



City of Westminster

Committee Agenda

Title: **Health & Wellbeing Board**

Meeting Date: **Thursday 15th September, 2022**

Time: **4.00 pm**

Venue: **Rooms 01-03, 18th Floor, 64 Victoria Street, London, SW1E 6QP**

Councillor Nafsika Butler-Thalassis	WCC - Adult Social Care, Public Health and Voluntary Sector
Councillor Sarah Addenbrooke	RBKC – Adult Social Care and Public Health
Councillor Tim Mitchell	WCC – Minority Group
Bernie Flaherty	Bi-borough, Adult Social Care and Public Health
Sarah Newman	Bi-borough, Children's Services
Anna Raleigh	Bi-borough, Director of Public Health
Judith Davey	Healthwatch Westminster
Steve Inett	Healthwatch Westminster
James Benson	NHS London
Andrew Steedman	NHS NWL
Jackie Rosenberg	One Westminster
Angela Spence	KCSC

Members of the public are welcome to attend the meeting and listen to the discussion Part 1 of the Agenda

Admission to the public gallery is by ticket, issued from the ground floor reception. If you have a disability and require any special assistance please contact the Committee Officer (details listed below) in advance of the meeting.





An Induction loop operates to enhance sound for anyone wearing a hearing aid or using a transmitter. If you require any further information, please contact the Committee Officer, Maria Burton, Portfolio Advisor.

Email: mburton@westminster.gov.uk
Corporate Website: www.westminster.gov.uk

Note for Members: Members are reminded that Officer contacts are shown at the end of each report and Members are welcome to raise questions in advance of the meeting. With regard to item 2, guidance on declarations of interests is included in the Code of Governance; if Members and Officers have any particular questions they should contact the Director of Law in advance of the meeting please.

AGENDA

PART 1 (IN PUBLIC)

1. INTRODUCTION AND WELCOME TO THE MEETING

The Chair to welcome everyone to the meeting.

2. MEMBERSHIP

To report any changes to the Membership of the meeting and any apologies for absence.

3. DECLARATIONS OF INTEREST

To receive declarations by Members and Officers of the existence and nature of any pecuniary interests or any other significant interest in matters on this agenda.

4. MINUTES OF THE PREVIOUS MEETING

To agree the Minutes of the meeting held on 27 January 2022.

(Pages 5 - 10)

5. DRAFT TERMS OF REFERENCE

Rachel Soni, Director of Health Partnerships

(Pages 11 - 20)

6. JSNA BOROUGH STORIES AND HWB STRATEGY WORKSHOP

Grant Aitken, Head of Health Partnerships

(Pages 21 - 42)

7. CHILDREN AND YOUNG PEOPLE'S EMOTIONAL WELLBEING AND MENTAL HEALTH PLAN

Annabel Saunders, Director of Operations and Programmes

(Pages 43 - 90)

8. NWL ICS HEALTH AND WELL BEING STRATEGY – VERBAL ITEM

Toby Lambert, Executive Director Strategy, Population Health and Inequalities

9. PHARMACY NEEDS ASSESSMENT	(Pages 91 - 92)
Anna Raleigh, Director of Public Health	
10. 2022/23 BETTER CARE FUND SUBMISSION	(Pages 93 - 98)
Rachel Soni, Director of Health Partnerships	
11. ANY OTHER BUSINESS	
12. CLOSE OF MEETING	

Stuart Love
Chief Executive
7 September 2022

MINUTES



CITY OF WESTMINSTER



**THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA**

Health & Wellbeing Board

MINUTES OF PROCEEDINGS

Minutes of the virtual meeting of Westminster City Council's and the Royal Borough of Kensington & Chelsea's **Health & Wellbeing Board** held on 27 January 2022 at 4pm.

Present:

Councillor Cem Kemahli (RBKC - Lead Member for Adult Social Care and Public Health)
Councillor Tim Mitchell (WCC - Cabinet Member for ASC and Public Health)
Councillor Nafsika Butler-Thalassis (WCC - Minority Group Representative)
Councillor Timothy Barnes (WCC - Cabinet Member for Children's Services)
Councillor Christabel Flight (WCC - Deputy Cabinet Member for Adult Social Care and Public Health)
Grant Aitken (Head of Health Partnerships)
Anna Bokobza (Integrated Care Programme Director, Imperial College Healthcare)
Iain Cassidy (OpenAge)
Lena Choudhary-Salter (Westminster Community Network)
Olivia Clymer (Healthwatch Westminster)
Jessica Dawson (Strategic Advisor)
Rachel Dickenson (User Engagement and Policy Manager)
Jenny Greenfield (Kensington and Chelsea Social Council)
Michael Hagan (Member of Local Account Group)
Aaron Hardy (Principal Policy Officer)
Simon Hope (Borough Director, NWL CCG)
Rob Hurd (ICS Chief Executive NWL CCG)
Tania Kerno (Healthwatch RBKC)
Joe Nguyen (Borough Director, Central London CCG)
Anna Raleigh (Bi-borough Director of Public Health)
Visva Sathasivam (Bi-borough Director of Social Care)
Annabel Saunders (Director of Operations and Programmes)
Rachel Soni (Director of Health Partnerships)
Dr Andrew Steeden (Borough Chair, NWL CCG)
Luxan Thurairatnasingam (Metropolitan Police)
Dr Mona Vaidya (Central London CCG)

1. WELCOME TO THE MEETING

- 1.1 Councillor Cem Kemahli welcomed everyone to the meeting. The Board confirmed that as the meeting had been due to be held within RBKC, Councillor Kemahli would chair the meeting in line with the agreed memorandum of understanding.

2. MEMBERSHIP

- 2.1. Apologies for absence were received from Councillors Rendall, Barnes, Bernie Flaherty (Bi-borough Executive Director of Adults) and Janet Cree (Chief Operating Officer, NWL CCG)

3. DECLARATIONS OF INTEREST

- 3.1. There were no declarations of interest.

4. MINUTES

RESOLVED:

- 4.1. That the minutes of the Kensington & Chelsea and Westminster Health & Wellbeing Board meeting held on 25th November 2021 be agreed as a correct record of proceedings.

5. AUTISM STRATEGY

- 5.1. Rachel Dickenson (User Engagement and Policy Manager) and Michael Hagan (Member of Local Account Group) presented this item to the Board.
- 5.2. The Strategy was the second part of the all-age strategy for autism and was designed with over 200 autistic residents across the two boroughs.
- 5.3. The Strategy set significant goals aimed to improve the lives of residents living within the borough.
- 5.4. There were 700,000 people diagnosed with autism in the UK, with 1.1% of the population on the autism spectrum in the United Kingdom, this translated to 4,500 across the bi-borough.
- 5.5. The strategy was codesigned and coproduced with autistics residents, partners in voluntary sector and public health to ensure work what representative of resident's opinions.
- 5.6. The Strategy placed an adults lens on the seven pillars used in the all-age strategy. It included ambitious targets and milestones, but with the support of the community, improved outcomes could be achieved.
- 5.7. Pillars relate to all aspects of living within the borough, it was important to open up channels of engagement to autistic residents.
- 5.8. Developments made would be reported regularly to the Board.
- 5.9. The Strategy was in the beginning stages and there was a lot of work needed between different agencies in delivering solutions and feedback.

- 5.10. There was ongoing work on the all-age strategy in producing deliverables through an action plan, along with close working with adults colleagues and the Autism Partnership Board. Colleagues would report back to the Board on the overall all-age strategy.

6. PRIMARY CARE UPDATE

- 6.1. Dr. Andrew Steeden (Borough Director, Central London CCG) and Dr. Mona Vaidya (Central London CCG) presented an update on Primary Care.
- 6.2. Primary Care was working under stress over the last 18 months, particularly over the winter period. The booster campaign was accelerated over the latter period of the last year in addition to the arrival of the Omicron variant.
- 6.3. By the beginning of December, North West London had delivered over 4 million vaccines, which was the highest of any sector in the UK.
- 6.4. There was a target of delivering 230,000 a week in December, it was not achieved, but there was an increase from 65,000 vaccines a week up to 180,000 vaccines across North West London.
- 6.5. In the five-week period in December, West and Central London delivered over 83,000 vaccines, and were two of best performing boroughs with regards to the booster campaign over the winter period.
- 6.6. North West London was still delivering 5,000 first vaccines a week, there were plans around delivering vaccines to groups with less uptake. Primary Care Networks (PCNs) were preparing to deliver vaccines to 5- to 11-year-olds who were clinically extremely vulnerable.
- 6.7. On the Winter Access Fund, £1 million was allocated to Westminster and around £900,000 was allocated to West London CCG. The objective of the Fund was to increase capacity and improve access from November to March.
- 6.8. There was a clear instruction to focus on vulnerable groups. Monitoring and access did not stop for patients that were in need.
- 6.9. Hubs were providing more access by creating 'mini-hubs' in deprived PCNs, which provided overflow services for practices in the area. The hubs increased the capacity for 111 referrals and support the process of remote monitoring. People were employed locally, which helped to ensure work would continue into the future.
- 6.10. There had been work around care homes, as well as community champions who focused on high intensity users.
- 6.11. Telephony had been identified as an issue and as a result cloud-based telephony would soon be introduced.
- 6.12. Work was still ongoing with the Local Authority to deliver on the Afghan evacuees programme which supported over 700 people.
- 6.13. In response to questions, the following points were raised:
- (i) Practices were delivering face-to-face appointments and offering routine appointments where they were required.
 - (ii) Residents continued to report to Healthwatch querying when they would have routine access to patients.
 - (iii) Primary Care was looking towards a structured return over the next few months.
 - (iv) Many BAME patients had language barriers and could not adequately express their problems in order to access face-to-face appointments.

- (v) Central and West London were closer to 70% mark in terms of delivering face-to-face appointments.
- (vi) Primary Care was working with Healthwatch to create a structure that would implement patient feedback into all levels.
- (vii) There was also a structured NWL CCG engagement programme which was attempting to incorporate ongoing patient and resident engagement into CCG policy, strategy and codesign of services.

7. HWB STRATEGY AND YEARLY MEETING SCHEDULE

- 7.1. Rachel Soni (Director of Health Partnerships) briefly introduced the report to the Board.
- 7.2. A single strategy was being developed for the Board for the next few years, along with a suggested annual schedule and forward plan.
- 7.3. There had been ongoing input from Board members on the Strategy and evolving the Board, looking at membership and taking a strategic viewpoint on the health and well-being of residents and reducing inequalities.
- 7.4. Factors like Covid-19 and ensuring effective actions for residents would inform the Strategy.
- 7.5. The Strategy aimed to guarantee best use of all different delivery groups and transformations so the Board could have a good strategic position.
- 7.6. There were discussions surrounding themes, with the possible inclusion of the five Integrated Care Partnership (ICP) place-based priorities along with possible amendments.
- 7.7. Engagement with residents was a key priority in effective delivery of the Strategy. There were existing engagement mechanisms, the new Strategy would involve creating a space to involve residents and incorporating their contributions to produce a successful engagement plan, which could include commitments on the role of engagement.
- 7.8. Children and young people, people with learning disabilities and older residents had been disproportionately affected by Covid-19 and the first two had significant items, but there could be room for an item for older residents.

8. COVID-19 VERBAL EPIDEMIOLOGY AND LOCAL VACCINATIONS UPDATE

- 8.1. Anna Raleigh (Director of Public Health) presented a brief update to the Board.
- 8.2. Case rates in both boroughs continued to steadily decrease alongside national and regional rates, which had been the pattern for the last weeks.
- 8.3. At the time of meeting, there was a case rate of 754.2 per 100,000 in RBKC and 685.9 per 100,000 in WCC.
- 8.4. Since the start of the pandemic, 310 RBKC residents and 448 WCC residents died with Covid-19 on their death certificates.
- 8.5. North West London had some of the highest rates in the city, with Hounslow seeing the highest. There was an overall decline regionally and in London boroughs.
- 8.6. There was also a decrease in the over-60s population over the last few weeks.
- 8.7. Since 10th January, people did not need to undertake the confirmatory PCR tests and were asked to record any positive lateral flow tests results. Due to changes to testing, the daily case rate data is becoming increasingly unreliable, and we are now triangulating data with the Office for National Statistics Survey.

This data showed that the prevalence of people testing positive for Covid-19 had continued to decrease and 1 in 20 people had had Covid-19.

- 8.8. The move from Plan B to Plan A meant the return to work and face coverings were no longer mandatory in most indoor settings. Some measures did remain in place including those on self-isolation and the Council was continuing to encourage people to get vaccinations and boosters.

9. ICS VERBAL UPDATE

- 9.1. Rob Hurd (ICS Chief Executive NWL CCG) introduced himself to the Board as the new Chief Executive of the ICS.
- 9.2. There was a big priority on development of borough partnerships and continued work across local authorities and health, social and voluntary services.
- 9.3. The role of the Health and Wellbeing Board would remain fundamental and flow into the structures of engagement and decision-making.
- 9.4. There was a Long Covid-19 pathway by Imperial College Healthcare, and it was available for patients to be referred to.

10. ANY OTHER BUSINESS

The Meeting ended at 5.17pm.

CHAIR: _____

DATE _____

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Westminster Health & Wellbeing Board

RBKC Health & Wellbeing Board

Date:	15th September 2022
Classification:	General Release
Title:	Health and Wellbeing Governance & Terms of Reference
Report of:	ASC and Health
Policy Context:	Health and Wellbeing
Wards Involved:	All
Report Author and Contact Details:	Rachel Soni – Director of Health Partnerships rsoni@westminster.gov.uk

1. Executive Summary

- 1.1. This report is to provide an update to the Health and Wellbeing Board (HWB) on the development of the board agreed actions and approach following two development sessions facilitated by the Local Government Association (LGA). This included:
 - agreeing to refresh the existing borough Health and Well Being strategies
 - to consider the way the HWB meets and the role of the HWB in response to the structural and governance changes, including a revised term of reference, across health and care through the NWL Integrated Care System and local Bi-Borough Place Based Partnership.
- 1.2 In addition, the report seeks HWB agreement on the following:
 1. Revised Terms of Reference, in particular the membership and attendees and the role of the HWB within the context of the Place Based Partnership.
 2. Agreement on the forward plan (appendix A) for future meetings.

2. Key Matters for the Board

- 2.1 Health and Wellbeing boards were established under the Health and Social Care Act 2012 to act as a forum for the local health and care system to work together to improve the health and wellbeing of their local population. They are also a partnership with a remit to promote greater integration and partnership between the public sector and voluntary and community sector to benefit local people.
- 2.2 With greater complexity around how the public sector works, alongside increasing demand and widening of health inequalities within our communities, the role of HWBs becomes more important to ensure there is increased collaborative working to address wider local issues. As such HWBs also have a statutory duty to produce a Joint Strategic Needs Assessment (JSNA) and a health and wellbeing strategy for their local population to address health inequalities within communities.

3. HWB Governance

- 3.1 To reflect the changing role and nature of the HWB a revised term of reference has been developed (appendix A) to ensure wider engagement across partners. The present nature of HWB meetings have become developed into committee style meetings which have not supported wider discussion and understanding on key issues affecting health and wellbeing within our communities. Furthermore, when decisions are required, consistent membership is required to ensure accountability for decisions and actions to be taken forward.
- 3.2 The revised terms of reference seeks to address these weaknesses and to strengthen the strategic role of the HWB, and allowing greater transparency through involvement of residents. The following is been addressed through the terms of reference:
 - Restating the role of the joint HWB as the body with responsibility to bring together partners to address health in equalities within our communities
 - Strengthening the role of the HWB within the context of changes in the Place Based Partnership within the Integrated Care System
 - Revised membership and the development of a core group supported and informed by a wider group of organisations and people to provide both advice and challenge to any decision making.
- 3.3 To support the new terms of reference, the proposal is for future HWB meetings to be held in different venues and with meetings being around themes (appendix B). This will allow for greater resident and other stakeholder involvement to inform the thinking and decision making of HWB members. The board is therefore enabled to move into a more strategic role with a mandate to address inequalities and influence decisions and practice across organisations and leader with a series workshops and meetings exploring and understanding:
 - the needs of our communities
 - how local people experience services
 - how person outcomes are achieved
 - what learning can be taken forward to inform policies that address the wider determinants of health and help to reduce inequalities.
- 3.4 It is also the intention the HWB only receives reports that either informs HWB members on progress against the strategy or if the responsibility for agreeing a paper rests with the HWB.

This means there is a need to ensure other bodies and forums recognise the role of the HWB and that issues that need wider partner resolution are only raised at the HWB for resolution. This is to avoid duplication of work and effort over the duration of the strategy and help the board shape its strategic role to address inequalities / disparities.

- 3.5 The HWB board is asked to comment on the draft Terms of Reference and if in agreement to recommend they are adapted and/or adopted for members moving forward.

4. Legal Implications

- 4.1. Health and Wellbeing Boards are required to prepare a Joint Strategic Needs Assessment (JSNA) under s116A of the Local Government and Public Involvement in Health Act 2007. Work is presently underway, and the evidence collated will inform the drafting of the HWB strategy.

5. Financial Implications

- 5.1 There are no financial implications arising as a result of this report.

6. Carbon Impact

- 6.1 The Health and Wellbeing strategy would aim to proactively support the climate action plan.

If you have any queries about this Report or wish to inspect any of the background papers please contact:

Grant Aitken, Head of Health Partnerships, Royal Borough of Kensington and Chelsea and Westminster City Council

Email: grant.aitken@rbkc.gov.uk

APPENDICES

Appendix A: Health and Wellbeing Board Terms of Reference

Appendix B: Draft HWB Meeting Schedule

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JOINT HEALTH AND WELLBEING BOARD

DRAFT REVISED TERMS OF REFERENCE as of 15th September 2022 Board

1.0 Vision of the Board

1.1 The Royal Borough of Kensington & Chelsea and the City of Westminster (the Bi-Borough) Health and Wellbeing Board will provide strong and effective leadership across the Local Authorities, Voluntary Sector and NHS partners by setting a clear direction, across traditional boundaries, to deliver change and fresh thinking to improve the health and wellbeing of all Bi-Borough residents and tackle health inequalities.

1.2 The Board will recognise that one size does not fit all and will ensure that services are designed to reflect the changing needs of the individuals and communities they serve and are easy to access. The Board will be accountable to those they serve through elected Members and will act as a champion for the voice of those who live, work and visit Kensington & Chelsea and Westminster.

1.3 The broad vision for the Board is that it will:

- **Promote** integrated health and social care, where all parties agree this makes sense and improves outcomes, to deliver more effective and efficient local services.
- **Agree** strategic key issues for the joint board in line with the Bi-Borough Health and Wellbeing Strategy. The joint board will push progress against these priorities further and faster, ensuring 'silo working' and conflict are removed. *Organisational boundaries should not be a hindrance to developing effective solutions.*
- **Demonstrate** clear leadership, championing the work and aims of the Board, and act as the key link between their own organisation or department and the Board, ensuring consistency and effective communications.
- **Deliver** plans with local, regional and national partners, encouraging the most appropriate way of tackling issues and addressing need by ensuring the voice of local people are at the centre of decisions and plans.

2.0 Responsibilities

2.1 The Board has the following responsibilities:

- 1) To provide **strategic leadership** in developing the vision for health and wellbeing in the Royal Borough of Kensington & Chelsea and the City of Westminster as well as mobilising, co-ordinating and ensuring health and social care decisions are based on clear evidence for improving outcomes.
- 2) To commit to the **coordination and sharing of resources** from its membership, and from others, to deliver against the agreed priorities and the Board's key issues.
- 3) To oversee the **delivery** of the shared Joint Health and Wellbeing Strategy (JHWS) priorities, ensuring that health and social care, as well as the wider determinants, can better address the needs of the local population.

- 4) To drive the Place Based Partnership and hold it **accountable** for delivering the ambitions of the Health and Wellbeing Strategy by committing to the mobilisation, coordination and sharing resources from its membership
- 5) To oversee the production and use of a programme of Joint Strategic Needs Assessments (JSNA) and ensure that the needs of the local population are properly assessed and captured. The JSNA should aim to map assets as well as needs for local areas and become embedded across the commissioning process of all systems. To also oversee the production and maintenance of the Pharmaceutical Needs Assessment.
- 6) To promote and encourage integrated working across the areas impacting the wider determinants of health, including alignment between organisation and departmental plans and strategies to tackle health inequalities, including ensuring local peoples voices are heard and reflected.
- 7) To play an active role in the North West London Integrated Care Board and Integrated Care Partnership to ensure our local communities needs are being reflected, heard and addressed to support the successful delivery of the Place health and wellbeing strategy.

3.0 Membership

3.1 To ensure the joint HWB is held to account there will be an “core executive membership” who having engaged with wider membership through the joint HWB meetings, will have voting rights. These will include:

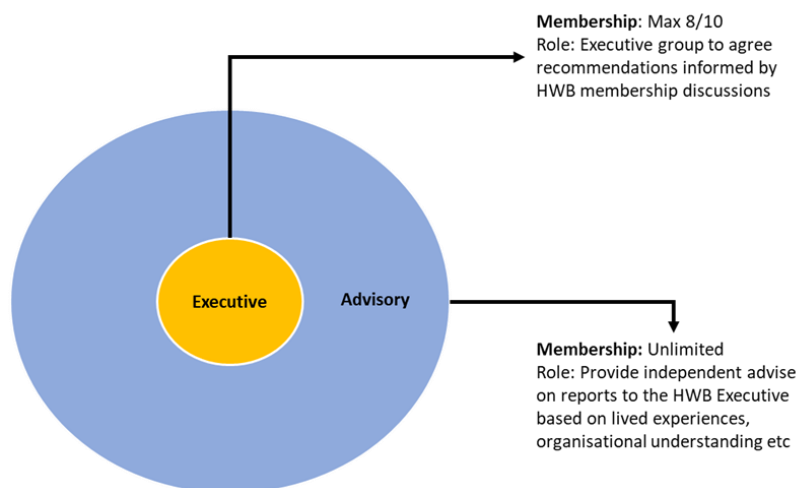
- The Cabinet Member or Lead Member responsible for Adult Social Care and Public Health and Voluntary Sector from each Local Authority
- The Bi-Borough Executive Director of Adult Social Care
- The Bi-Borough Executive Director of Children’s Service
- The Bi-Borough Director of Public Health
- A representative of the Local Healthwatch(s)
- A representative from RBKC voluntary and community sector (CVS)
- A representative from Westminster voluntary and community sector (CVS)
- The Place Based Partnership Director
- Representatives from Primary Care – Clinical & Medical Directors

3.2 Board Members may appoint deputies to attend and vote on their behalf. Meetings of the Board will be alternately chaired by each Local Authority’s Cabinet Member or Lead Member for Adult Social Care and Public Health and Voluntary Sector.

