

Refresh of Richmond's Health and Care Plan

2022 -2024

Patient and public engagement report

February 2022

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1.0 Executive summary

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

The Richmond Health and Care Plan describes our vision, priorities, and actions to meet the health and care needs of local people and deliver improvements in their health and wellbeing through the life stages of start well, live well and age well. It is a two-year (2022–2024) plan which focuses on the actions which no single organisation could achieve alone. It is a refresh of our first health and care plan (2019 – 21). By working together, we believe health, social care and the voluntary sector can deliver quality health and care services that support local people.

Engagement with local people and stakeholders through a survey and discussions at key forums took place between 15 November and 10 December 2021 to hear people's views on the draft plan before it is finalised.

Overall the findings from this engagement indicate that the people we spoke to and who responded to the survey support the refreshed health and care plan for Richmond. There were several 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 the actions and impacts included in the discussion document. These included more specific actions about unpaid carers; travel as wider determinant of health; the pandemic and its impact on health inequalities; using the family-centred approach to achieve the plan's objectives; greater emphasis on the role of schools in developing a healthy lifestyle; making exercise resources and activities equally available to everyone; address the support needed for people with high dependency needs and maintain access to services via telephone and face to face for people who need this.

Health and care partners have considered the key themes from the feedback provided to inform the final version of the health and care plan.

A *'you said, we did'* document will set out the key themes from the feedback and our response including how the feedback has informed the final refreshed plan.

Once the refreshed HCP has been agreed by Richmond's Health and Wellbeing Board in March 2022, we will start to implement the plan priorities. We will collaborate with people with lived experience of our services to shape how the actions are delivered and to ensure outcomes for local people are met.

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 Richmond 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 Richmond'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 of 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 (especially in light of the COVID-19 pandemic). Health and care organisations in Richmond are working more closely together to make services better connected and more joined up.

The engagement process

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

Richmond health and care system leaders reviewed the draft refreshed plan in early November 2021. Between 15 November and 10 December an online survey on Richmond Council's consultation portal giving local 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. It asked respondents about their understanding of what local health and care leaders are planning to focus on over the next 2 years; if they agree with the plan priorities, and if there is anything missing which they would expect to see in the HCP.

During this period members of the task and finish group ensured key forums and groups who could be affected by proposals were aware of the opportunity to comment on the draft plan and where possible share their views at the relevant meeting .or using the online survey afterwards.

Local networks and a range of voluntary and community organisations and groups received information about the health and care plan (HCP) and how to provide feedback.

Follow up meetings with interested stakeholder groups will continue when we move to delivering the actions within the plan.

The table below sets out the local forums and groups where we discussed the health and care plan.

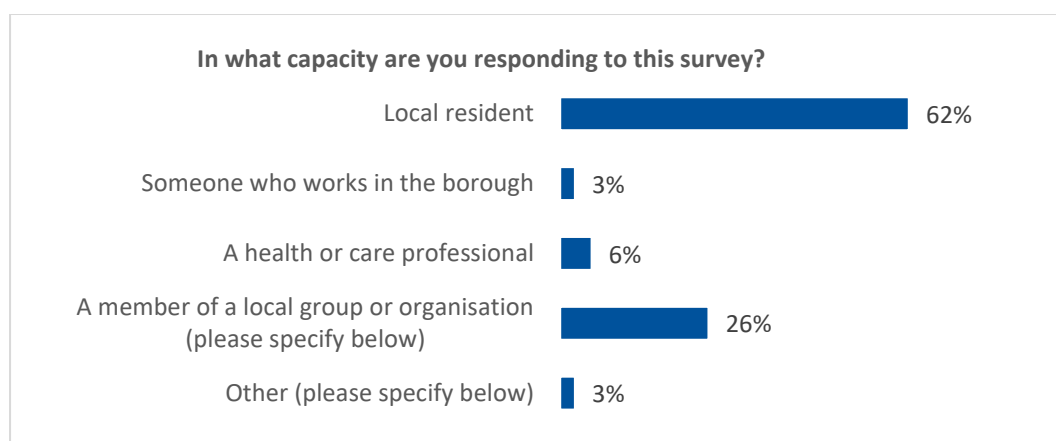
Forum	Date	Lead	Activity
Carer's strategy reference group	-	Richmond Council	Discussion on HCP priorities and gave advance notice of when survey would go live
Community involvement group	16 November	SWL CCG and Kingston Hospital	Discussion with mix of voluntary sector and patient representation
CYP disabilities' and learning difficulties partnership board	8 December	Achieving for Children	On agenda for discussion
SEND Partnership Board	22 November	Achieving for Children	On agenda for discussion
SEND parent and carer forum	22 November	Achieving for Children	Shared with membership
RCVS health and wellbeing network	2 December	Richmond CVS and Kingston Hospital	Presentation and discussion with local VCS organisations.
Council VS Forum	7 December	Richmond CVS and Kingston Hospital	Discussion with local VCS organisations and groups.
Care Homes Forum (providers)	-	Richmond Council and SWL CCG	Draft plan and information on how to provide feedback shared with all providers.

