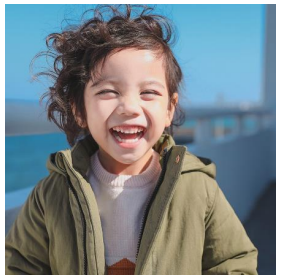
South West London
Health & Care
Partnership

Kingston Health and Care Plan 2019-21

Start well, live well, age well

Our plan – priorities for action

Start well



- Maximise the mental wellbeing and resilience of our children and young people
- Improve the health of children and young people with a focus on tackling childhood obesity
- Give children and young people with special educational needs and disabilities opportunities to flourish and be independent

Live well

- Support people to have good physical and mental health and prevent ill health
- Support people to manage long-term conditions
- Reduce health inequalities for those with poor health

Age well

- Maximise people's independence and resilience to enable them to live well at home where that is their choice
- Reduce loneliness and isolation for everyone particularly older people and their carers
- Enable people to live and end the last years of their life well

Unpaid carers: take action to improve our practice in identifying and recognising carers of all ages so they are linked to appropriate support options, enabling carers to reduce the social, financial and health impacts they face.

Prevention: take action across the life course and reduce inequalities

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Start Well

Start well - Maximise the mental wellbeing and resilience of our children and young people

Progress:

- The South West London Health & Care Partnership has been successful in securing £1.85m of trailblazer funding to deliver the Mental Health Support Teams (MHSTs) in schools across south west London.

- The mobilisation of the Kingston MHST is underway and AfC have appointed the Lead Mental Health Clinician for the Cluster as well as 4 Emotional Wellbeing Practitioners for the MHST.

- The MHST builds on the Kingston school cluster that is responsible for leading the delivery of the SWL Health & Care Partnership Emotional Wellbeing whole school approach pilot

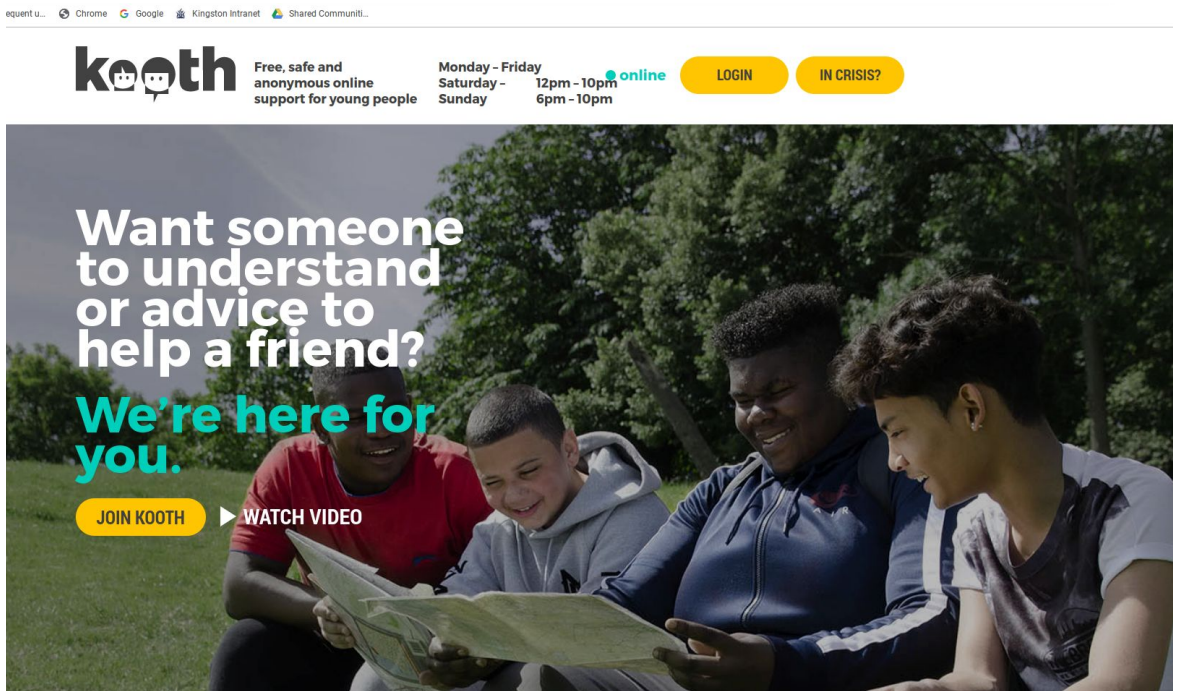
Start well - Maximise the mental wellbeing and resilience of our children and young people

Progress:

- Emotional wellbeing programme – trailblazer schools to complete an audit of their emotional wellbeing programme and agree an action plan, cluster and trailblazer schools to receive an emotional wellbeing programme

- School Mental Health Ambassadors conference November 2019: new cohort of Year 9 ambassadors from 13 secondary schools in Kingston

- Online resources and digital counselling – KOOTH locality lead met with RBK public health and YHC school health team to discuss promotion of service within schools. Assemblies planned for secondary schools in January. Delivery of mental health-related sessions by Kooth worker to be provided to schools (prioritising non-trailblazer schools). Kooth promoted and discussed in student mental health conference.



