



City of Westminster

Cabinet Member Report

Decision Maker:	Cabinet Member for Adult Social Care, Public Health and Voluntary Sector
Date:	22 August 2023
Classification:	General Release
Title:	Achieving health equity: a proposal to launch a new healthy communities fund for voluntary and community organisations serving Westminster residents (Healthy Communities Fund)
Wards Affected:	All Wards
Fairer Westminster/ Policy Context:	This report supports the Fairer Westminster ambition to tackle the inequalities that exist in Westminster as part of our commitment to build Fairer Communities.
Key Decision:	Yes
Financial Summary:	A proposal for non-recurrent investment of up to £5m utilising the Public Health Grant reserves
Report of:	Bernie Flaherty, Executive Director of Adult Social Care and Health

1. Executive Summary

- 1.1. Westminster has the highest life expectancy for males, and the third highest life expectancy for females, in the country. It also has the highest life expectancy gap in the country for males between those living in affluent and deprived areas.
- 1.2. Health is principally driven by the circumstances in which people live – their income, housing, employment, environment, culture and relationships.
- 1.3. To build Fairer Communities, and deliver health equity, we need to address the wider determinants of health, and ensure that our services are accessible and responsive to those with the greatest needs.
- 1.4. To complement the existing Healthy Lifestyles commissioned offer, Public Health intends to invest up to £5m over 4 years to strengthen the capacity, knowledge, skills and reach of the local Voluntary and Community Sector (VCS) to improve residents' health and wellbeing.
- 1.5. Organisations will be invited to apply for funding to deliver regular (suggested at least weekly) health promoting activities for specified target communities of all ages. Organisations will also be able to access selected health training which helps them deliver these activities.
- 1.6. Public Health will continue to co-design the future offer with organisations throughout the fund to develop their expertise in delivering public health outcomes.

2. Recommendations

- 2.1. To launch a new voluntary and community sector (VCS) grant programmes, totalling up to £5m, to be mobilised over the next four years to
 - 2.1.1. build capacity and expertise of the VCS to improve health outcomes of residents through health-based training;
 - 2.1.2. deliver health improvement activities and advice which improve health behaviours and address the wider determinants of health which may present as barriers to resident engagement; and
 - 2.1.3. Ensure sustained health promotion in the community past the funding period, including the development of the VCS to consider delivering commissioned Public Health services locally.
- 2.2. The Local Authority will initially administer the grants. The future administration of the scheme will be part of the codesign process in the first year.
- 2.3. VCS organisations in receipt of grants will be required to work collectively as part of a Healthy Lifestyles Network. The network will grow best practice and strengthen community insight, ensuring the voice of the community shapes wider healthy lifestyles initiatives including health check, screening, and vaccination services.

- 2.4. The ambition is that these short-term grant schemes will enable the Westminster VCS to be in a position in the future to deliver localised and dedicated Public Health contracts.

3. Reasons for Decision

- 3.1. Westminster has the highest life expectancy for males in the country (85 years) and the third highest in the country for females (87 years). It also has the highest life expectancy gap in the country for males; males in Westbourne are on average likely to die 18 years earlier than males in Knightsbridge and Belgravia. For females, a woman is expected to live 9 years longer in Knightsbridge and Belgravia than in Westbourne.
- 3.2. A needs assessment on the health inequalities experienced by Global Majority communities in Westminster suggests that people may face specific barriers to getting the health services that they need, due to experiences of discrimination, challenges navigating the health system and receiving care, understanding of health conditions and barriers to accessibility, and that their experiences and outcomes from services can be poorer.
- 3.3. Population-level interventions that are less reliant on individual choice aim to alter the environments in which people live, and they are the most effective and equitable way to improve physical activity, reduce smoking, improve diets, reduce harmful alcohol use and promote social connection.

