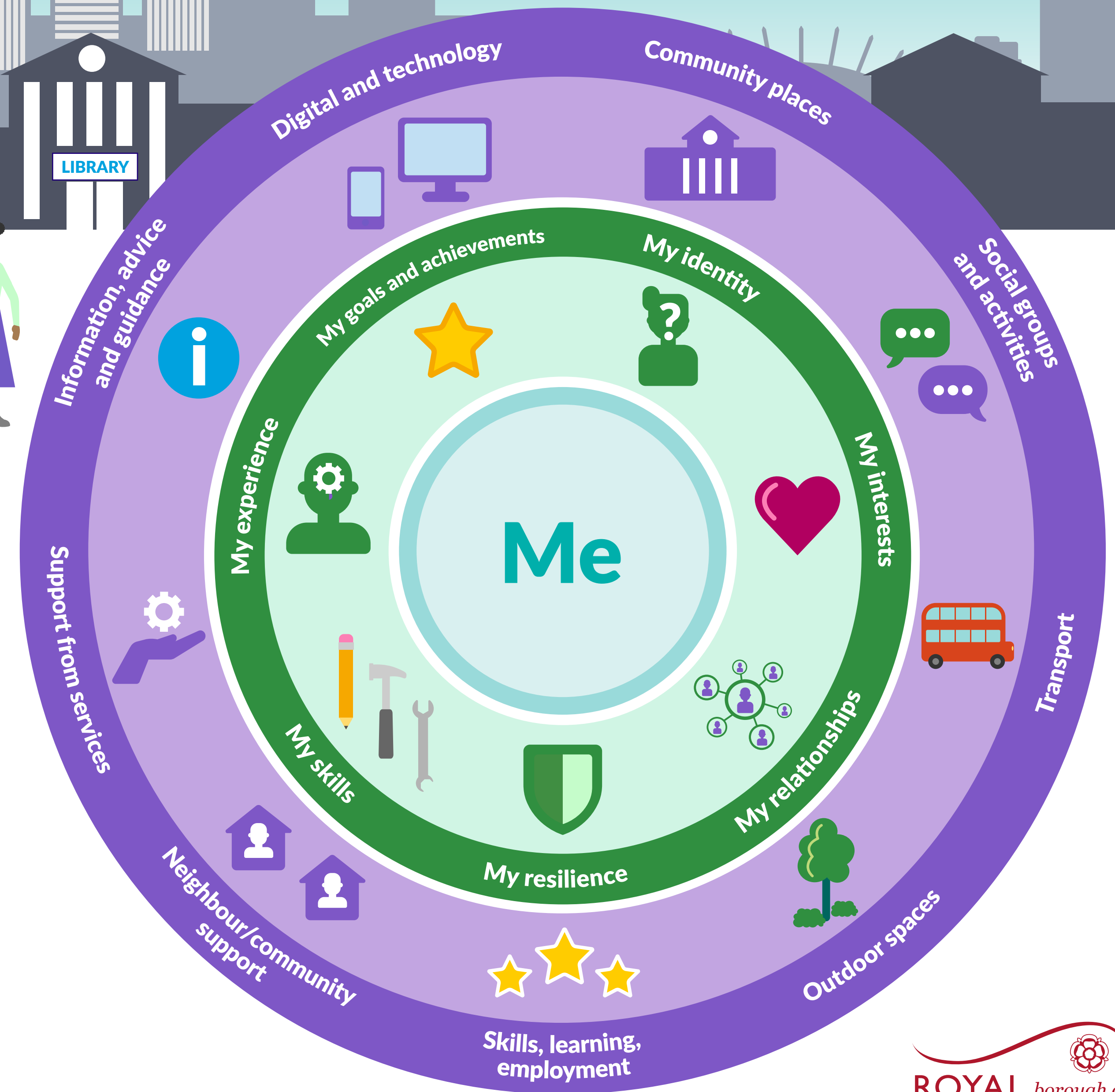


Our vision for Health and Adult Services 2021–2024 is:

Working together to live the best life you can in Royal Greenwich

Our ambition is for all of us to live well – focusing on what matters to you, what you can do and the world around you

We all have our part to play in building 21st century adult health and social care that makes the best use of our strengths and resources to ensure our residents and workforce thrive.



Foreword



The Royal Borough of Greenwich vision for Health and Adult Services (2021 to 2024) sets out our direction of travel for the next three years. Our vision is for all adults living in the borough to live well, with an ambition that residents are able to achieve their potential by focusing on what matters to them, what they can do, and on being able to participate in the community and world around them.

The world around us has changed and continues to change like never before. In turn, our services and ways of working must respond and adapt if we are to build 21st century health and social care that helps people to live the lives they want to lead – to have a home, a job or something

meaningful to do, to connect with friends and to stay well.

The COVID-19 pandemic has touched all our lives and had a widespread and devastating global impact. Despite this, the crisis has shown our strengths as individuals and communities and has also demonstrated that the diversity of Royal Greenwich makes us stronger.

