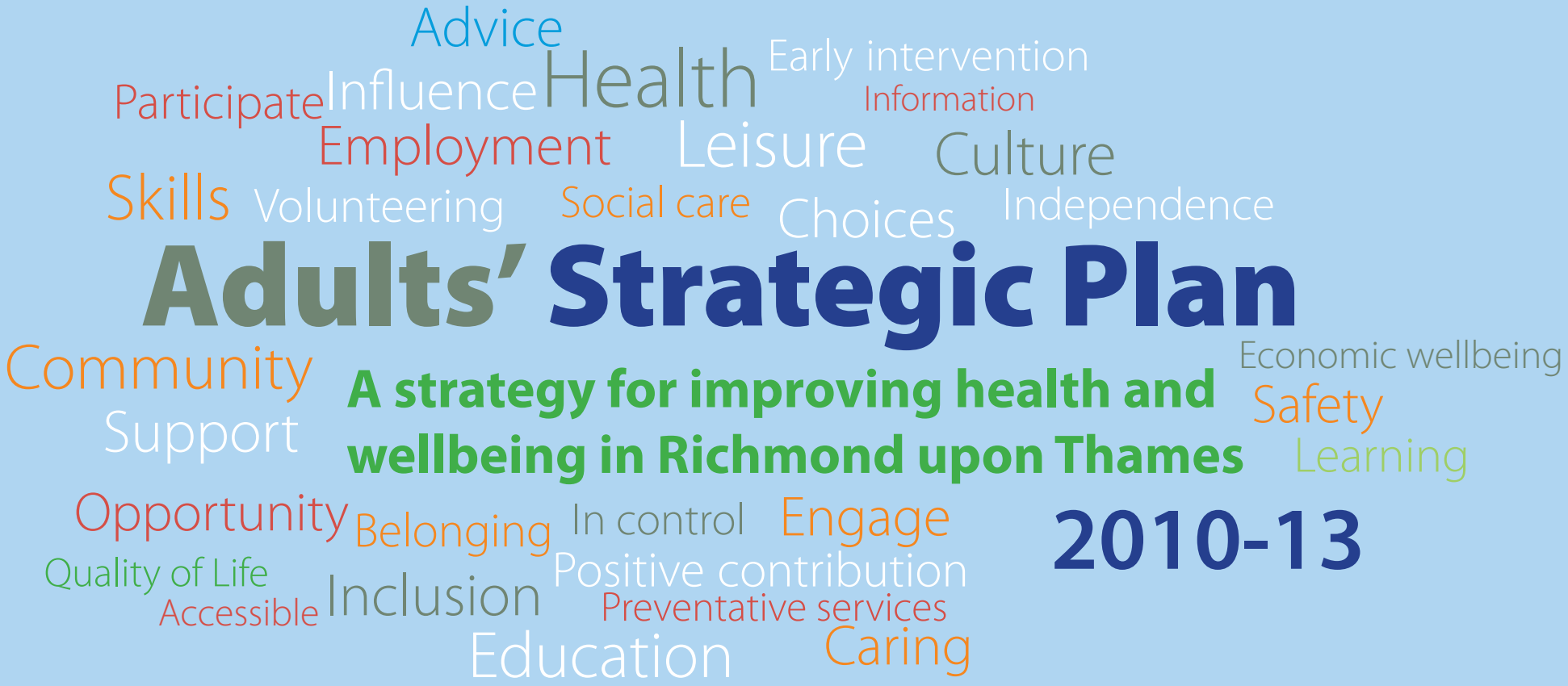

Richmond upon Thames | Health and Wellbeing Partnership

Contents

ALBANIAN

Nese keni veshtersi per te kuptuar kete botim, ju lutemi ejani ne recepcionin ne adresen e shenuar me poshte ku ne mund te organizojme perkthime nepermjet telefonit.

ARABIC

إذا كانت لديك صعوبة في فهم هذا المنشور، فنرجو زيارة الإستقبال في العنوان المعطى أدناه حيث بإمكاننا أن نرتب لخدمة ترجمة شفوية هاتفية.

BENGALI

এই প্রকাশনার অর্থ বুঝতে পারায় যদি আপনার কোন সমস্যা হয়, নিচে দেওয়া ঠিকানায় রিসেপ্শন-এ চলে আসুন যেখানে আমরা আপনাকে টেলিফোনে দোভাষীর সেবা প্রদানের ব্যবস্থা করতে পারবো।

FARSI

اگر در فهمیدن این نشریه مشکلی دارید لطفا به میز پذیرش در آدرس قید شده در زیر مراجعه نمایید تا ترتیب ترجمه تلفنی برایتان فراهم آورده شود:

POLISH

Jeżeli masz trudności ze zrozumieniem tej publikacji, proszę pójdź do recepcji (adres jest podany poniżej), gdzie możemy zorganizować tłumaczenie przez telefon.

GUJARATI

જો તમને આ પુસ્તિકાની વિગતો સમજવામાં મુશ્કેલી પડતી હોય તો, કૃપયા નીચે જણાવેલ સ્થળના રિસેપ્શન પર આવો, જ્યાં અમે ટેલિફોન પર ગુજ રાતીમાં ઇન્ટરપ્રિટીંગ સેવાની ગોઠવણ કરી આપીશું.

PUNJABI

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਪਰਚੇ ਨੂੰ ਸਮਝਣ ਵਿਚ ਮੁਸ਼ਕਲ ਪੇਸ਼ ਆਉਂਦੀ ਹੈ ਤਾਂ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਪਤੇ ਉੱਪਰ ਰਿਸੈਪਸ਼ਨ 'ਤੇ ਆਓ ਜਿੱਥੇ ਅਸੀਂ ਟੈਲੀਫ਼ੋਨ ਤੇ ਗੱਲਬਾਤ ਕਰਨ ਲਈ ਇੰਟਰਪ੍ਰਿਟਰ ਦਾ ਪ੍ਰਬੰਧ ਕਰ ਸਕਦੇ ਹਾਂ।

URDU

اگر آپ کو اس اشاعت کو سمجھنے میں کوئی مشکل ہے تو، براہ کرم نیچے دیئے ہوئے ایڈریس کے استقبالیے پر جا کر ملیئے، جہاں ہم آپ کیلئے ٹیلیفون انٹرپریٹنگ سروس (ٹیلیفون پر ترجمانی کی سروس) کا انتظام کر سکتے ہیں۔

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Post: London Borough of Richmond upon Thames, Commissioning Corporate Policy & Strategy, Adult & Community Services, 3rd Floor, Civic Centre, 44 York Street, Twickenham, TW1 3BZ

Foreword

Welcome to the Adults' Strategic Plan 2010 to 2013. This Plan sets out our priorities for improving health and wellbeing for all the community in the London Borough of Richmond upon Thames and explains how this will make a positive difference for local people.

We have learned through consultation that a wide range of factors impact upon an individual's health and wellbeing, such as whether they have a regular income, are able to access social and leisure activities and feel a sense of belonging in their local neighbourhood. The broad scope of these areas highlights the importance of a partnership approach to achieving our vision. To that end, the Plan has been developed, and will be delivered, by the Health and Wellbeing Partnership, which draws together representatives from the statutory, community and voluntary sectors. It is vital that we work across and beyond traditional service boundaries to address the full range of needs each of us will have throughout our lives.