Start well - Improve the health of children and young people with a focus on tackling childhood obesity: **Healthy Schools & Healthy Early Years London**

- For Healthy Early Years London, as a borough we're working towards

Bronze awards (Children's centres, nursery settings and private and Vol Sector)

- Healthy Schools status

In the last 6 months the following awards have been achieved:

- Southborough High School achieved **Silver**
- St Marys C of E Primary School achieved **Bronze**
- St Philip's School achieved their third **Silver**
- Burlington Junior School achieved **Gold**

This takes the total number of awards in Kingston to **29** Bronze, **13** Silver and **5** Gold.

A total of 30 schools holding a Healthy Schools Award.

Start well - Improve the health of children and young people with a focus on tackling childhood obesity: **Rollout of Daily Mile**

This promotional video of St Pauls, Hook, doing the daily mile has been shared on social media channels with over **9,000 views**

Daily Mile sign ups: 7 schools have signed up since June 2019

In October 2018 there were 3 schools signed up, there are now a total of 13 out of 36 schools in the borough (Dec 2019).

School survey completers: 18 (50%) schools completed survey (Dec 2019)

A school survey was undertaken to update which schools currently participating in the Daily Mile, what their barriers are to completing it and what support they require in order to establish it in their school.

During Oct-Dec 19, the Daily Mile was Promoted in a variety of ways including presentations at Achieving for Children School Improvement Forum, Primary Heads Forum and to school health practitioners in primary and secondary schools.

Start well - Improve the health of children and young people with a focus on tackling childhood obesity **: Good Food Group**

Progress update on Supporting vulnerable families to access healthy and affordable food – **Good Food Group**

A multi agency Good Food Group has been established with a focus for 2020/21 on

- Increasing Healthy Start Voucher uptake to support pregnant women and children under 4 to access vouchers every week to spend on milk, plain fresh and frozen fruit and vegetables infant formula milk and free vitamins.
- Holiday Food Provision for children and families (on a low income) during the school holidays
- Increasing awareness of the voluntary sector offer available to prevent or respond to food insecurity (targeting low-income communities).
- Food distribution and coordination. Improve the alignment of food sources and distribution within RBK in order to improve distribution of surplus food resulting in less waste and supporting those experiencing food insecurity to access a variety of healthy food.

Start well - Improve the health of children and young people with a focus on tackling childhood obesity: **HENRY**

Progress update on parenting programmes that promote healthy eating and active play for 0-5s and skilling up early years professionals

