



Healthier City. Healthier Lives.



Central London Clinical Commissioning Group



Your voice on local health and social care



City of Westminster

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FOREWORD



Our health and wellbeing is affected by a wide range of factors. It is not just the personal choices we make as individuals, but also factors such as how and where we grow up, the house we live in and the areas in which we work and play. Westminster is a vibrant city that has a lot to offer those who live and work here, but it is also a place of contrast with its own unique challenges.

The Health and Social Care Act 2012¹ represented a substantial shift in the way that local health services are designed. From April 2013, Primary Care Trusts will be replaced by more than 200 GP-led organisations called Clinical Commissioning Groups. Every GP surgery has to belong to a CCG through which they will be responsible for deciding which local health services should be funded. Councils will also take on new responsibilities for health. Health and Wellbeing Boards are brand new local bodies that bring together leaders from across public services and the community. Our purpose is to identify and address complex health and wellbeing issues which cannot be tackled by a single organisation.

This first ever Westminster Health and Wellbeing Strategy is our commitment to tackling the problems that prevent many of the residents and visitors to our city enjoying the fullest, healthiest and happiest lives possible. It sets out our long-term promise to communities about what we will do to address these often very complex issues. The strategy is not a statement of all that local health organisations and the council will do to support people to be healthier. Instead, it is a clear plan for how, together, we will address the issues that matter to the community. By working together we can push reforms further and faster to make a real and measurable improvement to the lives of Westminster residents.

We look forward to hearing your views on the strategy². By sharing your thoughts with us, we can ensure that the strategy reflects not just clinical evidence but also the experiences of those who live and access services in Westminster. We also want to hear from you about what role you think individuals, communities and businesses can play in delivering better health and wellbeing outcomes for our city.

At some point in our lives we all need help to become healthier. It is important that we all play a part in setting out and delivering a shared vision for Westminster – the health and wellbeing of our communities is the responsibility of everyone who takes an active interest in the future of our city.

Cllr Robathan
Chairman of the Health and Wellbeing Board

FOREWORD FROM LINK³



After a year of designing this strategy, we have arrived where we wanted to be. Our priorities and actions have not been decided quickly but have taken a lot of time and thought to get right.

Our strategy has been designed with the aim of making Westminster the healthiest borough in London, actually no, the healthiest borough in England.

But we can only do this if our health services, adult services, children's services, diverse population and workforce come together. If we can work together we can achieve our aim and make Westminster a healthier city to live and work in so that we all live healthier lives.

Paul Wilson
Chairman of Westminster LINK

1. <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

2. <http://www.westminster.gov.uk/services/healthandsocialcare/health-and-wellbeing/joint-health-and-wellbeing-strategy/>

3. <http://www.westminsterlink.org.uk/>

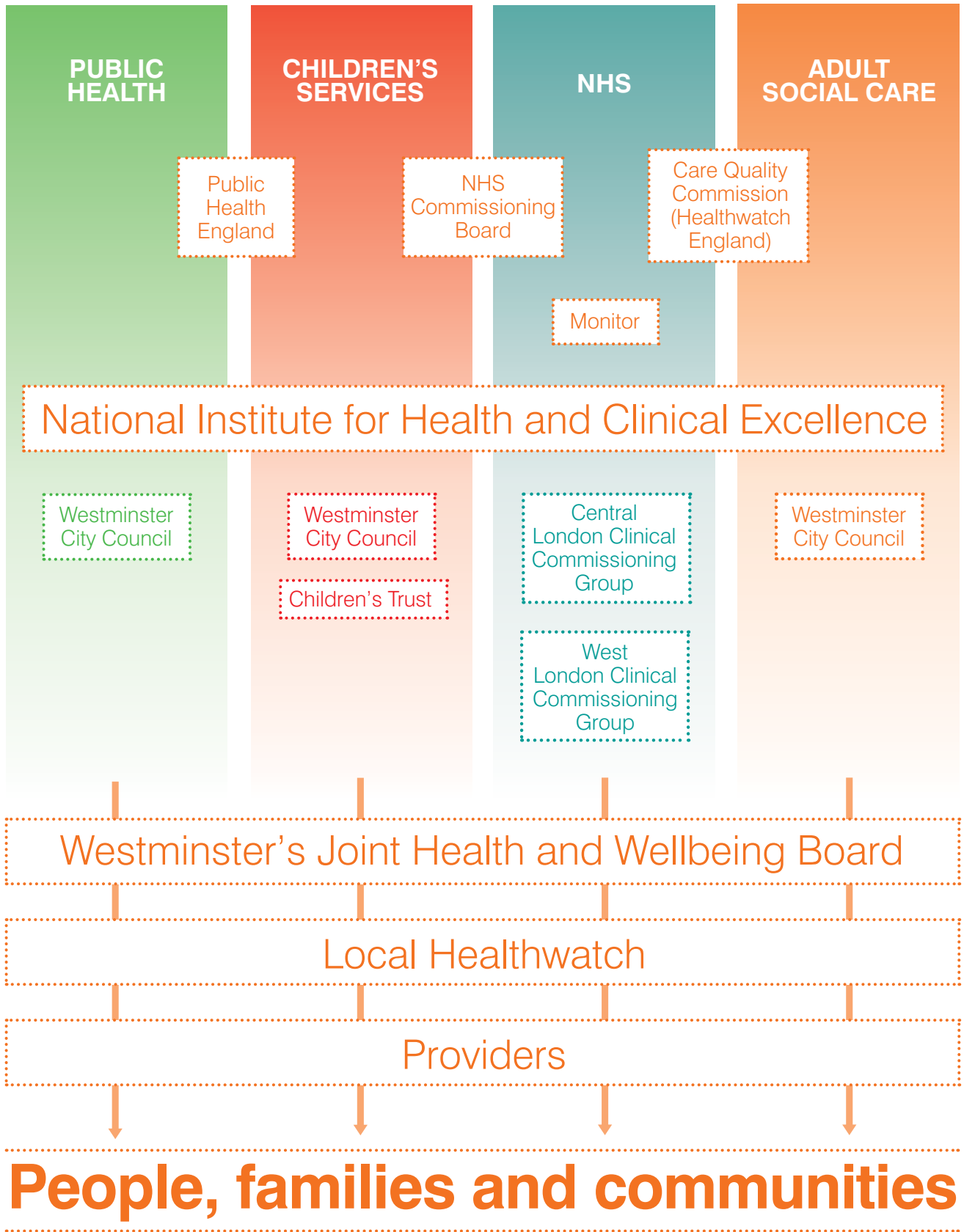


Figure 1: The new health and social care landscape



INTRODUCTION

Westminster City Council, General Practitioners, local health services and the voluntary and community sector already support those who reside, work, study and relax in the borough to live healthier lives. This includes providing high quality services and improving “wider determinants” of health, such as ensuring access to employment, open space, cultural and leisure facilities, good quality housing, an attractive, accessible and safe public realm and encouraging active travel.

The built environment provides the infrastructure in which people make healthier behavioural choices. The National Planning Policy Framework 2012⁴ requires us to promote healthier communities, use evidence to assess health and wellbeing needs, and work with health partners to develop “Westminster’s City Plan”.

Poor housing and overcrowding can have a considerable impact on physical health and the wellbeing of individuals, families and communities. Mitigating the risks of poor housing and ensuring housing is of good quality and size can lead to improved quality of life. Westminster’s Housing Renewal Strategy⁵ will involve local people in the design of better quality, more energy efficient homes and aims to maximise benefits for health and well-being. For example, the

regeneration of the Church Street area will include a Health and Wellbeing Centre that will bring together health services with other services that promote better wellbeing, such as employment support.