In delivering our priorities, we are committed to making local services flexible and responsive to individual needs, meeting people's wishes for independence and greater control over their lives. We will build on what we have already achieved, focussing more on prevention and early intervention and ensuring that mainstream services cater for everyone within our community.

An important aspect of this work is providing the information and support to enable and empower people to take responsibility for their own health and wellbeing; for example in making healthy lifestyle choices and in planning for their future.

We recognise that, if we are to be successful in delivering our plan, we must effectively listen to, consult and involve service users and the wider community at every stage in the process of developing and delivering services.

The Adults' Strategic Plan was produced in partnership with NHS Richmond and the voluntary sector. We would like to thank all those who have worked to make the Plan an effective document which will translate our vision into tangible results for the community.

Cllr Nicola Urquhart
Cabinet Member for Adult Services, Health & Housing

Sian Bates
Chair of NHS Richmond

Introduction to the Adults' Strategic Plan

Some key facts and figures about the borough:

According to the Place Survey, 92 % of people in Richmond upon Thames are satisfied with their immediate local area as a place to live

Life expectancy for males and females at 80 and 83.8 years respectively is 3rd and 4th highest in England

Almost two-thirds of residents say they feel they belong to their neighbourhood, the highest proportion in London

Average gross weekly pay of residents is £710, higher than both London and national averages

Richmond upon Thames is the safest borough in London

Richmond upon Thames has the highest proportion of service users in London with Personal Budgets for care & support services

These headline facts illustrate that Richmond upon Thames is an affluent borough where many enjoy a high standard of living. However, not everyone has this quality life; the borough faces some challenges in planning for the future and improving health and wellbeing for all, as illustrated below:

As life expectancy increases, by 2025, there will be an extra 5,500 over 65s living in the borough

The number of 16-24 year olds in the borough claiming Job Seeker Allowance in December 2009 has risen by 70% in the last 12 months

1,561 carers are known to the Council and 67% are over 65

Over 20,000 borough residents describe themselves as suffering from a limiting long-term illness

Only 37.2% of adults in the borough meet healthy eating guidelines

Seven areas in the borough are among the 20% to 40% most deprived areas in England

Our plan details how the Health and Wellbeing Partnership, part of the wider Local Strategic Partnership, will work towards ensuring that everyone in the community is able to realise their potential and has the highest possible standards of health and wellbeing. The Partnership draws together the Council, NHS Richmond, and Richmond Council for Voluntary Service with other organisations from all sectors. However, we recognise that in order to achieve real and lasting change, we need to engage with local people. This Plan therefore sets out our joint vision, aims and intended outcomes and our approach for working together to address the challenges.

It is intended to be used as a working tool which establishes a coherent approach for partners involved in improving health and wellbeing across the borough. It sets the strategic direction, but actual operational details will be developed through the commissioning, delivery and service planning of the many partners involved in its implementation.

What is different about this Plan? It is about recognising that we need to reach across and beyond traditional service boundaries, as health and wellbeing are determined by a number of factors, such as income, housing, environment, transport, leisure and education and training. Whilst we do not have all the answers, this plan is the start of a journey with the Partnership working with local people to understand and meet their needs and aspirations.

We have made much progress in establishing a strong and focussed partnership, but it is now more important than ever for us to continue working towards our shared vision as the economic situation is creating a new operating context for public services. It is difficult to predict the short and long-term implications of this and how it will impact upon public expectations. This means that it is vital for the Partnership to be adaptable and ready to realise opportunities such as potential efficiencies and synergies through joint working. We need to work to raise the profile of health and social care services and engage further local organisations and service providers. Our shared approach must look beyond delivery structures and processes towards enabling and empowering our local community to make positive choices and achieve improved health and wellbeing.

What is our Vision?

Our vision is for a healthy borough where everyone:

- benefits from improvements in health and wellbeing
- is able to enjoy life, reach their full potential and live as independently as possible in the local community
- is respected and valued and able to contribute to their communities
- feels empowered to take responsibility for their health and wellbeing and plan for their future
- is able to choose, and easily access personalised support when they need it
- celebrates diversity and is treated equally
- is safe from mistreatment and confident to raise concerns

Our commitment to personalisation

The principles of personalisation underpin all the priorities outlined in the Adults' Strategic Plan. The Health and Wellbeing partnership is committed to promoting independence, choice and control for all the community and enabling them to stay healthy and actively involved in community life. As part of 'Putting People First'1, we are focusing upon four key areas to deliver these changes:

- **Universal Services** – these are community facilities and services that we all use such as transport, leisure and health. We will ensure that everyone is able to use the same services in the community, and feel welcomed and safe when they do so. Effective, up-to-date information and advice will be available to everyone, regardless of how their care is funded.

- **Early Intervention and Prevention** – this enables people to access the support needed to stay independent for as long as possible, which may delay or reduce any further support requirements. We will work together to develop services that enable people to maximise their independence.

- **Choice and Control** – this empowers people to decide who provides their support and what form that support takes. We will ensure that the help and support they receive to manage an illness or condition is individually tailored to their preferences and they are aware of how much support is available from the Council and other providers in the community.

- **Social Capital** – this focuses on building strong communities, ensuring that everyone feels a sense of belonging, contributes to the wellbeing of those around them and feels able to have their say about how things work.

Similarly, our **safeguarding framework** also underpins all our work: We believe that all adults should be able to live free from fear and harm and have their rights and choices respected. There is zero tolerance to abuse and all those who express a concern will be treated seriously and receive a positive response.

What is 'health' and 'wellbeing'?

The World Health Organisation defines health as 'A state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.' When people consider health, they tend to think about illness and access to specific NHS facilities, such as the local GP's surgery or the nearest hospital. While these services are important, they are just a part of the range of factors that influence health. Improving health will mean addressing the wider determinants as well as 'lifestyle factors', such as diet, exercise, smoking, and misusing alcohol and drugs. An individual's genes, age, gender, lifestyle or behaviour affect their health, but the surroundings in which they are born, grow, live, work and age are also fundamental to their health and wellbeing.

Everyone has a different genetic makeup so there will always be variation, however we must aim to remove social and economic inequalities in order that everyone experiences the best possible outcomes. At the same time, it is vital to empower individuals and communities to take action to improve their own health and wellbeing.

Clearly, health and wellbeing are integrally linked, but 'wellbeing' itself is hard to define. When asked to consider the meaning of wellbeing as part of the consultation process, stakeholders identified the factors presented in the diagram below. This illustrates the broad scope of 'wellbeing', and the challenges for the Partnership in addressing the various aspects:

[1] Putting People First: A shared vision and commitment to the transformation of Adult Social Care (2007). This document is a shared commitment by the Government, local councils and service providers to transforming social care services.

What is 'health' and 'wellbeing'?

- A sense of fulfilment
- Feeling in control of my life
- Happiness
- Sufficient money to live on own
- Sense of belonging, feeling valued
- Confidence, motivation & self-esteem
- Comfortable place to live, free from fear and able to make choices

- Supportive community
- Community cohesion
- Making a contribution
- Volunteering
- Social inclusion
- Engaging hard-to-reach groups

- Good secure job
- Vibrant local economy
- Not being in unmanageable debt
- Good employment prospects, including for the most vulnerable
- Access to work - overcoming discrimination
- Flexible-working

- Good health
- Mental and emotional aspects - not just physical
- Making healthy choices
- Longevity
- Confidence in health and social care services
- Having choices about care
- Access to preventative services

- Feeling safe enough to talk to people I don't know
- Safer neighbourhoods
- Feeling safe, independent and able to go out
- Safety outside - walking, cycling, pavements
- Safety in your own home - danger from falls, fires etc.

