



# Active and Supportive Communities Strategy

For the Royal Borough of Kingston upon Thames 2015-2020 - Final Draft





NHS
Kingston
Clinical Commissioning Group



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# Our vision

Adults in the Royal Borough of Kingston upon Thames are assisted to build and maintain the resilience that enables them to stay happy, healthy, socially active and able to cope in adversity.

The Active and Supportive Communities Strategy sets out the delivery approach for Kingston Council's Adult Social Care, Public Health and Housing departments in partnership with Kingston Clinical Commissioning Group (CCG) and the voluntary, community and faith sectors in building resilient, active and independent communities.

## Key points

The Active and Supportive Communities Strategy will deliver a coordinated approach to the community-focused preventative activities in Kingston. This will optimise resources and help build the resilience people need to enable them to stay happy, healthy, socially active and able to cope in their day to day lives.

This is a joint strategy on behalf of Kingston Council's Adult Social Care, Public Health and Housing departments, the Kingston CCG and local voluntary, community and faith sectors. This strategy also forms part of 'Kingston Coordinated Care' a wider programme of activity sponsored by Kingston CCG and Adult Social Care which includes the redesign of customer pathways for the overall health and social care offer for the Royal Borough of Kingston upon Thames. It is also closely aligned with the Council-led 'Our Kingston' programme of work, which places an emphasis on the importance of resilience and enabling individuals and communities to help themselves and each other.

This strategy forms part of a suite of documents/resources including output reports from consultation and engagement; the Joint Strategic Needs Assessment; commissioning intention documents and an over-arching procurement time-table. It therefore seeks to provide a high level overview of the approach rather than to duplicate the detailed content of these individual documents.

# Background

As well as being informed by Kingston's Joint Strategic Needs Assessment (JSNA), Community Voice and Participatory Needs Assessments work, the strategy responds to what customers with recent experience of local services are saying about what helps them to be resilient.

Consultation with local people who have recently used health and social care services (the Customer Voice consultation) has helped us to identify some of the important factors that assist people to live more independent lives. These can be divided into three theme areas:

#### Relationships:

People told us that they need to:

- be part of a community
- have a support network of family, friends or neighbours who take an active interest in their lives
- belong to social groups and have active social lives
- use volunteers and voluntary services
- have a good relationship with their GP

#### Attitudes:

People believe the following to be important:

- have a positive outlook on life
- care for other people
- have a natural desire to be independent
- being stoical and determined to continue doing the things they enjoy
- have a 'mission in life' that they pursue, or a cause that they actively support;
- keep their minds active through their interests and hobbies
- be happy to ask for help

#### Practical support:

People identified that resilience means they:

- are capable of at least light physical activity and engage regularly in such activity
- have support to look after their home
- use equipment or technology which helps them to be independent (for example a meal alert pendant); get out of their house regularly
- have lived a healthy life
- have been prepared for the future

Successful future initiatives and provision for building resilience need to be responsive to what people say really matters. Three broad themes that seem to categorise resilience are therefore that people are socially connected, mentally active and supported practically. The implementation of this strategy will include how collectively these can be achieved in the Royal Borough of Kingston.

A range of other reports evidence further consistent insights from the community:

- Richmond & Kingston ME Group Survey (2014)
- Age Concern Short Study into Older People's experience of Health and Social Care services (2012)
- Consultation: Older People with Mental Health Conditions (London Age UK, Sutton Age UK, RBK, KCCG, 2014)
- 'Living Lives, Building Futures': Kingston Refugee, Asylum Seekers and Migrants Needs Assessment (Feb 2015
- Stay Well at Home service 'Social Return On Investment' report (Dec 2012) and Service Questionnaire (2014)
- Age Concern Kingston Advice and Information Service Questionnaire (2013/4)



## Work streams

The strategy has three work streams and six high level outcomes for individuals and communities. The three work streams are as follows:

- 1. Building and strengthening resilient communities through engagement, involvement and local decision making
- Providing a universal offer to people across the borough, such as enhanced information and advice provision and work that will facilitate people who might have low level needs in accessing a variety of support through being active and involved in their community
- 3. Targeting more disadvantaged and marginalised individuals and communities that might be considerably more at risk of social exclusion and ill health. This includes reviewing existing commissioning arrangements and developing joint commissioning intentions (across service areas and organisations) and jointly procuring where appropriate, to deliver shared outcomes

# **High Level Outcomes**

Through genuinely collaborative ways of working together communities, public service providers and the voluntary, community and faith sector scan create an environment where people have a voice, feel they are listened to and can influence decision making about things that affect their lives and families. Kingston will be a place where people are socially engaged and feel they can make a contribution to their community and support themselves and each other to stay healthy, independent and active.