Engaging communities in the design and delivery of the services they use is crucial to ensuring services meet specific need. The council and health partners will continue to work with communities in the future, for example through Community Champions and the Queen’s Park Community Budget pilot⁶. This aims to engage communities as active partners in shaping local services.

Schools are central to the lives of children and families and it is important that we continue to work both with schools and other educational establishments

4. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/6077/2116950.pdf

5. http://transact.westminster.gov.uk/docstores/publications_store/wcc_housing_renewal_report2010_lowres.pdf

6. http://www.local.gov.uk/web/guest/community-budgets/-/journal_content/56/10171/3691921/ARTICLE-TEMPLATE

The main determinants of health

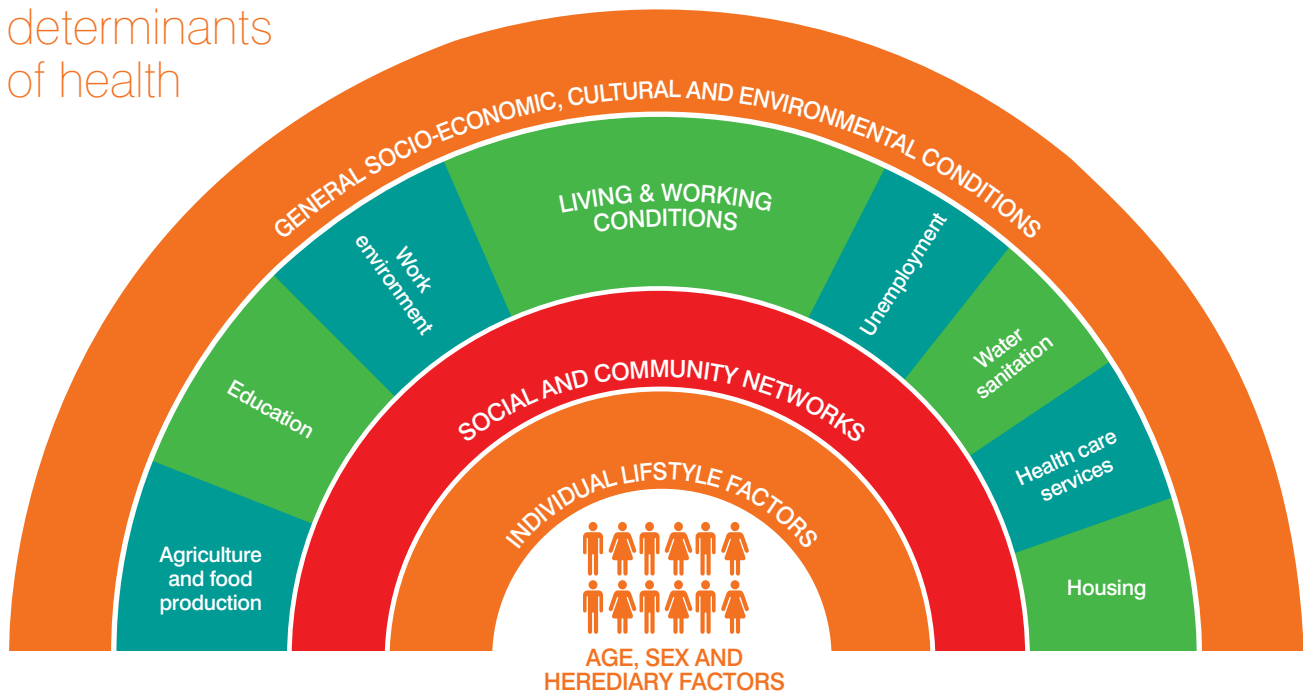


Figure 2: The main determinants of health

to optimise children and young people's chances of attaining good health. The Healthy Schools Partnership encourages schools to support the educational attainment and happiness of pupils through healthy weight and emotional wellbeing.

Libraries have an important role to play as a source of information and advice as well as a venue for community involvement for many residents. We will continue to build on the relationship between libraries and health services through programmes like "Books On Prescription" and through Health Information Workers who operate reading groups and run health events in libraries for children and adults.

Our built environment is also important in supporting those who live, work and visit the City to lead healthier lives. For example, our green spaces can provide important respite from the rigours of city life as well as the space for physical exertion. We are currently developing walking and cycling strategies to encourage people to incorporate active travel into everyday journeys – whether that is for work, school or purely leisure.

Worklessness is associated with poorer physical and mental health. The longer a spell of unemployment lasts,

the more harmful its negative effects. Westminster's Work and Skills Board brokers jobs for Westminster residents, tackling barriers to employment.

Public organisations, however, can only do so much. Individuals have to make healthier choices in their everyday lives. The council and their health partners can provide information and advice to support these choices. There are many sports and leisure facilities available in Westminster, which provide opportunities for people to become healthier through physical activity. Environmental Health and Licensing Services work with local businesses to ensure that food sold within the borough is good quality, while the healthy catering programme enlists the support of retailers to provide healthier eating options.

Although a lot of work is being undertaken by the council and health partners, there are areas where more could be done. The purpose of this Health and Wellbeing strategy is not to provide an extensive list of initiatives that partners will implement to promote better health. Instead it focuses on the most complex and critical needs and identifies where the Health and Wellbeing Board, bringing multiple agencies and interests together, can take action quickly and effectively.



OUR WESTMINSTER

OUR COMMUNITIES

Westminster is a global city, but it is also home to a highly diverse resident population of around 241,000 people. Unlike the majority of localities, our resident population is heavily weighted towards younger people, with 52% of our resident population aged between 18 and 44 years old.

More than half of households are single person households, the highest proportion in London. We have the fourth highest proportion in the country of pensioner households that are occupied by lone pensioners. This means that a high proportion of our older residents may feel isolated from their families, friends and communities and reliant on council services.

At the heart of the nation's capital, and easily accessible for people who are seeking a new life both domestically and from abroad, Westminster is home to a vibrant and diverse set of communities. We have the highest level of international migration of any place in England. Just over half of our residents were

OVERALL FOOTFALL:
RESIDENT POPULATION
+ VISITORS + BUSINESSES

POPULATION OF AROUND
240,000

**10's of
1000's**

Tens of thousands of people who live in the City for short-periods or on a part-time basis who are not included in the resident population.

APPROXIMATELY ONE MILLION PEOPLE
SET FOOT IN WESTMINSTER EVERY DAY.

1,000,000

WE ACCOMMODATE
46,000 BUSINESSES
WHICH EMPLOY NEARLY
600,000 PEOPLE:

14%

OF ALL LONDON JOBS

RESIDENT POPULATION: AGE + ETHNICITY + CHURN



Over half of our residents were born outside of the UK, compared to 9% for the rest of England →

30% are BME

Our population 'churns' at approximately 30% per year

30%

52%
52% OF OUR POPULATION AGED BETWEEN 18 AND 44

14%
14% of our households are single older people households (which is the 4th highest in the country)

born outside of the UK, compared to 9% for the rest of England. 30% of our residents are from Black, Asian, Arabic or other minority ethnic groups and there are estimated to be over 10,000 lesbian, gay, bisexual or transgender (LGBT) residents.

Westminster has the highest level of rough sleepers of anywhere in the country and there are also tens of thousands of people who live in the City for short-periods or on a part-time basis who are not included in the resident population. Our varied communities make it all

the more important that our health and wellbeing services provide tailored services which accommodate the wide range of needs that our residents experience.

Westminster has a clear sense of place and prides itself on its reputation as a truly global city which attracts tourists, students and businesses from the UK and the world. One million people enter the borough every day and use our services either as a visitor, or as a worker or student. This creates a unique buzz in the city but also brings with it significant challenges and responsibilities.

