

JSNA

Joint Strategic Needs Assessment

COMMUNITY VOICE

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NOVEMBER 2021



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COVID-19 Impact on the JSNA Report

The COVID-19 pandemic has had multiple and wide ranging impacts on the population. It has increased and expanded the role of both statutory and voluntary sector organisations, and other community led services. The Pandemic has created a whole new set of challenges for carers, hospitals, GPs and care homes, leaving in its wake health and social care service backlogs, establishment and management of a new and significant vaccination programme. The impacts span the life course and wide-ranging issues from political, economic, social, technology, lifestyle and health.

The pandemic has highlighted more starkly, issues such as health and social inequalities and deprivation, anxiety and mental ill-health, and many others. The JSNA health outcomes and wider determinants data presented in this JSNA generally predate the pandemic and could be expected to deteriorate in areas such as life expectancy, mortality and morbidity rates. Mortality from COVID-19 has had an unequal impact on different population sub-groups and exacerbated health inequalities. However, this will not be fully reflected in this JSNA as the data is not yet available at a local level.

It remains important to monitor pre-Covid time trends to understand the baseline from which to measure the local effects of Covid-19 on key statistics. The Protect Well chapter has more detail of the impact of COVID-19 on health outcomes. It is expected that detailed COVID-19 information will be available for analysis and consideration over the next 12 months.

1. Introduction

Richmond Upon Thames boasts a thriving and dedicated voluntary sector formed of over 800 voluntary sector organisations alongside 29 GP surgeries, 45 community pharmacies and 40 care homes supporting the local population¹. Alongside these supporting organisations, the community has an important role to play in building a picture of the health and social care need in Richmond. It is a large and leafy borough, containing over 100 parks and open spaces within its boundary. It is intersected by ten miles of the River Thames and the only London borough to sit on both sides of the river. A full overview of the borough, its population, demographics and key facts can be found in the People chapter.

The role of Public Health and its partners, through the Joint Strategic Needs Assessment (JSNA), is to understand and respond to the needs of local people, implementing services and support, in response to the findings. Government guidance on the role of the JSNA states that decisions regarding services should be made as locally as possible and involve the people who use them and wider community².

The inclusion of the 'Community Voice' into the JSNA process has enabled a more thorough consideration of the health and social care needs of Richmond residents. The voice of the local community can further support the development of services which aim to support residents to live healthy, full lives across the borough.

Efforts were made to engage with voluntary and community organisations. Considerable positive feedback was received on the recommendation to include a Community Voice chapter in the Richmond JSNA. However, as a result of the COVID-19 pandemic, it was not possible to obtain contributions from more than a few organisations. Whilst Public Health outlined their request for contributions to the Community Voice chapter in March 2020, few submissions were received. As a result, these unusual circumstances led to a limited engagement, so a pragmatic approach was taken in the completion of this chapter. This involved using the data available, which at this time primarily came from HealthWatch Richmond.

Data was augmented using desk-based research and included input from colleagues at the South West London Health and Care Partnership, Richmond Council for Voluntary Services (RCVS), and Richmond Council's Prevention and Wellbeing Team. The chapter may not fully reflect the experiences of all communities.

This chapter complements the Start Well, Live Well and Age Well JSNA chapters and includes the community view on health needs across the borough, including the perception of the gaps in health and social care service provision.

Views gathered from the local community will be used to develop the vision of local services in the Health and Wellbeing Strategy. Using both anecdotal evidence and survey data, it is written through the community's lens, including viewpoints of organisations and individuals based on their experiences to inform health and social care need across the borough.

The findings of this research into the community's overall views on the health and social care needs highlighted there are many areas in which residents feel their needs are being met. However, if an area of health or social care need was not highlighted during this research, it does not follow that no need exists, simply that it was not reported.

¹ London Borough of Richmond Upon Thames, 2020. Voluntary and Community Sector. [Online] Available at: https://www.richmond.gov.uk/services/voluntary_and_community_sector

To ensure the health and wellbeing of Richmond residents, the research identified gaps in health and social care provision which require priority focus in the future. Specific areas highlighted include mental health across the life span, additional support needs for carers, people living with disabilities and/or long-term conditions. Wider determinants brought to light by the COVID-19 pandemic included health inequalities and digital exclusion.

The findings reported on peri and postnatal mental health suggest a need to better understand the mental health experiences of new parents. Part of this is recognising the support needed and providing consistent effective signposting to appropriate services.

The research identified that further work is needed to support the mental health needs of lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ+) people in the borough. In addition, reports from the community and voluntary sectors suggest that there is a need for further investigation into the support needed for people with learning disabilities, including the development of more tailored support options. More widely, people with learning disabilities and the organisations that support them, have also reported that the mainstream services which support healthy lifestyles such as smoking cessation and weight loss services are not readily accessible.

For older people living in the borough, tackling digital isolation alongside social exclusion and loneliness, were stated as a priority to ensure healthy ageing and good mental health. Conversations with carers groups identified the need for mental health support and respite for carers of all ages, as well as people of all ages. Given the negative responses received regarding NHS continuing care, there is also a clear need to review this area.

The COVID-19 pandemic has clearly impacted on the community and voluntary groups as well as their users. Many groups struggled with identifying need outside of all-consuming current issues. This resulted in a lower response from community organisations who were primarily focused on supporting residents at a time of crisis. The landscape has altered so much since the onset of the COVID-19 pandemic the priority areas of need have changed.

It is challenging for the community and voluntary sectors to envisage what the future may look like and, whilst so much uncertainty remains, it is challenging to plan future services.

