Royal Borough of Kingston

Independence and Wellbeing Strategy 2008 – 2011

1. Introduction

This document sets out the overarching plan for Kingston to improve independence and wellbeing in the community and to ensure that those people with low or moderate social care needs are supported to live within the community. We are committed to "*involving the local community to provide services that meet their needs, beyond just treating them when they are ill, but also keeping them healthy and independent"* and identifying and supporting all individuals in need to retain their health, wellbeing and independence thus preventing them needing higher level services.

This could mean:

- stronger support for carers in their valuable role,
- increased financial independence,
- reduction in numbers of smoking,
- greater independence for someone with a learning disability,
- less isolation for an older person,
- better aids to daily living for someone with a physical disability,
- more inclusion of people with mental health problems,
- more involvement of local people in the development and delivery of services,
- more availability and information about self help materials for dealing with mild mental health problems.

This strategy promotes community-based involvement with those people who have needs but are not directly in receipt of acute health and adult social care services. It is intended to be an **enabling strategy**, which encourages and supports local communities to work together to meet lower levels of need.

This strategy covers adults over 18. It complements services for children and young people, in particular those outlined in 'Closing the gap: the prevention strategy' which

sets out the range of activities in Kingston designed to ensure we close achievement gaps, improve life chances and target support effectively to vulnerable children and families who are at risk of poor outcomes.

This strategy links with a number of other strategies including Kingston's Adult Social Care Commissioning Strategy and its component parts, Kingston's Joint Choosing Health Implementation Plan, the Mental Health Promotion Strategy, the Active Ageing Strategy, the Sustainable Community Strategy, Community Cohesion Strategy and a number of Kingston's Local Area Agreement improvement targets which support independence and wellbeing.

This means looking further than at physical problems and promoting wellbeing through a range of support which includes health and social care, housing, information and advice, education, learning opportunities and employment.

This strategy outlines how the Royal Borough of Kingston upon Thames (RBK) and its partners can commission and undertake preventative work with those people who have lower levels of social care need. This may result in future need for high support services being reduced or delayed. The action plan focuses in more detail on priorities for 2008/09 and takes a longer term view of the direction of services for the following two years.

This strategy and its implementation is relevant to, and will involve, many people living and working in the Borough, whether individuals and families, community groups, voluntary sector groups, service commissioners or providers.

It will challenge those social, political and economic factors which compromise opportunity, fulfilment and healthy outcomes. We are very clear that delivering support to enable this cannot be achieved by statutory services alone and that some of our third sector partners are in a much stronger position to do so.

2. Background

RBK and partners are committed to continuing to increase the independence, and supporting the wellbeing, of those people with lower level needs. A Working Group consisting of voluntary sector representatives across a range of care needs, health, RBK Community Services, public health professionals and the RBK Voluntary Sector Unit has worked together to develop and consult on this strategy.

It is built on evidence from public engagement exercises undertaken over the past three years, a specific consultation exercise about priorities which resulted from this, studies undertaken in areas outside Kingston and from public health information, social care needs analysis and an analysis of current preventative activity taking place within the Royal Borough of Kingston. It has been subjected to both Health and Equality Impact Assessments and changes have been made as a result.

3. Equality and Diversity

Equality and diversity will be uppermost in the implementation of this strategy. We will use existing information, future consultation and research to ensure that our prevention work is better co-ordinated, targeted and fit for purpose to meet the specific needs of individuals and communities in Kingston. We will undertake research on the specific groups affected to identify the issues and concerns so that prevention work is more targeted and outcomes from support are followed up.

Plans aim to ensure that the services to meet those specific needs are available to, and accessible to, all groups irrespective of their age, gender, race or ethnicity, disability, religion or beliefs, sexual orientation or economic status in a fair, consistent, transparent and equitable way.

In delivering this strategy we will be mindful of our commitment to community cohesion obligations and objectives.

4. National Context

The White paper ‘Our health, our care, our say: a new direction for community services’ (DH 2006) identifies seven key outcomes which this strategy seeks to support. These are:

- improves health and wellbeing,
- improves quality of life,
- making a positive contribution,
- choice and control,
- freedom from discrimination,
- economic wellbeing,
- personal dignity.

The White Paper set a new direction for the whole health and social care system and highlighted the importance of the preventative agenda, the promotion of social inclusion and the shift of resources away from acute services towards preventative and community-based care.