OUR PLACE

Westminster is a business hub. We accommodate 46,000 businesses employing around 600,000 people - 14% of all of jobs in London. We host over nine million square metres of office floor space. Many of those who work for these businesses will spend a majority of their waking day within our borough, so the Health and Wellbeing Board feels a strong sense of responsibility when considering their health and wellbeing needs alongside resident communities.

Westminster is also home to a thriving night-time economy, with over 3,000 bars, clubs and restaurants drawing people into the borough every night. Some streets in the West End have more pedestrians at 3am than they do at 3pm. The 18/7 nature of our city brings with it unique challenges that we must face, including health issues such as alcohol and drug misuse, smoking, sexual health, noise pollution and air quality.

Westminster's famous green spaces and parks, public transport links and visitor and cultural attractions have helped the city to preserve and enhance its status as a preeminent destination for tourists from all over the globe.



In spite of perceptions about the relative wealth of Westminster, some of our wards are among the 10% most deprived wards in the country. Westminster is a place of extreme contrast, with affluence and deprivation sitting side by side. Bridging the gap in health outcomes and economic opportunity is a priority for the Health and Wellbeing Board.

OUR UNIQUE HEALTH CHALLENGES

The vitality of Westminster is part of its appeal, but this leads to a challenging landscape in which to deliver services and help people to improve their health and wellbeing.

The life expectancy of our residents can vary dramatically depending on whether people live in our most affluent or most deprived areas. Men living in the 10% least deprived areas live nearly 17 years longer than men living in the most deprived areas, and for women this gap is nearly 10 years. In addition, the most deprived fifth of the population live with disability 10 years sooner than those least deprived. This is because our residents' health is not just related to the services they can access but also to wider determinants including housing, education, employment and environment, as well as the choices individuals make.

Our population 'churns' at approximately 30% per year. This means that every year a third of our residents leave us to

move to new areas, and we receive new residents who will begin to access our services. This high level of population churn and our rich cultural diversity can make it more difficult for people to access services and for services to deliver the outcomes that they wish them to.

Our large business, visitor and commuter populations are the cornerstone of the local and regional economy and also significantly contribute to the national economy but they also put demand on services and the environment. Services are funded by national government on the basis of the resident population and so do not reflect the realities of our place. Westminster falls within the worst 20% of areas nationally for outdoor living environment, road traffic accidents, and parts of the city are among the worst performers in air quality tests in Europe. This can act as a deterrent to people making healthier choices, for example, by making more active travel plans.

OUR OPPORTUNITIES AND ASSETS

While our borough has unique health challenges that we must address within this strategy, we also have a large number of opportunities and assets which are available for us to use in a more effective way.

Westminster has 85 London Squares and 21 English Heritage Listed parks and gardens, including five Royal Parks. The five Royal Parks alone provide more than 250 hectares of open space at the centre of an otherwise crowded metropolis. Visitors, commuters and residents are free to exploit these spaces to live healthier lives.

Overall, participation in sport and physical activity within Westminster is high in comparison with other London boroughs and nationally. Participation in school sport has risen dramatically in recent years. Westminster residents have the 4th best access to sports and leisure facilities in England and there are a number of major new sports and leisure facilities planned. There is also a wealth of provision across the city and specific targeted programmes – particularly for young people – to encourage residents to become more physically active.

We have world class health services, with around 50 GP Surgeries, 50 NHS Dentists and excellent hospitals like St Mary's.

We also have a significant number of assets which we can use to support our residents, businesses, commuters and visitors to improve their health and wellbeing. Westminster has 11 libraries open up to seven days a week with over two million visitors every year. The Health and Wellbeing Board will make use of the public library network to support the goals in this strategy.



We have 12 Children's centres and four community hubs and a strong voluntary and community sector, exemplified by the likes of Volunteer Centre Westminster, Vital Regeneration and Paddington Development Trust, which provide a range of services to local communities.

We also have the opportunity to work alongside the thousands of businesses, educational and community establishments in the city to bid for funding, grants and projects to work towards improving the health of the residents, students, workers and visitors to Westminster.



3

OUR VISION & GOALS

Marmot Review Objectives

Give every child the best start in life	Enable all children, young people and adults to maximise their capabilities and have control over their lives	Create fair employment and good work for all	Ensure a healthy standard of living for all	Create and develop healthy and sustainable places and communities	Strengthen the role and impact of ill-health prevention
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Vision

“All people in Westminster are able to enjoy a healthier city and healthier life”

Long-term Goals (2013-28)

Improving the environment in which children and young people live, learn, work and play	More people live healthily for longer and fewer die prematurely	A safe, supportive and sustainable Westminster where all are empowered to play as full a role as possible	People are supported to access appropriate, quality care, closer to home	People living with injury, disabilities, long-term conditions and their carers have quality of life, staying independent for longer
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Strategy Priorities (2013-16)

Every child has the best start in life	Enabling young people to have a healthy adulthood	Supporting economic and social wellbeing and opportunity	Ensuring access to appropriate care at the right time	Supporting people to remain independent for longer
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Figure 3: Westminster Health and Wellbeing goals and priorities

IMPROVING THE ENVIRONMENT IN WHICH CHILDREN AND YOUNG PEOPLE LIVE, LEARN, WORK AND PLAY

The Marmot Review (2010)⁸ emphasised the importance of giving every child the best start in life. The foundations for our development into adults and for our life are laid down in early childhood. The circumstances in which we are raised impact on our future health and wellbeing like healthy weight, mental wellbeing, educational achievement and economic status. It is crucial that children and young people are provided with a stable, safe and supportive environment.

Westminster offers many opportunities for young people, but it can be a difficult place to bring up a family, especially for those on low incomes. Over a third of Westminster's children aged under 16 (36%) live in income-deprived households. This rises to more than half in the Church Street, Westbourne, Queen's Park and Harrow Road wards.

Achieving a significant positive change in early childhood outcomes will require action over many years. While providing good health services for families, mothers, mothers-to-be and children is fundamental, improving the living conditions in which children grow up will have the



biggest impact on their health, educational achievement and employment prospects.

To work towards this goal the Health and Wellbeing Board will deliver the following priority within the 2013-16 Health and Wellbeing Strategy:

- **Priority One – Every child has the best start in life**

MORE PEOPLE LIVE HEALTHILY FOR LONGER AND FEWER DIE PREMATURELY

The major causes of early death are cancer, heart disease and lung disease. Prevention of all of these is helped by adopting healthy behaviours – not smoking, being physically active, only drinking alcohol in moderation, and eating a healthy diet. Behavioural choices are made against a complex background of individual circumstance and environment. People who are disadvantaged or who have less control over their lives are less likely to prioritise looking after their health. We must enable early interventions to support communities to take greater responsibility for their own health and wellbeing and make better behavioural choices.

Nationally, mental ill-health accounts for over 40% of all years of life spent with a disability which can result in a huge day to day health burden on people's lives. Westminster has the 5th highest number of patients on a GP register for severe and enduring mental illness (e.g. schizophrenia).

All the partners in the Health & Wellbeing Board are individually taking steps to reduce premature death, as suggested in the Department of Health's Call to Action⁹, and reducing years of life spent with a disability. For example, CCGs are improving the quality of primary care by increasing access to GPs, reducing variation in cancer screening coverage and the management of chronic conditions. The Board will focus on the actions that require joint effort by its partners. Enabling young people to have a healthy adulthood is of particular interest to the Board, though these changes will assist all ages to be healthier and live longer.

