



## South West London Five Year Forward Plan

**Start well, live well, age well**

*Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth NHS Clinical Commissioning Groups and NHS England  
‘Working together to improve the quality of care in South West London’*

# About our five year forward plan

- Following the NHS Five Year Forward View, all regions of the NHS in England are required to produce five year Sustainability and Transformation Plans (STP)
- Our plan is the product of unprecedented collaboration between all NHS commissioners and providers in South West London, working with our six local authorities and GP federations
- A draft plan was submitted to NHS England on 21 October and is available online
- Development of the plan is an iterative process and we now need to discuss further with local people and stakeholders

[Film - Changes in South West London](#)

# Challenges in healthcare

The film shows the great support that local health services can give to people to live their lives – but it also shows the challenges.

One of the main changes in our society over the last 50 years is that people are living longer. This is great news.

However, this means we have an ageing and increasing population, As people are living longer, often with long term conditions, **they need more healthcare, and different kinds of healthcare** than has been the case in the past.

This gives rise to five main challenges for healthcare which are laid out in the following slides.

# Prevention

**1) We are often better at treating people once they are ill, than helping them to stay well.**

Example:

**Dan** has diabetes.

As a teenager he lived a very unhealthy lifestyle. He was very overweight and this led to him developing diabetes.

He says he got conflicting advice on how to address this and didn't know how to improve his own health. He was embarrassed to talk to his GP and so the problem got worse.

Eventually he joined a gym and managed to lose weight and improve his fitness. He feels that he could have received better support from the NHS.



# Better support for people with long term conditions

**Dan** would be supported by through his locality team.

They would provide him with consistent information about his diabetes and how to manage it, including living a healthier lifestyle. He may be able to use an app on his phone to support this.

He would be supported not just by his GP, but by his local pharmacist and practice nurses, as well as a specialist diabetes team in his community.

He would know who to ring when he needed help.

As his condition is better managed, he would not need to go to hospital very often, if at all. When he did, he would be seen quicker.



# Out of hospital care

**2) Many people, particularly frail older people, would best be treated outside hospital – but people often end up in hospital when care outside of hospital doesn't work**

Example:

**Michael** has dementia.

His family care for him. His daughter Anna has tried to get help from social services but she finds it very difficult to know how to get help.

She has had some advice from her GP and Michael receives some visits from care workers but Anna feels as if she is constantly repeating herself to different agencies who do not seem to talk to each other.

As a result she feels that no-one really understands how much Michael is at risk, and sometimes he is left alone. He has been getting more confused and recently had a fall, which led to him ending up in hospital.



# Better support for frail/elderly people

**Michael** would have on-going support from his locality team, including expert mental health support for his dementia, and good advice on preventing falls, working with Anna as his carer.

He would have been admitted to a specialist unit for frail elderly people after his fall, where he would be helped to recover.

Closer working with social services through the locality team would enable him to go home sooner, with the right support in place.



# Workforce

3) **Our hospital workforce is spread over a large number of comparatively small hospitals which means that not every site can currently meet the standards for the highest quality care – there are also staffing challenges in primary care**

Example:

Anna took **Grace** to hospital as she had a fever.

While the problem turned out to be nothing serious, they had to wait a long time to see a children's specialist.

There is a shortage of a number of clinicians, including paediatricians, across the country. There are also challenges in primary care, with a shortage of GPs.

This can mean long waits to see certain clinicians and means it can be difficult to provide every service in every hospital.



# People will only go to hospital when they really need to be there

Every hospital does not have to provide every service.

We will explore which services are provided on each site and how we might use clinical networks, get remote support from specialists or a lead site providing shared cover at quiet times .

We believe the measures we have described will reduce the rising demand for hospital care and that we will use our hospitals differently in future, meaning that people are seen quicker – and that they will only go to hospital when they really need to be there.



# Buildings

## 4) Some of our buildings are now very old and in poor repair.

### Example:

When **Michael** was in hospital, he picked up an infection from another patient. The shape of the old building meant that the beds in the ward were too close together, meaning that it was easy for infections to be passed from one patient to another.

Michael complained that the heating did not work properly, and that there were draughts coming through the windows. His family were worried that this was putting back his recovery.