Our new vision is about maximising these strengths as we start to rebuild, and take a forward-thinking approach focused on working together.

We strongly believe that the approach we take must have people and their rights, what

matters to them and what they can do at its heart. This will be the foundation on which we will develop our own local approach for Royal Borough of Greenwich Health and Adult Services of the future.

Yours sincerely,



Miranda Williams
Cabinet Member for Health and Adults Social Care



Definitions



The Care Act: The Care Act 2014, which came into effect in 2015, represents the most significant reform of care and support in more than 60 years, putting people and their carers in control of their care and support. The core purpose of adult care and support is to help people to achieve the outcomes that matter to them in their life.

Co-production: Co-production (working together) means people responsible for services actively work with people who use services, sharing power and decision making, and recognising that both have vital contributions to make in improving quality of life for people and communities. For example, disabled people

working with relevant professionals and partners throughout the identification, planning, designing, and evaluating of all policy and service delivery that affects disabled people's lives and removes the barriers they face.

(Local working definition developed with METRO GAD and Greenwich DPAC, referencing the Hammersmith and Fulham's Disabled People's Commission and National Co-Production Critical Friends Group co-production definitions)

Disability: a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.

(Equality Act 2010)

Forward Thinking Programme: Forward Thinking is our Health and Adult Services improvement programme focused on achieving the best outcomes for our residents. We will achieve this through changes in the way we work with and for our residents, alongside our partner organisations to deliver 21st century, strengths-based social care services.

Independence: The ability to make choices and to exercise control over your life. This includes being able to live independently with or without support.

(National Institute for Clinical Excellence)



Definitions



Independent living: The equal right of all disabled people to live in the community, with choices equal to others, requiring that the UK take effective and appropriate measures to facilitate full enjoyment by disabled people of this right and their full inclusion and participation in the community by ensuring that: a) Disabled people have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement; b) Disabled people have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community

and to prevent isolation or segregation; c) Community services and facilities for the general population are available on an equal basis to disabled people and are responsive to their needs.

(CRPD, United Nations, Article 19)

Inequality: Inequality is the extent to which there are differences between groups in society. This can include differences in income, gender, ethnicity, age, disabilities and health issues. For example, the pandemic has highlighted the health and wider inequalities that persist in our society. It has had a disproportionate impact on many who already face disadvantage and discrimination and been

particularly detrimental on people living in areas of high deprivation, on people from Black and Asian communities, and on older people, men, those with a learning disability and others with protected characteristics.

(NHS England)

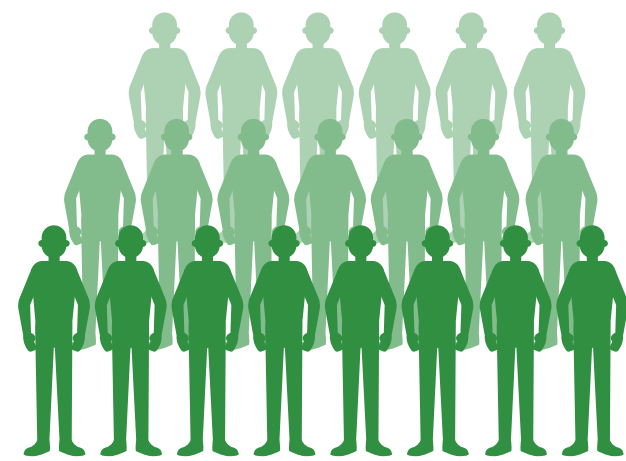
Strength-based approach: A collaborative process between the person supported by services and those supporting them, allowing them to work together to determine an outcome that draws on the persons strengths and assets.

(Social Care Institute for Excellence)

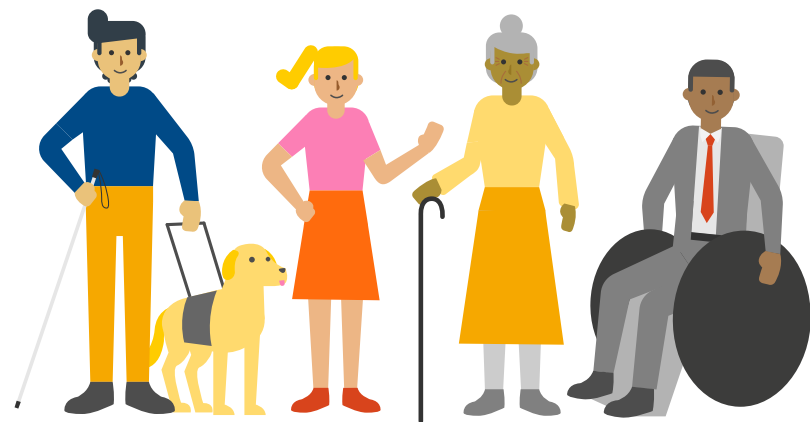


Why a new vision?

