

Refresh of Kingston's Health and Care Plan

2022 -2024

Patient and public engagement report

March 2022

Contents

1.0	Introduction	3
2.0	Background	3
	• Partnership working	
	• The engagement process	
3.0	Survey response	4
4.0	Main themes	5
5.0	Conclusion	10
	Appendices:	11
	Survey questions	
	Demographic questions	

1.0 Introduction

This report provides an overview of the patient and public engagement undertaken by the health and care partners in Kingston to inform the development of a health and care plan for the borough.

2.0 Background

Partnership working

This Health and Care Plan (HCP) is being developed with the aim of ensuring residents Start Well as children, Live Well as adults and Age Well for longer as older adults. This plan does include some of the health and care services delivered across the borough that no single organisation can achieve alone. Our local NHS organisations, the council and voluntary and community services will continue to work together towards these goals in partnership with our communities. This is a refreshed plan which is an update from the Kingston Health and Care Plan 2019-21.

To help achieve this aim, four overarching themes that feature across the life course have been identified by the borough's Health and Wellbeing Board and Kingston's local system leaders to focus on over the next two years:

1. Identifying, recognising, and supporting unpaid carers of all ages, to ensure that in all the objectives, unpaid carers are linked to appropriate support options enabling them to reduce the social, financial, and mental and physical health impacts they face.
2. Tackling obesity in all ages, enabling people to live physically active and healthy lifestyles, at a healthy weight, to prevent ill-health and improve wellbeing.
3. Promoting the mental health and resilience of residents of all ages.
4. Tackling inequalities in health to reduce disparities for those most disadvantaged

The engagement process

A development subgroup with representatives from health and care partners was established to refresh the 2019-21 plan. Extensive community engagement was carried out on the original Health & Care Plan in 2019. For this refreshed plan, recent surveys and reviews carried out during the pandemic response period, together with the results of an online survey have been used to inform the Health & Care Plan 2022-24.

Between 28 October and 30 November an online survey was hosted on Kingston Council's consultation portal giving residents an opportunity to provide feedback on the draft refreshed plan. The survey and HCP documents were also available in hard copy and other formats and languages on request.

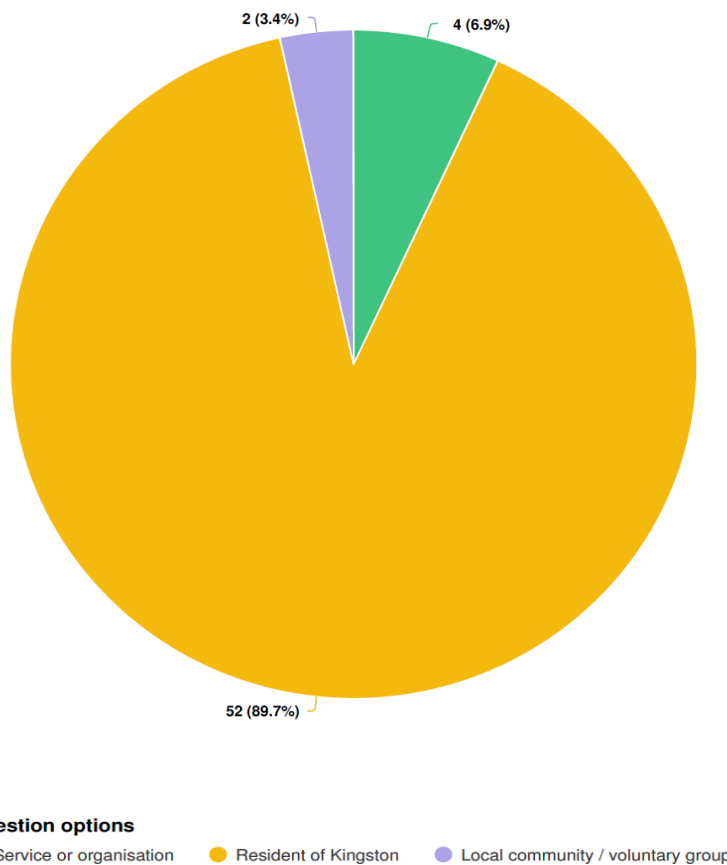
Information about the health and care plan (HCP) refresh document and how to provide feedback was shared within local networks and to a range of local voluntary and community organisations and groups.

3.0 Survey response

Survey respondent's profile

There were 62 responses to the survey. 667 people visited the survey page, and 246 of them downloaded the HCP document. People came across the survey from (in order): Google, Twitter, KingstonCCG.NHS.uk, Kingston.gov.uk.

