



**18 Steps to Health and Wellbeing: Richmond Joint
Local Health and Wellbeing Strategy 2024-2029**

You Said We Did

A response to the Public Consultation

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Introduction

The task and finish group, on behalf of the Health and Wellbeing Board, would like to thank all the stakeholders and residents who responded to the public consultation for their feedback on the draft Joint Local Health and Wellbeing Strategy.

A [report on the Public Consultation](#) was presented to the board on the 12th October. The overall support for the proposed actions in the strategy was robust; the responses highlighted factors that may contribute to the issues being addressed by the priority areas or suggesting additional actions.

The purpose of this report is to respond to the open-ended comments received in the consultation, as the task and finish group needed more time to carefully consider them.

There was strong support overall for the actions proposed in the strategy and most of the helpful comments received related to factors that may contribute to the issues being addressed by the priority areas or additional actions that could be considered.

Where feedback has not changed the strategy directly, we hope that the responses offered will help to explain why. Examples include; where the comments received fall outside the scope of this strategy or relate to other plans and strategies, or where actions proposed fall outside the remit of health and wellbeing board partners, are the remit of regional or national bodies, or are matters of national policy. This report will be presented to the Richmond Place Based Partnership Committee to further consider the comments.

To keep the report focused and succinct, not every individual comment has been published and some comments have been grouped to avoid repetition.

As we move towards the next stages of implementing the strategy, there will be further engagement opportunities with various groups and organisations in refining or developing more detailed action plans. These will be led at the level of the individual steps.

For more information, please contact rhwbb@richmondandwandsworth.gov.uk.

Step 1: Self-harm and social, emotional, and mental health needs

You said	We did
<p>Money</p> <p>More mental health & wellbeing support being offered in schools</p> <p>Increased funding for children with SEN</p> <p>A LOT more funding for Camhs Tier 2 and Camhs Tier 3 care to double or triple capacity. An app is not going to help everyone.</p> <p>Specialist mental health care for children and young people with additional needs - especially ASD and learning disabilities.</p> <p>Support groups, youth clubs, safe spaces for young people to talk</p> <p>Better access to private counselling (more funding needed!) More school counsellors with better accessibility. More youth clubs with social and youth workers. More community centers for young people. More and regular health check-ups BEFORE things go wrong (take European countries as role models)</p> <p>I'd like to see more on ensuring good mental health. Through my daughter & her friends I see a huge amount of anxiety in young teens. With COVID, climate change, financial difficulties etc on top of social and school stress the world can seem very negative to a child of this age. We prioritise physical good health, so lets give the same to mental health and show our young people we are committed to good mental health and well being not just a 'higher emotional well being score'.</p> <p>These all seem like reasonable measures, but they are all focused on what happens when you are already suffering with your mental health or at a crisis point. Are there actions that could be taken in addition to the above that foster good mental health in children and young people? Or maybe these will be included in the above.</p> <p>As above, targeted out of school approaches. Supporting communities and families to assist the emotional well-being of children and young people growing up, whether through trainings of key community leads, or peer support mechanisms. The approach should help to improve sustainable family/community capacity in supporting young peoples emotional health.</p>	<p>There is a commitment by the NHS South West London Integrated Care Board (ICB) to increase funding for mental health services and to ensure that an increased amount of this funding is spent on children and young people. This is set out in the Mental Health Strategy. The Health and Wellbeing Board will hold the ICB to account for delivering this commitment and ensuring that children and young people in Richmond receive the funding that they need based on an accurate assessment of their needs.</p> <p>For some children and young people who need early support for their mental health, apps like Kooth are their preferred option for accessing support; however, there continues to be a need for face-to-face support. Early support is available through local voluntary sector organisations such as Off the Record, and support for children and young people with moderate mental health needs is available through the Emotional Health Service (Tier 2). More specialist support is available from South West London St George's Mental Health Trust (Tier 3). These are all face-to-face services. The waiting times for these services can be long.</p> <p>There has been some investment from the ICB to reduce the waiting times as well as introducing a virtual waiting room to check-in with and support young people while they are waiting. Further work will be needed to invest in face-to-face support. A review of all mental health services for children and young people will be completed by April 2024 to identify the investment needed and the best way of organising our services so that more children and young people have access to the right support at the right time.</p> <p>There are three Mental Health Support Teams of mental health practitioners in schools. Each team provides a preventative and early intervention approach to mental health support for individual children, young people, their parents, and school staff as well as whole-school interventions. All primary, secondary, and special schools in the borough have access to the programme. Health and Wellbeing Board partners will continue to support the programme and work to ensure that all schools continue to benefit from access to skilled mental health practitioners.</p> <p>The reason for having a target to reduce the number of referrals to CAMHS is because of the focus on prevention and early intervention in the plan. The Health and Wellbeing Board will work with its strategic partners to continue to</p>

<p>More needs to be done by schools and the local authority to support children there are children falling through the gaps which will place pressure on services as they get older. Additionally need to address the inequality and bias by professionals of marginalised groups.</p> <p>Reducing the referrals to CAMHS is the wrong goal. That could be achieved without improving mental health. The goal should be improving mental health and that may be by INCREASING investment and referrals to CAMHS. a big part of the mental health issue in kids is the lack of resource and access to CAMHS for assessment for things like ADHD & ASD. So increase referrals and assessments, don't reduce them. The other elements are reasonable as tactics. But it's missing improving CAMHS.</p> <p>An inquiry into the bad statistics for wellbeing of Richmond's young. Strange, as Richmond doesn't have the stress of inner cities or widespread poverty (though it exists in parts of the Borough). Are there local pockets of poor wellbeing? Does being a generally well-off Borough raise expectations on our young and pressure to 'achieve' at school/uni? If so, is the pressure from within peer groups or parents?</p> <p>I would like the service to include ALL schools, independent and state.</p> <p>"Young carers are three times more likely to have a mental health condition than their peers."</p> <p>Q. How can we improve this?</p>	<p>promote the need for safe spaces in local communities for young people to take part in activities that build their resilience and promote their wellbeing. The introduction of Family Hubs in the borough will bring together support for children and young people aged 0 to 18 into a coordinated service. There is an opportunity in the Family Hubs to include mental health support as part of the local offer, utilising the skills of family support workers, youth workers and mental health practitioners from the Emotional Health Service.</p> <p>Through the Healthy School Richmond programme, we have offered numerous Youth Mental Health First Aid courses to primary and secondary school staff and partners including private schools, to aid an early prevention.</p>
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Step 2: Childhood obesity

You said	We did
<p>More time given in schools for healthy activities. Not just sport. Some children need other activities apart from sport and this needs to be expanded.</p> <p>More free after school sports clubs, including a healthy snack.</p> <p>Support more non-traditional sports options like dance and martial arts, including on weekends.</p> <p>Cooking clubs, support to eat healthier for single parent families- time and money poor.</p> <p>Change girls' uniforms to trousers and shorts instead of dresses and skirts, to removal a barrier to active play for primary school girls and and a barrier to cycling to school for secondary school girls.</p>	<p>Schools, youth and voluntary sector services provide a range of after school activities that promote health and wellbeing including the provision of healthy snacks. Healthy snacks must be provided in-line with the <u>national school foods standards</u>. For more information about what is available in Richmond please see the <u>AfC what's on guide</u>.</p> <p>There are a number of schemes already in place to promote healthy activities for children and young people in schools through the Healthy Schools initiative. We will continue to promote these to increase take-up by schools in the borough.</p>

Improved school meals - healthy options

Create affordable and low-cost facilities. Richmond needs more outdoor swimming pools (Kneller Hall would have been fantastic for this!) Look how Europe does it!! Richmond needs more Tennis courts which are accessible for everybody without paying and booking.