3.3 Central to the Joint Health and Wellbeing Board is the ambition to work in a format that allows greater engagement and understanding with and of our communities. Where other bodies are accountable for delivery or scrutiny of services and decisions, the Health and Wellbeing Board will not duplicate work. This will mean the joint HWB becomes a collaborative body that challenges and brings organisations together to address the HWB strategy priorities.

3.4 Attendance and participation at meetings will not be restricted to the voting members of the board and will be driven by the need to work with communities and partners to improve the health and wellbeing of local people and tackle health inequalities. For example, to ensure there is a focus and wider understanding of how we need to work collaboratively across the whole public service, members of the other committees, can have standing invites.

Health and Well Being Board – Draft Membership / Roles



3.5 In Attendance & by invitation:

- A Resident Representative/s
- Providers Organisations of the Voluntary Sector
- Committee Members
- Subject Matter Experts
- Partners such as Police and Fire as appropriate
- LA Directors of Housing
- LA Directors of Communities
- Public Health Consultants
- Acute & Community Providers - members of the Provider Collaborative
- Lead Members with papers relevant to portfolio

4.0 Format

- The Board shall meet six times within a municipal year and will be held in a setting that allows for the engagement with local people and organisations.
- The quorum for meetings shall be 50% of those with voting membership, including at least one representative from each Local Authority, two NHS core members and one Voluntary Sector member.
- Decisions shall be made based on consensus wherever this is possible. Where a consensus is not possible then decisions will be made based on a show of hands of voting members.
- Health and Wellbeing Board meetings will be conducted in line with the standard Access to Information rules that apply to all Council committees and therefore, unless exemptions apply which allow for business to be conducted in private, will be held in public.

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Appendix B - Draft HWB Meeting Schedule

Meeting Date	Theme	Format
27 th January 2022 (not held, items to be reallocated)	HWB Meeting	Agenda <ol style="list-style-type: none"> 1. Autism Strategy 2. Primary Care Update 3. HWB Strategy and Meeting Schedule 4. ICS Update 5. Covid 19 and vaccine update
26 th May (not held, items reallocated to board on 15 th September)	HWB Meeting <ul style="list-style-type: none"> • Report on BCF 22/23 including end of year 21/22 report • Report on JSNA and agreement • Report on ICS Implementation • Children and Young Peoples Plan Part B Workshop <ul style="list-style-type: none"> • Mental Health and Well Being (all age) • Draft Health and Well Being Strategy 	<ul style="list-style-type: none"> • Presentation by service user, patient or group representing people with lived experiences • Facilitated HWB member discussion on issues / themes raised such as non-communicable disease profiles in light of COVID-19 service impacts across the system
14 th July (not held, items to be reallocated)	HWB Workshop <ul style="list-style-type: none"> • Children and Youth People (SEND Strategy) • Schools and mental wellbeing 	<ul style="list-style-type: none"> • Young people's presentation on health and inequalities. Opportunity to visit community centre / youth centre (subject to Covid) • Facilitated discussion on issues / themes raised led by ED / Director
15 th Sept	<ul style="list-style-type: none"> • Terms of Reference • Report and workshop on JSNA and HWB Strategy • Children Emotional Wellbeing Plan • Report on ICS Implementation • Report on BCF 22/23 including end of year 21/22 report • Pharmacy Needs Assessment 	<ul style="list-style-type: none"> • Discussion and direction on ToR • Interactive workshops • Noting of reports
6 th October	HWB Workshop <ul style="list-style-type: none"> • LD and Autism (all age) • Dementia Plan 	<ul style="list-style-type: none"> • Presentation on people with lived experiences to present their experiences around health and well being • Facilitated discussion on issues and themes
24 th November	HWB meeting <ul style="list-style-type: none"> • Learning from Population Health Management pilots • BCF and winter planning • Report on ICS mobilisation since 1st July 	
26 th January 2023	HWB Workshop <ul style="list-style-type: none"> • Role and work of the VCS help addressing health inequalities 	
30 March 2023	HWB Meeting <ul style="list-style-type: none"> • Health and Well Being Strategy Review of the year 	<ul style="list-style-type: none"> • Report on progress by HWB partners against the HWB strategy and outcomes • "You Said we Did"



Westminster Health & Wellbeing Board

RBKC Health & Wellbeing Board

Date:

15th September 2022

Classification:

General Release

Title:

Health and Wellbeing Strategy and Joint Strategic Needs Assessment

Report of:

Rachel Soni – Bi-Borough Director of Health Partnerships

Anna Raleigh – Bi-Borough Director of Public Health

Policy Context:

Health and Wellbeing

Wards Involved:

All

Report Author and

Grant Aitken, Head of Health Partnerships

Contact Details:

Grant.aitken@rbkc.gov.uk

1. Executive Summary

- 1.1 This report is to provide an update to the Health and Wellbeing Board (HWB) on the development of the Joint Strategic Needs Assessment (JSNA) borough stories and the joint Health and Wellbeing strategy 2022-2032.
- 1.2 To support the continual delivery of the actions this paper and a workshop will be held during the meeting to seek HWB member engagement on the following areas:
 1. Joint Strategic Needs Assessment borough stories
 2. Draft HWB vision statements
 3. Draft Ambitions and area of focus

2. Key Matters for the Board

- 2.1 Health and Wellbeing Boards (HWB), as per the earlier paper have a statutory duty to produce a Joint Strategic Needs Assessment (JSNA) and a health and wellbeing strategy for their local population to address health inequalities within communities.
- 2.2 Last year the HWB, with support from the Local Government Association (LGA) looked at the work of the Joint HWB and agreed to take forward a refresh of the Health and Wellbeing strategy. The clear direction was for the strategy to have a strong focus on working with local people and communities to reduce the inequalities across our communities. There was also recognition that residents had already been involved in various conversations throughout the Covid period therefore the first phase of work should be to reflect on these conversations. Finally, any strategy needs to be underpinned by evidence of need and impact and therefore having an agreed JSNA is critical to this (see section 4).

3. Health and Wellbeing Strategy

- 3.1 Westminster and Kensington and Chelsea currently have single borough HWB strategies and in 2021 it was agreed that these would be rolled forward whilst a refresh of them was undertaken to reflect learning from Covid and the new JSNA. Given the boroughs' shared HWB priorities and the new Integrated Care Partnerships across North West London and locally, it was agreed to develop a joint HWB strategy covering the next 10 years.
- 3.2 The emerging strategy has at its core, an acknowledgement that health starts at home and inequalities, driven in large part by wider socio-economic determinants, is a reason why inequalities exist. This means across our communities there is variability in outcomes, especially between the north and south of both boroughs and specific communities. To address these inequalities requires a whole system response with people and communities having greater control and responsibility, and having a more active role, in their own health.
- 3.3 By adopting a system approach, underpinned by neighbourhood working, the HWB strategy aims to ensure there is a more visible and active role of public sector and partners in improving health by working closer with residents to transform, not just the lives of people and families, but also the culture and function of how public sector and others work. In effect it is about building an effective bridge into local communities, building trust, connecting up services and seeing communities and peoples as assets to improve health inequalities.

Methodology

- 3.4 The HWB strategy is being led by a working group with representatives from the HWB and wider partners. The first phase of the work, as agreed with the HWB, was to undertake a review of existing strategies across partners and also to understand what residents have already told us about what is important to them. In addition, over the summer period there has been various engagement activities undertaken with residents and other stakeholders to start informing and shaping the HWB strategy. Appendix A provides a summary of this work and also the present and future engagement activities.

- 3.5 Underpinning the development of the HWB strategy priorities is also the Joint Strategic Needs Analysis (JSNA) for both boroughs (see next section). Shifting many of the metrics within the JSNA will be a key outcome for the HWB and HWB strategy.
- 3.6 To further inform the development of the strategy wider engagement with residents, local organisations and wider system partners, including business, is being planned and undertaken.

Initial Findings

- 3.7 The broad outcomes, previously agreed by the HWB in January have helped to inform the development of the strategy and also areas of engagement. These included:
- To reduce inequalities across our boroughs by ensuring local people have opportunities to improve their lives through improving life expectancy and quality of life by narrowing the gap in terms of housing, employment, air quality and other key areas.
 - Models of care to be more sustainable to continuously improve individual outcomes.
 - Residents have greater control over their own health and well being
 - People will live in active and supportive communities with access to support that their family and they need and able to establish and build on local and personal assets
 - People can access quality services that are created with them and their families in mind.
- 3.8 Based on the initial phase of the HWB strategy, two potential vision statements have emerged, supported by 10 areas of ambition in five pillars (See appendix B). As engagement with residents and wider stakeholders is rolled out these will be shaped and refined through a series of activities, including 121 conversations, events, surveys etc. The HWB is welcome to comment on both elements.

4. JSNA

- 4.1 The Joint Strategic Needs Assessment (JSNA) is the process by which we understand local need and develop local evidence-based strategies and initiatives which will improve residents' health and wellbeing, and reduce inequalities.
- 4.2 The production and publication of a JSNA is a joint statutory requirement on Local Authorities and NHS, with the process being overseen by the Health and Wellbeing Board.
- 4.3 The JSNA is not a single product. It includes a suite of resources which makes local data and intelligence accessible to a range of stakeholders, including the council, health partners, voluntary organisations and residents.
- 4.4 The latest draft of our borough stories have been summarised in Appendix C. These stories provide a collective summary of the health and wellbeing needs of our residents. It is the action derived from this local understanding, which informs procurement and strategic

development, including the Health and Wellbeing Strategy, and will ensure we deliver the right services and activities for our residents.

5. Legal Implications

- 5.1. Health and Wellbeing Boards are required to prepare a Joint Strategic Needs Assessment (JSNA) under s116A of the Local Government and Public Involvement in Health Act 2007. Work is presently underway and the evidence collated will inform the drafting of the HWB strategy.

6. Financial Implications

- 6.1 There are no financial implications arising as a result of this report.

7. Carbon Impact

- 7.1 The Health and Wellbeing strategy would aim to proactively support the climate action plan.

If you have any queries about this Report or wish to inspect any of the background papers please contact:

Grant Aitken, Head of Health Partnerships, Royal Borough of Kensington and Chelsea and Westminster City Council

Email: grant.aitken@rbkc.gov.uk

Appendix A Health and Wellbeing Strategy

Summary of Phase one

The following is a list of activities undertaken to inform the development of the draft vision statements and focus areas and ambitions.

Desk Top Review

Strategies	Reports	Insight and Engagement
Autism Strategy RBKC Council Plan WCC Emerging Corporate Strategy Cultural Strategy Best practice Health and Wellbeing Strategy Examples ICS Priorities Active Westminster Strategy Air Quality Action Plan RBKC and WCC SEND Strategies	Active Westminster Active Communities Report Church Street Youth Voices Project Report Bi-Borough Vaccine Sentiment Paper CP Summary Review SWIM Covid-19 Assertive Outreach Report SWIM Project Closure Report Mosaic Vaccine Hesitancy Report BMEHF Vaccine Report Fuller Report	Virtual Wallet User Findings Persona Profiles and Findings Youth Wellbeing Feedback Young People Covid Concerns My Care My Way City For All – Resident Engagement Findings Youth Outreach British Red Cross – Bi-Borough Covid Sentiment Survey 2020 & 2021 North Kensington Health and Wellbeing Survey Older People's Day Services consultation Grenfell EHW Adults Consultation WCC City Survey Citizens' Panel

Further Engagement

The aim of the HWB strategy engagement is to gather wider views of residents and partners on their priorities for the health and wellbeing of Westminster and Kensington & Chelsea. This will build on the findings from the desk top review.

We will work with and through existing structures across our communities, such as RBKC Council Plan consultation and the Future of Westminster Commission, to “test” the draft vision and ambitions with people to inform wider priorities over the coming years.

As we are about ensuring a collaborative and participatory approach to inform a comprehensive, coherent and relevant HWB strategy. This means having a whole public sector, whole sector approach to the design and delivery services informed and influenced through meaningful community engagement. There is a commitment that our citizens' voices are heard as part of developing the Health and Wellbeing Strategy, to ensure it reflects local needs and is built up from the needs and aspirations of local communities.

Objectives

We aim for this to be a dynamic process of dialogue between individuals and groups, based upon a genuine exchange of views with the objective of influencing the Health and Wellbeing Strategy and its subsequent programmes of action.

Thus, for our engagement to be successful, we have outlined exactly what it is for:

- **Information sharing** – We will explain what is happening across the place-based partnership and be transparent about the work still to be done
- **Consultation** – We want to know if we have identified the right priorities and if they resonate with residents
- **Resident Voice** – People will be able to input and influence the direction of the strategy
- **Communities at the centre** – this is only the start of a longer term involvement in how the HWB strategy meets its ambition and we will continue to work in collaboration with our communities through the HWBB new ways of working.

Audiences

The key audiences for the engagement strategy are:

- **Residents**
 - We want to know what most impacts residents health and wellbeing and how they want to see those issues addressed. We want to make sure that the Health and Wellbeing Strategy is engaging for residents and resonates with them.
- **Organisations in Health and Social Care System**
 - We want to make sure that the expertise within the Health and Social Care system is utilised to ensure that the most impactful solutions to ill-health and wellbeing and health inequalities are included in the strategy. We want to make sure that those within the system are inspired by the strategy.
- **Stakeholders that impact upon the wider determinants of health**
 - We want to make sure that the strategy reflects bi-borough as a place and that all partners within our boroughs are aware of and bought in to how they can improve health and wellbeing on Westminster and Kensington & Chelsea.

Summary of Engagement Activity To date

Engagement Update – September 2022

Existing Events	Existing Forums	Workshops
<ul style="list-style-type: none"> Spring and summer events as part of inequalities programme <ul style="list-style-type: none"> 450 events 11,691 people engaged Citizen Panel Market Stall Youth Action Alliance CYP Plan Engagement Mosaic Active Westminster Weekend Portobello Business Centre 	<ul style="list-style-type: none"> Youth Parliament Open Age MH Board Youth Council Children in Care Council OneWestminster KCSC 	<ul style="list-style-type: none"> NHS led workshops sessions NWL ICB strategy engagement Young Westminster/Kensington and Chelsea Foundations Age UK Abbey Centre ADKC
Focus Groups	1-1 Sessions	Surveys
<ul style="list-style-type: none"> Public Health Champions 	<ul style="list-style-type: none"> WCC/RBKC/NHS Officers RBKC/WCC Youth Hubs Healthwatch 	<ul style="list-style-type: none"> Creating survey for Resident societies, amenity societies, and wider stakeholders to supplement consultation events Formal consultation will have a full survey for respondents to complete

Activity over the summer has had two aims:

- 1: Ensure wide engagement with groups and organisations to plan future conversations
- 2: Utilise existing events/groups to get feedback

Main headlines to date emerging and being reinforced in how the HWB strategy develops includes:

- Access to GPs health care – development of neighbourhood teams and wider community led health interventions needed
- Support for families with young children
- Demand for more group social activities
- Assistance with physical fitness/health
- Help with loneliness and mental health issues
- Cost of living (mostly referring to access to healthy food)
- Sense of community, or a general awareness of the events and activities happening in their area



Draft Vision/Mission Statement Options – Iteration 2

Still being developed through community led engagement with residents and local organisations etc.

Vision 1

Our boroughs are safe, green, vibrant places that support all local people to live happy and healthy lives, supporting both their physical and mental health needs.

Vision 2

We will work closely with our communities to tackle inequalities across Westminster and Kensington and Chelsea. We will help communities to build strength and resilience so that together, we can support all people to have good mental and physical health.



Focus areas and ambitions – iteration 2

Physical Wellbeing

Our children have the best start in their lives so they can feel safe and happy.

People and Communities can work together for a healthier and more equal society, supporting residents to live healthy lives.

Mental Wellbeing

All people are supported to look after their mental wellbeing.

Healthy Places

Everyone has access to a good quality home.

Our boroughs are healthy places to live, with opportunities for people to have a healthy lifestyle.

Everyone is part of a community and feels safe in the places they live, work, study and visit.

Healthy Partnerships

All people are treated fairly and are able to shape the decisions that affect them.

All people are cared for by the people and services that best meet their needs, in the right place, and at the right time.

Opportunities

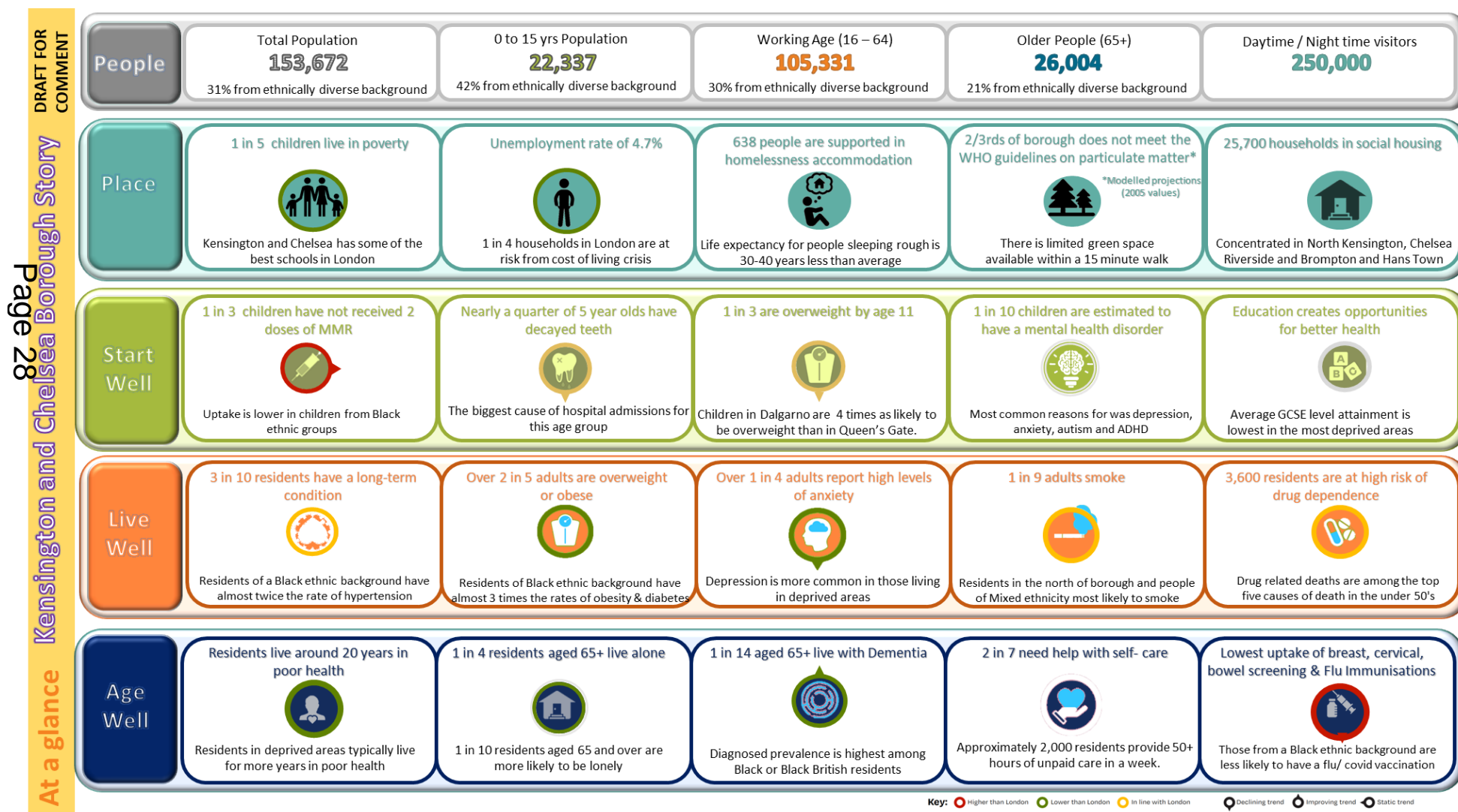
All people are financially stable and have access to good jobs if they are looking for work.

All people are supported to live as independently as possible.



Appendix C Draft Borough Stories Joint Strategic Needs Assessment

Kensington and Chelsea Draft Borough Story – Design still to be completed. Please send any comments to publichealthdepartment@westminster.gov.uk



DRAFT FOR COMMENT

By developing a borough story, outlining our collective understanding of local need, we can identify priorities for action and ensure that initiatives and services are delivered in a way that is proportionate to the needs of our communities.

People

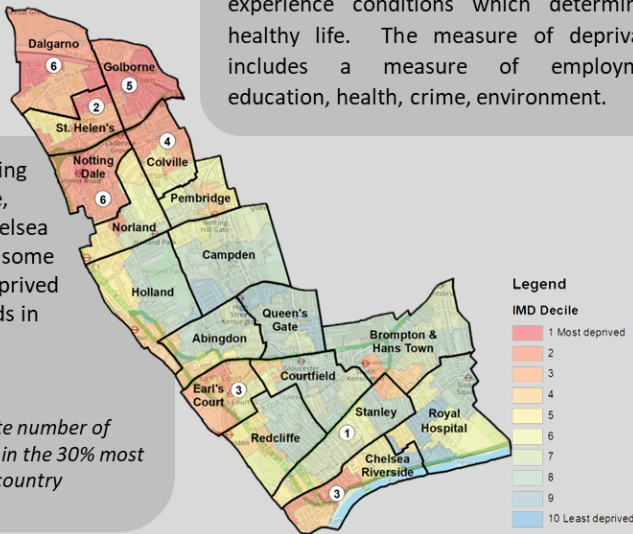
Kensington and Chelsea is a small but densely populated and vibrant central London borough. The population is unusual in that it has a large proportion of older working age residents and very few children, as well as high levels of international migration and cultural diversity. Rich and poor live side by side, particularly in the north of the borough.