This White Paper builds on previous key policy drivers including:

- the Acheson Report on Health Inequalities (1998),
- the NHS Plan (Department of Health (DH) 2000),
- the Wanless Reports of 2002 and 2004,
- Choosing Health, making healthy choices easier (DH Public Health White Paper 2004),
- Our health, our care, our say; a new direction for community services,
- Strong and Prosperous Communities (Local Government White Paper CLG 2006).

There has also been specific guidance on prevention and social inclusion related to different groups including the National Service Framework (NSF) for older people, 'A new ambition for old age: Next steps in implementing the National Service Framework for Older People' and 'Opportunity Age: Meeting the challenges of ageing in the 21st century,' the Mental Health NSF, 'Making it possible' and the SEU report on Mental Health, Valuing People, 'Improving the life chances of disabled people.'

5. Local Context

The long-term vision for Kingston is set out in the strategic documents 'Changing Kingston, Choosing our Future' and 'Destination Kingston 2011', the principles of which are:

- **Prevention –** we will invest now in those services which will reduce the need for more intensive and expensive services later.
- **Personalisation, choice and control** – we will tailor our services to meet individuals' and communities' needs and aspirations and allow them greater control over the services they receive and how they receive them;
- **Local settings –** we will deliver services as close to the users as we can, at home or in local neighbourhoods will be our preferred approach.
- **Customer focus –** we will put the customer first in all we do and align our organisation to our customers rather than to our services.
- **Working with partners** – we will work closely with a full range of partners, voluntary, public and private in order to ensure that the most effective and efficient services are provided.

6. Key Elements in Our Strategy

We will:

1. Involve the local community to provide services that meet their needs.
2. Improve access to services which improve health and wellbeing and provide practical support to keep people independent and help them help themselves.
3. Improve information and advice and ensure it is in appropriate formats.
4. Provide more holistic services close to the community.
5. Encourage and support local communities to work together to meet lower level needs.

These are important because:

- Evidence shows that involving the local community to provide services that meet their needs will lead to more appropriate services.

- Most people want to remain independent for as long as possible living in the community. To do this they need to know about practical support, benefits, health services, equipment, transport, employment.
- Some groups find it hard to access services to help them remain independent and maintain and improve their health and wellbeing because of a variety of barriers including language, transport and cost. We will work with communities to identify and minimise these barriers.
- Most people want to have one-stop shops where they can find all the information they need in a welcoming environment.

To enable this we will ensure our services and those we commission are:

- delivered on an equitable and needs led basis,
- safe, good quality, delivered to required standards, demonstrate quality assurance, deliver monitoring information,
- able to demonstrate successful outcomes for service users,
- evidence based,
- delivered by staff and volunteers who are appropriately trained,
- value for money.

Our strategy will be measured by:

1. the number of older people, people with learning disabilities, people with mental health problems, people with disabilities, people who misuse drugs or alcohol who:

    - volunteer,
    - use mainstream leisure services,
    - use adult education services,
    - access benefits advice,
    - are able to access paid work.

2. the proportion of older people, people with learning disabilities, people with mental health problems, people with disabilities, people who misuse drugs or alcohol who require more serious interventions.

3. improved access to health and wellbeing services for people who are socially isolated, living in poverty, have mental health problems and those from black and minority ethnic groups.

4. People’s experiences of services available, captured through surveys, feedback, focus groups etc.

7. Summary of Needs Analysis

A detailed population profile was documented in the Joint Director of Public Health's Annual Report 2006; the more recent Borough Profile has been produced to inform the impending Local Area Agreement and the NHS profile of Kingston upon Thames. Below is a summary of the expected numbers and trends in the communities covered by this strategy.

7.1 Population Projections

As can be seen from this table the 65-84 year old population will decrease over the next five years but that of the over 85s will increase.

Table 1: The predicted percentage change in the population of Kingston and London from 2005 to 2011

Age (years)	Under 15	15-64	65-84	85+
Kingston	4.97%	4.24%	-2.53%	1.45%
London	4.30%	6.50%	-2.69%	10.17%

(c) GLA 2006 Round Demographic Projections[5]

In the over 65 group there will be different types of people, eg those from black and minority ethnic groups, old people with learning disabilities, older people with disabilities, older people with mental health problems including depression (approximately 1,000) and dementia (approximately 2,000) and lesbians, gay men and bisexual older people, all with different needs which need to be considered. Nationally, around 80% of people over 60 have a visual impairment, 75% of people over 60 have a hearing impairment, and 22% have a visual and hearing impairment (ref older people nsf DOH March 2001).