Richmond needs youth centers and community halls for young people where they can meet and be active. (Going to Shopping malls to meet up -like many young people do -is hardly a healthy choice.) Richmond's parks need to have more skaterparks and areas to sit and chat. It seems parks here are either for kids or dogwalkers. Murray park needs a toilet and a café!!!!

all children to have access to organised sports/activities in our parks and commons - especially during school holidays. Especially important for low income families

Businesses need to be engaged to make healthier choices easier and cheaper, especially those near schools and playgrounds. Help them to introduce and promote healthy choices without affecting their financial turnover

CHILDREN SHOULD BE MADE AWARE WHAT TO EAT AND NOT TO EAT.

To reduce the quantity of junk food given to children you should not only educate them but also their parents, and sensibilise adults working with children (for example, school parties always have tons of sweets)

Ban unhealthy fast food outlets from locations near schools. Incentivise all food outlets to serve more cheaper healthy options. Do the same for all workplaces serving food.

The kids that will get involved in sport aren't the ones that are obese. Yes more sports activities available and affordable. But a much bigger focus on parent education and probably food banks to actually provide healthy food to those who can't afford it. Or more child care so they have time to actually cook it.

Some of the actions mentioned are already being delivered e.g. healthy early years, healthy schools and holiday food and activities programmes. Actions would need to focus on encouraging up take especially among children and families in hard-to-reach areas.

Targeted focus on children and families in deprived and hard to reach areas and also children with SEND. Also expanding the range of activity play, sports and adventurous activities

Richmond Children's Centres offer a range of services for families including cooking sessions for those on tight budgets.

Voices of Hope is a charity that offers the BriteBox scheme to families in Richmond. The scheme supports families by providing a weekly meal recipe kit with all ingredients provided and enable families to prepare and eat a balanced meal together.

School uniform policies are the responsibility of individual schools and are reviewed periodically by school governing bodies.

Schools must comply with the national school foods standards throughout the school day and it is school governing body's responsibility to ensure compliance.

The development of a new Leisure Strategy for Richmond will help to support the range of sport and physical activities available to children and young people in the borough. It will engage all providers in the borough including the wealth of community sports clubs and organisations.

There are already a number of opportunities to take part in activities to promote healthy eating in the borough, including family cooking and healthy eating workshops in the borough's children's and youth centres. These will be continued as the services develop into Family Hubs. The Holiday Food and Activity Programme (known as FUEL in Richmond) also provides free activities for children and young people in the school holidays which include a healthy eating element. Services are delivered by a range of partners across the borough. They are targeted at areas of relative disadvantage in the borough. We will continue to promote these programmes to children, young people, and families to increase take-up from low participant groups.

The schools are required to provide healthy eating education as part of the mandatory Relationships, Sex and Health Education guidance, food technology and science curriculum. Healthy School Richmond programme encourages schools to use wide range of resources including freely available British Nutrition Foundation's educational website, Food a Fact of Life. Healthy Schools Richmond supports schools to adopt whole school food and drink policy as well as packed lunch policy to ensure 'good school food culture' including guidance on school celebratory events such as 'festive parties' or Nutrition and food education. Many schools are also encouraged to take part in the 'Healthy Eating Week run by British Nutrition Foundation in early June.

<p>for children is a good action but what about engaging the parents? Children aren't able to access these activities without their parents/guardians so finding a way to reach parents and engage them would be beneficial for this action to succeed.</p>	<p>Schools and partners are offered variety of training including School food toolkit (outlining the national school food standards requirements) and Cooking without a kitchen (encouraging schools to do practical cooking lessons within the classroom environment).</p> <p>To help tackle unhealthy food options, the borough relaunched the <u>Healthy Catering Commitment (HCC)</u> scheme in April 2023. HCC is a voluntary scheme established in 2010, it aims to make the food environment healthier. The scheme is promoted by the Council's Food and Safety team to help support food outlets to make small changes to the way they cook and serve food with the primary objective to improve customer's health. The scheme recognises businesses that demonstrate a commitment to reducing the levels of saturated fat, salt and sugar in the food sold in their premises.</p> <p>As part of the Council's approach to healthy food choices and need to tackle rising levels of obesity in young children, the council has adopted planning policy in the <u>Local Spatial Plan</u>. This restricts applications for fast food outlets within a 400-metre radius of schools in the borough.</p> <p>Healthy eating education is provided to parents at children's centres and promoted by health visitors and school health teams through the healthy child programme. Healthy start vouchers are also promoted by children's centres and health visitors.</p> <p>Take -up of programmes such as HEYL, Healthy Schools and FUEL are targeted toward schools servicing higher areas of need and families identified as needing additional support.</p> <p>We conducted a pilot multi-component intervention to reduce and prevent childhood obesity in primary schools. This showed positive outcomes and it is hoped that the intervention can be rolled out more widely.</p>
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Step 3: Childhood immunisations

You said	We did
<p>Childcare, drop in sessions</p> <p>Chicken pox vaccination</p>	<p>The Council works collaboratively with Early Years settings to promote access to vaccination. This will include trying to improve access to all vaccinations that are recommended by the Joint Committee on Vaccination and Immunisation.</p>

<p>For our family this was done through our GP but with the polio booster for example, I had to contact them for appointments. So if you don't have awareness of the vaccinations in the first place, that seems to be key.</p> <p>campaign parents regarding risks of polio and other diseases</p> <p>Communication and outreach work is important to engage the community.</p> <p>Targeting false information is really important, especially among alternative therapists.</p> <p>Vaccine outreach should consider an after school approach over a number of days to ensure access to information, and then the vaccines themselves.</p> <p>Have Immunisation in pre-schools</p> <p>Consider implementing a programme where y if a child is not vaccinated they cannot attend school. I believe a similar programme is law in France</p>	<p>The Council works closely with partners to understand issues with accessing vaccination appointments. Working with partners to promote vaccination. The strategy aims to build on this previous work to continue to improve these areas and engage local communities.</p> <p>The strategy builds on previous work to maximise access to and uptake of vaccination across the entire childhood vaccination schedule. Working collaboratively with schools and early years settings to improve parental/carer confidence in vaccination.</p>
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Step 4: Adult immunisations