Areas of deprivation

Health is closely associated with deprivation. Deprivation is a way to assess the extent to which people living in an area experience conditions which determine a healthy life. The measure of deprivation includes a measure of employment, education, health, crime, environment.

Dalgarno, Notting Dale, Golborne, Colville and Chelsea Riverside have some of the most deprived neighbourhoods in the country.

Numbers indicate number of areas which are in the 30% most deprived in the country



Residents

Kensington and Chelsea is the **smallest** London Borough both in terms of size and population. It is densely populated with a high proportion of single households. Despite it's size there is great diversity.



1,612 births

Our borough is home to **153,672 residents**, 31% identify themselves as from a Black, Asian or other non-white ethnic background. 21% of residents do not have English as their main language. Although **Arabic is the most commonly spoken language after English**, there is great variation across all wards.



917 deaths

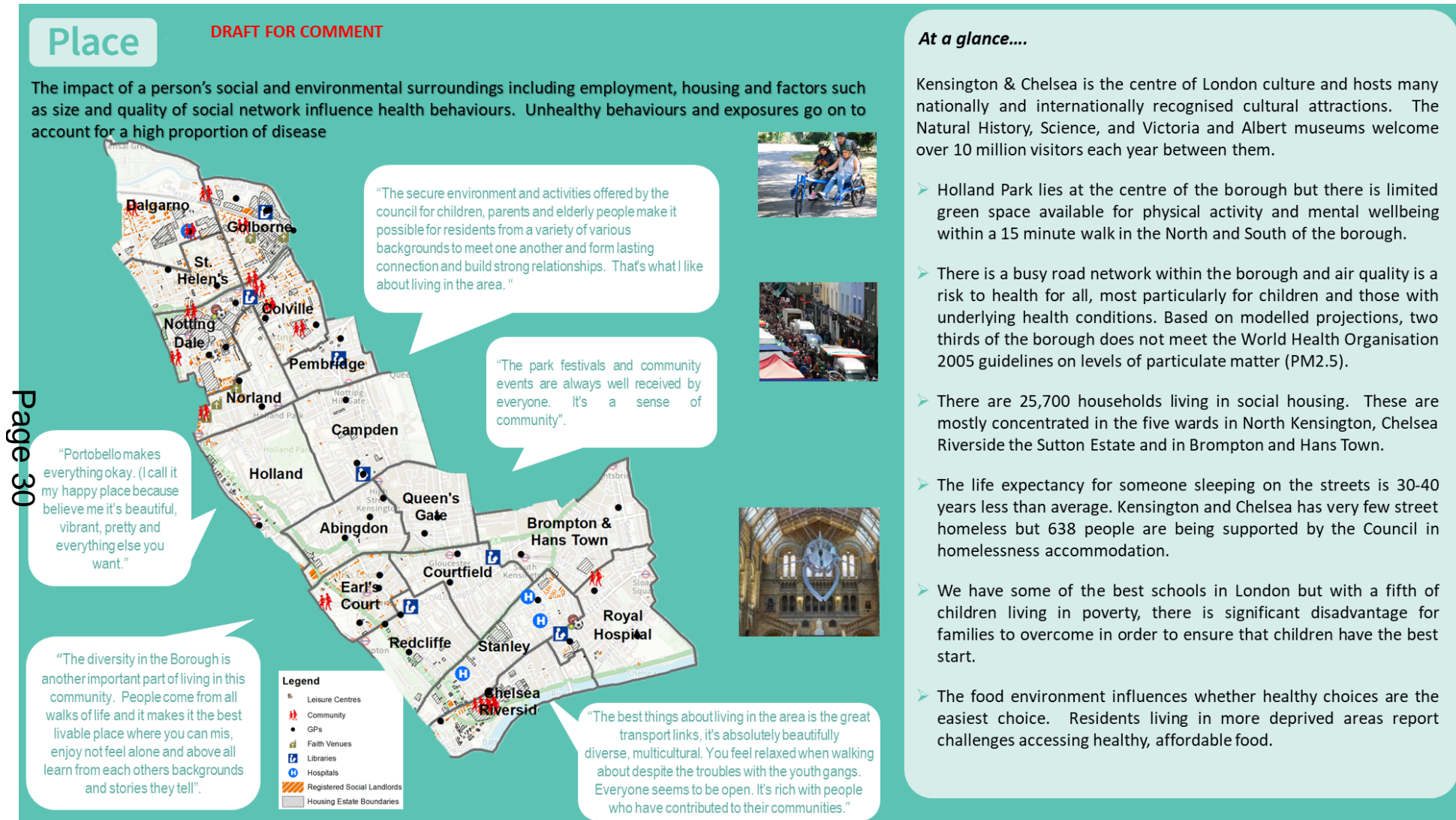
Whilst the number of children living in the borough is expected to decline, the number of **people aged 65 or over is expected to double** in the next 20 years. There are 105,331 residents of working age (69%)

From April to March 2022, the unemployment rate in Kensington and Chelsea was 4.7%, lower than London (5.5%) with rates varying by area. Average annual income in the most deprived wards is £41,425 compared to £69,235 in more affluent areas around South Kensington. 1 in 4 homes in London are at risk of the cost of living crisis.



Life expectancy in our borough overall is **high** with the average man living to 84 years and the average woman living to 87 years. This average disguises the variation in how long and how well residents across the borough live. **Men can expect to live 18 years longer** in Courtfield ward than in Notting Dale. Women in Holland ward live 15 years longer than those in Notting Dale.





Start well

DRAFT FOR COMMENT

What happens in pregnancy, childhood and adolescence impacts on physical and emotional health all the way through to adulthood.

Where our children live, their household income and how they are cared for all impact on the health and wellbeing of our children.

There are 22,337 children under 16 living in our borough, 42% from a Black, Asian or other ethnic minority background. In contrast to the older population, the younger population is expected to reduce by a fifth over the next 20 years.

In Kensington and Chelsea 1 in 5 children are living in poverty, 1 in 3 are overweight by the time they leave primary school and 1 in 10 are affected by mental health problems. Working with our communities to codesign activities to embed prevention and healthy lifestyles is key to ensuring we give our children the best start in life.

"It's good for us to socialise as communities, our kids have become too used to using their screens during lockdown, they are more isolated. We need more group and physical activities for kids."

1 in 3 children have not received 2 doses of MMR

For all types of childhood vaccinations **uptake is significantly below** the London and England average and below the 95% target to stop the spread and protect the community. For example, only 66% have received 2 doses of measles, mumps and rubella (MMR) immunisation at or before the age of five. Uptake varies within the borough, ranging from 55% in Earl's Court to 83% in South Kensington. **Uptake is lower in children from Black ethnic groups.**



Nearly a quarter of 5 year olds have decayed teeth

By the age of 5, almost a quarter of 5 year olds have one or more decayed, filled or missing teeth. It is the biggest cause of hospital admission and time missed at school. 1 in 4 children have seen a dentist in the past 2 years. While the majority of child dentist appointments are check up only, 1 in 3 include a mid range treatment such as fillings, and 1 in 17 are urgent treatments.



1 in 10 children have mental health needs

In 2020 an NHS survey estimated that 10% of 5-19 year olds in London have a mental, behavioural or emotional health disorder – 1,987 children and young people in Kensington and Chelsea. They are almost twice as likely to live in a household that has fallen behind with payments. About 1,000 children are in contact with mental health services. Following the pandemic, **service activity has increased by 33%** and **GP activity for mental health has doubled**. The most common reasons for presentation to a GP was depression, anxiety, and autism followed by Attention Deficit Hyperactivity Disorder.

1 in 3 are overweight by age 11

The proportion of children entering primary school aged 4-5 who were overweight or obese was 20%. This rises to 37% of children aged 10-11 leaving primary school. This varies by ward, for example those in year 6 living in Dalgarno are **four times as likely to be overweight** than those living in Queen's Gate. Children whose parents are obese are more likely to themselves be obese. This highlights the complexity of supporting families to maintain or reach a healthy weight. Being an unhealthy weight is more likely in children from **other ethnic groups** at ages 4-5 and in children of **Black or Black British origin** at age 10-11.



Education creates opportunities for better health

1 in 5 children live in poverty and over 4,400 children are **eligible for free school meals**. Education can trigger healthier futures and protect against disadvantage in later life. **70%** of children had a good level of development at the end of reception year and 29% of children achieving 5 GCSEs at Grade 5+. Average GCSE level attainment is lowest in the most deprived areas. 3% of children have educational health care plans and 12% children have special educational needs support.



Compared to London

Lower

Comparable

Higher



Improving trend



Declining trend

DRAFT FOR COMMENT

Live well

The impact of a person's social and environmental surroundings, including employment and housing, and factors such as loneliness and isolation influence healthy behaviours and outcomes.

Differences in the lived experience of these wider determinants of health drive inequalities in health and wellbeing across and within the borough.

There are 105,331 residents of a working age (69%) in our borough. 30% of the working age population are from a Black, Asian, or other ethnic minority background

1 in 9 smoke, over 2 in 5 adults are overweight or obese and 1 in 7 have a mental health condition. As well as health disparities between different locations in the borough, we see different health outcomes among residents from different ethnic backgrounds, with people from Black, Asian and other minority groups more likely to have diabetes, be overweight, impacted by mental health and suffer from hypertension.

We must address the needs of the high proportion of residents living in temporary accommodation, improve employment rates, as well as the rising cost of living.

"Many of my neighbours report challenges with confidence and isolation, I would like to see opportunities for meeting up with other people to do meaningful creative activities such as repairing old clothes, art, music, photography trips, cooking and crafts; and having a person of reference to talk to when things get tricky. Is it that difficult?"

"Relaxing activities for kids, coffee mornings for isolated people, and more group activities for those with diabetes and for older people such as swimming will support all of our health and wellbeing."

2 in 5 residents drink more than is recommended

The causes of long-term conditions are complex. Unhealthy behaviours and exposures go on to account for a **high proportion of disease**. Someone in mid-life who smokes, drinks too much, exercises too little and eats poorly is **four times as likely to die** over the next 10 years than someone who does none of these things. **2 in 5 drink more than is recommended** and 4,370 residents aged 18 or over have a high risk of alcohol related health issues. The borough has the lowest alcohol related hospital admissions in London.



Over 2 in 5 adults are overweight or obese

Obesity is associated with **reduced life expectancy** and can impact on our mental health and wellbeing. 7,300 of adults are diagnosed obese. 1 in 5 residents are inactive. There are a wide range of drivers of obesity including access to healthy food, physical activity as well as social and psychological factors. **Residents from a Black ethnic background have almost 3 times the rates of obesity** than those from a White background.



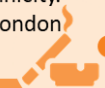
Opiate and Non-opiate dependence

3,600 residents aged over 18 have a high risk of drug dependence. Drug related deaths are among the top five causes of death in the under 50's.



1 in 9 smoke

1 in 9 residents aged over 18 smoke. Most likely to smoke are those in manual occupations, those living in the north of borough and those of mixed ethnicity. The **smoking quit rate** is among the highest in London (65%).



Over 1 in 4 report feeling anxious

Over 1 in 4 residents (29%) reported that they felt high levels of anxiety the day before, the highest proportion in London. 1 in 7 have a mental health condition and 1 in 12 have a GP diagnosis of depression; this is more common among those from **Black and Mixed ethnic groups** and those living in more **deprived areas**. Although rates of suicide in the borough are below those for England, on average 13 residents take their lives each year.



3 in 10 residents have a long term condition

Almost 30% of residents have one or more long term conditions in our borough. The proportion of conditions increases with age and is higher among those living in more **deprived areas**. Residents from a Black ethnic background have **double the rate of hypertension**, and three times the rates of diabetes than those from a White background. Uptake of **health checks** is among the highest in London, with 57% of residents taking up the offer.

Age well

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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.

The number of people in Kensington and Chelsea aged 65 or over is 26,004, this is expected to double in the next 20 years. 21% are from a Black, Asian, or other ethnic minority background.

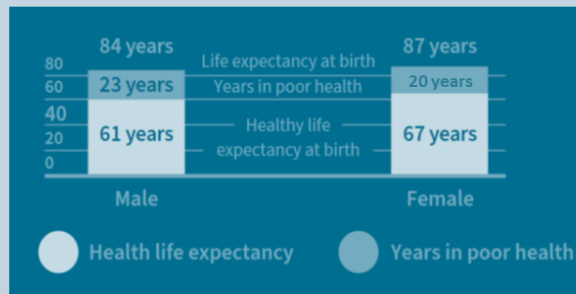
In 2020 there were 759 adults over 65 living in a care home.

1 in 14 of our older population are living with dementia, and our diagnosis rates are below the London average. Early identification of health conditions, quality of care and support of carers helps to maintain the health and wellbeing of residents and ensure they maintain independence for as long as possible.

"The community around me is very special to me. As an old lady living alone, when my local support services check in on me and take time to listen, I get the feeling that 'somebody cares for me', and that is very special."

Residents live around 20 years in poor health

The lifestyles choices we make can have a significant impact on our health in later life. On average males are living 23 years in poor health and females 20 years. Residents in deprived areas typically live for more years in poor health.



Nearly a quarter of residents aged 65 and over live alone

It is estimated that 8,198 people over 65 are living alone in Kensington and Chelsea. Nationally, it is estimated that around **10% of the population** aged over 65 are lonely. There are **four life events associated with social isolation among older people: retirement, falling ill, a spouse dying, and going into care.**

Lowest uptake of Screening & Immunisations

Cancer screening, particularly breast, cervical and bowel cancer, is among the **lowest in the country**, with those with **mental health needs the least likely to access services**. Uptake of the flu vaccination in winter, by people who are at greater risk of developing serious complications if they catch flu, is low. Those from a Black background are less likely to have a flu/ covid vaccination.



1 in 14 residents aged over 65 live with Dementia

Dementia is probably the **biggest health care challenge** we face and is now one of the most **common causes of death** in London and our borough. There are an estimated 1,766 patients living with dementia in our borough, with only 916 with a formal diagnosis from their GP. Diagnosed prevalence is highest among **Black or Black British** residents. Leading a **healthy and active lifestyle can delay the onset of dementia**



2 in 7 need help with self- caring

7,200 adults over 65 were estimated to need help with at least one self-care activity e.g. getting in and out of bed. Looking after an adult with a disability or health problem can be tiring, stressful and isolating. Our borough now has approximately 2,000 residents providing 50+ hours of **unpaid care in a week.**



Compared to London

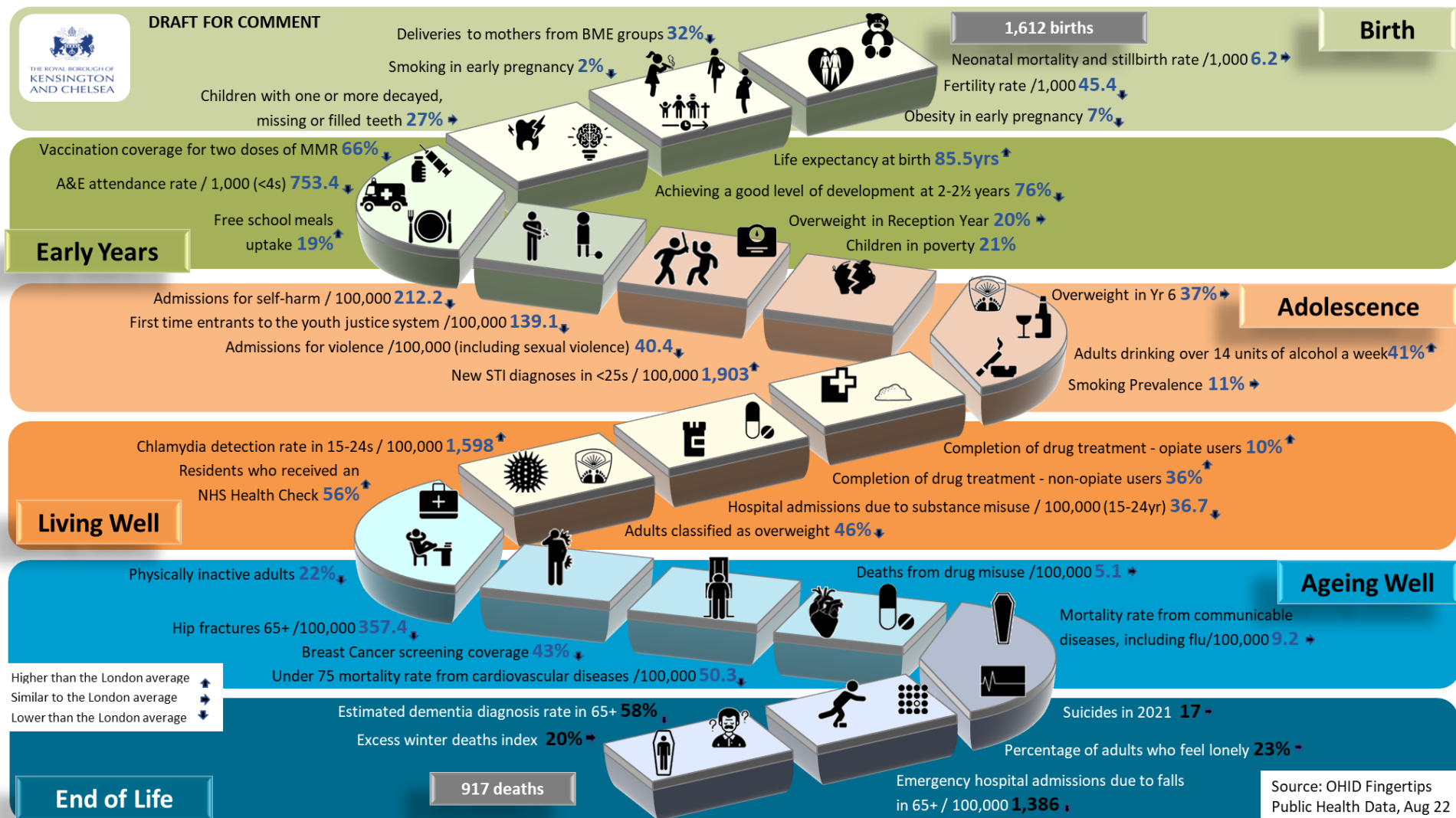
Lower

Comparable

Higher

Improving trend

Declining trend

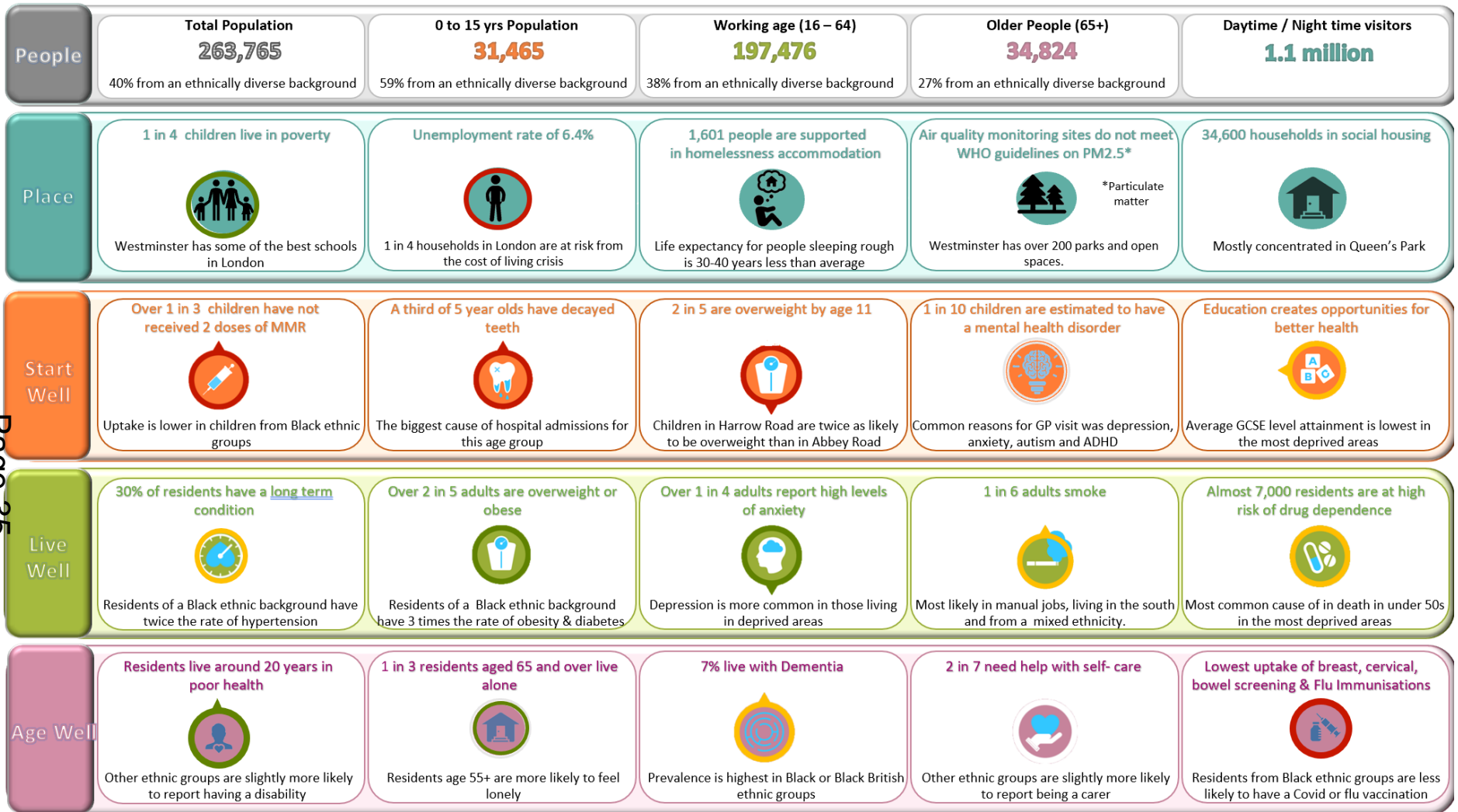








Westminster Draft Borough Story – Please send any comments to publichealthdepartment@westminster.gov.uk

DRAFT FOR COMMENT

Westminster Borough Story
Page 35

At a glance



Key:  Higher than London  Lower than London  In line with London  Declining trend  Improving trend  Static trend

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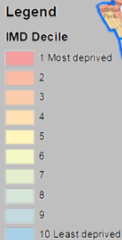
By developing this borough story, outlining our collective understanding of local need, we can identify priorities for action and ensure that initiatives and services are delivered in a way that is proportionate to the needs of our communities.