Health status

Kingston residents are generally healthy and have good self reported health, however:

- The rate of hip fracture in older people in Kingston is higher than the England average.
- Smoking-related illnesses kill around 180 people every year.

Carers

The percentage of the population with caring responsibilities ranges from 4% – 13% with the highest percentages in St James, Berrylands, Alexandra, Surbiton Hill and Chessington North and Hook. Carers are twice as likely to have mental health problems if they provide a high level of care in terms of time and effort.

People with Learning Disabilities

Overall prevalence of learning disability was estimated in 1988 to be 2% of the general population. Prevalence of moderate to severe learning disability across all age ranges is estimated at 0.3% – 0.5%. The majority of people with learning difficulties (1.5%) who only suffer mild disabilities remain on the margins of the economy and are likely to have unmet health needs. Evidence suggests that the number of people with severe learning disabilities may increase by around 1% per annum for the next 15 years. Mild to moderate learning disability, however, has a link to poverty and rates are higher in deprived and urban areas (ref: Valuing people, A New Strategy for Learning Disability for the 21st Century DOH March 2001).

People with Disabilities

More than one in five adults is disabled. Trends in impairment show increasing numbers reporting mental illness and behavioural disorders, while the number of people reporting physical impairments is decreasing.

People with Mental Health Problems

Severe mental health problems, such as schizophrenia, are relatively rare affecting around one in 200 adults each year. Depression, anxiety and phobias can affect up to one in six of the population at any one time with the highest rates in deprived neighbourhoods.

People from Black and Minority Ethnic Groups

As can be seen from Table 2 and Charts 1 and 2 below, some of the greatest changes in ethnic population groups are in the over 65s, particularly Bangladeshi, Chinese and Black African. The Other Asian population group probably includes the Korean population. However, due to the lack of facility for these people to identify themselves as Korean in the Census, we cannot be certain of this. The Korean population is increasingly settling. The ‘Other’ category probably includes a proportion of non-English speaking people from countries outside of the UK including those from Eastern Europe. This population split is not common to all wards, as each has its own demographics.

Table 2: The predicted percentage change in the ethnic population groups in Kingston from 2001 to 2025

Population Group	Projected change in population	Projected change in population by age group Numbers (%)		
		Under 15 yrs	15-84 yrs	65+ yrs
White	- 5%	- 1,112 (- 5%)	- 3,434 (- 4%)	- 1,755 (- 9%)
Black Caribbean	55%	55 (63%)	251 (39%)	122 (227%)
Black African	65%	142 (47%)	672 (61%)	121 (405%)
Black Other	29%	109 (21%)	171 (29%)	44 (135%)
Indian	56%	287 (32%)	2,081 (50%)	635 (194%)
Pakistani	47%	130 (27%)	597 (43%)	174 (300%)
Bangladeshi	62%	35 (33%)	172 (63%)	33 (548%)
Chinese	100%	192 (64%)	1,500 (92%)	400 (480%)
Other Asian	53%	623 (44%)	1,660 (46%)	507 (176%)
Other	175%	1,900 (150%)	6,800 (200%)	858 (900%)

Geographical Inequalities

- Significant health inequalities exist between wards in terms of mortality and life expectancy with Norbiton Ward consistently at the lower end of the life expectancy scale and the higher end of mortality.
- The Borough profile and Joint Public Health Annual Report both highlight the local differences in community composition.

7.2 Tracking people who fail to meet the new eligibility criteria

As part of the needs analysis we are undertaking a survey of providers and care management teams to establish where people who fail to meet critical and substantial need, according to adult social care eligibility criteria, are going and whether their needs are being met. Evidence so far suggests there are around 40-45 people per month assessed as having low to moderate needs across the service user groups, the majority being older people.

The survey is tracking how referrals are made to different providers and from care management teams, what support needs people have, what help if offered to them and, where it has not been possible to meet support needs, what action or further signposting was undertaken. Responses to date (which have been limited in number) indicate that low to moderate needs are being met within community based services. This work will continue, along with tracking of trends with voluntary and community organisations.