By ensuring wide access to good quality, current information and advice we will be better able to maximise the use of the wide range of resources that are available in communities, including practical support, social, cultural and leisure activities and specialist advice. The strategy takes an approach that not only recognises the breadth and level of different needs across communities but places considerable importance on activities, social networks and organisations that can help everyone needing some support to be able to either access or co-produce what they need to enable them to stay independent and healthy. There needs to be a different relationship between service providers, the voluntary sector and local communities that places more emphasis on self-care, personal and family reliance and neighbourhood support.

Health and social care services will be maintained for people who need them but there will be a different role for the public and voluntary sector that facilitates people to access a range of networks, relationships and activities that support independence, health and well-being and community connections including public health.

There will be an appropriate level of investment in community activity and community based care and support which involves and is contributed to by people who use services,

their families and carers. Alongside this there will be effective programmes available that maximise people's health and wellbeing and enable them to recover and stay well. It is important that there is a shift in resourcing supportive community activity and that includes longer term planned community support and not just what might be needed in an immediate crisis.

The six high level outcomes are as follows:

- Outcome 1: People can improve their health and wellbeing and are supported to be active and independent for as long as possible to live longer, healthier lives.
- Outcome 2: People are socially connected and resilient and able to contribute to their community, and can access the practical support they need to maintain their independence.
- Outcome 3: People can access support that helps them to use their 'Personal Budget' effectively to promote their independence.
- Outcome 4: People caring for others are recognised and valued. Carer's have the support they need, tailored to their specific circumstances, to enable them to maintain a balance between their caring responsibilities and a life outside caring.
- Outcome 5: People can access information and advice that supports them to live as independently as possible and/or can

support others.

Outcome 6: People are able to access the specialist advocacy support they require to maintain their choice, control and independence.

A set of sub-outcomes will be developed for each high level outcome to aid the focus on delivery.



# Purpose of the Strategy

Kingston Council's Adult Social Care, Public Health and Housing departments, Kingston CCG and the voluntary, community and faith sectors will work together to ensure that Kingston communities can be active, supportive and resilient.

This strategy will establish a better coordinated approach to the delivery of community-focused preventative activities in Kingston and by working in partnership will help us to avoid duplication and maximise value for money. This will optimise resources and help build the resilience people need to enable them to stay happy, healthy, socially active and

able to cope in adversity. We will focus on community engagement and activity that increases social value/social capital.

This joint strategy will enable us to identify outcomes and community benefits for a joint commissioning plan with consistent and proportionate performance and contract management arrangements across agencies and the voluntary, community and faith sectors.

# **Delivering the Strategy**

## Work stream 1 - Building strong and resilient communities

To deliver this we will:

- Continue our work in enhancing community involvement in local decision making and local democracy, ensuring that this extends to health and social care and activities that have a positive impact on the wider determinants of health.
- Work to engage more disadvantaged groups and individuals, reduce social isolation and tackle inequality.
- Work to strengthen the voluntary, community and faith sectors in terms of infrastructure support, appropriate commissioning and funding.
- Identify existing good practice and assess how positive outcomes can be incorporated into a new commissioning plan to start in 2016.

Engagement with key stakeholders will aid the development of a shared engagement framework that sets out principles and standards for organisations to sign up to. This will cover the whole spectrum of engagement that includes appropriate best practice for information giving, consultation and co-production of service design and provision.

This work will also be used to develop commissioning intentions for 2016-2020. There will be on-going community and resident/service user/carer involvement as forums and activities for the future are planned, including how we establish preferred and flexible methods for sustaining community engagement and involvement together.

## Work stream 2 - Universal Provision

Facilitating access to universal services and community provision (including transport, leisure, health services, housing services, cultural activities, and libraries)

#### To deliver this we will:

Develop well supported social networks that are recognised and valued for the opportunities they create in local communities for people to be active.

Establish creative opportunities for people to be part of designing services and activities that they want to use and engage with, regardless of health and care needs. Coordinate up-to-date information and advice about the range of provision available within the locality, and appropriate signposting for people to specialist services where required.

Train front-line staff across a number of organisations to be able to deliver information and/or signpost people.

Collaborate with local universal services and provision in the voluntary, community and faith sectors, to broaden/increase access to facilities for local people, particularly more disadvantaged groups and people at risk of ill health via reasonable adjustments including awareness training.

## Work stream 3 - Targeted Provision

Supporting people with existing health and social care needs to maintain their independence

#### To deliver this we will:

Facilitate the provision of low-level support services that help maintain independence, health and well-being and promote healthy and active lifestyles, through a choice of activities and skills development.

Provide good quality information and advice about local support services, which increases individual's awareness of what is available, and empowers people to make an informed choice. Ensure that those individuals at risk of increasing physical or mental health related problems are supported to contact the appropriate agency as and when required.



Ensure the availability of support and guidance either through peer support activities, or the provision of information to enable people to self-manage long term conditions, by assisting them in gaining confidence and control of their condition.