1.1 Defining Community and the Community Voice for Richmond

For the purposes of this report, community is defined according to Public Health England (PHE) who use a definition drawn from community development^{2 3}. In this context, the umbrella term 'community' is used to describe the relationships, identities, interests and connections which link people or give them a shared interest in an area, culture or activity. The groups and organisations consulted create these links, and identify which are communities in their own right, and their role across the wider Richmond community.

1.2 Understanding Health and Social Care Need in the Community

This chapter considers the wellbeing of the population in the widest sense, comprising not only physical and mental health, but also those needs which enable residents to live a full, thriving, healthy life. It seeks to find the common threads which provide a community perspective on health and social care need. However, this may look different for population groups, including the most vulnerable in the borough.

² Public Health England, 2015. A guide to community centred approaches for health and well-being, London: Public Health England.

³ Yenbury, H., 2011. Vocabularies of Community. Community Development Journal, pp. 47(2):184-98.

Responding to residents needs ensures the provision of the appropriate best services for local people. It means Richmond Council, South West London Clinical Commissioning Group (SWL CCG), and partners can better understand the local population and respond to the needs accordingly.

During the COVID-19 pandemic, needs will have developed, shifted and evolved, meaning community involvement in developing the JSNA is greater than ever.

For the purposes of this chapter vulnerable groups have been considered for different age groups to reflect the life course approach⁴. These include:

- **Start Well** – (*pregnancy, early years and childhood and adolescence*)
0–18 year olds who are experiencing disadvantage, living in relative poverty or have low household income. In addition, those young people who have poor educational attainment, are known to the criminal justice system and those experiencing bullying or excluded from school
- **Live Well** – (*adults of working age*)
18-64 year olds who are homeless, unemployed, disabled, with serious mental illness, have drug or alcohol addictions, gamble, have poor relationships, or live with learning disabilities.
- **Age Well** – (*Older people post retirement age*)
People 65 years + who are living alone or experience frailty or loneliness.

Vulnerability need not be a permanent state and is often more fluid and experienced differently across life stages and experiences. It should be noted that the groups outlined above are not exhaustive or exclusive. Residents may move in or out of these situations or be exposed to several vulnerable situations either alone or within their family.

1.3 Findings and Evidence of Need

The findings are presented to reflect the structure of the remainder of the Joint Strategic Needs Assessment; Start Well, Live Well and Age Well; and chapters on the wider determinants of health affecting health and social care needs. Responses were gathered via telephone calls and using the Microsoft Teams or Zoom video calling facilities with the stakeholder organisations identified and contacted as a part of the data gathering process.

Each section contains key areas of need highlighted by community and voluntary sector organisations in Richmond. Examples of good practice as well as gaps are included.

HealthWatch Richmond provided a summary of the evidence of health and social care need in the borough as identified during their consultation work across the borough over the last five years. This represented 2,200 experiences collected through approximately 250 visits to community groups across the geographic and demographic range of Richmond Borough. It is this large and thorough body of work which forms the basis of this chapter.

⁴ More on vulnerable groups can be found in Vulnerable Groups JSNA chapter.

Table 1 lists the individuals contacted during the development of the chapter.

Table 1: Contact list, May - July 2020

Organisation/ Name	Contact/Outcome/Notes
HealthWatch Richmond	Submission report for areas to include in the Community Voice Chapter received from HealthWatch– June 2020 This report included input from several organisations linked to HealthWatch Richmond e.g., YOL Follow up email and correspondence
Richmond Council for Voluntary Services	Contacted by email Telephone interview
Richmond Council for Voluntary Services	Email contact requesting information Submission vis email and follow up emails
Commissioning, Prevention & Wellbeing team, Richmond & Wandsworth Councils	Invited to be a part of the team evaluating a survey to the Voluntary and Community Sector on the impact of COVID-19 on their services.
Richmond CCG	Email contact –Telephone interview
Age UK Richmond	Email contact Some information received through VCS Survey

It should be noted that due to the limitations created by the COVID-19 pandemic there may well be areas of need which have not been identified during the research process. The findings presented are drawn from the respondents only.

2. Start Well

Start Well covers areas of health and social care need during pregnancy, early years, childhood and adolescence. The main areas of need highlighted by the community respondents include:

- antenatal and new-born screening
- health visiting
- children and young people’s mental health
- risky behaviours
- Special Educational Needs and Disabilities (SEND).

The first 1,000 days (conception to 2 years) was identified by respondents to the SW London Health and Care Partnership (SWLHCP) patient and public engagement report in 2019 as being an important area of focus for residents⁵. Childhood obesity was not mentioned as an area of need in discussions but remains a priority for the borough in line with national policy.

2.1 Perinatal and Postnatal Mental Health in Parents

HealthWatch Richmond reported concerns regarding support for women with poor mental health during and after pregnancy. However, many experiences of mental health support during the antenatal period were positive, with individuals who needed help able to obtain access as well as caring, helpful support from the midwives.

Postnatal experiences were mixed. Whilst health visitors gave advice where they were able, some advice was felt to be misguided. New parents reported being told to take antidepressants 'at their own risk' whilst breastfeeding, leading to the mother deciding not to take them as they felt unable to weigh up the benefits and risk without guidance from a professional.

Other issues included new parents not feeling listened to regarding their mental health concerns, not having opportunities to discuss their mental health, services being unreliable and often cancelled, and in one case a new mother reaching crisis point due to a lack of access to therapy.