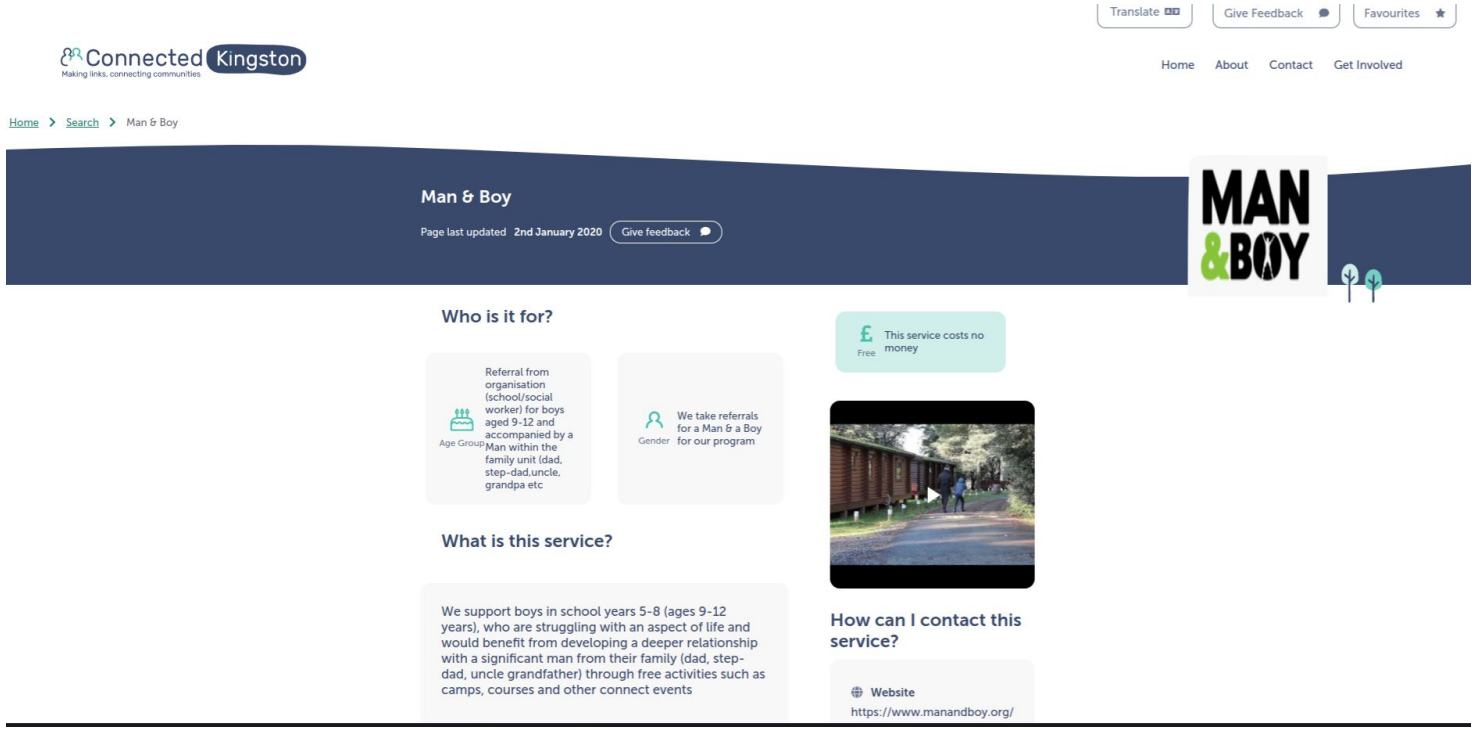
- HENRY programme (whole-family approach to achieving and maintaining a healthy weight from pregnancy to the end of primary school) is being commissioned by Public Health and provided by Your Healthcare and delivered in Children's Centres.
  - 36 practitioners to be trained in core HENRY training to support day-to-day work in 2020 across health visiting, school nursing and children's centres
  - 6 practitioners to be trained to facilitate family groups in 2020

Healthy Start, Brighter Future

Start well - Improve the health of children and young people with a focus on tackling childhood obesity: **Prevention activities**

Progress on promoting prevention activities including the use of Connected Kingston and **promoting the local voluntary sector offer**:

- A multi agency social prescribing group for children has been established with
- **38 children's support services** now listed on Connected Kingston's website at the start of Jan 2020.



Start well - Improve the health of children and young people with a focus on tackling childhood obesity : **Infant Feeding**

Progress on the Infant Feeding Partnership;

The borough's Infant Feeding Partnership is chaired by public Health and includes representation from Kingston Hospital, Your Health Care, voluntary Sector partners and lay community members.

A multi agency action plan to promote infant feeding throughout the borough now includes a target for all of Kingston to be Unicef Baby Friendly (promoting breastfeeding and good practice infant feeding) and aims to increase breastfeeding rates for mothers at 6-8 weeks.

Your Health Care (YHC) achieved Level 3 Unicef Accreditation in December 2019, Kingston Midwifery are in the process of applying for Level 3, Children's Centres have achieved Level 2 and Kingston Neonatal unit achieved Level 1.

unicef
UNITED KINGDOM
THE BABY FRIENDLY INITIATIVE

Start well - Improve quality and timeliness of education, health and care plan assessments

1. The CCG Designated Clinical Officer (DCO) has been working with AfC's Quality Assurance (QA) lead to develop multi-agency QA processes.
2. The DCO has been developing a consistent QA process for health advice in collaboration with health providers.
3. A systematic internal QA process on the quality of Education Health Care Plans (EHCP) are now established.
4. A systematic request for parent / carer feedback is now made after every EHCP issuance.
5. In Q3 98% of EHCPs were issued within the 20 week statutory period, taking the average quarterly performance since April to 97.6%.

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Live Well

Live well - Support people to have good physical and mental health and prevent ill health: **Promote health checks and national screening programmes**

Physical health checks for people on the serious mental illness (SMI) register

Plans are in place to increase the numbers supported through a physical health check in either primary or secondary mental health services. These actions include:

- Support to practices to improve to case finding through a locally commissioned service (LCS) to improve uptake, supported by physical health check nurses
- Work with South West London and St George's Mental Health Trust to receive information on the physical health checks they have undertaken and add these into the care record

Live well - Support people to have good physical and mental health and prevent ill health: **Promote health checks and national screening programmes**

Annual Health Checks delivered by GPs for patients on the Learning Disability Register

75% of people who have a learning disability aged 14 or over should have an annual health check. For Kingston, 63.3% of the population who have a learning disability have received an annual health check between July 2018 – June 2019.