To work towards this goal, the Health and Wellbeing Board will deliver the following priority within the 2013-16 Health and Wellbeing Strategy:

- **Priority Two – Enabling young people to have a healthy adulthood**

8. <http://www.instituteoftheequity.org/projects/fair-society-healthy-lives-the-marmot-review>
9. <https://www.gov.uk/government/news/hunt-calls-for-action-to-save-more-lives>

A SAFE, SUPPORTIVE AND SUSTAINABLE WESTMINSTER WHERE ALL ARE EMPOWERED TO PLAY AS FULL A ROLE IN SOCIETY AS POSSIBLE

The Strategic Review of Health Inequalities in England (Marmot et al)¹⁰ emphasised the importance of the “social determinants of health”, i.e. education, employment, housing and neighbourhoods in securing health and wellbeing. Social inequalities in health arise because of inequalities in the conditions of daily lives. It is also important that individuals feel part of their communities. The links that bind us together as individuals and to our communities are critical to our physical and mental well-being.

Within Westminster’s communities there is considerable variation in income, employment, education and the quality of the built environment. It is vital that we shape our communities to provide the best opportunities for those who live and work in Westminster and to enable and encourage better social capital. Volunteering can help people maximise their potential by achieving personal goals and broadening their horizons. By supporting people to have more say in their services, and even enabling them to deliver services, we can help them to take more responsibility for their lives.



To work towards a safe, supportive and sustainable Westminster where all are empowered to play as full a role in society as possible, the Health and Wellbeing Board will deliver the following priority within the 2013-16 Health and Wellbeing Strategy:

- **Priority Three – Supporting economic and social opportunity and wellbeing**

PEOPLE ARE SUPPORTED TO ACCESS APPROPRIATE QUALITY CARE, CLOSER TO HOME

Population changes are leading to increasing demands on health care services, and the resources available are not being increased at similar rates. Westminster also has a number of unique challenges, including a high level of emergency hospital admissions from particular vulnerable groups such as those who are homeless and those misusing drugs or alcohol. As the population ages and the number of people with one or more chronic diseases increases, our reliance on hospital based care is becoming unsustainable.

A major hospital reconfiguration programme “Shaping a Healthier Future”¹¹, is currently being developed across North West London. The two Clinical Commissioning Groups (CCGs) that cover Westminster have each produced ‘out of hospital’ strategies^{12,13}. The underpinning principle behind these programmes and strategies is to ensure the right care is provided in the right place, at the right time, for the right people.

In doing so, unscheduled care episodes will be reduced and a greater proportion of planned care will take place in primary care and community settings. Better care, provided closer to home, is imperative in the face of increasing demand and limited resources. It should also improve the quality of patient care and accessibility and cause less disruption to patients and their families.

Carers and families are fundamental to ensuring that people can access appropriate care at the right time, utilising preventative services and avoiding unnecessary hospital admissions.

To work towards this goal the Health and Wellbeing Board will focus on delivering the following priority within the 2013-16 Health and Wellbeing Strategy:

- **Priority Four – Ensuring access to appropriate care at the right time.**

10. <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

11. <http://www.healthiernorthwestlondon.nhs.uk/>

12. <http://www.healthiernorthwestlondon.nhs.uk/document/pcbc-vol10-appd2-v11-central-london-out-hospital-strategy>

13. <http://www.healthiernorthwestlondon.nhs.uk/document/pcbc-vol16-appd8-v11-west-london-out-hospital-strategy>



PEOPLE LIVING WITH INJURY, DISABILITIES OR LONG TERM CONDITIONS AND THEIR CARERS HAVE QUALITY OF LIFE, STAYING INDEPENDENT FOR LONGER

Many people with long term conditions develop disabilities or mental health problems, which may require social care support, including the provision of care for their families and children. As life expectancy increases, so do the rates of chronic disease and with them the cost of health and social care.

Effective management of chronic diseases such as cardio-vascular disease (CVD), diabetes and respiratory disease can help residents stay independent for longer.

With the right support, many people are able to regain their independence soon after discharge from hospital. For some, however, hospitalisation can lead to long term dependence on a number of services and social isolation. This is often due to a lack of access to the right care at the right time.

Informal and formal carers provide key support for people to remain independent. Yet, a carer's responsibilities for another person can come at a price, namely their own health and wellbeing. Young carers in particular can experience effects due to their caring responsibilities which can impact on their life in the long term. It is important that we support carers to access the services that are available to them and to ensure that those services adequately meet their needs.

Primary care services have a key role in identifying carers and young carers at an early point in the caring pathway.

To work towards this goal the Health and Wellbeing Board will deliver the following priority area within the 2013-16 Health and Wellbeing Strategy:

- **Priority Five - Supporting people to remain independent for longer**



OUR PRIORITIES

PRIORITY ONE: EVERY CHILD HAS THE BEST START IN LIFE

Research consistently demonstrates that the first years of a child's life are crucial in determining their future health and wellbeing, both as children and adults, and a healthy pregnancy provides the best start for every child.

However for many children, especially those from vulnerable families, there are barriers to their ability to fulfil their full potential. We will strive to support all children to have the best start in life by enabling them, and their families, to live healthier and achieve a good level of physical and social development so that they can enjoy and achieve in school and play.

The expectation is that with more integration and joint work, we can deliver a better organised set of services that address the needs of vulnerable families and reduce health inequalities. We will target our action on the areas of a child's development where we believe the need is highest and where the Health and Wellbeing Board can make the maximum impact:

- Maternity and ante-natal support

- Communication and social interaction skills and development
- Healthy family weight
- Children's oral health
- Childhood immunisations

NEED

The Westminster Joint Strategic Needs Assessment (JSNA) highlight report¹⁴ sets out the following health needs and challenges that this priority will respond to:

- A rise in the number of births over the past decade has led to increased pressure on maternity and early years services; between 2002 and 2010 the number of births in Westminster has risen by 14%.
- The rate of children up to date with their childhood immunisations at the age of two is lower than the national average, with marked variation across GPs.
- Child obesity in Westminster maintained primary schools is consistently higher than nationally with nearly a quarter of pupils, aged 11, overweight or obese.
- 38.1% of 5 year olds attending the boroughs maintained schools have decayed, missing or filled teeth, the 6th highest in London.

14. www.jsna.info

- In 2011/12 fewer children in Westminster achieved a good level of development at age five than the London and England averages.

MEASURING SUCCESS

The Health and Wellbeing Board will push action further and faster to ensure that Westminster's children achieve

improved health outcomes. By 2016, we will see:

- 70% of children in Westminster reaching a good level of development at age 5.
- A reduction in the gap, between deprived and non-deprived wards, of the percentage of children who reach a good level of development at age 5.