3.0 Survey response

There were 34 responses to the survey. Unfortunately, it is not possible to measure the wider reach as the consultation portal doesn't provide information on how many people visited the page or downloaded the document or where respondents came across the survey. This information would be helpful when planning future communications materials and where to focus resources.

There were also two email responses and one response via social media.

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



Local groups or organisations that responded to the survey included CMC Governance Limited, Homemead Central & Cecil Housing Trust; Diabetes UK Richmond and Twickenham; Healthwatch Richmond; National Childbirth Trust Twickenham and Hounslow branch; Richmond Mencap; Home-Start Richmond Kingston and Hounslow; Richmond Carers Centre; Richmond CVS; Richmond Furniture Scheme. One respondent identified as a carer.

We asked respondents to give the first part of the postcode to enable us to understand the coverage of the responses received.

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 under represented. This information is contained in Appendix 1 page 15.

3.1 Summary results

The following sets out the responses to the questions in the survey. The majority of respondents (74%) agreed that the plan made clear what local health and care organisations would be focusing on together for the next two years. However, 9 respondents felt it was not clear. Forty-five per cent of respondents stated that there were areas missing from the Plan that the partner organisations should be working on together. A further 29% stated that they didn't know if anything was missing.

Do you agree or disagree with the Start Well priorities and objectives we are proposing to focus on?

Response	Number of Respondents	Percentage of Respondents
Strongly agree	11	32%
Agree	18	53%
Neither agree nor disagree	3	9%
Disagree	2	6%

Do you agree or disagree with the Live Well priorities and objectives we are proposing to focus on?

Response	Number of Respondents	Percentage of Respondents
Strongly agree	9	26%
Agree	15	44%
Neither agree nor disagree	5	15%
Disagree	4	12%
Strongly disagree	0	0%
Don't know	1	3%

Do you agree or disagree with the Age Well priorities and objectives we are proposing to focus on?

Response	Number of Respondents	Percentage of Respondents
Strongly agree	11	32%
Agree	13	38%
Neither agree nor disagree	4	12%
Disagree	5	15%
Strongly disagree	0	0%
Don't know	1	3%

Do you think there is anything missing from our Health & Care Plan that all organisations should be working on together?

Response	Number of Respondents	Percentage of Respondents
Yes	14	45%
No	8	26%
Don't know	9	29%

To the supplementary question asking respondents to tell us what you feel is missing we had twelve responses relating to the Start Well, 12 responses to Live Well and 14 responses to Age Well. A further twenty respondents provided other comments.

4.0 Main themes

Feedback for any meeting or forum discussions and the survey responses have been collated and themed where possible under the headings – start well, live well, age well. Any general cross cutting themes are set out first followed by the those for the life stages.

4.1 General

People mostly agreed with the priorities and objectives. Some saw the plan as well thought through and comprehensive and that it was good to have clearly identified priorities to guide collaborative working across organisations. Others wanted to see an overarching plan for improving services as well as the focus on life stages.

Some questioned if it would be better to focus on less priorities to ensure results can be achieved considering the pandemic and current pressures on the system.