Kingston CCG has recently appointed clinical lead for people with learning disabilities and autism. The clinical lead has commenced in post, and has met with Your Healthcare, and The Royal Borough of Kingston to start to align the people with learning disabilities known to the local authority and community provider.

Practice level data showing progress towards the 75% standard has been shared with GP practices in Kingston, and the Kingston CCG primary care team is pulling contemporaneous information related to the people on the learning disability register to support practices and aid the follow up of issues.

Live well - Support people to have good physical and mental health and prevent ill health: **Cancer Screening**

The Health and Care Plan 2019 reported Cancer screening coverage for breast (70%), cervical (66.2%) and bowel (55%) are all lower than England. Cancer is the leading cause of death in under 75 year olds.

Progress on screening rates:

- Cancer screening coverage **(breast)**

Most recent data, March 2018 = 73.8%

- Cancer Screening coverage **(cervical)**

Most recent data, Q1 2019 = 69.2%*

- Cancer screening coverage **(bowel)**

Most recent data, 2018/19 = 55.9%

Community Links, a provider of cancer screening telephone calls in GP settings, was commissioned in November 2019 by Public Health, with NHS Transformation funding, to reach 19,000 women who are entitled to cervical screening in an effort to increase uptake of the service.

Community Development and outreach provides information, support and education sessions to marginalised groups on Breast, Cervical and Bowel Screening.

Between October and November 2019, **178 people were reached in community settings.**

Live well - Support people to have good physical and mental health and prevent ill health: **Cancer screening engagement for marginalised groups**

A Refugee Health Day was organised in November to include cancer screening
30 stated they will now seek tests

178

people reached in Oct & Nov 2019

Live well - Support people to have good physical and mental health and prevent ill health **-Promote health improvement initiatives**

Progress update

Stopping Smoking

In Kingston, Smoking Cessation services (stopping smoking) are mainly provided by KickiT. The service particularly targets groups at high risk such as manual workers, people with mental illness, young people and pregnant women.
125 people have quit smoking between April and September 2019. A Stoptober campaign was run in October to promote KickiT stop smoking service and stop smoking support.

Weight Management

In Kingston adults can receive 12 weeks of free weight management support.
53 adults were referred for a 12 week weight management service between August-September 2019.
With the current weight management providers, 32% of the 156 completers in 18/19 achieved a 5% weight loss (performing higher than the PHE target of 30% for achieving a 5% loss)

Live well - Thrive Kingston - **Theme 1: Wellbeing and Prevention**

RBK signed the Time to change Employers' Pledge in June and a number of other workplaces in Kingston are planning to sign in 2020

The annual Student Mental Health conference in November 2019 saw new cohorts of Year 9 students from 11 secondary schools in Kingston become mental health ambassadors.

In 2019, the London Healthy Workplace Charter was relaunched by the GLA as the London Healthy Workplace Award, of which two businesses in Kingston achieved an award in 2019.

Kingston was part of two successful South West London bids for suicide prevention transformation funding – postvention bereavement and targeting middle aged men, announced in June.

Live well - Thrive Kingston

Theme 1: Wellbeing and Prevention continued

- Kingston's new Time to Change (TTC) Hub Coordinator started in September and has been recruiting new Champions at various events from Kingston University Volunteering Fair, Rise Café, Healthwatch Kingston Open meeting and Mental Health task group. A TTC Champions Network meeting has recently been set up allowing Champions to discuss their ideas.

- For World Mental Health Day on 10th October 2019 Time to Change Hub Kingston launched its Champion Fund allowing residents to bid for funds to help tackle stigma in local communities. This received 6 applications from the first round.

Theme 2: Early Intervention and building capacity for self care

- There has been an expansion of Mental health First aid (MHFA), in particular Youth MHFA.
- In the 2019/20 academic year there were a total of 12 Youth courses for staff working with young people in Kingston. Since September 2019 there have been three Adult MHFA courses within Kingston.

Live well - Support people to manage long-term conditions:

Proactively support people with complex health and care needs by bringing health and care professionals together around the individual via primary care networks

- Monthly Multi Disciplinary Teams are in place across all practices
- A positive impact has been observed on avoidable emergency admissions through the coordination of support in the community.
- This year has shown a reduction of 85 hospital admissions compared to last year