You said	We did
<p>Same as for children’s immunisation. Plus local chemists are closing where several immunisations can be obtained. Local doctor not seeing patients so it is really difficult to organise immunisations.</p> <p>Communication communication communication! This has traditionally been awful and very hit and miss. The GP practice sometimes communicates and sometimes it's central NHS. None of it is consistent. It's no good having a great immunization programme if no-one knows about it!</p> <p>Earlier shingles vaccination</p> <p>Transport to clinics or vaccinations in the community. Vaccines to be administered to housebound people, elderly and those with disabilities</p> <p>You touch on underserved groups. Could getting a vaccine be easier for those who can't travel far or get out to a pharmacy or GP easily? Increasing district/at home nurse visits would help with this and a range of issues for older and vulnerable people.</p> <p>More needs to be done in regards to false propaganda in regards to immunisations</p> <p>You need to make access much easier. Not having a venue in central Richmond for vaccines/immunisation is lazy, short sighted and dangerous. The local ICS didn't publish or communicate what the immunocompromised should do if they catch covid once the situation changed in June this year - I had to write and prompt them twice. The vaccine uptake will always be low if you don't communicate or make venues easy to access.</p> <p>More Immunisation drop-ins</p> <p>Address the false information being shared by some, whether through lack of knowledge, or an alternative health model approach. Provide private alternative health model providers with targeted information helping them to understand the impact of low vaccination and dispel myths.</p>	<p>We work collaboratively with partners to try and maximise access to immunisation, including delivering the service in community pharmacy settings wherever possible.</p> <p>The council work closely with partners to promote vaccination. The strategy aims to build on this previous work to continue to improve engagement with local communities.</p> <p>The eligibility criteria for the national shingles vaccination programme is unfortunately beyond the scope of this strategy.</p> <p>Unfortunately patient and community transport is beyond the scope of this strategy. It should however be noted that the strategy aims to improve accessibility of vaccination, including working collaboratively with partners to bring vaccination into communities through outreach programmes.</p> <p>Working with partners a lot is being done to engage residents on the importance of vaccines and to improve vaccine confidence.</p> <p>Unfortunately the detailed specifics of vaccination venues in Richmond is beyond the scope of this strategy. It should however be noted that the strategy aims to improve accessibility of vaccination, including working collaboratively with partners to bring vaccination into communities through outreach programmes.</p> <p>It should however be noted that the strategy aims to improve accessibility of vaccination, including working collaboratively with partners to bring vaccination into communities through outreach programmes.</p> <p>Working with partners a lot is being done to engage residents on the importance of vaccines and to improve vaccine confidence.</p>

Step 5: Cervical cancer screening

You said	We did
<p>I'm not sure accessibility is fully addressed . Often it is opening times and it location that is the barrier. Also for those caring for children/ elderly etc - how can they attend but still take care of their responsibilities</p> <p>All of the previous remarks regarding immunisation. Now it is impossible to see a doctor and contacting a surgery is like wading through treacle so many women of that age who are working are disinclined to continue organising something under such difficult conditions.</p> <p>Workplace support - e.g. Every Woman Promise</p> <p>Access to this needs to be very much improved. I got my letter saying I was due for my screening, and then I got two or three follow-up reminder letters, but every time I go to my GP and try to book it, they say they're full and to call in two weeks time - this is extremely annoying and a waste of time for all of us, why can't there be online booking, or opening of calendars for further than two weeks at a time??</p> <p>Have screening drop-ins</p> <p>Definitely need more understanding from health professionals on how difficult a cervical smear test may be once you are menopausal, which may be why women are put off from attending screening</p> <p>Health education through comprehensive sexuality education is crucial. Especially for young people, the first time getting a cervical screening test is scary. Approaches to reduce fear, through familiarity of health worker, minimal waiting, peer support, etc would be a strong addition.</p>	<p>Reviewing appointment times has been added to the actions around improving access.</p> <p>The strategy aims to improve awareness, including supporting awareness of initiatives that promote access to cervical screening.</p> <p>The strategy aims to improve community engagement around screening, including understanding barriers to taking up the offer of screening.</p> <p>The strategy aims to improve awareness of the importance of cervical screening, including promoting screening as part of health in schools.</p>

Step 6: Diabetes

You said	We did
<p>Focus only on Type 2 diabetes - not sure why</p> <p>Where is the action or plans for Type 1 diabetes!? You need to make a very clear distinction between how you treat type 1 diabetes and others. The way you position an all encompassing statement around 'diabetes' makes the discrimination and stigma I receive all the worse. The vast majority of people think diabetics "ate too many doughnuts" and simply do not understand that it's an autoimmune condition. Some medical staff are the worst for this. They are very distinct conditions and you need to treat them as such.</p> <p>Follow ups for those with risk factors such as previous gestational diabetes. Yearly checkups for those with significant risk factors.</p> <p>Better understanding of overweight, including the dangers of weight cycling. Not sure what "weight management services" means when 95% of diets fail, semaglutide would have to be taken for the rest of your life, and bariatric surgery has a high rate of regret. Please don't add to the burden of disapproval carried by fat people. It's better for fat people if providers focus on health and an active lifestyle rather than the number on the scale.</p> <p>Promote exercise</p> <p>A lot of the information around diabetes and insulin resistance is not quite up to date with the latest developments in science, i.e. low-carb diets to improve insulin resistance before one even gets diabetes, intermittent fasting, etc. Also, there is little support for people who find it hard to lose weight, most just point in the direction of "eat less, move more", but what of those of us who already eat less and move more, yet fail to see effects? Advice is very regimented and one-size-fits-all, which is definitely not fitting all. Not to mention that the "eat more fresh fruit/vegetables" does not take into account how expensive it is to do that these days.</p> <p>There needs to be high focus on diet and exercise for those living with or at high risk - prevention / reversal encourage local cafes to engage with customers on healthy eating</p> <p>As above. People need to understand the differences in types of diabetes and put plans in place for them all.</p>	<p>You are correct. Type 1 and type 2 diabetes are distinct medical conditions with different causes and treatments. The JSNA focused on type 2 diabetes as this is associated with lifestyle factors, and can be delayed or prevented through support to change behaviour around lifestyle choices within the context of a Health & Wellbeing Strategy.</p> <p>Free <u>NHS Health Checks</u> are available to people aged between 40 and 74 years. These assess the risk of developing common conditions including diabetes. People at risk of developing Type 2 diabetes are eligible for the <u>NHS Diabetes Prevention Programme</u>. Women with gestational diabetes are indeed at higher risk of developing diabetes later in life, and they will be offered an annual diabetes blood test by their GP.</p> <p>We agree. Overweight and obesity is the most important modifiable risk factor for Type 2 diabetes. As part of our Adult Weight Management service, we offer eligible residents a 12-week weight-loss programme run by <u>Enable Leisure and Culture</u>. The programme follows an evidence-based approach to weight management and acknowledges the multifactorial elements that contribute overweight and obesity. Participants receive support from a qualified exercise instructor, healthy eating and nutrition educational sessions with qualified nutritionists (including cooking on a budget), and peer and coaching support.</p>

Signs and symptoms info, awareness about the seriousness of diabetes

Training for people to give some information, and signpost services. Eg community Health Champions

Increased funding for community groups - healthy living / nutrition / cooking groups - understanding of food labels

Step 7: Cardiovascular disease

You said	We did
<p>Try inviting people for health checks. I'm over 50 and never been invited!</p> <p>Every GP to take blood pressure of every patient twice per year</p> <p>Early identification is important, and GPs should have this as a priority when they see patients. Additionally, there should be regular monitoring of patients with heart issues.</p> <p>Pharmacy promotion and capability to check blood pressure updating GP with results</p> <p>All groups across the community should be targeted and doctors and pharmacies encouraged to participate.</p> <p>As someone who is approaching 75, I wonder why the NHS Health check stops at the age of 74. I should like to have had this check, but I shall be too old in a couple of weeks.</p>	<p>Free <u>NHS Health Checks</u> are available to people aged between 40 and 74 years. These assess the risk of developing common conditions including cardiovascular disease. Patients without pre-existing conditions will be invited for a check every 5 years in line with NHS guidance, and closer monitoring may be required for patients with high blood pressure. Eligible residents are encouraged to contact their <u>GP or community pharmacy</u>.</p> <p>Invitations to receive an NHS Health Checks are targeted based on the personal and clinical information each GP holds for their patients, such as height/weight, age, sex, ethnicity and smoking status and following the <u>eligibility criteria</u>:</p> <ul style="list-style-type: none"> • Are aged 40 to 74 • Are a Richmond upon Thames resident or registered with a Richmond upon Thames GP • Have not been previously diagnosed with diabetes, kidney disease, heart disease or stroke • Have not had an NHS Health Check in the last 5 years. Private health checks are different to the NHS Health Check, so you could still be eligible if you meet the above criteria <p>Individuals over the age of 75 have a named accountable GP. One of the responsibilities of the accountable GP is to provide a health check upon request where an examination hasn't been performed in the preceding 12 months. If you're over the age of 74 and have any questions or concerns, you should speak to a GP or nurse as soon as possible.</p> <p>To increase the accessibility of the NHS Health Checks programme, the number of community pharmacies offering the service increased in December 2023 from 2 to 6 pharmacies.</p> <p>NHS Health Checks have also been offered on an outreach basis through the health bus which has visited different wards across the borough since May 2022. Patient information is transferred securely to their GP.</p> <p>Information and tips on how to stay active including <u>fitness activities in parks</u>, <u>health walks</u>, and other <u>fitness/leisure activities</u> can be found on the council's website. The NHS website has a dedicated <u>Live Well page</u> with information on exercise guidelines, strength and flexibility and running and aerobic exercises, as well as <u>healthy eating</u> advice and links to support information for residents.</p>

