Richmond

We have a long history of working together in Richmond to deliver improved health and care to local people. We have established arrangements to support partnership working through the Richmond Health and Wellbeing Board - which will oversee the delivery of our plan. Richmond's health and care plan has been developed in partnership with local people, voluntary community groups, health and care partners.

Prevalence of obesity more than doubles between reception and year 6

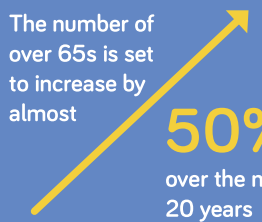
The average mental wellbeing score for 15 year olds in Richmond is the **fourth worst** in London

16% point gap in achieving a 'good' level of development in reception between children eligible for free schools meals and those not

22,000 people have a common mental disorder, such as depression and anxiety

Nearly **1 in 10** adults have three or more long term conditions

An estimated **15,800** people provide some level of unpaid care



The number of over 65s is set to increase by almost **50%** over the next 20 years

2,072 residents are estimated to have dementia

50% of over 75 year-olds live alone

Our vision

"All people in Richmond are able to achieve their full potential, live their lives with confidence and resilience, and access quality services that promote independence and deliver value for money."

This vision is underpinned by 4 aims:

We want people to live longer, healthier lives.

We will deliver asset-based, co-ordinated health and social care services to residents.

We will focus on prevention and early intervention making sure people are treated in the right place to meet their needs.

We want to give people the best possible chance to remain as independent as possible for as long as possible.

What we've achieved so far

- Implemented a new neuro development pathway for children and young people with autism spectrum disorders and ADHD
- Commissioned positive behaviour support intervention programmes for young people with challenging needs
- Rolled out access to psychological therapies for people with long term conditions
- Implemented multi agency locality working to support people with complex health and care need
- Increased the number of people with Coordinate my Care plans that support their end of life wishes
- Recommissioned the borough wide network of support, information, advice and signposting for vulnerable adults, provided by the voluntary and community sector.

Our plans

Start well

Mental wellbeing and resilience

We will ensure there is an emotional wellbeing programme in all schools and review the online resources, as well as neurodevelopment assessment services. Peer-led services to reduce involvement in risk-taking will be co-designed with young people.

Special educational needs

We want to give children and young people with special educational needs and disabilities opportunities to flourish and be independent. We will involve them in decisions about their care. We are also working to improve the experiences for those transitioning from children's to adult services.

Reducing obesity

We will reduce childhood obesity by rolling out the Family Start programme, and Daily Mile in all primary schools. We will carry out a needs assessment on breastfeeding and enhance parent programmes to promote healthy eating and children's active play.

Live well

Long term conditions

We will promote prevention and early identification by increasing uptake of health checks. We are rolling out social prescribing in the borough. We will transform access to outpatient hospital appointments and psychological therapies will be expanded to people with long-term conditions.

Mental wellbeing

We will ensure people with serious mental illness get support for their physical health. Access to psychological therapies will be increased, with specific emphasis on vulnerable groups. We will implement our suicide prevention strategy, review the crisis model and pathway.

People with learning disabilities

We will reduce health inequalities by increasing the uptake of NHS health checks and support Mencap deliver the Treat Me Well campaign.

Age well

Loneliness and isolation

We will build opportunities to bring people together in their community, as well as promote healthy lifestyles, including Making Every Contact Count. Information, and access to community-based services will be improved for people and their carers.

Supporting independence

We want to support people to live at home independently, for as long as possible, including people with dementia. We will refresh our dementia strategy and support people with complex needs by bringing health and care professionals together around them.

End of life care

We want to support people to have a dignified death in a place of their choice. We will deliver our strategy and support people to take up health and social care personal budgets. Care coordination and information sharing across health and social care will also be improved.

Supporting carers

We will improve identification and recognition of carers of all ages so they are linked to appropriate support, enabling carers to reduce the social, financial and health impacts they face.

Prevention

Prevention will be embedded in every aspect of health and care provision and we will create environments and enable communities and individuals to lead healthy lives and be confident in their ability to care for themselves.

What people have told us

- "We need more provision of activities and youth clubs to engage young people. Emotional intelligence and empathy should be taught in all schools."
- "Sometimes young people can use food as a way of dealing with stress and negative emotions and could benefit from learning different ways of dealing with these feelings instead of eating."
- "It's about having initiatives in place to support and empower us to take responsibility for our own health – when well and if we have a long-term condition. It's about providing an environment where we feel motivated to look after our own health."
- "Invisible disabilities tend to be forgotten, as we work and live like anyone else, but we do need increased services to help us before our disability makes us seriously ill."
- "Increase social interaction and inclusion by providing gathering places for older people and the means of getting there for people who rely on public transport."
- "Increase awareness of depression in older people due to isolation or poor general health; and information about how to cope with depression."
- "It's important for my peace of mind as a carer that the person I care for gets what they want and need. It is about quality of life, choice and control. Everyone wants to live independent; it shouldn't be a privilege."

You can find out more about what local people told us at: www.richmondccg.nhs.uk/have-your-say

How will we know if we've made a difference?

- Reduced waiting times for access to children and adolescent mental health services
- All neurodevelopment assessment referrals will be completed within 12 weeks
- The number of children and young people who are overweight will reduce year-on-year
- Over the next 5 years outpatient hospital appointments will reduce by 30%
- 60% of people on GP practice mental illness registers will have annual physical health checks
- The number of people with a learning disability who die prematurely will reduce
- Increase in older people who receive 'reablement' support and recover at home
- More than 50% of people will have their end of life wishes followed and die in the place of their choice

This is a summary of the Richmond Health and Care Plan, you can read the full document at **www.richmondccg.nhs.uk**