

# Committee Agenda



City of  
Westminster



THE ROYAL BOROUGH OF  
KENSINGTON  
AND CHELSEA

Title: **Health & Wellbeing Board**

Meeting Date: **Thursday 8th June, 2023**

Time: **4.00 pm**

Venue: **Greenside Community Centre, Lilestone Street, NW8 8SR**

Councillor Nafsika Butler-Thalassis (Chair)	Cabinet Member for Adult Social Care, Public Health and Voluntary Sector, WCC
Councillor Sarah Addenbrooke (Chair)	Lead Member for Adult Social Care and Public Health, RBKC
Councillor Lorraine Dean 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
Judith Davey	Healthwatch Westminster
Iain Cassidy	Open Age
James Benson	NHS London
Andrew Steedman	NHS NWL
Jackie Rosenberg	One Westminster
Lena Choudary-Salter	Westminster Community Network
Gary Davies	
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**

**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](mailto:mburton@westminster.gov.uk)  
Corporate Website: [www.westminster.gov.uk](http://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)**

#### **PART A**

**1. INTRODUCTION AND WELCOME TO THE MEETING**

**2. MEMBERSHIP**

To report any changes to the Membership of the meeting.

**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 AND ACTIONS ARISING**

To agree the Minutes of the meeting held on 30 March 2023.

**(Pages 5 - 46)**

**5. COMPLEX CARE (WRITE-UP FROM PREVIOUS MEETING)**

**(Pages 47 - 50)**

#### **PART B**

**6. VIBRANT AND HEALTHY COMMUNITIES**

**(Pages 51 - 60)**

The session will be interactive and engaging with opportunities for HWB members to interact with those presenting and the market stalls to understand how the wider social determinants impacts in the theme.

This will include:

1. Introduction to Vibrant and Healthy Communities
2. Presentation by Person with Lived Experiences
3. Market stalls

#### **REPORTS**

**7. HEALTH AND WELLBEING STRATEGY - CONSULTATION UPDATE**

*To follow*

**8. NWL ICS STRATEGY**

*To follow*

**9. BETTER CARE FUND - END OF YEAR REPORT**

For agreement

**(Pages 61 - 64)**

**10. BETTER CARE FUND 2023-24**

For agreement

**(Pages 65 - 68)**

**Stuart Love**  
**Chief Executive, Westminster City Council**

**Maxine Holdsworth**  
**Chief Executive, Royal Borough of Kensington and Chelsea**

**31 May 2023**

# Agenda Item 4

Minutes of the Meeting of the Health & Wellbeing Board held in the Chelsea Old Town Hall, King's Road, Kensington and Chelsea, London, SW3 5EE at 4.00 pm on Thursday, 30 March 2023

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## **PRESENT**

### **Members of the Board**

Cllr Nafsika Butler-Thalassis (Chair), Cabinet Member for Adult Social Care, Public Health and Voluntary Sector, Westminster City Council  
Cllr Sarah Addenbrooke (Chair), Lead Member for Adult Social Care and Public Health, Royal Borough of Kensington and Chelsea  
Cllr Tim Mitchell, Opposition Representative, Westminster City Council  
Dr Andrew Steeden, Borough Medical Director, West London  
Sarah Newman, Bi-Borough Executive Director of Children's Services  
Anna Raleigh, Director of Public Health  
James Benson, Place Based Partnership Director and Chief Executive Officer  
Dr Jan Maniera, Clinical Director SWPCN and Borough Medical Director  
Angela Spence, Chief Executive  
Ann Sheridan, Community Services Manager, Central and North West London NHS Foundation Trust  
Danni O'Connell, Healthwatch Westminster and Kensington and Chelsea (substitute)

## **1 INTRODUCTION AND WELCOME TO THE MEETING**

Councillor Sarah Addenbrooke welcomed everyone to the meeting, and thanked those who facilitated the tour of Violet Melchett Health Centre prior to the Board meeting.

It was noted that the theme of this Health and Wellbeing Board meeting was Complex Care.

## **2 MEMBERSHIP**

Apologies for absence were received from Councillor Faulks, Bernie Flaherty, Lena Choudary-Salter, and Judith Davey.

Danni O'Connell attended as a substitute for Judith Davey.

## **3 DECLARATIONS OF INTEREST**

None received.

## **4 MINUTES OF THE PREVIOUS MEETING**

James Benson noted that his title was recorded incorrectly and should read Central London Community Healthcare NHS Trust.

The minutes of the meeting held on 26 January 2023 were confirmed as a correct record and signed by the Co-Chair, Councillor Nafsika Butler-Thalassis.

## **5 HEALTH AND WELLBEING BOARD - NEW TERMS OF REFERENCE**

The Terms of Reference were noted by the Board.

## **6 MENTAL HEALTH (WRITE UP FROM LAST MEETING)**

The report was noted by the Board.

## **7 COMPLEX CARE**

Dr Andrew Steeden introduced the report, and raised the following points:

1. The importance of working together as partners to provide an integrated care offer.
2. That this work was integral to the aim of reducing health inequalities.

Dr Andrew Steeden invited Rose Doyle, from the Local Accountancy Project, to present stories of those with lived experiences in this area. Rose shared the following examples:

1. Health deterioration when not provided with sufficient support after undergoing surgery.
2. Difficulties of finding respite care.
3. Once discharged, difficulties finding health professionals to contact.
4. Care only provided temporarily.
5. Being put off wanting to have operations out of fear of the lack of support that would be received following it.

Members and attendees visited four market stalls, and provided feedback. The stalls were on the topics of discharge, care homes, good health, and community safety.

The Chair invited Members of the Board to provide reflections from their discussions at the market stalls, and the following points were raised by Board members:

1. The stalls highlighted the various determinants of health and wellbeing and the importance of thinking about the topic more widely.
2. The stalls provided Board members with hope and that the next stage was making goals a reality.
3. The stalls emphasised the vulnerabilities of those who live alone, particularly with regards to discharge.
4. The importance of having an integrated offer for discharge services.
5. The value of residents knowing who to contact in different circumstances and feeling confident that they will receive a response.

## **8 REQUEST TO LAUNCH AND PROCEED TO CONSULTATION OF THE HEALTH AND WELLBEING STRATEGY**

Rachel Soni and Joe Nguyen introduced the item, and raised the following points:

1. The Strategy was a document which set out the ambition and vision for the health and wellbeing of the residents in the Boroughs. There were ten key ambitions and various outcomes related to each ambition.
2. There were still errors in this draft which would be corrected and there was still time to make changes based on feedback received at the meeting.
3. Feedback had been taken as to how to improve the consultation methodology.
4. The Strategy would be provided in a hard copy form, as well as an interactive online version.
5. It allowed NHS partners to work differently with other public sector partners, such as, schools and housing departments.
6. The North West London Integrated Care System were also consulting on their Strategy and this linked to it on a more local level.
7. The Strategy supported broader social and economic development.
8. Board Members were asked to help to share the Strategy and to feature it in their own organisational and business plans.

A demonstration was provided of the online, interactive version of the Strategy.