HEALTH AND WELLBEING BOARD ACTIONS: EVERY CHILD HAS THE BEST START IN LIFE

AIM	ACTION	INDICATORS AND PROGRESS MEASURES	TIMESCALE
Maternity and ante-natal support for families, particularly young families in vulnerable areas	Support the development of a new community midwifery service model that targets the early engagement of pregnant women, in particular from vulnerable communities, in maternity services.	Increase the proportion of pregnant women engaged in maternity services at 12 weeks.	2013-2015
	Identify and pilot effective interventions to encourage smoke free homes and prevent or reduce obesity during pregnancy.	Increase the proportion of pregnant women of a healthy weight. All health visitors to provide advice about smoke free homes.	2014-2015
Improving children's health and wellbeing through greater joining up of services	Support the integrated working, between the CCG, local authority, NCB and local voluntary sector, to provide cost effective early intervention and targeted family support, focused on children's centres.	75% of 2 year-olds in Westminster will receive a developmental review. Double the number of free day care opportunities for 2 year-olds and target these in Westminster's deprived wards.	2013-2016
	Aligning front-line professionals to deliver services which mitigate the risks associated with poor housing, focusing on families with young children, for example by exploring joint working between Well@Home and CCGs to tackle common health hazards such as Crowding, and Damp & Mould.	Increase the number of category 1 and 2 hazards removed / mitigated per annum, in dwellings occupied by children.	2014-2016
	Ensure the consistent identification of domestic abuse by all health professionals on the basis of a clear shared understanding of the dynamics of domestic abuse, and ensure that consistent and appropriate action is always taken, to support families, when domestic abuse has been identified.	Identify more consistently when domestic abuse is occurring and ensure data is properly recorded and shared across partners where necessary.	2014-2015
Use language effectively and have confidence and ability to communicate with their peers and others	Develop a volunteering programme to help promote language skills through social interaction with both parents and children. This will link to Central London Community Health speech and language services, and children's centres, schools etc.	Achievement of at least 78 points across the Early Years Foundation Stage with at least 6 in each of the scales in Personal, Social and Emotional Development and Communication, Language and Literacy.	2014-2015
	Explore the option of health and education jointly commissioning more comprehensive speech and language services.		2014-2015
To reach good level of emotional and social development at the ages of 5	Undertake a review of mental health services and children's services.	50% of families on the Troubled Families programme will have resolved their re-offending, Anti-Social Behaviour, and poor school attendance. Halve the numbers of children subject to a Protection Plan for the second time.	2013-2014
	Promote a 'Think Family' approach within adult health and social care services to ensure a joined up approach to addressing issues such as parental mental health and domestic violence that impact on an adult's parenting ability.		2014-2015

Children entering and within primary school are of a healthy weight.	Identify shared goals across Board partners in relation to child healthy weight and the commissioning of services involving schools, school nurses and pregnancy services.	Slow, then reverse the trend for increasing excess weight in 4-5 year olds and in 11 year olds.	2013
	Develop initiatives which encourage more active travel among young families and support the "Active Communities" programme which will develop opportunities for formal/informal and everyday activity in less traditional and more accessible locations and ensure it meets the needs of young children and their families.		2013-2016
	Ensuring appropriate targeting for communications activity which uses existing infrastructure like public libraries to support vulnerable communities to make healthy choices.	100 hours of free activities to be provided for our communities every week.	2013-2016
Fewer children experiencing tooth decay and reduction in oral health inequalities	Develop cross-agency child oral health action plan, with clear roles and accountability across the new health infrastructure (Council, NHS Commissioning Board, Public Health England, NHS dental services) and wider partners to ensure that oral health is "everybody's business" and children's exposure to fluoride is increased.	Increase the annual proportion of children with recorded application of fluoride varnish in dental practices.	2013-2014
Childhood immunisations	Improve training for early years practitioners on the benefits of immunisations.	Increase the number of children who have received MMR vaccinations by the age of 2	2013-2015
	Improve access and information (include WCC website) for parents on the benefits of immunisations.		2013

PRIORITY TWO: ENABLING YOUNG PEOPLE TO HAVE A HEALTHY ADULTHOOD



The physical, emotional and mental changes that occur during growth from children to adults, make young people particularly sensitive to environmental influences. Factors including family, peer group and neighbourhood can either support or challenge significantly at this time. Encouraging and supporting young people to adopt acceptable social and health behaviours helps them to become successful adults and parents.

Young people in Westminster have access to a range of services and opportunities that are unique. Life in the heart of the city can be challenging and present demands that can impact negatively on health and wellbeing. It is important that we are able to provide the right services at the right time to support those most vulnerable.

There are many risks for young people involved in gang activity, not only physical violence but also risk of sexual exploitation and other criminal activity often linked to substance misuse. Sexual violence and exploitation between young people in gang-affected neighbourhoods largely reflects what we know about sexual violence and sexual exploitation in general:

- Perpetrators are predominantly male, victims are predominantly female;
- Overwhelmingly, it occurs between people who are known to each other; and
- It is used as a means of boys and young men exerting power and control over girls and young women.

Girls most at risk again include those least likely to be achieving well at school or with other underlying vulnerabilities.

We will need to target our action on young people who live in our most deprived areas and who currently take least advantage of the services we offer. We will focus our support on the areas where we believe we will make the greatest difference to the health and wellbeing of our young people:

- Mental wellbeing and social development
- Resilience to adversity
- Substance misuse
- Sexual Health
- Preventing youth violence

NEXT STEPS

Our first action will be to commission a piece of research into the mental health and wellbeing needs of youth involved or affiliated with gang-related violence which will:

- identify unmet needs and community / individual assets;
- map the services currently available and their effectiveness against those needs;
- gain feedback from young people on how we can support young people to engage more with services;
- work with schools to identify prevention strategies and school based programmes to reduce violence and maintain behavioural change;
- identify specific actions that the Health and Wellbeing Board could undertake to improve the health and wellbeing of young people.

After initial scoping on this topic, we will commission research and services as per the identified gaps, over the summer of 2013. At the same time, we will be consulting on this Health and Wellbeing Strategy, and this will allow us to gather views from providers and our communities as to what action could be undertaken by the Board.

SUCCESS MEASURES

Following this research and consultation, we will publish a refreshed strategy which outlines the needs identified by this research, the Health and Wellbeing Board actions in this area and how we will measure success.

However the Health and Wellbeing Board, by working across organisations, will also support the delivery of the better outcomes for younger people as set out in Westminster City Council's vision, Better City Better Lives. This will include:

- Reducing further the numbers of young people becoming criminals.
- Targeting service provision towards offenders who are Children in Care.
- Reduce the number of 16 to 18 year olds not in education and training by 50%.
- Increase the number of Care Leavers who are in Education, Employment and Training by a quarter.
- Ensure that 75% of Westminster's pupils achieve 5 grade A*-C at GCSE in 2013.

PRIORITY THREE: SUPPORTING ECONOMIC AND SOCIAL WELLBEING AND OPPORTUNITY



Both social isolation and worklessness are linked with poorer physical and mental health and wellbeing. People who become more integrated into their communities can experience improved health outcomes. Good employment is known to play a significant role in recovery from mental illness and good quality work can contribute to better wellbeing for everyone. However, there is evidence that those with mental health problems or physical or learning disabilities in addition to older people or those with caring responsibilities find it more difficult to access employment opportunities. Findings from the Employment Support JSNA indicate that

investment in evidence-based employment support for mental health clients can generate long-term savings for health and social care.

The Health and Wellbeing Board will target their action on the following areas to support people to maximise their capabilities and potential as individuals:

- Education, training and employment support for those with physical and learning disabilities and mental ill-health.
- Early intervention and support for those at risk of long term sickness absence.
- Wellbeing of those who work in Westminster
- Increasing volunteering in Westminster

NEED

- Westminster's incapacity benefit claimant rates for mental ill health are the third highest in London, with 4230 working age people claiming incapacity benefits or severe disablement allowance for mental health reasons in November 2011.
- Westminster's employment rates for clients with severe mental illness are 4.4% and for learning disabilities 6.5%. These rates are currently lower than two thirds of London Boroughs.

- After 20 weeks of absence, the majority of people on sick leave as a result of mental health conditions will ultimately fall onto benefits. Evidence shows that early intervention and support can prevent long-term sickness absence.
- The City Survey has shown a reduction in the number of hours of formal volunteering undertaken in Westminster.

SUCCESS MEASURES

We will see:

- An increase in the number of outcomes delivered through employment and training services for those with physical and learning disabilities and mental illness.
- Increase in the number of Westminster based employers participating in the London Workplace Wellbeing Charter.