- Sport and physical activity
- Leisure & cultural activities
- Good social life
- Things to do, places to go
- Knowing my neighbours
- Friendship groups
- Feeling of belonging

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- Leisure & cultural activities
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- Knowing my neighbours
- Friendship groups
- Feeling of belonging

How the plan has been developed

In developing the plan, we have drawn together information from a range of sources to give us insight into local needs and the best approaches:

- Listening to the views of people who live and work in the borough

- Building up a detailed 'Local Picture' (Appendix I), which draws together facts, figures and trends about the health and wellbeing of our population. This included analysing the findings of Joint Strategic Needs Assessment, which is carried out jointly by the Council and NHS Richmond to identify the current and future health and wellbeing needs of the local population.

- Exploring shared priorities; a stakeholder event was held in February 2010, to share our understanding and identify key areas for joint working.

The section on 'what stakeholders told us' (Appendix II), provides an overview of key messages from the consultation event.

- Reflecting objectives identified through other local strategies which have themselves been informed by needs analysis and consultation

- Following national guidance and learning from best practice in other areas, then adapting this where appropriate to the local context. The summary of national policy drivers (Appendix III) highlights the key policies and guidance which have informed our strategy.

Priorities to be achieved by 2013

The themes for our strategy directly reflect the seven Adult Outcomes identified in the White Paper 'Our Health, Our Care, Our Say' (2006). Below are brief explanations of what each outcome should deliver for local people, followed by an overview of achievements to date and priorities for the next 3 years.

Outcome 1: Improved health and wellbeing

Ensuring that information and support is available to enable and empower local people to take responsibility for their own health and wellbeing.

This includes providing access to appropriate advice and preventative treatment, such as guidance on giving up smoking. Targeted services will be provided in areas where there are health inequalities, and the needs of vulnerable and minority groups will be effectively addressed. Those who do have long-term needs, arising from illness or disability, and their carers, will continue to be supported to live as independently as they choose, and have well timed, well co-ordinated treatment and support. Together with their carers, they are regarded as the experts in how their needs should be met, and through Personal Budgets they are empowered to be in control of the support required. There are strong support networks within the wider community, open to all.

Achievements to date include:

- The new joint Reablement service has given a much larger number of service users the opportunity to access rehabilitative services on discharge from hospital
- Joint health and social care teams are now well established; this arrangement has been successful in promoting joint working and delivering improved outcomes for service users
- A Joint Strategic Needs Assessment is updated annually to ensure a clear understanding of local need and inform key plans and strategies such as the Alcohol Strategy

Priorities to be delivered by 2013 include:

- Engage the local population and empower them to improve their own health through provision of information and signposting to services.
- Ensure early intervention and prevention services, such as reablement services, telecare, and adaptations are available to residents according to need, making the most of every encounter with the public
- Reduce the gap in life expectancy between the most affluent and most deprived by targeting prevention and health promotion services where need is greatest.
- Improve End of Life Care enabling people to choose where they die
- Increase opportunities for residents to undertake cultural and physical activities.

Case study:

John has experienced many benefits from attending the health walks, organised through the Active Living Scheme. He first attended with his wife when she wanted him to improve his health following serious health problems. He lost a large amount of weight and reduced his risk of a repeat heart attack. Unfortunately he went on to lose his wife from cancer whilst in his 60s but after a time away from the walks decided to return and has been fortunate to find a new companion with whom he has shared many of his interests, particularly travelling. They enjoy each other's company and have continued to be a core part of the walkers social group in Mortlake. As well as improving his physical health, attending the walks has helped John to overcome the loss of his wife his wife and has given him someone else to share his life with.

Priorities to be achieved by 2013

Outcome 2: Improved quality of life

Ensuring that the borough continues to be a good place to live with accessible services and amenities, including parks and open spaces and a range of leisure, social, cultural and learning activities. It is vital that people feel safe in their homes, live in strong and supportive neighbourhoods and feel happy to go out in the borough's town centres. Demand for housing, especially affordable homes, in the borough is currently far exceeding demand; hence this is an area of focus.

We are committed to ensuring that those who use services and their carers also enjoy a high quality of life. This includes providing support at an early stage to help people to stay independent and making sure that carers are able to balance caring with a life of their own. We want people to feel confident whether they are supported at home, in care homes, or in their local neighbourhood.

Achievements to date included:

- A survey of those in receipt of Joint Intermediate Care Services indicated that 97% were satisfied with the service

- Several new supported living schemes have been developed for people with learning disabilities

- An integrated falls prevention service is run in partnership with NHS Richmond, with the aim of improving health and mobility and sustaining independence of older people

Priorities to be delivered by 2013 include:

- Recognise and support carers, enabling them to enjoy the best possible quality of life

- Enable and support more people to live independently in their own homes

- Improve the quality and cleanliness of local public spaces and pavements

- Promote a sensible drinking culture and reduce harm caused by alcohol

Case study:

Mrs B has lived in Barnes for over 20 years. She experienced ill health resulting in several falls and lost her confidence, becoming frightened to go out. Her neighbour who is active in the community encouraged her to join a local community centre which is an activity and social life resource for people over 50 years of age. Mrs B eventually agreed to try it out. She now attends the Centre every day participating in Tai Chi and eating healthy lunches which are home cooked on the premises. Six months down the line, Mrs B feels her quality of life has improved, she has new friends, her diet and regular exercise has contributed to improved health and increased her confidence.

Priorities to be achieved by 2013

Outcome 3: Making a positive contribution

Ensuring that everyone is able to play an active role in the community. We recognise the wealth of talent and knowledge which exists in the borough and will encourage local people to contribute their expertise and if they want, to become volunteers. We particularly recognise the contribution of life skills that older people can make to volunteering. Opportunities for local people and residents to put forward their views as part of the decision-making process and take part in a range of community initiatives will be ongoing. It is also vital that we engage with 'harder-toreach' groups within our community to ensure that everyone's opinions are heard and respected. We will ensure that service users and carers are well supported, with their views fed into service development and commissioning to shape future improvements. The voluntary and community sector plays a vital role in the borough and the Partnership will ensure it continues to thrive. The potential for development of social enterprises will also be explored.

Achievements to date include:

- A consultation diary on the Council's website publishes details of all community engagement activities across the Local Strategic Partnership
- Service users and carers have been involved, through tailored workshops, in the development of strategies, including the Learning Disability Commissioning Strategy, the Mental Health Commissioning Strategies and the End of Life Care Strategy.
- A Citizen Leadership programme has been commissioned by the Council to train service users in personalisation and explain how they can become more involved locally

Priorities to be delivered by 2013 include:

- Ensure that community consultation is meaningful and inclusive, with timely feedback provided
- Involve service users and carers in all key initiatives, including the personalisation programme
- Enable local people to contribute to an improved physical environment, taking pride in their area

Case study:

A group of three friends who recently retired found themselves not knowing how to fill in their time. They decided to join a Pilates class in Barnes Green Centre, and whilst there they realised the Centre was looking for volunteers.