The Chair invited comments from Board Members on the Strategy, and the following points were raised:

1. Healthwatch noted that they were working with Council colleagues to provide an easy read version of the document.
2. It was important that it set out the issues, as well as the ambitions.
3. Suggested having an access page for residents to use so they know who to contact for an issue and how to do so.
4. To maintain it as a live document that could be edited as the demographic of residents changes.
5. Greater reference to the Grenfell Tragedy and the support in place for bereaved, survivors and the local residents to be added.
6. Asked to revisit those who helped to develop the Strategy in its early stages to gain their feedback on the changes made.
7. An appendix would be added to provide the dates of the statistics referenced in the Strategy.
8. It needed to be made clear how the Strategy fitted in with other key documents.
9. Suggested adding reference to the planning cycles and incremental achievements at the start of the document and revisiting it at the end.
10. Partners needed to know clearly what their role was in relation to the Strategy.

The Chair then invited comments from members of the public who were in attendance, and the following points were raised:

1. It was shared that residents' interests included the impact of climate change on health and wellbeing, the impact of mental ill health on health and wellbeing, and the importance of working closely with the voluntary sector and communities.
2. It was also echoed that Grenfell recovery should be a stronger focus throughout the Strategy, as those impacted were starting to experience the longer-term impacts of the Tragedy.

RESOLVED:

The Board noted the work carried out to date to develop the draft 10-year Health and Wellbeing Strategy.

The Board approved the draft strategy for consultation and agreed to endorse and promote the consultation through their local networks and partnerships.

## **9 ANY OTHER BUSINESS**

There was one matter of business raised by a resident in attendance, and the following points were made:

1. Due to the reduction in mental health beds and services, mental health issues of those who were disengaged with the system were going untreated and this was causing severe impacts to communities.
2. Examples included a stabbing and, abusive neighbours were shared with the Board.
3. The Royal Borough of Kensington and Chelsea had responded and committed to help with the issues in the community and the resident asked for all stakeholders to do the same.
4. Board Members noted that they would discuss these issues outside of the meeting with the resident.

## **10 DATE OF NEXT MEETING**

The next meeting would be held on 1 June 2023, to be hosted by the City of Westminster.

The meeting ended at 5.55 pm

Chair





Kensington and Chelsea  
and Westminster's

# Health and Wellbeing Strategy

2023–2033

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Healthier and Happier Lives



City of Westminster



THE ROYAL BOROUGH OF  
KENSINGTON  
AND CHELSEA



North West London  
Page 9



North West London  
Integrated Care System

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# Foreword

**This is a ten-year Health and Wellbeing Strategy, informed by the views and experiences of our residents across Kensington and Chelsea and Westminster to reduce health inequalities in our communities.**

This is a call to action to our community organisations, local institutions, businesses and public sector bodies to build stronger collaborative links. Doing so will help make our boroughs fairer, and better places for people to live.

The past few years have been hard for many people because of the COVID-19 pandemic. This has placed unprecedented demands on services and amplified deep-rooted and systemic inequalities in our society. We also need to learn from the Grenfell tragedy, and to improve how we listen and work with our residents. The cost-of-living crisis is also placing unequal pressure on people and services, and this is likely to widen inequalities.

We know the gap and quality in life expectancy is not right. We will work together to close the gap in healthy life expectancy between the poorest and richest parts of the boroughs. This will mean working differently, and more closely with residents, building on the strengths of our diverse communities, with a stronger focus on prevention and early intervention.

We are convinced that by implementing this strategy and working with our partners, the Health and Wellbeing Board will make a real difference. Residents have also told us they want us to work with them and come together to address the aspects of residents' lives that impact health outcomes. This means ensuring health and wellbeing is central to everything we do across housing, education, employment, and the environment. This strategy outlines our approach to closer collaboration.

We are setting out a long-term approach with a set of common principles and ambitions that we believe will make a difference, however this strategy is only the start. Achieving our ambitions will involve everyone from a whole range of professions and community organisations. As a partnership, we pledge to work together to deliver the very best services with a focus on improving health outcomes for the most disadvantaged people in our boroughs.



**Sarah Addenbrooke**

Lead Member for Adult Social Care and Public Health, Kensington and Chelsea



**Nafsika Butler-Thalassis**

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



**James Benson**

Chief Executive Officer, Central London Community Healthcare NHS Trust, Co-Chair Place Based Partnership



**Bernie Flaherty**

Deputy Chief Executive, Westminster City Council and Executive Director, Adult Social Care and Health for the Royal Borough of Kensington and Chelsea and Westminster City Council



**Jackie Rosenberg**

OneWestminster



**Angela Spence**

Kensington and Chelsea Social Council



**Danni O'Connell**

Healthwatch Service Manager

# Introduction

This strategy is a vision to achieve good health and wellbeing in our boroughs that is equitable for all. It will show how, by all working together, we can make a difference.

The strategy is the Joint Health and Wellbeing Board's commitment to those who live in, work in and visit our boroughs to ensure everyone has a fair opportunity to live a happier and healthier life.

## The Joint Health and Wellbeing Board

The Joint Health and Wellbeing Board is a well-established partnership between our local authorities, NHS and Voluntary and Community organisations. The Board is a legal body responsible for understanding and improving the health and wellbeing of residents in our boroughs and through it we are committed to reducing health inequalities through integrated working.

The Board has a responsibility to write and deliver a Health and Wellbeing Strategy.

## North West London Integrated Care System

The North West London Integrated Care System (ICS) covers the eight boroughs of North West London and brings together all health and care organisations working to:

- improve outcomes in population health and health care
- prevent ill health and tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- support broader economic and social development



The ICS has two key components:

- The Integrated Care Board (ICB) is responsible for planning and funding most NHS services in North West London
- The Integrated Care Partnership (ICP) brings together partners to develop a health and care strategy for North West London.

## Bi-borough Place-Based Partnership

The Bi-borough Place-Based Partnership is our Bi-borough based health and care partnership responsible for implementing many parts of the Health and Wellbeing Strategy.

The Place-Based Partnership will use population health data to target care where it is needed most. This will mean working in a joined-up way with a focus on prevention and management of long-term conditions, as well as improving access and outcomes for people with mental health needs, learning disabilities and autism.



# Context

**Good health and wellbeing should not be determined by who we are, where we live, what school we go to or how much money we have.**

It is unacceptable that across Kensington and Chelsea and Westminster there are differences that mean the life chances of our residents differ. We want to stop these health inequalities as many of the things that impact people are avoidable and unfair.

We know that to address this requires everyone having the same vision, collaborating and sharing expertise and best practice. We are committed to working alongside our residents and supporting them to harness the strength and resources they have within their communities to help themselves, their families and their neighbourhoods to reduce inequalities.

The health inequalities that exist in our communities have been compounded over the last few years, both by the COVID-19 pandemic and the fire at Grenfell Tower. This has put yet more pressure on our communities and we need to ensure our support is sufficiently targeted to provide the helping hand they may need.

The fire at Grenfell Tower was a national tragedy. That this tragedy happened in an area where there was already high inequality means that the effects were made worse for the local community and has made the recovery more challenging. There are lessons to be learnt from Grenfell going forward, but the impacts of the tragedy will continue to have a massive bearing on the communities of North Kensington and across both of our boroughs.