2.2 Antenatal and Newborn Screening

Healthwatch Richmond gathered the views and experiences of 103 local women with due dates ranged from August 2015 to May 2018 who had received antenatal care⁶. Overall, 86% of respondents rated their care as very good (44%) or good (42%), felt involved in their care and reported good access to information and emotional support and that the right amount of written and verbal information was given. The report suggested that more work should be done to ensure all women are informed about the available emotional support.

The report highlighted that approximately 1:3 women (29%) self-refer to hospital for their initial antenatal appointment and reported better experiences and fewer mistakes⁷.

Feeding was reported as an area where there was a gap in antenatal information. A quarter of people who received information reported that they did not receive enough before and after childbirth.

In addition, the research highlighted a potential gap in monitoring gestational diabetes as patients reported not receiving follow up blood tests post birth.

2.3 Health Visiting and Well-baby Clinics

HealthWatch Wandsworth provided anecdotal evidence from their discussions with young people around sexual health issues. They highlighted the need for opportunities for young people to discuss and understand risky behaviour. Young people reported that informed conversation helped them to avoid risky behaviour. There is a need to link risky behaviour and mental health support as young people were concerned about feeling safe, and the impact of peer pressure being more significant than the information available to them. There is a need for more information about sexual health through channels used by young people, including social media.

⁵ SW London Health & Care Partnership, 2019. Developing a health and care plan for Richmond - Patient and public engagement report 2019, London: SW London Health and Care Partnership.

⁶ HealthWatch Richmond, 2018. Care During Pregnancy (Antenatal Care), London: HealthWatch Richmond.

⁷ HealthWatch Richmond, 2018. Care During Pregnancy (Antenatal Care), London: HealthWatch Richmond.

2.4 Childhood Obesity and Risk factors – Secondary School Children

HealthWatch Richmond regularly hold consultation events with Youth Out Loud! (YOL!), a group of young people from Richmond and Kingston who collaborate with HealthWatch to scrutinise local health services available for young people⁸.

Discussions with school-aged children and young people indicated they generally understand what healthy eating is and, a lack of physical activity, and excessive sugar intake/processed food may result in overweight, obesity and dental issues.

Young people reported much of their information on eating healthily comes from school, but little changes as their living environment prevents them from making healthy choices.

Healthy foods were not always available for children at secondary school. Unhealthy snacks were seen as cheaper, more available and more filling than fruit and vegetable options. Young people suggested learning healthy cooking skills in school to support the lessons on healthy eating.

Opportunities to be physically active were reported as being limited by the amount of physical education (PE) hours in their timetable in comparison to sitting in lessons and studying at home. The time spent being inactive tends to increase as they progress further in their education. Young people requested further support in building physical activity into their lives. Lack of opportunities to exercise both in and out of school were highlighted by the SWLHCP research as a part of their patient/public involvement activities⁶. Respondents felt that there had been a lack of ambition with regard to developing physical activity for young people, and more work was needed for increasing opportunities outside of school.

2.5 Children and Young People's Mental Health

In 2016, Healthwatch Richmond collected experiences from parents and schools on Richmond's Child and Adolescent Mental Health Service (CAMHS)⁹. The report found that many of the 1580 young people who had used the service felt they needed better emotional wellbeing services in and out of school.

However, the report also highlighted there were barriers to seeking support including stigma around mental health issues, a lack of understanding of their needs, or how to express them, which create obstacles for young people.

Long waiting lists and high thresholds for CAMHS were and remain a significant barrier to accessing care. Accessibility to services was described even more difficult for individuals whose sexuality, ethnicity or gender made them less likely to access a service.

Follow up consultation with Youth Out Loud! in 2019 highlighted "Off the Record" as a safe and useful place to seek help or even just ask questions about mental health. People who went there described staff as friendly and helpful. However, the long waiting lists for counselling put people off seeking help.

Online services are a useful way of obtaining new information safely, providing there is signposting to the most appropriate service, e.g., self-harming.

2.6 Positive mental health

In terms of prevention, young people at YOL! and Kingston and Richmond Youth Council (KRYC) reported to HealthWatch Richmond that working together or developing a whole school approach would help them develop resilience and better mental health. Where schools and other agencies communicate effectively and where the staff are friendly and approachable, young people feel able to share their feelings about their mental health. Young people's suggestions for improvements included support around exam pressure, and a more in-depth approach to their mental

⁸ HealthWatch Richmond Upon Thames, 2020. Who are Youth Out Loud!? [Online]

Available at: <https://www.healthwatchrichmond.co.uk/news/2019-07-17/who-are-youth-out-loud>

⁹ HealthWatch Richmond Upon Thames, 2015. Improving Emotional Wellbeing for Young People in 2016, London: HealthWatch Richmond Upon Thames.

health problems. Extra-scholastic activities were greatly valued in terms of time, space and perspective, as well as opportunities to talk to trusted adults. The SWLHCP also highlighted the importance placed on building mental health and resilience among young people in the borough through their patient and public involvement events. This continues to be an area of focus in the borough's Health and Care plan¹⁰.

2.7 Child and Adolescent Mental Health Service (CAMHS)

Healthwatch Richmond has attended three groups in the community where parents of young people and the young people shared their experiences of transitioning to adulthood.

The survey found that among all services, mental health is one area where young people and their parents do not feel well supported, a finding echoed by experiences reported to Richmond Council for Voluntary Services (RCVS). A main concern was children's transition into adult services. It can be a vulnerable time for children and their families who felt they lacked support to identify appropriate pathways so children can learn to manage their mental health needs independently. This finding was supported by the Richmond community and voluntary services who reported that seamlessly joining child and adult services is a real problem and a more family-based approach is required.