They decided to become volunteers and contribute to the running of the Centre, and are now actively involved in many of the interesting activities and talks the centre has to offer.

Priorities to be achieved by 2013

Outcome 4: Exercise choice and control

Ensuring that there is a broad range of support and services available to all the community, delivered by public and private providers. Our approach is shaped by our commitment to enable people to make informed choices, with services personalised to meet their needs and lifestyles. Clear accessible information and advice is provided to help people to plan ahead for their future.

We aim to 'join up' services to a greater extent, including health and care, to support the needs of individuals and enable them to develop maximum independence, including managing long-term conditions. Effective relationships with service users and carers are key to ensuring that they have clear, realistic expectations of services, and know who to contact if they are not satisfied. New ways of working will be introduced to ensure that business processes are efficient and effective and meet the needs of the customer.

Achievements to date include:

- The Council is one of the lead innovators in the development of personalisation nationally and was shortlisted for a Local Innovation Award under the theme 'Taking Control of Care: empowering adults to control their own care'
- A successful partnership operates with Richmond User-led Independent Living Service (RUILS), giving service users and carers the opportunity to influence and lead change.
- A new Access Service is now established to offer prompt information and advice and services to people at the first point of contact

Priorities to be delivered by 2013 include:

- Further develop Self Directed Support, ensuring delivery of personalised and responsive services meeting the needs of all service users, including the vulnerable
- Oversee the development of a vibrant local market place, with both independent and voluntary sector providers, providing service users with choice and control in the service they receive
- Work with NHS Richmond and successor bodies to establish effective joint commissioning structures, leading to effective and efficient service provision

Case study:

Mrs M, a lady with the neurological condition multi-system atrophy has extremely high levels of need, but has been very reluctant to accept support and resistant to changes in her care.

The Community Matron and Care Manager worked closely together to build up and maintain relationships with her and to devise a plan of care which could change from day to day according to fluctuating needs. This flexibility has been very successful, with everyone involved being kept fully informed and Mrs M feeling supported and yet able to maintain some control and choice in how her needs are met.

Priorities to be achieved by 2013

Outcome 5: Freedom from discrimination and harassment

Eliminating discrimination and harassment from our community. A range of faith and community groups, such as the Inter-Faith Forum, provide a strong local support network and we will ensure there are effective processes in place for dealing with issues such as antisocial behaviour and hate crime, including providing support for victims.

We will work to make sure that service users experience equality standards of the highest level, feel respected and have access to the information held about them. In designing services, access will be transparent and easy to negotiate by all service users, with people having a clear understanding of eligibility criteria and entitlements.

Achievements to date include:

- The Council has achieved level 4 of the Equality Standard for Local Government, providing assurances that Council services are accessible to and meet the needs of all local residents, including those from minority groups
- A Hate Crime Forum has been established, which includes age and learning disabilities as hate crime motives

Priorities to be delivered by 2013 include:

- Monitor progress in promoting equalities through an ongoing programme of Equality Impact Needs Assessments
- Improve the quality and access to advocacy services for local communities in line with the personalisation programme
- Explore potential for a targeted initiative to support households requiring multi-agency support, thus improving outcomes for the household and surrounding neighbourhood, at the same time as reducing associated costs

Case study:

During a safeguarding investigation in a residential care home, all residents were treated in the same manner and were subject to the same processes, regardless of whether they were self-funding or had been placed by LBRuT.

Due to the close partnership working between the investigator, members of the Integrated Health & Social Care Team and the Older Persons CMHT, every resident's individual health and social care needs were identified and addressed.

All the alleged victims and their families were interviewed and individual protection plans were put in place for each person. An overarching protection plan was agreed and implemented to ensure that all residents were free from discrimination and harassment and that the care provided by the home would improve. Self-funders who were identified as needing support were also assessed.

Priorities to be achieved by 2013

Outcome 6: **Economic wellbeing**

Ensuring that local people have resources sufficient to make healthy choices, live in decent homes and participate in family and community life.

The recession continues to affect local businesses and individuals; a strong local economy is vital for the future and to that end, we will encourage entrepreneurialism and innovation. Where necessary, advice will be offered to individuals on dealing with debt and developing new skills. We will ensure that service users and their carers have income to meet living and support costs. This includes providing accessible information and advice on entitlements and application processes.

Where appropriate, service users will also be offered support in finding or maintaining employment.

Achievements to date include:

- The establishment of a joint initiative with the Citizen's Advice Bureau to provide training to local organisations in helping individuals' to improve their financial capability
- The development of Richmond Independent Brokerage Service to support service users with support planning and managing Personal Budgets
- The success of Power Employment in supporting a large number of people with learning disabilities to find and maintain employment

Priorities to be delivered by 2013 include:

- Ensure that preventative financial advice is available to help avoid the social and individual problems associated with debt
- Carry out a worklessness assessment and engage with partners to address gaps and overlaps in service provision
- Encourage partner organisations, including the Council, to make a commitment to employing people with disabilities and carers
- Explore opportunities for the development of social enterprises to deliver positive outcomes for the community and create employment opportunities

Case study:

Before starting the Work Preparation Course, P lacked confidence and had very low self esteem/self worth. Beginning the course was difficult but as a result of his active engagement in the modules P is now doing voluntary work at the YMCA.

More recently he has also applied for, and been successful in securing a permanent paid position with the Recycling Team at LBRuT

Priorities to be achieved by 2013

Outcome 7: **Personal dignity and respect**

Ensuring that vulnerable people feel respected and safeguarded from harm. We will work with the local community to ensure that neighbourhoods provide a friendly and supportive living environment, where people get on well together and those from different backgrounds feel part of the community.

We will continue to help people to live at home, as independently as possible, and where appropriate within high quality care settings. The personal care they receive must preserve their dignity and respect, help them to be comfortable in their environment, and support family and social life. We want everyone to feel confident that they are receiving care that meets their individual needs, but know they can speak up if they feel they or someone else is being mistreated

Achievements to date include:

- The appointment of an independent chair of the Safeguarding Adults Partnership Board
- Safeguarding training is provided through the Council and also made available to all private and voluntary sector providers, targeting newly established services
- Operation Lockout, run by the Community Safety Partnership, has effectively provided crime prevention advice and products to residents, with targeted support to vulnerable people

Priorities to be delivered by 2013 include:

- Ensure that a multi-agency approach to safeguarding is embedded, with all partners involved at strategic and operational level
- Commission good quality services that support people in their own homes with the care and support they need.
- Guarantee a hot meals service for elderly, vulnerable people
- Reduce fear of crime and the incidence of crime and antisocial behaviour

