolation and to reduce emergency presentations

Age Well
Ensuring good quality dementia support services

- Dementia Early Support and Improving Care Quality
- Improving care provided to people with dementia in care homes
- Improving dementia support in the community

8

Wandsworth
South West London Integrated Care System

Start Well

How our work has made a difference.

Highlights and achievements.

8a Reduce Childhood Obesity

Wandsworth South West London Integrated Care System

Life course: Start Well
Priority: Reduce Childhood Obesity
Lead: Council Public Health

Projects:

i. Develop a leisure strategy for Wandsworth
ii. Continue national child measurement programme
iii. Family weight management programme
iv. Participate in Healthy Schools London programme

Opportunities identified at the start of the Health & Care Plan 2022-24

Childhood obesity is defined as abnormal or excessive fat accumulation that presents a risk to health and is one of the most serious public health challenges of the 21st century. However, obesity is a complex issue and there is no singular solution. The UK is now ranked among the worst in Western Europe for childhood obesity rates and is one of the biggest health problems the country faces. Nationally, two thirds of adults, a third of 11–15 year olds, and a quarter of 2–10 year olds are overweight or obese.

By the time a child reaches Year 6 the percentage of obese children has increased three-fold to 19% in 2019/20. Wandsworth encouragingly ranks the 5th lowest of all London boroughs for prevalence of obesity at Year 6. These rates are lower than the London rate of 23%, and the England rate of 20%. Wandsworth's obesity levels in Year 6 have remained stable in the last three years indicating further need to increase both physical activity and instil healthy eating habits in primary school groups. Children with learning disabilities are also more likely to be overweight or obese.

Childhood obesity prevalence changes with age and ethnic group. In Wandsworth and nationally, the prevalence of obesity is the highest in Black ethnic groups and the lowest in White ethnic groups; the prevalence in Asian ethnic groups was somewhere in the middle. Interestingly, the pace of increase in obesity prevalence between reception and Year 6 varies even more substantially. For Black ethnic groups, the prevalence in Year 6 is 181% higher than in reception, in comparison with a 261% increase in white ethnic group and 316% increase in Asian ethnic groups

8a (i)

Wandsworth South West London Integrated Care System

i) Develop a leisure strategy for Wandsworth

Highlights and Achievements

- As part of the refreshed Joint Local Health & Wellbeing Strategy 2024-29, there is the ambition to work with leisure and environment partners to encourage more use of open spaces, playgrounds, and sporting activities.
- A leisure plan was approved by the Wandsworth Health and Care Committee in July 2024.
- The plan is to make sport and leisure more accessible and affordable for all.
- There will be investment in new facilities and actions taken to break down barriers to physical activity.
- Part of 'Access for All' scheme, to make sure everyone has fair access to all council services.
- Residents on a range of means-tested benefits can already get free use of council gyms and swimming pools, and 250 free tickets a day are available at the newly-refurbished Tooting Bec Lido.
- The council and voluntary and community organisations will work together to raise awareness of the importance of staying active and provide more and better opportunities to do so.
- Progress will be monitored by a Community Sports and Physical Activity Network made up of representatives from key organisations representing a wide range of people and places across the borough.

8a (ii)

Wandsworth South West London Integrated Care System

ii) Continue national child measurement programme

Highlights

- The National Child Measurement Programme (NCMP) is a rolling national programme. All designated schools have taken part in Wandsworth. The NCMP has been a valuable way to understand the weight status of children attending schools in Wandsworth and identify the prevalence of overweight and obesity.
- Analysis of the NCMP data in relation to deprivation and ethnicity was used to inform workshops to develop a whole systems approach to addressing childhood obesity. The data also contributed to a gap analysis from which recommendations supported the approach. These will be addressed through the Joint Local Health and Wellbeing Strategy 2024-2029 refreshed STEP on childhood obesity.
- Families with children aged 5 to 11 identified as with a body mass index (BMI) over the 91st centile (clinically overweight) at reception or BMI over the 98th centile (clinically obese) at year 6 are referred to the family-based weight management service. This service runs group-based diet and exercise sessions exploring barriers and solutions to effect positive lifestyle change.

Achievements

In 2021/22:

- Prevalence of overweight (including obesity) in reception: 21.7%
- Prevalence of overweight (including obesity) in year 6: 35.9%
- Prevalence of obesity (including severe obesity) in reception: 9.8%
- Prevalence of obesity (including severe obesity) in year 6: 22.3%

In 2022/23:

- Prevalence of overweight (including obesity) in reception: 19.2%
- Prevalence of overweight (including obesity) in year 6: 34.8%
- Prevalence of obesity (including severe obesity) in reception: 7.9%
- Prevalence of obesity (including severe obesity) in year 6: 21.8%

The data shows a reduction in prevalence, but more work is needed to reduce this further.

8a (iii)

Wandsworth South West London Integrated Care System

iii) Family Weight Management Programme

Highlights

- The Family Weight Management Programme is run by our community provider Central London Community Healthcare (CLCH), as part of the 0-19 year old service.
- A multi-component intervention including Mentored Exercise, HENRY and TastEd (MHT) has been delivered as a 1 year pilot.
- The project was well received by parents/guardians and teachers. It was implemented in schools where there were high levels of or concerns expressed about childhood obesity. The Henry component of the pilot resulted in families eating healthier snacks, looking at packaging and portion sizes, setting boundaries and having meals together, doing more exercise, changing their language and talking more with their children. TastEd enabled most children to try new fruits and vegetables. Pupils engaged really well with TastEd and enjoyed it a lot.
- Mentored exercise, using the resistance bands, was very popular with pupils and increased their confidence and motivation to engage with the exercise. This component of the programme can be delivered by internal school staff following training which would improve the sustainability of the project if it was rolled out on a larger scale.

Achievements

- There was a noticeable reduction in BMI across the entire project. This was more evident in boys than girls. Although the reduction wasn't statistically significant, it showed a strong downwards trend.
- In one out of three schools, the intervention statistically significantly reduced standardised BMI compared to the control (comparison) group, in which BMI tended to increase.
- The Henry, TastEd and ME pilot showed a reduction in BMI, although statistical significance was not achieved. With a larger sample size, that could be achieved through roll out of the intervention, the programme has the potential to deliver statistically significant improvements in childhood obesity.

8a (iv)

Wandsworth South West London Integrated Care System

iv) Participate in Health Schools London programme

Highlights

- The Healthy Schools London (HSL) programme offers a framework for schools, which, together with community resources, tackles a variety of inequalities, including air pollution, dental health, obesity, substance misuse and mental and sexual health. Schools are required to provide evidence of how they are supporting vulnerable pupils (e.g. those on free school meals, SEN). In the silver and gold award schools are required to ensure their Silver plan contains actions/ interventions that will benefit vulnerable or disadvantaged children. For example, one school without any morning food provision set up Magic Breakfast in their school as part of their silver plan.
- The Healthy Schools Lead was involved in the commissioning of the new catering provider for school meals. The meals provided meet the School Food Standards and have received excellent feedback from pupils.

Achievements

Academic year 2022/23

- 10 Wandsworth schools achieved an award - 6 bronze renewals, 3 new bronze applications, 1 silver
- Achieved target of engaging 3 new schools to achieve an award
- 16% (13/79) of Wandsworth schools achieved an award (Sept 2022 to Sept 2023).
- 2022/2023 CPD training support that complements the HSL programme across the four key health areas;
- 62 Wandsworth individuals including schools attended training that reached over 160 delegates.

Academic Year 2023/2024

- 2 Wandsworth schools are actively working on bronze, 2 towards gold award, 5 schools are engaged or enquire about the application process.
- 2023/2024 20 CPD courses (online and face-face) were delivered covering; PSHE, mental health, physical activity and food education

8a (iv)

Wandsworth South West London Integrated Care System

Case studies/stories
Healthy Schools Award Ceremony, July 2023

Confirmation of consent – Zdenka Buchan, Healthy Schools Lead

Schools that achieved the Healthy Schools status over the past two years, had their 'Wow moment' at the bi-borough HSL award ceremony. 16 Wandsworth schools achieved bronze, three silver and one gold awards. Bradstow, a special residential school, was the first school to have achieved Gold in Wandsworth borough. Their focus was on staff training, embedding PSHE in their school and improving physical activity for their learners.

The award ceremony also celebrated National RSE Day, with a performance from Loudmouth Theatre in Education an extract from their programme called 'Under the Radar' about county lines and knife crime.

During the break, children and staff were able to browse the number of display tables from different school services including PSHE Association, British Nutrition Foundation (Food a Fact of Life), Enable, school health services, Smart School Services, Healthy Workplaces, and the London Living Wage Foundation.

8b Improving mental health and wellbeing for children and young people

Wandsworth South West London Integrated Care System

Life course: Start Well
Priority: Improving mental health and wellbeing for children and young people
Lead: NHS SWL ICB with system partners

Projects:

i. Mental Health Support Teams (MHSTs)
ii. Empowering Parents Empowering Communities (EPEC) Programme
iii. Continue to support Trailblazers project in schools and achieve greater coverage of PATHS.

Opportunities identified at the start of the Health & Care Plan 2022-24

In 2020, 3.0% of Wandsworth's primary school children were identified as having social, emotional and mental health needs, the 4th highest proportion in London (of 32 Local Authorities), a significantly higher value than both the England and London averages.

Wandsworth's latest (2020) proportion of secondary school pupils with substantial emotional, social and mental health needs was 4.2 per 100, the 2nd highest in London, 57.6% higher than the England average, and 60.0% higher than the London average. This includes increased levels of complexity and cases where there are higher levels of emotional dysregulation and higher levels of risk from self-harm.

Special Educational Needs and Disabilities (SEND) are also factors that contribute towards higher occurrence of mental health difficulties. There has been a significant increase in the number of children with a diagnosis for Autism (ASD) and Learning Disabilities (LD) in South West London over the last 10 years. This increase has resulted in a scaling up of education, social care and health provision for these children, young people and families.