Several people wanted more information on areas that potentially fall outside of the health and care plan such as specific clinical priorities and more detail about hospital provision. 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.

There was a query about the figures given in the summary document for people estimated to have diabetes, which was viewed as too high. This has been reviewed and agreed that the data is correct, as it includes people with diagnosed as well as undiagnosed diabetes. It was also clarified that it is a modelled estimate from Public Health England, which helps local areas understand the scope for prevention and diabetes identification.

Some respondents highlighted that some of the priorities in the plan were already taking place as part of existing strategies. Others wanted to know more about the resources available to deliver the plan such as workforce, ways of working and funding.

Respondents wanted more detail about the timescales for specific priorities, who and how they will be delivered, measured, and evaluated. Also what processes were in place to capture people's feedback on the priorities, quality of care and suggestions for improvement. There was a separate ask to strengthen patient feedback in the new integrated health and care arrangements.

More, better, and improved communication came up in a number of responses. Communication between organisations and with clients, family, and carers.

Some felt that the pandemic and its impact particularly on health inequalities did not feature strongly enough in the plan.

Some reflected on the previous plan being very NHS focused even though the NHS is not one of the main determinants of either health or wellbeing. They highlighted the need to redress this by taking an integrated approach to health and care. The example was given of people with long term disabilities as a group that is significantly impacted by both care and health and therefore integration was a priority.

There was an ask for greater focus on people with a disability and the need for a systemic approach to deliver for them: with the life stage chapters highlighting the need for and committing to future work in this area.

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 is a need for more resources to address the underfunding in this area.

The needs of people with a neuro disability though identified as a sizeable proportion of all hospital patients were highlighted as missing from both the live well and age well life stages.

There was an ask that healthy active lifestyles should be included for all life stages rather than just for start well.

It was noted that the topics in the summary document were not fully reflected in the specific life stage documents.

There was a sense from one respondent that the plan was too intrusive in places.

Unpaid carers

There was an ask for more recognition of the role unpaid carers play in all the life stages. There was a specific ask for more recognition of unpaid young carers. People wanted to see in the refreshed plan specific carer focused objectives in each life stage.

Working with the voluntary and community sector

There was an ask for more partnership working with the voluntary and community sector (VCS) with funding earmarked to support this. Also greater involvement of the VCS in the delivery of services.

Technology

It was felt that there was not enough attention given to the support role both technology and occupational therapy can play in people's own homes and care homes. That there should be a greater focus on providing training, support, and funding for this.

Others felt that the issue of digital inclusion or exclusion was missing from the plan and needed to be addressed.

There were concerns that essential care was not being made available to everyone because individuals were expected to communicate with services more online and use technology. This was identified as a barrier to accessing services and that face to face and telephone communication should continue to be offered as well as online options.

Wider determinants

There was an ask for a stronger emphasis on the wider determinants of health. In particular to go beyond the school streets idea when it comes to transport independence and safety for children. To include active travel with safe walking and cycling infrastructure for all ages to reduce isolation, improve community connection and improve health and wellbeing. It was highlighted that the Council's choices about transport infrastructure could vastly improve people's quality of life.

4.2 Start Well

The family centred approach was suggested as the way to achieve the start well priorities.

There was an ask for more information and clarity around what support is available for early intervention.

Drug misuse amongst teenagers was identified as a significant issue for the borough which often goes unnoticed as the borough is viewed as "a good area with nice people."

There was an ask to increase services for children and young people's mental health and that services should be more flexible in how they operate.

Exercise and fun activities were identified as ways to improve mental health and reduce obesity. One person asked for the ice rink to be built that was promised for the borough. A greater focus on the role schools can play in promoting a healthy lifestyle.

There was a request to replace the term "obesity" with "healthy weight" as there is a need to acknowledge and act on the reality of low weight as a growing problem. This needs to be considered as much as high weight.

Better provision for young families between the NHS and Council and more facilities for families with children under five.

There was also an ask for more support for parents in the first 1,001 days for babies' development and parents' mental health and wellbeing.