8. Current Activity

A number of local services are already provided to support independence and wellbeing, which:-

8.1 Involve the local community to provide services that meet their needs

- The Pensioners' Forum provides older people with an opportunity to ask representatives from statutory services about local services and suggest changes.
- RBKs Citizens' Panel consults a cross section of the community on new developments.
- Community Action on Cambridge Road Estates.
- Existing user involvement arrangements for people with learning disabilities, people with disabilities, people with mental health problems, etc.
- User representatives on Partnership Boards.
- Both the Bradbury Centre (run by Age Concern) and Devon Way (run by RBK Community Care Services) involve older people in developing appropriate services.
- University of the Third Age involves older people running their own classes.

8.2 Improve access to services which improve health and wellbeing and provide practical support to keep people independent and help them help themselves

- Health services including GPs, dentists, opticians, pharmacists available throughout the Borough.
- Handyperson's services for RBK Housing tenants are provided by Mears, in partnership with RBK Housing Department.
- Handyperson's services are provided by RBK Community Care Services for people receiving adult social care services and carers.
- People can self-assess their equipment needs via the RBK website and at the Equipment Shops at Crescent resource Centre. They can also access a catalogue to enable them to purchase their own support where they are not eligible for RBK or NHS services.
- House Proud loans help homeowners aged 60 and over or households with a disabled person of any age repair, improve or adapt their homes so they can continue to enjoy living there safely and independently.
- Schemes to help people with heating and insulation.
- Home Improvement and Disabled Facilities Grants.
- Dial a Ride, Taxicards, Blue Badge Parking Scheme, RAKAT community transport, Council run transport and transport linked to other organisations
- Ethnic Health Action Worker who undertakes community based work focusing around hard to reach black and minority ethnic groups. A range of health related initiatives with an emphasis on improving access to health services and raising awareness of healthier lifestyle choices.
- Carers' support, advice and information by RBK, Kingston Carers' Network.
- Amy Woodgate Day Centre provides information and support to carers of older people with dementia.
- Sensory Impairment Team.
- A range of leisure and sport activities for people with learning disabilities.
- Kingston Interpreting Service.
- English classes and Learn English at Home.

- Kingston Primary Care Trust's Expert Patients Programme supports people with chronic conditions to take an active role in managing their own health, living with and managing their conditions.
- Working in partnership with Mind in Kingston, Kingston Libraries have created a collection of self help books to help people with mild to moderate mental health problems.

8.3 Improve information and advice and ensure it is in appropriate formats

- The multi-agency InfoProject is developing some signposting fact sheets www.kingston.gov.uk/stayindependentfactsheets and doing work to map and join up service providers so agencies know what each other are doing for referral purposes.
- Housing advice services are provided by RBK Housing Department, Kingston Citizen's Advice Bureaux, Kingston Churches Action on Homelessness, the Domestic Violence One-Stop Shop and Refugee Action Kingston and KREC.
- Care services directory, complied by Community Care Services, which care management teams, GP practices and voluntary sector groups use to signpost people to a range of non-statutory services.
- Housing contact centre.
- Age Concern provides mediated assessments
- The Information Project Group is a consortium of local voluntary and statutory providers who share good practice.
- Mental health information in the Hook Centre provided by MIND in Kingston.
- Information and advice services are provided by Age Concern Kingston, Kingston Citizen's Advice Bureaux, Kingston Churches Action on Homelessness, and the Domestic Violence One-Stop Shop, Refugee Action Kingston, MIND in Kingston, MENCAP, KCIL, Kingston Advocacy Group and KREC. This ranges from basic information about services and financial assistance to specialist advice regarding revisions, reconfiguration and appeals regarding benefits.
- Information and advice provided by Community Care Services in partnership with the Department for Work and Pensions through KIP (Kingston Information Partnership).

8.4 Provide more holistic services closer to the community

- Domestic Violence One-Stop Shop, where various agencies work together to provide a package of support to victims of Domestic Violence in a safe setting
- Racial Incidents One-Stop shop, which provides a range of advice and support to people experiencing racial discrimination or harassment
- Open access day centres for older people are provided by Age Concern in Raleigh House, New Malden and the Bradbury Centre in Kingston, Milaap in Kingston and Alfriston in Surbiton, RBK in Devon Way, Chessington; so in terms of distribution, there is an open access day centre in each Neighbourhood.

- Open access day services – mental health (provided by MIND), substance misuse (provided by Kaleidoscope), learning disabilities and physical disability.