In line with the increase in the number of children and young people with SEND there has been an increase in children and young people with autism and/or Learning Disabilities who have emerging 'behaviours that challenge', which can escalate into emotional and mental health needs.

8b (i)

Wandsworth South West London Integrated Care System

i) Mental Health Support Teams (MHSTs)

Highlights

- Students and pupils have support at an early stage with mild to moderate levels of anxiety, low mood and social, communication difficulties.
- Wandsworth has coverage of MHSTs across Battersea and Southfields Schools, and a further Children's Wellbeing Practitioner (CWP) Team across Balham & Tooting Schools. These included several evidence-based and Cognitive Behavioural Therapy (CBT) based guided self-help models for mild to moderate anxiety and low mood. Schools also benefit from guidance and consultation sessions for teachers and pastoral teams, and training for parents/ carers on dealing with challenging behaviour. The Battersea Team has also benefited from an Occupational Therapist (OT) and Drama Therapist, who have provided one-to-one and group sessions for children with social communication disorder (SCD) and trauma.
- Early treatment is available in a large proportion of schools in Wandsworth. This is empowering students to be more emotional resilient and is addressing mental health needs before they escalate.
- A further and final MHST is due to be mobilised across Wandsworth in late 2024, which will ensure 100% coverage of treatment programmes.

Achievements

- 48 schools are benefiting from MHST coverage in Wandsworth
- 24 primary schools benefited from worry ninja transition workshops, 780 pupils participated
- 3982 pupils/ students have participated in one-to-one or group therapy sessions
- 84% of parents/carers made reliable progress in guided self-help for managing challenging behaviours
- 80% of pupils/students childhood anxiety scale score improve (on average from 64 unhealthy to 52 healthy range)

8b (ii)

Wandsworth South West London Integrated Care System

ii) Empowering Parents Empowering Communities (EPEC) Programme

Highlights and Achievements

- Empowering Parents Empowering Communities (EPEC) is part of the Mental Health Support Teams (MHSTs) across Wandsworth. This evidence-based parenting programme involves recruiting and training a team of parents/carers, who can become inspiring community leaders, who support/train other parents/carers in leading, with a range of parenting and behavioural challenges they are experiencing at home.
- This can be a highly effective model but the EPEC programme has not fully mobilised across Wandsworth, in-spite of significant work by South West London and St. George's (SWLSTG – our local Mental Health provider), schools and local authority partners. The work has been negatively impacted due to both Covid affecting engagement and subsequent staff turn-over.
- The possibility of relaunching the programme in 2024-25 is being explored.

8b (iii)

Wandsworth South West London Integrated Care System

iii) Continue to support Trailblazers project in schools and achieve greater coverage of PATHS.

Highlights

- Promoting Alternative Thinking Skills (PATHS) is an evidence based whole school approach to emotional literacy and emotional resilience. The programme includes weekly lessons for children as well as training for school staff; in implementing the lessons and consistent approach to managing behaviour around the schools, in lessons, at break times and around the building.
- Improved emotional literacy has played a key role transforming schools and the education outcomes for children in Wandsworth, particularly in schools with deprived intake of pupils.
- The PATHS programme is the only emotional literacy whole school programme proven via a randomised control trials. In Wandsworth, it continues to show significant improved emotional literacy and emotional resilience outcomes. Schools also evidence reduced exclusions and reduced behavioural incidents.
- 100% of Teachers, 100% of Headteachers and 80% of pupils reported a very positive experience of the PATHS programme.

Achievements

- 18 schools transformed (12 schools in July 2022)
- 1152 pupils benefitting from on the programme (previously 4466)
- 145 teachers trained (previously 42)
- 1440 pre and post surveys complete (previously 527)
- 54% of pupils showed improved empathy
- 60% showed improved attention in 2023

8c Vulnerable Adolescents
(formerly Risky Behaviours)

Wandsworth South West London Integrated Care System

Life course: Start Well
Priority: Vulnerable Adolescents (formerly Risky Behaviours)
Lead: Council Public Health

Projects:

i. Setting up of Multi-agency risk, violence and exploitation (MARVE) panel,
ii. Whole family support via Family Safeguarding team
iii. Intelligence led disruption and engagement team.

Opportunities identified at the start of the Health & Care Plan 2022-24

Risky behaviours was one of the eight key priorities identified for the 2019/21 Health and Care Plan, to work collaboratively as a system to bring about positive change and improve the health and wellbeing of Wandsworth Residents.

Progress on this priority area was halted due to the pandemic, so the work carried over into the 2022-24 Health and Care plan.

8c

Wandsworth
South West London Integrated Care System

i) Setting up of Multi-agency risk, violence and exploitation (MARVE) panel, ii) Whole family support via Family Safeguarding team iii) Intelligence led disruption and engagement team.

Highlights

- This initiative set out to establish a Multi-disciplinary Team (MDT) approach to adolescents coming to the notice of Police and Social Care. Risk assessments were undertaken and support provided by the MDT with the aim of reducing risk and preventing escalation to social care or youth justice.
- The provision of the multi-agency support team helps to take a systemic approach to presenting issues.
- While the MDT has been implemented and part of business as usual, a closer relationship between the Youth Well Clinic and the Adolescent MDT would enhance both services.

Achievements

- The number of 1st time entrants to the Youth Justice System has reduced from 268 in July 2022 to 139 end Quarter 4 2023/2024.
- April -Sept 2022, 19 young people referred to MARVE. Of these 16 Young People (84%) had an improved risk rating or were closed to the service
- As at end of March there were 516 open Children in Needs (CIN) (309) and Children Protection with Family Safeguarding (CPP) (153) cases with Family Safeguarding

Wandsworth
South West London Integrated Care System

Live Well

How our work has made a difference.

Highlights and achievements.

9a Address Inequalities in Mental Health

Wandsworth South West London Integrated Care System

Life course: Live Well
Priority: Address Inequalities in Mental Health
Lead: NHS SWL ICB with system partners

Projects:

i. Development of x 4 Health and Wellbeing Hubs, as part of the Ethnicity and Mental Health Improvement Project (EMHIP) programme of work
ii. Active Wellbeing programme

Opportunities identified at the start of the Health & Care Plan 2022-24

Good mental health is the foundation for living well and there is a clear link between an individual's mental and physical wellbeing. We know the impact of a person's mental and physical health, their social and environmental surroundings (including employment, housing and factors such as loneliness and isolation) influence the uptake of unhealthy behaviours.

There are persistent and significant ethnic inequalities in most aspects of mental healthcare in the UK. Broadly, these can be understood as differences in access, experience and outcomes of mental healthcare, and particularly disproportionate representation and poorer outcomes for people from Black and minority ethnic communities in specialist mental health settings.

Unpicking the causes of ethnic inequalities in health is difficult. Available evidence suggests a complex interplay of deprivation, environmental, physiological, behavioural and cultural factors. Multiple peer reviewed publications and reports over the last 40 years have identified mechanisms and processes to improve mental health care for Black and minority ethnic communities. However, no significant and sustained improvement in access, experience or outcomes has been achieved.

9a (i)

Wandsworth South West London Integrated Care System

i) Development of x 4 Health and Wellbeing Hubs, as part of the Ethnicity and Mental Health Improvement Project (EMHIP) programme of work

Highlights and Achievements

- There are two Health & Wellbeing Hubs operational. There are plans for additional hubs, linked into the overall Mental Health Community Transformation and alignment with Integrated Recovery Hubs (CMHT).
- Crisis Family Placement (CFP) host families are in place, which is an additional EMHIP key intervention.
- Evaluation for the project commences in 2024, with outcomes expected later in year.

9a (ii)

Wandsworth South West London Integrated Care System

ii) Active Wellbeing Programme – Highlights & Achievements

Highlights

- The programme aims to improve physical and mental wellbeing outcomes for those with Serious Mental Illness (SMI).
- This continues to develop as a programme and contributes to Adult MH SMI Health Check performance – Wandsworth benchmarks 1st on performance across SWL.
- The scheme has had positive outcomes with low 'did not attend' (DNA) rates. The scheme has been extended into Richmond and Kingston areas.

Achievements

- Improvements in active wellbeing assessments scores are seen. As at December 2023, Mental Health wellbeing scores +12.2% (3 months); +10.2% (6 months), +13.6% (12 months)
- Improved physical activity and wellbeing metrics for those with SMI. As at December 2023, increases in physical activity +97.3% (3 months); +95.7% (6 months); +86.9% (12 months)

- Initial Assessments 100% of target achieved
- Of those that completed their programme 100% achieved their short-term goals
- 99.4% attendance rate at all sessions

- 64% of participants define as ethnic groups other than white with 13.6% defining as Asian or Asian British; 27.3% defining as Black, African, Caribbean or Black British
- 61% of participants live in the six most deprived postcodes in Wandsworth.
- 57% of participants define as female.

9a (ii)

Wandsworth South West London Integrated Care System

ii) Active Wellbeing Programme – Case Study

Case Study

David was referred to Active Wellbeing with a diagnosis of bipolar disorder, severe clinical depression, schizoaffective disorder, and was on the QOF for obesity. He attended all 10 sessions on the programme with no cancellations. By the end, he had lost 1 stone and lost 3inches around his waist.

"My ultimate goal was to lose weight and change my diet through the programme, which I have done. I met with a Support Worker at the GP and they wanted to know more about me and my aims. I said I wanted to get fit and get moving, so she referred me to the programme.

Participant's wife: "It gave us a chance to think about areas of our lives and what we wanted to do and what we didn't want to do.

We got into a really good routine and were doing something every day, maybe even two or three times a day. In sessions we did a lot of all-round exercises, some of them I couldn't do at first but I tried. By the end of the sessions, I got better at them. The programme got me moving and I have now joined a gym. I have lost weight, and me and my wife are both doing a lot of walking."