The emphasis on breastfeeding was welcomed however access to early professional support was identified to help mothers to continue breastfeeding beyond 6 weeks, which can bring benefits to babies and mothers.

Early diagnosis of the neuro diverse, in particular dyslexia was identified. The high incidence of ADHD and autism was highlighted as being less recognised and less support available in the early years for the child and parents.

One respondent set out their negative experience of social care and the stress and struggle of seeking a diagnosis for their child. They stated that it is neuro diversity rather than neuro development that suggests if someone has developed "normally." They offered to share their experience with the Council which will be followed up. They viewed the plan as having good intentions but their experience did not make them believe it would be achieved.

4.3 Live Well

In addressing obesity there was an ask for a strong focus on aftercare. It was highlighted that trying and not achieving weight loss could lead to unhealthy eating behaviours. There was also a concern raised about the plan interfering with what people eat.

Concern was raised around high alcohol use which was often seen as social and acceptable rather than a problem and how this can be addressed.

There was an ask for greater focus on healthy living rather than just dealing with sickness.

There was a focus on exercise and activities to improve health and wellbeing. Stress busters to improve health such as saunas and jacuzzi (at Pools on the Park) should be open and available to everyone. The ice rink promised for the borough should be built. We were asked to consider saving money in the short term compared to the longer-term benefit of making exercise and activities available for everyone, e.g. the tennis courts in Ham should be free for everyone to use rather than the few who can afford it. It was suggested that the Council could charge for parking for non-residents at Ham House to pay for the tennis courts.

4.4 Age Well

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

The plan does not address the support needed by people with high dependency needs. Or address the increase in people living over the age of eighty and the increasing demand this population will have on services. There was little reference to care homes except to make them “more digitally integrated” and extra care housing wasn’t mentioned.

There was an ask for clients to be asked for their opinion as part of the assessment of paid carers.

Communication between services and clients was seen as needing improvement at this life stage.

A concern was raised that the plan should not interfere in choices about how to die.

Maintaining easy access to services using traditional methods was seen as important at this life stage particularly as services are using more technology. There was also a focus on supporting people as they get older to use technology, provide tablets and other equipment and offer online as well as in person social communities for local connections and friendship.

Local befriending schemes were seen as important.

There was an ask for GPs to do more home visits.

4.5 Other comments

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

- The decimation of services to families and communities. Unqualified "social prescribers" are no substitute for training in health, prevention, recognition of needs and networking.
- GP services leave a lot to be desired and it is becoming more difficult to get an appointment.
- Services that were in place before Covid have not been adhered to e.g. GPs conducting annual health reviews for people with a learning disability and the community dental team being inaccessible.
- the lack of GP skills in mental health and the confusing interface between social care and primary care.
- Concerns about having more GP assessments when it is becoming harder to get a GP appointment and the process for doing so is not accessible to all. Accessing online systems may not be possible for those who do not have IT skills, good eyesight or are literate.
- It is becoming more difficult to find the relevant support
- The provision of services in Ham is not good. Ham Clinic was seen as underused which could be a prime location for outpatient facilities, dieticians, physiotherapists, local dental services, and more GP services.
- The text service at Kingston Hospital directs you to the wrong hospital.

- Concerns around social care giving the example of being told they couldn't be dyslexic and a paramedic.
- Feedback that the National Child Measurement Programme (NCMP) and the letter that is sent afterwards is not engaging. This is a national programme and therefore outside the of the local health and care plan.
- Need to improve the public health commissioning and contract terms for school nursing
- Where does speech and language therapy sit within the plan?

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

The following organisations indicated the role they could play in supporting the delivery of the HCP.