<p>Engagement with businesses as part of their wellness programmes to check employees BP twice annually</p> <p>Free BP monitors for at risk patients</p> <p>All health e.g gyms, swimming pools type establishments to hold equipment, trained staff and information on BP encouraging visitors to check BP</p> <p>Health promotion events</p> <p>The lack of anywhere to get the NHS checks. You cannot get a doctor's appointment, hospitals are too busy and chemists are closing.</p> <p>better access to GP</p> <p>Help to get and stay active at every age and weight</p> <p>Support for preventative measures - healthy lifestyle support - not just medicating symptoms such as high cholesterol/ high blood pressure</p> <p>Social prescribing is a brilliant idea. I understand there are waiting lists of more than a month in some parts of Richmond. Can the model be adapted to be more flexible and support people where need is greatest?</p> <p>We need a well-coordinated system.</p> <p>Support home monitoring more, also ensure fitness options are open outside of standard office hours to enable accessibility, and affordable. Eg. Free sessions open to everyone at a time that is usually quiet.</p>	<p>Many community pharmacies offer a blood pressure check on a walk-in basis. To find your nearest pharmacy search 'NHS find a pharmacy'.</p> <p>Smoking is a leading cause of cardiovascular disease. Support to quit is available with options tailored to suit individual needs. <u>Stop smoking</u> services are available in GPs, community pharmacies and over the phone with a smoking cessation advisor. More information is available on the council's webpage by searching 'help to stop smoking.'</p>
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Step 8: Respiratory health

You said	We did
<p>Controls on the air pollution on planes from Heathrow is needed. Check pollution levels near schools and address if needed. Cars and aeroplanes are not considered. Reduction of pollution from Heathrow, both aircraft and traffic. Reduce flights. Air and noise pollution!</p> <p>1. Raise awareness & increase protection for work-force to prevent Occupational related Respiratory Diseases. 2. Introduce Asthma Education into Schools - could be facilitated by retired Respiratory/Asthma Nurse Specialists!</p> <p>engage with schools and colleges regarding the risks of smoking and vaping. Education of the school age population regarding the risks attached to smoking that can occur in later life. Many smokers go on to develop COPD Education of the school age population regarding the risks attached to smoking that can occur in later life. Many smokers go on to develop COPD Ban the selling of vapes in the borough, or at least meaningful prosecution of anyone selling/ providing vapes/ cigarettes to children. Massive education uplift around both health and environmental issue with disposable vapes.</p> <p>help people with respiratory problems to move from heavy traffic roads.</p> <p>Yes. To build a more proactive programme of health and wellbeing across the community, focusing on respiratory health, eg: exercising out in nature, yoga & breath work, etc. Also set up a core group of health professionals who can design and offer Council-subsidised courses across Richmond.</p> <p>As with all health proposals you will have to sort out access to NHS doctors. Hampton Medical Practice will not see patients and we have to complete a form to get a telephone app in 2 days.</p> <p>better access to GP</p> <p>Increase cycle lanes and trim bushes on cycle paths on a regular basis that people can actually use them! More pedestrianised areas like Church Road in Twickenham. More pedestrian crossing over A316.</p>	<p>Richmond has a legal duty to monitor and report on air quality in the borough as well as publish and deliver an Air Quality Action Plan. This plan includes steps the borough is taking to tackle air pollution in the borough. In addition, the borough has an extensive monitoring network in the borough including hotspots and sensitive receptors. This report can be found on Richmond’s website. <u>Annual Status Report and Air Quality Action Plan 2023 (richmond.gov.uk)</u> We recognise that we need to get information to the most vulnerable about air pollution sources, including those generated in the home. We are working with Health Care specialists to distil this complex information into a useable format to help protect the vulnerable from sources of pollution and to understand those that impact on health. That will include the impact of smoking and vaping.</p> <p>We continue to monitor certain schools as part of its permanent air quality monitoring programme. This included St Stephens School on the A316 and East Sheen Primary on the South Circular. These 2 schools are sited near higher polluting roads in the borough, so we are keen to keep a close eye on monitoring results. Both schools were part of the Mayors air quality audits in 2018 and received funding to mitigate exposure. Both were compliant in the playground where children play and inside classrooms. Ad hoc air quality monitoring is offered to all schools and is regularly provided to help address concerns.</p> <p>This is linked to the air quality and health and understanding areas of the borough that are pollution and how to take steps to avoid that pollution whilst schemes are put in place to reduce pollution in the borough.</p> <p>The main sources of pollution in Richmond is from Road Transport and Commercial and Domestic Heating. Aircraft although they do contribute, due to the height of these pollution diffuses very quickly. Noise is an issue for the borough.</p> <p>We welcome working with community groups to help engage and push the air quality and health agenda.</p>

Make sure that 20mph is monitored! Cars still speed through our roads. Whitton has not enough cameras!! Monitor that people leave trees, grass and wildlife in their gardens and don't plaster over everything. It feels that people can do whatever they want in the borough. ...

In my experience the difficulty for patients can be accessing the asthma medication when needed, can this be looked at? My brother was diagnosed with chronic asthma in his early teens. He is now 45 and manages it effectively. However his GP will not prescribe more than one inhaler at a time. He used to be able to have one in arms reach at all times e.g. one on his person and one by the bed, in the car or in his gym bag. This made him more confident he could manage an attack without worrying he would forget his inhaler. This is life saving medication, it seems ridiculous to quibble over providing a 'backup' inhaler when it could save a life.

Promote exercise

Ensure that people who have been taking inhaled steroids for many years have access to help with coping with the side effects.

Regular medication checks for asthmatics and information so people are aware of their condition and how it's being treated. Ensure the young and elderly are given access to an asthma nurse

Easier access to asthma nurses would be important, and a caseloading model with calls out by the asthma nurse to each known asthma sufferer on a regular basis or when flu is going around.

Once again. Invite people for health checks. I'm under the resp department in Kingston and they've told me they see a spike in resp issues with people in certain areas. Surely that data can be overlaid on geographic data and invite them for checks.