9b Support people to identify and manage their long-term condition

Wandsworth South West London Integrated Care System

Life course: Live Well
Priority: Support people to identify and manage their long-term condition
Lead: Lead: NHS SWL ICB with system partners

Projects:

i. Hosting of six health and wellbeing events.

Opportunities identified at the start of the Health & Care Plan 2022-24

Having one or more long-term condition generally reduces quality of life and increases the chances of requiring support from health or social care services. It is recognised that if people with long-term conditions are managed effectively in the community, they should remain relatively stable and enjoy a quality of life free from frequent crises or hospital visits. Local health and care partners are working together to work in more integrated ways to support people with long-term conditions to manage their own conditions and improve the care they receive when they come into contact with health and care services.

9b (i)

Wandsworth South West London Integrated Care System

i) Hosting of six health and wellbeing events & Physical Health Project

Highlights

- Through this project we aim to address the needs of our underserved communities, who we know are at greater risk of conditions such as Type 2 diabetes and Cardiovascular disease and who often are less engaged with health and care services, including preventative services, that are often not tailored to their needs. Through this project we seek to identify these conditions early and prevent those who are at risk of developing these conditions.
- The Community Empowerment Network; in partnership with our local partners and communities, are delivering a series of 12 health and wellbeing events. The events consist of health and wellness checks, health coaching and awareness raising including through workshops focusing on specific local health issues.
- People are signposted to their GP and available support services / local interventions; such as the Pentathlon programme, which is led and facilitated by community leaders.
- This project is an example of where Partnership working has worked really well, helping to develop stronger links between services and joined up working.

Achievements

- As of April 2024, 6 events have been held in Wandsworth, with a further 5 events to be held between now and July 2024.
- 165 people have attended the events
- 36 people have been signposted to their healthcare professional based on their health and wellness check results
- 36 people consented for their outcomes being shared with their GP based on their health and wellness check results
- 12 testimonies collected so far and are being prioritised at upcoming events
- 2 physical health champions recruited, to be based in Battersea.

9c Support people to stay healthy

Wandsworth South West London Integrated Care System

Life course: Live Well
Priority: Support people to stay healthy
Lead: Council Public Health

Projects:

i. Cancer screening assurance framework and Connecting Health communities project
ii. Delivering and promoting NHS Health Checks
iii. Promoting Smoking Cessation services and The Health Bus
iv. Diabetes prevention
v. Adult Weight Management Programme

Opportunities identified at the start of the Health & Care Plan 2022-24

In 2016–18 the highest number of preventable deaths in Wandsworth were due to cancer, cardiovascular diseases, liver disease and respiratory conditions. All these conditions are affected by health behaviours, such as smoking. For all disease categories, preventable mortality in males almost doubles the rate of mortality in females; this inequality is especially visible in preventable cardiovascular mortality where men's rate almost triples women's rate 44.8/100,000 population vs. 17.4/100,000 population. For all cardiovascular and cancer preventable mortality indicators, Wandsworth's rates are higher than England's–except of female preventable mortality from cancer.

Wandsworth's latest rate of preventable cardiovascular mortality was 30.2 per 100,000 population, 13 th highest in London, which was 7.3% higher than the England average and 9.5% higher than the London average. The latest Borough figure was also 54.1% lower from year 2001–03, in comparison with a 53.8% decrease in England's rate in the equivalent time period. The reduction in Wandsworth's rate have stalled in 2009–11. Since then, the borough's figures oscillated between 30-40/100,000 population.

As a health and care system we are moving beyond a focus on individual behaviour towards a wide range of social and environmental interventions to improve the health of the population and reduce preventable diseases. We are also taking a more proactive approach to certain health conditions, intervening earlier, preventing the serious consequences of these conditions and delivering more efficient care.

9c (i)

i) Cancer screening assurance framework and Connecting Health communities project - Cervical Screening – Highlights & Achievements

Wandsworth South West London Integrated Care System

a) Cervical Cancer Screening – Highlights & Achievements

- The Cancer Screening Assurance Framework sets out how we will work together to improve the uptake of Cancer screening programmes, including Cervical and Breast screening, to help address inequalities in healthcare and health outcomes.
- NHS SWL ICB and the Local Authority Public Health were successful in 'Connecting Health Communities' (CHC) joint bid in April 2023. CHC is a two-year facilitation support package which enables cross-sector partnership working (public sector, voluntary sector and communities). The programme is delivered by The Institute for Voluntary Action Research (IVAR) and funded by the National Lottery Community Fund who believe that better collaborations and partnerships lead to better health outcomes for communities.
- As part of the CHC work, a surveillance and monitoring dashboard has been created by the Royal Marsden partners (RM Partners) which shows the latest information on coverage and uptake including granular data to help identify cohorts with a lower uptake. The dashboard has helped identify some Primary Care Networks , Practices and cohorts with the lowest uptake.
- To get further insights on the uptake barriers, a workshop was held at Tooting in Feb-2024 with the members of the South Asian community, with good levels of attendance. The workshop brought together residents, VCS, health and public sector representatives to discuss improving the take up of cervical screening. The main barriers identified were time, language, communication, taboo/myths and societal judgement.
- The next steps of this work include :
    - To explore solutions and interventions to help reduce inequalities and improve uptake.
    - To support an outreach and engagement with the groups in lower uptake PCN areas, e.g. reaching out to voluntary sector groups/organisations already working with these groups.
    - Steering group to support the process of connecting CHC discussions and actions in with other related work in Wandsworth.

9c (i)

i) Cancer screening assurance framework and Connecting Health communities project - Cervical Screening – What the data tells us

Wandsworth South West London Integrated Care System

a) Cervical Cancer Screening – What the data tells us

- Cervical screening coverage in Wandsworth (50-64 years) is one of the lowest in SWL (68.7%), the sixth lowest in London, i.e., below the London (70.9%) and England averages (74.6%) and is showing a decreasing trend. Local data shows Younger women are under-screened and a number of women with an Asian ethnicity are not screened. Approximately 5000 women who are not screened are from 25-49 cohort.

9c (i)

Case studies/stories
ID: Cervical cancer screening

Wandsworth South West London Integrated Care System

Connecting Health Communities partnership meeting overview:

We wanted to understand what makes a positive health care experience, so we asked people to share personal stories of when they or a family member has had a good experience seeking medical help.

Four key themes emerged from the discussion:

1. Kindness: A human interaction where patients feel listened to.
2. Ensuring there is enough time for questions and for explaining things.
3. Practical information about treatment and support services.
4. Managing expectations and tailoring the approach of treatment.

Whilst this discussion was about healthcare experiences in general, we talked about the fact that these themes could likely also be applied to cervical screening, in terms of what support can ensure it as a positive experience.

We also wanted to understand some of the reasons that might prevent women from attending a cervical screening appointment and what might help to overcome these barriers. From our conversations with Asian community leaders prior to this session and research conducted by the West London Cancer Alliance, we knew that the reasons can be personal – for example, fear or uncertainty about if and when to go and what screening entails – or can relate to barriers within the system – for example, a lack of clear and relevant information about when to attend a screening appointment or why.

9c (i)

i) Cancer screening assurance framework and Connecting Health communities project - Breast Cancer Screening – Highlights & Achievements

Wandsworth South West London Integrated Care System

b) Breast Cancer Screening - Highlights

- The Cancer Screening Assurance Framework, developed by the Public Health team, stipulates the Local Authority Public Health approach to improving the uptake of various cancer screening programmes including cervical and breast screening and to help address inequalities. As part of this approach , Public Health carried out a comprehensive mapping exercise to look at the current service provision and to identify any gaps. This included engagement with service providers and clinicians and reviewing the current performance against targets. In addition , several activities were undertaken as follows.
- Public Heath attended a workshop hosted by NHSE in Summer 2023 to explore the barriers to breast screening and how we could improve uptake, coverage and reduce inequalities. NHSE highlighted there is no supply issues as were previously reported due to the shortage of mammographers and staff so further activities to promote uptake for those eligible for the programme can now start to take place.
- Next steps:
    - Meet with neighbouring local authorities to share ideas and good practice.
    - To develop and implement a breast screening action plan.

What the data tells us

- Change in breast screening coverage from 2022 to 2023 shows a slightly decreasing trend. There had been a national shortage of mammographers which may have caused the reduction in uptake , recent reports from NHS England (NHSE) suggest there are currently no service delivery issues

9c (ii)

Wandsworth South West London Integrated Care System

ii) Delivering and Promoting NHS Health Checks

Highlights

- The NHS Health Checks is a preventative programme aimed at reducing risk of heart disease and stroke. Wandsworth is in the top 50% best performing London boroughs.
- From 2022 we introduced a scheme to increase targeted invitations to patients most at risk of cardiovascular disease, including smokers and people who are obese, using the GP clinical patient record system called EMIS.
- Delivery was expanded across multiple channels including GP surgeries, community pharmacies and outreach and signposting to lifestyle services including the new Adult Weight Management service and voluntary-sector organisations.

Achievements

- In Wandsworth, 5,144 NHS Health Checks were completed during 2021/22. Activity was below pre-COVID levels. More than 8,000 NHS Health Checks completed in 2023/24. An increase of approx. 43%. The annual target was overachieved. At least 20% of all checks completed were targeted at people most at risk of cardiovascular disease, including smokers and people who are obese.