4. Background, including Policy Context

- 4.1. Cities such as Westminster are built on its people – the distinctive communities that breathe life into their neighbourhoods and provide each area with identity and character. This can only happen when we coordinate our services to recognise and meet local communities' specific needs and everyone feels able to contribute to improving local outcomes. For us, a Fairer Westminster is one in which we do everything we can to reduce inequalities at every turn.
- 4.2. Westminster is home to 204,300 people with 40% of those from Global Majority groups. Residents living in the most deprived areas of Westminster are more likely to be from global majority communities. Residents from white backgrounds in Westminster have significantly better health than residents from ethnically diverse and Global Majority communities.
- 4.3. The diagnosis rates of long-term health conditions differ by condition and between ethnic groups. Not all health conditions are more prevalent among Global Majority residents, but residents from a Black or Black British Background are more likely to have a long-term health condition, including three times as likely as white groups to have diabetes, three times more likely to be obese and twice as likely to have hypertension. Additionally, we have also identified White Irish residents, as an aging population group, who have high rates of long-term conditions. There are many other examples of residents who experience health inequalities including those with physical and learning disabilities.

- 4.4. Westminster has an ageing population: 12% of our population is aged 65 or over. Whilst people are living longer, this has not been matched by a similar increase in the length of time people live in good health. As a result, people tend to live for longer in poor health, and with a diminished quality of life.
- 4.5. Health is principally driven by the circumstances that people live in. Behaviours, such as smoking, physical activity and diet are crucial to our long-term health but it is important to acknowledge that these are not simple to change and are also driven by the wider determinants; those on lower incomes have to spend proportionally much more of their income to achieve a healthy diet than more affluent residents. Deprivation is also associated with poorer access to affordable, healthy food.
- 4.6. Increasing physical activity, reducing smoking, improving diets and reducing harmful alcohol use would make a meaningful impact on health inequalities since these are the leading risk factors driving the burden of preventable ill health and premature mortality. Alongside this, prolonged social isolation and loneliness can be as bad for health as smoking, linked to increased risk of hospital and care home admission, dementia and physical ill-health associated with chronic inflammatory response.
- 4.7. There is already a significant amount of the Westminster Public Health grant which is channelled in cross council investment to deliver the Fairer Westminster ambitions and address the wider determinants of health. The Public Health team are committed to delivering a whole council approach; to make the healthy choice the easy choice, and ensure everyone recognises the role they have to play in promoting and protecting the health of our residents.
- 4.8. Public Health's joint work plan with Communities, to drive forward the Fairer Communities aspiration and Westminster Commission, includes the Equalities Strategy, Community Investment Strategy and #2035 ambition. A joint strategic workplan between Public Health and Communities is enabling the Fairer Communities aspiration by building local knowledge about our communities through our Joint Strategic Needs Assessment (JSNA) and shaping the Westminster's Equality Strategy, aligning with the #2035 call to action and supporting the anti-racism commitment.
- 4.9. A significant amount of our Public Health Grant is invested in the VCS through our commissioned portfolio of programmes and cross council investment including the Communities Priorities programme lead by the Communities Directorate.
- 4.10. This proposal embeds the learning and successes from the Healthy Winter grants programme and Change4Life programme but at a much larger scale. The grant will be used to invest in the VCS supporting Westminster residents. It will enable the sector to provide regular targeted and tailored health promoting activities to the communities they know and understand the best. Support will be provided to residents of all ages, across the borough, with a view to

addressing social isolation, increasing physical activity and encouraging healthy eating.