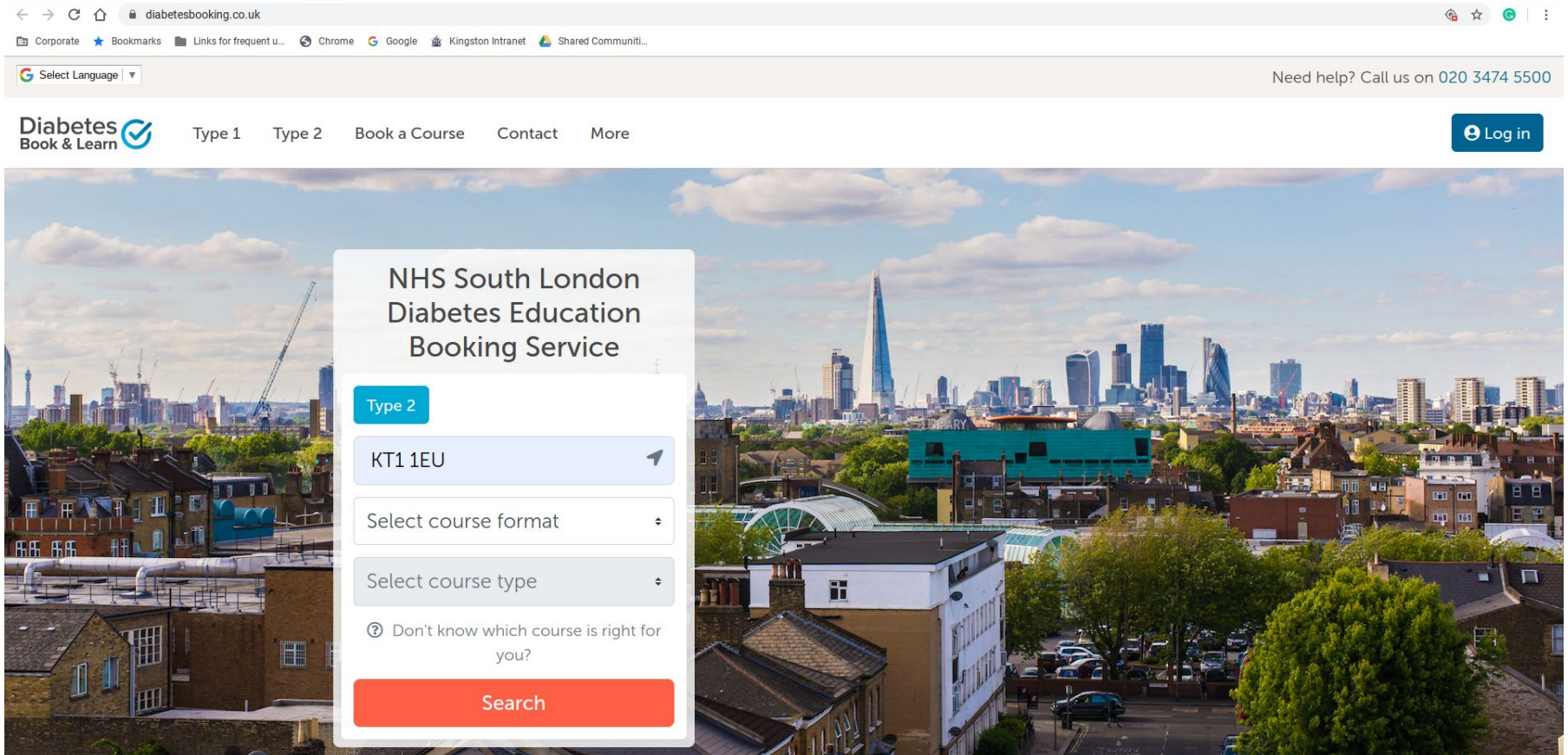
Live well - Support people to manage long-term conditions

Diabetes

A new Diabetes group formed across Kingston and Richmond partners in October 2019 to support prevention and promote services available to Diabetes patients.

The Book and Learn service, launched in November 2019, is a new online booking service for diabetes education courses, providing choice and access for for people with Type 1 and 2 Diabetes

www.diabetesbooking.co.uk



Live well - Support people to manage long-term conditions:

Build capacity and capability within the community to support self management

The 12 week Get Active Programme is being promoted throughout the borough, with a particular focus on those who have long term conditions and/or experience inequalities.

Number of patients supported between June-November 2019: 216

Number of actively participating patients in Jan 2020: 74

Supports patients with: obesity, mental health issues, muskuloskeletal (msk) conditions and poor mobility enabling people to improve their health and wellbeing

Good retention: Kingston's service has a 40% higher than national average retention rate and served 381 patients in 2018/19.

Recommended by professionals: 31 different health organisations are now referring into the service (including psychological therapies).


CORE BAG

Health Improvement, **Get Active Exercise Referral** continued -testimonial

“Gareth, I want to thank you for saving my life”

In November 2019, Gareth Harvey, Get Active Exercise Referral Specialist, received the following message from a 70-year-old lady from Chessington. The subject line of her email was 'My Heart !'