Several other areas of need were identified by HealthWatch Richmond in the transition from child to adult mental health services including:

- children stop receiving care before the equivalent adult service has been organised
- children transitioned to adult services which were not appropriate for their needs
- gaps in support, and the services themselves being unclear about who should be giving that support
- GPs need to be more involved in the transition process and early planning
- commissioners should listen to young people and their families regarding their needs and tailor services where appropriate and possible.

2.8 Risky Health Behaviour - Young People's Sexual Health

During YOL! meetings HealthWatch Richmond reported discussing sexual health with professionals from local providers. The discussion identified young people have many unanswered questions and are not sure where to get the information. They feel embarrassed to talk about taboo issues with adults so the first places they go to are friends and the internet. They feel their friends do not necessarily have the right answers and the internet is hard to navigate.

School sexual health information is not very helpful because the information is too general, and they do not feel comfortable to ask confidential questions. In addition, school-based information was often too focused on sexually transmitted infections (STIs) and very little on other topics such as porn, healthy relationships, self-eroticism and what is normal.

The NHS was considered helpful and reliable. However, young people were not clear on which online sources were available and reliable, suggesting a need to provide this type of information.

School nurses were considered a good resource for asking questions, but they are not always available, and their visits were not scheduled.

¹⁰ SW London Health & Care Partnership, 2019. The London Borough of Richmond upon Thames Health and Care Plan 2019-2021, London: SW London Health & Care Partnership.

3. Live Well

Live Well covers health and social care for adults of working age. This section covers a wide range of health concerns including physical and mental health, healthy lifestyles, prevention of long term conditions, and living with disabilities.

3.1 Long term conditions

Cardiovascular disease

HealthWatch Richmond gathered feedback from patients receiving care for cardiovascular disease (CVD) between 2017 to April 2020.

Several patients found the information and advice about how to manage their condition, including the cardiac rehabilitation classes, as valuable and contributing to their recovery and understanding of their condition. Although, some felt uninformed as to the risk their condition posed on their health deterioration in relation to their CVD. Patients also reported a gap in provision of medication (anticoagulant) prescribed in hospital which their GP could not prescribe, leaving them low on medication. The responses to HealthWatch consultations were echoed in the SWLHCP patient and public engagement report in which residents with long term conditions reported care was less well developed than other areas of health care in the borough⁵.

Diabetes

People living with diabetes reported to HealthWatch Richmond that there was a need for more information and support for individuals at the pre-diabetic stage of the disease. A focus on prevention was not apparent and people expressed concern.

One person, recently diagnosed with diabetes, who was referred to the Richmond Wellbeing Service was told they were not unwell enough to access the service. This suggests there may be space for greater conversation around the mental health needs of individuals newly diagnosed with diabetes.

The care provided by the diabetes community service including diabetic specialist nurses, district nurses and podiatrists was highly recommended. These services were reported to be accessible and valued by users. However, it was reported that booking for retinal screening at Teddington Memorial Hospital and Kingston Hospital was more challenging.

3.2 Mental health in adults

Between 2017 and 2019, Healthwatch Richmond spoke to 586 patients and carers about their experiences of mental health services in the borough. Patients reported using the Recovery and Support Team (RST)¹¹ service and the Richmond Wellbeing Service¹².

HealthWatch Richmond reported that, for most people, the Richmond Wellbeing Service provided a high-quality Improving Access to Psychological Therapies (IAPT) service that was in line with NICE recommendations.

Respondents appreciated the staff's ability to pace sessions and build a supportive environment, so they feel comfortable to share their experiences. People with long terms conditions were especially positive about the service, with specific courses to help them live with a long-term condition. Areas of need identified included:

- issues around accessing the service
- a lack of available information on how the service works
- ensuring patents are being referred to the right level or type of treatment.

¹¹ HealthWatch Richmond, 2019. Recovery and Support Team Review, London: HealthWatch Richmond Upon Thames.

¹² HealthWatch Richmond Upon Thames, 2018. Richmond Well-being Service Review, London: HealthWatch Richmond Upon Thames.

3.3 Crisis care

Health Watch Richmond found that many users struggled to access crisis care when they needed it¹³. The report suggested this may be due to the thresholds for referral into services. People approaching a crisis may be unable to access help in order to avoid escalation. Inevitably, this meant more people reported they experienced a crisis. Individuals who had extreme mental health needs were more likely to access care.

One in five respondents highlighted the key role GPs played in supporting people with mental health problems. Patients reported they valued the role GPs play as providers of urgent care services in the borough. Health and social care needs related to crisis care include:

- people who misuse substances have particularly limited access to mental health and crisis care
- lack of availability of enhanced out of hours care and a well-resourced point of access for urgent mental health support
- the Mental Health Support Line was felt to be caring, but unable to meet the mental health needs of many users
- ongoing support for people who have experienced a crisis to ensure they are able to make changes to their lives to enhance their recovery.
- the social prescribing service was thought to be vital in aiding recovery and self-management.

Regarding the mental health needs of specific community groups, Richmond CVS highlighted that LGBTQ+ communities lack appropriately tailored mental health support.

3.4 Substance misuse support for dual diagnosis (integrated care/treatment)

HealthWatch Richmond's review of mental health services in the borough highlighted several areas of need for specific groups including individuals with dual diagnosis^{11,12}.