Step 9: Post COVID-19 syndrome

You said	We did
<p>Utilize facilities already in existence eg INS in Twickenham</p> <p>I very much agree with this, but would like to see more support generally with post disease recovery and fatigue...I know I am not alone in this and in not being offered any long term support or management. Its great that people with long COVID are being supported but very difficult managing fatigue as a part of daily life for people with a wide range of conditions, not just Long COVID.</p> <p>Make sure the policy does not only advocate learning to live with long covid as there is no other choice.</p> <p>correct diagnosis of condition</p> <p>Keep researching this new condition and provide information about it</p> <p>Difficult to know the answer to this one. Monitor the research and put into practice the methods demonstrating good outcomes.</p> <p>Keep abreast on research into Long Covid and new treatments for it. Recent survey indicated that small blood clots could be the cause of cognitive symptoms. UCH and the National Hospital for Neurology (Queen Square) are leading in the UK on neurological aspects of Long Covid.</p>	<p>A Long COVID service is available in Richmond, which also contains useful information on managing common symptoms of Post COVID-19 syndrome. Residents are encouraged to consult their GP, who will be able to rule out other causes of symptoms and arrange a referral if appropriate. Your Covid Recovery also has helpful information on how to manage symptoms and links to the latest research in the field. The Richmond Wellbeing Service can also support with the psychological effects of Post COVID-19 syndrome, and residents can self-refer here.</p>

Step 10: Climate change

You said	We did
<p>It's all about pollution again. Try reducing emissions, this will also help breathing/lung problems. There's an opportunity for the council to set examples by getting rid of their fleets of high polluting vehicles, dustcarts, hedge trimmers, leaf blowers etc. And they are incredibly noisy too. There are no excuses for their continued use.</p> <p>Given how close airports are and the impact airplane fuel must be having surely there should be inclusion to reduce carbon emission from aeroplanes</p> <p>Also no mention of electrification of public transport. Whilst these may fall within wider comments I think it's important to avoid focus on household transport only !</p> <p>A warmer climate can be a good thing for peoples health as more people die from the cold. France has installed air conditioning units in older peoples houses to keep them cool in a heatwave. Richmond could do the same. Also, grants to install double glazing would help older people keep warm in cold spells.</p> <p>Implement ULEZ, stop Thames water dumping sewage into our rivers</p> <p>ease the traffic on the Upper Richmond Road with access to Sheen Gate in Richmond Park, opening of Hammersmith Bridge and Wandsworth Bridge and unnecessary roadworks that cause unhealthy traffic</p> <p>If Electric Vehicles are part of the solution, as it seems like by the promotion of their adoption, then a lot more charging points need to be put in place. If one lives in a flat, it becomes a real challenge to own an all-electric vehicle, as charging is an issue.</p> <p>Make adjustments to street lighting so that there is less use of electricity which may be generated from polluting sources</p> <p>Richmond Council has closed Church Street in Twickenham but hasn't opened the bollards on the Embankment by the Barmy Arms pub.. Traffic from the Embankment going to Richmond is re-routed back through Twickenham High Street causing massive pollution & climate change due to traffic density & engine-idling. If the Council doesn't care why bother with the NHS.</p>	<p>Air quality and climate change are very closely inter-linked via emissions and pollution. Tackling for instance air pollution will also provide benefits to climate change as well as other co-benefits such as health.</p> <p>The Richmond Climate Emergency Strategy 2023 Action Plan sets out our approach including numerous initiatives to tackling climate change at the borough level this includes for example, transitioning the Council's fleet to low and zero emission vehicles.</p> <p>Our adopted Air Quality Action Plan (2020-2025) outlines what we are doing to tackle air pollution. We are currently working on refreshing the action plan and will look at and focus on areas that have co-benefits with climate change as well as health. The council is also in the process of developing a refreshed Local Borough Spatial Plan which will also consider climate change in relation to land use planning, updated information is available at: Direction of Travel consultation - London Borough of Richmond upon Thames.</p> <p>On Heathrow and aviation, the Council is opposed to any expansion of the airport as outlined on our council website. Further we are working with Transport for London to ensure that zero-emission buses are deployed more rapidly within the borough and across southwest London.</p> <p>To help tackle cold weather impacts particularly impacts on vulnerable people such as those over 60 and those on low income whom maybe homeowners or private tenants, the Council has a grant scheme.</p> <p>As the number of electric vehicles in the borough rises, we are working with providers to increase the availability of local public charging points. This includes over 500 new EV charging points this year.</p> <p>On Street lighting, the Council has a planned program to replace streetlights in the borough with LED lights.</p> <p>To help support lower carbon travel options such as walking and cycling to help tackle climate change the Council has produced a borough Active Travel Strategy. This supports active travel infrastructure and well as enhance connectivity routes. Schools are encouraged to use resources outlined at the Climate change hub.</p>

support older residents whose car is not compliant and cannot afford to buy another - to attend hospital/gp appointments

I think there are gaps in approaching the younger generation in choosing lower carbon options, eg for travel, for food choices, etc. Understanding where shopping items have come from and their carbon footprint would help, along with making low carbon options much cheaper than high carbon options. For travel, incentivize cycling and public transport, and make carbon neutral car/vehicle charging free and very accessible.

Any serious plan to promote zero carbon transport.
Automatic approval of solar panels on roofs on any house other than listed.

The use of glyphosate on our streets. Glyphosate has been banned by many countries around the world, most recently in Europe. It's use should be terminated with immediate effect. There are many solutions available - no need for pilot studies. Use examples already tried and tested and consider empowering people to take responsibility for their own streets. Glyphosate is a carcinogen and kills our insects which are in 60% decline. Urgent action is needed.

More trees near roads, on high streets

The current strategy of moving pollution from one area to another does not make sense i.e . closing roads & parks to force vehicles onto to already congested roads mores more pollution onto those roads nullifying the 'clean' areas created by doing so.

In context of the ULEZ (Ultra Low Emission Zone) compliant vehicles, road works and road traffic, sewage, and use of glyphosate, these fall outside the scope of this strategy. Information on road works and traffic is available on the council website, note that operation and management of strategic roads including ULEZ are the responsibility of Transport for London. Sewage and related infrastructure are managed by Thames Water.

Step 11: Air quality

You said	We did
<p>Air quality, respiratory health and climate change are all very intertwined and I'm not sure they warrant three separate sections.</p> <p>Working with Highways section and TfL to reduce emissions by modal shift away from polluting vehicles.</p> <p>Controls on the pollution from planes from Heathrow is needed.</p> <p>Stop polluting the air with glyphosate.</p> <p>More trees</p> <p>Plant more trees and keep local parks etc pleasant safe places to visit. Cut verges as this is increasing hay fever and asthma to those living near these unsightly areas. Contrary to popular belief this does nothing for 're-wilding' in fact is a fire and health hazard.</p> <p>As with previous question, open up traffic congestion on the Upper Richmond Road - re-open Sheen Gate to cars, open Hammersmith and Wandsworth Bridges and cease unnecessary roadworks that happen simultaneously and cause ridiculous amounts of traffic and emissions</p> <p>Environmental factors, plant more trees and bushes</p> <p>The summary above mentions Wandsworth again. I think for Richmond we have some good ideas like preventing car idling, but still do not believe that a 20 mile an hour limit benefits anyone. The evidence is simply not there re emissions (according to the AA) and has in my experience led to aggressive frustrated driving or people simply not paying attention, so it's not even safer. It makes no sense to be borough wide on roads where there is no safety risk. I am all for it by school, hospitals, town centres etc, but the views of residents (who on consultation did not want this) were largely ignored. Frankly being on the flight path to Heathrow is the biggest air pollution issue the borough faces and remains the elephant in the room for all discussions on this issue.</p> <p>There could be better promotion of 'safe routes' for pedestrians and cyclists, away from major polluting areas and roads, particularly around schools.</p>	<p>Although air pollution and climate change are inter-linked, there are different legal emission objectives relating to differing types of pollutants between climate change and air pollution which require separate approaches. These are set out in our relevant strategies including the Richmond Climate Emergency Strategy 2023 Action Plan as well as the borough Air Quality Action Plan (2020-2025) which we are in the process of refreshing.</p> <p>On air quality and Heathrow, the Council strongly opposes the recommendations around expansion and its impact on the borough, this is outlined on our website: Heathrow - London Borough of Richmond upon Thames</p> <p>Richmond is one of the greenest boroughs in London, the Council is committed as outlined in our Tree Management Policy to plant replacements for every tree that is removed as well as adding to those numbers to support greenery, tackle air pollution as well as climate change.</p> <p>The introduction of 20 mph speed limits across the borough in context of local roads were enacted in 2018 to help promote road safety rather than air pollution, this is outlined in the council website.</p> <p>As part of the borough's Active Travel Strategy the council will be making improvements to clean-air walking and cycling routes away from roads. It will improve awareness of local walking, cycling, and running routes through maps and branding. The Strategy also outlines how the council will support modal shift away from vehicles including walking and cycling.</p> <p>The council is in the process of developing a refreshed Local Borough Spatial Plan which will also consider air quality in relation to land use planning and new developments, updated information is available at: Direction of Travel consultation - London Borough of Richmond upon Thames.</p> <p>Information on road works and traffic is available on the council website, note that operation and management of strategic roads are the responsibility of Transport for London.</p>