We asked respondents to confirm in what capacity they were responding to the survey.



The local groups or organisations that responded to the survey included Learn English at Home, Nanoom, and Friends of RAF Chessington. 10 people identified themselves as Carers.

The survey included demographic questions to understand how representative of the borough's population respondents were and to highlight groups or areas that may have been over or underrepresented. This information is contained in Appendix 2.

3.1 Summary results

The following sets out the responses to the questions in the survey. Most respondents (72%) agreed with the priorities and actions set out in the refreshed plan. Asked if there was anything they believed was missing from the Plan that partner organisations should be working on together provided a range of written comments. These comments are incorporated into the themed feedback section below, along with any other comments people made on the updated Health and Care plan.

Do you agree or disagree with the priorities and actions set out in the plan?

Response	Number of Respondents	Percentage of Respondents
Agree	41	72%
Disagree	11	19%
Not sure	5	9%

4.0 Main themes

Feedback has been collated and themed where possible under the headings – start well, live well, age well. Any general cross cutting themes are set out first.

4.1 General

People mostly agreed with the priorities and objectives. Some welcomed it as having clearly stated aims and sounding positive.

Several wanted to know more about how priorities would be achieved and implemented, and how the plan would be funded. They felt it contained lots of good intentions, with little indication of how they will be achieved.

Several people wanted more information on areas that potentially fall outside of the health and care plan such as primary care. The draft document may not have made it clear that the focus of the plan is where health, care and the voluntary sector can work together to have the greatest impact on the health of the local population.

More, better, and improved communication came up in some responses. Also concern about the digitally excluded and those who may not want to use online services.

There was an ask for greater focus on people with a physical disability across all life stages.

Mental health was welcomed as a key part of the plan. It was noted that poor mental health was an issue facing all life stages.

There was an ask that healthy active lifestyles should be included for all life stages.

The role of the voluntary sector is recognised, with an ask that they are worked with to achieve the aims of the plan.

Long Covid support and plans are not mentioned in the plan, which some people felt was missing.

Technology

It was felt communications to all sections of the community should be wider, not just with a focus on online and telephone services, and not necessarily digital first for all services and people. This could be a barrier to accessing services and both online and face to face communication needs to be offered.

Active travel & green infrastructure

More people made comments on this than any other theme. Many felt there wasn't enough emphasis on these, given the positive impact on health. Active travel has the potential to tackle obesity, increase exercise levels, reduce local air pollution, and has mental health benefits. It was noted Kingston Council have made good progress with their Go Cycle schemes, but there should be more support for more school streets and low traffic neighbourhoods, better green spaces for exercise and consideration given to how decisions on new developments and transport infrastructure can impact this.

Wider determinants

Several people wanted to see a stronger emphasis on some of the other wider determinants of health, including how safe, affordable, and warm homes can have a significant positive benefit on health.

People also commented on the importance of access to good quality, healthy food particularly for communities in disadvantaged areas.

Tackling social isolation and loneliness was mentioned by several people.

4.2 Start Well

Some people felt given the impact of Covid on children's mental health, more emphasis needs to be placed on support for this in the plan.

People felt the plan should aim to reduce rates of obesity in children, rather than having a target of not rising from current rates.

Two people commented that supporting SEND pupils in mainstream schools will require more 1:1 support, using more resources and wasn't a good idea. Both mainstream and special educational needs schools should be available.

Several people supported the emphasis on early intervention for children and placed importance on the early years for people getting a good start in life, particularly for those children in more disadvantaged areas. Also, the need to reduce levels of obesity amongst 4-5 year olds, and promotion of healthy family eating.

One person commented that support for new mothers should be a priority, particularly following the pandemic, where health visitors moved their services online.

Children and young people with physical disabilities need more emphasis in the plan, people felt these were a group of people missing from the plan. They need more appropriate support and local services, including sports clubs, which they feel don't cater for people with physical disabilities in Kingston.

There was an ask for a youth centre in central Kingston – the nearest is in Ham which is a great facility but not central to the town.

4.3 Live Well

Several people mentioned the importance of addressing obesity, and how a focus on exercise and amenities to allow this are important. One person mentioned amenities being culturally appropriate, for example swimming, that the lack of single sex changing rooms at Council run leisure centres could put some people off.

There was an ask to include care services for those with learning disabilities in adult life including support for housing, obtaining employment, and ensuring independence.