9c (iii)

iii) Promoting Smoking Cessation services and The Health Bus

Wandsworth South West London Integrated Care System

Highlights

- Supporting patients to quit smoking is one of the most effective ways to prevent a range of diseases, including cardiovascular diseases, respiratory conditions, and various cancers.
- Smoking was identified as one of the 19 priority STEPS to health and wellbeing within the Joint Local Health and Wellbeing strategy.
- The smoking cessation service continued to work with St George's NHS Trust maternity services.
- Increased provision of remote/telephone support to improve service accessibility and support time-poor residents.
- The national initiative 'Swap to Stop' was launched locally providing free access to vape and behavioural support.
- Community pharmacy worked with the Stop Smoking Team as part of a Come and Have a Chat about Stopping Smoking on the councils Health Bus.
- The Come and Have a Chat about COVID campaign was launched on the Health Bus in June 2022, initially as part of the Community Vaccine Champion programme. Over 50 days of outreach have been delivered since project inception including underserved areas and covering a range of health improvement and wellbeing topics. Delivery has been based on public health intelligence at hyper-local areas, including identified need, underserved areas and relative higher deprivation. Promotional material including information leaflets were developed in different and most spoken languages

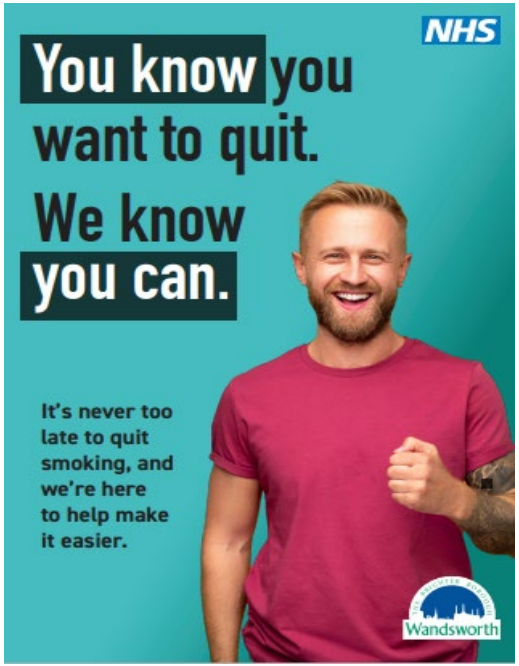
Achievements

- 3 out of 10 users of the Wandsworth Stop Smoking Service successfully quit. There were 446 successful smoking quit attempts in 2021-22. Since 2021-22, there have been an additional 553 successful quit attempts (April 2022 and December 2023).
- The Health Bus has delivered 310 flu jabs and 745 Covid jabs since June 2022.
- Between 2022-24 more than 75 days have been delivered on the Health Bus supporting awareness of health improvement and prevention services including stopping smoking, healthy eating, physical activity and cost of living.

9c (iii)

Case studies/stories
ID: Quitting Smoking – a life changed

Wandsworth South West London Integrated Care System



Cigarettes are the one legal consumer product that will kill most users – 2 out of 3 smokers will die from smoking unless they quit.

Over the last 2 years the Wandsworth Stop Smoking service has helped hundreds of people start a quit attempt.

One successful quitter was a male in his 60s who had tried to quit many times before. Motivated by health concerns, the service user contacted the local council programme for support.

The friendly and knowledgeable Stop Smoking Advisors provided tailored behavioural advice, support, encouragement and access to free Nicotine Replacement Therapies (NRT).

On successfully quitting the service user said: 'I didn't think for a minute that I could do it'. This proves that with the right help and support, good things really can happen and when people quit, they quickly begin to breathe, move and feel better, have more money in their pocket and reduce likelihood of smoking-related illnesses.

9c (iv)

iv) Diabetes Prevention

Wandsworth South West London Integrated Care System

Highlights

- The 'Diabetes Plan' focuses on helping people to understand their diabetes risk, as well as to reduce risk through lifestyle prevention services. Targeted work with higher risk groups (e.g. ethnicity, deprivation, vulnerable groups) were planned, to help address inequalities in prevalence and health outcomes. Diabetes prevention is also included/addressed in crosscutting priorities, such as: weight management, dementia and stop smoking.
- Delivered diabetes awareness training to adult social care workers who work with people with complex needs
- Developed a resource for businesses to support diabetes prevention and management activities in workplaces. Developed and launched a workplace ambassadors programme with Diabetes UK.
- Awareness campaigns: Social media adverts seen 211,000 times, signposted to Diabetes UK Risk tool.
- The 'Diabetes Decathlon Pilot Programme' launched in 2023/24, which is a diabetes prevention service for people at high risk of type 2 diabetes, to reduce their risk through a combined approach of structured education and physical activity over 10 weeks.
- Decathlon improves healthy eating and physical activity and aims to impact modifiable risk factors of type 2 diabetes, with an overall aim to reduce HbA1c levels and risk of type 2 diabetes. Participants are identified and invited by their GP Practice. The programme was piloted within Primary Care Networks: PRIME, Battersea, Balham, Tooting and Furzedown (covering 17 GP Practices).

What the data tells us

- Non-diabetic hyperglycaemia registrations 2021/22: 9,460, 2022/23:11,060
- Type 2 diabetes registrations 2021/22: 13,970, 2022/23: 14,315
- Newly diagnosed Type 2 2020/21: 1,150, 2021/22: 1,520. 1/3 of NHS Health checks had raised diabetes, resulting in either diagnosis or onward referral.
- Diabetes Decathlon Programme had 125 participants (Decathletes) in 2023/24, with an 82% completion rate. 74% percent of Decathletes increased their physical activity levels by at least 20%. 97% of Decathletes say they have been motivated to make dietary improvements.

9c (iv)

Case studies/stories
ID: Joint ISC Diabetes Decathlon Programme

Wandsworth South West London Integrated Care System

Images/Videos:

Confirmation of consent: Enable Leisure and Culture

If you could travel back in time and talk to yourself before the start of the programme, what would you say to yourself?
You can't let a disease take over your life, you must act now and it will be beneficial not only for me but my loved ones. I will get there, with help! I am really scared of diabetes and really want to get my blood sugars down and NEVER have them raised again; I will do anything to achieve this.

What was the hardest aspect of the programme?
Come to every session, even if it's on a really bad day for you; especially in my case with mental health issues. And keep doing the exercise outside the class. And not slip, keep going with the healthy diet even if I made mistakes.

How do you think the programme affected your physical activity levels?
It was amazing, truly! The trainer was so good, caring and really pushed us: thanks to him, I realised I could do much more than I thought, he boosted me incredibly and encouraged me to take up activities outside the class and do exercise at home. And the more I did, the better I felt!

How did being part of a group shape your experience?
Very motivational. In a group, you feel supported and I felt I had to attend. The games were fun, I enjoyed the interaction and learning a lot. I got excellent results and lost a lot of weight.

What advice would you give to someone considering joining the programme?
You don't really have the choice: you must take control of your health because your life will be so much better and the one of your loved ones too. You'll be very proud of your achievements because this program works (I am the proof) and everyone will be so proud of you too. Personally I lost 35kgs and I must now carry on toning up and building muscles. My blood sugars are now down to 38 and my BMI in the overweight instead of obese. The class helps you to control the weight loss and encourages you to have checks with your doctor (blood). I warmly recommend it. Don't be disheartened if you don't get results straight away, but keep your hard work going and it will pay off, I promise!!

9c (v)

Wandsworth South West London Integrated Care System

v) Adult Weight Management (AWM) Programme

Highlights

- Wandsworth 'Healthy eating, weight and Nutrition' and 'Physical Activity' plans launched in 2022.
- A local organisation, 'The Community Brain' have been funded through the South-West London Health Innovation Fund to develop culturally sensitive resources and initiatives to promote healthy eating and nutrition including Eatwell Guides for Black and Asian populations. Final versions of the guides will be available by June 2024.
- Implemented a new local Tier 2 weight management service, which marked a shift to a tailored service which prioritises at-risk groups.
- A comprehensive AWM pathway was developed together with system partners. This integration of universal, structured and specialists' services into one pathway has joined up services to facilitate referrals to more services giving residents' options to support them in achieving a healthier weight.
- 66% of all participants in the Tier 2 AWM service are from at-risk groups to reduce inequalities for health in certain populations (lower income, black and ethnic minorities and people with learning disabilities). Reasonable adjustments are made for people with learning disabilities and the service is offered virtually to reduce the barrier of transportation and physical access.

Achievements

- 41 food businesses participating in the Healthier Catering Commitment. 660 residents reached through healthy eating and nutrition projects funded through Council Grant schemes. 842 completed an initial assessment for the Exercise on Referral service in Wandsworth. 61% of participants completed the Exercise on Referral service with 91% of those participants no longer physically inactive.
- 263 participants in the Tier 2 weight management service (2023/24). 43% of participants achieved a weight loss of at least 5% at the end of the programme (above national benchmark of 30%). 84% of participants report they have developed the skills they need to improve their health and wellbeing. 85% of participants report an improvement in their self-reported levels of wellbeing. 79% of participants increased their physical activity from baseline.

9c (v)

Case studies/stories
ID: Physical Activity Plan – Brighter Living Fair

Wandsworth South West London Integrated Care System

As part of the Brighter Living Fair 2023, Enable Leisure and Culture (Enable LC) put on 8 walks and 48 other physical activity sessions.

Enable LC used social media and posts to attract residents along with working with social prescribing to increase reach. At the end of the period, they recorded 1,028 attendances across all their sessions. Some were existing members but they also recorded new people joining sessions for the first time.

When the fair came to an end, Enable LC noticed that afterwards new attendees where still taking part in their sessions on offer. Enable LC are keen to build on this event. Enable LC reported that the sessions have been well received and instructors have given feedback that all participants were happy to receive free physical activity at that time. Overall, through participating in the Brighter Living Fair, Enable LC was able to help get more people active in the borough.

9c (v)

Case studies/stories

ID: Healthy Eating, Weight and Nutrition Plan Healthier Catering Commitment

Wandsworth South West London Integrated Care System

Restaurant manager has consented to using his image and story.

Richmond and Wandsworth Public Health, Regulatory Services Partnership and Merton Public Health launched the Healthier Catering Commitment. Food businesses are very happy to join the accreditation scheme.

Near Clapham Junction, the House of Yum decided to join the scheme even though they serve deep-fried food. The manager learned to not use saturated fat when cooking. They add herbs and only a bit of salt to offer a healthier choice of chips.