"Dear Gareth,

On April 4th this year I came to see you on the Get Active programme. I mentioned, casually, that I was a little out of breath for the past three days and felt unfit. After going through all the questions regarding my fitness and blood pressure reading you very insistently told me to go straight to my doctor that day. I was surprised at your insistence, so duly went to the surgery that afternoon. I was sent straight to A&E where after blood tests, scans and then an angiogram it was confirmed that I needed a triple bypass on my heart. The operation took place 6th September. Gareth, I want to thank you for saving my life. I was a walking time bomb and not even the doctors picked up the signs. You did. Your professional attitude and quick thinking, together with such insistent has saved me. I cannot thank you enough you are an “Angel” !!!! Thank you thank you

Kind regards & I wish you well for the future"

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Age Well

Age well -Reduce loneliness and isolation for everyone particularly older people and their carers: **Build opportunities for social connections so that people have local places to go to that bring together the young, adults and older people**

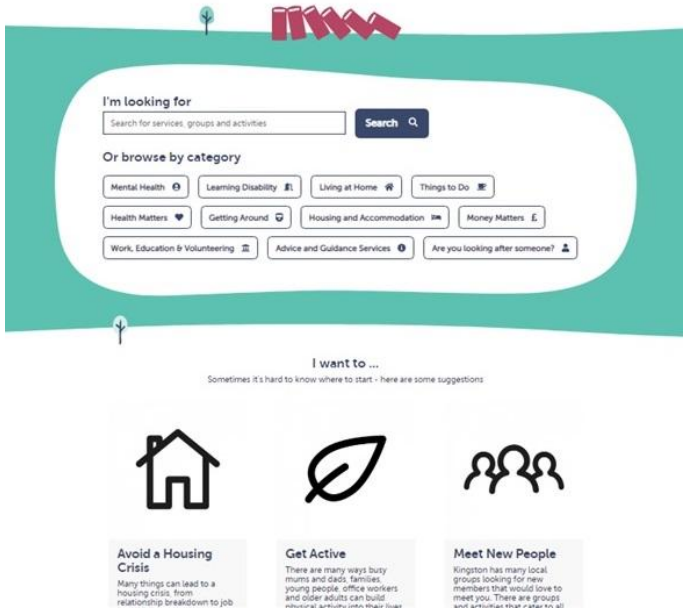
Progress on the Connected Kingston Model

Connected Kingston
Making links, connecting communities

There are three pillars of social prescribing that build on core self-care prom

1) **Connected Kingston website** https://www.connectedkingston.uk/

The website provides low level support, information, signposting and connection/referral access to local activities and services. It is an enabler for the local workforce to promote local connections through its directory of services and activities.



2) Community Champions

A variety of frontline workers trained to provide empowered signposting and introductions to support services, often via the website. Community Connectors also take part in Making Every Contact Count (equipping them with skills to have a healthy behaviour change conversation)

3) Community Connectors

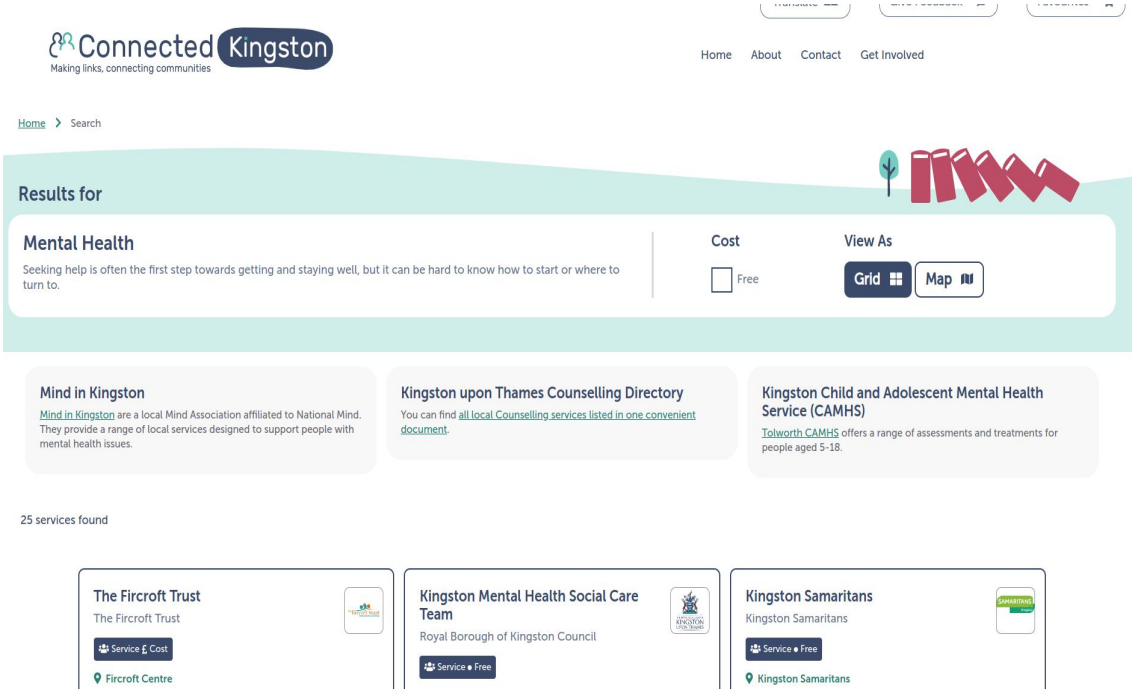
Provided by Staywell, Community Connectors provide higher level social prescribing in the community and in people's own homes. Usually 6 interventions (telephone or face to face support is provided)