People

Westminster is a densely populated and vibrant central London borough, with a daytime population four times the size of the resident population. The area has a large proportion of young working age residents, as well as high levels of international migration and cultural diversity, with rich and poor living side by side.

Areas of deprivation

Health is closely associated with deprivation. Deprivation is a way to assess the extent to which people living in an area experience conditions which determine a healthy life. The measure of deprivation includes a measure of employment, education, health, crime, environment.



Numbers indicate number of areas which are in the 30% most deprived in the country

Queen's Park, Harrow Road, Church Street and Westbourne have some of the most deprived neighbourhoods in the country.

Residents

Westminster is home to **263,765 people**, 40% from a Black, Asian or other non-white ethnic background. 30% of residents do not have English as their main language. **Arabic is the most commonly spoken language after English** but there is great variation across all wards.



2,089 births

Whilst the number of children living in the borough is expected to decline in the next 20 years, the number of **people aged 65 or over is expected increase**. There are 197,476 residents of working age (75%)



1,094 deaths

Westminster's population turnover is huge, around 25-30% of the population leave or arrive each year. Population change is driven by significant internal and international migration enabled by a sizeable private rental sector.

From April to March 2022, Westminster's unemployment rate was 6.4%, higher than London at 5.5% and the UK at 3.9%. The average annual income in the most deprived wards is £34,800 (Church Street) compared to £61,700 in more affluent areas around Marylebone. Even within the same neighbourhood, rich and poor households live in close proximity. 1 in 4 homes in London are at risk of the cost of living crisis.



Life expectancy in our borough is **high** with the average man living to 84 years and the average woman living to 87 years. This average disguises the variation in how long and how well residents across the borough live. In Westbourne ward a man is expected to live to the age of 76 while in Knightsbridge and Belgravia ward a man is expected to live to 94. A woman in the same wards is expected to live to 82 and 91 respectively



Place

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Westminster is a global city at the heart of the nation's capital. The daytime population including tourists is approximately 1.1 million which is the highest daytime population of any London Borough, including residents, employees and visitors.

"It's a real sense of community. People do still say hello. I know most of the people who live on my street" Emma, Queens Park"

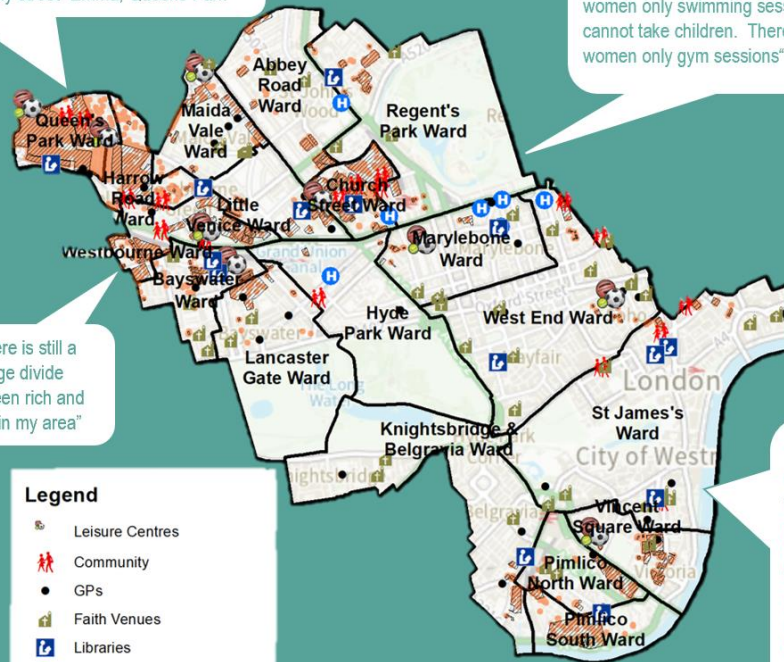
"The local leisure centre is expensive and people can't afford to go. They have women only swimming sessions but you cannot take children. There are also no women only gym sessions"

"There is still a huge divide between rich and poor in my area"

"A lot going on now, energy crisis this crisis, that crisis. How are we meant to focus on our health, when there's all these other things going on? Poverty's coming to hit a lot of us hard and it's scary, more needs to be done to help us through this."

Legend

- Leisure Centres
- Community
- GPs
- Faith Venues
- Libraries
- Hospitals
- Registered Social Landlords
- Housing Estate Boundaries



At a glance....

- Westminster has over 200 identified parks and open spaces ranging from large multifunctional areas to small ornamental garden squares and pocket parks.
- There is a busy road network within the borough and air quality is a risk to health for all, most particularly for children and those with underlying health conditions. All **11 air quality monitoring sites do not meet World Health Organisation guidelines for levels of particulate matter.**
- We estimate **24% (30,000) of Westminster households are particularly at risk from cost of living pressures** because they have low incomes and, in some cases, limited savings to insulate them against price rises.
- There are **34,600 households living in social housing.** These are mostly concentrated in Queen's Park.
- The **life expectancy for someone sleeping on the street is 30-40 years less than average.** 1,601 people are being supported by the Council in homelessness accommodation.
- We have some of the best schools in London but with a **quarter of children living in poverty**, there is significant disadvantage for families to overcome in order to ensure that children have the best start.

DRAFT FOR COMMENT

Start well

What happens in pregnancy, childhood and adolescence impacts on physical and emotional health all the way through to adulthood.

Where our children live, their household income and how they are cared for all impact on the health and wellbeing of our children.

There are 31,465 children under 16 living in our borough, 59% from a Black, Asian or other ethnic minority background. In contrast to the older population, the younger population is expected to decrease over the next 20 years.

In Westminster nearly 1 in 4 children are living in poverty, 2 in 5 are overweight by the time they leave primary school and 1 in 10 are affected by mental health problems. Working with our communities to codesign activities to embed prevention and healthy lifestyles is key to ensuring we give our children the best start in life.

"I like Westminster for the city life atmosphere it sets, there are many new builds across Westminster. I also enjoy the many green spaces around. However, I feel there should be more places like youth clubs, more help with youth getting into employment as there seems to be a lot of anti social behaviour issues around. There should be more family hubs, places to go for people to receive help they need."

Over 1 in 3 children have not received 2 doses of MMR

For all types of childhood vaccinations, **uptake is significantly lower** the London and England average and below the 95% target to stop the spread and protect the community. For example, **only 64% have received 2 doses of measles, mumps and rubella (MMR) immunisation** at or before the age of five. **Uptake varies** within the borough, ranging from 54% in Bryanston & Dorset Square to 84% in Knightsbridge, Belgravia & Hyde Park. Uptake is **lower in children from Black ethnic groups**.



A third of 5 year olds have decayed teeth

By the age of 5, almost a third of children have one or more decayed, filled or missing teeth (**32%**). It is the biggest cause of hospital admission and time missed at school. **1 in 4 Westminster children have seen a dentist in the past 2 years**. While the majority of Westminster child dentist appointments are check-up only, 1 in 3 include a mid-range treatment such as fillings, and 1 in 12 are urgent treatments.



1 in 10 have a mental health disorder

A 2020 NHS survey estimated that 10% of **5-19 year olds** in London have a mental, **behavioural** or emotional health disorder – 4,268 people in Westminster. They are almost twice as likely to live a household that has fallen behind with payments. About 1,000 children are in contact with mental health services. Following the pandemic, **service activity has increased by 33%** and **GP activity for mental health has doubled**. The most common reasons for GP presentation was **depression, anxiety, autism and Attention Deficit Hyperactivity Disorder**.

2 in 5 are overweight by age 11

21% of children are overweight or obese when they enter primary school aged 4-5 years old. This rises to **41% of children aged 10-11** leaving primary school. This varies by ward, for example those living in **Harrow Road are twice as likely to be overweight than those living in Abbey Road**. Children whose parents are obese are more likely to themselves be obese. This highlights the complexity of supporting families to maintain or reach a healthy weight. Levels of unhealthy weight in children is highest in Black or Black British in Reception and among 'other ethnic groups' in Year 6.



Education creates opportunities for better health

A quarter of our children live in poverty and **over 7,895 children are eligible for free school meals**. Education can trigger healthier futures and protect against disadvantage in later life. **71% of children had a good level of development** at the end of Reception Year, and 37% of children are achieving 5 GCSEs at Grade 5+. Average GCSE level attainment is lowest in the most deprived areas. **3% of children have educational health care plans** and 12% children have special educational needs support.



Key: ● Higher than London ● Lower than London ● In line with London

● Declining trend

● Improving trend

● Static trend

Live well

DRAFT FOR COMMENT

The impact of a person's social and environmental surroundings, including employment and housing, and factors such as loneliness and isolation influence the uptake of unhealthy behaviours.

Differences in the lived experience of these wider determinants of health drive inequalities in health and wellbeing across and within the borough.

There are 197,476 residents of a working age (75%) in our borough, 38% are from an ethnic minority background.

1 in 6 smoke, 2 in 5 adults are overweight and 1 in 5 have a mental health condition. As well as health disparities between different locations in the borough, we see different health outcomes among residents from different ethnic backgrounds, with some Black, Asian and other minority groups more likely to have diabetes, be overweight, impacted by mental health and suffer from hypertension.

We must address the needs of the high proportion of residents living in temporary accommodation, our high unemployment rates, as well as the rising cost of living.

"Being outside in nature and the sun with the activity has been great and relaxing and more of these would help me manage my weight, mood and chronic pain."

1 in 4 drink more than is recommended

Someone in mid-life who smokes, drinks too much, exercises too little and eats poorly is **four times as likely to die** over the next 10 years than someone who does none of these things. **1 in 4 residents drink more than is recommended and 7,500 residents** aged 18 or over have a **high risk of alcohol related health issues**. The borough has the eighth lowest **alcohol** related hospital admissions in London.



1 in 6 adults smoke

1 in 6 (17%) residents aged over 18 smoke. Most likely to smoke are those in manual occupations, those living in the south of borough and those of mixed ethnicity. The **smoking quit rate** is among the highest in London (65%).



Premature mortality and drug dependence

Almost 7,000 residents aged 18 or over have a high risk of drug dependence. This is the most common cause of death in under 50s in the most deprived areas. There are more deaths at younger ages in more deprived areas. The **mortality rate in the 45-49 years age group in the most deprived area is 11 times the rate in least deprived**.



Over 2 in 5 adults are overweight or obese

Obesity is associated with **reduced life expectancy** and can impact on our mental health and wellbeing. 12,200 of adults are diagnosed obese. There are a wide range of drivers of obesity including access to healthy food, physical activity, social and psychological factors. **1 in 5 residents are inactive**. Residents from a Black ethnic background have 3 times the rates of obesity than those from a white background.



Over 1 in 4 report feeling anxious

Over 1 in 4 (around 28%) residents reported feeling high levels of anxiety the day before. 17,578 residents have depression diagnosed by a GP (which is 1 in 16). Depression is more common among those from **Black and Mixed ethnic groups** and those living in more **deprived areas**. Although rates of suicide in the borough are below those for England, on average 18 residents take their lives each year.



Health Checks

The uptake of NHS health checks is among the **top 10** boroughs in London, with 62% of residents taking up the offer.

Over **70,000** residents aged 16+ have one or more long term conditions in our borough. The proportion of conditions increases with age and is higher among those living in more **deprived areas**. Residents from a Black ethnic background have almost **double the rate of hypertension**, and almost **3 times the rates of diabetes** than those from a White background.



Key: ● Higher than London ● Lower than London ● In line with London

○ Declining trend ○ Improving trend ○ Static trend

Age well

DRAFT FOR COMMENT

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.

The number of people in Westminster aged 65 or over is 34,824, this is expected to increase to 58,723 in the next 20 years. 27% are from an ethnic minority background.

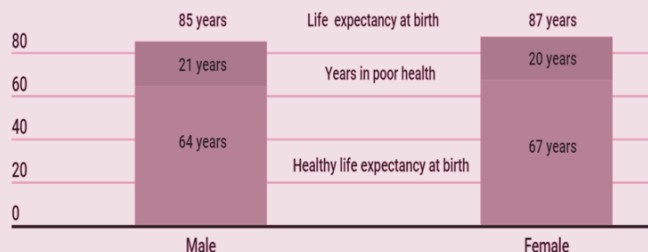
In 2020 there were 449 adults over 65 living in a care home.

7% of our older population are living with dementia, and our diagnosis rates are below the London average. Early identification of health conditions, quality of care and support of carers helps to maintain the health and wellbeing of residents and ensure they maintain independence for as long as possible.

Many elderly people, like those with language and digital barriers, are now living in financial crises and it's causing them both physical and mental health issues. It clouds their ability to get vaccinated, prevent other health issues or keep up with their appointments"

Residents live 20 years in poor health

The lifestyles choices we make can have a significant impact on our health in later life. On average men are living 21 years in poor health and females 20 years. **Other ethnic groups are slightly more likely to report having a disability.**



Lowest uptake of Screening & Immunisations

Cancer screening, particularly breast, cervical and bowel cancer, is among the **lowest in the country**, with those with **mental health needs least likely to access**. Uptake of the flu vaccination in winter by people who are at greater risk of developing serious complications if they catch flu is low. **Residents from a Black background are least likely to have a flu or Covid-19 vaccination.** And residents from **more deprived areas are less likely to have had a flu vaccination.**

2 in 7 need help with self-care

9,500 adults over 65 were estimated to need help with at least one self-care activity e.g. getting in and out of bed. Looking after an adult with a disability or health problem can be tiring, stressful and isolating. Our borough now has approximately 1,070 residents providing 50+ hours of **unpaid care in a week**. Those from **other ethnic groups are slightly more likely to report being a carer.**



1 in 3 residents aged 65 and over live alone

It is estimated that 10,704 people over 65 are living alone in Westminster. In the City survey residents aged 55 years+ were more likely to be lonely, with 1 in 5 reporting this. There are **four life events associated with social isolation among older people: retirement, falling ill, a spouse dying, and going into care.**



7% of older residents live with dementia

Dementia is probably the **biggest health care challenge** we face and is now one of the most **common causes of death** in London and our borough. There are an estimated 2,343 patients living with dementia in our borough, with only 1,154 with a formal diagnosis from their GP. Prevalence is **highest in Black or Black British ethnic groups**. Leading a **healthy and active lifestyle can delay** the onset of dementia.

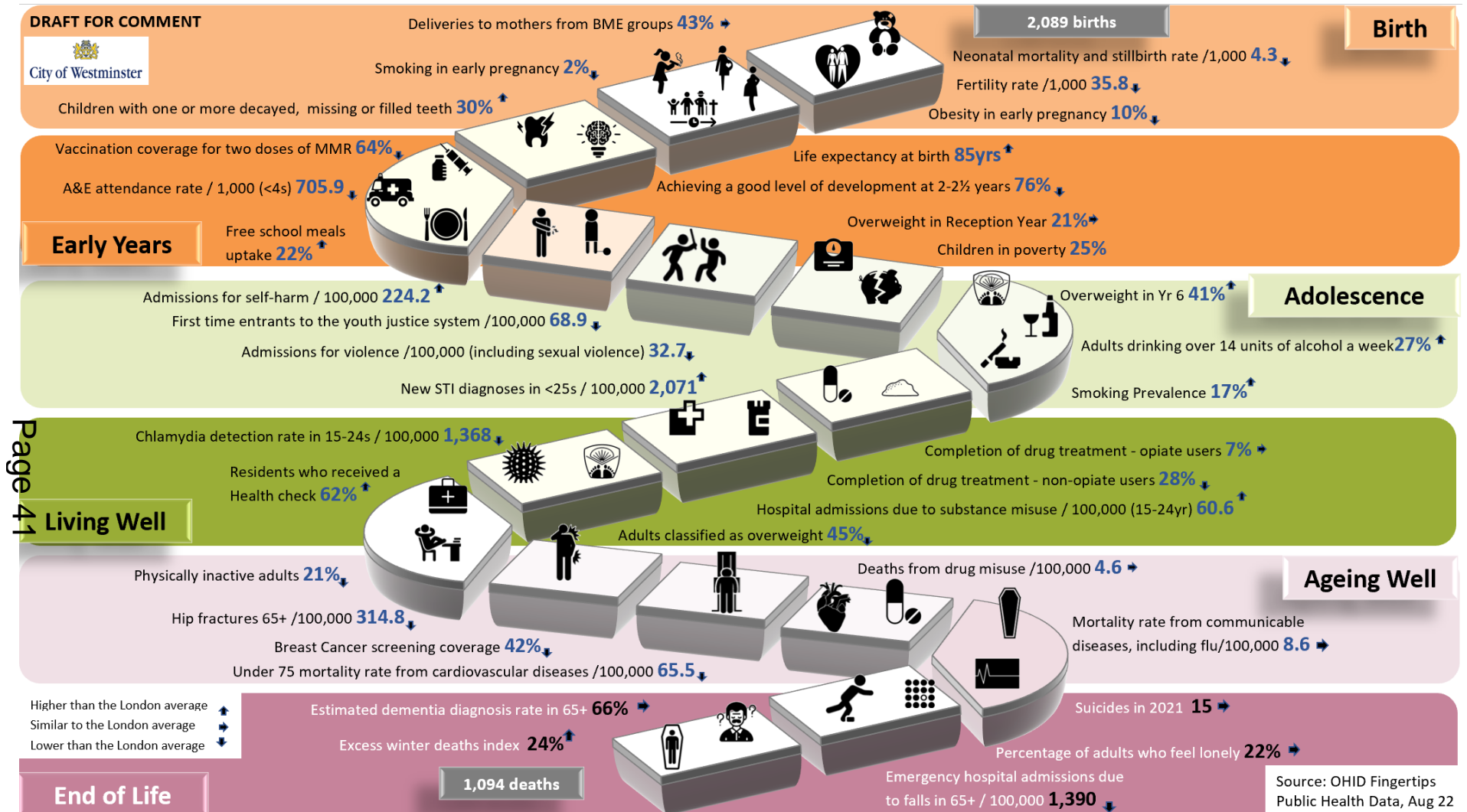


Key: ● Higher than London ● Lower than London ● In line with London

○ Declining trend

○ Improving trend

○ Static trend





Westminster Health & Wellbeing Board

Date:

Classification:

Title:

Report of:

Policy Context:

Wards Involved:

Report Author and

Contact Details:

RBKC Health & Wellbeing Board

15th September 2022

General Release

Joint Bi-Borough and NHS Children and
Young People Emotional Wellbeing and
Mental Health Plan 22-24
Children's Services Commissioning Team

Emotional Wellbeing and Mental Health

All

Marjana Tharin

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1. Executive Summary

- 1.1. The Health and Wellbeing Board (HWB) is asked to review the Joint Bi-Borough (RBKC and WCC) and NHS Children and Young People Emotional Wellbeing and Mental Health Plan 22-24 ahead of the meeting on the Thursday 15th September, where an overview of the Plan will be presented alongside a wider update from partners on key mental health services in the Bi-Borough.

2. Key Matters for the Board

- 2.1. We are seeking the HWB Board's approval of the refreshed Emotional Wellbeing and Mental Health plan for children and young people in RBKC and WCC. The plan provides updates on the joint local offer of support for children and young people, the progress made since the last plan in 2019 and the priorities that are being progressed.

3. Overview of report

- 3.1. The Emotional Wellbeing and Mental Health Plan has been developed jointly between the Council and Health with input from a wide range of partners and stakeholders. It builds on progress with joint working to develop and improve emotional wellbeing and mental health services for children and young people across the whole system.
- 3.2. This Plan is intended to be a practical document that sets out our shared ambition, current provision and key next steps to improve our offer over the next 2 years.
- 3.3. The plan sets out our shared vision that our children, young people and young adults have good mental health, are thriving and resilient, and when they need support, help and treatment they are able to easily access excellent services in the right place and at the right time.
- 3.4. The content of the EWMH plan includes:
- our shared vision and objectives
 - how they align with wider priorities locally and nationally
 - what we have heard from children and young people and stakeholders
 - overall analysis of the gaps identified
 - our joint strategic priorities set out against the Thrive categories
 - our progress on these priorities
 - detail on our core and wider partnership offer across the Bi-borough
- 3.5. The updated EWMH plan has been extended to reflect the impact of the pandemic, the expected increase in need and demand locally and it sets out a number of recent developments and new initiatives to support Covid recovery over the next two years.

4. Legal Implications

There are not any legal implications attached to this report.

5. Financial Implications

There are not any financial implications attached to this report.

6. Carbon Impact

The Emotional Wellbeing and Mental Health plan would aim to proactively support the climate action plan. There are a number of programmes outlined, such as the Healthy Streets initiative that proactively support the councils' climate action plan through encouraging physical activity and the reduced use of vehicles.

If you have any queries about this Report or wish to inspect any of the background papers please contact:

*Marjana Tharin, Strategic Commissioner in Bi-Borough Children's Commissioning Team
(RBKC and WCC)*

Angela Caulder, Locality lead for Children and Young People, NHS North West Cluster

Email:

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Children and Young People's Emotional Wellbeing and Mental Health Plan

**Joint LA Bi-Borough (RBKC & WCC) and
NHS**

2022 – 2024

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Development of this Plan

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Drafts of the Plan have been shared with the following forums for review and input.