At the end of the day, a customer will have healthier options, making the healthier choice easier.

The manager Oladele Kareem gave feedback about the benefit of the scheme by saying, 'I spoke to a few of my customers and they asked about the stickers (of the Healthier Catering Commitment near the till) and I explain it is for their health benefit. They love it. Since they are happy, it makes me happy. We have so many options like shaking off the excess oil, salads, and less sugar and salt which makes us different than others.'

9c (v)

Case studies/stories
ID: Adult Weight Management

Wandsworth South West London Integrated Care System

Images/Videos:

Participant has consented to use of images and story, can ask Enable for higher resolution image.

A client of the AWM service gave the following testimony: Those delivering the programme were very able and had confidence in the wonderful support and infectious enthusiasm. I came away each week with a "warm glow" as it was clear to us all that both the instructors and other clients all had each other's health and well-being in common. So confident was I of this that we could have outbreaks of banter.

It made me more aware and hopeful that not all the foods that I crave would be a "no no" just in moderation.

Change is hard. It is piecing together all the information until all the pieces of the puzzle fit into your everyday. I try and think now more carefully about what I eat. Sleep is important for balance. Wellbeing is all the things together.

The greatest thing of all from the course was the genuine passion, love and care that our key workers had for both their subject and us. Their investment was so heartfelt, I think I will carry it with me for a long time going forward. I grew fond of them and the group – and their investment in me, makes me want to invest more in myself.

Wandsworth
South West London Integrated Care System

Age Well

How our work has made a difference.

Highlights and achievements.

10a Integrating Services

Wandsworth South West London Integrated Care System

Life course: Age Well
Priority: Integrating Services
Lead: NHS SWL ICB & Council Social Care with system partners

Projects:

i. Improving hospital discharge process (including mental health)
ii. Virtual ward/hospital at home
iii. Intermediate Care (Formerly Enhanced recovery and reablement support)
iv. Urgent (2 hour) community response

Opportunities identified at the start of the Health & Care Plan 2022-24

Maintaining health into older age will increase people's chances of remaining independent and in control of their lives. Healthy lifestyles continue to be important, as does staying socially connected and being able to manage long term conditions. Many older people also find themselves in a caring role. Health and social care provision needs to adapt as the population over the age of 65 continues to increase. Integration will help improve access to services.

Whilst people are living longer, many older people are also living with a reduced quality of life due to ill health or disability, or experience loneliness and isolation. Wellbeing is influenced by our environment, communities and access to healthy choices. This plan will drive forward preventative approaches at all levels; engaging communities, utilising local assets (e.g. parks and open spaces) and targeting approaches to reach those most at risk.

10a (i)

Wandsworth South West London Integrated Care System

i) Improving Hospital Discharge Process

Highlights

- Key system partners in the health and care system work together to improve discharge processes, so that people do not stay in hospital longer than needed and so that they are supported to stay well outside of hospital, thereby preventing a readmission. This work also helps to improve the patient flow through hospital, thereby freeing capacity for the hospital to provide the healthcare for patients that need it.
- Additional Adult Social Care funding helped to increase social care capacity to support discharges.
- Introduction of daily calls with key system partners, to better address barriers to discharge together.
- A new 'Integrated Care Transfer team was launched in December 2023 at St George's hospital and includes a matron with a small team of hospital nurses, social workers from Merton and Wandsworth, therapists from community services and a nurse from continuing healthcare. By this team coming together it has meant:
    - More effective discharge planning
    - Reduced the number of meetings as informal discussions are taking place instead
    - Improved the understanding of each others roles and trust of each other's assessments

Achievements

- Good progress made in the number who 'return to their normal place of residence after hospital discharge'. 93.5% or 677 people in Jan-22 and 93.6% or 811 people in Jan-24 (Source: Better Care Fund dataset)

10a (ii)

Wandsworth South West London Integrated Care System

ii) Virtual Ward / Hospital at home

Highlights

- Virtual ward (also known as hospital at home) is a home-based service that provides hospital care at home for up to 7 days, rather than being in hospital. Through the course of this plan, there has been:
    - Better engagement between the virtual ward provider, Central London Community Healthcare (CLCH) and St. George's University Hospital NHS Foundation Trust (SGUH), to identify more patients suitable for the service.
    - This has reduced the number and amount of time people spend in hospital.
    - More pathways have been considered and introduced that include virtual ward as an option.

Achievements

- The amount of utilised capacity in Merton and Wandsworth has increased over the year: Quarter 2 (48%), Quarter 3 (53%), Quarter 4 (63.75%) used capacity (against 50.39% in South-West London). This is a postive increase but more work required to ensure the capacity is fully utilised. (Source: Health Insights)

10a (iii)

iii) Intermediate Care (Formerly 'Enhanced Recovery and Reablement Support')

Wandsworth South West London Integrated Care System

Highlights

- Intermediate Care provides rehabilitation, support and care for individuals who have been in hospital and require additional support before they can return home. Intermediate care offers time-limited, short-term support and rehabilitation for individuals aiming to be able to live more independently, including:
    - assistance to become as independent as possible after a hospital stay
    - support to enable a person to live at home despite increasing difficulties due to illness or disability
    - prevention of a permanent move into residential care where this may not be the best outcome.
    - A focus is often on reducing the need for admission to hospital and allowing earlier hospital discharge
- In Wandsworth, we have commissioned: bed-based rehabilitation services, Community healthcare and Community social care services, supporting prevention of admission and hospital discharge. Other key enablers include carers and specialist equipment provision.
- A Health and Wellbeing Seminar was held in December 2023, to consider areas for improvement and opportunities for development within the Wandsworth system. The seminar was well attended by partners across the Wandsworth Health & Social Care System. The group were supportive of developing a new intermediate care model that better helps the whole system, in recognition of rising levels of demand, among other major system challenges, meaning that a change in model is necessary for sustainability.
- Senior leaders agreed a shared health and care rehabilitation model, which has been shared with frontline health and care staff to take forward in 2024.

Achievements

- Unplanned admissions for 'certain conditions that could be treated at home' has increased and requires improvement. In 2022-23, 566 people were admitted and in, 2023-24, 603 people. If patients were better supported to live independently, this could help reduce unplanned admissions. (Source: Better Care Fund dataset)

10a (iv)

Wandsworth South West London Integrated Care System

iv) Urgent (two hour) community response (UCR)

Highlights

- The UCR service, provided by Central London Community Healthcare (CLCH), works in the community to prevent, where possible, admissions into hospital. During the Health and Care Plan period, the provider has focussed on recruitment of more staff, to help improve their capacity and therefore:
    - More staff available to see patients.
    - Better clinical supervision and in-service training.
    - Improved the quality of data collected.

Achievements

- There has been a significant increase, in recent years, in the number of people seen by the UCR service and within the 2 hour timeframe. In 2022-23, there were 864 referrals with 657 (78%) seen within 2 hours. In 2023-24, there were 1,576 referrals and 1,288 (85%) within 2 hours. This means that more people are being seen by the service instead of presenting at A&E or being admitted to hospital, which results in a better service for patients and reduced pressure on hospitals.

10b

Care and Nursing Homes

Improving Health & Wellbeing of Care Home Residents

Wandsworth
South West London Integrated Care System

Life course: Age Well
Priority: Care and Nursing Homes (including Digital)
Lead: NHS SWL ICB & Council Social Care with system partners

Projects:

i. Enhanced Health in Care Homes (EHCH),
ii. Universal Care plan
iii. Digital Care record
iv. E-red Bag scheme
v. Remote monitoring

Opportunities identified at the start of the Health & Care Plan 2022-24

We will strengthen our support and offer to care and nursing homes through our enhanced health in care homes programme, including homes with residents with a learning disability or dementia.

Support care homes to meet digital requirements (formerly Digital project) to connect to a shared care record and work with care homes to ensure they develop their workforce digital capabilities.

We want professionals and residents to be able to access a shared care record which includes care home data.

We want to reduce hospital admissions from care homes.

10b (i)

i) Enhanced Health in Care Homes (EHCH)

Wandsworth South West London Integrated Care System

Highlights

- The Enhanced Health in Care Homes (EHCH) project links to the NHS Long Term Plan and the EHCH Framework, which sets out best practice standards for improving health and care in care and nursing homes, and the target to implement these changes by 2023/24.
- In Wandsworth, all older people homes have a named GP practice, pharmacy and in-reach support, as specified in the framework.
- Links to urgent care services have been strengthened through the revision of escalation pathways, aided by the provision of an updated poster circulated to all care homes.
- Revised service directory completed, for circulating to all care homes and visiting health and care professionals.
- London Ambulance Service (LAS) data was analysed regularly, which helped inform targeted interventions to support care homes in making appropriate ambulance call outs and use of alternative services, where appropriate.
- Care home support team meetings were established, providing regular monthly touch points to ensure a cohesive team approach across multiple in-reach providers. These meetings help ensure better service integration.
- The Nourish-Move-Connect-Thrive pilot project has helped care homes to better support their most vulnerable bed-bound residents in meaningful activities to help improve quality of life.
- A review of the Framework progress was conducted at the start of the 2023/24 year. The review reflected good progress in achieving standards for older people homes, but that more work was needed to improve standards in mental health and learning disability homes. To help address this gap, pilot schemes were developed utilising national Age Well funding. These schemes will be reviewed in 2024, to inform future funding priorities.

Achievements

- LAS callouts: Non-conveyances (when LAS are called but a patient is not deemed as not requiring conveyance to hospital) have risen in recent months due to a couple of residents with mental health issues. April to Jan 2024, 887 call outs with 655 conveyed to hospital; 232 (26%) non-conveyed.

10b (i)

Case studies/stories

Care and Nursing Home – Revised Care Home Escalation Poster

Wandsworth South West London Integrated Care System

Wandsworth

NHS

Are you concerned about a resident's health?