People described gaps between services where they did not meet the threshold for one team but deemed too high risk for another service. Conflicting service thresholds are of significance for people with dual diagnosis as it can be impossible for them to access the right care.

Several people reported to HealthWatch they were denied access to the Richmond Wellbeing Service (RWS). As a result of the RWS assessment their use of alcohol or drugs was deemed prohibitive to engaging with psychological therapies.

Patients and professionals told us that they would benefit from a publicly available borough policy on patients with substance misuse to ensure consistency of care and equal access. Patients reported differing periods of abstinence before being admitted to the service. This lack of clarity can lead to patients falling between the gaps in services and feeling they have nowhere to turn.

3.5 Wider determinants of mental health and crisis care – what is missing?

Consultation events run by HealthWatch Richmond identified the local services are meeting the needs of most of their patients¹². Some are challenged by workforce issues and, despite efforts to provide good services, the system does not always work for patients. For most people the only thing that will prevent a crisis is getting prompt access to appropriate clinical services. Services need to be:

- accessible 24 hours a day, 7 days a week
- provided in a comfortable environment
- provided by compassionate staff who can access medical records
- co-ordinated from the first point of care to ensure that the right care is available when needed and to prevent gaps in service provision

¹³ HealthWatch Richmond upon Thames, 2020. Richmond's Crisis Care Report, London: HealthWatch Richmond upon Thames.

- supported further by the voluntary and community sector
- peer support services should be better funded and expanded as well as the establishment of crisis cafes
- able to sign post users to further support for all aspects of their life during recovery.

Wider determinants of health including housing, physical health, income, employment and leisure all affect recovery and independence and should be recognised as contributors to poor mental health and risk of relapse.

3.5 NHS Continuing Healthcare

In certain circumstances, people with long-term complex health needs qualify for free social care arranged and funded solely by the NHS. This is known as NHS continuing healthcare¹⁴. A significant number of negative experiences were reported to HealthWatch Richmond. The most frequent areas of need were in patients' experiences of contested changes to care plans, and reports of a lack of information/support within the application process. Patients also reported agreed care plans were not delivered, funding not received, exacerbated by poor responses to queries and complaints made to Richmond Clinical Commissioning Group (CCG).

4. Age Well

Age Well considers the health and social care needs of people past retirement age and into older age. Social isolation and loneliness were highlighted by the community as an area of concern, as well as unhealthy ageing, falls and dementia. Some organisations reported older people had a lack of faith in health and care services, often related to problems with transitioning older people into or between services. Difficulties getting GP appointments, problems accessing online services, and a reduction in outpatient services all contributed to frustration of older people. Richmond CVS reported anecdotal evidence regarding older people's ability to manage daily tasks and there was a need for more daily support for some older people. There was also concern that social prescribing, whilst welcome in the borough, did not always reach people most in need.

4.1 Falls, fractures and frailty

HealthWatch Richmond reviewed 47 experiences reported from people living with dementia or their carer/family who had been affected by a fall. Many respondents were positive about the care they received after being taken to hospital. Problems were reported on discharge when help with daily tasks at home was needed, but referral to social care did not always happen. Equally, a lack of referral to the Richmond Response Rehabilitation Team meant a lack of access to physiotherapy and occupational therapy. There were often long waits for adaptations at home such as shower rails, stair handles and hoists.

Feedback about the Falls and Balance Course run by Hounslow and Richmond Community Healthcare was very positive, with patients reporting it was helpful, and it made a difference to their physical health. However, HealthWatch Richmond reported having had queries from residents asking whether this type of support existed, suggesting eligible older people are not being referred.

In addition, HealthWatch heard from community members, concerned for neighbours or friends who are at risk of falling or repeat falling. This suggests the community can identify someone at need of support at home, but there is a lack of awareness of how people at risk can be supported.

4.2 Dementia prevention and care

HealthWatch Richmond reported on 75 experiences collected via community outreach from people living with dementia, their carers and family members, and professionals who care for dementia.

¹⁴ NHS, 2020. NHS continuing healthcare. [Online]

Available at: <https://www.nhs.uk/conditions/social-care-and-support-guide/money-work-and-benefits/nhs-continuing-healthcare/>

GPs were reported to be sensitive and understanding to individual needs, proving to be reactive in providing urgent care when necessary. There were some reports of experiencing difficulties or distress attending GP surgeries, either due to a lack of suitable transport or reluctance on the part of the patient. Delivering services such as the flu jab via community services such as district nursing could address this need.

Other issues include:

- difficulties accessing assessments from the occupational therapy team
- delays with adult social services providing support
- lack of information on the pathways process and how services work
- people with dementia being distressed by carers arriving late, affecting their ability to cope, and subsequently limiting their care
- frustration of people who felt they should receive services but did not meet the eligibility criteria
- carers and family members reported difficulties in coordinating different services, and highlighted a lack of communication between services, meaning services did not take full or co-ordinated responsibility for the patient
- carers of felt isolated and indicated they needed more support and respite opportunities
- the process of applying for Deprivation of Liberty Safeguards (DOLS) was described as frightening and intrusive.

Feedback from clinical dementia specialists (via HealthWatch Richmond) also highlighted several areas of unmet need including:

- inconsistency in the quality of social workers for patients with dementia
- a lack of information following diagnosis
- a lack of support for carers
- a lack of information on the criteria for accessing NHS Continuing Healthcare.

Wider support in the community was valued by . The Kew Gardens Dementia walks were praised for the peer support and were highly valued. Apps were also considered to be useful aids for to help them day to day and ensure they could be found if lost or confused.