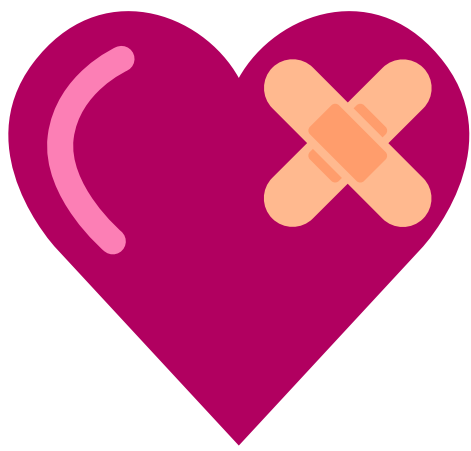
People's worlds are changing. Ours must too.



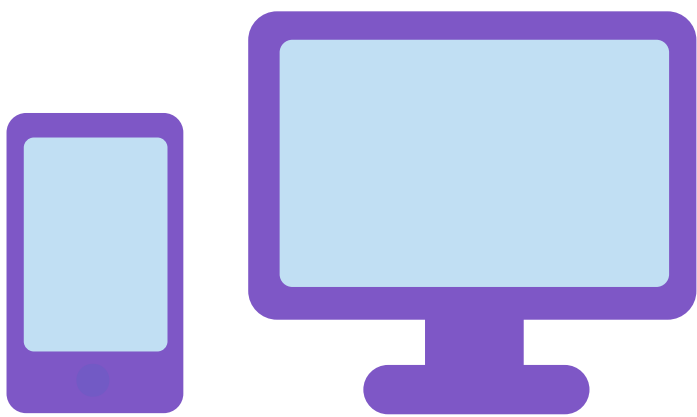
Growing population, with more people living with multiple long-term conditions. Both younger, disabled people and older people with more complex needs.



Increasingly diverse community facing structural inequality. for example Black or Black British residents with physical or frailty needs enter social care 14.4 years earlier on average than white residents.



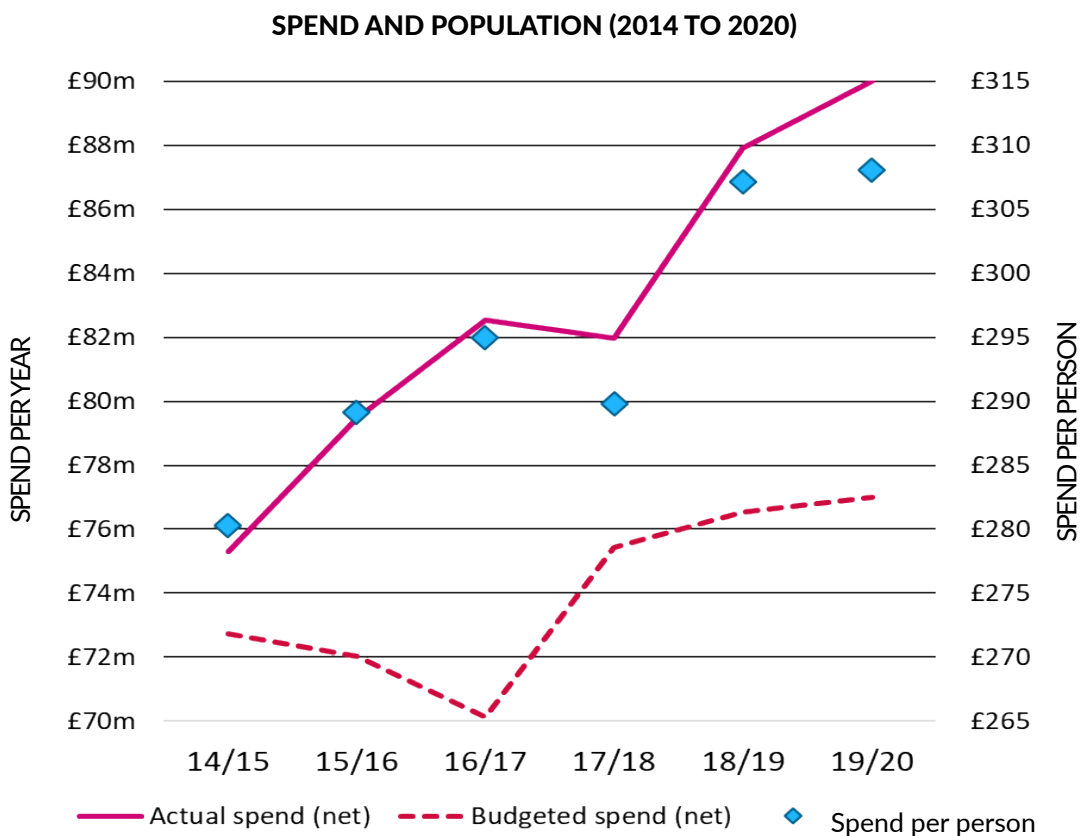
People living longer but with worse mental and physical health. Increasing rates of mental ill health and obesity. Fifty per cent of over 65s already live with a degree of frailty.