NEWS2 Score	Contact options	Working hours and contact numbers
Score 1 to 6 Subject to clinical triage	CLCH Care Home In-Reach Nursing Team (Two hour response) Excludes LD/MH Homes	8:00am - 5:00pm, Monday to Friday (Last referral at 3:00pm) Claire 07990 353 463 Savita 07990 353 036 Tracy 07990 353 880
	CLCH Urgent Community Response, Wandsworth (Two hour response)	8:00am - 8:00pm (Last referral 6:00pm), 7 days a week 0333 300 2350, Option 2 Supports In-Reach Nursing Team outside of their working hours
	Resident's GP (Please add telephone number)	8:00am - 6:30pm, Monday to Friday _____
	NHS 111 * 6	6:30pm - 8:00am, 7 days a week 111 (Press 9 * 6 when prompted) This gives priority access to care homes and will get you through to a highly trained, senior clinician
Score 7 and above	London Ambulance Service	24 hours a day, 7 days a week 999 Unless Care Plan and / or Universal Care Plan or treatment escalation plan states another, or additional, course of action
End of life care (EOLC)	Specialist Palliative Care, Royal Trinity Hospice	24 hours a day, 7 days a week 020 7787 1062 / 020 7787 1000 (main switchboard) Clinical nurse specialist service for clinical advice only
	Wandsworth EOLC Co-ordination Service, Royal Trinity Hospice	8:00am - 8:00pm, 7 days a week 020 7787 1062, Option 2 For all other queries (not clinical advice)
Urgent mental health issues	SWL & St George's Mental Health Crisis Line	24 hours a day, 7 days a week 0800 028 8000
	NHS 111	24 hours a day, 7 days a week 111, Option 2
Infection Control To report outbreaks of infectious disease	UKHSA (Remember to inform the Public Health Team at your local authority as well)	0300 303 0450 Out of hours advice 0300 303 0450 phe.slhpt@nhs.net for notification and enquiries about infectious diseases that contain Patient Identifiable Information

★ Universal care plans

Check resident's Care Plan and / or Universal Care Plan (UCP) for treatment advice and resident's wishes regarding emergency hospital admission.

When referring make sure Ambulance / 111 / Out of Hours GP / EOLC are aware of resident's Care Plan and / or UCP and advise resident's GP.

This table is guidance and does not replace professional judgement or the need to seek colleague/senior opinion if in doubt

10b (ii)

Wandsworth South West London Integrated Care System

ii) Digital (Universal Care Plans, Digital Care Records, E-Red Bag Scheme, Remote Monitoring)

Highlights & Achievements

- Included in the Enhanced Health in Care Homes (EHCH) best practice framework standards is a digital section, which was progressed in this programme of work. Two of the key aims of the programme was to improve care homes access to shared care records and promote better use of technology in care homes.

- The Universal Care Plans (UCP) have been rolled out to 5 Wandsworth care homes, with the plan to eventually roll out to all homes. The UCP is a digital tool that records a patient's care and support wishes, including their carer's, which can be shared and accessed by all healthcare professionals across London. The UCP will help ensure better joined up care across providers, improved outcomes and patient experiences.
- Digital social care records (DSCR) have been setup in 25 homes (80.6%). DSCR are digital tools to help ensure data is captured and stored in a safe way, which can be shared between care settings.
- Red bags are part of the Hospital Transfer Pathway system, for people moving between care home and clinical settings. The red bag is filled with standardised paperwork, any additional advanced care plans, medication and personal belongings. The bag always stays with the patient and has discharge summaries included when leaving hospital. Red bags have been made available to all care homes.
- The e-Red bags are digested versions of their physical counterpart, to securely electronically transfer patient records between care providers. 6 care homes are currently live with the e-Red bag scheme.
- Remote monitoring technology has been made available and now live with 17 care homes, meaning 842 residents with access or 57.5% of care home beds in the borough. Remote montioring is equipment which helps homes track the condition of patients, which can help to better identify deterioration, leading to faster responses to prevent worsening conditions.

10b (ii)

Case studies/stories
Care and Nursing Home - Remote Monitoring - accessible training

Wandsworth South West London Integrated Care System

- There are only 3 homes in Southwest London where staff and residents use British Sign Language (BSL). Two of these homes are in Wandsworth – Harding House and Huguenot Place (part of Achieve Together).
- Both homes use Remote Monitoring to take vitals of the residents in the home
- Staff needed to access and benefit from remote monitoring training, but a different approach was required whereby the Clinical Digital Educator delivered adapted training, using BSL interpreters
- This enabled staff to become fully competent in utilising the Whzan remote monitoring equipment and be able to identify any deterioration amongst residents.

"The News2 score has really helped confidence in terms of escalation progress for a resident. The tablet is very interactive and will highlight the escalation clearly. This has helped the team's confidence when getting access to the best care for the resident." Staff member from the homes

- **Nourish-Move-Connect-Thrive in action**

whzan DIGITAL HEALTH

10c Falls Prevention

Wandsworth South West London Integrated Care System

Life course: Age Well
Priority: Falls Prevention
Lead: NHS SWL ICB, Council Social Care & Public Health with system partners

Projects:

i. Reconfigure Falls Prevention service by establishing a falls network with more evidence-based prevention programmes in voluntary sector and community setting – supported by St. George's Hospital Community Therapy specialist service.

Opportunities identified at the start of the Health & Care Plan 2022-24

Wandsworth latest rate of emergency admission due to falls in people aged 65+ was 2,467 admissions per 100,000, the 6th highest rate in London, 11% higher than the England average and 11.4% higher than the London average.

As people get older, they are more likely to fall over. Falls can become recurrent and result in injuries including head injuries and hip fractures. Falls and fall-related injuries are a common and serious problem for older people. People aged 65 and older have the highest risk of falling, with 30% of people older than 65, and 50% of people older than 80 falling at least once a year.

Amongst older people living in the community, 5% of those who fall in a given year will end up with fractures and hospitalisation. One in two women and one in five men in the UK will experience a fracture after the age of 50.

10c (i)

i) Reconfigure falls prevention service

Wandsworth South West London Integrated Care System

Highlights

- The Wandsworth 'Joint Local Health & Wellbeing Strategy' for 2024-2029 has been published. The strategy includes the Falls STEP plan, which sets out our ambitions for the next five years.
- Establishment of a Wandsworth falls prevention network, comprising of key system partners linked to Falls prevention in Wandsworth; Integrated Falls and Bone Health Service (IFBH) at St.George's University Hospital (Physiotherapy and Occupational Therapy), local voluntary sector organisations, Wandsworth Public Health and Adult Social Care. A multi-agency Falls Task & Finish group was established for this group, which has helped to improve coordination and joint working across providers.
- Pop-up falls assessment clinics have taken place in seven different community locations across the borough, helping to promote falls prevention in the community.
- Increased access to community-based exercise classes and information on falls prevention.
- Falls training provided by the physio led service to voluntary sector organisations offering falls prevention classes
- Falls training provided to Care Homes and workshop for the community in-reach provider.

Achievements

- 1) 'Emergency admissions due to falls for those aged 65 and over'. For the period Apr-Dec 2023, there has been a 19% reduction in the rate of emergency admissions for falls in people aged 65+ compared to Apr-Dec 2022. The data also shows that Wandsworth is in the bottom quartile for the rate of emergency admissions for falls in people aged 65+ nationally (for the period Jan – Dec 2023). This reflects minor scope for further reduction but something we should nevertheless endeavour to do.
- 2) 'Reduced number of London Ambulance Service (LAS) conveyances to hospital from care homes'. For the period Apr 2023-Jan 2024, there have been 887 incidents where LAS has been called to a care home with 26% non-conveyed to hospital. This indicates that 26% did not need to have an ambulance called for them, which is where promotion of alternative services may help. See the care home slide for information on the updated care home escalation poster.

10d

Carers and Social Isolation

Wandsworth
South West London Integrated Care System

Life course: Age Well
Priority: Carers and Social Isolation
Lead: NHS SWL ICB & Council Social Care with system partners

Projects:

i. Provision for carers through support in primary care by providing extended carer appointments
ii. Support to all carers through Improving access to social prescribing & voluntary services to reduce social isolation and to reduce emergency presentations

Opportunities identified at the start of the Health & Care Plan 2022-24
39% of people aged 65 and over live alone in Wandsworth (>10,000 residents). This figure is predicted to increase.

The Survey of Londoners 2018/19 revealed that 30% of the participants from Merton and Wandsworth stated that they often felt lonely, and 22% of participants felt socially isolated, stating that they did not have someone they felt they can rely on in an emergency.

Many older people find themselves in a caring role. A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.

Health and social care provision needs to adapt as the population over the age of 65 continues to increase.

10d

Wandsworth
South West London Integrated Care System

i) Provision for carers through support in primary care by providing extended carer appointments
ii) Support to all carers through Improving access to social prescribing & voluntary services to reduce social isolation and to reduce emergency presentations

Highlights

- Carers and Young Carers Charter 2024 -2027 published, coproduced with carers and young carers.
- Hospital Discharge Toolkit for Carers being rolled out by St George's Hospital
- Wandsworth Carers Centre "Hospital In Reach" Project mobilised at St George's Hospital - Funding confirmed for 2024/25
- Wandsworth Primary Care continuing to increase identification and provision of carer friendly services including health checks
- Integration of the Carer Contingency Plan with the Universal Care Plan is due in the Summer 2024
- SWL ICB funding confirmed for 24/25 for Young Carers In Schools delivered by Wandsworth Carers Centre
- Wandsworth Carers Centre launched a weekly supper club for unpaid carers
- Establishment of Learning Disabilities Short Breaks Project Oversight Board including parents and carers
- Funds from the Department of Health to develop an online carer assessment; and increase identification of underrepresented groups
- Wandsworth Carers Partnership Board has strengthened partnership working between health, social care and the voluntary sector.
- Clear commitment and leadership from South-West London Directors of Adult Social Care to prioritise support for unpaid carers with the NHS England Accelerating Reform Fund.
- Energy and senior level commitment at St George's Hospital in implementing the Hospital Discharge Toolkit for Carers.
- Healthwatch Wandsworth small scale study on Virtual Wards explores attitudes and opinions of carers.