4.3 Mental health, social isolation and loneliness

Key to mental wellbeing for people 65+ years the ability to build resilience and maintain good mental health is very important. Events such bereavement, loss of confidence through ageing and physical health challenges, were reported as detrimental to their mental health.

In 2019 during a Healthwatch Richmond consultation (Strawberry Tea Party) on the mental health of the 65+ age group, several issues and obstacles affecting older people's mental health were identified:

- long waiting time for referrals made access to counselling difficult
- long waits for face-to-face or phone appointments with GPs
- concerns regarding future care needs and meeting payments for these, suggesting a lack of accessible information on what care options and support are available as care needs change or advance
- lack of mental health support for people moving from independent living into care homes
- lack of bereavement support
- challenges posed by lifestyle issues which could increase isolation such as access to transport, digital inclusion, and other enablers of independence
- access to physical therapies to manage long term conditions which might impact on mental health e.g., arthritis
- access to information and support regarding long term conditions and healthy lifestyles e.g., nutrition.

4.4 End of life care

End of Life care is an intensely personal and emotional aspect of health and social care. A local consultation by Healthwatch Richmond identified that setting a clear and agreed care plan, when the possibility of death is recognised, could improve end of life care experiences.

Ensuring a clear responsive plan means that the patient's physical and emotional needs are addressed, allowing family members space to look after their own wellbeing and coping strategies.

The consultation highlighted the need to ensure care plans are carried out in an efficient and timely manner, with good co-ordination between services. Delays in care can lead to poorer quality of life and admission to hospital.

GPs were regarded as pivotal in developing end of life care plans. The main unmet need expressed was the lack of home visits and poor co-ordination of services through the GP surgery for people nearing the end of their lives at home.

5. Vulnerable Groups and Carers

HealthWatch Richmond holds a database of almost 700 carer experiences. Within this they identified some core areas of need for carers including people caring for people living with dementia or children with special educational needs and disabilities (SEND) needs:

- carers identified needing additional emotional support, specifically someone to talk to about the challenges that they experience
- carers need information and support regarding concern over who will provide care if or when they are unable to continue caring
- carers report challenges in engaging with services where the service does not have consent to provide confidential information about the patient e.g., mental health services
- carers have sometimes experienced challenges with engaging with council housing services on behalf of their cared for person
- there is a need for wider reaching information and support regarding financial and benefits advice, including council tax
- carers are seeking additional information on support for their cared for person around wider determinants of health, NHS or social care.

5.1 Living with disabilities - adults with learning disabilities

Richmond CVS reported health inequalities are apparent for people living with a learning disability across the borough. There is anecdotal evidence, via consultation events run by HealthWatch Richmond, of significant variation in the percentages of people with learning disabilities registered with GPs and receiving an annual health check. People with learning disabilities and the organisations that support them, have also reported that the mainstream services which support healthy lifestyles (e.g., smoking cessation and weight loss services) are not readily accessible for people with learning disabilities.

HealthWatch Richmond reported on outreach sessions run for people living with learning disabilities. Respondents highlighted that healthcare staff were generally understanding and adaptive to their needs.

Specific areas where staff have been supportive include:

- speech impediments
- motor skills
- wheelchair users
- difficulties in expressing their needs and feelings.

However, the sessions also highlighted some outstanding needs, many of which are reflected in Mencap's Treat Me Well campaign¹⁵. Understanding the range of needs of people with learning disabilities and identifying the preference of individuals is key to delivering appropriate care.

Other areas of need highlighted include:

- longer GP appointments to allow patients the time to understand discussions taking place and have the opportunity to talk through their care plan
- development of enhanced mental health services that understand and respond to the needs of people with learning disabilities
- support for child to adult transition of services
- current gaps in the transition process mean that people do not feel they have their needs met and struggle with maintaining their independence
- increased support for issues around sexual health
- taboos around sexual health means many people are unaware of the information and support available
- greater awareness of the role the voluntary sector in supporting people with learning disabilities in areas of difficulty in daily life such as providing information, safe spaces for discussion, and help with paperwork
- provision of quiet and calm waiting spaces for people with autism to avoid sensory overload.

5.2 Special Educational Needs and Disabilities

HealthWatch Richmond's discussion groups on mental health and well-being, also spoke to parents of children with special educational needs and disabilities (SEND) about their health and social care needs. Responses were varied, with some families feeling well supported whilst other identified gaps in service provision.

These included:

- Education, Health and Care Plans (EHCP) were not carried out properly by the school, others did not manage to have regular reviews, and others felt the ECHP did not reflect their children's needs
- some children and parents explained anxiety and the challenges presented by mainstream schools can make attending mainstream school difficult
- some parents told us that their children had dropped out of education as a result of their attention deficit hyperactivity disorder or autism not being formally diagnosed and recognised.

6. Wider Determinants of Health and Wellbeing

Wider determinants of health, also known as social determinants, are defined as a diverse range of social, economic and environmental factors which impact on people's health¹⁶. These factors can also be influenced by the availability of local or national resources which shape the conditions of daily life.

6.1 Health inequalities

Health inequalities are disproportionate with avoidable differences in health across the population, and between different groups within society¹⁷.