# Bringing our buildings up to scratch

We are developing a South West London Estates Strategy which aims to bring all our buildings up to the standard of the best.

We want all our buildings to be suitable for delivering 21<sup>st</sup> century healthcare.



# Funding

**5) As more people need more care, the pressure on funding is growing. We need to make the most efficient use of the funding we have available**

Issue:

The **cost** of delivering services to everyone who needs them is outstripping annual increases to the NHS's budget.

This is made worse by reductions in social care budgets and the fact that the NHS is not always spending its budget in the most effective way to help patients.

If we do not make improvements to the way healthcare is delivered and spend our budget more effectively to meet people's needs, we will not have enough money in five years' time to provide the services we currently do.



# How can we achieve all this?



We can deliver these improvements to our services.... but it means fundamental change in how care is delivered to patients.

If we use our budget differently – to focus on keeping people well, treating them earlier and joining services together more effectively – we can deliver higher quality services for the same money we spend now.

# Our Five Year Forward Plan aims to

- use our money and staff differently to build services around the needs of patients
- invest in more and better services in local communities
- invest in our estates to bring them up to scratch
- try to bring all services up to the standard of the best.

This will tackle the four big challenges we face: money, workforce, estates and quality of care.

# How will we do this?

- **Locality teams** in your community will be responsible for the care of at least 50,000 patients. Virtual teams of GPs, nurses, pharmacists, social care staff and other professionals. Teams will work with patients to keep them well where possible, diagnostics will be available in the community and the locality team will work together to support timely and effective hospital discharge.
- **Intermediate care** in the community for people in crisis, treating them at home or in the community where possible and supporting them to return home if they have been in hospital. 8am-8pm appointments 7 days a week. Improved 111 service.
- **People with long term conditions** to be better supported in the community and supported earlier before their condition gets worse.
- **Prevention and early intervention** – keeping people well and supporting them sooner will be central to new ways of delivering care.

# Involving local people

- We published an **Issues Paper** in 2015 which was widely distributed across south west London and discussed at large scale events with the public and stakeholders in each borough – **feedback from these informed our five year forward plan and is published on our website**, together with our response.
- In May and September 2016, we wrote to **more than 1,600 local voluntary, community and campaigning organisations** in south west London setting out our emerging STP thinking and asking for their views – these views were considered as our plan was being developed.
- We plan further public events early in 2017/18 – these will become regular **bi-annual Health & Care Forums in each borough**. We will produce regular **‘You Said, We Did’** reports summarising feedback received and our response.

# Involving local people

- We are running a large **grassroots engagement programme with local Healthwatch** organisations, leading to events in each borough for groups whose voices are seldom heard. There have been 56 events so far, with about 20 more planned. Feedback will continue to inform our thinking and we hope to repeat the programme in 2017/18.
- Patients and the public are directly involved in each of our clinical workstreams and we have a Patient and Public Engagement Steering Group which oversees our public engagement.
- An early **Equalities Analysis** has identified groups most likely to be impacted by change. We have used this to set up a **Stakeholder Reference Group** to look at how we make decisions on acute services.

# Launch of 'Talking Healthcare' across SWL

We have launched a new 'conversation' with local residents and stakeholders – a period of public engagement – called **'Talking Healthcare in south west London'**.

This will include a 'Talking Healthcare Forum' in each borough, online engagement via social media, attendance at local meetings and the continuation of the grassroots engagement programme.

This programme will build on previous dialogue across SWL and will also include an online survey.

We will be writing to local community organisations across south west London encouraging them to take part.

## Next steps: “Talking Healthcare” Forums

- As part of the “**Talking Healthcare**” programme we are currently planning the Health and Care forums in each borough. We anticipate most forums taking place in February. These events are part of an on-going big conversation. The dates for these events are currently being finalised and we will confirm dates and venues shortly.
- The forums will be led by CCGs and providers and we are asking local councils to support/attend where possible . The format will be a presentation about the STP, followed by table discussions and plenary. We have appointed the Office of Public Management as an independent delivery partner to facilitate these meetings and write an independent report of feedback. The content of each session is being discussed with local authorities, providers and CCGs.