8.5 Encourage and support communities to work together to meet lower level needs

- Volunteering opportunities via Kingston Volunteer Centre, RBK Community Care Services and directly through a number of community and voluntary organisations.
- Community Development Worker dedicated to the Cambridge Road Estates to engage with local community building capacity and improving health and wellbeing of residents through a range of community initiatives.

9. Priorities

These priorities have been identified from analysis of population projections, range and impact of current preventative services and summarising feedback from all relevant public or user consultation exercises which have taken place over the last three years (see: http://www.kingston.gov.uk/browse/health/health_in_kingston.htm).

9.1 Involve the local community to provide services that meet their needs

- Consult at a neighbourhood level, in particular with vulnerable groups, to establish what services local people want and how they can be provided. This will be started through 4 Participatory Health Needs Assessments which will be undertaken over the coming year in four key areas of deprivation within the borough.

9.2 Improve access to services which improve health and wellbeing and provide practical support to keep people independent and help them help themselves

- Extend the self assessment pilot to a wider range of services, and offer self care advice or access to benefit checks.
- Further develop equipment site on RBK website into a community care self assessment site with information and advice signposting, which people can use by themselves or with assistance from providers.
- Transport emerged as a key issue in terms of being able to access both mainstream and targeted services, there are a number of transport facilities available but little coordination. Further work needs to be undertaken to address personal transport requirements and it is recommended that the Overview Commission review the provision across the Borough
- Develop a joint plan to better co-ordinate transport arrangements, with shared responsibility for enabling residents with low to moderate needs to access community-based services, provide better access to and information about transport and more person-sensitive transport services.

- Further develop support for carers.
- Develop training for frontline professionals and develop competencies including mental health awareness, drug and alcohol awareness and understanding of services available, knowledge of local services to support independence.
- Develop more affordable and locally based adult education opportunities.
- Increase availability of English classes and interpreters.
- Develop more web based self help information sheets.

9.3 Improve information and advice and ensure it is in appropriate formats

- A Directory of local services to be produced, by Neighbourhood, to facilitate access to local services, advice and support in various formats and locations.
- Continue to work with InfoProject as a key vehicle for further improving the cohesiveness of information provision for disabled and older people.
- Improve IT literacy to enable people to access information more easily.
- Accessible information and advice in a variety of settings, at a local level, which can be accessed at times which meet residents' needs. Information to include advice about healthy living, emotional health and mental illnesses, entitlement to benefits, informed financial advice, self-care, carers support, services to increase independence, eg equipment and how to access it, housing advice, support to maintain the home, services for foot-care, oral health, continence care, low-vision and hearing, Careline and community safety advice.
- Tackle the stigma attached to mental health issues through increased mental health awareness and facilitated access to universal services, eg leisure, employment, adult education, etc.

9.4 Provide more holistic services within the community

- Community-based services, one-stop where possible.
- Community development will be encouraged and supported to reach out to communities, encouraging participation in volunteer schemes, including local befriending initiatives and practical self-help, targeting some of the hard to reach/isolated/housebound people.
- We will work together across statutory agencies and with extended schools, children's centres, libraries, adult education centres, leisure facilities, community groups, GP practices, health clinics, faith groups and other relevant organisations to provide integrated support in a range of local settings.

9.5 Encourage and support communities to work together to meet lower level needs

- Develop mechanisms to work with local people, in particular vulnerable groups, at a neighbourhood level, to shape the future of services based on consultation.
- Support service users to help themselves (eg skills and knowledge training, self-assessment, benefits advice, etc).
- Maximise opportunities for people to become involved in volunteering.

- Develop capacity of local people to deliver adult education, physical activity, information, monitor services, befriending and advice.
- Employ local people.
- Develop neighbourhood care models, eg setting up local clubs using local volunteers, buddies, gardening projects, collect prescriptions, etc.

10 Consultation Outcomes

10.1 A feedback session was held with people and groups who had been engaged in and responded to the consultation on 2 July 2008. The aim of this session was to confirm priorities and to agree the way forward over the next three years. Key priorities (details of what falls into each category are attached in Appendix 1) had emerged from the engagement process and these were confirmed at the Feedback session as follows:-

1 Information and Advice (distinct priority)
2 Support and Advocacy
3 Housing-related support
4 Practical Support
5 Loneliness and Isolation
6 Transport and Access – although this is a theme which regularly occurs when linked to higher priority areas
6 Personal support
7 Employment and Volunteering
8 Access to Sports and leisure

10.2 During the feedback session it was agreed to hold public feedback sessions on progress throughout the life of the plan **on at least an annual basis.**

11. Next Steps

This strategy will be progressed over the coming three years, as outlined in the attached action plan (Appendix 2)

The Adult Health and Wellbeing Board will oversee the delivery of action plans arising from this strategy and will act as an enabler, liaising with other partnership bodies as appropriate.