¹⁵ Mencap, 2020. Treat me well. [Online]

Available at: <https://www.mencap.org.uk/get-involved/campaign-mencap/treat-me-well>

¹⁶ Public Health England, 2020. Wider Determinants of Health. [Online]

Available at: <https://fingertips.phe.org.uk/profile/wider-determinants>

¹⁷ NHS England, 2020. Definitions for Health Inequalities. [Online]

Available at: <https://www.england.nhs.uk/ltphimenu/definitions-for-health-inequalities/>

They result from the conditions in which people are born, grow, live, work and age, and impact on an individual's ability to live a healthy life, how they feel and act which affects mental, physical health, and wellbeing.

Richmond CVS reported that income and health inequalities persist in the borough, despite the perception that Richmond is solely a higher income area. This reputation has masked inequalities in the borough, which have widened due to the COVID-19 pandemic. They recommended the focus needs to be on reducing inequalities in all its forms, and this should be a key theme across all services in the borough.

6.2 Digital exclusion

Digital exclusion was highlighted by a Richmond Borough Council and the voluntary and community services survey as a significant area of need for older people, particularly as access to services has changed due to COVID-19.

The impact of digital exclusion has been magnified by the COVID-19 pandemic, contributing to existing overall inequality for Black Asian and Minority Ethnic groups and older people. In addition, people who are less confident about using digital devices, and accessing the internet, are significantly disadvantaged in accessing care. There is a need to increase access to digital services for older people who are not online. In addition, the provision of training and support to increase skills and confidence in accessing health and social care via digital channels requires development. The survey found that services have not yet had enough time to fully understand how they can develop their services to meet needs through online offers, meaning this is an area of need across health, social and community services.

6.3 Homelessness and rough sleepers

HealthWatch Richmond reported on 23 recent experiences recounted to them regarding health and social care needs for people who are experiencing homelessness. Professionals and individuals identified access to primary care was challenging for people who are homeless, despite proof of address not being required.

Often, services which rely on face-to-face interactions (e.g., transitioning through or between services), are not designed for remote engagement, making sustained contact challenging.

The lack of a permanent address remains a barrier and leads to gaps in several areas of health and social care including:

- dentistry services
- regular medication
- mental health services for people with substance misuse issues
- mental health care and services – it was recommended that appointments with the Home Treatment Team could take place at local community centres for people with no fixed address
- communication and co-ordination of care
- stable accommodation on discharge from health services, particularly for individuals in crisis.

7. Local Impact of COVID-19

It was clear from responses to this research that COVID-19 has had a significant impact on the community and voluntary sector as well as the people they represent. Many organisations reported having to alter, reduce or move services to digital only. Richmond Borough Council and the voluntary and community services survey found that the sector is rising to the challenge of creating the necessary capacity to meet the demands this crisis has put upon communities and organisations. However, areas of need exist through gaps in engagement mechanisms and service delivery, impacted by community venue closures reducing capacity for community and prevention work. In addition, the survey reported an increase in issues around stress caused by isolation.

In general, organisations report there is uncertainty about the future in terms of the pandemic and its economic consequences. Respondents indicated there is insufficient information on the number of people on the NHS diagnostic

pathways affected by the pandemic. Wider determinants of health linked to COVID-19 include housing, debt, financial hardship, an increased demand for counselling for clients, staff, and volunteers. The community and voluntary sector organisations also highlighted several groups whose health and social care had been specifically affected by the COVID-19 pandemic including:

- older people who have reported that they have had issues maintaining a healthy diet and physical activity levels during the lockdown period
- Richmond community and voluntary services highlighted the issue of social isolation and loneliness for older people, and the sense that the situation is likely to have worsened due to enforced isolation during the COVID-19 pandemic
- concern a lack of face-to-face interaction will have a significant impact on the mental health of older people
- it will be a long time before large groups can meet, especially more vulnerable older people, more than likely leading to a substantially increased mental health need.

Carers

Richmond community and voluntary services reported unpaid carers have been significantly affected by COVID-19 as support mechanisms for them and people they support, have been diminished. In addition, some carers have chosen not to use paid carers on account of COVID-19 related risk. This finding was echoed by the Richmond survey which highlighted that providers were seeing an increase in the number of people moving into caring as a result of the COVID-19 pandemic.

It was reported that carers have been neglecting their own health needs due to the increased pressures. Young carers dealing with additional pressures from school, peers, work and family were also adversely affected by isolation. Without opportunity for respite, unpaid carers reported increased stress and exhaustion. This echoes a wider concern from respondents regarding health deterioration and safeguarding. It is likely residents, especially those not currently in touch with community organisations, will need ongoing support to stay healthy, engage with meaningful activities, and manage their wellbeing. There is concern for carers of people with dementia, as it has been reported conditions related to dementia have worsened during lockdown, and people with dementia have been found to be particularly vulnerable to COVID-19.

Appendix 1 – Stakeholder respondents

The aim of the desk-based research was to understand the story of the community sector in Richmond. As such we were able to contact some of the main voluntary sector co-ordination organisations who provided us with their research, reports, feedback and opinion on what they see as the health and social care needs of their users.

HealthWatch Richmond

Healthwatch is the independent national champion for people who use health and social care services. HealthWatch Richmond works with to ensure that local NHS, Council, and community services are considering the needs of their users and responding to those needs.

Healthwatch Richmond carries out research, interviews, focus groups and consultation as well as an extensive programme of community engagement in order to understand people's experiences of health and social care and be able to act on issues of importance to the community. Since April 2019, they have delivered 75 face-to-face outreach sessions targeting four demographic groups: under 21 year olds, over 65 year olds, the working age population, and disadvantaged and seldom heard groups. These sessions resulted in conversations with 1007 residents, recording 933 experiences of health and social care making their database is a rich resource in providing a voice for the local community.