HEALTH AND WELLBEING BOARD ACTIONS ON PRIORITY THREE: SUPPORTING ECONOMIC AND SOCIAL WELLBEING AND OPPORTUNITY

AIM	ACTION	INDICATOR	TIMESCALE
Improving access to education, training and employment support for those with physical and learning disabilities and mental ill-health	Review key learning from a JSNA on employment support for those with physical and learning disabilities and mental ill-health to inform collaborative commissioning and integrated service design of future employment support services. The overall aim being to ensure effective and cost effective provision of employment and health support.	Numbers supported to achieve all employment support outcomes via local services	2013-2016
	Agree and adopt criteria to apply when contracting or commissioning services that promote employment opportunities for those in the target group.	Number of employment opportunities generated through contracts	2013
Early intervention and support for those at risk of long term work place sickness	Commit or secure resources, and help to design, early intervention job retention support to prevent long-term sickness absence and loss of employment.	Service users retaining employment	2013-2016
Improve the wellbeing and quality of work of those who work in Westminster	Explore how to prioritise the London Workplace Wellbeing Charter and when contracting or commissioning services, prioritising potential providers which are signed up to the charter.	Partners/businesses participating and acquiring 'Achievement Level' accreditation as a minimum in the London Workplace Wellbeing Charter	2013
	Undertake a leadership role with Westminster based businesses to promote the London Workplace Wellbeing Charter.		2014-2016
	Gather baseline information on the contribution employers can make to the health and wellbeing of Westminster's working population.		2014
	Identify actions through the Council's walking and cycling strategies to encourage more active travel to work (which offers a healthier and more economical alternative to public transport).		2013
Increasing informal / formal volunteering in Westminster	Work with GPs, health partners and employment brokers to promote the benefits of volunteering in combating causes of ill health and ill-being.	Formal volunteering placements brokered by VCW	Until 2015





PRIORITY FOUR: ENSURING ACCESS TO APPROPRIATE CARE AT THE RIGHT TIME

Currently, emergency hospital admissions¹⁶ represent around 65 per cent of hospital bed days in England¹⁷ and cost around £11 billion¹⁸ a year. Unit costs of hospital care are relatively high and rising and emergency admissions cause disruption both to patients themselves but also to others waiting for hospital healthcare. Our rough sleeping population make this a particular problem for the city. Improved quality and access to care in primary and community settings would likely avoid the need for some of these admissions and patients would have better outcomes in their recovery.

However, unscheduled care episodes can be reduced if the right care is accessible in the right places, for the right people and in ways that are convenient.

The Health and Wellbeing Board will ensure that the Clinical Commissioning Groups work in partnership with the local authority and local community providers in implementing solutions that ensure care is delivered in the most appropriate setting. We will also reduce the gap between the rate of emergency hospital admissions for the most deprived areas of Westminster and that for Westminster as a whole. The Health and Wellbeing Board will look at universal actions that can be taken

but will also target action on the groups who have the highest levels of unplanned emergency admissions:

- Older People
- Those with long-term conditions
- Those suffering from substance misuse
- Homeless and Rough Sleeping communities

NEED

- The estimated cost of non-elective admissions to hospital in Westminster is around £32 million a year, with around £2 million of these being viewed as unnecessary non-elective admissions.
- The estimated cost of alcohol-attributable admissions in Westminster is £8 million a year, or £32 for each resident.
- Westminster has the largest number of rough sleepers of any borough, with many rough sleepers having mental health or substance misuse problems.

SUCCESS MEASURE

By 2016, we will see a 10% reduction in the number of emergency hospital admissions in the six wards in Westminster with the highest rate of admissions by 2016.

16. Those that are not predicted and happen at short notice (NHS Connecting for Health 2010)

17. Hospital Episode Statistics 2007/8

18. <http://www.nuffieldtrust.org.uk/media-centre/press-releases/unsustainable-rise-emergency-admissions-avoidable-and-no-longer-affordab>

HEALTH AND WELLBEING BOARD ACTION ON PRIORITY FOUR: ENSURING ACCESS TO APPROPRIATE CARE AT THE RIGHT TIME

AIM	ACTION	INDICATOR	TIMESCALE
Universal	Each CCG will work to implement its local framework for integrated care which includes Wellwatch for Central London CCG, and Putting Patients First for West London CCG.	% of people eligible have a care plan and named care co-ordinator.	2013-2016
	Integrate teams and IT systems across health, social care and local authority departments where there would be health benefits.		2015-2016
	Seek out opportunities to align budgets and resources across partners to facilitate meaningful integration in the commissioning and provision of health and social care, using Health Act flexibilities as necessary.		2014-2016
	Identify actions to reduce the number of people killed or seriously injured on Westminster's roads, in the Council's Walking and Cycling strategies and Local Implementation Plan i.e. training and highway improvements.		2013-2015
	Review adult social care and health services to see how they might better link into mitigating poor housing conditions.	% of care plans which address housing conditions	2013-2015
	Consider the investment options for housing stock which give rise to public health concerns.	More joint working between public health and housing services	2013-2015
Older People and those with long-term conditions	Undertake meaningful engagement initiatives with local residents and service users to ensure that implementation of the Out of Hospital Strategy is designed to improve access and reduce the inequalities gap in access and outcomes, in line with the 'Out of Hospital Engagement Strategy'.	Emergency readmissions within 30 days of discharge from hospital (placeholder)	2013-2014
	Ensure people are aware of Disabled Facilities Grants and how to get home health hazards dealt with.		2013-2015
	Ensure that any Carers' Strategies and Housing Strategies (including the sheltered housing strategies) are developed in-line with the Out of Hospital Strategies.		2013
Homeless (including rough sleepers)	Joining up the delivery of intermediate care with St Mungo's, outreach, housing and third sector services.	Emergency admissions to hospital from those identified as homeless ¹⁹	2013-2015
	Using targeted peer support approaches to respond to the health issues of the homeless population and increase the access and use of services and GPs.		2013-2014
	Ensure alternative provision for patients who access A&E for non-health related reasons.		2014-2015
	Share information across CCGs and the council to ensure that all patients who are identified as being at risk of emergency hospital admissions are known to appropriate council and health services.		2013-2015
	Undertake a piece of work to determine access to healthcare to meet the needs of homeless households in temporary accommodation.		2013-2014
Drug and Alcohol Abuse	Work with acute services (hospitals) and the London Ambulance Service to ensure better data is collected on substance abuse admissions including where alcohol and drugs were consumed.	The types and frequency of data collected at A&E	2014-2015
	Share data between acute services, GPs, police, licensing and environmental health services to target action on high-risk people and premises.	Substance abuse related crime	2014-2016
People with Learning Disabilities	Improved performance in relation to health checks provided to people with Learning Disabilities (90%) and the percentage of health checks that result in health action plans for people with Learning Disabilities (90%).	Number of health checks provided, and number that result in health action plans	2013-2016

19. The definition of homeless in relation to emergency hospital admissions will be agreed by the Board

PRIORITY FIVE: SUPPORTING PEOPLE TO REMAIN INDEPENDENT FOR LONGER



With the right support many people with long term conditions can be prevented from requiring admission to hospital or can achieve early discharge from hospital, and are able to retain or regain their independence. The council and health partners have invested in rehabilitation, falls prevention, social care reablement services and telecare. All of these help people to continue their lives independently. For some however, the lack of access to the right care at the right time can lead to long term dependence on a number of services and social isolation.

The number of people diagnosed with HIV in Westminster has increased by 20% since 2007. Successful treatment means that people living with HIV can now expect near normal life expectancy. Health and social care support services provided to people living with HIV need to be reviewed to ensure they reflect this and are fit for purpose.

Conditions such as dementia are becoming increasingly commonplace. This represents an increasing pressure on health and adult social care services and is very distressing for those with dementia and those who care for them. In particular it can significantly lessen a person's ability to get out and about and interact with their friends and family. However early diagnosis of dementia can ensure that people get the care they need at the right time and can delay admission to nursing care. The newly opened dementia resource centre will provide memory assessment and support for people with dementia and their carers.