Digital technology is influencing how we communicate and access services. Advances in science and medicine also mean people are living longer.



Global pandemic and recession. At least 9,000 residents were shielded. Social isolation, food insecurity and mental ill health have worsened.



Impact on our resources and our work

- In the last five years, cost has grown by approximately 10 per cent per person
- Sixty per cent of total spend within Health and Adult Services is spent on only 1000 residents
- Increasing spend year-on-year is not necessarily leading to better outcomes for our residents

Greenwich is changing. Health and Adult Services must respond.

- We're developing a new, forward-thinking approach that focuses on working together to achieve:
- better, more independent outcomes
 - more choice and control for our residents
 - more effective use of our resources

Our approach – building on our strengths:



Strength in people:

Making the most of everyone's ability and potential to be as active and independent as possible. Building resilience so we can overcome challenges together and get the right support when we need it.

How we'll do this: ask people what matters to them and what they want to achieve; build on what people can do (rather than focusing on what they can't); work together to address barriers they may face



Strength in communities:

Making the most of connections, social networks and community resources to include and support us all.

How we'll do this: work with people, their families and their networks to connect them better with that's around them; work with partner organisations to improve access and opportunities for all



Strength in diversity:

Treating everyone fairly and with respect, addressing inequalities and working to stamp-out discrimination.

How we'll do this: listen to residents, staff and partner organisations to develop system-wide ways to address inequality

Our approach puts individuals, families and communities at the heart of care and wellbeing, supporting independence, building resilience and better connecting people with communities, activities and opportunities.

We'll take the best of what we're already doing and set up consistent, shared ways of working with people. This will make sure we achieve the best outcomes and continue to meet the requirements of our residents who have eligible needs.

We will use the following principles to guide our practice:



1

Focus on strengths and opportunities and work with residents to live as independently as possible.

2

Have real conversations where we listen to our residents, building understanding and trust.

3

Focus on identifying solutions with the person in front of us and not making long term decisions during a short term crisis.

4

Build on the resources available in our residents' support networks and communities to build resilience and interdependence.

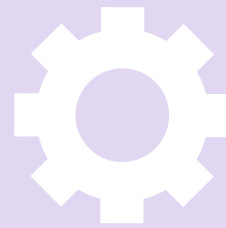
5

Work with partner organisations and local communities, making the most of each other's strengths and resources to provide all-round support to residents.

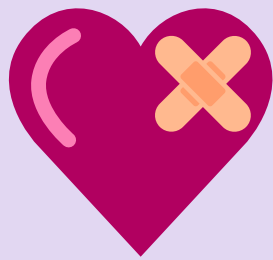
Our commitments:



- Working with residents at an individual level to find the right solutions together that promote independence, wellbeing, choice and control.



- Working with local people who use our services to co-design and co-produce improvements.



- Focusing on prevention, by making sure people can get help early to support their physical and mental health, wellbeing and independence.



- Joint and collaborative working with statutory and community partners



- Valuing and supporting staff through continuing professional development and career progression.



- Changing the culture and ways of working across Health and Adult Services, and wider services within the council and beyond.

Over the next three years we will use our 'Forward Thinking' model to develop, deliver and embed our approach:



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Delivering improved outcomes for residents

10

Summary of what local people who live and work in Greenwich are saying is important and the current challenges

11-12

Summary of what residents and partners have said so far about our approach

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Summary of what staff are saying about our approach

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Putting a strengths-based approach into practice: Local examples and stories

15-17



We could be delivering improved outcomes for many of our residents:



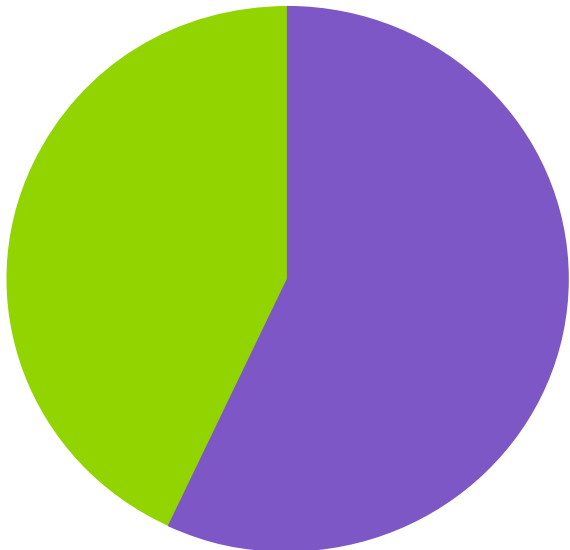
The challenges we face are creating increasing demand on health and social care services. In Greenwich, spend in Health and Adult Services is increasing year on year but this does not necessarily lead to better outcomes for our residents.

As part of the Forward Thinking programme, we carried out a series of workshops in November 2019 to understand if our residents were achieving the best possible outcomes in terms of what mattered to them.