Richmond Borough Council and VCS COVID-19 Response Group-VCS

Richmond Borough Council works to support the voluntary sector in Richmond providing a range of services including advice and support, fundraising and providing a voice for the sector. They act as a champion for the voluntary sector including the strategic lead for the children and young people's voluntary sector. Richmond Borough also works to support the quality of local community voice and they manage a volunteer placement service.

Richmond Council for Voluntary Services (RCVS)

The RCVS is an independent infrastructure organisation providing dedicated support to the many across the borough. Richmond CVS supports all charity, community and voluntary activity in the London Borough of Richmond upon Thames.

South West London Health and Care Partnership (SWLHCP)

The NHS South West London Health and Care Partnership (formerly NHS Richmond CCG) commission most community - based health services, mental health and learning disability services as well as urgent care, rehabilitation services and non-emergency hospital care. The group cover the geographical area including Richmond, Wandsworth, Kingston, Sutton, Merton and Croydon.

Community and Partnerships Team and Prevention & Wellbeing Team (Commissioning)

Community and Partnerships Team and Prevention & Wellbeing Team (Commissioning), and Richmond Council also provided input, most particularly through the Community and Voluntary Sector survey conducted in May 2020, including responses from RUILS Independent Living, Richmond Carers Centre, Richmond Aid, HealthWatch, Cruse Bereavement Care, Age UK Richmond, Crossroads Care and Alzheimer's Society Richmond.

Appendix 2: Research methods and limitations resulting from COVID-19

This document was researched and developed during the COVID-19 pandemic of 2020 which strongly influenced data collection and outcome measures. Prior to the nationwide lockdown on 23rd March 2020, the aim was to collect data via community consultation events such as the Voluntary Sector Forum, allowing for the opportunity to interact directly with the community and receive input.

However, whilst a presentation on the JSNA and its role in determining public health priorities was delivered to the Richmond Voluntary Sector Forum in early March 2020, due to the emergence of the COVID-19 pandemic, there was little opportunity to follow up with subsequent consultation events. As a result, data collection to inform this chapter has been limited to desk- based research and interviews with people who had attended or represented those attending the presentations. On recommendation from these bodies, further organisations who represented vulnerable groups were contacted via email or phone.

It should be noted that some of the need identified during this process was via the opinion of these community group co-ordinators during conversation, having been asked to speak on behalf of their users. In addition, where no need was identified by respondent organisation for specific public health issues, this does not necessarily mean there are not further needs in this area, simply that they were not highlighted during consultation at this time. Further needs relating to specific public health interventions and outcomes have been identified throughout the JSNA by service users, data or public health initiatives.

Responses to requests for information were limited by the impact of the COVID-19 pandemic. A survey by the Councils' Prevention and Wellbeing team done with Richmond Borough Council and VCS COVID-19 Response Group highlighted that much of voluntary and community sector is simply coping with COVID-19, a viewpoint echoed by Richmond CVS. This change in circumstances has shown the innovation and flexibility in the sector. The survey found that barriers have been broken and new connections made quickly, with organisations willing and quick to adapt. However, this situation has meant that the sector lacked space and opportunity to contribute fully to this part of the JSNA.

Research questions:

Research questions for determining community views on the health and social needs were intentionally open, allowing respondents to provide an overview of the issues they see as relevant to their users.

Respondents were asked:

- tell me about your organisation, its role, users and aims
- what do you see as the gaps in health and/or social care need for your users?
- how do you think these gaps can be overcome?
- what is missing/what is needed?
- how is the current situation with COVID-19 impacting on health and social care need?

Acronyms

CAMHS	Children and Adolescent Mental Health Service
CCG	Clinical Commissioning Group
CVD	Cardiovascular Disease
DoLS	Deprivation of Liberty Safeguards
EHCP	Education Health and Care Plans
HRHC	Hounslow and Richmond Community Healthcare
IAPT	Improving Access to Psychological Therapies
JSNA	Joint Strategic Needs Assessment
KRYC	Kingston and Richmond Youth Council
LGBTQ+	Lesbian, Gay, Bisexual, Transgender and Questioning
PE	Physical Education
PHE	Public Health England
Richmond CVS	Council for Voluntary Services
RWS	Richmond Wellbeing Services
SEND	Special Educational Needs and Disabilities
STIs	Sexually Transmitted Infections
SWL CCG	South West London Clinical Commissioning Group
SWLHCP	South West London Health and Care Partnership
YOL!	Youth Out Loud!

Acknowledgements

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Image credits	Summer roses 2021 - Lisa Wilson, Public Health, Richmond Council	
Presented at	Richmond Health and Wellbeing Board Richmond Borough Committee Richmond Voluntary Sector Health & Wellbeing Network Richmond Place Leaders Group Richmond Care and Support	July 15 th April 20 th May 26 th July 14 th July 20 th
Workshop	Richmond Council for Voluntary Services – Health and Wellbeing Network Meeting To mitigate the limitations of producing this community voice chapter during the pandemic, a deep-dive workshop discussion was undertaken via a Richmond Council for Voluntary Services (CVS) Health and Wellbeing Meeting. The discussion on the completed chapter highlighted that some voluntary organisations felt it reflected the general community feelings during pandemic, the areas where Healthwatch had an involvement, only partially highlighted the community views across the life course. The group felt that the wider engagement was needed in the future to get the Community voice from Start Well, residents in care homes and other areas.	November 3 rd
Date release	November 2021	
Description	Richmond Joint Strategic Needs Assessment 2021 – Community Voice chapter	
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