Health inequalities also worsened the impact of the COVID-19 pandemic for some of our residents. People in overcrowded houses were less able to isolate if needed and workers on low paid jobs were less able to work remotely. Children and young people's education was affected and the collective trauma of the pandemic has had an impact on everyone's mental health.

However, Grenfell and the Covid-19 pandemic showed the great strength and resilience across our communities. We saw how residents came together to support each other and how organisations worked alongside one another to solve problems. Working across the public sector, businesses and the voluntary and community sector we will continue to learn from these experiences to bring about change. We can also look at what has not worked so we respond to the wants and needs of our residents.

## DID YOU KNOW?



**Kensington and Chelsea and Westminster are the smallest boroughs in the country.**

## Residents' voice

This strategy is only the start of our conversations and over the next 10 years we will continue to seek feedback from a wide range of residents and other stakeholders to help us achieve the best outcomes.



The North of the borough residents need good safe housing, need to be listened to and taken seriously, investment in mental health, housing and child and youth groups.

The community around me is very special to me.

I think we need activities that meet the needs of people with disabilities. Even simply having nice talks about interesting subjects would be very nice for me.

More safety for women in the streets!

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.



I would love to learn about meditation and ways to relax.

More accessible community information on what's available.



It would be great to have a trusted community professional, able to offer a tailored personalised health and wellbeing plan.

Poor income or unemployment can make a person feel helpless, anxious or depressed.

Being the best Council in light of Grenfell means helping the community as much as possible. Helping them with jobs, skills and housing enabling them to live independently.

More should be happening at community centres for people's health and wellbeing.

People often prioritise their housing issues over their health problems.



Youth groups provide a place for your voice to be heard, no matter where you are from or your background.



@ SOMANG LEE STUDIO

# Our boroughs

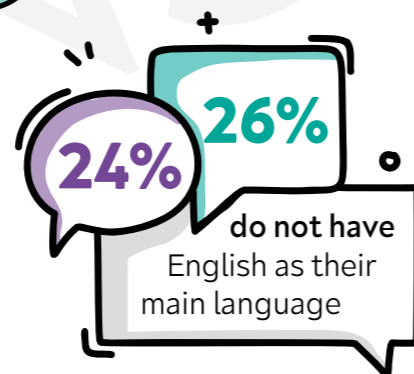
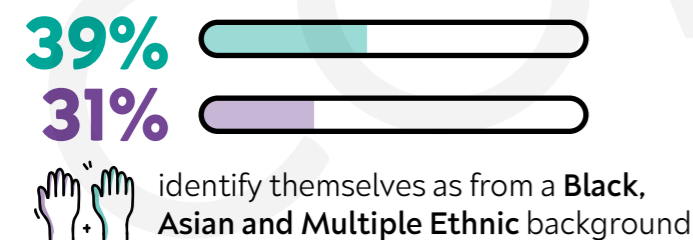
## What we know about our boroughs

The data we have provides a clear understanding of the health and wellbeing needs of our residents and informed through wider engagement help to identify what we need to do to improve health and wellbeing.

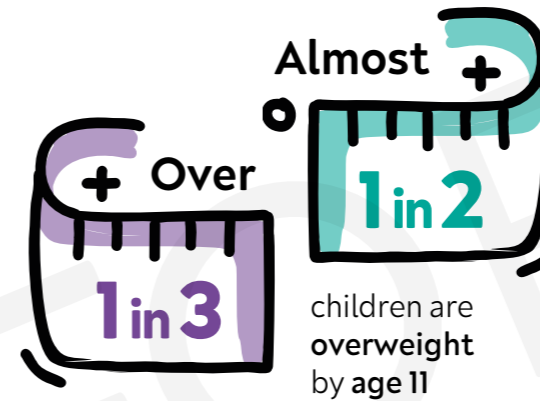
Many of the health and wellbeing issues that our residents face are challenging and complex. No single organisation or person can solve them so it is important we work together to harness the skills and resources of partners and local communities.

Life expectancy in our boroughs is high. Westminster has the highest life expectancy for men in England, and Kensington and Chelsea has the highest for women. However, this disguises the significant variations in how long and how well residents live with many health inequalities between different parts of our boroughs and in different communities. Some of the key indicators that need to be improved if we are to improve health outcomes for all include:

### Population



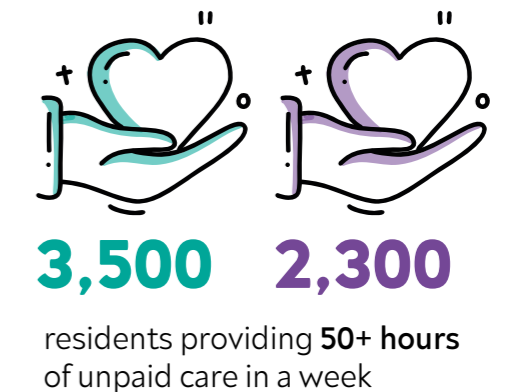
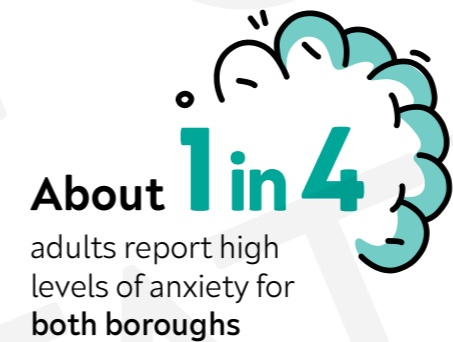
Figures correct as of April. For full details and time periods see reference table on page XX



Average Male Life Expectancy:



Average Female Life Expectancy:



Find out more at [www.linkaddress.com/link](http://www.linkaddress.com/link)



# How we developed the strategy

The development of this strategy is a demonstration of our principles in action.

This strategy has been informed by data and what residents told us is important to them to improve their health and wellbeing.



## Engagement

- Communities
- Young People
- Adults
- Health
- VCS Organisations
- Summer Events Programme
  - 1,300 events
  - 18,000 people



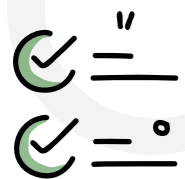
## Literature Review

- RBKC Council Plan
- Fairer Westminster Strategy 2022-2026
- Children and Young Peoples Plan
- NHS Long Term Plan
- Fuller Report
- Marmot Review



## Co-Production

- Ambition Workshops
  - 10 workshops
  - Engaged 60 subject leads across Health, VCS, LA
- Illustration Workshops
  - Local Account Group
  - Partners
  - Senior Leads



## Consultation

- Workshops
  - xxxxx
  - xxxxx
- Events
  - xxxxx
  - xxxxx
- Surveys
  - xxxxx
  - xxxxx

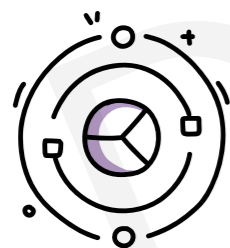


“ I will feel supported if we get more community events to bring people together as many have been isolated during COVID-19. ”

# Making a strategy a reality

This is our vision and strategy for the next 10 years, but the strategy is only the beginning.