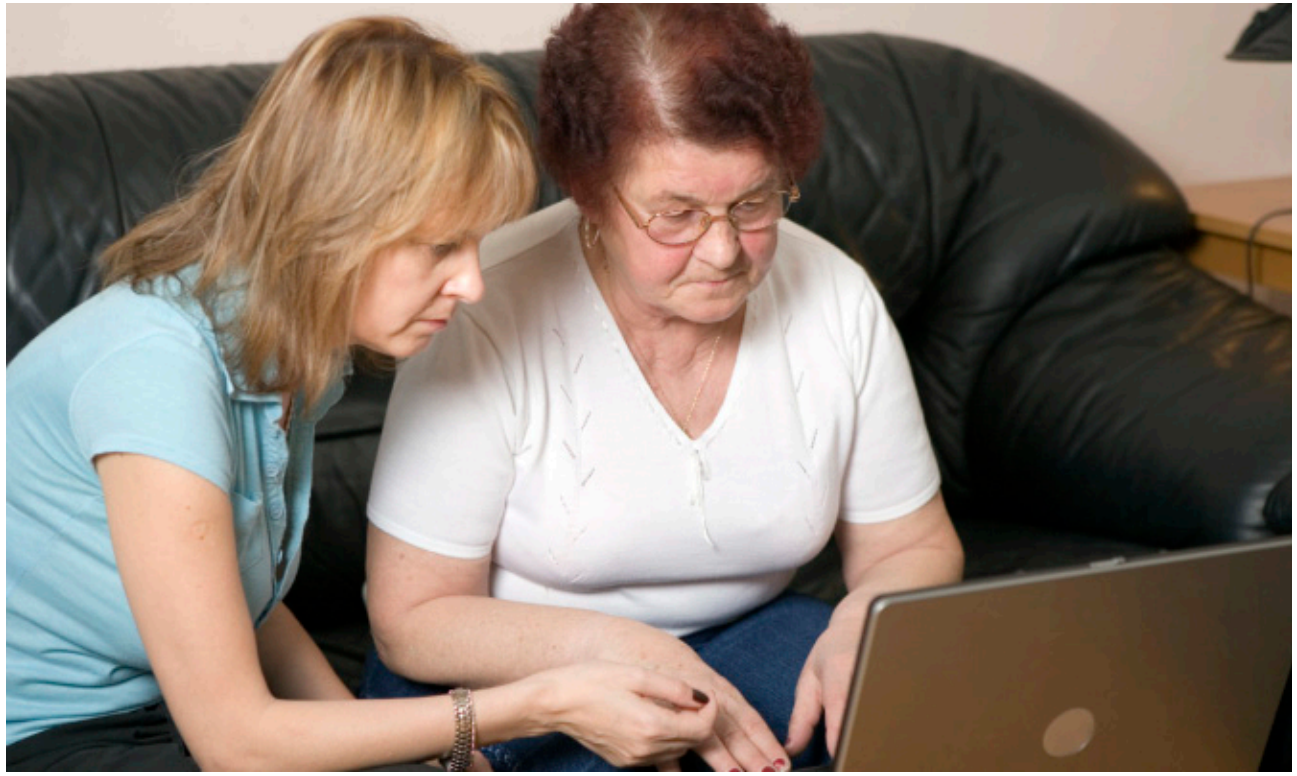
Case study:

Mr W is an 89 year old man diagnosed with a brain tumour in October 2008. He lived with his 89 year old wife in a large house with a number of dogs and cats. His condition deteriorated rapidly over a period of a few months and he became confused, aggressive and suffered a number of falls. His wife struggled to support him at home.

Following an assessment by the community Matron, Mr W was referred to social services for a package of care. Initially this worked well, but Mr W's condition began to deteriorate and the couple wanted Mr W to remain at home. After discussion, Mrs W felt with increased support she would be able to cope and they were both relived and pleased he could remain at home. Ultimately he received 24 hours care with a flexible and increasing level of support related to his needs. He died peacefully at home with his family and pets at his bedside.

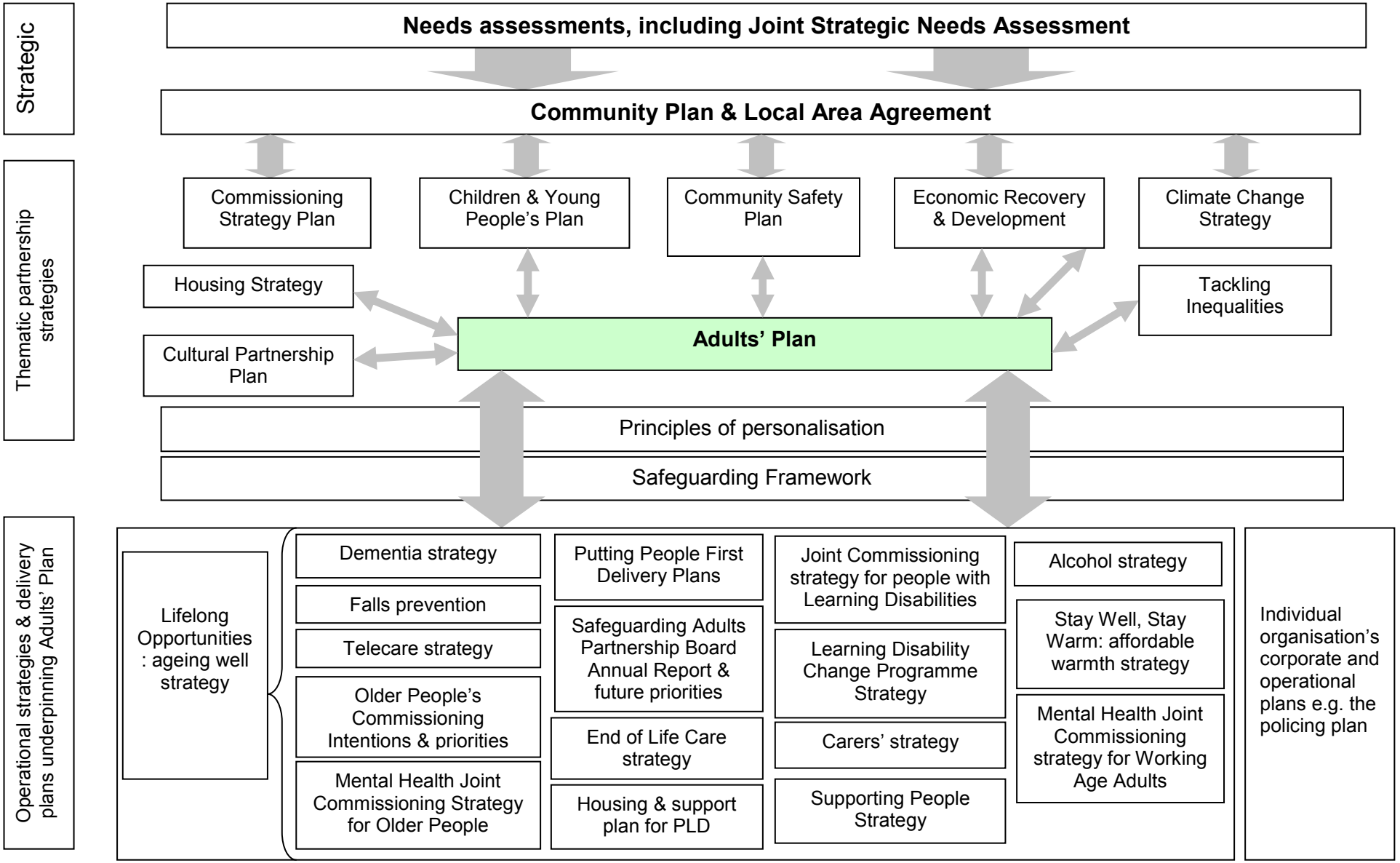
Making it happen: delivering in partnership

The Health and Wellbeing Partnership will provide the community leadership to co-ordinate the activities of different partner organisations and service providers from across the public, private and voluntary sectors to realise our vision for improved health and wellbeing. The aim will be to build capacity and joined up working across the whole local system, encompassing universal services like transport, leisure and housing, to meet the needs of all residents, including the most vulnerable. By increasing partnership working between providers, services will be designed and delivered in a person-centred way, rather than dictated by organisational or professional boundaries. At the same time, we need to be externally focussed, thinking about how we can work together to create maximum added value in terms of outcomes for the community. In the current economic climate, it is vital that we are open to new ways of working and become skilled at deploying our joint resources effectively.