Provide information to support the use of assistive technology and community equipment, where this will help to achieve improved independence and quality of life. Adapt services to fill gaps in provision or activity where none exist or are accessible locally, or alerting commissioners to identified needs.

Once again engagement work with key stakeholders will enable us to identify and share the local population needs and community profile and map the current activities available to support people to maintain their independence, health and well-being as well as the gaps and future opportunities.

The overall challenge will be to ensure that future provision across sectors are developed with communities and service users and contribute to supporting people to achieve the resilience factors that have been identified. There will be on-going engagement on future

plans with residents, service users, carers and community organisations and the cohorts of people who may have increased risk of developing health and social care needs. The intention is to broaden the 'strengthening resilience' agenda beyond health and social care to include culture, leisure and learning activities. Outputs from this work will also be used to shape joint commissioning intentions for 2016 -2020 and ensure investment and procurement for the future that can support us to develop the different roles and relationships outlined in this strategy.

Concurrent activity is underway to pull together a complete picture of the full range of universal provision available in the borough (please see appendix 1):

- Primary care
- Pharmacy services
- Leisure and sport
- Art and cultural activities
- Parks and open spaces
- Employment support
- Transport
- Neighbourhood plans
- Self-care and self management initiatives
- Library services
- Community groups

Recognition of the following ten key client groups across our population will help us to ensure that we are successfully delivering the identified high level outcomes in an equitable fashion. These client groups are as follows:

- All adults
- Older people
- Adults with physical, sensory and other disabilities
- Adults with learning disabilities
- Adults with Mental Health problems
- Carers
- Vulnerable / socially excluded groups
- Transitions (young people moving into adulthood)
- Adults with autism
- Adults with dementia

# Community Engagement and Involvement

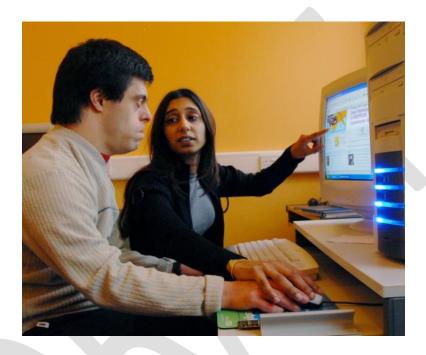
As the strategy is implemented the Active and Supportive Communities Steering Group will continue to work closely with residents and with organisations that have trusted relationships with more marginalised and disadvantaged groups in our community.

# **Synergies**

As stated this project forms part of the Kingston Coordinated Care Programme that is being jointly sponsored by Kingston CCG and Adult Social Care. There are important links

to the Integrated Customer Journey Project and the new approach to joint commissioning that is being developed. The success of the Active and Supportive Communities Strategy will contribute to reducing the demands on health and care services and have a positive impact on what customers need from services in the future.

The Active and Supportive Communities Steering Group are also engaging with lead officers in Cultural Services, Leisure and Lifelong Learning, who will be actively involved in the development of this work. A number of presentations have been made at voluntary and community sector forums to ensure full involvement of the sector and representatives from the voluntary and community sector are engaged in developing all three work streams.



## **Timescale**

The planned activities for work streams 1, 2 and 3 will be used to identify commissioning intentions for the new joint commissioning plan. A procurement time-table has been drawn up beginning with engagement activities throughout June and July 2015; a draft specification and business case by the end of August 2015; tender notices where applicable by September/October 2015 and contract award notices by January 2016. It should be noted that this is a statutory process with tight time-scales, if followed, as it currently stands, new contracts can be awarded and in place by April 2016.

## Use of Resources

The overall public sector resource is reducing. One of the underlying drivers of this Strategy remains the need to find a much wider range of opportunities for keeping people well and delaying and reducing their need for health and social care services that are already heavily in demand and under acute budgetary pressures. Finding alternative, less costly provisions is part of the business case for this work. Future plans will be financially sustainable in the Council and Kingston CCG budget context and ensure that cost benefits are delivered over the longer term.

# **Next Steps**

The key next steps are described in Diagram 1 below and are fully articulated in the commissioning intentions documentation.

## Diagram 1: Key next steps

Step 3a: Specifications to be developed that build on community assets

#### Step 3b:

Procurement options to be assessed

#### Step 3c:

Routes to market to be clarified and procurement activity to be undertaken

## Step 2a:

Develop draft commissioning intentions (Cl's) based on commissioning for outcomes

#### Step 2b:

Outcome-specific engagement sessions focus groups with provider organisations and stakeholders to sensecheck draft Cl's

#### Step 4:

April 2016 - provision in place and subject to ongoing monitoring and evaluation

### Step 1:

Confirmation of outcomes and sub-outcomes and opportunities for integrated commissioning