10d

Wandsworth South West London Integrated Care System

1) Provision for carers through support in primary care by providing extended carer appointments
2) Support to all carers through Improving access to social prescribing & voluntary services to reduce social isolation and to reduce emergency presentations

What the data tells us (as of January 2024)

- 3,762 unpaid carers registered on GP Practice systems (increase of 27% since April 2022)
- 1,596 unpaid carers have received a health check (42% of total carers registered – this number has remained static since April 2022)
- 6,058 unpaid carers registered as members with Wandsworth Carers Centre (an increase of 11% since April 2022)
- 1,265 unpaid carers known to Adult Social Services and of these 54.5% had been assessed or reviewed in the last 12 months (a 5% increase since April 2022)

10d

SWL ICB Unpaid Carer Dashboard – extract

Wandsworth
South West London Integrated Care System

Contents

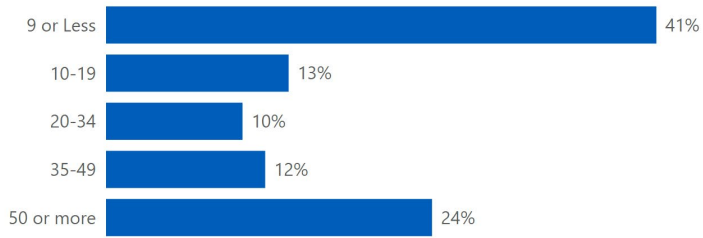
1. How Many Unpaid Carers were captured in the 2021 Census?

In 2021 the national census identified **16,912** unpaid carers in South West London which was **6%** of the population aged 5 or over. This page shows the number of unpaid carers in South West London in the 2021 census, by borough, hours of care and also a map showing the % of the population that are unpaid carers.

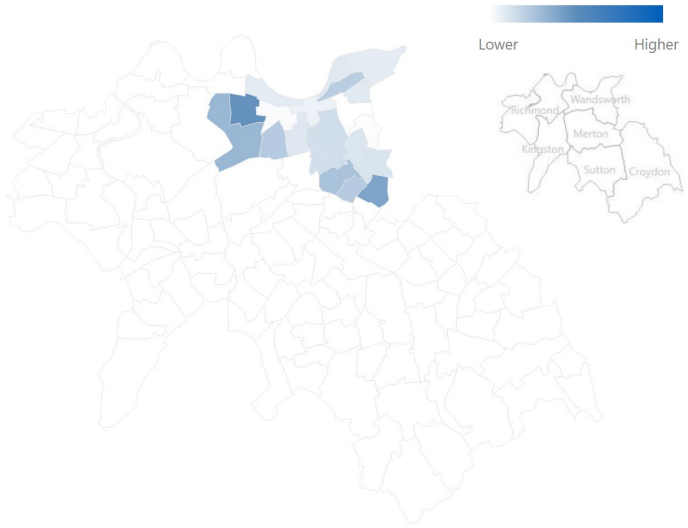
Census 2021: Number of Unpaid Carers by Borough

Borough (Residence)	Unpaid Carers	SWL Residents (over 5 years old)	% Unpaid Carers
Wandsworth	16,912	291,983	5.8%
Total	**16,912**	**291,983**	**5.8%**

Census 2021: Proportion of Unpaid Carer Hours Per Week



Census 2021: Population Density of Unpaid Carers



10d

Case study: Counselling support for unpaid carers

Wandsworth South West London Integrated Care System

The therapy sessions I have been fortunate to have benefitted from over the last 6 months or so have helped me towards rediscovering my identity as an individual.

As a Carer it is only too easy to feel guilty in thinking about oneself but my counsellor brought home to me the importance of recognising that a Carer is entitled to a life outside of their caring role.

My own circumstances not only involved my role as a Carer for my wife but also historical issues and incidents which influenced not only my caring role but also my ability to enjoy a life free from anxiety. Not one to whom talking about myself comes easily, I found in my counsellor someone with whom I was comfortable in sharing issues that not only had a bearing on my caring role but also on a matrimonial level.

My counsellor set me at my ease by making clear from the start that she was not there to judge me. Her suggestions to improve my life were sometimes challenging but, in being such, helped me towards rediscovering myself. I found the analogies and visual imageries that she used were particularly useful. My counsellor impressed upon me the fact that I am not a professional Carer or a nurse and, in order to alleviate my day-to-day tasks, she suggested I should look at supplementary care arrangements. We now have a weekly cleaner and we have talked to two care agencies.

My counsellor understood the extent to which historical incidents had affected me and recognised the need for me to move forward slowly rather than at a pace which I would have found difficult. The fact that there were 26 sessions helped enormously in this regard. The fact that I only missed two sessions – one when I was ill and the other when I took a few days holiday – shows how much I valued my counselling sessions. I always came away from our meetings with something new and positive to consider.

At the end of the course, my counsellor impressed upon me the fact that, although the formal sessions had ended, therapy would still continue. The only difference being that it would now be "unguided". I liked the implication that this is an ongoing process.

In summary, I feel I have come a long way since the course started and now have a stronger resolve to move forward to a better life.

Carer M registered with Wandsworth Carers' Centre(WCC) needing support with his caring role. He cares for his wife who has multiple physical conditions and when he registered with the service was at a low point and struggling with his situation.

Carer M told WCC he felt our counselling service would be of great benefit to him and was added to the waiting list. When a session became available, Carer M was offered 26 counselling sessions which took place once a week, over six months.

When Carer M's sessions had come to an end, he contacted WCC to tell us about his experience of the counselling service and it had benefited him:

Wandsworth Carers Centre

10d

Carers Charter 2024 - 2027

We have worked with unpaid Carers to develop this charter; the charter sets out priorities that statutory authorities and voluntary organisations pledge to work towards to make sure that local Carers are supported.

Wandsworth South West London Integrated Care System

Working Together

I have access to appropriate information and services for me and the person I care for at all stages

I want professionals who understand the challenges and issues of being in a caring role

As a Carer, I want my lived experience, views and opinions to be valued by professionals including social workers and hospital discharge teams.

I want professionals to communicate effectively with each other to provide seamless support and clear communication pathways with professionals

Health & Wellbeing

I am offered support to understand how to look after my own physical & mental health and wellbeing so that I can take proactive steps to achieve this

I am able to receive a quick response from health & social care if my situation changes

I am made aware of any financial and other practical support that I may be entitled to

I am able to receive support to access or continue with education, training or employment

Young Carers

I have the opportunity to meet other young Carers who are in a similar situation to me

I am able to access age appropriate help to look after my own mental and physical health

I am supported to maintain my friendships, interests and hobbies outside of my caring role

Teachers and staff understand the impact that caring can have on my studies and help me to feel supported

I am supported in moving seamlessly from child to adult services

A Life Alongside Caring

I am able to access a Carers assessment or review in good time when I need one

I am made aware of support available in the community that will help me in my caring role such as training and social groups

I am offered respite options that work for me and am supported to maintain hobbies or interests outside of my caring role

I am able to maintain relationships with family and friends

Wandsworth

Wandsworth Carers' Centre

NHS South West London

10e

Dementia Support and Services

Wandsworth
South West London Integrated Care System

Life course: Age Well
Priority: Dementia Support and Services
Lead: NHS SWL ICB & Council Social Care with system partners

Projects:

i. Dementia Early Support and Improving Care Quality
ii. Improving care provided to people with dementia in care homes
iii. Improving dementia support in the community

Opportunities identified at the start of the Health & Care Plan 2022-24
There should be more support in place for people with dementia, including lifestyle services and cognitive rehabilitation.

We want to support more people to be able to live independently and for as long as possible, including people with dementia and other mental health conditions.

10e

Dementia Support and Services

Wandsworth
South West London Integrated Care System

i) Dementia Early Support and Improving Care Quality
ii) Improving care provided to people with dementia in care homes
iii) Improving dementia support in the community

Highlights

- Dementia diagnosis rates have continued to be strong
- Regular partner meetings held at Wandsworth Carers Centre, great opportunity to share information about services across the system
- Public Health 'Brain Health' campaign – raising awareness of how lifestyle choices affect our brains and future risks
- Nourish-Move-Connect-Thrive (NMCT) pilot has raised awareness of the benefits of regular engagement in meaningful activity to bed-bound residents, many of whom have dementia, as well highlighting the importance of nutrition and hydration.
- Respite services for unpaid carers at specialist day care centres for people with dementia provided by Age UK
- 2024 meeting of the Care Home Support Team discussed dementia: 1) using Primary care contract levers to ensure people are regularly assessed 2) provide training on dementia 3) promoting meaningful activity in the homes, including exploring the use of volunteers
- Dementia training organised by SWL ICB, including help to support people with dementia who have behaviour which staff find challenging
- Royal Trinity Hospice now offer specialist palliative care and end of life support for residents with dementia and their families
- Interactive projector pilot (Happiness Project) – supporting engagement and activity

Achievements

- Jan 2024 - Dementia diagnosis rate was 75.9% benchmark standard - 66.7%
- Jan 2024 - 1791 people with dementia over 65 years on GP Dementia Register, in April 2022 it was 1730
- Number of referrals to Alzheimer's Society Support Service between Oct-Dec 2023 is 67 (47 People with Dementia; 20 Carers); seen within 27 working days on average from date of referral.