Aim to reduce traffic and congestion in the borough by reducing car journeys and disincentivising car journeys through e.g. free parking, prioritising and reallocation of road space for sustainable and active travel.

Insulation of homes, reduce traffic, Heathrow flight reduction, be bold and make some of the borough car free, proper cycle lanes,

Air pollution affects all groups not just vulnerable.

Let's get BAA to pay Richmond Borough for flying over the borough and polluting the air for the residents.

Heathrow's affect on air quality - aircraft and vehicle traffic.

Working with Highways section and TfL to reduce emissions by modal shift away from polluting vehicles.

Consideration of residents living on already busy polluted roads.

Step 12: Physical activity and healthy eating

You said	We did
<p>Active travel is a way of building in physical activity. The council should prioritise safe walking and cycling over motor vehicle flow and car parking.</p> <p>Support and advice around nutrition</p> <p>Free exercise taster sessions in public places</p> <p>With increased cost of living it can make it even harder to eat healthy Provide healthier food options for those on low income - food box / recipes / nutritional information</p> <p>I think a Curves-style drop in circuits class at local leisure centres would be an attractive option. People like the simplicity, the speed and the variety of that model, and it feels less like someone is watching you.</p> <p>Water based exercise - for those with joint / balance issues etc</p> <p>Further support for people wanting to be more active but having experienced health challenges and now worried to exercise would be beneficial.</p> <p>Set up a core group of recognised health professionals who can use the borough park facilities to offer exercise classes, council subsidised, without the need for licensing.</p> <p>I know what I should do, it is doing it that is the problem ! Avoid Animal Fat and that other one, so that do not get narrower, stiffer, Arteries , which cause strokes and Vascular dementia.</p> <p>Target and support inactive adults to become more active. - Question _ HOW? Could this be through community nurses/care staff providing an exercise programme</p> <p>Perhaps it's in more detail in the big strategy, but this doesn't say how you'll do these things. More detail would help. At the moment so much is about money, so making healthier cheaper is crucial.</p> <p>It needs to be made cheaper to eat more healthily both in and outside the home. Food outlets need to be incentivised</p>	<p>To support general knowledge around nutrition, there is a range of national nutrition resources that are easily accessible to all including; British Nutrition Foundation information on different life stage, or helping individuals to read food labels (NHS food scanner app) or learn about different food groups of the Eatwell Guide.</p>

to promote healthy food. More outdoor gyms. More cycle lanes. Medical certificate needed to ride a mobility scooter. Plant based meals more often in schools, hospitals etc

Identifying the barriers should be the number one thing on the list. And it won't be as simple as you think.

How the outdoor environment can support physical activity by being more walking and cycling friendly - safer, less hostile. This costs very little for the individual. But also the 20 min Neighbourhood which encourages people to make frequent short journeys.

Evidence from Australia shows that using a micro and macro approach to modelling of health benefits of active travel contributes to reducing chronic disease and similar policies should be introduced to support the 20 min neighbourhood

Research from US shows that for bike share schemes, each trip resulted in a 30% of minimum weekly recommended physical activity - Bike share schemes should be expanded to areas where those who are less likely to engage with physical activity programmes, live.

Importance of investing in cycling infrastructure - evidence that longer commutes by bike significantly lowers BMI- more bike parking, reallocation of space away/disincentivise use of motor vehicles

Evidence that walking can have of significant benefits on quality of life for older adults - streets need to be safer and more pleasant for walking, less dominated by traffic and pollution and noise. Ability to cross roads without fear of being hit by a motor vehicle, being able to have clear sight lines not obscured by parking of large vehicles, or front garden development where parked vehicles overhang walkways and force pedestrians into the carriageway.

Lack of messaging about public health benefits of active travel and why it should be prioritised.

Issue of social isolation brought about by lack of safe accessibility of outdoor environment and dominance of cars.

Provision for those with mobility issues / disabilities to be able to access areas whereby they may safely under take a degree of activity. Making disabled parking available is not enough as some disabled people do not drive or have Blue Badges if they do. Closing Bushy Park to cars during Covid meant disabled individuals were denied access to the park - this was unacceptable and kept people housebound.

Create areas with parks / open spaces which are only for those with mobility is so that they do not have worry about being tripped up by runners/ dog walkers young children running about.

Step 13: Alcohol

You said	We did
<p>Re-open youth clubs and facilitate more youth activities. There is nowhere for children and young people to gather in groups to have fun so naturally they turn to drugs etc. also ties in with mental health and caring issues.</p> <p>Some kind of recognition system for hospitality venues that promote non-alcoholic drinks.</p> <p>Make sure people have a fulfilled and happy life. Provide good schooling, outdoor facilities, affordable housing, enough jobs and safety and security.</p> <p>What about drug misuse it's not clear in this strategy what your proposals are, drugs are an issue</p> <p>Target children and families to change social norms, not focusing on alcohol for social events, keeping alcohol safe at home away from children, etc. Use enablers for this to ensure the figures for the next generation are reduced, not just current numbers.</p> <p>There is literally zero action by the council to sort out homeless and addiction issues in the borough. All sorts of people sleep on the streets every night. What do you do with our council tax money?</p> <p>Implementation of a programme encouraging a 'Designated Driver' on nights out. A Poster campaign with posters displayed in pubs and pub toilets may go some way to combating drink drive incidents. This sort of programme has worked well in NZ & Australia for many years</p>	<p>Richmond Council has a Combatting Drugs Partnership (CDP) that was formed in September 2022 in partnership with Wandsworth Council. The aim of this partnership is to work towards objectives and actions locally that will help meet national targets related to substance and alcohol use – resulting from the Governments ten-year drugs plan. The first annual report of the CDP is due to be presented at the next Richmond Health and Wellbeing Board, and its current focuses include children and young people, improving the continuity of care in hospitals and trying to break the supply chain of drugs.</p> <p>There is a substance misuse treatment service that is commissioned by Richmond council that is available to anyone in the Borough who has drug and/or alcohol issues. This service is part of the South London and Maudsley service that includes the homeless charity SPEAR</p>