The service is available to people living in the Royal Borough of Kingston and/or registered with a Kingston GP. Social prescribing can support a wide range of people, including (but not exclusively) people:

Connected Kingston Website
December 2019

- 315 active services are listed on Connected Kingston.uk
- 123 organisations/ groups are listed on Connected Kingston.
- 68 services are accepting referrals/ connections from the Connected Kingston website.

The website acts as a directory of services, activities and community assets available in Kingston as well as a ‘referral or connection tool’



Connected Kingston **Champions**

- 196 Community Champions have been trained across the system
- In addition, 36 Champions have completed their MECC online training (how to hold a healthy behaviour change conversation)
- 11 Champions have received a special ‘metal badge’ for their efforts in completing all stages of the training and making community referrals

Susie from Volunteering Kingston

“I met a volunteer at one of our drop-ins who was looking to volunteer as a way to improve his health and wellbeing while chatting to him about his aspirations for volunteering he happened to mention wanting to quit smoking.

I had recently completed the Making Every Contact Count training through Connected Kingston in which we learned how to offer bite-size opportunistic advice.

I mentioned the Connected Kingston platform as a tool for him to find out about local services. We searched together for services to help people wanting to stop smoking and found the free Kick-it service.

As a non-smoker, without Connected Kingston I may not have been able to offer a suitable service, so I was really glad to have the tool at hand."

Community Connectors

services that change lives staywell

Connected Kingston
Making links, connecting communities

- Provided by Staywell, 6 Community Connectors (3.6 FTE) currently provide higher level social prescribing in the community and in people's own homes.
- The service is available to adults living in the Royal Borough of Kingston and/or registered with a Kingston GP.
- Social prescribing can support a wide range of people, including (but not exclusively) people:

  - with one or more long-term conditions
  - who need support with their mental health
  - who are lonely or isolated
  - who have complex social needs which affect their wellbeing.

- The original Connector Service Pilot service ran for 13 months. Staywell received 338 referrals (over 12 months to end Aug '19), of which 11 were introductions via the Connected Kingston website (launched in March '19)

- **Since 16th September 2019,** all 5 Primary Care Networks (PCN) are subcontracting Staywell's new Community Connector service to provide 1 FTE social prescriber per PCN (a population size 30-50,000 per PCN = 5 FTE staff).
- The funding for staff numbers will be likely rise in April, as set out in the NHS Long Term Plan.

Macmillan Social Prescribing Pilot

Connected Kingston
Making links, connecting communities

The Macmillan Social Prescribing (MSP) pilot ran between 2017 to the end of 2019 for patients living with and beyond cancer and their carers.

To date **153 (89 female, 64 male) clients**, **aged between 50 - 69** engaged with the MSP pilot to date.

The three most common support needs identified were:

Low mood and anxiety, Support with improving their lifestyle and Peer and Social Support, respectively.

71 examples of signposting and referral made during the MSP programme (frequently for wellbeing and bereavement, local Citizens Advice Bureau and Kingston Carers Network).

The largest gains across two methods of evaluation methods measuring patient outcomes within this pilot (the EQ5D-5L and Outcome Star reviews) were associated with **improved mental wellbeing and feeling positive**

Next steps: Learning, contacts and referral support will be available via Connected Kingston and embedded into the new PCN Link Worker Provision being provided by Staywell in 2020

WE ARE MACMILLAN. CANCER SUPPORT

Age well - Enable people to live and end the last years of their life well -**Dementia Strategy**

The number of people being diagnosed with dementia in Kingston has increased and

the national target has been met each month since October 2019

A Dementia Support Service commenced in August 2019 and is being delivered by the Alzheimer's Society and offers:

- Drop in Support Group for people living with dementia or worried about their memory (held in Surbiton every Thursday)
- Carers Support Group (held in Tolworth Hospital every Tuesday)
- Carers Information Support Programme - a free 4 week course, an opportunity to improve knowledge, skills and understanding for those caring for a person with dementia, in a friendly and confidential environment.
- Dementia Advisors - offering advice, support and coping strategies

The Dementia Support Worker is based in Adult Social Care (ASC) in the main Guildhall every Weds to answer questions & promote the service amongst staff.