This 10 year strategy sets out our:



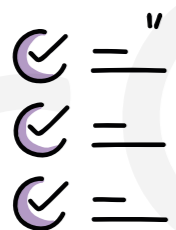
## Vision

Our long term aim for the future.



## Outcomes

These are the four things that will change if we are successful.



## Principles

These set out the ways we commit to working to achieve our vision.

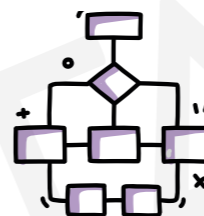


## Ambition statements

The different policy areas we will focus on to achieve our outcomes.



Our vision and outcomes will remain consistent for the next ten years. To achieve these ambitions the Health and Wellbeing Board will produce an action plan focusing on how we will put these ambitions into action and how we will measure success. The action plan will be refreshed at least every two years to make it is up to date. The action plan will be based on feedback from residents and data. It will be aimed specifically at tackling health inequalities.



## Action Plan

2 year action plans setting out what partners commit to do.

Alongside the action plan we will develop an outcomes framework. The framework will also be data led and reflect what residents tell us to show whether or not we are achieving our outcomes, and what needs to be done to make more progress.

We are committed to being accountable to our communities.

The Joint Health and Wellbeing Board has changed how it works to be more open to partners and communities.

The Joint Health and Wellbeing Board will be the key forum where:

- partners hold each other to account as board members
- residents hold members to account for delivering on this strategy
- those responsible for each ambition area update on progress on a regular basis
- the action plan and outcomes framework are presented and discussed regularly

# Our vision

People want to live healthy and happy lives to the fullest, in ways they choose, in communities that are safe.

Our vision is underpinned by four outcomes, which focus on the issues that will most improve lives. Residents want to:

# 1

Live longer and fulfilling lives.



# 3

Live in communities that are healthy, safe and with good quality schools, housing and environment.



# 2

Have their mental wellbeing regarded as equally as important as their physical health.



# 4

Have access to good quality, fair services that meet their needs.



# Our principles to reducing inequalities

Local Government, Health Services and the Community and Voluntary Sector work together every day to deliver quality services. Over the course of this ten-year strategy, we are committed to working together, guided by a set of principles to improve the health and wellbeing of residents.



## → We have a single and agreed vision

There are unacceptable health inequalities in our boroughs. In everything we do we will take an approach of targeted equality, directing resources to address inequalities and unfairness.



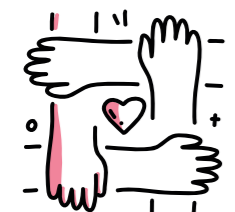
## → We deliver better health and wellbeing for all

Prevention is better than cure. Often referred to as the 'social determinants of health', we know that where and how, people's lives will have an impact on their health and wellbeing. Residents are more likely to have better health outcomes if they live in good quality housing, have a well-paid job, if their children can attend good quality schools, and live in good quality environments, with access to services when they need.



## → We are data-led

We will also be guided by evidence and data, alongside what residents tell us, to make the best decisions. This includes looking at new ways to collect data, being honest about what we don't know, and placing an emphasis on lived experience.



## → We will be community-led

Our communities have told us what their priorities are through consultation and engagement exercises; their voices drive our work. To ensure people have a greater say over the nature of local services we will commit to co-producing as much as possible with communities.



## We work as one partnership

→ We will build closer relationships with our communities and partner organisations to aid decision-making, to make our policies and delivery of services geared towards improving the health and wellbeing of residents. We can achieve more this way than we can on our own.

To see these principles in action visit [westminster.gov.uk/changing-futures](https://westminster.gov.uk/changing-futures)





Kensington & Chelsea  

**1 in 5** children live in poverty

Westminster  

**1 in 4** children live in poverty

# 1 Our children and young people are healthy, happy, safe and can achieve their full potential.

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**A good start in life and feeling safe is fundamental to our children's future life chances; all children and young people should be able to thrive from birth, through school to adulthood, to enable them to realise their ambitions.**

We know that there are significant challenges to improve children's health in our boroughs' from low vaccination rates, struggles with mental health and difficulties maintaining a healthy weight.

Identifying children's needs and appropriate support early is crucial to ensuring the best start in life. Together with parents we have developed a more integrated approach to supporting children from birth to five to ensure that support from health and other professionals is available in the right place at the right time.

“ Opportunities are no way near equal depending on what school you go to. ”

Engagement report

Children and young people's emotional and mental health needs will be treated as importantly as their physical health. We will do more to provide early support services, strengthen mental health support in schools and improve how we communicate to young people the range of emotional wellbeing and mental health support available in the Community.

Supporting all children and young people to succeed can only be achieved by equipping them with the skills to transition to adulthood, ensuring they can meet their ambitions, and access pathways to further education, university, employment, or enterprise. This includes tackling the causes of school exclusions and supporting children with Special Educational Needs and Disabilities (SEND) and children in contact with social care.

We know young people worry about their safety. We want children and young people to feel safe, be protected from serious violence, harm, harmful practices, abuse, and neglect at home, online and in the community.



# Kensington and Chelsea Youth Council: Limitless

Following a successful proposal by the Youth Council in Kensington and Chelsea, the development of a new Urban Youth Room in the Notting Hill Gate area is being supported as part of the High Streets for All Challenge.

This is an initiative that invites local partnerships to bring forward and co-design innovative high street recovery strategies and proposals.

The aim is to create a welcoming space for young people to study, collaborate, socialise, attend events and participate in workshops, courses and training. This will help to create social capital for young people living and working in the borough, inviting them to have a stake in the future of our high streets.

The space will seek to promote a culture of ideas, innovation and experimentation, and build a pipeline of schemes with community buy-in for future investment opportunities.

## The impact?



Following these tough times, I believe that the High Streets for All project will not only be extremely important for young people in the borough to develop themselves, socialise and explore new experiences but will also benefit local businesses by attracting young people to areas they may not have previously been inclined to visit.

Youth Council



Limitless will provide us with our own space, where we have a say and our voices are heard.





“ We need more community-based health initiatives, family events, mental health support groups, social exercise clubs and pet friendly events. ”

# 2

## We can all be active in our health.

A focus on prevention and early intervention improves people’s health and wellbeing.

Early prevention and identification of disease improves the life chances of people, but many of our communities face barriers accessing services that can support them. Increasing the uptake of the national screening and immunisation programmes for children and adults and reducing differences in uptake across communities helps to reduce wider inequalities.

We recognise that people have choices about how they live their lives, but we also know this can cause harm. We will raise awareness of the harm caused by tobacco and alcohol, promote lower risk drinking and support people to make informed healthy choices about what they eat.

Being active is one way people can improve their physical and mental health and wellbeing. Not only does physical activity improve mental wellbeing and help people to maintain a healthy



**1** in **5** residents are physically inactive

weight, it also enables people to meet others. We will work with schools, businesses, community and public sector partners to remove barriers to healthy lifestyles and make it easier to get active.

