



South West London

Health & Care
Partnership

Start well, live well, age well

RICHMOND

Health &
Wellbeing
BOARD

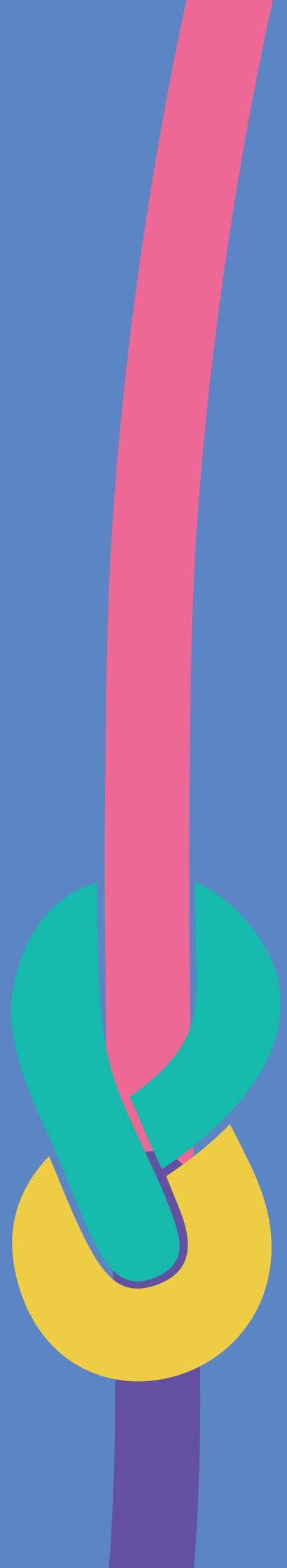
The London Borough of
Richmond upon Thames

Health and Care Plan Summary

2019-2021

The NHS, Richmond Council, voluntary sector and Healthwatch are working more closely together to make services better connected and more joined up. Together, and with the support of local people, we have developed the Richmond Health and Care Plan which describes our vision, priorities and actions to meet the health and care needs of local people and deliver improvements in their health and wellbeing.

In this leaflet we summarise the actions we will take in the areas of: start well, live well and age well. To read the full health and care plan for the borough of Richmond, or for more information, please visit our website: www.richmondccg.nhs.uk





Start well in Richmond 2019/2021

What happens in early life, starting from conception, affects health and wellbeing in later life. Prevention is critical to ensuring that children and young people can fulfil their potential.