Organisation	Offer of support
Kew Neighbourhood Association	As a trustee of KNA we can certainly help address loneliness and isolation, planning for End of Life and help with digital and other helpful technology for older people. However, to do this, we have to be properly resourced. At the moment we are immensely beholden to Richmond Parish Lands Charity but we cannot take their support for granted and we do not have the resources to spend endless amounts of time applying for project grants. So there is a real issue over how these important areas are going to be financed.
Diabetes UK Richmond and Twickenham	Being included and consulted on matters to do with diabetes
Healthwatch	Supporting the plans and broadcast information to the relevant groups. In time Healthwatch could liaise with residents in these groups to ask if they have seen improvements in their particular needs being addressed
National Childbirth Trust Twickenham and Hounslow branch	If you are really serious about improving the 6-week breastfeeding figure you could consider providing more such sessions. We'd be happy to talk to you about doing that. We have the resources and know how they could operate. We would need funding. Geraldine Chew NCT breastfeeding counsellor. Contact gerryaway@hotmail.com
Richmond Mencap	Can help a great deal - both for people with learning disabilities and their family/carers
Home-Start Richmond, Kingston, and Hounslow	We work with parents who have at least one child under the age of 5 years, supporting parents to provide the best possible start for their children, including parents who are struggling because of their own mental or physical health problems, families with children with additional needs or living in stressful,

	unstable situations. Our network of coordinators and volunteers can signpost parents to other services and support them in accessing them e.g. by accompanying to health appointments, reinforcing health messages such as good nutrition plus providing play and developmental activities for their young children
Richmond Carers Centre	Working with others to implement and review
Richmond CVS	disseminating information, providing engagement opportunities to gain feedback
Richmond Furniture Scheme	Social prescribing with volunteer opportunities.

5.0 Conclusions and next steps

Overall the findings from this engagement indicate that the people we spoke to and who responded to the online survey support the refreshed health and care plan for Richmond. There were several 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 the actions and impacts included in the discussion document. These included more specific actions about unpaid carers; travel as wider determinant of health; the pandemic and its impact on health inequalities; using the family-centred approach to achieve the plan's objectives; greater emphasis on the role of schools in developing a healthy lifestyle; making exercise resources and activities equally available to everyone; address the support needed for people with high dependency needs and maintain access to services via telephone and face to face for people who need this.

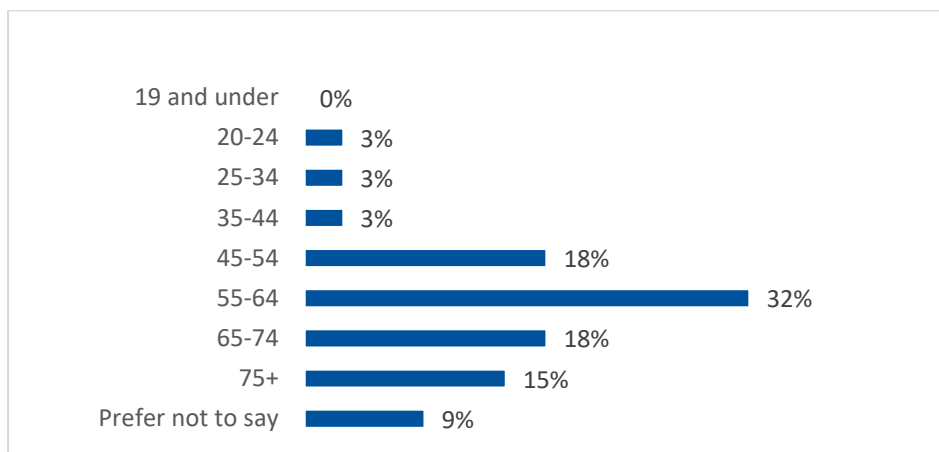
Health and care partners have considered the key themes from the feedback provided to inform the final version of the health and care plan.

A *'you said, we did'* document will set out the key themes from the feedback and our response including how the feedback has informed the final refreshed plan.

Once the refreshed HCP has been agreed by Richmond's Health and Wellbeing Board in March 2022, we will start to implement the priorities in the plan. We will work with people with lived experience to shape how the actions are delivered and to ensure outcomes for local people are met.