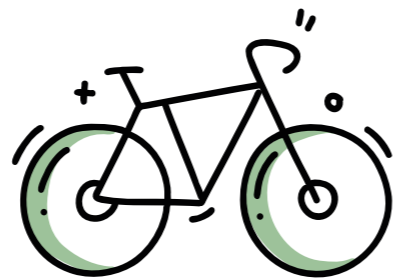
We will also strengthen information about sexual health and support services to improve sexual wellbeing for our most vulnerable communities and those where sexual health inequalities are greatest.

We will develop a coordinated and comprehensive approach to preventing and reducing the social, mental, and physical harm caused by drug misuse to individuals, families and communities.





# Bikeworks



At Bikeworks, the belief is that everyone should have access to cycling to increase physical activity, wellbeing, and connectivity, with environmental impact interwoven throughout.

Established in 2006, Bikeworks is a community social enterprise, focused on addressing disproportionate inequalities across London's communities. They work with partners to engage with the most excluded members of the community.

## What's on?

### All Abilities Inclusive Cycling Club

All ability clubs provide access to an incredible fleet of adapted and specialist cycles.

The trained instructors and volunteers at the club are very welcoming and have the skills to match the right cycle to each person, including people living with multiple sclerosis, stroke, Parkinson's disease, cerebral palsy or a learning disability.

Delivery takes places in seven locations, off-road, in green spaces and local parks.

More people can engage using the complimentary Cycle Taxi service. This increases confidence in getting out and about and meeting people for the first time.

## The impact?



# 14k

visits to All Abilities Clubs in 2022!

(4k more than 2021)



# 1,551

Children participated in Bikeability training.

# 536

1-2-1 sessions



“ If it wasn't for the Bikeworks All Abilities Clubs I wouldn't have any other form of exercise. It keeps me active and I really value it. It benefits a lot of other disabled people too. I definitely look forward to attending each week. ”

Zubee, All Abilities Club Member 2022



“ 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. ”

# 3

## We support people to look after their mental wellbeing.

Our emotional, psychological, and social wellbeing affects how we think, feel, and act.



It determines how we handle stress, relate to others, and make healthy choices. Ensuring people are supported to look after their own mental wellbeing at every stage of life is important for overall health.

Mental health is affected by a wide variety of social, economic and physical factors and some members of our communities live with severe and on-going mental health problems making their lives more challenging. Early help and engaging fully with those affected by mental ill-health, their families and communities can start to tackle the stigma and discrimination towards those with mental health issues.

We will promote better emotional and mental health support and early intervention in schools, encouraging greater discussion of mental health in the school curriculum, getting access to counselling and mental health support services. We will also

About



# 1 in 5

## adults report high levels of anxiety

invest in communities and promote access to community-led activities to promote mental wellbeing.

The effects of mental ill-health can be exacerbated if people feel like the services they need are not there for them. We understand that there are demands on services that result in long response times. We also know that services do not always meet everyone's cultural requirements and that can result in the perception that health needs are not being addressed. We will work to ensure that all of our communities have access to the range of mental health services they require to meet their needs.

Some members of our communities live with severe and enduring mental health problems which make their lives very challenging as a result. We will ensure the key services these individuals require are easy to access and meet their needs.



# Community Living Well



Community Living Well offers mental health support in Kensington and Chelsea, Queen's Park and Paddington by bringing together health care professionals and community groups skilled in working with people who have mental health needs.

This community mental health service aims to deliver excellent integrated, recovery-focused and evidence-based health and social care.

Access to Community Living Well services is easy - they accept direct self referrals or through primary care and local community health teams ([www.communitylivingwell.co.uk](http://www.communitylivingwell.co.uk)).

They offer wellbeing services, such as peer support, self-care and practical support with employment, debt, housing and benefits issues.



## The impact?



I had the most wonderful, transformative experience at Community Living Well. My therapist was not only unfailingly kind and patient, allowing me to open up and feel at ease, but also incredibly knowledgeable. My sessions were filled with accessible resources that I could take away and use at my own pace, and the advice and help offered to me was always deeply personalised and tailored to my specific needs.

Talking Therapies service user



ClementJames provides me with so much help and support. I'd say they are 100% in everything. They are a really great community for every person. I have anxiety and they make me feel calm, especially the parties and crafts. I like that they help with education, jobs, wellbeing and happiness.

Service user, Self-Care (ClementJames wellbeing programme)





“  
 The main thing you need to get right is Housing and repairs. These are areas that can be extremely stressful for people.  
 ”

HWBS Survey

# 4

## We have a good quality home.

Our homes are an important place of shelter and comfort, yet can also present a risk to health and wellbeing, particularly during periods of excess cold or for those at risk of falls.

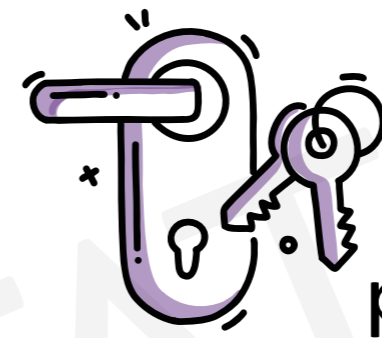


Poor quality and unaffordable homes and over-crowding affect health and the establishment of strong social, economic, and cultural ties in the community. Improving residents' living standards means we can have a greater positive impact on the wider determinants of health.

Our aim is to ensure that single people, families, residents with a disability and older people have housing that meets their needs. This means addressing overcrowding and ensuring well-designed homes that are genuinely affordable.

We will invest in existing council homes to make sure they provide safe, secure and efficient, as well as building homes for future generations to develop communities that are connected and support people to live independently.

By working with local organisations in the social housing and private rented sector and with communities in the design and delivery of high-quality housing we can support healthy and safe homes.



# 1,698

## people seen sleeping rough in Westminster

We will ensure that our residents, tenants, leaseholders, and partners are actively involved in the design and development of new homes in our neighbourhoods.

The Grenfell tragedy and national cladding crisis has shown us how seriously housing can affect people's sense of belonging and wellbeing. The impact of feeling unsafe in your home, being displaced, and of living in temporary accommodation for long periods had, and continues to have, a profound effect on our communities. We will support people to feel safe and respected in their homes, and work to ensure housing is a stepping stone to supporting better health and wellbeing rather than being a barrier.

We can support the most vulnerable members of our communities to lead healthier lives by supporting people to find suitable, settled accommodation, and also help prevent homelessness. Specialist mental health advice and support, integrated into outreach services, enable us to provide services compatible with people's lifestyles.



# Inclusion Health Team



Rough sleeping and homelessness take their toll on mental and physical health, and this can often be compounded by prior traumatic experiences.

Hunger, isolation and uncertainty, as well as the ever present threat of violence takes a toll on vulnerable people's mental and physical health.