There was a focus on prevention and highlighting the impact of activities including smoking and second-hand smoke, pollution and alcohol as causing disease and gave examples of how this could be addressed. For example banning smoking within 15 metres of restaurants as is the law in New York City.

The plan does not address menopause, an issue that affects all women and can cause debilitating symptoms that impact on mental health, ability to work as well as physical symptoms. Support and advice are sparse.

4.4 Age Well

A greater focus on prevention was needed at this life stage.

Concern was raised that care plans are not patient centred enough and impacts on end-of-life care. That people should have their wishes respected and implemented where possible on how their care is organised and what it should consist of.

End of life care should be continuous, one person raised concern about shift changes between community nurses where each day there was a period of a couple of hours where no one was available. A family member found this isolating and distressing.

The importance of charities that support older people such as Age Concern, and faith facilities including churches are important for this age group and greater partnership working should take place.

Several people mentioned the need for good social care provision for older people as alleviating pressure on hospitals and enabling people to stay independent for longer.

More provision for bereavement support for older people is needed. It was mentioned that there are long waiting lists and what support is available needs to be more accessible.

4.5 Other comments

There were also some general comments about health and care outside the remit of the plan:

- GP services need to increase their face-to-face appointments availability again, it is increasingly difficult to see a GP
- Kingston Council needs to be more approachable, since Covid residents are unable to get in touch with them face to face
- Sheltered housing provision in Kingston needs to be reviewed
- Better access to NHS dentistry services
- Vulnerable residents and patients need protecting from Covid and all care home staff should be fully vaccinated
- The success of much of the plan relies on nationwide and infrastructure issues that are beyond local control. But still welcome a local focus on these issues
- Shortage of staff in hospitals and care homes is causing issues

This feedback will be shared with the relevant organisations or services.

4.6 If you are a voluntary/community organisation or group, what role could you play in supporting the delivery of the Kingston Health & Care Plan?

Three organisations/groups responded to this:

Organisation	Offer of support
Patient Participation Group (GP practice not named)	As a member of a residents' association and Patient Participation Group, I would be happy to help promote health plans and notices to members.
Canbury Community Trust	The Canbury Pavilion could support this plan. We already run first responder courses from the pavilion, le leche breast feeding group, children's play groups & support for teenagers. If our green space was marked out, with appropriate way markers, people could use it for the coach to 5k programme. We would need financial backing for these.
Learn English at Home	Learn English at Home can support the delivery of the plan through targeted language learning for BAME adults with limited English and excluded from mainstream provision - around health & wellbeing, making active referrals into health & wellbeing support services, embedding health & wellbeing messaging in all services, and supporting people to lead active, healthy lives, actively supporting people to take part in other community activities and further learning. We also run an in-work progression project in a local business and can promote healthy lifestyles within our language support. We can also improve knowledge about rights in the workplace.
Unnamed group	I volunteer with a 3-wheeler Surrey cycling group, Ewell, Leatherhead and Woking because there is a lack of support and enclosed athletic track facilities in Kingston with close nearby vehicle access parking for disabled cycling groups. The schools, children and adults that participate enjoy the outdoor participation whilst obtaining health benefits. The Hawker Centre tennis courts if nets and posts easy to take down and put up could possibly offer a facility. They would need to release space for cycle storage on site within a lock up shipping container. Ideally a flat level securely fenced enclosed environment the size of an athletics track is ideal for such activities. See Harrier Centre King George recreation ground Ewell. Provide similar in Kingston borough when building schools and demand the schools release time on athletics track for 3 wheeler cycling groups. Eg. Hoe School Woking.

5.0 Conclusions

Overall, the findings from this engagement indicate that the people who responded to the online survey support the refreshed health and care plan for Kingston. There were some areas that needed further clarification and more information some of which are outside of the remit of this plan.

People wanted to see more specific detail around how the priorities would be achieved and implemented, and how the plan would be funded. They also wanted to see included more specific actions about active travel and green infrastructure, particularly supporting school streets and encouraging cycling; support for long covid; wider communications and not just relying on digital; and a focus on the wider determinants of health including housing, along with addressing health inequalities.

The refreshed version of the Health and Care Plan was approved by Kingston's Health and Wellbeing Board on 17 November 2021, with an interim summary of feedback given to that date. As the online survey closed on 30 November 2021, the Health and Wellbeing Board resolved if there were any further significant areas of feedback which need to be considered, these would be brought to a future Health and Wellbeing Board meeting in 2022. No new significant areas of feedback have been identified in the final analysis.