Appendix 1: Profile of survey respondents

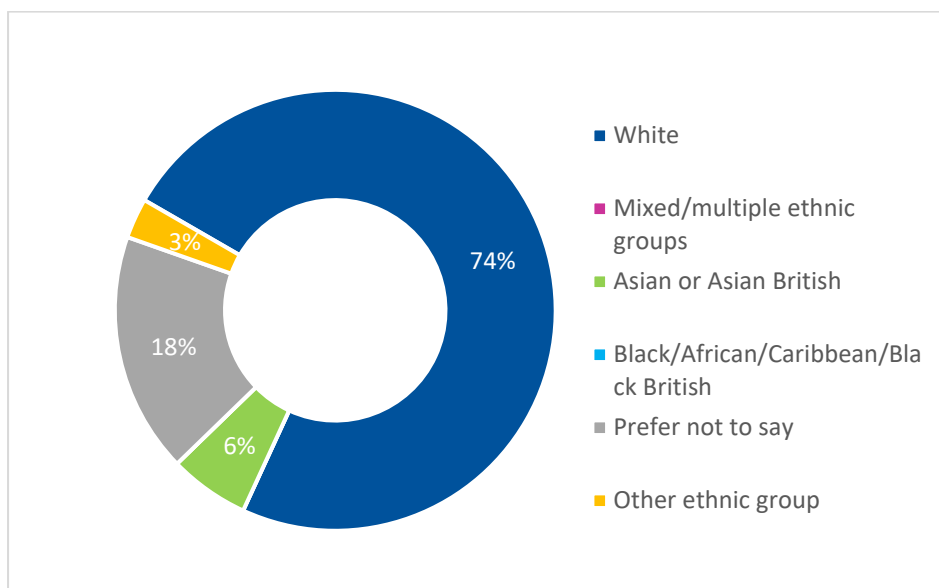
Age



When compared to GLA 2020 projections the 45 years and upwards age ranges are over represented in the responses.

Ethnicity

The breakdown of respondents by ethnicity is:



The projected GLA population for 2020 data, shows Richmond's population by ethnicity as 65.9% White, the next largest ethnic group is Other White at 15.1%, followed by Other Asian, Indian, and then Irish.

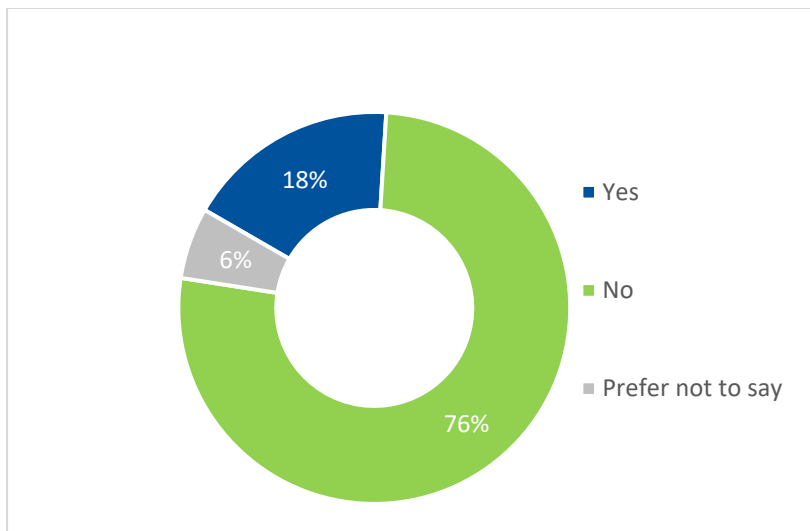
From the responses we can see that they are in line with the projected largest ethnicities in the borough, however white respondents are overrepresented at 74% with no respondents identifying from Black groups. It should be noted that 18% of respondents preferred not to give their ethnicity. There is work for health and care

partners to continue to build relationships with communities from whom we are not currently hearing.

Gender

Most respondents were female 74%, 24% were male and 3% preferred not to answer the question. The lower response rate from men reflects a similar pattern in other similar engagement activities. However, this is a higher response rate when compared to the HCP survey 2019 of 19.1%. We will continue to work with health and care partners to find ways of improving the number of male responses to our engagement activities.

Disability



The 2011 Census states that 11.5% of Richmond’s population had some form of disability or health problem that affects their day-to-day activities. When compared to this figure the number of respondents identifying as having a disability is overrepresented at 18%, though in line with 17.9% response to the same question in 2019 HCP survey. We would expect to see a higher response rate from people identifying as having a disability or long-term condition as they are more likely to be interested in these proposals.