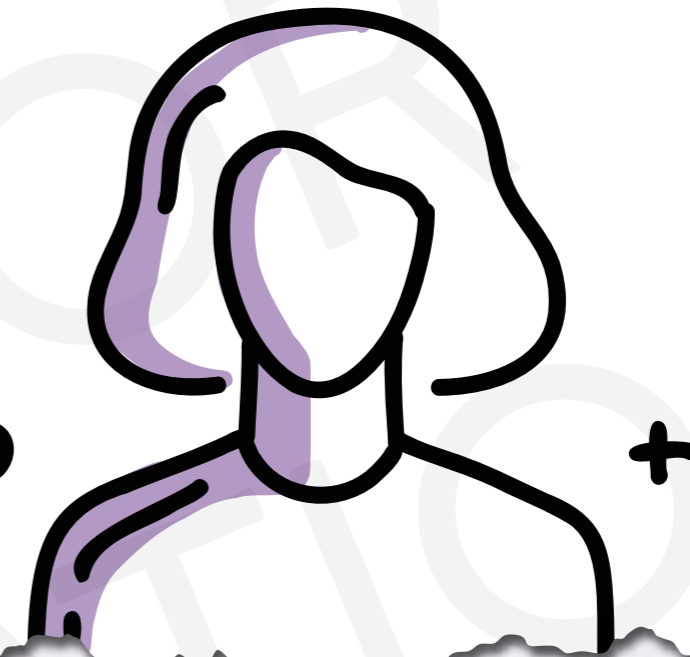
The Inclusion Health Team, based in a hospital setting, was set up to reduce the cycle of repeated health crises and unplanned hospital admissions resulting from the experience of rough sleeping and homelessness.

## How does it work?

The team provides a range of support including:

- identifying people experiencing homelessness during their hospital stay
- building therapeutic relationships
- liaison with the housing team to assess for housing
- person-centred post-discharge community support

The team's work is transformational and has resulted in stable and settled outcomes for a number of individuals.



## Case study: Mary

"Mary", prior to meeting the Inclusion Health Team had been rough sleeping and living in temporary hostel accommodation. She was drinking very heavily, had multiple falls, confusion, and reduced mobility. 41 ambulance callouts had been made, she had attended A&E 19 times in the last 12 months and had 4 inpatient admissions totalling 57 days, yet had only visited the GP 18 times.

Wrap-around support has meant that one year on she has her own tenancy and is maintaining sobriety. Furthermore, she has had no ambulance callouts, only three A&E visits and one unplanned hospital inpatient stay of 2 days. She is making effective use of primary care to manage her health, having seen her GP 55 times.



# 5

## We feel safe and part of our communities.

A sense of belonging, feeling safe and free from harm and abuse is an essential part of a healthy life.

Building on existing community networks can enable more people to be connected and to develop a sense of belonging. One of the lessons of the Grenfell tragedy is that we need to work closer with communities. We need to acknowledge and harness the strengths of our communities to reduce inequalities by adopting a community-led approach.

Crime and wider anti-social behaviour affect people's physical and mental health in many ways, including distress, economic harm, and significantly worse outcomes for people. We will reduce the risk of harm and re-offending, and reduce violent crime, including gang and knife crime. We will address violence against women and girls in our boroughs, where women, young people, and vulnerable people are free of fear and abuse at home and in public.



“ I’m scared by the recent stories about black youths being strip searched and I’m scared that this could happen to me when I am out and about or at school. ”

CYPP Engagement



Westminster

# 96%

of Westminster residents feel safe in the area they live.

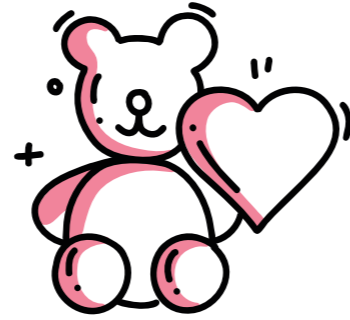


Kensington and Chelsea

# 84%

of RBKC citizens feels safe in their neighbourhood during the day.

We will also provide support for asylum seekers and refugees to feel part of the community and work with them to develop ways to support their health and wellbeing needs. We know these groups have specific health needs due to pressures on their emotional and psychological wellbeing.



# Family Hubs: Asylum Seekers

Family Hubs offer a range of support and advice for families with children up to 19 years of age.

Family Hub professionals work together to support young asylum seekers. This includes health visitors, school nurses, outreach teams, early help workers, social workers and local organisations. If young asylum seekers visit the hub family navigators can make sure they get the right support at the right time.



## Case study:

A single mother and her two-year-old son, having fled abuse and threats in their home country, were moved to temporary accommodation for asylum seekers at a hotel in Westminster. With little English, she was confused about the asylum process and felt scared and very isolated. Living in one room and unable to cook their own meals, her son's behaviour became quite challenging. Family hub staff encouraged the family to attend Stay & Play sessions at the hub. Here they met and became friends with another family with the same first language, as well as having the chance to practice English and space to play. Through donations and third sector partners the hub was able to provide them with some essentials such as clothing and a buggy. They were also given time each week by the Cardinal Hume Centre to cook food for themselves, with ingredients being bought for them.

While spending over a year at the hotel, this family attended outdoor play and nature activities, Change4Life club to learn about healthy lifestyles and ESOL classes for the mother. Due to some concerns about her son's development, a WelComm speech and language assessment was carried out by hub staff, which provided reassurance for the family. The family were supported to access a nursery place for him and to make an application for primary school. When the mother needed an operation, other parents were able to support the family. Overall, the emotional and physical well-being of both mother and son were significantly improved and they became far less isolated and more confident in accessing the services they needed.



# 6

## Our boroughs are healthy environments.

**The built and natural environments have an important impact on health.**

Residents have said that air pollution remains one of their top priorities. We also know that poor air quality is the largest environmental risk to public health, is a cause of premature death and contributes to cardiovascular disease, lung cancer and respiratory diseases – for all ages.

We will work together to reduce poor air quality and the impact on the health of residents, workers and visitors. The reduction and greening of motorised transport offers a clear opportunity for achieving environmental and health benefits. By providing new routes for travel on foot or bike for commuters, visitors, and residents, we can sustain the ‘green gains’ in air quality we saw through the pandemic.

We will continue to invest in our public spaces, so they are green and biodiverse, active, accessible, and inclusive. Our built environment also affects our choices and we will work to make the healthier choice the easiest choice, from how we travel to where we eat. Creating healthier and greener boroughs with shared spaces and opportunities for active travel can have a positive impact on mental health, long term conditions and connections to community.

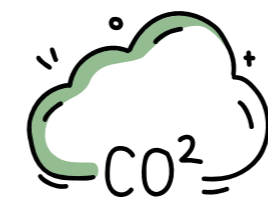
We will make a difference to those who have been unfairly affected by the climate emergency or a lack of access to green and open spaces.



“ We need to ensure all journeys in the borough can be made at least as easily and safely by foot or wheeling or bike as they can now by car. ”

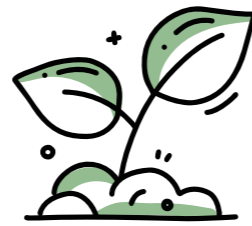
Quote source

**All of Westminster’s air pollution monitoring sites, and two thirds of Kensington and Chelsea’s modelled data exceed World Health Organisation 2005 guidelines on levels of particulate matter.**



# PM2.5





# Green Westbourne

Green Westbourne aims to make life better for people living in Westbourne by making the area greener, healthier and better for nature, and by improving access to the green economy and green jobs.