Appendix 1: Survey questions

Do you agree or disagree with the priorities and actions set out in the plan?

Agree

Disagree

Not sure

Please tell us why?

Text box

Is there anything you believe is missing in the plan all organisations should be working on together?

Text box

Have you any other comments about our updated Health & Care Plan?

Text box

If you are a voluntary/community organisation or group, what role could you play in supporting the delivery of the Kingston Health & Care Plan?

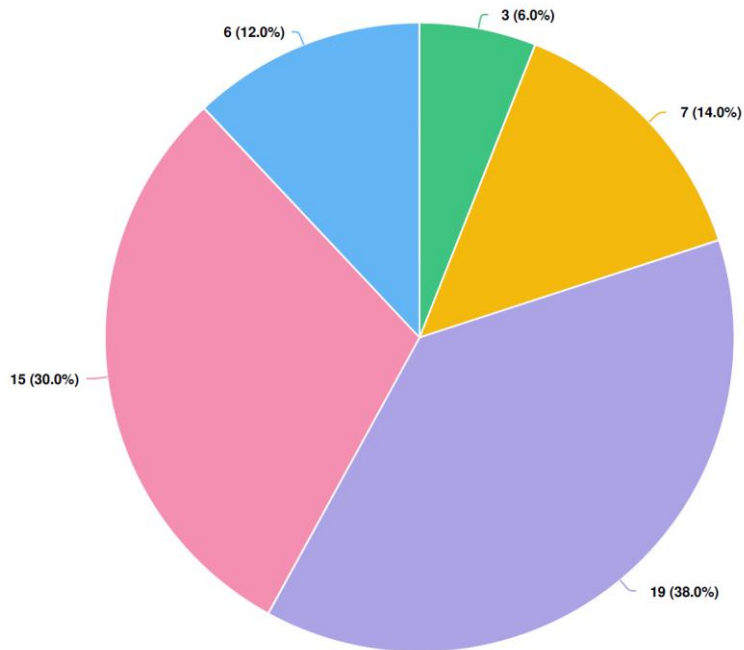
Text box

Are you completing this survey as: (please tick one)

- Service or organisation (please name)
- Resident of Kingston
- Local community/voluntary group (please name)

Appendix 2: demographic questions

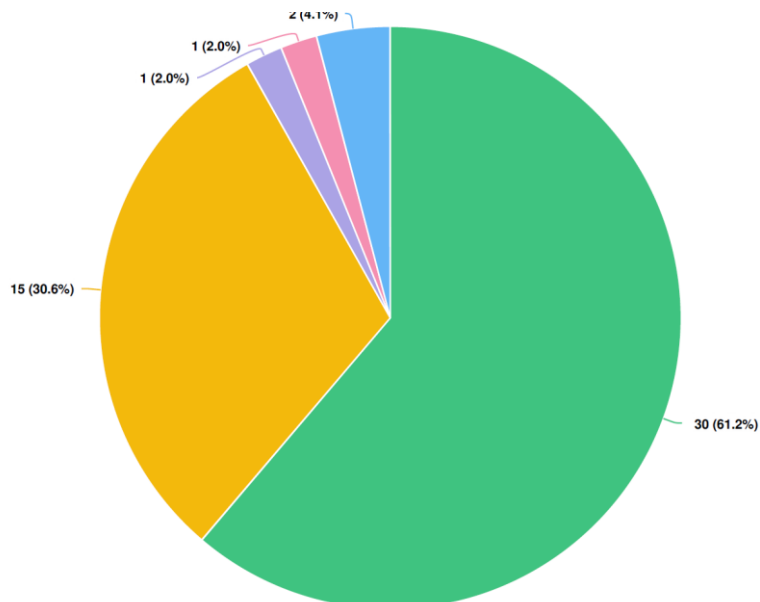
Age



Question options

● 35 - 44 ● 45 - 54 ● 55 - 64 ● 65 - 74 ● 75+

Ethnicity



Question options

● White ● English/Welsh/Scottish/northern Irish/British Irish ● Indian ● Any other Asian background
● Any other ethnic group

Gender

Most respondents were female 62%, 32% were male and 6% preferred not to answer the question.

Disability

30% of respondents identify as having a disability, 62% did not and 8% preferred not to say. This is an overrepresentation compared to Kingston's population data of 12.4%.