All ASC Commissioners have undertaken training to be Dementia Friends and Stephen Taylor, Director of Adult Social Care, will become the department's Dementia Champion, promoting dementia awareness amongst senior leaders and Elected Members

A project group has been developed to review and refresh the Dementia Strategy which concludes in 2020. The group consists of colleagues from Public Health, Kingston and Richmond Clinical Commissioning Groups, ASC and the Alzheimers Society. This group commences work in January 2020.

Age well - Enable people to live and end the last years of their life well: Improve end of life care by developing a compassionate approach, to include delivery of Kingston's end of life care strategy

419 care plans have been created for people at the end of life and have been used 1660 times by our urgent care services.

Kingston has the highest percentage of people dying in their usual place of residence (47.1%) and reducing hospital deaths. This is the highest in South West London and better than the England average.

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Carers

Carers -Improve our practice in identifying and recognising carers of all ages so they are linked into support options, enabling carers to reduce the emotional, social, financial and health impacts they may face

- Carers Strategy Review Group Established to review the impact of the existing Carers Strategy
- A refresh of the current Strategy, which concludes in 2020, will be carried out.
- Kingston Carers Network are now undertaking Carers Assessments on behalf of RBK and have access to the Council's IAS to input assessment directly onto the Council's system.

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Prevention

Prevention -Health in All Policies

The 2019 Annual Public Health Report launched in November and highlighted the importance of place in shaping our health and wellbeing.

Following this report we will be implementing a ‘health in all policies’ approach to prevent illness by incorporating health considerations into decision-making across all sectors and policy areas. This will ensure that the Royal Borough of Kingston remains a healthy place in which to grow up, play, work and live.

Prevention - Health Improvement and Social Inclusion, reaching out to socially excluded groups to promote healthy lifestyles

The Health Improvement and Social Inclusion Plan incorporates actions benefiting a range of **socially excluded groups**, such as refugees, vulnerable migrants, young people, older people, Korean communities, Lesbian, Gay, Bisexual, Transgender, Gypsy and Traveller communities and people with complex needs/learning disabilities.

The plan includes promoting health improvement and healthy lifestyle initiatives where certain groups experience poorer health outcomes than the wider population and inequalities in health.

Highlights from the Council's Community Development Team, working with voluntary sector partners to promote healthy lifestyles amongst socially excluded groups in last six months:

24 migrant parents improving their nutrition through the Healthy Eating project

One Syrian refugee accepted as one of 12 nationally onto Nike's Future Leaders Programme, which will encourage and empower them to launch their own sporting project

Approximately £10k funding secured for a **refugee cycling project** aiming to reach 30 people in its first year, 2020

Prevention - Tackling Wider Determinants of Health and Promoting Wellbeing

Providing a [illegible] encouraging vulnerable groups to have a say in their community

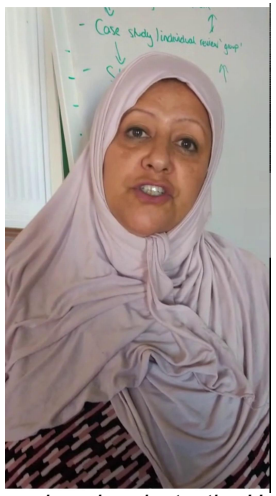
RISE: Working with groups with complex needs

100 migrants given advice in last six months through advocacy project

Migrant workforce provided with in-house English lessons and public lifestyle programmes

Le[illegible]ps: cross-council partnership to reduce digital issues around Universal Credit

44 Syrian refugees resettled to date under the government's VPR scheme



Co-produced projects: the Health Improvement and Social Inclusion Plan was created with key stakeholders

£70,000 awarded in community grants to grassroots projects across borough

Encouraging skills: [refugee showcasing art at local museum]

£164,000 awarded by MHCLG for integration projects

Prevention -Winter Wellbeing

The winter wellness campaign (including the Flu jab campaign) was promoted by RBK and the CCG throughout the borough during November 2019. This included a social media campaign, posters in children's centres and newsletters amongst the voluntary sector. Target groups included children (2-5 years), pregnant women, adults 65+ years and those living with long term conditions.

Stay well this winter

Friday, 29 November 2019

With the cold weather upon us, it's not uncommon to feel run down or poorly.

Take a look at our top tips from Public Health, to help you and those you care about stay well this winter.

1. **Get the flu jab** - you may be eligible to get the free flu jab from your local pharmacist. This can help protect you and those around you from getting the flu. While unpleasant for everyone, the flu virus can be particularly dangerous for young children, over 65s, pregnant women and those with long-term medical conditions.
2. **Visit your local pharmacy** - who can offer advice and information about a range of illnesses such as coughs and colds. Find your nearest pharmacy online, and remember only go to A&E in an emergency.

Did you know that you may be eligible for financial help to heat your home during the colder months? For more information about staying warm visit the council's winter wellbeing webpage.