After reviewing over 160 cases of adults currently receiving social care support with 35 of our practitioners across 12 disciplines, it was identified that over half of the residents we work with could have achieved a better outcome.

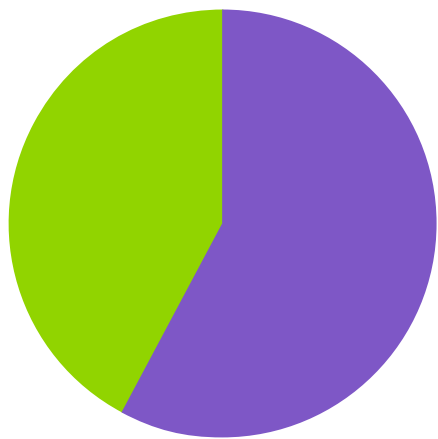
We need to work together, towards an approach that leads to better outcomes for people, with more creative and effective use of our resources.

43% of people achieved the best possible outcomes

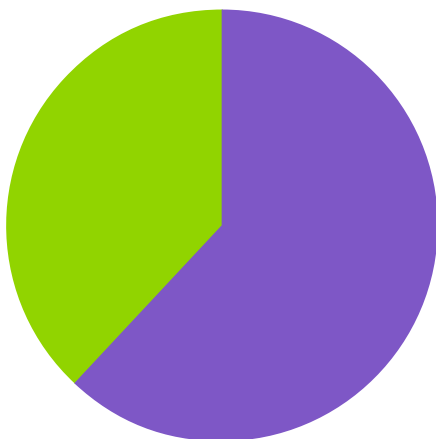


57% of people could have achieved a better outcome

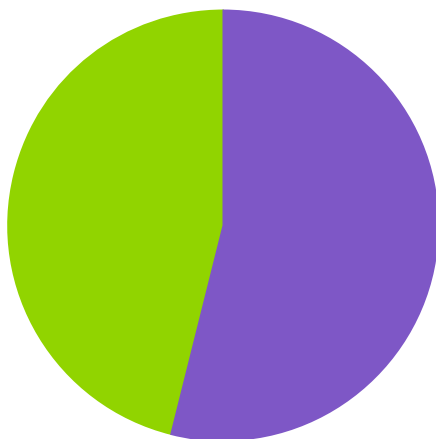
What did that look like for our different types of residents



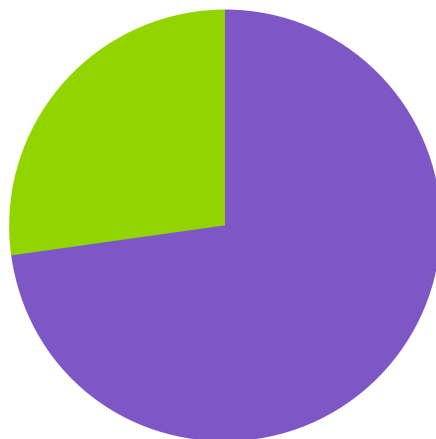
58% of older Adults
could have a better outcome e.g: being supported through reablement to live independently at home.



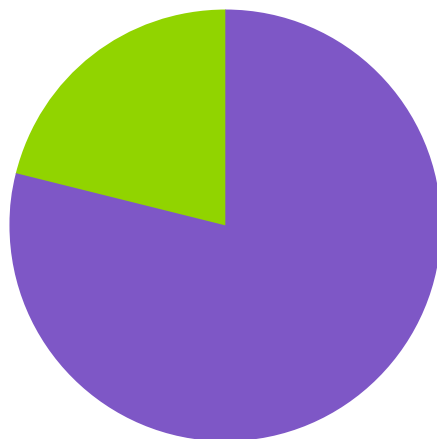
62% of people with learning disabilities
could have a better outcome e.g: help to learn life skills to live a more fulfilling life.



54% of people with physical disabilities
could have a better outcome e.g: help to learn skills to cope confidently at home.



73% of people with a severe mental health need
could have a better outcome e.g: receiving earlier intervention in the community and better support and recovery.



79% of of people transitioning from children's to adult services
could have a better outcome e.g: earlier planning and preparation for the skills needed in adulthood.

What is important to people?

Resident survey results



- Survey respondents were a mix of users and nonusers of health and social care services.
- The graph shows the top ten factors the 91 survey respondents rated as ‘very important’ in helping them cope during the (COVID-19) pandemic.
- The pilot survey run with 25 members of Charlton Athletic Community Trust Men’s Walking Football Group, themes were similar, although ‘helping others out’ featured as third on the list as ‘very important.’
- These results are not unexpected and generated by a relatively small number of people. However, they do align with the purpose and types of positive outcomes a strengths-based approach can enable such as independence, meaningful activity, better health and wellbeing and connection.

Top ten factors respondents rated as 'very important' in helping them cope during the pandemic

- Looking after my mental wellbeing
- Having a purpose / achieving something
- Having family, friendships and/or companions
- Being able to do things for myself
- Looking after my physical health
- Access to/help to access technology
- Help from council and health services,



What people who live and work in Greenwich said...