As part of the monitoring process we will review progress against the relevant National Performance Indicators which relate to this work. This includes the following LAA Improvement Targets selected by Kingston:-

National Indicator	**Outcome sought**
NI7	Environment for a thriving third sector
NI121	Mortality rate from all circulatory diseases at ages under 75
NI123	Stopping Smoking
NI135	Carers receiving needs assessment or review and a specific carers service, or advice and information
NI141	Percentage of vulnerable people achieving independent living
NI146	Adults with learning disabilities in employment
NI152	Working age people on out of work benefits
NI173	Flows on to incapacity benefits from employment

There will be an annual review and evaluation of progress against the strategy to ensure that all needs are met for all individuals who are entitled to a service. Performance measures will be refreshed as part of the review process, and additional National Performance Indicators will be added in as relevant. This will be made public and reported to the Council's Executive for information. A simplified version of the Plan will be published for distribution.

Independence and Wellbeing Plan Priorities

Key issues for IWB Action Planning
Information and Advice, including:- • Access to general and specific advice • Advice line – dedicated info/advice workers • Financial/benefits advice • Advice providers forum • Infoproject • Branding of IWB services and information – website/phone number • Dissemination of information • Communication support – access to interpreters & different formats • Info from GPs and pharmacies • Basic information card • Follow up arrangements if needs change • Help with form-filling • Monitoring effectiveness of signposting services • Advice to self-funders
Support and Advocacy • to understand range of services and how to access them • to carry out mediated assessments • to give a voice to the most vulnerable • for self-funders
Housing, including:- • Sheltered housing • Supporting People Services • Housing Advice services • Houseproud grants to improve owner/occupied housing • Access to grants for home improvements/reduce fuel poverty etc • Floating support
Practical Support • Housework • Gardening • Decoration • Window cleaning • Handyperson services (e.g. change light bulbs) • List of accredited builders etc • List of approved home care/domiciliary support services • Shopping
Loneliness and Isolation • living with sensory impairment • access to day care • social activities register

• buddy/befriending support • 'sitting' support for carers
Transport and Access, including:- • Transport options available • Coordination of transport • Access to buildings • Accessible meeting places • Access to local services – e.g. libraries, advice surgeries, pharmacies
Personal support • Accessible toilets and changing areas • Managing stress • Key worker or first point of contact • Befriending support • Hair dressing • Chiropody services • Books on prescription • Nutritional advice
Employment and Volunteering • access to work • liaison with local businesses • how to volunteer • access to volunteering opportunities • support with CVs and applications
Sports and Leisure • Affordable sport/leisure activities • Accessible sport/leisure activities • Exercise on prescription • Specific opportunities – e.g. golf for PLD; wheel-chair accessible bowling (green or ten-pin)

Accepting that the following have to be key priorities for RBK in consultation with VCS colleagues:-

1. Taking Carers into account in all the above priority areas

2. Developing an agreed commissioning approach

- Outcome focus
- standards,
- governance,
- collaboration and partnership
- delivering value added

3. Identifying which services currently provided by RBK are exclusively for people with low to moderate needs and developing a programme through which they can be managed out into the third sector

Appendix 2

Action Plan to deliver the Independence and Wellbeing Strategy (Year 1)

Action	Outcomes sought	Responsibility	Timescale (end date)
Undertake an information and advice review to deliver accurate and timely information to residents in a local setting, or through specialist hubs, as appropriate.	Increased awareness of and access to services	RBK Community Services	Report by December 2008
Basic information and contact card for Ward Councillors to support access to preventative services via surgeries, enquiries etc.	Additional channel for info and advice, support self-help at local level	Infoproject group	March 2009
Directory of services available by neighbourhood	Accessible local services, offering choice	Community Care Services and InfoProject	July 2009
Local access to information and advice, provided on outreach basis, integrated with local services	Local services in local settings	All Information providers, links with community networks – coordinated through Advice Providers Forum	On-going, as community networks develop
Develop a clear framework for development of contracts and agreements with providers – clear governance, safeguarding arrangements, social and environmental benefits, performance monitoring framework, equalities monitoring	Clear expected outcomes Safe services Competent workforce Value for Money	RBK – Community Services and Voluntary Sector Unit	Date for framework - April 2009 Date to make it happen, all I&WB services by - March 2011