Local planning framework

The diagram below shows how the Adults' Strategic Plan fits within our local planning framework:



Local planning framework

The Community Plan sets out the long-term vision for the borough bringing together the key plans of partner organisations with priorities put forward by local people and maps out how the Local Strategic Partnership will work with local people to deliver this. It is informed by needs assessments and extensive consultation.

The Adults' Strategic Plan feeds into the Community Plan. It therefore sits alongside other thematic plans such as the Children & Young People's Plan. In seeking to improve wellbeing and tackle the wider determinants of health, the Adults' Strategic Plan is closely linked with several of these plans, including the Community Safety Plan, the Cultural Partnership Plan and the Local Economic Assessment. The thematic plans are led by the respective thematic partnership, which is the Health and Wellbeing Partnership in the case of the Adults' Strategic Plan. The partnerships also oversee the delivery of Local Area Agreement targets within each theme. (The Local Area Agreement is a statutory agreement which sets out the key priorities for the borough from 2008-11, and includes 17 challenging targets negotiated with the Government.) NHS Richmond's Commissioning Strategy Plan sets out commissioning intentions from 2009-2015 to ensure quality services are commissioned that deliver value for money and to help local people to achieve the best possible health and wellbeing. The plan recognises "Staying Healthy" as a priority in Richmond. Tackling health inequalities requires health promotion and prevention for the whole population to improve health outcomes, particularly by improving access to services in the borough's most deprived areas, offering community-based services wherever possible and centrally where necessary.

The Adults' Strategic plan is itself underpinned by the principles of personalisation and the safeguarding framework. A number of commissioning, operational and delivery plans, sit under the Plan, many focussing on specific client groups or service areas.

Monitoring progress

The commitments outlined in the plan are underpinned by a detailed monitoring framework. This will measure our success in meeting our objectives using associated national and local performance indicators. We have identified a number of lead partners whose responsibility it will be to take forward the objectives. We will produce an annual report showing how we have performed and identifying any areas that we need to review or where we need to take further action. The Health and Wellbeing Partnership will monitor our progress on a six-monthly basis and take action to ensure that we stay on track.

The objectives within the Plan are aligned with the workplans for the Partnership and its sub-groups, to facilitate the monitoring process. Where it is felt that progress is unsatisfactory or there are barriers to delivery, the Partnership will task the relevant sub-group with working with the lead partners to identify a solution and report back to the main partnership on the agreed approach. The Partnership will also be looking to disseminate good and innovative practice across the sub-groups and into the wider LSP. The Plan itself will be reviewed in 2013.

Involving, listening and responding to local people

In order to achieve the outcomes in this plan, all partners will work together and will consult, communicate and engage with local people to ensure that they can influence service development and priorities. In this work, we will be contributing towards the LSP's vision for community engagement in Richmond upon Thames:

'As a partnership we will work together to deliver improvements and foster a shared sense of responsibility for the local area, where local people, know how they can have a say and get involved and feel they can make a difference with an assurance of receiving feedback on how their views have been taken into account'

Involvement of service users and carers

Through the Health and Wellbeing Partnership, we are committed to ensuring that that the views and experiences of service users and carers as experts in their own right are respected, heard and acted on in the planning, designing, commissioning and monitoring of services. We explore with voluntary organisations and service users how they would like to be engaged and have developed a number of different ways to ensure that we consult and engage widely. For example, service users and their carers may wish to become involved through:

- Becoming a member of one of the borough's users and carers' networks such as Your Say! (around the needs of the elderly and disabled), Taking Control (focussing upon personalisation within mental health) and the Carers' Forum.

- Joining committees such as Joint Commissioning Groups, the Personalisation Partnership Board and the Healthy Richmond Partnership Group to contribute to reviewing and planning services

- Working through the Quality & Feedback Panel to develop new mechanisms for user feedback such as mystery shopping, web-readers and diaries of experience.

- Attending consultation events to contribute to the development of policies and commissioning strategies.

Across the Partnership, we believe there has been strong progress in making our service development responsive to user needs; however, we continue to look for new ways to engage, including with hard-to-reach groups. We want to ensure that people's involvement has a meaningful impact in terms of improving the quality of the services and empowering individual service users and carers. It is vital that everyone in the community feels they have an opportunity to contribute to decision-making. To that end, the

Partnership is working towards addressing the findings from a comprehensive stocktake of community involvement, led by Richmond CVS in 2009. The review drew together the views of stakeholders in highlighting strengths, weaknesses, challenges and ways forward. Recommendations included the need for involvement of service users, more systematic feedback to be provided and new mechanisms for consultation to be considered. Many of these points have been addressed, such as the recruitment of additional service user representatives to join various partnership groups.

Resources & Commissioning

Resources

We recognise that working with partner organisations to deliver common outcomes is mutually beneficial and allows us to achieve much more for the local community than in isolation. Working in partnerships allows us to make better use of existing resources and attract new external funding for projects and services.

One of the borough's key resources is its workforce involved in delivering services and promoting health and wellbeing. This is a time of great change as the focus increasingly shifts towards providing personalised services based around the principles of prevention, early intervention and re-ablement. It is vital that staff and volunteers across the partnership are equipped with the right skills and partner organisations need to work together to achieve this. The following principles should be fundamental to future workforce development:

- Ensuring that staff and volunteers are skilled, flexible, adaptable and customer-focussed enabling people to maintain their independence and achieve their maximum potential.
- In order to deliver the 'universal offer' staff need to link with associated services such as health, housing, transport and leisure services. Staff will need to be able to supply information, advice and advocacy as soon as it is agreed that some form of support may be required
- Staff and volunteers should be able to support clients in achieving their own outcomes through prevention and early intervention services and therefore helping them to help themselves. This also includes addressing wider issues such as preventing social isolation, fear of crime, and ill health.
- Families, neighbours and wider communities need to be included in considerations about a client's support network. The workforce will also need the skills to work with user-led organisations in partnership to maximise the use of volunteers and peer support

Commissioning

Partners in the local area provide a range of services for adults designed to meet our vision for health, wellbeing, community safety and leisure.

Some services are directly delivered by the public sector, some delivered in partnership with a range of organisations and some are procured from the voluntary or private sector. All these services are commissioned, which means that they are designed, developed and procured in a structured way. The commissioning cycle is based on 4 key management elements:

1. Analysis

Understanding the needs and priorities of the local population is informed by the Joint Strategic Needs Assessment for health and social care and the Strategic Intelligence Assessment for community safety. Partners have also published a Local Economic Assessment, identifying strengths, gaps and opportunities in the local economy and labour market.