Resident and workforce engagement during October and November 2020 (via surveys, focus groups and partnership forums) identified a number of key themes in relation to the current challenges faced:

- Prior to the pandemic 31% of respondents reported in the Greenwich Adult Social Care Survey 19/20 feeling socially isolated. The pandemic has further isolated people, significantly impacting on mental health and wellbeing.
- The pandemic has exposed and exacerbated health inequalities. We are not all at the same starting point and therefore need to make extra special effort to bridge gaps for those disproportionately affected.
- **Digital and technology:** Barriers to accessing technology (in relation to equipment, data and skills) has worsened isolation and access for many. Support is required to address this, whilst still providing information and support in alternative, accessible formats.

- **Information, advice and guidance:** Access to help and support could be improved through simplified pathways and clear information in a range of formats. For example, one stop-shop, one phonenumber, one leaflet.

- **Neighbour/community support:** There has been an incredible response from the community and there are mutual benefits of volunteering and helping others out. However, the most vulnerable are becoming invisible again as more people resume 'normal' life.

- **Community places, social groups and activities:** There is a need for a range of safe activities (face-to-face and virtual) to support physical and mental health, wellbeing and connection. Also so that respite can be offered to carers. However, there are lots of complex challenges in terms of provision and access in relation to covid.

- **Transport:** Better access and support for getting out and about safely is very important.

- **Outdoor places:** Access to outdoor space is particularly important, especially for those in housing without gardens or nearby open spaces. However, people also needed to feel safe to leave their homes.

Support from services:

- People want and need both very practical and emotional support for their wellbeing. For example, help with accessing food, through to a phone call to check in on people.
- **Health and social care services:** Experience of health and social care services during the pandemic has been mixed in terms of access and approach. Better communication and holistic care is essential. Safe and consistent practice is essential. For example, the use of PPE when staff visit people's homes.
- **Finance and employment support:** The demand for welfare advice, financial and employment support is rising, in relation to the long-term impacts on the economy and reducing employment opportunities. In relation to the long-term impacts on the economy and reducing employment opportunities.

What residents and partners have said so far about our approach



People highlighted through the survey, focus groups and partnership forums:

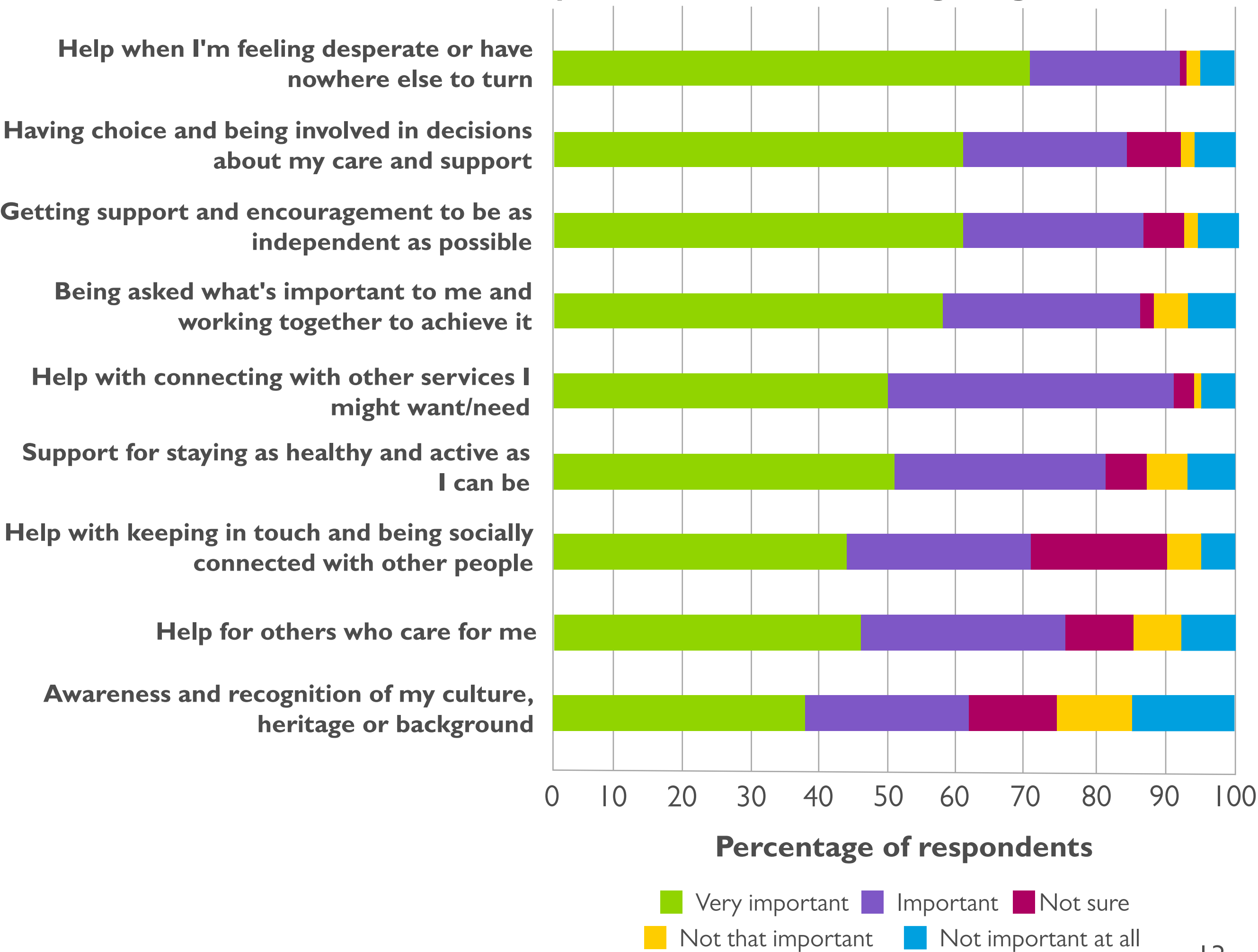
- That although independence was important, we all have interdependencies and the need for help and support. For those that need it, access to the right type of support, choice and control is very important.
- That to build trust, staff had to get the communication right, develop relationships and follow through on actions, as well as view residents and carers as experts in their own lives.
- Staff needed the permission, the time and the right training and support to carry out this approach.
- For the approach to be successful there needed to be continued investment in the voluntary and community sector and prevention.
- Concerns that an increased focus on promoting independence and community support was a way of cutting services, personal budgets, and using volunteers, rather than paid staff.
- The importance of service user involvement in the design of services and that representation is diverse. That proactively reaching out to different groups of people, using accessible formats was needed to support this.