10e

Wandsworth South West London Integrated Care System

A Case study

The Happiness Project – interactive projector

- "One delightful lady who I've known for awhile at this home, who is bedbound and has dementia, really loved some of the visuals and music. I was told she's likely nearing end of life now and it's been really nice that there was something that she enjoyed so much. The Happiness Project is making a real difference to residents and also staff are happy that they have a technology to support them to look after residents." In-reach Therapist, Wandsworth

11 End of Report

Wandsworth South West London Integrated Care System

Next Steps

- This closure report is intended to mark the end of this iteration of the Wandsworth Health and Care Plan 2022-24. There is so much that our local system partners have done to improve the health and care of our population that it is a challenge to capture all of it in one document and to do them all justice. The document is instead intended to highlight and celebrate some of the many initiatives.
- While the Health and Care Plan 2022 –2024 comes to a close it does not mean that the good work is stopping. The work will continue!
- The new Joint Local Health and Wellbeing Strategy 2024-29 was published in 2024, setting a refreshed list of priorities for local system partners. A refreshed Health and Care Plan is in development, which will reflect which of these priorities will be taken forward over the next two years.

Comments/Feedback

- Please send any comments or feedback to: wandsworthhealthandcare@swlondon.nhs.uk

Thank you

- Thank you to all partners across Wandsworth for your hard work delivering these projects, supporting our communities and improving the health and wellbeing of residents – **thank you**!

Glossary (page 1 of 5)

Wandsworth South West London Integrated Care System

1. **Active Wellbeing Programme** - The programme aims to improve physical and mental wellbeing outcomes for those with Serious Mental Illness.
2. **Adult Weight Management Programme** - A comprehensive AWM pathway was developed together with system partners. This integration of universal, structured and specialists' services into one pathway has joined up services to facilitate referrals to more services giving residents' options to support them in achieving a healthier weight.
3. **Connecting Health Communities Project** – Two-year facilitation support package to enable cross-sector partnerships to address inequalities in Integrated Care Systems and Primary Care Networks.
4. **Community Organisations** – Providing health and care services in the community, as opposed to in hospital or in primary care.
5. **Census** – The census takes place every 10 years, with the last one done in 2021. It gives an overview of all the people and households in England and Wales.
6. **Core20** – Core20 data reflects the most deprived 20% of the national population, as identified by the national Index of Multiple Deprivation (IMD). The IMD has seven domains with indicators accounting for a wide range of social determinants of health.
7. **Datawand** - DataWand is a free and open website designed so that users can easily access local data relevant to the London Borough of Wandsworth. This site brings together a collection of data from nationally recognised sources, across several themes to provide a full overview of the borough and how it compares locally and nationally.
8. **Digital Social Care Record** – DSCR are digital software tools to help ensure data is captured and stored in a safe way, which can be shared between care settings, for more joined up delivery of care.
9. **Enhanced Health in Care Homes (EHCH)** – A proactive model of care delivery that is centred around individual residents, their families and care home staff.
10. **Ethnicity and Mental Health Improvement Project (EMHIP) programme** – to reduce ethnic inequalities in access, experience and outcome of mental health care.

Glossary (page 2 of 5)

Wandsworth South West London Integrated Care System

11. **Empowering Parents, Empowering Communities programme** - Part of the Mental Health Support Teams (MHSTs) across Wandsworth. This evidence-based parenting programme involves recruiting and training a team of parents/carers, who can become inspiring community leaders, who support/train other parents/carers in leading, with a range of parenting and behavioural challenges they are experiencing at home
12. **Family Safeguarding Team** – A strengths-based approach which focusses on supporting parents and carers with the aim of keeping children safely within their families.
13. **Family Weight Management Programme** - This service runs group-based diet and exercise sessions exploring barriers and solutions to effect positive lifestyle change.
14. **Frailty** – is where someone is less able to cope and recover from accidents, physical illness or other stressful events.
15. **Health and Care Committee** – The Committee is a local partnership, maintaining strategic overview and steer, reporting to the Health & Wellbeing Board.
16. **Health and Care Partnership** – A local Partnership focusing on the delivery of the Health & Care Plan, reporting to the Committee.
17. **Health and Care Plan 2022-24** – Document which sets out the Wandsworth Health & Care priorities, identified by; health, social care, voluntary sector and wider 'place' partners. The plan includes programmes which will be delivered collaboratively, to improve the health and care for our Wandsworth community.
18. **Health Inequalities** – are unfair and avoidable differences in health across the population, and between different groups within society. These include how long people are likely to live, the health conditions they may experience and the care that is available to them.
19. **Healthy Schools London Programme** - offers a framework for schools, which, together with community resources, tackles a variety of inequalities, including air pollution, dental health, obesity, substance misuse and mental and sexual health.
20. **Health services** – can include GPs, pharmacies, prescriptions, hospitals, dentists, mental health services, and more! Healthcare services are different from social care services.

Glossary (page 3 of 5)

Wandsworth South West London Integrated Care System

21. **Health and Wellbeing Board** – Wandsworth's Health and Wellbeing Board is a local partnership which brings together key leaders from the Council, local GPs, the Integrated Care Board and the voluntary sector. Closer working between the Board and local health professionals creates a great opportunity to improve the lives of our residents and promote a healthier borough.
22. **Integration** – better integration means improved planning and joined up delivery of services, to improve access and quality, to reduce health inequalities.
23. **Intermediate Care** – time-limited, short-term health and/or social care provided to adults (aged 18 years or over) who need support after discharge from acute inpatient settings and virtual wards, to help them rehabilitate and recover.
24. **Joint Strategic Needs Assessment** – The JSNA is a Public Health assessment of the health, care and wellbeing needs of the community. It is used to inform strategic priorities, as well as future service planning and commissioning.
25. **Leisure Strategy** – Plan to make sport and leisure more accessible and affordable.
26. **Long term conditions** – a condition that cannot, at present, be cured but is controlled by medication and/or other treatment/therapies.
27. **Multi-agency risk, violence and exploitation (MARVE) panel** – joint system approach to reduce risk and prevent escalation of issues related to social care or youth justice.
28. **Mental Health Support Teams** – working with schools across the borough, to develop whole school approaches to wellbeing and mental health that enhance Children, Young People and Staff Wellbeing.
29. **National Child Measurement Programme** - a valuable way to understand the weight status of children attending schools in Wandsworth and identify the prevalence of overweight and obesity.
30. **NHS Health Checks** – a free check-up of an individuals overall health, every 5 years, if you are aged 40 to 74 and do not have pre-existing conditions.

Glossary (page 4 of 5)

Wandsworth South West London Integrated Care System

31. **Promoting Alternative Thinking Skills (PATHS)** – is an evidence based whole school approach to emotional literacy and emotional resilience. The programme includes weekly lessons for children as well as training for school staff; in implementing the lessons and consistent approach to managing behaviour around the schools, in lessons, at break times and around the building.
32. **Prevention Framework 2021-2025** – A model of work which has at its centre the aim of embedding prevention as a system delivery tool to promote health and to reduce health inequalities.
33. **Primary Care Networks** – are groups of GP practices and other local health and social services, that provide more integrated and personalised care for people in their network area.
34. **Public Health** – is a multi-disciplinary team, comprising of doctors, public health specialists and other professionals. The team seek to improve the health and wellbeing of Wandsworth residents and reduce health inequalities, so that residents can lead longer, healthier and more fulfilling lives.
35. **Red bag and e-Red bag** – physical bags and electronic files that contain key items/documents linked to a care home resident, that remains with them when admitted to hospital, enabling better continuity of care and faster discharges from hospital.
36. **Remote monitoring** – digital technology that allows care home staff to take, record and monitor vital signs of care home residents.
37. **Social Care** – all forms of personal care and practical assistance. Wandsworth social care team provides information, advice and support to the population.
38. **Social Isolation** – when ones connection with other people is limited, linked to loneliness.
39. **South West London Integrated Care System** – A South West London partnership of primary care, hospital, social care, Public Health, mental health, voluntary and community health and care services. Together, the partners plan and deliver joined up services to improve access and quality services, to reduce health inequalities.
40. **South West London Integrated Care Board** – The Integrated Care Board is responsible for commissioning and overseeing health services in South West London.

Glossary (page 5 of 5)

Wandsworth South West London Integrated Care System

41. **Smoking Cessation** – refers to activities that aim to support people to stop smoking.
42. **Start Well, Live Well, Age Well** – Reflects the life course, where 'Start Well' projects focus on the start of life (0-18 yrs), 'Live Well' is working adult age (18-65 yrs) and 'Age Well' on the later stages of life (65+ yrs).
43. **Trailblazers project** – early intervention project to support staff in schools and colleges.
44. **Universal Care Plan** – personalised care plans, giving individuals and their carers more control and choice over their mental and physical health. UCPs are being rolled
45. **Urgent Care** - Urgent care involves any non-life-threatening illness or injury needing urgent attention which might be dealt with by phone consultation through the NHS111 Clinical Assessment Service, pharmacy advice, out-of-hours GP appointments, and/or referral to an urgent treatment centre (UTC).
46. **Virtual Ward** - Virtual wards (also known as hospital at home) allow patients to get the care they need at home safely and conveniently, rather than being in hospital. The NHS is increasingly introducing virtual wards to support people at the place they call home, including care homes.
47. **Voluntary Sector** – The voluntary community and social enterprise (VCSE) sector has always provided a range of different support, helping community voices to be heard, delivering services and being partners in strategic development. They are independent from local and national government, and distinct from the private sector. Charities are an example of a voluntary sector organisation.
48. **Vulnerable Adolescents** - Some adolescents are vulnerable to serious, adverse, avoidable outcomes, such as physical or mental harm (including exploitation), leading to entry to the care system; contact with the criminal justice system; periods of not being in education, employment or training, or severe mental health difficulties.
49. **Wellbeing** – the state of being comfortable, healthy or happy. We often speak of a person's physical and mental wellbeing as an important factor in health and care.
50. **Whzan** – Provided by Solcom Ltd., Whzan is a remote monitoring tool in Wandsworth care homes.