- 4.11. Funded organisations will be encouraged to think about how to overcome barriers to engagement relating to the wider determinants of health e.g. through the provision of hot meals, childcare etc, as well as be able to signpost residents to services for further support with issues such as housing or benefits/debt.
- 4.12. Although the offer will be universal, bidding organisations will be asked to focus on areas of deprivation, global majority communities, residents living with a disability and or mental health conditions and children and young people with particular needs e.g. special educational needs and disabilities, carers, girls only physical activity initiatives.
- 4.13. All organisations in receipt of a grant will be part of a Healthy Lifestyles network. The network will share and grow best practice.
- 4.14. The ambition is that the grant funding will strengthen the local VCS infrastructure, building capacity and expertise in the local workforce and supporting their ability to deliver large Public Health contracts in the future. It will also support the wider corporate aspirations to ensure that we strengthen community insight and enable the voice of the community to shape services, initiatives, and approaches.
- 4.15. Public Health commission dedicated providers to support healthy lifestyles of Westminster residents. The Westminster adults integrated healthy lifestyle service is responsible for delivery of stop smoking, weight management, health check and cardiovascular risk reduction services. The service is being reprocured in 2023/24 and the new specification will ensure any future provider places partnership with the local VCS at the heart of their work.
- 4.16. The Change4Life service encourages and provides opportunities for children, young people and families to eat well, move more and feel good. It includes free, fun and inclusive clubs as well as workforce training, advice and health promotion outreach, with a focus on targeted neighbourhoods. The service will continue to support local voluntary and statutory organisations to promote health and wellbeing through the Change4Life awards and grants.

5. Logistics

- 5.1. A significant part of the fund (£3m) will fund VCS organisations to run regular (suggested at least weekly) healthy activities, that have been designed to be culturally relevant to the communities they support to encourage participation. VCS organisations will be asked to consider how to support residents to overcome any barriers that may be preventing them from accessing healthy activities and services.
- 5.2. £1m will be allocated to training and development. This may include training VCS staff and volunteers to become smoking cessation advisors, experts in nutrition and delivering healthy eating cooking classes, or health coaching,

enabling VCS staff and volunteers to have health-based conversations with participants.

- 5.3. This fund will also include a contingency pot, this may be used to extend the fund to four years, and to ensure that health promotion and delivery can continue in the community after the funding has finished. For example, developing organisations to be able to deliver commissioned Public Health services locally.
- 5.4. Organisations will be subject to achieving engagement, participation, and health outcomes, which will be monitored on a regular basis by Public Health staff.

6. Financial Implications

- 6.1. A total of up to £5m will be invested in the VCS serving Westminster residents over the next four years funded from the Public Health Grant reserves. The funding structure is outlined below. The full funding envelope is dependent on successful annual evaluation of the programme.
- 6.2. Since the Public Health grant funding outlined in this proposal is time limited, it will be essential to work closely with the VCS to ensure sustainability of action and long-term positive health outcomes.
- 6.3. Ensuring VCS organisations applying for grant funding have an exit strategy post funding will be a key element of the more detailed grant documentation.
- 6.4. Public Health capacity to administer the grant is essential and the costs of the workforce will be met through the public health grant.
- 6.5. The Public Health grant value is anticipated to increase year on year based on past trends. This initiative is part of a range of strategic investment proposals. If, in the future, the grant income levels are below forecast then all proposals will need to be reevaluated and as part of this, consideration may need to be given to reduce the level of commitment requested in this report.
- 6.6. Proposed spend between 2023 - 2027:
 - 6.6.1. Healthy Communities Fund – delivery of activities in the community - £3m
 - 6.6.2. Training and Development - £1m
 - 6.6.3. Contingency, including potential to extend the fund to four years, and VCS development to support exit strategy and sustained benefit - £1m

7. Legal Implications

- 7.1. The National Health Service Act 2006 (NHS Act) (as amended by the Health and Social Care Act 2012) obliges local authorities to take such steps as it considers appropriate for improving the health of the people in its area. In addition, it sets out a requirement for all Directors of Public Health to produce an annual

independent report on the health of their local population and for their local authority to publish it. These annual reports also highlight areas of specific concern and make recommendations for change.