Carers make an enormous contribution to society and to the health economy yet their needs can remain hidden. They often have very little time to care for themselves and experience the stress and anxiety that comes with caring for someone who is unwell as well as balancing work or education with caring responsibilities. Young carers in particular can experience long term effects of their caring

responsibilities, through an inability to keep up to date with their homework and absences from school. Different carers are known to different service providers and some carers remain unknown to service providers and their needs unmet.

For all these areas, not only are health and social care services required, but also contributions from the wider community to support people to remain independent for longer.

The Health and Wellbeing Board will target their action on the following areas to support people to remain independent for longer:

- Supporting people with long term conditions to remain in their homes for longer
- Increasing early diagnosis of dementia and becoming a "dementia friendly borough"
- Increasing the number of carers who are known to, and access, services

NEED

- Unless behaviour and services change, people will experience longer periods of time living with disability, resulting from improved survival rates from major diseases such as stroke, heart disease and cancer. Illnesses such as dementia, primarily prevalent among very old populations, will become increasingly commonplace.
- Currently, there are likely to be around 1,800 people in Westminster with dementia. By 2025, this figure is expected to rise to around 2,450 people with dementia.
- The Westminster carer JSNA evidence pack states that identification of young carers is challenging, as young carers don't always identify with the label and often see it as a private matter. There is likely to be significant under-identification of young carers locally.

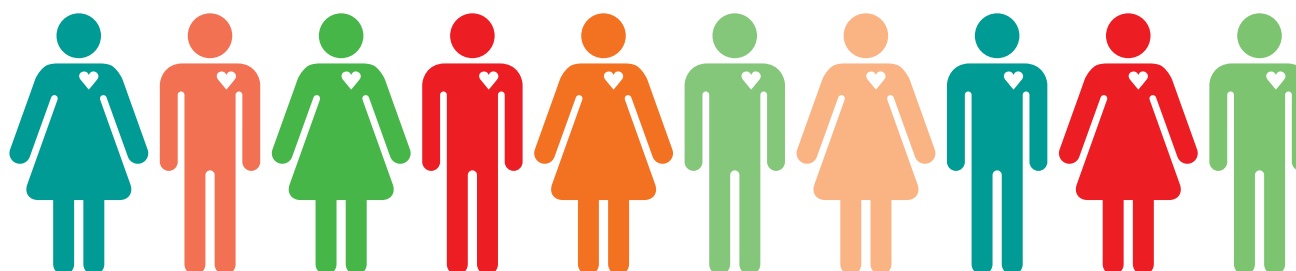
SUCCESS MEASURES

We will see an:

- Increase in the number of people who feel that they are in control of their lives.
- Increase in number of people identified with dementia early.
- Increase in the number of carers identified and signposted to specialist and mainstream support services, including a 25% increase in the number of young carers identified, and an increase in the number of carer assessments undertaken.

HEALTH AND WELLBEING BOARD ACTIONS FOR PRIORITY FIVE: SUPPORTING PEOPLE TO REMAIN INDEPENDENT FOR LONGER

AIM	ACTION	INDICATOR	TIMESCALE
Helping people with long term conditions remain in their homes for longer.	Integrate social care re-ablement services with NHS community rehabilitation and rapid response services. People will be provided with a single point of access and will receive integrated assessment and care co-ordination.	Reducing unnecessary admission and readmission to hospital	2013-2014
	Reduce social isolation by pooling budgets to support volunteer programmes, like VCW mentoring and befriending services, to support isolated older residents and improve health outcomes.	People who agree that people from different backgrounds get on well together (City Survey)	2014-2016
	Work with Simon Milton Foundation to identify programmes / projects that reduce isolation and value the contribution of older people to society – ensure these are linked to befriending and mentoring services commissioned by health partners.		2014-2015
	Develop links between older people’s hubs and wider council and health services, including libraries and other community activities to expand the opportunities, (e.g. active travel), available to older people in the borough.	Health related quality of life for older people (placeholder)	2013-2014
	Support the community sector to communicate the needs of dependant people to inform / shape services which promote access and participation.		2013-2014
	Support the review of HIV services which will ensure delivery of a sustainable, integrated HIV care pathway designed to increase individual’s capability towards self-management of HIV in the community.	Patients referred from clinical services to community based care and support services	2013-2014
Provide a support package for those near the end of life.	Consider what wider support can be made available to people with long term conditions who are approaching the end of life, to help them prepare (e.g. advice on money, wills, arrangements for pets etc...)	Wider support package made available to people receiving the Coordinate My Care plan	2014-2015
Increasing early diagnosis of dementia and making Westminster a “dementia friendly” area.	Consider ways to identify people who may be suffering from dementia at the earliest contact and signpost them to services and design and implement a plan which achieves this.	Dementia and its impacts (placeholder)	2013-14 Map 2014-15 Deliver
	Commit resources for a training programme working with council and health service front-line services across Westminster which supports them to meet the needs of service users who suffer from dementia.	Dementia and its impacts (placeholder)	2013-14 Map and develop 2014-15 Deliver
Increasing the number of carers who are known to, and are able to access, services.	Work with GPs and council services to improve the identification of carers, including young carers, and the assessment of their needs, through the sharing of data and through an increased understanding of how to engage potential carers.	Carers, (including young carers) identified on council and primary care records Carers accessing services	2013-2014
	Undertake joint work with carers’ organisations and commissioners to ensure that the impact of increasing the provision of out of hospital care takes their needs fully into account.		2013-2014
	Commit resources to targeted interventions which work with particular communities to help them recognise themselves as carers and access the required support.		2013-2014





5

OUR SHARED APPROACH TO COMMISSIONING

The Health and Wellbeing Board have put in place a clear set of values to govern the way that we operate as a group. These values are reflected in this strategy and in the actions that we will undertake to deliver the strategy.

The Health and Wellbeing Board will play an important role in challenging the council and CCGs by considering new and revised key strategies and commissioning plans to ensure health and wellbeing considerations are included.

Through the Health and Wellbeing Board, those responsible for buying (commissioning) services in Westminster will agree a shared approach which will focus on driving the best value for money for investment. This approach will be embedded across the services we deliver and people will be held individually and collectively accountable.

STRONG & EFFECTIVE LEADERSHIP

Clear direction across traditional boundaries is needed to deliver change and fresh thinking.

PARTNERSHIP

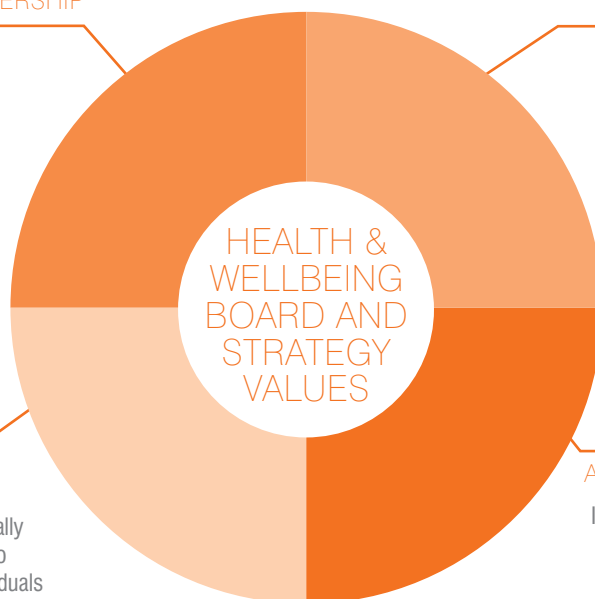
There are health issues which Westminster commissioners have tried to address for a number of years. We know that these issues cannot be addressed by one organisation alone.