2. Planning

Residents, patients, carer and users are consulted on their priorities and preferences and this information is brought together with the analysis of need to produce plans for future services, such as Lifelong Opportunities: Ageing Well Strategy, as shown in the diagram on the local planning framework on page 12. These are further refined into specifications for specific services such as the Older Peoples Mental Health Commissioning Strategy. These plans identify both what services are needed and how they should be delivered.

3. Doing

Services may then be directly delivered by the public sector or by the voluntary or private sector as a result of a competitive process. This element of the cycle can also involve market development or capacity building where new or different services are required than those currently on offer.

4. Review

The impact of services is monitored and analysed to understand the extent to which the desired outcomes have been achieved for individuals and how improvements can be made. This is then compared with any changes in need and the cycle starts again.

Strategic Commissioning of Health and Social Care

We recognise that to deliver our vision we must ensure that the organisations delivering key public services use their resources to share knowledge about local needs, plan services together and procure services that meet the needs of the whole person. To this end, the council and NHS

Richmond have made the following commitment:

Two organisations working effectively as one in a clearly defined and agreed way to effectively promote the wellbeing of local people.

Prior to the publication of the White Paper Equity and Excellence: Liberating the NHS we had already made progress in establishing joint working arrangements; for example through the development of integrated teams with a single management structure. Plans are in place to further build upon this and establish a formal framework to support their work. Section 75 of the National Health Services Act 2006 provides the flexibility to pool resources, join up existing services and develop innovative co-ordinated services. These arrangements will lead to further improvements in service delivery and the way in which the Council and NHS Richmond exercise our respective functions by reducing duplication, addressing gaps in services and ensuring effective and efficient use of public funds.[2]

Subject to consultation and national policy direction, the local authority will have wider responsibilities for the integration of local health and social care services and to promote partnership working. Over the next year, we intend to work with partners to ensure the integration of commissioning for borough based health and social services. to understand the impact of services delivered to local people by General Practitioners and social care managers, as well as by other providers, how they interrelate and can be improved. We will work jointly on the delivery of key priorities, including the Commissioning Strategies for Mental Health and People with Learning Disabilities, the End of Life Care Strategy and the forthcoming Older People's Commissioning Strategy.

Joint arrangements will also enable us to offer greater opportunities for the personalisation of services, a single point of access for health and social care and to fully implement our reablement and rehabilitation services, to help keep people independent for longer. This will form a major part of the delivery of our vision for adult services in the borough and joint plans are in place regarding the shift in investment towards preventative and enabling services.

[2] Appropriate consultation will be carried out with affected service users, staff and union representatives prior to any decision and implementation of plans or arrangements under section 75.

Further information

For further information about the Adults' Strategic Plan, please contact:

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Appendix I - The local picture: where we are starting from

The local area

Richmond upon Thames is situated in south-west London and the major town centres are Richmond, Twickenham and Teddington. It has a population of 186,000 and is one of the most prosperous boroughs in London. Incomes are much higher than both the regional and national averages, and the borough offers a broad range of amenities. Consequently, many residents enjoy a very high standard of living. However, not everyone enjoys the same quality of life as there are some health and social inequalities between different areas of the Borough and between poor and wealthy residents. It is vital that the Partnership continues to provide targeted support to ensure that all households are able to share in the borough's prosperity and opportunities.

Community

The borough has a strong community; according to the Place Survey, almost nine out of ten residents feel that people from different backgrounds get on with each other in their local area and almost two-thirds of all residents feel they belong to their immediate neighbourhood too. Both of these are well above the average for London. Richmond also benefits from a thriving voluntary sector, with over 800 voluntary organisations. There are however, some areas for improvement; for example, the Place Survey showed that the proportion of residents who feel they can influence decisions affecting the local area is below the London average. A range of actions are being taken to ensure that people feel more involved.

Health

The borough's residents are amongst the healthiest in the country and have a much longer life expectancy than average: 80.0 years for men and 83.3 years for women. However, despite the positive messages conveyed by health indicators, too many people still smoke, drink above sensible levels, take too little exercise and have unhealthy diets. The JSNA 2009 recommended that partner organisations keep focussed on smoking, alcohol, obesity, physical activity and healthy eating and emphasised the need to continue directing services towards informing, advising and supporting people to make lifestyle changes.

Local Economy

Economic activity in Richmond upon Thames is based primarily on the business and finance sector, with tourism also making a major contribution to the culture and wealth of the borough. Residents are amongst the most qualified in the country and at £710 per week, the average gross weekly wage for residents is 40% above the national average. However, the recession has had a significant impact; around 2400 people[3] currently claim unemployment benefit, 20% more than the pre-recession level. The unemployment rate for 18-24 year olds has increased by over 70%. Our professional/ managerial workforce has also been severely affected and this group is less likely to 'sign on'.

[3] Figures relate to April 2010

Appendix I - The local picture: where we are starting from

However, in relative terms, the borough has faired well thus far, thanks to an underlying strong economy. Local partnership action has helped to address key impacts for residents, including these professional/managerial unemployed, young people and those affected by financial problems. The Health and Wellbeing partnership has a key role as many of the secondary effects of the recession, such as mental health issues and the effects of increased smoking and alcohol consumption will take longer to become apparent

Environment

The borough is characterised by the richness of its environment; it has a variety of parks, a third of the land area is green space and it is the only London borough to span both sides of the River Thames. This environment offers a number of benefits in terms of quality of life, as evidence indicates that access to open space can help to increase physical activity and enhance a general sense of wellbeing. However, Richmond currently has one of the highest carbon footprints in London and the second highest level of carbon dioxide emissions from houses in London. The LSP recognises this and the Council, businesses and voluntary organisations are working well together to reduce their environmental impact. Businesses and residents are also being encouraged to adopt environmentally friendly behaviours.

Housing

Richmond upon Thames has some of the highest house prices in Greater London, with demand for housing far exceeding supply. The need for more homes, especially affordable homes, has become increasingly important as more and more households are unable to buy, or rent, at market prices. This need is reflected by the large number of households on the borough's Housing Register (6,858 households registered as at 01/04/2010), which is exacerbated by the borough having one of the smallest social rented sectors of any London borough which houses only 12% of the borough's households. The large number of applicants on the Housing Register, limited re-lets of housing association properties and limited opportunities for housing development mean that there is a clear mismatch between demand and supply. Due to the Council's legal obligations to re-house certain homeless households and provide housing to vulnerable groups, like most London boroughs, only households in the most pressing housing need gain access to social housing. Therefore, in some parts of the borough only the wealthiest can afford owner occupation whilst only those in most housing need can access the limited supply of housing association properties. This can increase socio-economic polarisation and overcrowding within social housing. In response to this the borough is actively working to develop more social rented affordable homes and address overcrowding as well as providing advice on shared equity home ownership opportunities.

Appendix I - The local picture: where we are starting from

Community Safety

Richmond borough residents, or people who work or visit here, have the lowest risk of being victims of crime for any London borough. During 2009/10, the borough had the lowest number of offences per one thousand population in London. 2009/10 was the seventh consecutive year with an overall reduction in crime. After Theft & Handling, Violence against the Person is the second largest contributor to total crime, followed by Burglary and Motor Vehicle Crime. There was a 6.2 % increase in domestic abuse offences in 2009/10, which is a result of the Domestic Abuse forum's work on increasing reporting.