Step 14: Smoking

You said	We did
<p>I think , especially for the young , showing them the damage already - lung scans etc may change their view in the need to stop They think they at invincible</p> <p>Ban vaping as with cigarettes. It is no 'safer' and is a nuisance and anti-social.</p> <p>Publicise the dangers of vaping in young people as well. Can we include vaping?</p> <p>Prevention of new smokers through education should be tapped into, both traditional cigarettes and newer electronic cigarettes/vapes.</p> <p>Severe meaningful penalties for anyone providing or selling to school age children. Same for anyone selling tobacco products online.</p>	<p>Information about the impact of smoking on lung health and general health is provided as appropriate with messaging tailored to specific audiences including young people.</p> <p>There is a government legislation in place already and others coming into place that addresses the restrictions of cigarette smoking and vaping. Vaping which is vapour is different from cigarette which is actual smoke. Hence smoking causes more damage than vaping. There is an age restriction when it comes to vaping because the lungs of young people are more susceptible.</p> <p>Currently work is ongoing with Trading Standards to circulate a letter about young people and vaping that will be circulated to all schools in Richmond. It will include a link to educational resources for schools to teach pupils about vaping legislation and associate health risks.</p> <p>A long-term strategic approach to vaping and young people has been added as a focus for the Richmond Combatting Drugs Partnership and its Children and Young Persons subgroup.</p> <p>Public Health are currently working with the Richmond Youth Council developing a survey that has been circulated in schools to help gather information about understanding and experiences of vaping. Results and feedback will be used to help shape future interventions and services.</p> <p>Yes, as part of the councils prevention agenda – we work with schools and educational settings.</p> <p>There are severe penalties applied to anyone found defaulting. The fine is about £2,000 plus.</p>

Step 15: Suicide prevention

You said	We did
<p>Not sure exactly how you are going to achieve your aim? We need more open medical care generally</p> <p>better access to GP and referral to appropriate care provider</p> <p>Encourage suicide awareness training</p> <p>SUPPORT AND LISTEN TO PEOPLE WHO NEEDS HELP.</p> <p>Introduce No Wrong Door type service - so people who arent quite sick enough or too sick dont get rejected and have to find another service Increased funding and support to ensure people dont have to reach crisis point before getting help</p> <p>A suicide prevention policy. Suicide learning- open the conversation with good comms support</p> <p>A proactive programme of health and well being using the boroughs wonderful parks, etc.</p> <p>We do not know, we cannot tell</p> <p>There seems to be a belief that all suicide is a tragedy sometimes it is a response to an intolerable state of life when excessive pain and other medical states exist. This may not be a tragedy for the person concerned or their family when medicine has given up on the patient.</p> <p>What happened to Community Support Workers and therapies this system worked but was cut can this be reinstated</p> <p>I realise that IAPT is aimed at adults with less severe mental health issues but I think it should be on your list to increase awareness and perhaps availability, as a key route towards prevention.</p> <p>Make sure services are well funded and emergency support is available 24/7, and well known about. Analyse the likely causes and determinants to address them to prevent cases in future. Prevention is key for mental health</p> <p>I notice there is no mention of actually improving access to nhs mental health services. And holistic and integrated approach is just jargon. Increase mental health services.</p>	<p>The Richmond Suicide and Self-harm Prevention Strategy was approved by Richmond Council in September 2022. The strategy sets out an evidenced based approach to reduce the burden of self-harm and suicide in local communities. It takes a multi-agency, life-course approach and includes a range of primary and secondary prevention activities aimed at children, young people, working age adults and older people.</p> <p>The key objectives include; understanding local need through improved surveillance; Increasing awareness and challenging stigma and discrimination; improving access and support for those at higher risk; preventing self-harm in children and young people; and improving crisis pathways and responses through improved integrated working. The strategy can be found on the council website Suicide and self-harm prevention strategy - London Borough of Richmond upon Thames</p>

Step 16: Falls and frailty

You said	We did
<p>If the age trigger is 65, why not scan for bone density as part of annual health assessments- avoid rather than treat and manage?</p> <p>Again as with all health issues you need to support the NHS and to improve access for ALL not just those in care homes etc.</p> <p>Support Carers to learn about falls prevention and exercises</p> <p>Falls are also due to mechanical falls - please improve the pavements !</p> <p>The pavements are uneven and I am aware of so many people that have fallen over from tripping over roots that have raised the pavements and unable to see them. The paving stones are uprooting and it is very easy to trip. Better lighting on our roads would help as well. Some of the side streets are not well lit (if at all) and it is very easy to trip over</p> <p>Falls prevention exercises</p> <p>This is a very important part of helping people to stay healthy as they get older. Investing in more specific and tailored support for people with existing long term conditions which might affect their falls risk would be helpful (e.g. neurological conditions, CVD, diabetes etc). There should be a stronger focus on preventing falls in the community in the plans above. People fall over at home or where they live. Investing in community prevention would also reduce hospital and care home emissions. Creating ways for people to talk about falls would also reduce stigma as would encouraging people to exercise generally to get strong and reduce risk.</p>	<p>While bone density can be useful in those at risk of osteoporosis, the evidence tells us that increased risk from age 65 is more effectively reduced by building and maintaining linked to strength and balance through exercise. This also has a positive impact on bone health and reduces frailty risk.</p> <p>The Care Home priority reflects a gap identified during our needs assessment process. There are a wide range of falls prevention services and activities in the borough available to all residents. These are run through the CILS partnership and information is also available on the Public Health webpages. Richmond Falls and Bone Health Service operate a self-referral physio led service for anyone who has had or is worried about having a fall.</p> <p>We encourage all carers to complete a carers assessment where they can access support and information on a range of health and wellbeing issues including falls prevention.</p> <p>, please report damaged paving to us via the form on our website https://www.richmond.gov.uk/report_damaged_pavements</p> <p>Information on exercise for falls prevention is available through the CILS partnership. CILS partnership</p> <p>There are a number of options for people with long term conditions to access exercise and falls prevention support from specialist charities such as Intergrated Neurological Services (for those with neurological conditions) or GP referral options for people with Diabetes/CVD and other long- term conditions.</p>

<p>What is proposed for elderly people who are not in care homes.</p> <p>GP's to encourage exercise for older people to increase their stability</p> <p>Community care workers/nurses to encourage exercises. BBC podcast has an excellent 10 minute exercise routine for older people</p> <p>Repair roads and pavements regularly, these are a major cause of falls as I know to my cost.</p> <p>Improvements in uneven pavements. Repairs need to be quickly identified and carried out.</p> <p>Yearly home mobility assessments could be supported to identify and minimize risks, particularly for those already at risk due to their own mobility</p> <p>Increase social care provision.</p> <p>Actively promote hrt to women over 45 to help prevent development of osteoporosis. Educate all doctors accordingly.</p>	<p>There are a range of falls prevention services and activities in the borough available to all residents. These are run through VCS partners including the CILS partnership. More information is available on the Public Health webpages or through Age UK Richmond. The Clinical Falls and Bone Health service operate a self-referral physio led service for anyone who has had or is worried about having a fall.</p> <p>We work with a wide range of partners to ensure that residents are offered access to services and activities.</p> <p>.</p> <p>Please report damaged paving to us via the form on our website https://www.richmond.gov.uk/report_damaged_pavements</p> <p>The Clinical Falls and Bone Health service offer a self-referral service for anyone who has fallen or is worried about falling. This includes information on how to minimize risks in the home. Age UK offer a handy person service which can support at home adjustments. There are a range of strength and balance classes available across the borough through the CILS partnership which can support people to improve their mobility.</p> <p>We agree HRT can be useful for some women. Unfortunately, the provision of HRT falls outside of the scope of this strategy. For falls prevention, strength and balance classes are an effective way of supporting all residents and improving bone health. We would encourage residents of all ages to stay active and eat a healthy diet.</p>
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Step 17: Dementia