INDIVIDUAL AND COMMUNITY CENTRED

One size does not fit all. This is especially true in our unique city. Services need to reflect the changing needs of the individuals and communities they serve and need to be easy to access.

ACCOUNTABILITY & ADVOCACY

It is important that people are able to hold leaders to account and have a champion who can make their views known.



HEALTH & WELLBEING BOARD AND STRATEGY VALUES

Figure 4: Westminster Health and Wellbeing Board and Strategy values



Figure 5: The Health and Wellbeing Board cycle

Through our shared approach to commissioning we will:

- Draw on **evidence** about the interventions and where resources should be targeted to deliver the greatest impact. This evidence may be local (e.g. the Joint Strategic Needs Assessment), regional or national. We will split-up data to show where there is uneven access, experience and satisfaction.
- Where there is no evidence we will work directly with communities to find new solutions and all of our procurement processes will aim to deliver the **greatest community benefit**.
- We will focus on **prevention**, as well as treatment or care.
- We will buy services which **support people to remain independent** and take greater responsibility for their own health.
- We will ensure that **“every contact counts”** so that people have their problems dealt with sooner and will ensure that services are joined up, including with neighbouring boroughs where this is appropriate.
- We will ensure that **services are available** at places and times that meet the demands of our population.
- We will be **patient centred** by actively seeking the views of those who are most in need of our services, following the principle of “no decision about me, without me” and will seek to co-design services with users and residents.
- We will ensure **equality and fair treatment** by enabling people to access the services they need regardless of background, identity or circumstance. We will ensure that engagement seeks the views of Westminster’s diverse population and in particular the views of those groups who are seldom heard. Equality analysis will support the design and delivery of our programmes to eliminate discrimination and advance equality of opportunity.
- We will **tailor services** to focus on those **most in need of support** and prioritise closing gaps in life expectancy and healthy life expectancy between different communities and populations.
- We will take **innovative** approaches through procurement to best secure a legacy for services and to promote environmental **sustainability**.
- We will robustly **monitor and evaluate** our services to test the impact they are having on target groups and to compare performance with our neighbours and local, regional and national benchmarks.
- We will ensure our **workforce have the skills** necessary to work together and focus on needs.

STRATEGY ON A PAGE

CHALLENGES:

17 Men living in the 10% least deprived areas live nearly 17 years longer than men living in the most deprived areas

Our population 'churns' at approximately 30% per year

30%

240,000

240,000 RESIDENTS, BUT OVER A MILLION DAILY VISITORS AND COMMUTERS

14% 14% of our households are single older people households many of whom may feel isolated from their communities

OPPORTUNITIES:

21 21 English Heritage listed parks/gardens including 5 Royal Parks

World class health services - around 50 GP surgeries, 50 NHS Dentists and excellent hospitals

50

11 public libraries, **12** children's centres, **4** community hubs and a strong voluntary and community sector

WE ARE A BUSINESS HUB, ACCOMMODATING 46,000 BUSINESSES

46,000

Vision: All people in Westminster are able to enjoy a healthier city and healthier life

GOALS	PRIORITIES	AREAS FOR ACTION	KEY OUTCOME
1. Improving the environment in which children and young people live, learn, work and play	1. Every child has the best start in life	Maternity support, immunisations, oral health and healthy weight	More pregnant women engaged in maternity service at 12 weeks
		Healthy Families and emotional/ social development	More children reach a good level of development at age 5
2. More people live healthily for longer and fewer die prematurely	2. Enabling young people to have a healthy adulthood	We need to undertake research into the health and wellbeing needs of young people. We will feed in views received through the engagement process to identify the areas for action	
3. A safe, supportive and sustainable Westminster where all are empowered to pay as full a role as possible	3. Supporting economic and social wellbeing and opportunity	Employment support for those with disabilities, older people and carers	More employment for people with long-term health conditions
		The wellbeing of those at risk of long term workplace sickness	More employers take up London Workplace Wellbeing Charter
4. People are supported to access appropriate care, of an improved quality, closer to home	4. Ensuring access to appropriate care at the right time	Working in partnership to provide care in the most appropriate setting	More eligible people have a care plan and named care co-ordinator
		Supporting those most at risk of emergency hospital admission	Emergency hospital admissions by the target groups will reduce
5. People living with injury, disabilities, long-term conditions and their carers have quality of life, staying independent for longer	5. Supporting people to remain independent for longer	Integrate health and social care service	More older people at home 91 days after discharge from hospital
		Early diagnosis of dementia and support for sufferers	More carers identified and accessing services
		Identifying carers	

ANNEX B: LIST OF UNDERPINNING STRATEGIES AND PLANS

STRATEGY	LINK
Air Quality Action Plan	http://www.westminster.gov.uk/services/environment/pollution/airpollution/air-quality-management/westminster-air-quality-action-plan/
Domestic Abuse Strategy (Breaking the Silence)	http://www.westminster.gov.uk/services/policingandpublicsafety/crimeandlawenforcement/domesticviolence/breaking-the-silence/
ActiveWestminster Legacy programmes	http://www.westminster.gov.uk/services/leisureandculture/active/2012-sporting-legacy/
Specialist Housing Strategy for Older People	http://www.westminster.gov.uk/services/healthandsocialcare/adultservices/specialist-housing-consultation/
Housing Renewal strategy	http://www.westminster.gov.uk/services/housing/estate-renewal/
Customer Led Transformation Programme	Forthcoming
Travel Support Strategy	http://www.westminster.gov.uk/services/healthandsocialcare/adultservices/travel-support-strategy/
Open Space Strategy	http://www.westminster.gov.uk/services/environment/planning/ldf/open-space-strategy/
Westminster Noise Strategy	http://www.westminster.gov.uk/services/environment/pollution/noisepollution/noisestrategy/
Carbon Management Strategy	http://www.westminster.gov.uk/services/environment/greencity/climatechange/
Housing Strategy	http://www.westminster.gov.uk/services/housing/housingstrategy/
Private Sector Housing Strategy	http://westminster.gov.uk/services/housing/privatesectorhousingstrategy/
Homeless Strategy	http://transact.westminster.gov.uk/publications/publications_detail.cfm?ID=4146
Sexual Health Strategy	Forthcoming
Carers Strategy	http://www.westminster.gov.uk/services/healthandsocialcare/adultservices/carers/carers-strategy/
Out of Hospital Strategy	http://www.healthiernorthwestlondon.nhs.uk/westminster
Walking and Cycling Strategy	Forthcoming
Westminster City Plan	http://www.westminster.gov.uk/services/environment/planning/ldf/
Go Green Programme	http://www.westminster.gov.uk/services/environment/greencity/
Sustainable Modes of Travel Strategy	http://www3.westminster.gov.uk/docstores/publications_store/smots_final.pdf
Children's and Young People's Plan	http://www.westminster.gov.uk/services/educationandlearning/plans/
Civic Community Strategy	Forthcoming
Strategy for Arts and Culture	Forthcoming
Core Strategy	http://www.westminster.gov.uk/services/environment/planning/ldf/corestrategy/
Unitary Development Plan	http://www.westminster.gov.uk/services/environment/planning/unitarydevelopmentplan/
Local Implementation Plan	http://www.westmisnter.gov.uk/lip
ActiveWestminster Sport and Physical Activity Strategy (2008-2013)	http://www.westminster.gov.uk/services/leisureandculture/active/active-westminster-strategy/
Statement of Licensing Policy (revised 2011)	http://www.westminster.gov.uk/services/business/businessandstreettradinglicences/licensing-act-2003/licensing-policy/
The London Plan	http://www.london.gov.uk/publication/londonplan