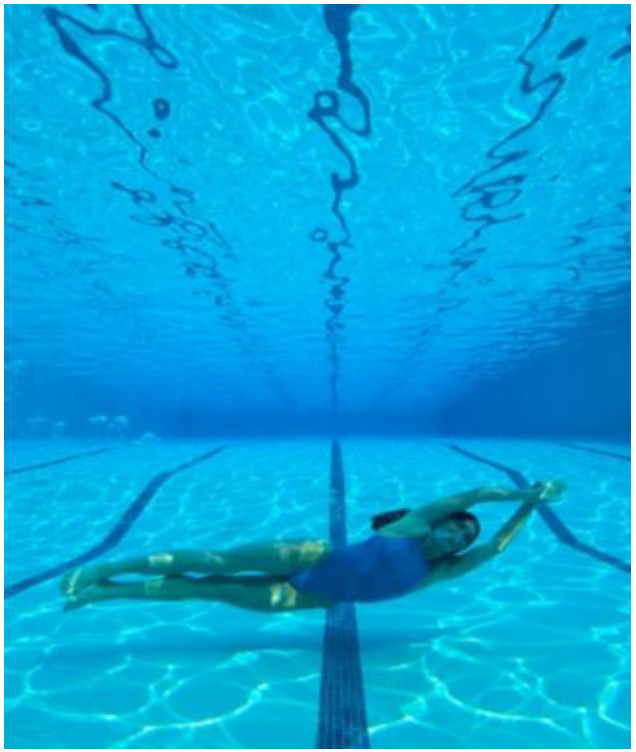
The number of Hate Crimes reported has also increased by 51.3%, impacted by the establishment of a Hate Crime Forum. There has been a decrease in the confidence of the public that the police 'deal with things that matter' and 'are doing a good job'.

More action is needed to improve residents' confidence in the police and the council. The partnership is constantly seeking new ways to improve communication on crime to highlight that the borough offers a very safe environment.

Social & cultural activities

Twickenham Stadium, the home of the Rugby Football Union, is situated in the borough and there is a strong sporting tradition. Sports facilities in the borough include five sports and fitness centres and four swimming pools, as well as golf clubs, tennis courts and bowling greens. The River Thames is used for sailing, rowing and canoeing.

According to Sport England's 2008 Active People Survey, adult participation in sport and physical activity in the borough is comparatively high at 30%. Participation in sport and physical activity is further encouraged through a programme of sports development and active lifestyle opportunities. Richmond also has a vibrant arts and cultural scene; 66% of residents engaged with the visual and performing arts as participants or audience members in 2008.



Appendix II – What stakeholders told us

The findings from the Joint Strategic Needs Assessment were presented with other contextual information at the Adults' Strategic Plan stakeholder event and discussed in workshops sessions covering a range of topics:

- What is wellbeing?
- Health Improvement
- Information & Advice
- Prevention and early intervention
- Local Economy
- Tackling Inequalities
- Community Engagement
- Effective Partnership Working

It was clear that various themes emerged in the course of several workshop discussions. Some of these were in relation to future partnership priorities whilst others were about how we work together.

These are summarised below:

Summary of key messages

Appendix III – National policy drivers

Our Adults' Strategic Plan has been developed with reference to national policy and guidance. The following is a summary of the various key policies:

No secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse, 2000

This document gives guidance to local agencies which have a responsibility to investigate and take action when a vulnerable adult is believed to be suffering abuse. It offers a structure and content for the development of local inter-agency policies, procedures and joint protocols which draw on good practice nationally and locally.

Choosing Health, 2004

This paper sets out how public services can support people to make healthy choices, highlighting the importance of working with communities and targeting action to suit them. The key aims of this document are to reduce the number of people who smoke, reduce the prevalence of obesity, improve sexual health and mental health, reduce the harm from alcohol and drugs and improve health inequalities.

Safeguarding Adults: a National Framework of Standards for good practice and outcomes in adult protection work, 2005

This paper draws together recognised best practice and future aspirations from across the country to form a set of good practice standards. It was launched by the Association of Directors of Social Services as an audit tool and guide aimed at promoting consistency and best practice. Recommended standards include the establishment of a multi-agency partnership to lead Safeguarding Adults work, publicising a policy of zero tolerance and ensuring that all citizens can access information about how to gain safety from abuse and violence.

Strong and Prosperous Communities, 2006

The White Paper sets part of the framework for our working in partnership to deliver positive outcomes. It focuses upon creating strong, prosperous communities and delivering better public services through a rebalancing of the relationship between central government, local government and local people. It aims to give local people and local communities more influence and power to improve their lives. This White Paper included a number of mechanisms to bring local government closer to the people and increase the emphasis on partnership working.

Our health, our Care, our Say: a new direction for community services 2006

The White Paper sets out the vision to provide people with good quality social care and NHS services in the communities where they live, leading to better health, independence and wellbeing. The emphasis of the White Paper is very much upon 'moving towards fitting services round people not people round services'. It aims to achieve four main goals: high quality support meeting people's aspirations for independence and greater control over their lives, making services flexible and responsive to individual needs; putting people more in control; and shifting to a greater emphasis on prevention. It put forward seven outcomes for people using health and social care services, which will form the basis for the outcomes framework of this plan.

Putting People First: a shared vision and commitment to the transformation of Adult Social Care (2007)

This document set out the future direction for adult social care. It is a shared commitment by the Government, local councils and service providers to transforming social care services in order that people are able to live their own lives as they wish; confident that services are of high quality, are safe and promote their own individual needs for independence, well-being, and dignity.

Putting People First outlines four, linked areas on which councils and their partners should focus to help make sure services become more personalised and to get the right results for people. These four areas are shown in the diagram.

Appendix III – National policy drivers

'Duty to Involve' (2009)

The purpose of the duty is to embed a culture of engagement and empowerment. Citizen, stakeholder and service user involvement is now a requirement.

Marmot Review (2010)

This highlighted six areas to reduce health inequalities, including:

- Giving every child the best start in life.
- Enabling all children, young people and adults to maximise their capabilities and have control over their own lives.
- Creating fair employment and good work for all.
- Ensuring healthy standards of living for all.
- Creating and developing healthy and sustainable places and communities.
- Strengthening the role and impact of ill health prevention.

National Care Service White Paper (2010)

The paper put forward a vision for a comprehensive National Care Service, which will offer high quality care and support for all adults in England. It will be an integrated service, bringing together the many diverse providers of care and support in England with local authorities, the NHS, and relevant services such as housing to provide higher quality services. Underpinning the reform will be six 'pillars':

- Prevention and well-being services to keep you independent
- Nationally consistent eligibility criteria for social care enshrined in law
- A joined-up assessment
- Information and advice on care and support
- Personalised care and support services, giving people choice and control
- Fair funding, with collective responsibility for paying for care and support shared between the state and individual

Equity and excellence: liberating the NHS (2010)

The Paper sets out the government's vision and plans to reform the NHS during this Parliament and for the long-term. The Government confirms that it upholds the values and principles of the NHS as a comprehensive service, available to all, free at the point of delivery and based on clinical need, not the ability to pay.

The paper focus on three key principals:

- Putting patients and public first
- Improving healthcare outcomes
- Empowering health professionals