“Being able to engage in the community, to be an active part. Not to be marginalised and seen as a burden on society. To be given the support to lead a normal, active and fulfilling life.”

“Having the control over my own life and self determination - with the appropriate support.”

The 84 respondents were a mix of users and non-users of health and social care services.

If you or someone you care for uses or needed to use adult social care in the future, how important would the following things be?



A stylized illustration of a city skyline. In the foreground, there are two dark grey buildings. The building on the left has a sign that says 'SUPERMARKET' and a shopping bag icon. The building on the right has a sign that says 'LIBRARY'. In the background, there is a city skyline with various buildings, including a large dome, several skyscrapers, and a building with a spire. The sky is a light teal color.

When asked what we need to do to help staff further develop and embed consistent strengths-based practice across the board (via a Health and Adults vision staff survey, workshop and ongoing engagement via the Forward Thinking Programme), they said:

- “Promoting independence, dignity, living well and upholding human rights.”***

“A life in which self-determination and choice are treated as priorities.”

“No one-size fits all – true diversity means not treating everyone the same because we’re not the same - we are working with human beings – individuals.”

An illustration of four diverse individuals. From left to right: a man with a physical disability wearing a blue long-sleeved shirt and orange pants, holding a white cane; a woman with a physical disability wearing a pink shirt and orange skirt, holding a black cane; a man with a hearing impairment wearing a purple long-sleeved shirt and light blue pants, holding a black cane; and a woman with a hearing impairment wearing a yellow long-sleeved shirt and yellow skirt, holding a black cane. A yellow dog is standing next to the first man.

Nancy's story: the Royal Borough of Greenwich Reablement Service

The Reablement Service offers short-term support (up to six weeks) for people in their homes, or wherever they're living. Reablement means 'learning or re-learning the day-to-day skills needed to encourage self-confidence, support independence and promote healthy living'.

After a spell in hospital, Nancy was struggling with tasks involving mobility and was having three visits a day from carers. The reablement service worked with her to enable her to do more for herself through tailored independence training and a change in the way she used her assistive equipment.

Previously, the reablement service only took on cases where residents would be able to leave the service fully independent. Now, however, they are taking on more complex cases like Nancy's with the potential for at least some reablement and level of independence.

Names have been changed to protect identity.



Kathy's story: the Royal Borough of Greenwich Shared Lives scheme

'Shared Lives' recruits, trains and supports carers to provide accommodation and support in their own homes for residents, who become like part of the family.

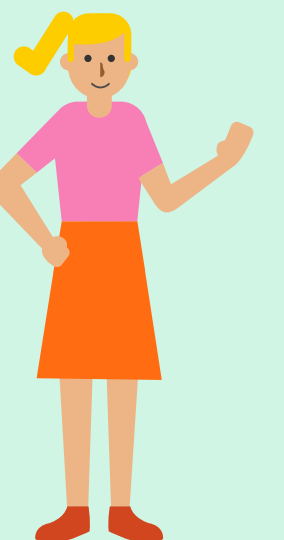
Kathy became a Looked After Child and transitioned into Shared Lives as an adult. She has a range of diagnoses, which include learning disabilities, hearing and visual impairment and mental health issues.

Kathy wanted to be able to live independently, so her carer, Sharon supported her with many skills, including cooking, cleaning, hygiene, budgeting, and home security to prepare her for this.