<p>Improve the mental wellbeing and resilience of children and young people</p>	<p>Support children and young people with special educational needs, disabilities and complex health and care needs to flourish and be independent in their local communities</p>	<p>Reduce obesity to improve the health of our children and young people</p>
<p>Action</p>	<p>Action</p>	<p>Action</p>
<ul style="list-style-type: none"> By April 2020 we will complete an assessment of the mental health needs of the under 5 population of Richmond, to inform development of services Ensure that there is an emotional wellbeing programme in all our schools, by April 2021. This will include wellbeing support, training and information to students, parents and staff Work with young people to design and develop peer led services to reduce involvement in risk taking behaviours by 2020 Establish a digital youth project steering group by January 2020 to review and expand the range of resources and tools to support emotional wellbeing and strengthen resilience By April 2020 we will complete a review of the current neurodevelopment assessment offer and services ensuring that by 2021 the recommendations of the review are fully implemented 	<ul style="list-style-type: none"> Work with children and young people, parents and carers to ensure they can have their say and are involved in decisions about their own education and health and care support Promote the local SEND website so that more people are aware of its value as a one-stop shop for information on local health and care services Co-design with young people, parents/carers and professionals, an improved local therapies offer. This will be in place by March 2020 Build on the existing transition protocol and preparing for adulthood strategy improve the transition between children and adult health and care services Develop a local post-16 learning offer for specific groups most likely to use residential provision maximising the use of the adult education curriculum and community assets 	<ul style="list-style-type: none"> Roll-out the Family Start programme to support children who are identified through the national child measurement programme by March 2020 Promote and support an increased roll out of the Daily Mile (getting all children to run for 15 minutes a day in school), in the borough's primary schools by April 2021 Carry out a needs assessment on breastfeeding by April 2020 to identify if there are areas of the population where uptake is below the London average of 49%. Develop a Healthy Catering Commitment Plan to ensure that healthy food is served or sold in all of the borough's schools by 2021. Enhance parent programmes that promote healthy eating and active play for 0 to 5 year olds in children's centres by March 2021.
<p>We will take action to improve our practice in identifying and recognising carers of all ages so they are linked to appropriate support options, enabling carers to reduce the social, financial and health impacts they face.</p>		
<p>Impact</p>	<p>Impact</p>	<p>Impact</p>
<ul style="list-style-type: none"> Children and families will receive early targeted support to prevent the development of serious difficulties Children and young people will have timely access to support with local counselling, 7 days a week, through the digital offer Improvements in mental well-being and incidences of self-harm will reduce due to children and young people receiving better support Reduced waiting times for access to CAMHS Neurodevelopment assessment referrals will always be completed within 12 weeks The number of young people who smoke, drink alcohol and use cannabis regularly will reduce 	<ul style="list-style-type: none"> Feedback will increase from children and young people, their parents and carers and measure their confidence that plans reflect their needs Assessment and intervention waiting times for therapy services will improve. Better satisfaction rates from parents and carers and schools will also be reported The number of specialist resource provision places will increase to reflect the needs identified in the ten-year SEND provision plan Young people will experience a planned and smooth transition from children's to adult health and care services A local post-16 learning offer will be put in place and the number of young people, with post-16 educational health and care plans on vocational pathways, will increase 	<ul style="list-style-type: none"> The number of children and young people who are overweight will reduce year-on-year, including those who are obese An increase in primary schools in the borough undertaking the Daily Mile initiative by April 2021 The uptake in breast feeding will increase to ensure that all parts of the borough meet the London average by April 2021 All schools are signed up to the healthy catering commitment by 2021 Children's centres offer a range of programmes that promote healthy eating and active play



Live well in Richmond 2019/2021

Healthy choices are influenced by our environment, communities and wellbeing. We will drive forward preventative approaches at all levels – engaging communities, utilising local assets (e.g. parks) and targeting approaches to reach those most at risk.

Support people to stay healthy and manage their long-term health conditions	Promote mental wellbeing and support those who experience poor mental health to avoid mental health crisis	Reduce health inequalities for people with learning disabilities
Action	Action	Action
<ul style="list-style-type: none"> Promote prevention and early identification of long-term conditions – by increasing the uptake of health checks and providing information on healthy lifestyles Develop and roll out the social prescribing offer across the borough by March 2020 Proactively support people with complex health and care needs by bringing health and care professionals together around the individual – through primary care networks, across the borough by March 2020 Transform the way people access outpatient hospital appointments so that more care is received closer to home Expand IAPT (psychological therapies) to include people with long-term conditions to meet the 22% access target by March 2020 Support a culture of health and wellbeing by providing healthy working environments which support those working with long-term conditions, so that by 2021 all health and care organisations have signed up to the Healthy Workplace Charter 	<ul style="list-style-type: none"> Ensure people with serious mental illness get support for their physical health as well as their mental illness - 60% of people on the GP serious mental illness register by March 2020 Build on the work of the multi-agency interface group and emerging primary care networks to proactively support people with complex mental health needs Increase access to the IAPT (psychological therapies) services for all, with a specific emphasis on vulnerable groups to meet the 50% recovery target and the 22% access target by March 2020 Implement Richmond's Suicide Prevention Strategy to improve identification of risk and access to support, so that we see a reduction in suicides year on year Review and redesign the mental health crisis model and pathway to provide responsive access and effective mental health support by March 2020 	<ul style="list-style-type: none"> Increase the uptake of GP annual health checks for those with learning disabilities to at least 75% by March 2020 to ensure they receive support and care for their health needs Support Mencap to deliver the Treat Me Well campaign across Richmond health providers Continue to support people to access Choice Support - a dedicated, support employment service for people with learning disabilities
<p>We will take action to improve our practice in identifying and recognising carers of all ages so they are linked to appropriate support options, enabling carers to reduce the social, financial and health impacts they face.</p>		
Impact	Impact	Impact
<ul style="list-style-type: none"> People “at risk” or diagnosed with a long-term condition will have the knowledge to self-manage their condition, and will recognise the triggers and take early action to prevent a deterioration in their condition Social prescribing will be available for local people in the borough People with complex health and care needs will receive joined up care and support to help them manage their conditions. This will achieve a 15% reduction in avoidable hospital admissions Over the next 5 years outpatient hospital appointments will reduce by 30% in line with the NHS Long Term Plan People with long-term health conditions will report good mental wellbeing People with health needs will experience a better environment at health and care workplaces across the borough 	<ul style="list-style-type: none"> 60% of people who are registered on the mental illness register at their GP practice will have annual physical health checks and follow-up interventions People with a serious mental illness will receive joined up holistic care The number of people who experience positive mental wellbeing through the local IAPT service (psychological therapies) will increase The number of people who take their own lives will reduce year-on-year Workplace sickness absence due to poor mental wellbeing will reduce The number of people who attend A&E in a mental health crisis will reduce by 50% 	<ul style="list-style-type: none"> 60% of people with a learning disability, who are on their local GP practice register, will receive an annual physical health check and effective support The number of people with a learning disability who die prematurely will reduce Staff at services who support or deliver care to people with a learning disability will recognise individual needs and adjust their approach as outlined in the Treat Me Well Campaign