Forum	Type of engagement
North West London Integrated Care Board	For info and comment
Bi-Borough Public Health Team	For info and comment
CNWL and MIND	For info
Schools / SENCO groups	For info
Youth Foundations (YWF and Young K&C)	For info
Youth Councils	For info
Joint Commissioning Board	Sign-off
Make it happen (WCC) Parent Forum	Sign-off
Full of life (RBKC) Parent Forum	Sign-off
Senior Leadership Team (LA)	Sign-off
Children and Families Act Board/Partnership Board (bi-borough LA board)	Sign-off
ICP Bi-borough MH	Sign-off
Health and Wellbeing Board	Sign-off

This engagement has been supplemented with multiple conversations with key stakeholders in developing this Plan.

The Plan authors thank everyone who has inputted into this document.

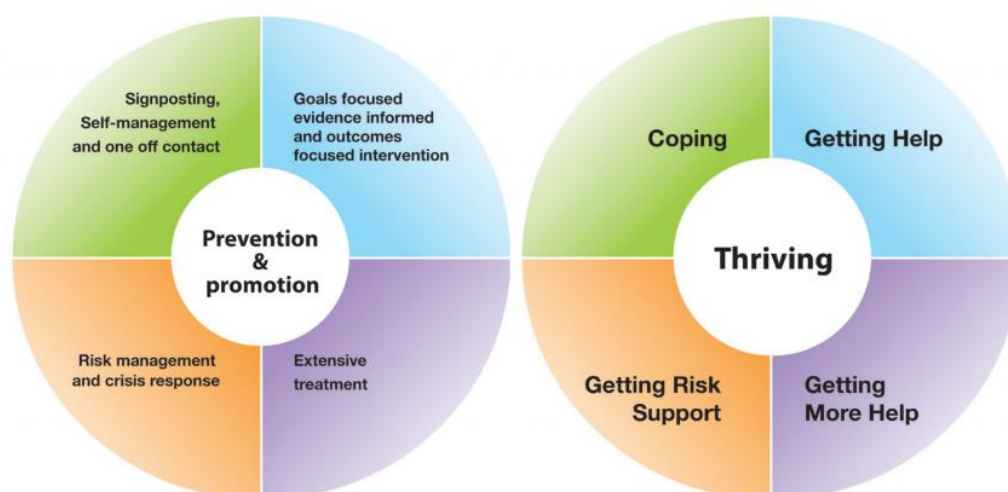
Introduction

The Royal Borough of Kensington and Chelsea (RBKC), Westminster City Council (WCC) and the North West London Integrated Care Board (previously North West London Clinical Commissioning Group) collectively share the ambition of all children, young people and young adults in our boroughs having good emotional wellbeing and mental health (EWMH). We believe that being mentally healthy is a core foundational need for children, young people and young adults to thrive and live happy and fulfilling lives. We will do all that we can as a partnership to deliver against this commitment, engaging with and drawing on the resources, assets and opportunities that are available in our areas.

This Plan is intended to be a practical document that sets out our shared ambition, current provision and key next steps to improve our offer over the next 2 years (from 1 January 2022 to January 2024). It references and builds on our last Joint NHS and Bi-Borough Children and Young People's Emotional Wellbeing and Mental Health Plan which covered 2019 to 2021.

The Thrive model¹ is our conceptual and commissioning framework for EWMH provision in the Bi-Borough. This plan focuses on children, young people and young adults (0-25 years old) EWMH needs within in the 'coping' Thrive category and above. At the level of need below this (the 'thriving' category) across both boroughs there is a strong wider service offer focused on delivering a universal wellbeing offer². These services contribute to population level wellbeing in its widest sense and play a key role in preventing poor EWMH.

The Thrive model is:



¹<https://www.annafreud.org/what-we-do/improving-help/thrive-framework/>

²Services include Perinatal and Maternal MH services, Health Visiting, Healthy Early Years and Children's Centres

Our vision of good mental health

Our shared vision is that our children, young people and young adults have good mental health, are thriving and resilient, and when they need support, help and treatment they are able to easily access excellent services in the right place and at the right time.

Realising our vision will be driven by realising a number of key objectives:

- Putting the needs and voices of children, young people and young adults at the heart of our commissioning and provision
- Ensuring mental health and wellbeing is everyone's business through training, workforce development and by embedding mental health services across our local provision and in our communities
- Ensuring that children and young people have choice in where and how they access support, including community and school based provision
- Reducing the stigma around mental health
- Moving mental health towards parity of esteem with physical health through increased investment in children, young person and young adult EWMH (an ambition in the Long-Term Plan)
- A clear focus on prevention and intervention at an early age and stage for children and young people and young adults from 0 to 25
- Supporting young people during the transition to adulthood by strengthening the offer for 16 to 25 years
- Creating an easily accessible and seamless system without tiers (based on the Thrive model) where children, young people and young adults can get the help they need quickly wherever they seek it
- Where children, young people and young adults are in crisis or have urgent mental health needs putting in place services which genuinely support them
- Ensuring that the offer is well understood and well promoted

We are unashamedly ambitious in this vision. We recognise that how well we work as a partnership in delivering against this will go a long way to determining our success or failure. This is because EWMH is influenced by so many factors and impacts in so many areas, it doesn't abide by or align with any service or organisational boundaries.

We will continue to foster a shared sense of responsibility and work together towards shared outcomes in this crucial area, making the best possible use of the collective resources that we have. We will explain what we want this to look like in practice in subsequent sections of this Plan.

Alignment with wider strategic priorities

Our shared vision for the EWMH of children, young people and young adults aligns with the strategic priorities of our Health and Wellbeing Boards. In Westminster this is set out in the Joint Health and Wellbeing Strategy (2017 – 2022), through improving mental health through prevention and self-management³ and in Kensington and Chelsea through the priority of enabling good mental health for all.⁴ Our priorities are also aligned with the new Integrated Care Partnership for mental health, which has agreed three priorities for the partnership, these are:

- CAMHS Transformation
- All Age Autism Approach
- The new 16-25 Mental Health Developments

Our vision and approach are reflected in the following strategies:

- Local Area Children and Young People's Mental Health and Wellbeing Strategy and Transformation Plans⁵
- Early Help Strategy^{6,7}
- SEND Strategy^{8,9}
- Journey of Recovery: Supporting health & wellbeing for the communities impacted by the Grenfell Tower fire disaster¹⁰
- Violence against Women and Girls Strategy 2021-26¹¹
- Mental Health and Wellbeing Joint Strategic Needs Analysis.¹²

³[Joint Health and Wellbeing Strategy \(2017 – 2022\) | Westminster City Council](#)

⁴file:///C:/Users/socjoda/Downloads/Kensington%20and%20Chelsea%20Joint%20Health%20and%20Wellbeing%20Strategy%202016-21_.pdf

⁵[Publications \(centrallondonccg.nhs.uk\)](#)

⁶Kensington and Chelsea Early Help Strategy 2020 – 2023

⁷[early_help_strategy_2019_2022.pdf \(openobjects.com\)](#)

⁸https://search3.openobjects.com/mediamanager/biborough/directory/files/send_strategy_wcc-2018-2022.pdf

⁹https://search3.openobjects.com/mediamanager/biborough/directory/files/send_strategy_rbk-2018-2022.pdf

¹⁰<https://www.jsna.info/sites/default/files/Journey%20of%20Recovery%20Needs%20Assessment%20-%20Final.pdf>

¹¹<https://www.rbkc.gov.uk/media/document/violence-against-women-and-girls-strategy-2021-26>

¹²https://www.jsna.info/sites/default/files/Mental%20Health%20and%20Wellbeing%20JSNA%20Full%20Report_0.pdf

It also aligns with the Public Health approach to tackling Serious Youth Violence locally¹³ and the Bi-Borough Children and Young People's Plan which sets out the strategic direction for how both Councils will deliver their vision for children and young people over the next three years.¹⁴

The approach we deliver locally is influenced by and aligns with the Government's national CYP mental health ambitions as set out in the NHS Long Term Plan (2019)¹⁵ and the NHS Mental Health Implementation Plan 2019/20 – 2023/24¹⁶.

Local Area Needs Assessment

Information on need

We regard all those who under the Thrive¹⁷ definitions 'getting more help' or 'getting risk support' as having SEN and within the SEND population we appreciate that needs are on a spectrum from low to severe and complex. This Plan further addresses the mental health needs of all our children, young people and young adults which will include those with low-moderate needs that are sub-diagnosable mental health issues and indeed, supporting those that are thriving and coping with psycho-educational awareness, anti-stigma and preventative support.

A lot of work has been undertaken to better understand the needs of children, young people and young adults in relation to EWMH, particularly as part of the Covid recovery. This has included JSNAs produced by Bi-Borough Public Health focused on Mental Health and Wellbeing across all age ranges (with a specific section focused on Children and Young People)¹⁸ and focused on the health and wellbeing needs of young adults (age 18-25)¹⁹.

Nationally

Building resilience and promoting good mental wellbeing in children, young people and young adults is critical. National research tells us that:

¹³<https://committees.westminster.gov.uk/documents/g4914/Public%20reports%20pack%2003rd-Jul-2019%2016.00%20Health%20Wellbeing%20Board.pdf?T=10>

¹⁴[Document.ashx \(rbkc.gov.uk\)](https://www.document.ashx(rbkc.gov.uk))

¹⁵<https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan-june-2019.pdf>

¹⁶[NHS Mental Health Implementation Plan 2019/20 – 2023/24 \(longtermplan.nhs.uk\)](https://www.nhs.uk/longtermplan/2019-2023-24/)

¹⁷<https://www.annafreud.org/what-we-do/improving-help/thrive-framework/>

¹⁸https://www.jsna.info/sites/default/files/Mental%20Health%20and%20Wellbeing%20JSNA%20Full%20Report_0.pdf

¹⁹<https://www.jsna.info/sites/default/files/Young%20Adults%20JSNA%20RKBC%20WCC.pdf>

- One in six children and young people aged 5 to 16 years have a probable mental disorder.²⁰ For young people and young adults aged 17-22, this increases to one in five.²¹
- The COVID-19 pandemic is currently having a detrimental impact on the EWMH of CYP, with estimates of an increase in need of up to 50% (with one in six (16.0%) of CYP aged 5 to 16 years old having a probable mental disorder, an increase from one in nine in 2017).²²
- Childhood through to early adulthood is the crucial time to be supporting children, young people and young adults to be resilient and stay well – as we know that 50% of mental health issues are established by age 14 and 75% by age 24.²³

Many factors impact on how likely a child or young person is to be suffering from poor mental health. For example, we know that:

- Children and young people living in a household that is **struggling financially** are twice as likely to have a probable mental health disorder than their peers²⁴
- This increases to three times as likely for children and young people living in households where **parents are mentally unwell** or where the family is struggling to function effectively²⁵
- The likelihood of a probable mental disorder increases with **age**, with a noticeable difference in gender for the older age group (17 to 22 years) where one in four young women and one in eight young men have a probable mental disorder²⁶
- The impact of failing to provide effective intervention can be devastating – with **suicide** being the most common cause of death for young people aged 16-24²⁷, with 7% of children and young people having attempted suicide by the age of 17 and almost one in four children and young people having self-harmed in the past year²⁸

²⁰<https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>

²¹Ibid

²²<https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>

²³https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

²⁴<https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>

²⁵Ibid

²⁶<https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>

²⁷https://media.samaritans.org/documents/SamaritansSuicideStatsReport_2019_Full_report.pdf

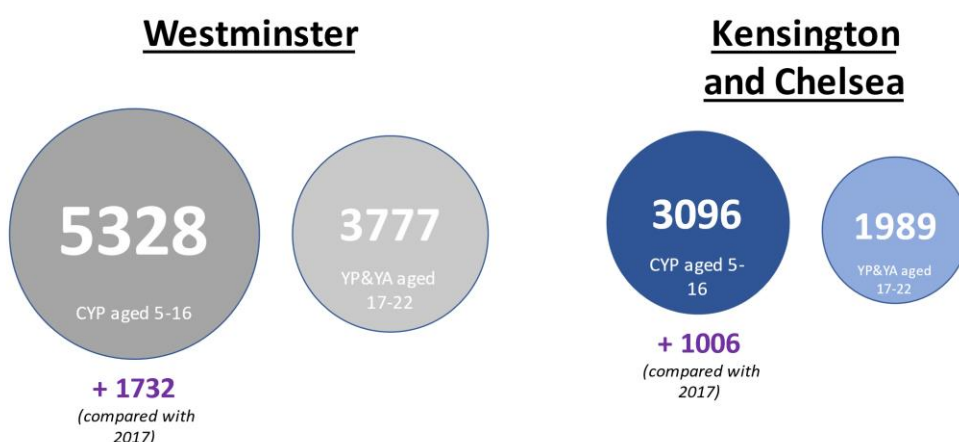
²⁸<https://cls.ucl.ac.uk/wp-content/uploads/2020/11/Mental-ill-health-at-age-17---CLS-briefing-paper---website.pdf>

- There is continued **stigma** around mental health and that, despite some progress being made, is still sadly very prevalent in children, young people and young adults and the parents, carers and professionals that care and support them alike
- There is a clear link between physical and mental health. Those with long term **physical health** problems are more likely to suffer from poor mental health and vice versa²⁹
- The disproportionate impact of the **COVID pandemic** continues to impact the health and wellbeing of children and young people such as those with long term health conditions or who have faced greater disruption to education³⁰
- Young people aged under 25 years, women and low earners are also more likely to work in sectors affected by lockdowns, which increases anxiety and economic strain caused over the pandemic³¹

Locally

When we multiply our children, young person and young adult population (aged 5-22) by the current national prevalence figures our estimated local need is as follows:

The projected numbers of children, young people and young adults locally with a probable mental disorder*



*Defined as 'have problems with aspects of their mental health to such an extent that it impacts on their daily lives including difficulties with emotions, behaviour, relationships, hyperactivity, concentration' NHS Digital (2020)

In Kensington and Chelsea and Westminster, we are seeing this increased level manifest itself through an increased number of CYP requiring support from local EWMH services including KOOTH online counselling and support, Mental Health Support Teams, and CAMHS Eating Disorder and Crisis services.

²⁹ [Long-term condition and mental health Chris Naylor February 2012 \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/publications/long-term-condition-and-mental-health)

³⁰ [Build-back-fairer--Exec-summary.pdf \(health.org.uk\)](https://www.health.org.uk/publications/build-back-fairer-exec-summary.pdf)

³¹ Ibid

From local studies achieved so far, we know that the pandemic has impacted on all aspects of life which will have both increased the prevalence of poor mental health in our local children, young people and young adult population as well as hindered access to support. We are also aware and are monitoring the disproportionate impacts of the COVID pandemic and lockdowns over a range of socio-economic factors such as access to employment and education.

As such, we are expecting to see a sustained increase in need and demand locally over the next few years. We are seeing the early signs of this need presenting in the system – however the full-scale won't be realised until we are into COVID medium term recovery.

What children, young people and young adults locally have told us

Over the last couple of years, as an EWMH partnership, we have continued to engage regularly with local children, young people and young adults and their parents/carers to better understand what they want and need to effectively support their EWMH. The overall findings from this engagement are set out in Appendix 1, along with the details of the studies and a summary of the key headlines identified across the studies is set out below.

Mental health needs

- Children and young people stressed the impact of the pandemic on their mental health, particularly in rising levels of anxiety³²
- Exams and doing well in school were identified as the main source of worry for young people. Other sources of concern included body image, friendships and relationships and family life which were also raised³³

Support

- Children and young people are not accessing the support they need, with a lack of knowledge about mental health and support services found as the most common reason for this³⁴
- Most young people (2/3 of respondents in a local study) said that they would go to friends or family for support with their mental health, but few had heard about sources of available support from friends or family hinting at gap in understanding³⁵
- The need for holistic support that focuses on the individual and is embedded in wider support was also stressed by children and young people. A key example of this is support with employment, education and wider personal development
- It is important for children and young people to feel listened to and empowered when accessing support services and that strong relationships are built with professionals

³²[Bridging-the-gap-young-peoples-experiences-of-mental-health.pdf \(healthwatchcwl.co.uk\)](#)

³³[YWF_Our-City-Our-Future_2020_21.pdf \(youngwestminster.com\)](#)

³⁴[Introduction \(rbkc.gov.uk\)](#)

³⁵[Bridging-the-gap-young-peoples-experiences-of-mental-health.pdf \(healthwatchcwl.co.uk\)](#)

- Emotional wellbeing support provided to care leavers is valued and should be expanded where possible

Overall Analysis of Gaps

We have listened carefully to what residents and partners are telling us and have looked at the available local and national data. We have identified the following areas across the Bi-Borough where there is local need and have set out below how we plan on tackling this:

Gap	Progress
A significant need and gap locally is for a better offer of support for young adults aged 16-25 . We know that the prevalence of poor mental health is highest in this age range ³⁶ and yet there is very little appropriate support available – and the large majority of young adults impacted don't receive the support they need	A new model of mental healthcare has now been designed for young adults, aged 16-25 years, living in North West London (NWL) as part of our implementation of the NHS long-term plan.
Not all children and young people access emotional wellbeing and mental health provision in school settings, and there should be support services available in youth settings where young people feel more comfortable accessing support	We are piloting additional support across both boroughs to embed therapeutic support in youth provision . This will be similar to that of the MHST model within schools, to compliment the various youth programmes operate, and training programmes that run for youth workers.
The impact that the Pandemic is currently having on the mental health of our local education workforce . This is an area where the need for further support has been consistently requested during the Pandemic, with common themes emerging from school staff drop-in's around, isolation, lack of sense of belonging (especially newly qualified teachers), loneliness, low mood and anxiety for school staff.	We are piloting specialist therapeutic support for education staff in schools, so they can access emotional wellbeing and mental health provision and be well in themselves to
Implementing post diagnostic support for parents of children or young people who have had a diagnosis of learning disabilities	New parent counselling support service is available in both RBKC and WCC for parents of children or young people with SEND


³⁶Young people aged 18-25 have the highest prevalence rate at 18.4 % (NHSE, NHS digital) not taking into account the increased incidence caused by COVID and accompanying economic slowdown



who are distressed or confused about what to do.	
To reduce the ASD diagnostic wait time and ensure there is appropriate pre-diagnostic support.	We have a range of active wait support in place, including the LA's new 0-5 Short Breaks service. To support ASD diagnosis wait times an additional NHS funded provider has been appointed to provide additional diagnosis capacity. Assessments via this new service will begin in September 2022
Eating disorders (ED) , since COVID have nationally increased by 70% and locally we have seen a 30% increase in referrals of CYP with disorders. The risk is that we are not meeting this demand due to the capacity of these services	<p>Currently recruiting qualified staff to meet this demand and to reduce waiting times to manage the large increase in referrals.</p> <p>Development of an ED intensive community treatment model pathway to provide more intensive community treatment. This will be via Provider Collaborations and delivered by both Trusts. The service will offer a holistic approach and will work with highly complex young people at risk of admission or who need additional support to facilitate step down and prevent relapse.</p> <p>Increased capacity into CAMHS ED to support rises in demand and ensure waiting time targets continue to be met.</p>


Our Joint Strategic Priorities

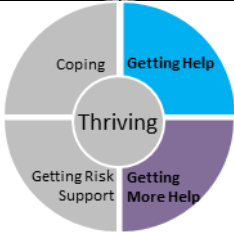

We have listened carefully to children, young people, young adults, their families, and professionals working in the partnership in developing these Joint Strategy Priorities. These priorities set out how we intend to support children and young people across the Bi-Borough to achieve good mental health and access excellent services where needed. Locally the Place-based Partnership has agreed Whole System Mental Health and Wellbeing as a Children and Young People overarching priority. We have also looked carefully at local and national drivers in this fast-changing area of policy.

The below priorities give us a shared local partnership wide focus for the next two years.