She then helped Kathy with registering for the housing list, bidding on properties and worked with her to understand the meaning of a tenancy.

As a result, Kathy has just moved out of the Shared Lives scheme and is now living independently in a flat.

Names have been changed to protect identity.



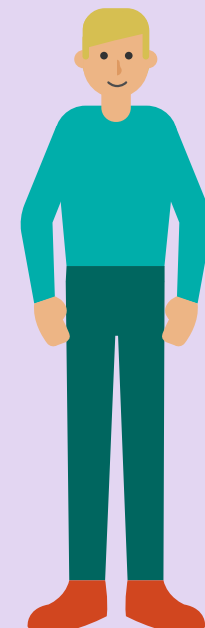
Freddie's story: living in a supported setting

Freddie has a diagnosis of severe autism and personality disorder. After losing his mother, Freddie totally withdrew and stopped speaking.

Freddie was placed in a supported living placement. After receiving one-to-one carer support, he was able to do his own personal care, make cold snacks, drinks and his dad a cup of tea when asked. Gradually, he became increasingly verbal again.

A key part of his journey to independence was the Oxleas 'Tall Trees' specialist day service, that offers a person-centred approach for people with learning disabilities. Freddie was able to let out all of his frustrations and integrate with people with similar needs.

Names have been changed to protect identity.



Supported volunteering during the COVID-19 pandemic

Volunteers Greenwich and Unity Works 'Supported Volunteering Programme' train mentors to support local residents with a range of needs, to increase their confidence, skills and experience to enhance their employment prospects.

One of our local residents with a learning disability had not progressed into employment after a long time in further education and work experience. Working with her mentor to focus on tasks and becoming more independent, she was able to start travelling by bus to meet them.

She then found a volunteering retail placement, while she continued to look for paid work.

Supported to improve her CV, adding the additional new skills she had gained, she was successful in getting a job in a local cinema.

During lockdown while the cinema was closed, her mentor supported her to volunteer to walk dogs for people who were isolating.

She is looking forward to returning to the cinema, although her dream job is now to work at a vet.



Ganga's story: the 'Okey Cokey Club'

Bromley and Greenwich Age UK work with and support Gurkha veterans, their wives and widows with integration, social connection, and accessing any help they need. The 'Okey Cokey Club' offers social activities and education in a fun and welcoming space, including arts and crafts, sporting activities, dance to English lessons, cooking, health talks and shopping trips. Welfare, housing, benefits advice and help navigating the NHS and social care system is also available. Members of the non- Nepalese Community are also welcomed.

Ten months ago, Ganga and his wife, Sashi, came to settle in the UK and initially struggled to adapt and integrate with the local community.

Since finding the club, life has improved dramatically. Ganga now volunteers; interpreting, helping settle in new members and assisting at events. Sashi also now runs the very popular 'Sewing with Sashi' sessions.

"Nepalese people say they have found it very difficult to open up themselves into this society," Ganga says. "So this activity helps them to talk to other people. Now, when they go to the supermarket or the hospital or bank, they have more confidence, even if they have a language problem. It's not only helping, now they're enjoying life."

The 'Okey Cokey Club' is taking steps to open in a safe way for the future.



Emile's story: Charlton Athletic Community Trust's 'Extra Time Hub'

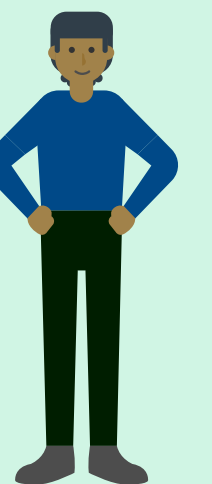
CACT's 'Extra Time Hub' is a chance for those aged 55+ to get together to take part in a wide range of activities, from curling to singing for health and exercise to music.

After the passing of his wife, Emile started to attend a regular CACT Bereavement Walk run in partnership with Cruse, where he formed a friendship that would see him open up about his life.

Emile was then encouraged to join CACT's 'Extra Time Hub', which he now attends regularly, taking part in various activities. A lifelong football fan, he has also started to attend the walking football sessions.

Emile says: "I love coming to all the sessions that I do with Charlton; I really, really enjoy it. I have met so many good people and made some great friends, and to be honest it has given me a purpose in life once again."

The 'Extra Time Hub' is taking steps to open in a safe way for the future.



With special thanks to:



The Mental Health Development Collaborative

The Learning Disability Partnership Board

METRO Greenwich Association of Disabled People

METRO GAVS and members of the Voluntary Sector Forum

Greenwich Disabled People Against Cuts

Volunteers Centre Greenwich and their focus group participants

Charlton Athletic Community Trust and their walking football group participants (pilot survey)

The Dementia Reference Group and their focus group participants

Royal Greenwich Community Participation and Diversity Team and members of their housing panels focus group participants

The Carers Centre and their focus group participants

Bromley and Greenwich Age UK