You said	We did
<p>Needed more help</p> <p>ACTION TAKEN AND HELP GIVEN TO PEOPLE ,SOONER THE BETTER.</p> <p>Support for carers - training and learning opportunities</p> <p>I think there is an education piece for the families of the “getting elderly” to understand the early signs if dementia and to advise on where to access assessment centres to gain support early as this delays the disease’s progress</p> <p>Cannot see how you can improve this whilst the NHS is in such dire straits</p> <p>Further support must be provided. There is not a lot of knowledge around what can be done with dementia and individuals are made to feel inadequate as they are not being diagnosed properly</p> <p>Support for early diagnosis</p> <p>The services for people with dementia are great and the memory team are amazing. Whilst support for carers is mentioned in the 10 year strategy I would like to see it more explicitly stated and acted on, Carers are propping up the system and doing the work of a 24 shift of care workers, every single day without a day off. Even those who say they are fine and coping aren't. This level of care and support combined with the emotional impact and worry of witnessing the progression of the disease is exhausting, grinds the spirit and affects both mental and physical health. Carers need more help, especially those in older age themselves.</p> <p>In light of studies showing physical activity, in particular dancing, being helpful to reduce chances of dementia, I feel there is a missed opportunity to organise dancing lessons/opportunities and promote more this type of activity, for example having such lessons in Council-run gyms as classes, etc.</p> <p>Again there does not seem to be a strategy for people living at home.</p>	<p>There is a 10-year Richmond Health and Care Dementia Strategy and associated action plans in place.</p> <p>The Richmond Health and Care Dementia Strategy action planning includes a focus on strengthening system wide Dementia awareness training, with an emphasis on improving understanding in areas where knowledge was found to be lower.</p> <p>The Richmond Health and Care Dementia Strategy is an example of all system partners working together to improve care and support to people affected by dementia and their carers.</p> <p>The Richmond Health and Care Dementia Strategy action planning aims to increase the level of pre and post diagnostic support that is offered to the person with dementia and their family. The importance of the role of carers is recognised. In relation to Dementia there is a specific action around psychosocial support to unpaid carers.</p> <p>In particular, Young Onset Dementia to be supported with pre and post support that is age appropriate.</p> <p>The Richmond Health and Care Dementia Strategy action planning aims to increase awareness of how prevention level activities can reduce the risks of adults of all ages developing dementia and ran a Think Brain Health campaign in 2023 focussing on risk reduction messaging for dementia. The action plans also aim to reduce the risk of dementia through appropriate prevention level services that target modifiable risk factors, through voluntary sector such as CILS Partnership, to deliver a range of services for older adults that address the risk factors and conditions known to increase the risk of dementia e.g., physical inactivity, lack of social contact, healthy eating, smoking cessation lack of mentally stimulating activities.</p> <p>The Richmond Health and Care Dementia Strategy action planning aims to increase opportunities for unpaid carers of people living with dementia to have a short break including formal respite.</p> <p>The Council commissions the Richmond Carers Centre to lead the Richmond Carers Hub which is a partnership of six local organisations to support residents providing unpaid care to family and friends. The twin aims of the Hub partners is to</p>

<p>Provision of respite for carers is essential to prevent as caring for someone with dementia is 24/7 and exhausting</p> <p>Take the diagnosis pathway out of the hospital and into primary settings. Enable family members to refer directly for assessment.</p>	<p>support unpaid carers to deliver the best care possible whilst also enabling them to have a life outside of their caring role. Collectively, the Hub supports almost 2500 adult and young carers with information and advice, emotional support, peer support, training and short break opportunities including formal respite for residents new to caring for someone living with dementia.</p> <p>Noted, and will feed this back to the relevant leads responsible for the dementia diagnosis pathway.</p>
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Step 18: Social isolation

You said	We did
<p>What about a “ do you know your neighbour “ campaign that re-engages the in street community support of eras gone by ?</p> <p>'Adopt a Granny' style approaches would be great to incorporate, bringing young people more in contact with those who are elderly, to create a long term connection and support system.</p> <p>Not sure where all these people are coming from to assist our lonely community</p> <p>More in-person activities and community spaces, especially for those under the age of 65.</p> <p>Dont just focus on 'at risk' groups. Make this a focus for everyone, and in time it will reduce the number at risk.</p> <p>Less volunteering and more paid jobs in community services to provide more stability.</p> <p>Respite opportunities for carers. Once the person they care for is physically or mentally unable to go out, their world shrinks too and they often feel isolated.</p> <p>I'm concerned that the reliance on 'On Line' services would detract form the need of 'face to face' contact, and that in turn it would draw resources and would dilute the funding for the 'face to face' services</p> <p>Rather than moving towards supporting individuals online more emphasis should be placed on face to face social interaction.</p>	<p>We agree strong social relationships within the community are important to prevent social isolation. Community groups and schools often run intergenerational projects for exactly this reason, and we recognise the benefits can be significant. We continue to encourage groups to be innovative in this area.</p> <p>There are a variety of resources within our community that support lonely and isolated groups already such as community centres, CILS network, befriending services, and neighbourhood care groups. We acknowledge that it can be a challenge for people to find out what is available and to get involved, and we will consider how these can be promoted to increase awareness.</p> <p>We agree that preventing social isolation across all ages is important. The JSNA identified social isolation among the older population (65+) as a specific area of need, as older people are especially susceptible to becoming isolated. We will consider how to improve Council communication about the broad range of events and activities for this younger age group.</p> <p>This is an important point and relates to economics and sustainability of paid roles within the community. We agree in some circumstances there should be more paid roles to support people in the community especially those who are most vulnerable and with complex needs.</p> <p>We would encourage Carers to have a carers assessment for their needs. This will inform carers about respite choices both in the home and in the community. These can be arranged via the Council or Richmond Carers Centre.</p> <p>Community organisations tend to now offer a blended approach to service provision giving a choice of face to face or online options to receive support and take part in activities.</p>

Encourage faith groups to identify isolated people and extend support to them

Not all carers have access to digital information how will you meet their needs to ensure they are not forgotten? The system of support really needs to be streamlined and easy to access it needs a joined up approach. Access and reliability of District Nurses needs to be improved, are there enough?

Access and reliability of District Nurses needs to be improved, are there enough?

Carers often feel isolated and this Report's Actions include ensuring opportunities for breaks and social connections. Often Carers are not aware of these services, nor indeed, realise that they are a Carer. The one-stop-shop to ensure they receive this information is their local GP. Is this being done?

We will explore ways to flag this concern with local faith leaders, for example at the inter-faith forum. There are already some good of faith groups supporting isolated people (ie. [Warm Spaces](#)).

We are aware of some local groups supporting carers who send out non digital information (by post) to clients when requested but perhaps this needs to be researched further to increase understanding of how organisations more broadly cater for people who are digitally isolated.

We agree the national shortage of healthcare staff is a concern. Unfortunately, addressing hiring and retention issues within the NHS is outside of the scope of a Health and Wellbeing Strategy, but we will consider how this concern can be communicated to relevant partners (ie. HRCH).

END