Joint Strategic Priority	Thrive category	Need and rationale	Summary description	What this will look like in practice
Our early intervention offer		<p>A significant proportion of MH disorders in adults have a root cause in early attachment problems</p> <p>10-15% of CYP nationally estimated to have a low-moderate mental health need which is largely unmet</p> <p>Many CYP Mental Health needs become more severe complex and enduring without timely treatment and support</p> <p>50% of adult mental health problems established before age 14</p> <p>75% of adult mental health problems established before age 25</p> <p>The Government economic case for early intervention measures in the Green Paper suggests a 500% net return from early intervention spend</p> <p>The COVID-19 pandemic is currently having a detrimental impact on the EWMH of CYP, with estimates of an increase in need of up to 50%</p>	<p>Our 0-5 offer – The development of our 0-5 service offering for parents and children</p> <p>Our whole school approach – The delivery of a high-quality whole school approach to EWMH – which is well designed, understood, delivered, and accessed</p> <p>and:</p> <p>Our wider community offer – The delivery of an enhanced community-based offer (in addition to our school-based support) including that delivered through provision based in GPs, Early Help services, youth provision etc.</p>	<p>A universal offer of support to parents and children to address attachment for 0-5 year olds including health visiting input and family hubs.</p> <p>Continuing to roll out the MHST programme in schools and supporting schools who are not part of this programme to deliver an enhanced whole school approach to EWMH</p> <p>An increased understanding and improved approach to school staff EWMH</p> <p>Continuing the roll out of MHFA training for settings working with CYP.</p> <p>The development of a MH awareness raising digital offer for young people</p> <p>Increased CAMHS provision based in WCC Family Hubs</p> <p>Better understanding of the support needs of parents and siblings who are supporting young people with poor mental health and of young carers</p> <p>Further promotion of KOOTH in schools and colleges and a renewed focus on year 6 pupils and GPs</p> <p>Improved overall communication and promotion of the available EWMH offer – including</p>

				<p>through the Local Offer website</p> <p>Implementing additional mental health support for teachers in RBKC and embedding further mental health support in Youth Clubs.</p>
<p>Support focused specifically on the EWMH needs of those affected by the Grenfell Tragedy (RBKC)</p>		<p>The Tragedy has and will continue to have a significant impact on the EWMH of those affected by it</p>	<p>Effective support for children and young people impacted by the Grenfell Tragedy, delivered through the NHS and voluntary sector providers</p>	<p>Continue to strengthen alignment between the LA and NHS funded EWMH offer</p> <p>Share the learning around culturally appropriate/accessible EWMH services more widely</p> <p>Plan effectively for the medium to long term EWMH impacts of trauma</p>
<p>Our 16-25 year old offer</p>		<p>Whilst there is some provision via KOOTH there remains a treatment gap for 18-25 year olds with MH needs who are no longer eligible for CAMHS but are ineligible for AMHS</p> <p>The majority of CYP with a mental health need will not have previously accessed treatment</p> <p>The 16-25 cohort present in crisis more than any other age group</p>	<p>Effective provision for 16-25 year olds – A focus on more effective transitions from Children's to Adult's MH services and access to adult services for those who currently have a MH need, as well as considering how we can provide additional EWMH support for young adults aged 16-25.</p> <p>During 2021-22, there has been a NWL whole systems approach redesigning the MH services for 16-25 year olds. As part of this each local area ICP has a specific work stream to develop the local offer for 16-25s</p>	<p>Development of support specifically for 16-25 year olds.</p> <p>Integrated mental health support in youth clubs and services in RBKC and WCC to encourage access to services and wider support such as employment support in RBKC.</p> <p>Ensure that clear transition expectations and pathways are built into all relevant service models and specifications</p> <p>Better understand how effective our current approach to transition is and develop options for an enhanced 16-25 years old EWMH offer</p> <p>Continue to support 14-25 ASD/LD with MH problems with Mencap transition workers in WCC and RBKC.</p>

				The Place Based Partnership mental health 16-25 new model is now in place and in September 2022 the implementation of Triage multi-agency meetings will begin.
Our more vulnerable groups offer		Vulnerable groups (e.g. SEND, looked after children/care leavers (including UASC), YOT, Aps, gangs, SYV, sexual exploitation, substance misuse, NEETs) are all more likely to suffer from poor mental health than the rest of the population. Looked after children are likely to be placed out of borough and accessing the CAMHS provision in that area	<p>Improve the efficiency, effectiveness, and accessibility of EWMH services for vulnerable children and young people within existing budgets.</p> <p>There are new keyworkers for the ASD MH population in the local boroughs.</p>	<p>Update our service specifications and performance monitoring for our LA funded services to accurately review delivery models</p> <p>Identifying and implementing lessons learnt in relation to the different delivery models in both boroughs e.g. embedded clinicians in LAC team in WCC and not in RBKC.</p> <p>An effective interface between the Systemic approach delivered by Family Services in both boroughs and CAMHS</p> <p>Ensure effective EWMH input and focus on CYP at risk of exclusion through attendance panels and collaborations</p> <p>Ensure that the EWMH support in place for those at risk of or affected by Serious Youth Violence is aligned and effectively responding to developing need</p> <p>Ensuring that the ASD key workers are joined up with the transition workers once in post and other EWMH services.</p> <p>Continuing the pilot in WCC for Looked after Children CAMHS team to also</p>

				support Care leavers and ensure that their needs are met.
Increasing our productivity and reducing our waiting times in our existing CAMHS services		Nationally, only 1 in 3 CYP with a mental health illness receives CAMHS treatment	Increase the existing CAMHS workforce across the system to support children and young people to get better access and more rapid treatment.	<p>More CYP receiving treatment for their MH illnesses and doing so more rapidly. We want to see a sustained movement towards 4 week waits for all CYPMH services and significant progress towards ensuring parity of treatment for CYP with MH needs</p> <p>Develop plans for improvement on waits for treatment including the Choice and Partnership Approach (CAPA) to enhance the effectiveness of services and to strengthen early interventions</p>
Our crisis support offer		A proportion of CYP will need urgent and effective crisis support	Moving from crisis support in acute settings to home based treatment.	<p>Planning with CNWL about further enhancing crisis support offer</p> <p>The 24/7 crisis line went live in early 2021.</p>

Progress on Priorities

We are on an ongoing journey of improvement with our EWMH offer. We have worked closely with partners to strengthen our local EWMH offer and continue to adapt and develop it to meet changing presenting needs, particularly in response to the COVID pandemic and the ongoing recovery. Appendix 3 also includes wider contextual changes in the EWMH sector locally.

We have made considerable progress in delivering against our Joint Strategic Priorities, which is described in greater detail in Appendix 2. Some progress highlights since the

publication of the previous Joint NHS and Bi-Borough Children and Young People's EWMH Plan are below.

Support in Schools	Mental Health Support teams are now based in 20 RBKC and 43 WCC schools and there is an enhanced offer of support for non-MHST schools such as Be Kind to Your Mind also delivered by MIND.
Training offer	We have also continued to develop the training for professionals working with children and young people; for example, 390 professionals in RBKC and 420 in WCC have now attended training about integrating Trauma informed practice approach.
Support in youth hubs	There are now Mental Health Workers in Youth Hubs in place in both boroughs, which will allow children and young people to access support in an environment that they feel comfortable in.
Improved communication and risk support	Improved communication of mental health awareness and support through enhancing the digital offer, with a new CAMHS website and support pages for CYP. The new 24/7 crisis support line for all CYP across North-West London has also been launched to support children and young people to access help.
Grenfell recovery	New Grenfell Recovery Fund funded 6 new EWMH projects after a large-scale consultation process in 2021, which will continue support for children and young people in the North Kensington community
The 16-25 offer	During 2021-22, there has been a NWL whole systems approach redesigning the MH services for 16-25 year olds. As part of this each local area ICP has a specific work stream to develop the local offer for 16-25s
Access to services	With the CAMHS transformation funding received in 2021-22 and expected recurrently year on year, there has been a focus on the NHS Long Term plan target to increase CAMHS access by 35%. With the development of KOOTH, additional posts throughout CAMHS services, mental health support teams in schools and child wellbeing practitioners, it is likely that this target will be met.

Our EWMH offer

The core offer of Emotional Wellbeing and Mental Health Services across the Bi-Borough is funded through the LA and NHS Commissioning CAMHS budgets. Our offer follows the Thrive model as reflected in our priorities and services are therefore grouped into the following categories: prevention and early intervention, specialist CAMHS services, crisis and risk management and an enhanced offer of support for more vulnerable groups.

Our overall offer of support for EWMH spans across different services/organisations, Thrive categories and age. The below section sets this out firstly in terms of the specific services funded through the LA and NHS Commissioning CAMHS budgets. The following section then sets out what the wider partnership offer looks like and Appendix 4 provides a snapshot of the reach of the core EWMH offer.

Our core emotional wellbeing and CAMHS offer comprises of the following services:

Prevention and early intervention services focused on low to moderate need

KOOTH online counselling service – Is our digital early intervention and prevention service across both boroughs. It is free to all children and young people (aged 11-25), is anonymous and is available until 10pm every day. The service provides resources for self-help, peer-to-peer support and one-on-one online counselling for those with mild to moderate mental health needs.

Mental Health Support Teams in schools – Are operating across both boroughs providing support for mild to moderate mental health needs in schools and colleges. The support takes the form of one-on-one and group work with low intensity predominantly CBT based interventions for low mood, anxiety and self-harm. The teams also support pupil's resilience including with academic pressure and self-confidence. The teams include family support workers to support parents and family therapists to support families with more complex needs.

Parental Peer Support- CAMHS runs an extensive support programme for parents and carers via Demetra Brege available to all 5 CNWL boroughs. This includes weekly online information and support groups and special workshops that have a specialised angle such as Motivational interviewing skills for parents and carers.

Specialist CAMHS services focused on severe and complex need

Specialist CAMHS – NHS health services for children and young people up to the age of 18 with complex health difficulties depending on their needs, this includes more intensive support around crisis intervention and risk management work. Treatment may include cognitive behavioural therapy (CBT), family therapy, arts therapies, individual and group psychotherapy, behavioural support and medication where appropriate. CAMHS also provide consultations to other professionals, such as teachers, youth workers, social workers and other health professionals.

Crisis and risk management support for children and young people

Community Eating Disorders Service – This service is delivered by CNWL NHS Trust and it offers help and support to children and young people with a suspected or confirmed eating disorder diagnosis. This includes a range of crisis intervention and risk management work and the service is also trialling a community treatment model, which is being introduced to increase support for those at the risk of admission/need step down support.

All-age Urgent Advice Line- A 24/7 advice line ran by CNWL is now live (0800 023 465), which is now available for all those under the age of 18 to get advice and be signposted to

the most appropriate support, including the CAMHS out of hours/urgent care teams and local or online resources.

Be Kind to your Mind and Learnwell Programmes – Delivered by MIND locally and funded by the NHS. These programmes work in the non MHST schools to offer group and individual therapies to children and young people in both boroughs.

An enhanced offer for our more vulnerable groups

We know that our more vulnerable groups of children and young people are statistically more likely to suffer from poor mental health. To effectively support the EWMH needs of these children and young people we have an enhanced offer in place for them. This includes, but is not limited to; having dedicated CAMHS professionals based in Alternative Provision, Youth Offending Teams and the Integrated Gangs Unit, which links to the Bi-Borough Drugs strategy, which is a whole system response to reduce the harm caused by drugs. There is also a dedicated team focused on looked after children/care leavers (including UASC) in Westminster and a CAMHS Psychologist working with looked after children in RBKC, to make sure that children and young people are supported throughout the system and their SEMH needs are met.

We also commission therapeutic support for CYP victims of domestic abuse in both boroughs, alongside the Bi-Borough Domestic Abuse Prevention in Schools Programme, which includes training and capacity building support for all staff to improve their knowledge and delivering lessons. This ties in with our wider Violence Against Women and Girls Strategy 2021-26, which outlines our commitment to preventing violence against women and girls, Supporting survivors, working in partnership and that abusers are held to account³⁷.

Services across the Bi-Borough

We know that EWMH is influenced by so many factors and impacts in so many areas, it doesn't abide by or align with service or organisational boundaries. As such the support available across our boroughs being delivered in services and organisations beyond those directly funded by the LA and NHS commissioning CAMHS budgets is crucial to us delivering our ambition of all children and young people in our boroughs having good EWMH. This is a real strength of our current offer and particularly improves our local prevention and promotion services. Below are some examples of these services:

³⁷ [Violence against Women Girls \(VAWG\) Strategy \(1\).pdf](#)

- The **Education Psychology Service** is based in all of the state funded nurseries and schools across the Bi-Borough to offer support, interventions and training for individuals and groups
- Supporting the Social, Emotional and Mental Health needs of children and young people with Special Educational Needs, through various **early intervention services** to schools commissioned by NWL Integrated Care Board
- **Child Welfare Practitioners (CWPs)**, who provide evidence-based interventions to support young people with mild-moderate anxiety, low mood and/or behavioural difficulties.
- Dedicated **transition workers** support young people aged 14-25 who have a learning disability, or/and ASD with additional mental health needs.
- The **Bi-Borough School Health Service** includes a dedicated Registered Mental Health Nurse providing specialist advice, training and lesson plans
- The **Change4Life Programme** promotes the physical and mental health and wellbeing of children and families through a whole system approach
- Programmes to encourage physical activity and emotional wellbeing include the **Healthy streets approach and Active for life programmes** in both boroughs
- **Pre-Birth to 5 Pathway** support to ensure healthy relationships and attachments for parents and young children, which has proven long-term emotional wellbeing impacts
- **Young People's Health and Wellbeing Service (YPHWS)** provides wrap around wellbeing support with a primary focus on drug and alcohol misuse and smoking cessation
- **West London Zone (WLZ)** operates in selected schools to provide direct support for those who are having difficulties at school
- The **Early Help** Service offers a wide range of targeted and universal services to across both boroughs provide early intervention and prevention support for EWMH in families
- **Young Westminster Foundation and Young Kensington and Chelsea** coordinates youth services and delivers programmes with partners to provide events and programmes to support the EWMH of groups and individuals

Further detail on the EWMH embedded across our partnership is set out in Appendix 5.

We are committed to reviewing and updating this plan to ensure that we are remaining proactive and forward-thinking in delivering our vision. We will continue to work with partners, stakeholders, parents and children and young people to ensure that current and future needs are met.

Appendices

Appendix 1 - Summaries of local engagement with children and young people

Survey of young people aged 16-25 in Kensington & Chelsea and Westminster

A consultation was carried out to identify the key needs of young people and young adults which encompassed the need for mental health support for 16-25 year olds along with other interdependent provision; such as employment, education and training opportunities and services which enable personal development. The survey revealed that most young people/young adults (43%) were not accessing the support they need. The consultation found that a lack of knowledge about mental health and support services was the most common reason for young people not accessing help. Most respondents (28%) wanted future provision to include support with their personal development. This includes practical advice and approaches for self-improvement and self-empowerment and in return being able to achieve the benefits on mental and physical health.

CNWL's 16-25 Young Adult Mental Health Engagement

This work led by CNWL obtained feedback from young adults and partner organisations and identified the following themes in relation to what an 16-25 EWMH offer should consider: Focused on individual's needs; whole person, holistic approach; relationships with professional is key; informal peer support; accessibility for all and communication; "help before you are desperate for help"; ethnic differences; and family support. The young adults felt that a new model should include trauma-informed care; 24/7 call-in service and regular check ins; more support in the community/early prevention; a 'place to go' e.g. Young people's mental health hub; long term therapy, such as psychotherapy, not just CBT; and access to specific services (e.g. group therapy, counselling, self-harm support, LGBTQ+).

Young Healthwatch mental health survey of young people³⁸

This work captured how local young people think about their mental health, what causes them stress, their knowledge of local and national support, and the impact of COVID-19 on their wellbeing. These responses were used to help map where young people need more information and support. 88% of respondents said that Covid-19 has had an impact on their mental health. Exams, body image and school were the three most stressful facets in life for respondents. There was a significant disparity between where young people would go for support and where they are hearing about support from. 2/3 of respondents said they would go to family for help and support with their mental health and the same number would turn to friends. This was significantly higher than any other potential sources of support e.g. a member of school staff or a GP. However, less than 5% of CYP had heard about sources of available support from friends or family. Respondents overwhelmingly

³⁸[Bridging-the-gap-young-peoples-experiences-of-mental-health.pdf \(healthwatchcwl.co.uk\)](https://www.healthwatchcwl.co.uk/bridging-the-gap-young-peoples-experiences-of-mental-health.pdf)

(82%) reported that they felt they could find mental health support if they needed it. 78% of young people believe there has been enough information on mental health support during the crisis, but the way in which this information is disseminated has been called into question.

Young Westminster Foundation ‘Our City Our Future’ needs analysis³⁹

This needs analysis covered the issues and experiences of young people growing up in Westminster over the past year. It captured insights into the areas of life that matter most to young people, with mental health and wellbeing being an emerging focus. 3 in 5 young people felt mental health issues were common amongst their peers. Just under 50% felt it would be difficult to access professional mental health support. Young people most frequently identified doing well at school and in exams (79%) as their main worry. Other factors identified as worries by over 50% of young people included ‘looks or body image’ (71%), ‘friendships or missing out on socialising’ (69%), ‘getting a job or having a successful career’ (60%), ‘money’ (56%) and ‘family life’ (50%).

Kensington and Chelsea ‘Your Voice Survey’⁴⁰

In 2021, the Youth Council undertook extensive consultation with around 200 young people in Kensington and Chelsea to understand how young residents felt about the future, current needs and the impact of the Covid-19 pandemic. The consultation found that 43% of respondents indicated they strongly agree that they “know what good mental health is” and revealed that 1/3 (32%) of respondents “know where to get support for their mental health”. The RBKC Youth Council concluded that “positive results show mental health is well supported across the borough, but continued support is a key need for young people’s future development”.

Westminster Family Services consultation with care leavers about EWMH

This work was undertaken with Care Leavers in Westminster to understand their EWMH experiences and needs. They shared that they really value the EWMH support they receive from their social workers and personal advisors but there was a clear ask for more therapeutic support for care leavers, and for it to be accessible in a variety of different ways e.g. face-to-face 1:1 support, telephone, text, drop ins.

Grenfell Children and Young People’s Emotional Health and Wellbeing Services stakeholder consultation

This consultation was carried out to inform the commissioning, delivery and evaluation of local authority funded EWMH support for North Kensington’s children and young people. Feedback from children and young people about what the children and young people found most helpful about the support they accessed focused on: The importance of services that

³⁹[YWF Our-City-Our-Future 2020 21.pdf \(youngwestminster.com\)](#)

⁴⁰[Introduction \(rbkc.gov.uk\)](#)

build their self-esteem, provided stability during turbulent times, and had given them a voice and sense of community when they didn't feel heard; participants valued the range and relevance of EHW activities on offer; engagement in creativity for improving mood and building social skills; the importance of trusting relationships between participants and staff being key to children and young people feeling they could ask for help and advice; and services were valued for offering positive role models and as a good distraction. Feedback on what should be included in a future offer focused on: Stability, choice-based methods of delivery; services remaining available outside of school; and support being delivered in one convenient location.

Appendix 2 - Development of services since 2019

Joint Strategic Priority	Progress Made since April 2019
Our Early Intervention Offer	<p>The CAMHS 0-5 years attachment service has continued to operate successfully in children's centres across both boroughs. This service offers specialist treatment and consultation to improve the wellbeing of children under 5 years; through offering advice, signposting, parent-child sessions to name a few.</p> <p>Worked with partners to secure DfE funding to further imbed the Trauma informed practice approach in both boroughs. Trained large numbers of professionals locally (390 in RBKC and 420 in WCC)</p> <p>Mental Health Support Teams are delivering a wide range of successful support in 20 WL and 43 CL schools</p> <p>Have funded an enhanced offer of support for non-MHST schools which has been generally well utilised. This has included but is not limited to the Schools Suicide and Self harm Awareness and Prevention Work in schools and universities, including training for teachers and communities.</p> <p>We have a much better understanding the EWMH needs of education staff and the negative impact that the Pandemic has had on their MH and we are piloting additional specialist support for them.</p> <p>Between April 2017 and June 2021, a total of 348 professionals across the Bi-borough have been trained in YMHFA.</p> <p>Our WL MHST have just launched a Youth Mental Health Ambassador programme at one of their settings.</p> <p>A Youth Hub Mental Health Worker pilot is in place in Westminster and RBKC and we are supporting the development of a whole Youth Hub approach to EWMH.</p>

	<p>The Change4life programme promoting healthier lifestyles acknowledging the correlation between physical and mental wellbeing.</p> <p>There are a range of local, fun and accessible physical activity services led by Active Westminster and Active for Life across the Bi-Borough. This 12 week scheme encourages CYP who may struggle with their mental health or with adopting a healthy routine to do regular exercise.</p> <p>2 Kids Time programmes are running in Westminster (focused on poor parental MH and the impact on CYP)</p> <p>Our MHSTs are offering a greater level of information and support for parents and carers</p> <p>We have continued to promote this offer widely to children and young people and parents. Have developed a QR code, are trialling the roll out of MH keyrings in WCC schools and have distributed thousands of leaflets and posters to schools, relevant council departments and local partners.</p> <p>The digital offer has been expanded to increase understanding and access to support. This has included virtual appointments, signposting services such as KOOTH, Healios and BEAT and the new CAMHS website that was launched on the 1st Jan 2021. The aim is to provide digital appointments for patients to support reducing backlogs in CAMHS and ED services.</p>
Support focused specifically on the EWMH needs of those affected by the Grenfell Tragedy	<p>Large scale consultation process conducted in 2021, which has informed the next stages of the Grenfell tragedy recovery. The learning of which has been shared publicly on LA website.</p> <p>The New Grenfell Recovery Fund was launched and has funded 6 successful new projects aimed at supporting the wellbeing of children and young people impacted by the tragedy.</p>
Our 16-25 year old offer	<p>A new model of mental healthcare has now been designed for young adults, aged 16-25 years, living in North West London (NWL) as part of our implementation of the NHS long-term plan. Young adults have taken a key role in developing this model along with staff from NHS, local voluntary, community and social enterprise organisations, education and local authority who attended a series of participatory workshops between May and September'21 to design a new offer to better meet the mental health and wellbeing needs of young adults in NWL.</p> <p>The Young Adults Mental Health Programme governance has been established in CNWL from May 2021, which oversees the design and development of the new model of care.</p>

<p>Our more vulnerable groups offer</p>	<p>We continue to review these. We have put in place therapeutic support for CYP who have been impacted by domestic abuse in both boroughs and have outlined our commitment to supporting survivors in the Violence Against Women and Girls Strategy 2021-26.</p> <p>A new model is being developed for the 5-11year olds with MLD, Autism and/or mental health and their families. This service will sit in the Short breaks team and will be aimed at early intervention. Work is underway to align this model with existing CAMHS pathways and support. The model will be supervised by all the staff in the Educational Psychology team in the Bi-Borough. This is a pilot and will be implemented early in 2022.</p> <p>Youth mental health workers from MIND are embedded in youth hubs in RBKC and WCC to enable young people to access mental health support in an environment that they feel comfortable accessing it.</p> <p>Systemic Clinicians inputted into the development of our pilot to expand the WCC LAC CAMHS Team to now also support Care Leavers</p> <p>As part of the CAMHS transformation plans for 2021-22 and future years, CAMHS services in youth offending teams have had a renewed focus. A submission to NHS England was received at the beginning of October 2021 for recurrent funding for CAMHS and liaison and diversion workers in YOS.</p> <p>A Trauma Informed approach is at the heart of our Inclusion Strategy and associated programme of work.</p>
<p>Increasing our productivity and reducing our waiting times in our existing CAMHS services</p>	<p>With the CAMHS transformation funding received in 2021-22 and expected recurrently year on year, there has been a focus on the NHS Long Term plan target to increase CAMHS access by 35%. With the development of KOOTH, additional posts throughout CAMHS services, mental health support teams in schools and child wellbeing practitioners, it is likely that this target will be met.</p> <p>The challenge going forward for CAMHS is to meet the anticipated new target of 4-weeks waiting times for all referrals. CNWL are testing out models now to assess readiness for this new national target.</p>
<p>Our crisis support offer</p>	<p>A 24/7 crisis support line for children and young people is now available across North West London including in the Bi-Borough. There is also the new Adolescent Community Treatment (ACT) team staffed by CNWL, which case holds children and young people in crisis to get them to the right support. This may include requesting a LAEP to plan the multi-agency approach to prevent children and young people needing an inpatient bed or residential placement.</p> <p>The measures to achieve more community-based crisis support includes specialised, bespoke packages of care and wrap-around support to enable young people to return home.</p>

Appendix 3 - Where we are now

The National Context

'Future in Mind' (2015)⁴¹, the Five year Forward View for Mental Health (2016)⁴², the Green Paper (2017)⁴³, the NHS Long Term Plan (2019)⁴⁴ and the associated NHS Mental Health Implementation Plan (2019)⁴⁵ set out the Government's ambition for a more radical and fast paced transformation of children and young people's EWMH services in England. Alongside these the Children and Families Act 2014 placed duties on local authorities, health bodies and other partner organisations to work together to deliver support and services to children and young people with SEN and disability to achieve person centred support leading to improved outcomes. This includes:

- A significant focus on improved and increased schools-based support
- A choice-based offer for patients
- An increased focus on early intervention and prevention (including increasing resilience)
- Making it easier for children and young people to seek help and support in non-stigmatised settings
- Putting the needs of children and young people (and the families that support them) at the heart of services they receive

The NHS Long Term Plan was even more ambitious than those that had gone before it, with the intention that meeting people's mental health needs will be treated as importantly as meeting their physical health needs (parity of esteem). This will be achieved through a range of measures including a ringfenced local investment fund worth £2.3bn a year by 2023/24, a comprehensive offer for children and young people which will reach across children and young people and adult services up to the age of 25 and aims to identify and treat mental ill health at the earliest possible point, and significantly more children and young people accessing timely and appropriate mental health care. Most ambitiously of all, the Long Term Plan (LTP) commits to ensuring that 100 per cent of children and young people who need specialist care are able to access it in the coming decade.