The project reimagines the relationship between nature and people living, studying and working in Westbourne. Led by Westbourne Forum in partnership with London National Park City, Green Westbourne is a partnership between local residents, the voluntary sector, business and Westminster Council.

Green Westbourne involves a series of projects and initiatives including:

## Let's Grow Westbourne

In April 2021, the community champions began a community gardening project focused on two raised beds and four allotment plots in Westbourne. The initiative has been very popular, with 363 residents attending between April 2022 and March 2023. The community gardening allotment is attended by people of all ages and has put on activities such as:

- indoor nature crafting workshops in the winter months.
- trips to encourage families to learn how to grow their own fruit and vegetables with their children.



Making wonderful things indoors during the coldest months was fabulous. We made wreaths, rosemary bags and mosaic tiles. All of which were new to me but so lovely to learn and share ideas with others in a socially safe place with refreshments available on tap.



I've met wonderful people who I probably wouldn't have met otherwise.



I feel part of a lovely community that I belong to, it's so important.



# 7

## We have access to the best services when and where needed.

Accessible services that meet the needs of those who require them are crucial to health and wellbeing.

It is vital that care is provided by motivated professionals, a vibrant voluntary and community sector, and caring friends and family.

Our aim is to streamline access to services and ensure the right services are available with the right capacity to manage the needs of everyone. This means acting on what we hear from our communities when they tell us that they struggle to get access to services. We will take a community-based approach to prevention and promote existing services closer to where people live.

Any changes to services will be assessed on how they improve equality of access and outcomes.

We will provide support and resources for the voluntary sector to ensure they can be at the heart of thriving, healthy communities. We will support unpaid carers to make sure that they get the help they need to continue providing care for loved ones.



“ 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. ”



We now provide more than **50** non-medical professionals to support care at our GP practices, with roles like Social Prescribers, nutritionists, physiotherapists and others

We are also keen to further promote workforce development and shape the labour market to improve outcomes for people. We will ensure our workforce have appropriate training and development. We know that for our staff to be able to deliver the best services they need to be able to look after their own health and wellbeing.

Community and pharmacies providing good advice and support for local people! Visit [rb.gy/unbwfv](http://rb.gy/unbwfv)



# Community Health and Wellbeing Workers



Community Health and Wellbeing Worker (CHWW) pilots have been running since August 2021 in Churchill Gardens and since November 2022 in Golborne and Chelsea Riverside. They were planned and designed in partnership between Public Health, Imperial College London and local participating GP surgeries.

Adapted from the Family Health Strategy in Brazil, the approach is based on relationship building from cradle-to-grave to achieve prevention, early intervention and general support outcomes with regards to health and wellbeing.

CHWWs work with a small group of residents often in the same block or street, making contact through knocking on doors, calls and texts and community events. They focus on the whole family and work in partnership with local GPs. This means there is no need for referrals or other access procedures requirements to have a CHWW. CHWWs visit residents and give information and advice about good health and wellbeing so that the individual can make informed decisions about their own health. The CHWW can assist with access to services.

## Impact

Evaluation carried out by Imperial College London showed that the CHWW programme in Churchill Gardens had a positive affect on vaccine, health-check and screening uptake, as well as positive reception from the partner GP practice.

Qualitative evidence also showed the positive impact of the CHWW service for people with mental health needs; experiencing loneliness, social isolation and crisis; domestic violence; medical compliance and chronic disease management; diet and fitness; housing; employment and benefits whilst enabling greater levels of engagement across the community.





“ 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. ”

# 8

We are all treated with fairness and able to shape decisions that affect us.



Everyone should feel that they are being treated with fairness and have control over their lives.

Being treated fairly means having equal access to opportunities and having a say in decisions that affect us. Some areas need specific focus to address historic inequalities.

There are unjust and avoidable differences in people’s health across our two boroughs which ultimately compromises our ability to live in a fair society. We want to ensure that people’s health outcomes improve through having choices and access to services that are fair and equitable.

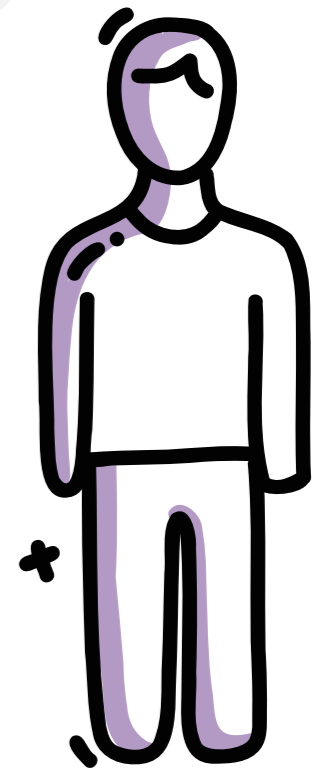
We will make sure that residents are fully involved and that their wishes and views are understood and included. It is everyone’s right to have choice and control over their own health and care and we will ensure that everyone can be a more actively involved in decisions that affect them.

Westminster

Boys in Westbourne are on average likely to die **18 years** earlier than boys in Knightsbridge and Belgravia

Kensington and Chelsea

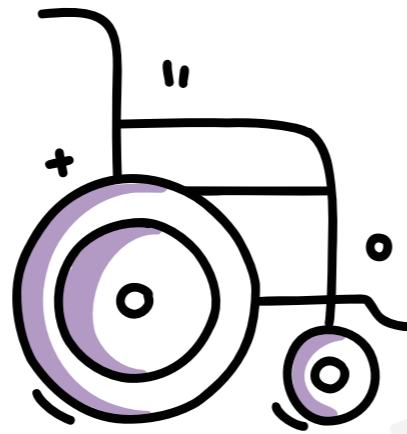
Boys in Notting Dale are on average likely to die **17 years** earlier than boys in Queen’s Gate



We will ensure funding and services are responsive by targeting resources through the voluntary and community sector to support people closer to home and by improving access to health services.



# Changing Futures



Changing Futures is a 3-year funded programme, bringing together partners to work together in a different way' to see the whole person and the whole 'system', and to collectively improve the experiences of the most vulnerable and disadvantaged in our communities.

Everyone deserves a fair opportunity to reach their full potential. The current system is not working for those who experience multiple disadvantages and inequality, those who are often the most vulnerable in our communities.

Many residents' interactions with public services are negative and/or avoidable. They experience a 'revolving door' continuously cycling through the system, but not getting the effective and coordinated support or treatment they need.

Multiple disadvantages are defined as someone experiencing three or more of the following five: homelessness, substance misuse, mental health issues, domestic abuse, and contact with the criminal justice system.

The Changing Futures programme introduces new and innovative frontline services and delivery models, and brings together public and community sector partners to create a flourishing system, and drive system improvements.



## Churchill Gardens Place-Based Pilot

Our place-based approach pilot is supporting vulnerable housing residents who may be at risk of losing their home and/or struggling at home because of the impacts of experiencing multiple disadvantage.

An 'Assertive Outreach' support worker will work with residents experiencing Multiple Disadvantage on the Churchill Gardens Estate. The model provides non-judgemental and flexible 1-2-1 support, connecting to a locally coordinated offer from other services, proving a holistic person-centred approach to address the individual's needs. We also aim to help connect individual residents to their local community, understanding how best to help them create and maintain local positive relationships, encouraging individuals to take control over their wellbeing and make use of their local assets.