Age well in Richmond 2019/2021

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.

Encourage active, resilient and inclusive communities that promote healthy ageing and reduce loneliness and isolation	Support people to live at home independently, for as long as possible including people with dementia	Support people to plan for their final years so they have a dignified death in a place of their choice
Action	Action	Action
<ul style="list-style-type: none"> Explore and build opportunities for social connections / community hubs that bring people together in their community Promote wellbeing and healthy lifestyles for all older people, including Making Every Contact Count. Improve access to health and care information and advice for people and their unpaid carers Improve access for older people and their carers to outreach and community-based services, including through the delivery of Community Independent Living Services (CILS) and social prescribing by March 2020 Roll out of Care Home Support programme to improve the quality of health care to people living in care homes 	<ul style="list-style-type: none"> Identify and proactively support older people with complex health and care needs by bringing health and care professionals together around the individual – through primary care networks, across the borough by March 2020 Increase the number of shared Care Plans developed with older people who have complex needs and their unpaid carers Redesign the pathways for integrated community based urgent care services and “home first” discharge from hospital services by March 2020 Review, refresh and implement our joint dementia strategy by March 2020 	<ul style="list-style-type: none"> Support people to plan for their old age and have sensitive conversations to include about death and dying Improve end of life care by progressing delivery our End of Life Care Strategy to ensure that end of life issues are addressed Support people to take up health and social care personal budgets to enable them to receive personalised care to meet their needs, including for their end of life care by 2021 Improve care coordination and information sharing across health and social care at the end of life, including rolling out access to the integrated Coordinate My Care system
<p>We will take action to improve our practice in identifying and recognising carers of all ages so they are linked to appropriate support options, enabling carers to reduce the social, financial and health impacts they face.</p>		
Impact	Impact	Impact
<ul style="list-style-type: none"> Increase in opportunities for people to remain connected to others and improve their health and wellbeing. Reduction in people who feel lonely and isolated Reduction in non-medical related GP appointments and A&E presentations Social prescribing will be available for local people in the borough Reduction in the number of hospital admissions from care homes 	<ul style="list-style-type: none"> People will be supported to live independently for as long as they are able By March 2020 unnecessary attendances in A&E will reduce by 15% with a focus on people admitted for up to 72 hours Increase in older people who receive ‘reablement’ support and recover at home People with dementia and their families will have a better experience and receive more support 	<ul style="list-style-type: none"> People will have more personalised health and social care services at the end of their life. This will result in improved outcomes and people’s experience of health and social care. More people will have an advanced care plan and coordinate my care will be delivered across all care settings. This will result in a year-on-year increase in both areas More than 50% of people will have their end of life wishes followed and die in a place of their choice