The NHS Mental Health Implementation Plan 2019/20 – 2023/24 sets out how local areas should be implementing the ambitions of the Long-Term Plan. It sets out the renewed commitment that mental health services will grow faster than the overall NHS budget with a ringfenced investment worth at least £2.3 billion a year for mental health services by

⁴¹https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

⁴²<https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

⁴³https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664855/Transforming_children_and_young_people_s_mental_health_provision.pdf

⁴⁴<https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan-june-2019.pdf>

⁴⁵[NHS Long Term Plan » NHS Mental Health Implementation Plan 2019/20 – 2023/24](#)

2023/24. Children and young people's mental health services will grow faster than both overall NHS funding and total mental health spending. By 2020/21, all Five Year Forward View for Mental Health (FYFVMH) ambitions will be met, forming the basis of further growth and transformation. The below table sets out the national FYFVMH and LTP planning and delivery requirements that local systems, including North West London, will lead and receive funding to deliver. Our NWL ICP is focused on achieving these ambitions.

The Local Context

The way that local health priorities are set, and services commissioned has changed.

- Building on strong borough-based partnerships, Local Authority and NHS Chief Executives in North West London (NWL) are working together to form an Integrated Care System made up of more than 30 NHS and local authority organisations to serve a population of 2.4 million people, making us the largest health and care partnership in the country
- In NWL, our Children and Young Peoples priorities are to focus on early years, tackle oral health and obesity, improve outcomes for children with long-term conditions (initially focusing on asthma), and proactively identify and meet complex needs
- The 8 North West London CCGs have merged into one, NWLCCG, and have re-organised teams to match, which is now called the Integrated Care Board. The NHS commissioning arrangements are based across the three boroughs for this Local Area (Kensington and Chelsea, Westminster, Hammersmith & Fulham).
- Locally the Placed Based Partnership has agreed three priorities for Children and Young People: Whole System Speech, Language and Communication Needs; Whole System Autism pathways and support; and Whole System Mental Health and Wellbeing

Appendix 4 - Our current EWMH service offer's reach and activity

The following table sets out a snapshot of the reach of the core EWMH services:

Service	RBKC	WCC
Kooth	55 new registrations 298 logins (as at Jan 2022)	117 new registrations 409 logins (as at Jan 2022)
Mental Health Support Teams	20 School setting (13 primary, 6 secondary, 1 PRU) 237 YP supported in 1:1 and targeted activity (2021/22 academic year)	33 school settings (26 Primary Schools; 6 secondary schools and 1PRU)

		735 YP supported in 1:1 and targeted activity (2021/22 academic year)
Mental Health Youth Workers	1 part time youth worker across 2 RBKC Youth Hubs	2 part time youth workers across 5 WCC Youth Hubs
Emotional Literacy Support Assistants	15 ELSA's per borough offered free to schools	15 ELSA's per borough offered free to schools
Bi-borough School Health Service	Universal service provided to 13,275 pupils in RBKC schools	Universal service provided to 22,023 pupils in WCC schools
West London Zone	8 school settings 236 children aged 5 – 16	4 school settings 145 children aged 5 – 16
CNWL CAMHS	<p>Total number of CYP aged 0-18 receiving 2 or more contacts in previous 12 months: 1088</p> <p>Total number of CYP that waited up to 4 weeks from referral to first contact in July 2022: 37</p> <p>Total number of CYP that waited more than 18 weeks from referral to first contact in July 2022: 5</p>	<p>Total number of CYP aged 0-18 receiving 2 or more contacts in previous 12 months: 799</p> <p>Total number of CYP that waited up to 4 weeks from referral to first contact in July 2022: 17</p> <p>Total number of CYP that waited more than 18 weeks from referral to first contact in July 2022: 4</p>

Appendix 5 – EWMH embedded in our wider partnership

We know that EWMH is influenced by so many factors and impacts in so many areas, it doesn't abide by or align with service or organisational boundaries. As such the support available across our boroughs being delivered in services and organisations beyond those directly funded by the LA and NHS Commissioning CAMHS budgets is crucial to us delivering our ambition of all children and young people in our boroughs having good EWMH. This is a real strength of our current offer and particularly improves our local prevention and promotion services. Examples include, but are not limited to:

Bi-Borough

Systemic Practice

Systemic practice is the framework within which all of our social care practitioners' practice. This systemic model centres on:

- Understanding relationships and how interactions can both foster problems and solve them when considering; the context in which they exist
- How they are co-created
- Their strengths and patterns
- Responses to problematic situations
- Understanding the best ways to intervene to generate lasting change in the life of families and children

The ways that relationships function in a family are fundamental to the happiness, wellbeing and safety of all family members, and this is especially important for children and young people's safety, development and growth.

Systemic approaches are flexible and evidence-based, enabling us to think about relationships within families and how these impact on the child. They also allow us to reflect on the relationships that we build with families and each other as professionals and our professional systems. This helps us as practitioners to use consultation and supervision to keep in mind the part we play in solving problems or reflecting on what we might need to do differently to effect change.

The Education Psychology Service

Educational and Child Psychologists (Eps) have expertise in educational systems, learning, and child development, including social-emotional (well-being/mental health) and behaviour needs. Educational Psychologists (Eps) use psychological theory and research to improve the learning and well-being/mental health of children and young people up to the age of 25 years. All the borough's state funded nurseries and schools have a dedicated link EP who is trained in emotional well-being/mental health, trauma, bereavement, loss and critical incidents.

The work of the borough's EPs includes:

- Individual pupil focused consultations, assessments, planning and reviews.
- Work around a whole class group of pupils or year group. This can include supporting and developing staff confidence and competence (discussion groups to talk about the challenges posed by working with a child or young person and exploring possible solutions together).
- Interventions with children and young people either individually or within groups such as:

- Cognitive Behavioural Therapy and Systemic Family Therapy Approaches, Solution Focused interviewing, Circle of Friends.
- Using the person-centred futures planning tool MAP (Making Action Plans) with school staff to facilitate a child, young person, family, team or organisation to think together around a given challenge or issue.
- Eps are trained in Video Interaction Guidance (VIG) and Video Enhanced Reflective Practice (VERP). Both are based on theories of attachment, enhancing attuned interactions and mediated learning. VIG is recommended as an evidence-based Intervention by Public Health England (2015) and NICE Guidelines (2015). With VIG, a practitioner and client (parent/carer/practitioner) reflect together on video clips of their own successful interactions with a child or young person. VERP is an approach to professional development based on the same principles as VIG but can be carried out with a small group of practitioners.
- Facilitating restorative group, class and 1:1 interventions including 'Tree of Life' and 'Cook and Talk – 'growing around grief' events for promoting calming, self-efficacy, connectedness as well as resiliency and hopefulness.
- Working with school staff and parents/carers to see 'learning' as being a core therapeutic intervention (can provide structure, boundaries, routine and a sense of success)
- Training and research. Examples of our well-being/mental health training offer to schools includes:
 - Whole school training for staff in relation to traumatic events, bereavement and loss.
 - Understanding attachment and resiliency theory and practice to improve relationships.
 - Running the Emotional Literacy Support Assistant (ELSA) accredited training programmes so teaching assistants can offer skilled support to individual pupils from a knowledge base.
 - Running parent/carer workshops on various topics relating to children's/young people's well-being/mental health such as the importance of sleep and play.
 - Mental Health First Aid trainer training.
 - Understanding, reflecting and planning around the challenges of inattention, lack of focus, concentration and impulsivity in the classroom.
 - Exploring and understanding Gender and the needs of LGBTQ children and young people in schools: Gender sensitive and neutral classrooms.
 - Exploring and understanding EBSA (Emotionally Based School Avoidance)
- Eps also provide support to the borough's nurseries and schools following a critical/traumatic incident. This work includes:
 - Providing information and guidance materials for Headteachers and Special Educational Needs Co-ordinators (SENcos) to support their conversations with the school and its community.

- Supporting the Senior Management Team to think strategically about the wider impact and ongoing impact and who might be most vulnerable.
 - Developing and providing our own resources for school staff, parents/carers and children/young people – particularly in areas where there are few published resources.
- The EPCS has an up-to-date Critical Incident Policy 'Critical Incident Support for Bi-borough Schools 2020' which is available on our Services2Schools Webpage.

Social, Emotional and Mental Health (SEMH) needs of children with SEND

The NHS commission a specialist CAMHS under-5s service, which is focussed on attachment, runs from two children's centres in each borough: Cheyne and Holmfield House in RBKC, and the Portman Early Childhood Centre and Bessborough Family Hub in Westminster. The service uses Video Interaction Guidance interventions which NICE considers to have strong evidence of efficacy. Due to its effective outcomes and consistent high parent, carer and professional satisfaction ratings this service has been agreed to be expanded to other boroughs in North West London (Brent, Harrow and Hillingdon).

The NHS Integrated Care Board has commissioned a range of early intervention services in schools as part of a redesign of the system over the last three years. This includes:

- Westminster Special Schools Outreach team to deliver training and conferences to support children with neurodevelopmental disorders including:
 - Supporting the emotional wellbeing of children and young people with sensory loss (during transition)
 - Providing 'Mind Up', a mindful awareness programme for schools
 - Supporting emotional engagement of children and young people with profound and multiple learning disabilities (PMLD) and ASD through creative arts
 - A SEND conference on neurodiversity and emotional wellbeing

Community CAMHS have been successful in attracting Child Welfare Practitioners (CWPs), who provide evidence-based interventions to support young people with mild-moderate anxiety, low mood and/or behavioural difficulties. This service is an important step in providing a graduated and preventative SEMH offer for children and young people in the boroughs.

Dedicated transition workers support young people aged 14-25 who have a learning disability, or/and ASD with additional mental health needs. These posts are currently vacant and need NHS governance approval to proceed to recruitment. It is likely these posts will sit with a third sector provider but with supervision lines to the mental health trust, and consultation/team working with the local authorities.

The School Health Service

The Bi-Borough School Health Service includes a dedicated Registered Mental Health Nurse who is focussed specifically on emotional health and wellbeing of school children and young people attending RBKC and Westminster grant maintained, academies and free schools and grant maintained alternative provision. The nurse provides specialist advice and supervision to school nurses on individual cases linked to CYP with EWMH, consultations with school staff on an ad hoc basis, Emotional Health and Wellbeing health promotion including Mental Health awareness to CYP and School Nurses. The nurse also does training aligned with school training needs, and some direct individual and group work with children and young people.

All School Nurses are trained in Tier 1 mental health interventions, provide dedicated support for each school and referral to CAMHS and other appropriate support services where needed. The service also helps to design and deliver Personal Health Social and Economic (PHSE) Education sessions, working in partnership with a number of other services and agencies, for example the Healthy Schools Partnership and contributes more broadly to whole-school approaches supporting emotional resilience, such as the local Mentally Healthy School Teams (MHST) initiatives and the Healthy Child Programme (5-19).

The Change4Life Programme and Service

This programme aims to promote the physical and mental health and wellbeing of children and families across the Bi-Borough, aligned to the national Change4Life campaign led by Office for Health Improvements and Disparities (OHID).

The Change4Life Programme is a whole-system approach to tackle childhood obesity based on three strands: community, healthier environment and healthy weight and wellbeing support service. This evidence-led service supports children and families to adopt positive changes in their everyday lives, through offering clubs, interactive sessions and one-to-one coaching schemes that offer a 6-12week personalised plan to help those who require additional support.

Climate Change – City for All, Greener and Cleaner Agenda

The Healthy Streets Approach seeks to improve air quality, reduce congestion and help make London's diverse communities greener, healthier and more attractive places to live, work, play and do business. Healthy Streets put people and their health at the centre of our decision making, helping everyone to use cars less and to walk, cycle and use public transport more. The aim is to make active travel safer, more accessible, and more inclusive, and to highlight the impact of outside space on EWMH.

Physical Activity

Physical activity is fundamental in promoting good emotional wellbeing. There are a range of local fun and accessible physical activity services led by Active Westminster and Active for Life across the Bi-Borough. There is a Physical Activity Referral Scheme (PARS) is delivered by everyone active. This a 12-week scheme designed to gently ease participants into physical activity. This aims to increase participants activity levels and knowledge of physical and mental wellbeing and benefits of physical activity through one-to-one support supervised

activity sessions and group exercise ore swimming. Residents with a mental health condition are eligible to access this service and are encouraged to do so. The role of sports participation in the community is stressed to also combat loneliness and give the opportunity for social connection.

Pre-Birth to 5 Pathway Redesign

Work is underway to establish a coherent pathway from pre-birth to five which develops a graduated offer in accordance with the profile of need. The project explores innovative and evidence-based approaches to meeting need that draws on insights from system leads, practitioners and service users and commissioners. This will include a focus on targeted support including an EWMH offer for this cohort of children, as well as maternal mental health support.

There is recognition that experience and development in early years (the first 1000 days) are crucial to long-term outcomes in later life, including mental and emotional wellbeing. The pandemic has had a significant impact on the early years' environment that babies and young children are growing up in. The attachment bond between a child and their primary caregiver has a long-term impact on a child's sense of self, development growth and future relationships with others. Where children have a secure attachment, it is an important preventative factor for their mental health, while insecure attachments can be a risk factor for the development of emotional and behaviour problems. Public Health commission a variety of evidence-based services to support children and families during this period such as Family Hubs and Health visiting across both boroughs.

The redesign will bring together our health visiting and early help services to jointly deliver services for families with children under five. A key part of this will involve introducing a new targeted offer for parents with additional vulnerabilities as part of the 0-19 targeted early help teams. A multi-disciplinary workforce will provide intensive support to families over a 12-month period. The delivery model will include:

- A single pathway and multi-disciplinary workforce for under 5s targeted work with a shared assessment for vulnerability.
- A trauma-informed, relational, whole family practice model.
- 21 face-to-face home visits and/or remote visits over a 12-month period.
- One practitioner with ownership over the whole family's needs, working with different specialists as necessary.
- A focus on attachment and rebuilding the relationship between a child and their caregivers where is has been fractured.

The focus on intensive support at an early age is aimed at supporting the long-term emotional wellbeing of children, as well as parental mental health during a potentially vulnerable period. The core offer is also supported by commissioned services such as Maternity Champions who work closely with midwives, health visitors and children's centre staff to ensure that new parents and children find the right support early on.

Young People's Health and Wellbeing Service

The Young People's Health and Wellbeing Service (YPHWS), delivered by Human Kind under the service name of Insight.

The Insight service is fully integrated for Young People's (YP) health and wellbeing within Kensington and Chelsea and Westminster. Insight provides wrap around support with a primary focus on drug and alcohol misuse and smoking cessation, but it also includes sexual health, coercive control and emotional and mental wellbeing support. Insight provides confidential support to YP offering advice and information alongside a range of proactive, diversionary and preventative forms of drug, alcohol and smoking interventions, targeting YP who are identified as being vulnerable and most at risk of engaging in risky behaviour. Insight works directly with children, teenagers, and young transitional adults between the ages of 13 to 25, and where appropriate their families' carer and professionals. The service seeks to enable YP to divert and stop their practice before substance use becomes addictive, heavy, and ingrained, to move away from criminal activities and to take personal responsibility in moving forward with their lives in a more positive manner.

The YPHWS service has establish clear referral pathways into services such as Child and Adolescent Mental Health Services, access to community mental health teams, Dual Diagnosis, School Nursing leads, Children's Services, Youth Offending Teams, and the Integrated Gangs and Exploitation Unit. The service is flexible and robust, providing a single point of access focused on the young person's needs, with referrals made to these services followed up and where necessary jointly worked, ensuring each young person has been seen or the necessary action has been taken.

West London Zone

West London Zone (WLZ) operates in selected schools across both RBKC and WCC. It provides early intervention services for primary and secondary school aged children within a targeted area in West London. The WLZ programme provides direct support for children and young people who are having difficulties at school in a number of key educational domains i.e. literacy, maths or, displaying behavioural problems leading to exclusions, warnings etc. The programme offers therapeutic and practical support to improve educational attainment, mental health, attendance and behaviour.

In Westminster

Early Help

Emotional Wellbeing and Mental Health is a key priority for the Early Help System in Westminster. This is articulated in the Early Help Strategy, 2019-2022, From Surviving to

Thriving, it starts with us. The Strategy recognises that our practitioners are the intervention and the behaviours they exhibit will facilitate the change for families.

The Strategy is underpinned by a relational and trauma informed approach. This is in recognition that children who develop healthy attachments with their parents/carers in the early years of life develop the foundations for healthy development into adulthood, through learning to regulate their emotions and develop the resilience to thrive despite the ups and downs of life.

There is a strong focus on providing the support to help children, young people and families to build the resilience to thrive through understanding the reasons for certain behaviour, rather than just the result of the behaviour. This approach supports families to make more sustained change. There is also a very strong emphasis on working with the whole family context to create sustainable change rather than reacting to individual 'issues'.

Key components of the offer which include a particular focus on emotional wellbeing and mental health for children, young people, and their parents/carers include:

- Three Family Hubs located in areas of significant need which bring together providers across a neighbourhood who share a single approach to working with families and their children from birth to 19 years. This offer of support is practically delivered through a range of connected services in the community, linked through the new role of a Family Navigator, as well as including CAMHS Early Intervention Workers located in each Hub
- Have developed and embedded 2 Kids Time workshops in Westminster. Kids Time, a monthly workshop for families who have a parent with a mental illness, is now in operation in the North and South of Westminster. The multi-family workshops provide a safe and supportive environment for children and young people to explore their experience of having a parent with mental ill health, through an arts-based approach. Parents engage with their child and with other parents to increase their understanding of their children's needs and develop a community of support.
- A School Inclusion Pilot in five local primary schools – plus at least 3 secondary schools – that employs a trauma informed approach. This has three components; trauma informed training (the ARC (Attachment, Regulation, Competency) model of trauma informed practice), a family intervention and a mentoring offer
- An Intensive Support Team which focuses on young people on the edge of care with the aim of preventing children and young people previously identified as 'Edge of Care' from becoming Looked After Children
- An increasing range of evidence-based parenting programmes:
 - Circle of Security - A 10-week attachment-based parenting group ideally suited to parents with children under 7 years
 - Non-Violent Resistance - A 12-week group for parents with children aged 11 years or older who are displaying challenging or risky behaviour

- Who's in Charge - A 9-week child to parent violence (CPV) programme aimed at parents whose children are being abusive or violent toward them or who appear out of parental control
- Freedom Programme - A 12-week programme for women who have experienced domestic abuse in any of its forms, providing a reflective space and tools to identify abusive behaviour in the future
- Triple P 0-12 – An 8-week positive parenting programme ideally suited to parents with children under the age of 11 years
- The service is also testing the introduction of some on-line parenting courses for parents to complete in their own at home with regular follow up from an Early Help Practitioner. Such programmes include Triple P 0-12 or Teen Online and the Freedom online programme.
- Testing and embedding new approaches to parental conflict. Building Relationships for Stronger Families Programme - this DWP funded programme offers a series of evidence-based group or 1:1 support for families experiencing conflict within their couple or co-parenting relationship. Delivered by Tavistock Relationships, these programmes are also delivered remotely
- West London Zone (WLZ) is working in four schools in the North of the borough, with a plan to expand to three more schools in the South. They are currently working with 145 students across two secondary schools and two primary schools. WLZ assign each child a Link Worker who creates a personalised programme of support for them. Link Workers are based in school, and each is responsible for a cohort of children. Link Workers build a 'trusted adult' relationship with each child, encourage each child to set goals, provide support in one-to-one meetings to help reach these goals and bring in delivery partners to provide specialist support for each child. Children work with their Link Worker to design their own phased, two-year support plan and this is constantly reviewed by the Link Worker based on feedback from the child, their family, school, partners and local data. The Impact report from WLZ evidence that most children working with a Link Worker, significantly improved their outcomes following the intervention.