- 7.2. The power in section 2B of the NHTA to improve the health of the people in its area includes the right to provide grants or loans on such terms as the local authority sees fit. In addition, the Council has the general power of competence (section 1 Localism Act 2011) to do anything that an individual may do, save where it is expressly prohibited from doing so.
- 7.3. The award of a grant must be in compliance with the Council's Procurement Code which stipulates that the award of a grant is subject to the requirements of fairness and transparency and demonstration of Best Value.
- 7.4. The gifting of a grant may be considered a subsidy governed by the Subsidy Control Act 2022. When establishing the grant programme, it should be structured to ensure that there are no unlawful awards of subsidies.
- 7.5. When the Council is exercising its function (and in its decision-making processes) it must have due regard to the Public Sector Equality Duty (PSED) set out in section 149 of the Equality Act 2010. This is to ensure the elimination of discrimination, harassment, victimisation or other prohibited conduct, advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it. To foster good relations between people who share a relevant protected characteristic and those who do not. The relevant protected characteristics to consider are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.
- 7.6. Legal advice can be obtained in relation to setting up the various projects as and when needed.

8. Carbon Impact

- 8.1 It is anticipated that VCS organisations will apply to deliver a range of activities which could contribute to a reduction in food waste, sourcing food locally and active, sustainable ways of travelling. Once the grant programme becomes established, it can be strengthened to consider a wider range of actions which have an impact on health and wellbeing.

9. Consultation

- 9.1 As part of the development of a JSNA examining the health inequalities affecting global majority communities, consultation around the joint health and wellbeing strategy, and the re-procurement of the integrated healthy lifestyle services, we have engaged with a number of service users, service providers, frontline workers, VCS forums and residents with lived experiences over the past six months. Through open discussions and workshops, we aimed to understand their experiences of inequalities reflected in the data and delve

deeper into the challenges around availability and accessibility of the support on offer.

- 9.2 Analysis of the insight emphasises the value of trusted relationships in understanding health and engaging in health-related behaviours in a cultural context and achieving effective outcomes for all groups, particularly for those experiencing inequalities in health. Residents have also strongly expressed the need to have provision based in familiar community settings while receiving support from people who look like them. While addressing the practical barriers to access around appointments, language and digital literacy remain prevalent, there was a spotlight on the impact of colonial history and recent experiences, which can influence residents' sense of feeling accepted in the services and activities. This suggests that the VCS sit in a prominent position to not only facilitate those connections of trust while galvanising community assets and local people, but also assist with routine collection and understanding of hyperlocal community insight to shape the initiatives from the bottom-up.
- 9.3 Investing in the sector facilitates effective partnerships to be developed and for the VCS to do more in the future to improve the public health of Westminster residents.

If you have any queries about this Report or wish to inspect any of the Background Papers, please contact:

Anna Raleigh, Director of Public Health

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BACKGROUND PAPERS


[Borough Ward Health Profiles](#)

['Making Health Everyone's Business': Annual Public Health Report 2022](#)

For completion by the **Cabinet Member for Adult Social Care, Public Health and Voluntary Sector**

Declaration of Interest

I have no interest to declare in respect of this report

Signed:  Date: 22 August 2023
NAME: **Cllr Nafsika Butler-Thalassis**

State nature of interest if any:

(N.B: If you have an interest, you should seek advice as to whether it is appropriate to make a decision in relation to this matter)

For the reasons set out above, I agree the recommendation(s) in the report entitled **Achieving health equity: a proposal to launch a new healthy communities fund for voluntary and community organisations serving Westminster residents (Healthy Communities Fund)** and reject any alternative options which are referred to but not recommended.

Signed: 
Cabinet Member for Adult Social Care, Public Health and Voluntary Sector

Date: 22 August 2023

If you have any additional comment which you would want actioned in connection with your decision you should discuss this with the report author and then set out your comment below before the report and this pro-forma is returned to the Secretariat for processing.

Additional comment:

If you do not wish to approve the recommendations, or wish to make an alternative decision, it is important that you consult the report author, the Director of Law, City Treasurer and, if there are resources implications, the Director of People Services (or their representatives) so that (1) you can be made aware of any further relevant considerations that you should take into account before making the decision and (2) your reasons for the decision can be properly identified and recorded, as required by law.

Note to Cabinet Member: Your decision will now be published and copied to the Members of the relevant Policy & Scrutiny Committee. If the decision falls within the criteria for call-in, it will not be implemented until five working days have elapsed from publication to allow the Policy and Scrutiny Committee to decide whether it wishes to call the matter in.