Appendix 2: Survey questions

Your privacy

All the information you provide will be treated in strict confidence and will only be used for the purposes of this survey unless you give us your consent to contact you about other health and care initiatives. You can read our privacy notices here:

Richmond Council Privacy Notice:

https://www.richmond.gov.uk/council/open_richmond/data_protection

SW London CCG Privacy Notice: <https://swlondonccg.nhs.uk/privacy-policy/>

Your details

1. In what capacity are you responding to this survey?

If more than one apply to you, please select the one that you feel is most relevant here (Required)

Please select only one item

- Local resident
- Someone who works in the borough
- A health or care professional
- A member of a local group or organisation (please specify below)
- Other (please specify below)

Name of local group or organisation:

Other:

2. Please tell us your postcode:

This information will not be used to identify you personally but to ensure we are consulting widely across the area.

Your views

3. Do you think the draft plan makes clear what we (as a group of organisations) will be focusing on for the next two years?

Please select only one item

- Yes
- No

If no please tell us more:

Start well

Please read our Start Well priorities and objectives before answering this question

4. To what extent do you agree or disagree with the Start Well priorities and objectives we are proposing to focus on?

Please select only one item

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree
- Don't know

If you disagree, please tell us more:

Live well

Please read our Live Well priorities and objectives before answering this question

5. To what extent do you agree or disagree with the Live Well priorities and objectives we are proposing to focus on?

Please select only one item

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree
- Don't know

If you disagree, please tell us more:

Age well

Please read our Age Well priorities and objectives before answering this question

6. To what extent do you agree or disagree with the Age Well priorities and objectives we are proposing to focus on?

Please select only one item

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree
- Don't know

If you disagree, please tell us more:

Further comments

7. Do you think there is anything missing from our Health and Care Plan 2022-24 that all organisations should be working on together?

Please select only one item

- Yes
- No
- Don't know

If yes, please use the spaces below to tell us what you feel is missing:

Start well

Live well

Age well

8. Please use this space for any further comments you would like to make about our Health and Care Plan:

Further contact

9. If you are a member of a local community organisation, what role do you think your organisation could play in supporting the delivery of our borough's Health and Care Plan?

10. If you would like to receive updates from the local NHS and/or Council about health and care initiatives in the borough please tick the consent box below and provide your contact details.

- I give my consent to the use of my contact details for updates about health and care initiatives. I understand I can unsubscribe at any time.

Name:

Email:

Telephone:

Richmond Council Privacy Notice:

https://www.richmond.gov.uk/council/open_richmond/data_protection

SW London CCG Privacy Notice: <https://swlondonccg.nhs.uk/privacy-policy/>

About you

The following optional questions will help the Council to improve its services and be fair to everyone who lives in the borough. The information you provide will be used for statistical and research purposes only and will be stored securely. If there are any questions you do not wish to answer, please move on to the next question.

11. Are you an unpaid carer?

Please select only one item

- Yes No

12. Are you:

Please select only one item

- Male
- Female
- Prefer not to say
- Prefer to self-describe:

13. What was your age last birthday?

Please select only one item

- 19 and under
- 20-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75+
- Prefer not to say

14. Do you consider yourself to have a disability?

Please select only one item

- Yes
- No
- Prefer not to say

15. How would you describe your ethnic group?

Please select only one item

- White
- Mixed/multiple ethnic groups
- Asian or Asian British
- Black/African/Caribbean/Black British
- Prefer not to say

- Other ethnic group, please specify:

16. Please indicate your sexual orientation:

Please select only one item

- Heterosexual/ straight
 Gay man
 Gay woman/ lesbian
 Bisexual
 Prefer not to say
 Prefer to self-describe:

17. Do you belong to a religion or faith group?

Please select only one item

- No
 Yes, Christian
 Yes, Buddhist
 Yes, Hindu
 Yes, Jewish
 Yes, Muslim
 Yes, Sikh
 Prefer not to say
 Yes, other - please specify: