



City of Westminster

Committee Agenda

Title: **Health & Wellbeing Board**

Meeting Date: **Thursday 24th November, 2022**

Time: **4.00 pm**

Venue: **Kensington Queensmill, Barlby Road, London W10 6BH**

Members:	Councillor Sarah Addenbrooke	Lead Member for Adult Social Care and Public Health, RBKC
	Councillor Nafsika Butler-Thalassis	Cabinet Member for Adult Social Care, Public Health and Voluntary Sector, WCC
	Councillor Tim Mitchell Bernie Flaherty	Minority Group, WCC Bi-Borough Executive Director of Adult Social Care
	Sarah Newman	Bi-Borough Executive Director of Children's Services
	Anna Raleigh	Bi-Borough Director of Public Health
	TBC	Healthwatch Representative
	TBC	Healthwatch Representative
	Angela Spencer	KCSC
	Lena Choudary-Salter	Westminster Community Network
	Jackie Rosenberg	OneWestminster
	James Benson	Director, Place-Based Partnership
	TBC	Acute and Community Partner Representative
	TBC	Acute and Community Partner Representative
	Andrew Steeden	Primary Care Representative
	Jan Maniera	Primary Care Representative

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 15 September 2022.

(Pages 5 - 10)

5. AUTISM STRATEGY LAUNCH

Verbal presentation

6. HEALTH AND WELLBEING STRATEGY WORKSHOP

(Pages 11 - 38)

7. ANY OTHER BUSINESS

8. CLOSE OF MEETING

Stuart Love
Chief Executive, Westminster City Council

Maxine Holdsworth
Chief Executive, Royal Borough of Kensington and Chelsea

16 November 2022

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CITY OF WESTMINSTER

MINUTES

Health & Wellbeing Board

MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Health & Wellbeing Board** held on **Thursday 15th September, 2022**, Innovation Hub, 17th Floor, 64 Victoria Street, London, SW1E 6QP.

Present:

Councillor Nafsika Butler-Thalassis (WCC- Cabinet Member for Adult Social Care, Public Health and Voluntary Sector) - Chair

Councillor Catherine Faulks (RBKC – Cabinet Member for Family and Children’s Services)

Councillor Tim Mitchell (WCC – Minority Group)

Bernie Flaherty (Bi-borough Executive Director of Adult Social Care and Public Health)

Anna Raleigh (Bi-borough Director of Public Health)

Judith Davey (Healthwatch Westminster)

Steve Inett (Healthwatch Westminster)

James Benson (Central London Community Healthcare)

Dr Andrew Steedman (Primary Care)

Dr Jan Maniera (Clinical Director, Primary Care)

Jackie Rosenberg (One Westminster)

Angela Spence (KCSC)

Apologies for Absence:

Councillor Sarah Addenbrooke, Iain Cassidy, Sarah Newman

In attendance:

Grant Aitken (Head of Health Partnerships)

Kirstie Black (Central London Community Healthcare)

Pauline D’Cunha (Interim Service Programme Manager)

Helen Dunford (NHS NWL, GP Federation)

Simon Hope (Borough Director, NHS NWL)

Jeffrey Lake (Deputy Director, Public Health)

Toby Lambert (Executive Director, Strategy, Population Health and Inequalities)

Cora Malloy (Central London Community Healthcare NHS Trust)

Christine Mead (Programme Lead)

Sam Murray (NHS NWL)

Philippa Johnson (NWL NHS)

Joe Nguyen, Borough Director, (NWL NHS)

Annabel Saunders (Director of Operations and Programmes, Children’s Services)

Rachel Soni (Director of Health Partnerships, Adult Social Care and PH)
Shama Sutar-Smith (LA Programme Lead, Communities)

1 INTRODUCTION AND WELCOME TO THE MEETING

1.1 Councillor Nafsika Butler-Thalassis welcomed everyone to the meeting. The Board confirmed that as the meeting was being held at Westminster City Council, Councillor Butler-Thalassis would chair the meeting in line with the agreed memorandum of understanding.

1.2 A minute's silence was observed as a mark of respect to Her Late Majesty the Queen.

2 MEMBERSHIP

2.1 Apologies for absence were received from Councillor Sarah Addenbrooke, Sarah Newman, Philippa Johnson and Iain Cassidy.

3 DECLARATIONS OF INTEREST

3.1 There were no declarations of interest.

4 MINUTES OF THE PREVIOUS MEETING

RESOLVED:

4.1 That the minutes of the Kensington & Chelsea and Westminster Health & Wellbeing Board meeting held on 27 January 2022 be agreed as a correct record of proceedings.

5 DRAFT TERMS OF REFERENCE

5.1 Rachel Soni, Bi-Borough Director of Health Partnerships, presented the item to the Board. The bi-borough partnership had worked with the Local Government Association to ensure the Health and Wellbeing Board operated effectively and was accountable to residents, and for the re-drafted Terms of Reference to reflect this. The Board was asked to comment on the strategic aims, the Core Membership and Attendees.

5.2 In response to questions, the following points were raised:

- i. The good work to improve the Board's operation was recognised. Officers would like consideration for representation from NHS providers as core members, both acute and community, to ensure adequate representation from health providers. A potential issue of quoracy was noted if limited to Primary Care representatives.

- ii. Clarity was sought on Voluntary and Community Sector (VCS) representation clarity. Previous attendance of voluntary sector providers was noted. The VCS organisations of KCSC and One Westminster were core members. The voluntary sector would run a nominations process for VCS provider attendees clarifying the role at the board and if there was any change to attendees, the previous attendees would be written to thanking them for their involvement to date.
- iii. The membership of Minority Group members would be corrected in the final Terms of Reference.

6 JSNA BOROUGH STORIES AND HWB STRATEGY WORKSHOP

- 6.1 The item was introduced by Rachel Soni, Director of Health Partnerships, and Anna Raleigh, Director of Public Health. They acknowledged the work that had gone into developing the JSNA across the Partnership and with residents and communities.
- 6.2 The JSNA was a statutory duty of the Board, and there was a steering group with the local authorities, the NHS, Healthwatch and others to support the development and maintenance of the JSNA.
- 6.3 A new approach was taken this year to developing the JSNA. A borough story had been produced for each borough utilising infographics and patient and public voice to make it more accessible. As well as defining the Place and giving an overview of the population, the JSNA was set out across the life course – from birth and childhood to working age and older age.
- 6.4 The Health and Wellbeing Strategy for the boroughs of RBKC and WCC was in development and the vision and pillars of ambition for the 10-year strategy were emerging. The five priorities of the Board continued to be Obesity, Mental Health, Children and Young People and areas with more complex care such as Discharge and Care Homes. These priorities would develop and change as the Health and Wellbeing strategy moved through the annual cycles. The Board and attendees were asked to comment on the direction and content in relation to the JSNA and community insights presented at the meeting.
- 6.5 Following the introduction, attendees joined a facilitated discussion on the Health and Wellbeing Strategy and JSNA, with participants providing their thoughts and ideas on how it could be developed and achieved and reflected through priorities.

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

- 7.1 Demand for mental health services for children and young people was growing and intensifying, and their views were being sought on what the service could do.

7.2 The bi-borough CAMHS service was moving away from a tiered model of service towards a more integrated model, and the service worked in schools as well as other community settings. The service offer was being promoted, including on social media.

7.3 Healthcare providers were in attendance at the meeting.

7.4 The preventative early intervention was for people whose needs were below the threshold for CAMHS, and involved activities such as workshops.

7.5 Informal activities such as in youth clubs enabled young people to approach an adult outside of school or home, where they may find it easier to disclose sensitive information. Some young people struggled to communicate about emotions, and youth clubs would use check-ins to allow the space for young people to describe their feelings. Providers were conscious that young people often used youth clubs as an escape, and emphasised that a clinical approach was avoided in youth clubs.

7.6 A parent-friendly version of the Plan was in progress.

7.7 In response to questions, the following points were raised:

- i. Rethink was working with the bi-borough service to assess performance.
- ii. Waiting times for CAMHS assessments varied by service. Community CAMHS in schools had a wait of five to six days, GP assessment had a wait time of four to twelve weeks, and other services had a 12-14 week waiting time. These waiting times compared favourably to national and NWL figures.

8 NWL ICS HEALTH AND WELL BEING STRATEGY – VERBAL ITEM

8.1 Toby Lambert, NWL Executive Director, Strategy, Population Health and Inequalities, and Joe Nguyen, Borough Director, NWL NHS presented the item to the Board, introducing the ICS system and the roles of local authorities, the NHS and the VCS.

8.2 The Strategy presented a new opportunity to set the tone of how partners could work together, and it was imperative that the Strategy was co-designed and co-owned, rather than sitting solely with the NHS.

8.3 The draft Strategy had to be submitted by December 2022 and the strategy process would be launched on 17 October.

8.4 Priorities for the ICS and the Strategy would be set by central government as well as boroughs.

8.5 The NWL ICS Strategy would last for ten years, and would start at a community level, before moving up to boroughs and then regional bodies. Engagement would be embedded into the Strategy.

8.6 The following information was provided in response to questions:

- i. Reducing inequalities was a key aim of the Strategy, and all actions would link back to it.

8.7 The following points were raised by attendees:

- i. The difference between inner and outer London boroughs needed to be recognised due to their different needs, although some issues such as poverty affected all boroughs.
- ii. The new Strategy should emphasise the differences from previous strategies, and how those differences would result in better outcomes.
- iii. The governance, particularly around decision-making, needed to be clear.
- iv. The Strategy provided an opportunity to follow a more social, less medicalised model.

9 PHARMACY NEEDS ASSESSMENT

7.1 Anna Raleigh, Director of Public Health, presented the report to the Board, stating that each PNA has now completed its 60-day statutory consultation period and final drafts are being prepared for sign off by the Health & Well-being Board.2022. The PNAs have identified no current or future gaps in the provision of pharmaceutical services in either RBKC or WCC.

7.2 At the previous Board meeting in January, sign-off had been agreed via the Chairs, and that the reports would be circulated to the Board. The Pharmaceutical Needs Assessment will be published on 30 September

7.3 Officers proposed that colleagues from the community pharmacies sector be invited to the next Board meeting in November for a richer conversation on the role of community pharmacy in promoting health and wellbeing.

RESOLVED:

That the Pharmaceutical Needs Assessment be noted by the Board.

10 2022/23 BETTER CARE FUND SUBMISSION

10.1 Rachel Soni, Director of Health Partnerships, introduced the report. The Plan had to be submitted by 26 September in order to meet national conditions and it was proposed to delegate the sign-off to the Health and Wellbeing Board Co-Chairs, as Lead Cabinet Members.

10.2 As well as meeting national requirements, the Plan would be used to identify areas of priority and manage priorities, investment and BCF schemes locally.

10.3 In response to a question regarding the high placement rate, the placement rate numbers were taken during the Covid-19 pandemic and included

assessments due to be carried out. The numbers would be reviewed and officers could provide context outside the meeting.

RESOLVED:

That the 2022/23 BCF Submission be agreed and that final submission be delegated to the Health and Wellbeing Board Chairs.

11 ANY OTHER BUSINESS

11.1 There were no items of other business.

12 CLOSE OF MEETING

12.1 The meeting ended at 6.00pm.

CHAIRMAN: _____

DATE _____



City of Westminster



THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA

Westminster Health & Wellbeing Board

RBKC Health & Wellbeing Board

Date:

24th November 2022

Classification:

General Release

Title:

Health and Wellbeing Strategy
Development

Report of:

Rachel Soni – Director of Health
Partnerships

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 Health and Wellbeing Strategy (HWS).

2. Key Matters for the Board

2.1 The Board is asked to

- Note the work carried out to date to develop the draft health and wellbeing strategy
- Comment on the draft vision, ambitions and process of the draft strategy

3. Developing the Health and Wellbeing Strategy

3.1 Westminster and Kensington and Chelsea agreed in 2021 to undertake a refresh of their strategies to reflect learning from Covid and the new Joint Strategic Needs Analysis (JSNA) and “Borough Stories”. The boroughs’ joint Health and Wellbeing Board agreed to own the strategy and drive delivery of the plans over next 10 years (2023-2033).

3.2 When agreeing this approach, the board confirmed the following principles should guide the development of the strategy:

- The strategy statement/vision aims to cover a chosen 10 years with medium term organisational plans providing the detail and the delivery focus
- Keeping residents at the heart of what we do

- Taking an evidence-based approach using local data sets, quantitative and qualitative
- Being accountable to residents with shared ownership of decisions in an open and transparent way through the HWB board
- Working across organisation boundaries in a collaborative way by focusing on residents and not the organisation
- To challenge inequalities by sharing, disseminating, and championing learning and evidence.

Gathering the Evidence

- 3.3 At its meeting in January 2022 the Board requested that initial phase of strategy development should utilise existing evidence and engagement findings. Working across HWB members a literature review (Appendix A) was undertaken to identify priorities and best practice with regard to addressing health inequalities. There was a focus on identifying areas and issues that would impact people’s lives by addressing the wider determinants of health.
- 3.4 The strategy has been developed alongside the JSNA / “Borough Stories” and other engagement activities with residents. This information has provided much of the evidence informing the drafting of the strategy.

Planning Workshops

- 3.4 After the initial research period a HWB partners working group was establishing with representatives drawn from the local authority’s, NHS and VCS. The working group held a series of workshops focussing on:
- Priorities
 - Themes
 - Outcomes
 - Structure
- 3.5 The outputs from the workshops were 10 Ambition statements / policy areas covering the wider determinants of health and wellbeing written in a way that reflected the voice of residents.

Engagement

- 3.6 To test the emerging priorities and ambition statements a programme of wider engagement with residents, business and other partners was carried out. The key aim of the objectives of the engagement and consultation has been to:
- Understanding the voice of residents
 - Share information and understanding
 - Be collaborative in the development of the HWB strategy
 - Provide a feedback loop
- 3.7 The development of the Strategy used a variety of engagement methods to can reach as many people as possible to further develop the ambition statements of the strategy (see below). This has involved a mix of quantitative (feedback forms/ surveys) and qualitative (focus groups/ deliberative events/ workshops), for example,

- Literature review – reviewing existing strategies, recent relevant engagement insight and best practice from other authorities. (Appendix 1)
- Workshops - to identify the priorities, structure and themes of the strategy (Appendix 2)
- Summer Inequalities Programme (appendix 3)

3.8 This was supported by an online survey. 51 responses (to date) have been received made up of:

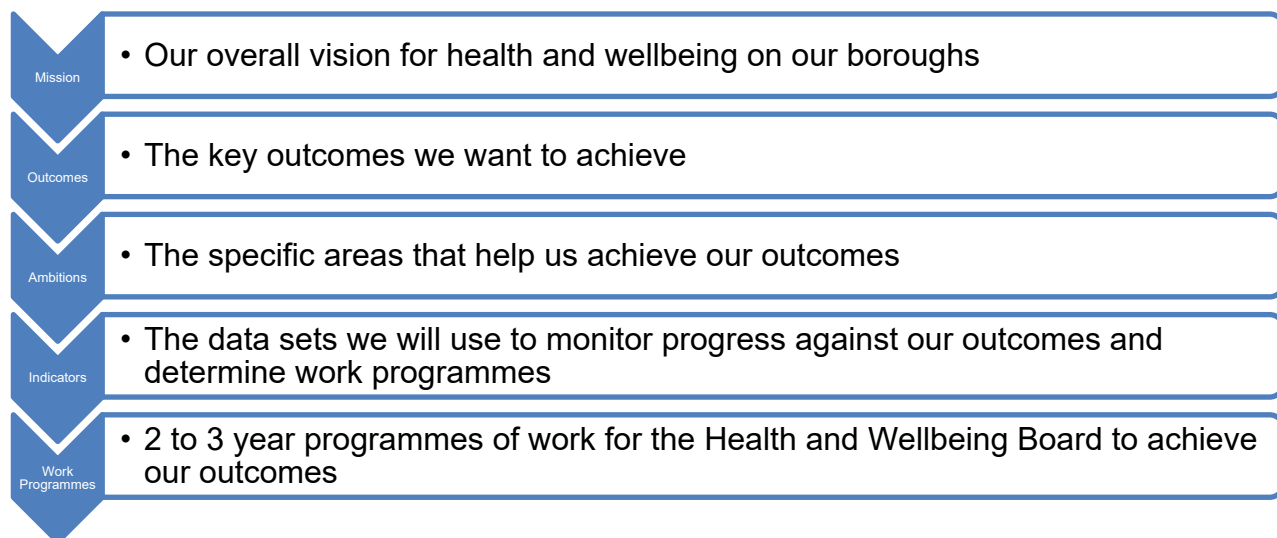
- 23 Westminster Residents
- 13 Kensington and Chelsea Residents
- 10 people who work in either borough
- 9 other

3.9 The top 5 responses to the questions ‘What do you think impacts on good health and wellbeing?’ were:

1. Cost of living (26 responses)
2. Access to health services (19)
3. Quality of housing (18)
4. Physical activity (15)
5. Mental health (15)

4. Draft Health and Wellbeing Strategy

4.1 The work to date has led to the following structure:



4.2 The draft strapline for the Health and Wellbeing Strategy is **‘Fairer, Longer, Happier Lives’**. This encapsulates our aims to tackle health inequalities, improve health and wellbeing and make sure everyone can live happy fulfilling lives.

4.3 Our vision outlines our approach to working with communities and across partners to make a difference to people’s lives.

“We want to reduce health inequalities across our boroughs so everyone has the opportunities and life chances to live their lives to the fullest, healthily and happily. This means we will focus our efforts on supporting people who are affected by avoidable, unfair and systemic causes of health inequalities, by helping them to make the connections that matters to them in their communities”

- 4.3 Supporting the vision are the outcomes that matter to people and be what we are all working to achieve.
- Residents live longer and in a way that allows them to fulfil their lives
 - Residents have their mental wellbeing seen as important as their physical health
 - Residents live in communities that are healthy, safe and with good quality schools, housing and environment
 - Residents have access to good quality and fairer services that meets their needs
- 4.4 These outcomes will be how the HWB board measures its success in achieving the strategy’s vision. An outcomes framework is being developed that will facilitate the principle that we are accountable to residents with shared ownership of decisions in an open and transparent way through the HWB board.
- 4.4 Following the HWB meeting on 15th September 2022 feedback on the draft ambition statements have been incorporated to form the basis of the strategy. The 10 ambition statements are the specific policy areas that contribute to the outcomes.
1. Our children and young people can achieve their full potential, feel healthy, safe and happy’
 2. We can all stay healthy
 3. We are supported to look after our mental wellbeing
 4. We have a good quality home
 5. We are all part of a community where we feel safe
 6. Our boroughs are healthy environments
 7. We are cared for by the best people and have access to the best services when and where needed
 8. We are all treated with fairness and empowered to shape the decisions that affect us
 9. We are all financially stable and have access to a enriching opportunities and good jobs
 10. We are supported and empowered to live as independently as possible
- 4.5 In the full strategy, the ambition statements will detail why these policy areas are important for health and wellbeing in our boroughs and what we can do to achieve our outcomes,
- 4.6 The outcomes framework will include a two-to-three-year work programme setting out what the board will focus on during that period. These decisions will be based on a set of indicators – data sets that will show the progress we are making towards achieving our outcomes.

5. Financial Implications

4.1 There are no direct financial implications arising from this report. Implementing our plans to achieve our strategy ambitions requires resources and investment over the long term as part of business and budget planning.

6. Legal Implications

5.1 The Health and Wellbeing Board has a statutory duty to prepare a joint health and wellbeing strategy under s116A of The Local Government and Public Involvement in Health Act 2007.

6. Carbon Impact

6.1 Health and Wellbeing outcomes include environmental impact. It is believed that there is no direct carbon impact as a result of this report, however the strategy will aim to bring positive indirect impacts.

7. Consultation

7.1 The Health and Wellbeing Strategy will be subject to formal consultation before being agreed by the Health and Wellbeing Board.

8. Equalities Implications

8.1 The Council must have due regard to its public sector equality duty under Section 149 of the Equality Act 2010. In summary section 149 provides that a Public Authority must, in the exercise of its functions, have due regard to the need to:

- (a) eliminate discrimination harassment, victimisation and any other conduct that is prohibited by or under this Act;
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and
- (c) foster good relations between persons who share a relevant protected characteristics and persons who do not share it.

8.2 Section 149 (7) of the Equality Act 2010 defines the relevant protected characteristics as age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

8.3 The Council believes there are no direct equalities implications arising from this report. An Equalities Impact Assessment will be undertaken as part of each policy review.

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
gaitken@westminster.gov.uk

Appendix A: Literature Review

Strategies	Reports	Insight/Engagement
<ul style="list-style-type: none"> • Fairer Westminster Strategy 2022-2026 • Our strategy for Special Educational Needs and Disabilities 2021-2024 Kensington and Chelsea Council • Our strategy for Special Educational Needs and Disabilities. 2021-2024. City Of Westminster • 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 • NHS Long Term Plan • Biodiversity Action Plan • Children and Young People’s Plan 	<ul style="list-style-type: none"> • Kensington and Chelsea Health Report October 2021, Public Health Intelligence • Westminster Health Report October 2021, Public Health Intelligence • The Mosaic Community Trust Annual Report 2021-2022 • 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 • The Marmot Review • The Marmot Review 10 Years On • BMEHF Social Isolation Report • My Care My Way • Children and Young People’s Plan Engagement Report 	<ul style="list-style-type: none"> • CYPP Engagement Review (Summary of recent consultation activities with children and young people across the Bi-Borough (2018-2022)) • COVID-19 Student Voice Survey collected 126 responses from primary schools, 374 from secondary schools and colleges and 42 responses from pupils with SEND (Bi-borough, 2020) • Grenfell – Children and Young People’s Emotional Health and Wellbeing Services with parents and carers, children and young people, schools, and residents or members of the wider North Kensington community (RBKC, 2021) • Community Safety Survey with residents, businesses, and other stakeholders (RBKC, 2021) • Here to Listen Event (WCC, 2021) • Churchill Garden Estate Survey May 2021 • Active Westminster Strategy Engagement session 2022 • Service User Feedback – Mental Health Strategy Kensington and Chelsea • Stakeholder Engagement – Mental Health Strategy Kensington and Chelsea • Virtual Wallet User Findings • Persona Profiles and Findings • Youth Wellbeing Feedback

		<ul style="list-style-type: none">• Young People Covid Concerns• 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
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Appendix B: Summary of Engagement Activity to date
 (*planned activity)

Stakeholder/Event	Activity
Residents	
RBKC Citizen's Panel	Market Stall
Health Champions	Presentation and discussion
Community Champions	Presentation and discussion
Young People	
Youth Action Alliance	Workshop
Youth Healthwatch	Workshop / Presentation
RBKC Youth Council	Workshop / Informal Discussion
WCC Youth Council	Workshop / Informal Discussion
Health and Social Care	
Youth Hubs	Presentation and discussion
Healthwatch – RBKC and WCC	Meeting and discussion (Virtual)
Health and Wellbeing Board	15 th September Meeting
NW London ICB	Staff workshops
NWL ICB Engagement Team	Meeting and discussion
BME Health Forum	Met with officers and attended Social Isolation event to incorporate comments
VCS	
One Westminster	Survey and overview of the HWBS was provided to One Westminster for distribution in their newsletter.
Kensington and Chelsea Voluntary Sector Council	Presentation to KCSC CEOs across VSC and discussion
Action Disability Kensington and Chelsea	Presentation and discussion
Mosaic Trust	Meeting / workshop
The Advocacy Project	Presentation and discussion
Abbey Centre	Attended Needs Assessment Focus Group Attending South Westminster Neighbourhood Network*
Council	
IGXU	Met with officers and collated with feedback
Active Westminster Partnership	Meeting and workshop with ActiveWestminster
Portobello Business Centre	Market stall as part of the summer events programme (17 organisations)
RBKC Healthwatch Advisory Group	Presentation and discussion
Grenfell Recovery Teams	Met with North Kensington Recovery Team

Joint Health and Well Being Board

Joint Health and Well Being Strategy - Update

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Discussion

24th November 2022



What we're asking the HWBB to do today

Although your colleagues have been involved in this iteration, this is the Board's first sight of the detail of the draft.

We will summarise the following:

- Work to date to reinforce the voice of residents and to be evidence led
- The structure of the strategy – how it could look and feel
- Your actions – call for case studies

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“Delivering improvements at population level requires action at community, service and civic level.”
(Marmot Review, 2021)

Our Engagement

We have used a variety of engagement methods so we can engage as many people as possible. This has involved a mix of quantitative (feedback forms/ surveys) and qualitative (existing or previous engagement activities, workshops, and events).

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Previous / Existing Engagement

Capturing learning from other engagement across the public sector and partners. This has meant we weren't asking the same people whilst also getting a larger and varied voice into the strategy

**E.G CYPS Engagement;
#2035**

Survey

Questionnaire undertaken to identify the needs and views of many people in a standard format.

**51 Responses so far
(115 views)**

Meetings / Presentations

To allow people to discuss their ideas in an open and relaxed atmosphere. These had a variety of formats and were designed to exchange information; to discuss the strengths, weaknesses, opportunities, and threats of the strategy; to obtain ideas and innovative thinking for a way forward.

25 held



Summer Events Programme

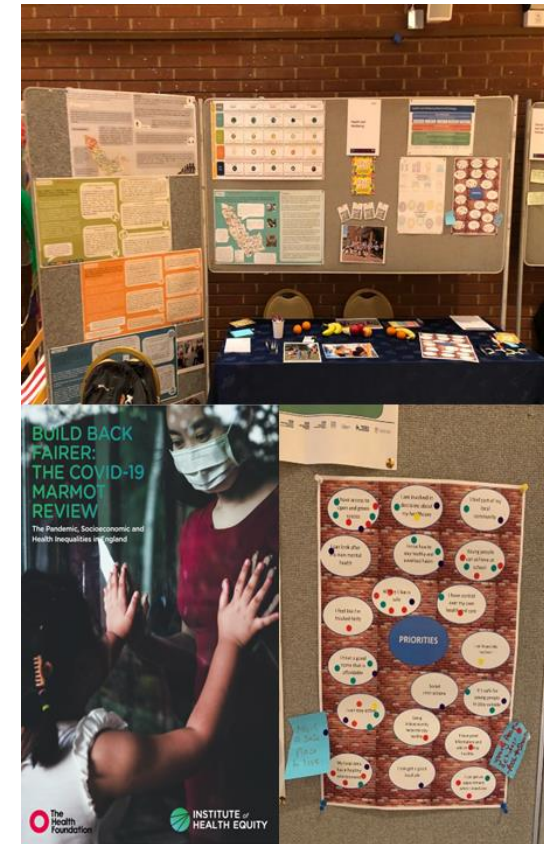
Using VCS and local businesses to put on events and activities throughout the summer to engage people about health inequalities, including vaccines.

**1,300 Events
23,000 people**

Public Forums

Using Citizens Panels and other forums to talk about the strategy and to encourage feedback directly or through the online survey

On going



Engagement – Children's and Young People


Listening and learning to deliver change is at the heart of how the strategy is being developed. The recent children's engagement has provided further opportunities to listen to their voices and shape our plan.

Through their work they designed and delivered **13** Future workshops with young people across both boroughs, engaging with over **130** children and young people aged 11- 25.

Reviewed their engagement with young people and parents across children's services and wider. These covered **more than 2500 responses** on a range of issues affecting children and families.

Bespoke CYPP engagement with residents in both boroughs through the Citizen's Panel in RBKC where we had **247 responses** and **50** in WCC through the reference panel.

3 staff engagement sessions and sessions with School Governors, Education Partnership Boards, and the Local Safeguarding Children Partnership.



Speaking out for Change

This 'Activism' future world in 2035 is based on the increased need for children and young people to feel engaged, safe, listened to and to be given opportunities to improve their lives.

- Young people and their communities are inspired to stand up and rally for change. (Greta Thunberg, Black Lives Matter Movement, etc...)
- Young people, families and their communities come together to speak out- mobilising and creating change for themselves.
- Young people are confident and know their rights, and know how they can communicate with organisations.
- Organisations respond to the demand for change, and they understand what communities want and need. Services change so they better fit the needs of young people.

HWB Structure

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Mission

Our overall vision for health and wellbeing across our boroughs



Outcomes

The 4 things that will change



Ambitions (Policy Areas)

The specific areas that help us achieve our outcomes



Indicators

The data sets we will use to monitor progress against our outcomes and determine work programmes



Work Programmes

2 to 3 year programmes of work for the **Health and Wellbeing Board** to achieve the outcomes

Our Vision and outcomes



We want to reduce health inequalities across our boroughs so everyone has the opportunities and life chances to live their lives to the fullest, healthily and happily. This means we will focus our efforts on supporting people who are affected by avoidable, unfair and systematic causes of health inequalities, by helping them to make the connections that matters to them in their communities.

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This matters so residents can...

1. live longer and in a way that allows them to fulfil their lives
2. have their mental wellbeing seen as important as their physical health
3. live in communities that are healthy, safe and with good quality schools, housing and environment
4. have access to good quality and services that meets their needs.

Our Ambitions (Policy Areas)



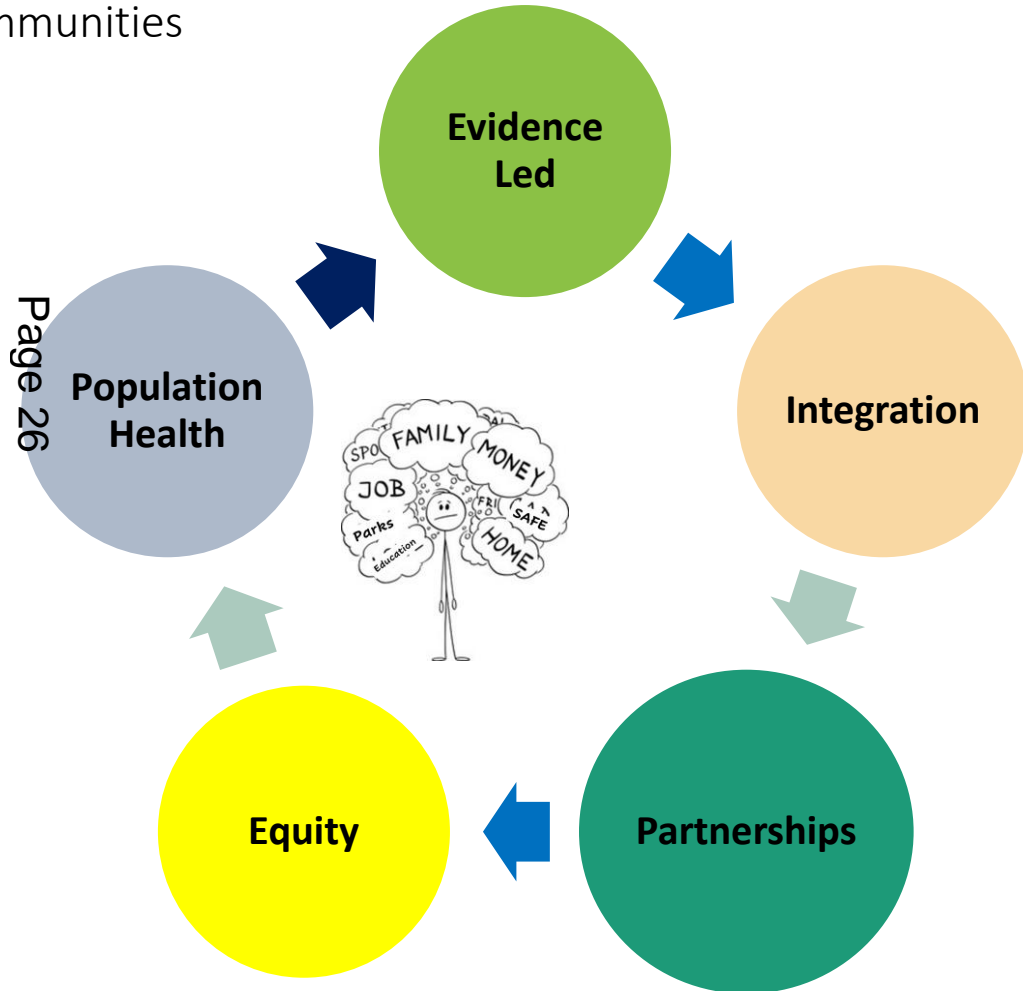
Our 10 ambition statements cover the **wider determinants** that are important for addressing health inequalities and important for our residents

1. Our children and young people can achieve their full potential, feel healthy, safe and happy'
2. We can all stay healthy
3. We are supported to look after our mental wellbeing
4. We have a good quality home
5. We are all part of a community where we feel safe
6. Our boroughs are healthy environments
7. We are cared for by the best people and have access to the best services when and where needed
8. We are all treated with fairness and empowered to shape the decisions that affect us
9. We are all financially stable and have access to enriching opportunities and good jobs
10. We are supported and empowered to live as independently as possible

Each statement will be supported by a **case study** to bring the strategy to life.

Underlying Principles of how we need to work

We will work with our communities by *listening and learning* to deliver this change and in doing so create stronger more resilient communities



Examples of how this is working ...

- 'Fuller report, Place Based Model of care design'
- Autism Strategy
- Dementia Plan
- Learning Disability – 'Big Plan'
- Mental Health Strategy
- Carers Strategy
- Suicide Prevention Strategy
- 20/80 Demonstrator Project
- Integrated Neighbourhood team development
- RBKC Biodiversity Plan
- #2035 – reducing inequalities
- Childhood Immunisations Pilot
- Healthy Schools Programme
- Homelessness Strategic Delivery Group

Structures & Governance:

New 'Place Based Partnership Collaboration & Delivery Group' to own and drive change

What is our outcomes framework? – *in development*

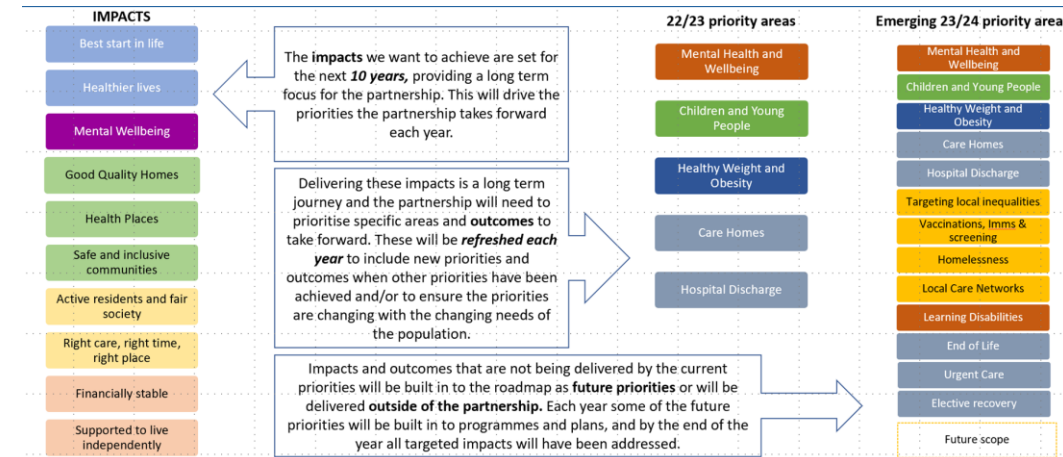


An outcomes framework will help link what we/you do (activities) with what you want to achieve (outcomes).

Our outcomes framework starts with our health and wellbeing strategy setting out the outcomes (impact) we want to achieve for our residents. These remain consistent for the next 10 years.

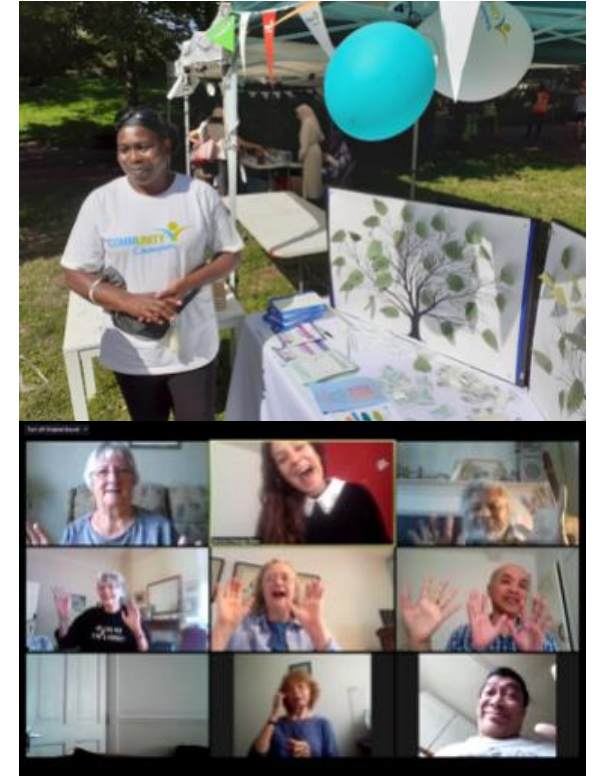
Using our Ambitions (policy areas) - every 2 years we will review and agree a delivery plan based on our priorities that year.

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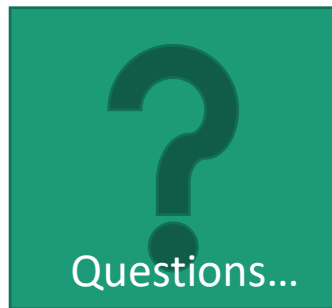


What we still need to do

- Develop the outcome framework and key metrics
 - Scope out the detail of the work programme – across health, housing, children's and young people etc.
 - Collect and document case studies, including videos to bring the strategy to life
 - Develop and agree a consultation plan
 - Finalise the joint HWB strategy
- Page 28
- Questions?



Your comments, questions and suggestions please...



APPENDICES



Literature Review Summary

Strategies	Reports	Insight/Engagement
<ul style="list-style-type: none"> Fairer Westminster Strategy 2022-2026 Our strategy for Special Educational Needs and Disabilities 2021-2024 Kensington and Chelsea Council Our strategy for Special Educational Needs and Disabilities. 2021-2024. City Of Westminster 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 NHS Long Term Plan 	<ul style="list-style-type: none"> Kensington and Chelsea Health Report October 2021, Public Health Intelligence Westminster Health Report October 2021, Public Health Intelligence The Mosaic Community Trust Annual Report 2021-2022 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 The Marmot Review The Marmot Review 10 Years On BMEHF Social Isolation Report My Care My Way 	<ul style="list-style-type: none"> CYPP Engagement Review (Summary of recent consultation activities with children and young people across the Bi-Borough (2018-2022)) COVID-19 Student Voice Survey collected 126 responses from primary schools, 374 from secondary schools and colleges and 42 responses from pupils with SEND (Bi-borough, 2020) Grenfell – Children and Young People’s Emotional Health and Wellbeing Services with parents and carers, children and young people, schools, and residents or members of the wider North Kensington community (RBKC, 2021) Community Safety Survey with residents, businesses, and other stakeholders (RBKC, 2021) Here to Listen Event (WCC, 2021) Churchill Garden Estate Survey May 2021 Active Westminster Strategy Engagement session 2022 Service User Feedback – Mental Health Strategy Kensington and Chelsea Stakeholder Engagement – Mental Health Strategy Kensington and Chelsea Virtual Wallet User Findings Persona Profiles and Findings Youth Wellbeing Feedback Young People Covid Concerns 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

Appendix: Engagement Summary

VCS		Health and Social Care		Council			
One Westminster	Survey and overview of the HWBS was provided to One Westminster for distribution in their newsletter.	Children in Care Council		IGXU	Informal meeting with Aby Murray – she will collate information and provide us with feedback		
		Youth Hubs					
		Healthwatch – RBKC/WCC	Meeting and discussion				
Kensington and Chelsea Voluntary Sector Council	Presentation to KCSC CEOs across VSC and discussion	NW London ICB	Workshops (x3)	Active Westminster Partnership	Meeting and workshop with ActiveWestminster strategy consultants Aligning HWB with Active Strategy		
		NWL ICB Engagement Team					
Westminster Homeless Partnership		BME Health Forum					
Action Disability Kensington and Chelsea	Workshop and presentation	Residents		Portobello Business Centre	Part of the summer events programme (17 local businesses involved)		
RBKC Mental Health Partnership		RBKC Citizen's Panel	Market Stall				
Mosaic Trust	Meeting / workshop	Health Champions	Presentation and discussion	RBKC Healthwatch Advisory Group			
The Advocacy Project		Community Champions	Presentation and discussion				
Abbey Centre				Grenfell Recovery Teams			
Young People				Summer Inequalities Programme			
Youth Action Alliance	Workshop				Westminster	RBKC	Total
Youth Healthwatch	Workshop / Presentation			Number of events	491	802	1,293
RBKC and WCC Youth Council	Workshop / Informal Discussion			Number of people engaged	13,088	11,286	24,374
Young K&C Foundation							

Survey Summary

The survey that supplemented the engagement received 51 responses (to date) made up of:

- 23 Westminster Residents
- 13 Kensington and Chelsea Residents
- 10 people who work in either borough
- 9 other

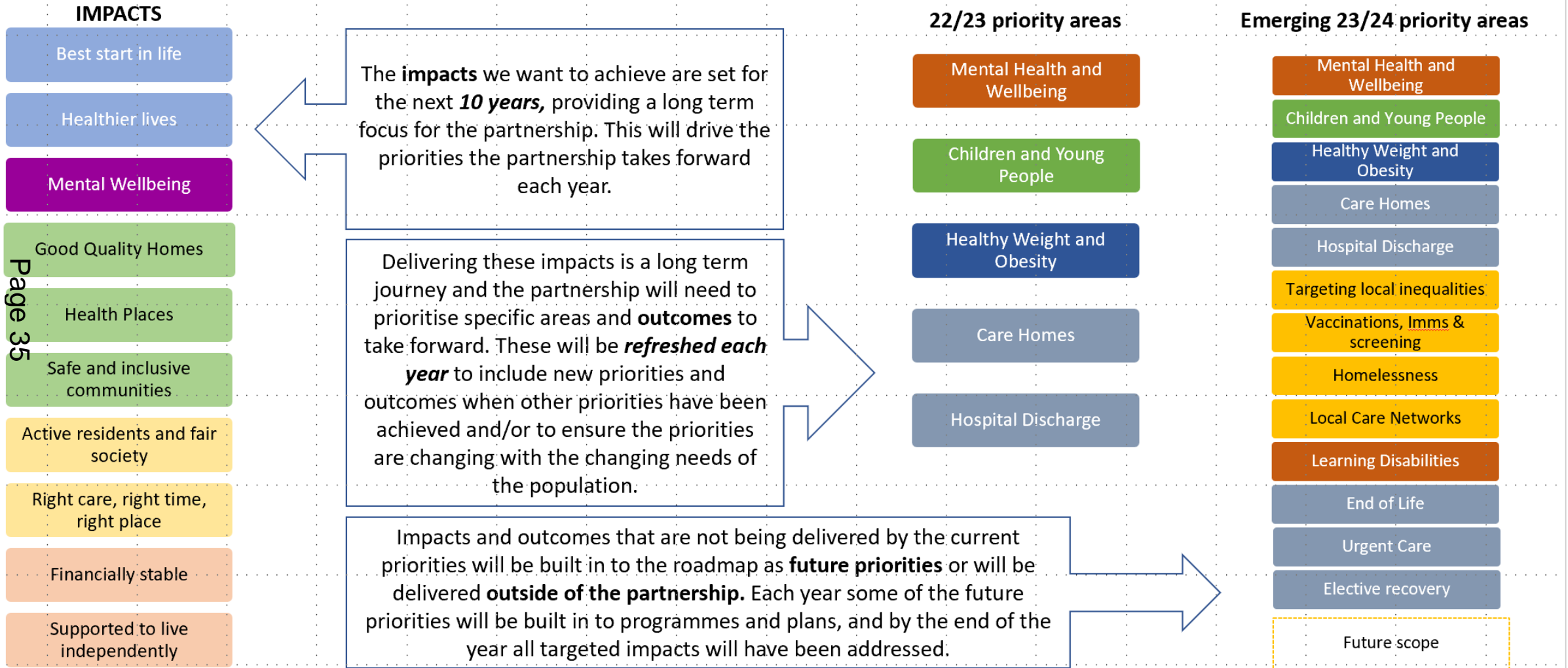
The top 5 responses to the questions *'What do you think impacts on good health and wellbeing?'* were:

1. Cost of living (26 responses)
2. Access to health services (19)
3. Quality of housing (18)
4. Physical activity (15)
5. Mental health (15)

What Residents tell us....

Early Intervention	Residents in control (tailored support)	Access to the right support at the right time
<ul style="list-style-type: none"> • There seems to be a rise in people with depression or anxiety, and a lot of these people don't get enough help that they should, and they don't even know they need help. • As an older man living by myself, I will feel supported if we get more free community events to bring people together as many have been isolated during COVID-19 • We need more community-based health initiatives, family events, mental health support groups, social exercise clubs and pet friendly events" • We need more community-based health initiatives, family events, mental health support groups, social exercise clubs and pet friendly events • 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. • It will be great to have a trusted community professional that will be able to offer a tailored personalised health and wellbeing plan, as well as access to live health information at fingertips • We should have some sort of activities where we can easily participate and share the feelings 	<ul style="list-style-type: none"> • It will be great to have a trusted community professional that will be able to offer a tailored personalised health and wellbeing plan, as well as access to live health information on an app • More accessible community information on what's available, more should be happening at community centres for people's health and wellbeing. More walk-in advice centres with multi-lingual support • Right now I think a service that would benefit me is a women's group meeting either via zoom or when restrictions start to ease face to face. I think meeting other women particularly women that are going through the same thing that I am going through would be very helpful. There could be meetings to discuss our feelings and the best ways to deal with them; a kind of group counselling. It would also be a good way to make new friends. • I think activities that meet the needs of people with disabilities. Activities that take into account individual needs and bring those people together. I like many things but because of my disability I can't do many things I used to do. So now just having nice talks about interesting subjects will be very nice for me. Learning about meditation and ways to relax are very useful as well and I am very interested in. 	<ul style="list-style-type: none"> • It is so hard to get an appointment at the GP these days and when you finally manage to book an appointment its almost two or three weeks later, It's just not good enough. • People often prioritise their housing issues such as flooding from the flat over their health problems. Poor income or unemployment puts them in a state of helplessness, causing them significant anxiety and depression • Different BME communities should organise activities talking about sexual orientation. Many young people in BME communities are voiceless and suffering in silence as they cannot express themselves in the community

Outcomes Framework

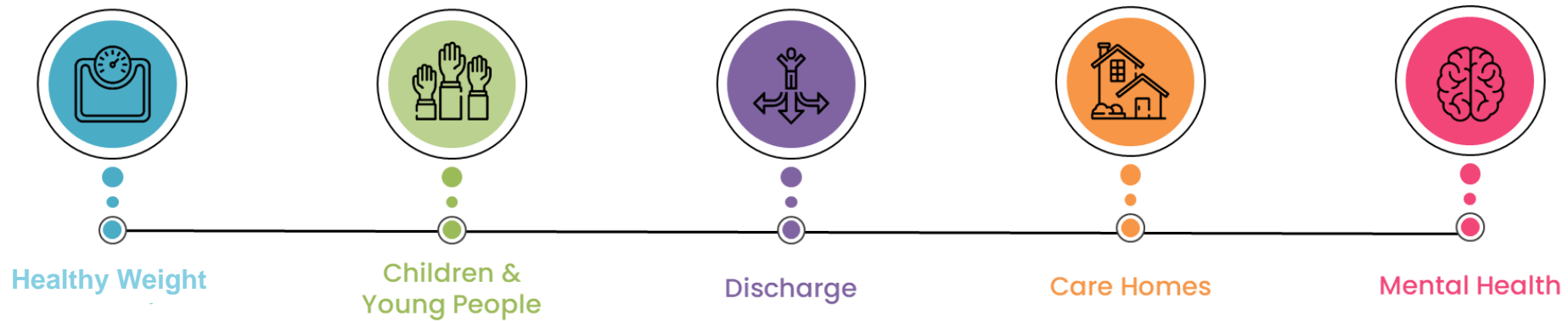


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Building Up Our Actions for the next 2 years

We have identified a set of shared priorities, or “impact areas” that will start our journey to reducing health inequalities. These include:

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Draft Work Programme example – Mental Health (Older Adult Priority Area) – to meet outcomes

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Input	Activity	Output	Outcome	Outcome Metric	Impact
<ul style="list-style-type: none"> Recruit 2 x OA MH practitioner roles for OA 	<ul style="list-style-type: none"> Working with a PCN in K&C and Westminster to design and test new older adults bridging roles. They will work to support two practices each with the ambition to scale across PCN patches as the roles embed in primary care. 	<ul style="list-style-type: none"> Strengthened links with GPs that will help prevent case deterioration More proactive identification and support to individuals with multiple co-morbidities who don't meet secondary care thresholds. Delivery of evaluation report demonstrating proof of concept by Q3 22/23 	<ul style="list-style-type: none"> Increase in access to specialist MH support for older adults who don't meet secondary care thresholds but are too complex for OA to manage alone and prevent their escalation of need. Offer of specialist mental health offer and support across PCN. 	<ul style="list-style-type: none"> % reduction of no of secondary care referrals from GP practices participating in pilot % reduction in no of older adults referrals declined by secondary care Improved patient experience demonstrated by qualitative survey 	<ul style="list-style-type: none"> All people are supported to look after their mental wellbeing. All people are cared for by the people and services that best meet their needs, in the right place, and at the right time.
<ul style="list-style-type: none"> Establishing an agreed approach to work in an integrated way to enable specialist MH input into wider frailty MDT discussions across KCW 	<ul style="list-style-type: none"> Develop tiered approach to MDT input that makes best use of existing resources and structures Test new ways of working to support more joined up decision making around where best to target resource to prevent deterioration 	<ul style="list-style-type: none"> Delivery of local approach that clearly sets out purpose and function of MDTs at each level More coordinated and assertive community response for people with co-morbidities and overlap of needs 	<ul style="list-style-type: none"> Develop and implement a more integrated Older Adult pathway model across the bi-borough There is better continuity of care for patients, achieved through joint care planning for individuals with complex co-morbidities who are at high risk of deterioration. 	<ul style="list-style-type: none"> Improved patient experience demonstrated by a qualitative survey Improved staff experience demonstrated by a qualitative survey Delivery of urgent Community Response to rapid PH &/or MH deterioration 	<ul style="list-style-type: none"> All people are supported to look after their mental wellbeing. All people are cared for by the people and services that best meet their needs, in the right place, and at the right time. All people are treated fairly and are able to shape the decisions that affect them.

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