The Early Help Partnership agreed to focus on eight priorities to help achieve the intended outcomes set out in the Strategy. A number of these have a direct impact on emotional wellbeing and mental health including; ensure the youngest (from birth to age five) in our communities get off to the best start by promoting positive attachments and systematically identifying need from pre-birth and providing support at the earliest point, promoting emotional wellbeing and build resilience for all ages through universal and targeted programmes for the whole family, developing an earlier and more targeted response to domestic violence and abuse, improving family relationships, with particular focus on helping parents who are in conflict to work better together whether they are together or separated and strengthening parents' and young people's resilience in managing their behaviour and the wider risks to children's wellbeing within their communities.

In addition, a number of the nine priorities to develop the Early Help system focus on emotional wellbeing and mental health including; developing an Early Help workforce that is relational and trauma informed, developing clear and integrated pathways with adult mental health services and progressing the integration of health and social care teams.

The Targeted Early Help Criteria includes a focus on childrens, young peoples, and parent/carer mental health including; prioritising support for children not attending school regularly where the absence and exclusions are related to parenting capacity (including mental health issues) and where parenting capacity manifesting itself in significant behavioural issues for the child/young person where the impact of the parent's mental health, domestic abuse or substance misuse issues on their behaviour and wellbeing will escalate the family into safeguarding or care entry without further intervention.

The Youth Offer

WCC has recently announced an annual £500,000 investment in Youth Services. The council believes that local youth service providers, working in partnership with the council's Family Hubs, are best placed to use this funding to achieve the biggest impact on young people's lives. Well-run youth services targeted at helping young people are key to supporting them to reach their full potential and become happy, productive members of society.

We are piloting the delivery of a Mental Health Youth Worker offer across the 5 Westminster Youth Hubs. These roles are providing EWMH support to young people (aged 11-19 years old) who access Westminster's Youth Hubs through a mixture of 1:1 work and psychoeducational sessions. They are also supporting the Hubs to develop and embed an improved whole setting approach to EWMH and are training and upskilling local youth workers as part of this.

The Young Westminster Foundation

One of the keys themes to emerge from the Young Westminster Foundation's (YWF) most recent needs analysis report, [Our City, Our Future](#), was around health and wellbeing. In particular the severe impact of Covid-19 on young people's mental health and as a result, Health and Wellbeing will continue as being a key area of focus for the YWF.

A third of young people interviewed felt that mental health issues were a significant concern amongst their peers and over 75% felt that mental health issues were common amongst their peers.

In response the YWF has brought together a partnership and a programme of work, the ultimate aim being to improve health and wellbeing outcomes for young people in areas of deprivation across Westminster. The approach is collaborative building on the strengths of statutory and voluntary services and helping shape projects that young people themselves have helped create.

Partners include Westminster's 5 main Youth Hubs as well as a wider offering of organisations and clubs based in local communities. At the heart of these organisations, often based in areas of greatest deprivation, youth workers with trusted relationships with young people are delivering a range of activities which have been co-designed by young people. The activities focus on increasing the resilience of young people, giving young people the tools to deal the challenges they have identified in their every day and helping them transition into adulthood more confidently. More specialist delivery partners such as Dream Arts are able to support youth clubs and young people and bring their professional expertise in more specialist areas around health and wellbeing sharing learning around trauma informed approaches to working with young people.

At the beginning of June two specialist Mental Health Youth Workers with a background in children and young people's mental health joined the youth workers at the five youth hubs. Working within the multi-disciplinary team at Brent, Wandsworth and Westminster Mind, they will rotate between the Youth Hubs and be responsible for providing mental health and wellbeing support for children and young people who attend youth clubs in Westminster. The new roles look to recognise some of the barriers that exist for young people accessing mental health services, such as the clinical settings and address the need for supporting young people in spaces where they feel comfortable.

With Young people most frequently identifying doing well at school and in exams (79%) as their main worry [Our City, Our Future](#), YWF is looking at programmes which can offer support. YWF worked with Dream Arts to develop a programme aimed at supporting young people in their transition from Primary to Secondary school. This programme is running across the summer in 3 locations in Westminster and aimed at children who are most likely to find this transition difficult and who are anxious and lacking confidence around this milestone. This year, following so much disruption, some children are finding the transition particularly difficult and the programme – taking referrals from a variety of partners including WCC Early Help, offer practical sessions to build confidence and resilience in young people.

The YWF will continue to build the capacity of the partnership consulting with their team of young ambassadors and more widely with the young people attending partner' services to ensure that the partnership is able to respond to the needs of young people and has a good understanding of and links with statutory services including children's services, CAMHS and Early Help.

[In Kensington and Chelsea](#)

[Early Help](#)

Our aim is to work together across agencies and build relationships with families to support children and young people to achieve good outcomes. We want to continue to integrate services and leadership for children and young people aged 0-19 (up to 25 with SEND) and their families, providing help when difficulties first begin so that we can support them to find solutions quickly. This support will be provided through a partnership with services that families are most likely to engage with and in a range of settings including children's centres, schools and other community spaces.

The Early Help model centres around a North & South Family Hub. This model creates the ability to maximise opportunities for localising delivery and enable closer integration and alignment with wider children and family services & partners within the borough. It allows for greater flexibility of resource allocation at a locality-based family hub level, whilst recognising that there are some aspects of work where it continues to be more efficient and effective to deliver these on a borough-wide and basis.

In RBKC our family hubs:

- Provide and/or co-ordinate access to universal and targeted family support within a range of welcoming and accessible settings
- Support families to be resilient, self-reliant and independent whilst having the help when they need it in a timely and appropriate way
- Lay the foundation for future integration across the community and voluntary sector as well as collaborating with our partner agencies

The Family Hubs are underpinned by a relational and trauma informed approach. This is in recognition that children who develop healthy attachments with their parents/carers in the early years of life develop the foundations for healthy development into adulthood, through learning to regulate their emotions and develop the resilience to thrive despite the ups and downs of life.

There is a strong focus on providing the support to help children, young people and families to build the resilience through understanding the reasons for certain behaviour, rather than just the result of the behaviour. This approach supports families to make more sustained change. There is also a very strong emphasis on working with the whole family context to create sustainable change rather than reacting to individual presenting needs.

The whole family approach addresses the direct impact on emotional wellbeing and mental health including ensuring the youngest (from birth to age five) in our communities get off to the best start by promoting positive attachments and systematically identifying need from pre-birth and providing support at the earliest point, promoting emotional wellbeing and building resilience for all ages through universal and targeted programmes for the whole family.

Across Early Help there is a focus on emotional wellbeing and mental health including developing an Early Help workforce that is relational and trauma informed, and developing this approach across schools, VCS and Children's Services. The focus on child, young person, and parent/carer mental health includes; prioritising support for children not attending school regularly where the absence and exclusions are related to parenting capacity (including mental health issues) and where parenting capacity manifesting itself in significant behavioural issues for the child/young person where the impact of the parent's mental health, domestic abuse or substance misuse issues on their behaviour and wellbeing will escalate the family into safeguarding or care entry without further intervention.

Key components of the Early Help offer which include a particular focus on emotional wellbeing and mental health for children, young people, and their parents/carers include:

- A North Kensington Inclusion Pilot – that employs an intensive systemic approach. This pilot will be working with a group of primary and secondary schools across North Kensington which have higher levels of exclusion and/or a high proportion of children and young people with characteristics that are shown to be disproportionately overrepresented in data on exclusions. Workers embedded within the schools will focus on working alongside the school's leadership team to identify pupils who may be at risk of exclusion both in the short and longer term. The focus of the work will be to address underlying issues that lead to exclusions using a systemic and trauma informed whole school approach to address poor attendance, behaviour issues, and family and parental supports needs, which are often barrier to progress.
- Testing and embedding new approaches to parental conflict. This includes programmes aimed at improving family relationships, with particular focus on helping parents who are in conflict to work better together whether they are together or separated and strengthening parents' and young people's resilience in managing their behaviour and the wider risks to children's wellbeing within their communities.
- The Families Forward Team which focuses on young people on the edge of care with the aim of preventing children and young people previously identified as 'Edge of Care' from becoming Looked After Children.
- The Detached and Outreach Team whom identify and engage young people at risk of SYV, many with mental/emotional health issues.
- The Targeted Prevention Team (NEETS) working to prevent children at risk or already NEET, many with mental/emotional health issues

Children's Social Care

Additional roles in Children's Social Care teams include a Family Therapist/Psychologist supporting unaccompanied minors, care leavers and children in residential placements and a Child Psychologist in the multi-disciplinary Family Assessment Service (for Court based assessments).

The Youth Offer

Following the RBKC Youth Services Review in 2018, the new offer requires that all providers embed emotional wellbeing and resilience into their delivered youth activities. This will support the development of these skills in young people through a breadth of interesting, engaging and non-stigmatising activities. Youth Providers will be required to report on how they deliver outcomes relating to young people's improved wellbeing, participation in physical activity and adoption of healthy behaviours.

The continued implementation of the RBKC Youth Strategy will also see the development of Youth Networks to encourage local youth providers to collaborate and share best practice, training, and resources. Particularly in relation to staff capacity and training to support young people to live happy healthy lives, which was identified as a key priority for the Borough's youth provision following the review.

Key Cross-cutting Themes

Our Joint Strategic Priorities above help us to explain and focus our delivery in defined areas of activity. They generally align with a particular type of need, cohort, or component of service offer. There are however a number of themes that are very important and span across multiple Strategic Priorities. These are:

Collaboration and coproduction

We need to continue to develop and imbed our approach to most effectively ensuring that the voice of children and young people (including those who are more vulnerable) and their parents/carers are heard in informing and developing our offer. This will give us the best possible chance of delivering an offer that children and young people are able and willing to access and that most effectively improves their EWMH.

Communication

There is an overarching sense that the offer we have available isn't as effectively communicated as it could be. This includes how children, young people, parents/carers, partners and professionals understand what is available, for whom, how it can be accessed and how it differs from other parts of the offer.

Coordination

The offer is necessarily broad and overlapping, spanning service and organisation boundaries. We need to coordinate the offer ever more effectively to reduce duplication, overlap and gaps, and increase our efficiency and effectiveness. This needs to include easily understood pathways, service alignment and effective interfaces.

The significance and impact of parental poor mental health

We know that this has an enormous impact on children and young people's EWMH and their ability to access and be supported by appropriate services. Provision is in place focused on this, including ante-natal and postnatal support, as well as our early help offers. There is however a strong sense that we need to be doing more here to lessen the significant impact this is currently having.

Equipping staff across the partnership with the knowledge and confidence to support children and young people's EWMH

We know what an important role professionals working with children and young people can have in spotting the signs of poor mental health and providing support. We are supporting staff in this area through the delivery of training (including Youth Mental Health First Aid) and through the Mental Health Support Teams, but more needs to be done to increase the levels of knowledge, confidence and capability across the workforce.

Appendix 6 - Glossary of Key Abbreviations

ACT Team- Adolescent Community Treatment Team

ADHD- Attention Deficit Hyperactivity Disorder

APs- Alternative Provision

ASD – Autism Spectrum Disorder

BiB- Bi Borough

CAMHS – Children and Adolescent Mental Health Services

CBT- Cognitive behavioural Therapy

CCG – Clinical Commissioning Group

CNWL- Central North West London

CWP- Child Welfare Practitioners

CYP- Children and Young people

DofE – Department of Education

ED- Eating disorders

ELSA – Emotional Literacy Support Assistant

EPs – Educational and Child Psychologists

EWMH- Emotional Wellbeing and Mental health

FYFVMH – Five Year Forward View Mental Health

IAPT National programme – Improving Access to Psychological Therapies

LA- Local Authority

LAEP- Local Area Emergency Protocol

LTP- Long Term Plan

MAP- Making Action plans

MHST- mentally healthy school teams

NEETs- Not in Education, Employment, or training

NICE Guidance – National Institute for Health and Care Excellence

NWL ICP – North West London Integrated Care Partnership

NWLCCG- North West London Clinical Commissioning Group

PSHE- Personal Health Social and Economic Education sessions

PMLD- Profound Multiple Learning Difficulties

RBKC- Royal Borough of Kensington and Chelsea

SEN- Special Educational Needs

SEND- Special Educational Needs and Disability

SEMH- Social Emotional and Mental Health

SYV – Serious Youth Violence

UASC – Unaccompanied Asylum-Seeking Children

VERP - Video Enhanced Reflective Practice

VIG - Video Interaction Guidance

WCC- Westminster City Council

WLZ- West London Zone

YMHFA Youth Mental Health First Aid Training

YOT- Youth Offending Team

YPHWS - Young people's health and wellbeing service



Westminster Health & Wellbeing Board



RBKC Health & Wellbeing Board

Date:	15 th September 2022
Classification:	General Release
Title:	Pharmaceutical Needs Assessment
Report of:	Anna Raleigh, Director of Public Health
Policy Context:	Every three years, there is a statutory requirement to produce a Pharmaceutical Needs Assessment.
Wards Involved:	All
Report Author and Contact Details:	Katherine Reid, Business Planning Manager, Public Health kreid@westminster.gov.uk

1. Executive Summary

- 1.1. Every three years there is a statutory requirement to produce a Pharmaceutical Needs Assessment (PNA). The PNA is a market analysis of local pharmaceutical needs and services and is delivered as part of the wider Joint Strategic Needs Assessment Programme.
- 1.2. An external provider, Soar Beyond Ltd, was commissioned to deliver the PNAs for both Westminster, and Kensington and Chelsea.
- 1.3. Consultation on the draft PNA commenced in July and finished on the 5th September 2022 in Westminster, and is due to finish on the 13th September 2022 for Kensington and Chelsea.
- 1.4. The final PNA reports will be shared with the Chair of the Health and Wellbeing Board for sign off ahead of publication by October 2022.

2. Key Matters for the Board

- 2.1. The Health and Wellbeing Board are invited to consider and note the Pharmaceutical Needs Assessment (PNA) ahead of publication by October 2022.

3. Overview of report

- 3.1. The Health and Wellbeing Board has a statutory requirement to publish a Pharmaceutical Needs Assessment (PNA) every three years.
- 3.2. The PNA is a market analysis of local pharmaceutical needs and services, and their primary use is for NHS England to make market entry decisions on applications from prospective providers to be added to the local Pharmaceutical List.
- 3.3. The previous PNA was published in 2018, with the next one due in 2021. This deadline was extended to October 2022 due to the pandemic.
- 3.4. At the November 2021 Health and Wellbeing Board it was recommended to commission the PNA from a specialist provider for both Westminster, and Kensington and Chelsea.
- 3.5. Soar Beyond delivered a draft PNA report for each borough in June 2022 which stated that there are no gaps in the provision of pharmaceutical services across either of our boroughs.
- 3.6. As part of the PNA process, these drafts were shared with a prescribed list of stakeholders for a 60-day consultation period as required by law.
- 3.7. The consultation finished on the 5th September for Westminster and is due to finish on the 13th September 2022 for Kensington and Chelsea.
- 3.7. The final PNA reports will be shared with the Chair of the Health and Wellbeing Board for sign off ahead of publication on each Local Authority's website in time for the October 2022 deadline.

4. Legal Implications

- 4.1. Health and Wellbeing Boards are legally required to publish and maintain a PNA for their local area by virtue of Section 128a of the National Health Service Act 2006 (Pharmaceutical Needs Assessments) and the Health and Social Care Act 2012.
- 4.2. PNAs must be developed in line with the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

5. Financial Implications

- 5.1. The cost of the PNA will be funded from the Public Health grant received by each authority, with no impact on the Councils' General Funds.

If you have any queries about this Report or wish to inspect any of the background papers please contact:

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Westminster Health & Wellbeing Board



RBKC Health & Wellbeing Board

Date:	15th September 2022
Classification:	General Release
Title:	22/23 Better Care Fund
Report of:	Adult Social Care and Health NWL ICB
Policy Context:	Health and Wellbeing
Wards Involved:	All
Report Author and Contact Details:	Rachel Soni – Director of Health Partnerships rsoni@westminster.gov.uk

1. Executive Summary

- 1.1 The aim of this report is to update the Health and Wellbeing Boards (HWBB) on the 22/23 Better Care Fund (BCF) plan as per the NHS National Conditions. The report will include an update on the changes to national conditions and identification of risks. At the end of the year a report will be presented to the HWB on performance against the plan.
- 1.2 The report asks the HWB to note the requirement to agree the 22/23 BCF submission and to agree for the HWB Chairs to approve final submission by the 26th September following any comments from NHS London Region as part of their moderation.

2. Key Matters for the Board

- 2.1 The BCF remains a key tool for promoting integration across local government (including housing) and health partners to meet local and national priorities. A recent national review has shown that over 90% of local areas have consistently agreed that delivery of the BCF has improved joint working between health and social care and improving outcomes for people, especially when being discharged from hospitals. This has also been reflected across both boroughs with the BCF being an enabler to support the protection of adult

social care, but also to bring forward projects which benefits people staying at home or being able to continue to live independently.

- 2.2 On the 19th July the Department Health and Social Care published its BCF Framework for how local systems are required to meet national conditions of funding. The 22/23 BCF plan, in effect, is a rollover of schemes from 21/22 though a number of changes nationally means there is a need to review the 22/23 plan and to be satisfied it continues to meet these conditions.
- 2.3 The role of HWB remains its statutory duties and is required to submit plans by 26th September.
- 2.4 There are now two broad objectives for the BCF:
- enable those who need it to get the right care in the right place at the right time.
 - enable people to stay well, safe and independent at home for longer.
- 2.5 Supporting these objectives are a number of other conditions that need to be met. These include:
- New performance metrics to measures impact including a review and assessment of the High Impact Change Model (HICM) covering Transfer of Care (see below).
 - Introduction of a capacity and demand planning for intermediate care services to help the health and social care system prepare for winter. This is not part of the BCF approval process, rather is intended to support wider winter planning.

High Impact Change Models (HICM)

- 2.6 The HICM is based on good practice and provides a framework to how we can improve outcomes for people. In addition, there is presently a 100-day challenge for discharge and reductions in long length of stay therefore providing a good start in the way we manage the project. The 22/23 plan asks for the status of each change model including required actions. As a result, an assessment of the system performance against the Transfer of Care HICM will be required.
- 2.7 The framework has nine areas (see table 1) and has been assessed by the Tri-Borough Discharge Steering Group. An action plan is being developed and will be reviewed as part of the End of Year BCF review process.

Table 1: Nine areas of change

Impact change	Where are you now?	What do you need to do?	When will it be done by?	How will you know it has been successful?
Change 1: Early discharge planning				
Change 2: Monitoring and responding to system demand and capacity				
Change 3: Multi-disciplinary working				
Change 4: Home first				
Change 5: Flexible working patterns				
Change 6: Trusted assessment				
Change 7: Engagement and choice				
Change 8: Improved discharge to care homes				
Change 9: Housing and related services				

Performance Metrics

2.8 There are four performance metrics used to monitor the impact of the BCF plan by NHSE and for 22/23. The metrics required for 2022-23, compared with 2021-22 are shown below (table 2). In addition, there is a requirement to have a Demand and Capacity Modelling exercise undertaken to inform winter planning for intermediate beds.

TABLE 2: 22/23 Metrics

2021-22 and 2022-23	2021/22 EOY Performance		2022/23 Performance Target	
	RBKC	Westminster	RBKC	Westminster
Avoidable admission	131.7	224.3	130	222
Length of Stay (Removed for 22/23)	5.9%(Q4)	7.7%(Q4)	N/A	N/A
Discharge to normal place of residence	93.1%	94.1%	94%	95%
Residential admission per 100,000 population	214.9	359.9	449.2	359.9
Reablement	91.6%	92.4	84.8%	85.0%

3. Finance

3.1 On the 22nd April local areas received confirmation of the financial settlement for the BCF and Improved BCF (iBCF) which are broadly the same as in 2021-22. This means the iBCF element of the BCF may only be used for the purposes of:

- meeting adult social care needs

- reducing pressures on the NHS, including seasonal winter pressures
- supporting more people to be discharged from hospital when they are ready
- ensuring that the social care provider market is supported.

3.2 The following is a summary of the 2022/23 BCF allocations. This reflects and uplift of 5.66% for the Better Care Fund, and an uplift of 3% for the IBCF. There has been no change in the DFG allocation from 21/22.

Kensington and Chelsea

3.3 The total agreed 2022/23 allocation for Kensington and Chelsea amounts to £23,552,979, of which NHS minimum Contribution is £14,844,071 (see breakdown in table 2).

Table 2: RBKC Funding Summary

	2022/23 Allocation £
Better Care Fund	
• LA Allocation	8,862,589
• ICB Allocation	5,981,482
Minimum NHS Contribution	14,844,071
• Improved Better Care Funding (iBCF)	7,661,937
• Disabled Facility Grant - DFG	959,824
• Additional LA Contribution-(21/22 DFG B/fwd)	66,232
• Additional ICB Contribution	20,915
Total BCF Grant	23,552,979

Westminster

3.4 The total agreed 2022/23 BCF allocation for Westminster amounts to £43,074,149 of which NHS minimum Contribution is £23,308,180 (see breakdown in table 3).

Table 3: WCC Funding Summary

	2022/23 Allocation £
Better Care Fund	
• LA Allocation	14,194,044
• ICB Allocation	9,114,136
Minimum NHS Contribution	23,308,180
• Improved Better Care Funding (iBCF)	17,649,014
• Disabled Facility Grant - DFG	1,729,201
• Additional LA Contribution (21/22 DFG B/fwd)	387,754
Total BCF Grant	43,074,149

4. Risk

- 4.1 The main risk for the BCF will relate to the delivery of the metrics due to anticipated increases in demand over the winter period. As part of the management of the BCF a Place Based Partnership BCF Programme Board meeting bi monthly and will monitor the financial and operational delivery against the plan.

5. Legal Implications

- 5.1 Health and Wellbeing Boards are required to agree the Better Care Fund.

6. Financial Implications

- 6.1 This report has been agreed jointly with North West London Integrated Care Board and the Local Authority finance teams.
- 6.2 There are no financial implications arising as a result of this report.

If you have any queries about this Report or wish to inspect any of the background papers please contact:

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