Review of support and advocacy services available to people with low level needs – including mediated self-assessments, understanding of community networks and health and social care systems and processes	Access to self-care advice and signposting to local services to meet low level needs Help to access appropriate information	Community Care Services	January 2009
Produce up to date and practical information about housing-related support available through Supporting People Services, access to sheltered housing, housing advice providers, access to improvement grants and aids and adaptations, fuel poverty advice.	Integrated information and advice People able to self-refer for services Improved tenancy management People supported to remain in their own homes Increased use of available grants and advice services	RBK Community Services	March 2009
Pilot Housing Management surgery in King Athelstan and The Mount Primary Schools Extend Housing surgeries to other schools if successful	Improved access to Housing Management support at a place where people go anyway	Housing Management	August 2008 report September 2008
Review of RBK open access services to determine most appropriate management arrangements and ensure clear links with community networks and VCS services	Clear funding arrangements and access points Compliance with RBK policy	RBK Community Services	July 2008 –September 2010
Publish information about approved home care/domiciliary care providers	Enable people to buy their own trusted care Self help	Community Care Services – Domiciliary Care	December 2008
Resident consultation on	Exercising choice and control,	Neighbourhood Committees;	Groups to be identified

community basis	ensuring that services reflect resident priorities	Public Health	– needs assessment through 2008/09
Develop plan for review of transport services to improve accessibility, coordination and flexibility for group and personal needs	Improved access to services and independent living	Overview Commission to consider RBK to lead review re commissioned services	By March 2009 Following Overview Commission
Continue to encourage providers to develop services together	Integrated services, one-stop where possible	RBK in Community leadership role	Ongoing
Continue to deliver warnings and advice re Bogus callers, scams, and ensuring personal safety	Increase personal safety	Trading Standards/Safer Kingston Partnership	Ongoing
Increase in number of people taking regular exercise (3 times/week; 30 minutes each time)	Healthy more active lifestyles and positive mental wellbeing	Age Concern and Community Sports and Physical Activity Network	Current to March 2009
Annual review	Aim to demonstrate Improvement in Health and Wellbeing	Community Services, Strategy and Performance	June 2009 June 2010 June 2011

Action Plan priorities year 2			
Action	**Outcomes sought**	**Responsibility**	**Timescale**
Produce information about builders and guidance of what to look out for or consider when hiring	Enable self-help with confidence	Assistant Borough Environmental Health Officer (Housing)	October 2009
Development of local volunteering networks, properly CRB checked, to support people with practical tasks at home	Increased control over own environment Reduced isolation Improve mental wellbeing	KVC and local community groups/places of worship	From April 2009 and ongoing
Undertake review of sitting services/respite support Specify required outcomes Commission new services if appropriate	Access to flexible sitting arrangements Short breaks to facilitate daily living	Community Care Services (lead) / Voluntary ad Community Services	September 2009 By April 2010
Produce social and leisure activities register	Access to social interaction and leisure opportunities to improve physical and mental welbeing	Community Services/Sports and leisure/VCS organisations	Signpost to information already available and build on this with local community and voluntary groups and places of worship.
Register of accessible toilets and changing spaces in urban centres around the Borough Negotiation with local businesses/premises	Access to local facilities Privacy and dignity	Environmental Services/Community Services working with local business community	January 2009 and on-going

Year 3			
Action	**Outcomes sought**	**Responsibility**	**Timescale**
Improve access to affordable sport and leisure activities Review facilities available			
Make information available re affordable sports and leisure			
Register of specific opportunities - e.g. golf for PLD; MH football team; wheel-chair accessible bowling, armchair aerobics etc			
Improved access to volunteering opportunities – consider Kingston year of the volunteer			
Continue to work with local businesses to access paid work opportunities	Continued employment support to those for whom access to employment is a barrier		
Ongoing support with CV preparation, application forms and getting ready for interviews.	Continued employment support to those for whom access to employment/confidence is a barrier		