# 9

## We are all financially stable and have access to enriching opportunities and good jobs.

Living in poverty affects life chances and overall health and wellbeing.

This means more than just worrying about bills; poverty causes ill health, drives inequality in health outcomes and increases use of health services. The cost-of-living crisis is exacerbating already deep-seated issues.

We will support residents to be financially resilient by helping with access to the right benefits, helping to get good jobs and managing debt.

We will support residents to unlock their potential through upskilling, training provision and apprenticeships, supporting them into employment and entrepreneurial activity.

We will work with employers and businesses to ensure that any new training and skills support their workforce needs. This will increase job-readiness, ensure residents have the right skills for local jobs, and help people secure rewarding and sustainable work. Voluntary experience provides many benefits including preparing for and leading on to paid work and connection to social networks, which provide positive routines that improve health and wellbeing.



“ This area will become rougher, conditions will be unliveable due to rising inequality, the cost-of-living crisis and a lack of government action. ”  
CYPP

Westminster



# 20,419

### households in receipt of housing benefit/council tax support

Kensington and Chelsea



# 15,631

### households in receipt of housing benefit/council tax support

We will support businesses to become more resilient and to thrive. We will encourage more diverse businesses and social enterprises to locate in the area and invest, bringing in additional social value. We will continue to work across anchor institutions to influence provision and opportunities for local people.



# Paddington Development Trust Employment Team

## The SWEET Programme

The SWEET project, run by PDT Employment, is designed to help women make changes in their lives and achieve their goals. It helps women from ethnic minorities in West London who would like to get a full or part time job, or at least to take the first steps towards getting a job, for example by starting training or a work placement.

## Case study: DM

DM joined the SWEET programme in September 2019 with ELATT, one of our delivery partners. She had moved to London less than three months prior to joining our programme and, although very keen on finding a job, she was still dealing with family relocation as well as prospective new schools for her two sons.

Following the initial meeting with her advisor Phoebe, DM took an exam to assess her English level. Phoebe helped DM to feel more confident about her abilities and supported her with soft skills in building DM's self-confidence. While starting an English course with ELATT, DM and Phoebe focused on finding a job more suitable to DM's qualifications and which could also ensure the flexibility she needed to care for her two sons, both still in school. At this point, PDTE shared a new admin job vacancy with our partners.

DM did some mock interviews with Phoebe who was very encouraging throughout the entire process, explaining the role - Data Entry Officer. DM successfully interviewed for the role and started working with PDT in January 2020.

Initially, the role was for eight hours a week supporting the EQUIP team with the monthly claims and data entry. DM soon proved to be a great addition to the team due to her great work ethic, trustworthiness and being such a great team player. Within a few months, DM progressed on taking on more working hours. Due to her exceptional results, DM started working temporarily with one of PDT's other departments.

In March 2022 DM started working full time with PDTE on SWEET. DM was also promoted from Data Entry Officer to Data Management / Monitoring Officer.



Westminster

Kensington and Chelsea

7%

8%

of residents aged 65+ live with dementia

Page 30  
10

## We are supported and empowered to live as independently as possible.



**Giving people the capability to manage their own lives is critical in improving wellbeing and good health.**

Residents living with long term physical and mental health conditions or learning disabilities (often more than one) can achieve better health and wellbeing outcomes when their independence is supported.

We will take a new approach to start reducing these long-term conditions by working closer to, and with our communities to provide more proactive, personalised care with support from a multidisciplinary team of professionals. Investing in community led initiatives will strengthen local support networks and allow people to feel supported and cared for in their own homes.

“

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.

”

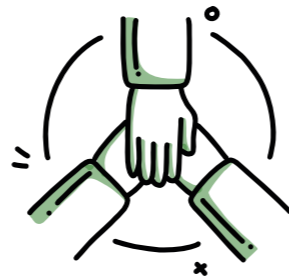
We will expand the scope of our model of care to support people with learning disabilities and/or autism, through increased joint working between residents and public sector partners.

Harnessing the potential of digital technologies will allow people to control their lives in the ways that best suit them. Age-friendly boroughs encourage active aging by optimising opportunities for health, participation, and security to enhance the quality of life as people age.

People affected by dementia will be treated with dignity and respect and offered opportunities which support a good quality of life.

We will improve the quality of local services and promote awareness of them to support people with dementia and their carers, including programmes to identify dementia earlier.





# Mosaic Community Trust: Community-Centred Asset-Based Approaches

Mosaic Community Trust (Mosaic) uses a community-centred asset-based approach that emphasises the unique skills communities possess, their knowledge, connections and experience to improve overall health and well-being for all residents.

Asset-based approaches recognise that activities which focus solely on the needs or problems of populations are not sufficient for bringing about sustainable and equitable results. Instead, asset based approaches foster an environment where communities are active participants and have agency over the outcome being addressed.

Mosaic aims to empower diverse, socially marginalised and economically disadvantaged communities, thereby enabling them to participate in strategic decision making at the community level and to access mainstream services and economic opportunities.



## Mosaic Health and Wellbeing Advocates

One way this is achieved is through the training and empowerment of community members as Health and Wellbeing Advocates who then communicate health and wellbeing messages to other community members. Health and Wellbeing Advocates roles are available to the community around the clock to assist with activities such as accompanying people to A&E, calling GP services, picking up prescriptions, delivering food, shopping and providing wellbeing and mental health support.

### Key Learning

1

Community-centred asset-based approaches empower communities to use their own resources to fill the gaps in current support services. They also empower community members to make informed, responsible decisions about their health, and they share that knowledge with other members of the community.

2

Place based engagement enables the community to share their experiences and perspectives in a setting in which they feel safe and which is facilitated by community leaders and advocates they trust. This generates feedback which otherwise goes unheard and positively informs service delivery and enables change.



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# Access to Support/ Contacts

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Being developed. People First: [peoplefirstinfo.org.uk](https://peoplefirstinfo.org.uk)

DRAFT FOR CONSULTATION

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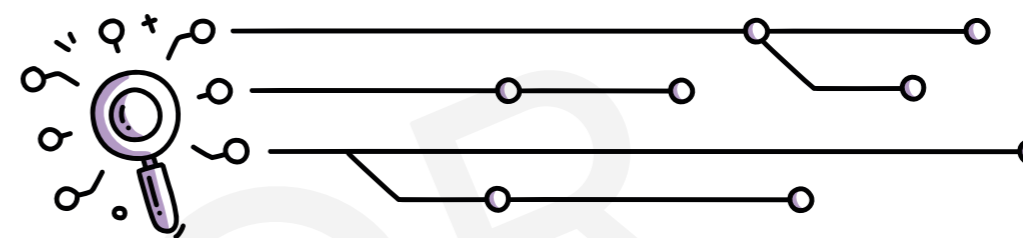
# Related strategies

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Being developed.

DRAFT FOR CONSULTATION

# Data sources



Indicator	Page(s)	Source(s)	Time period
Air quality change and PM2.5 guidelines	45	Westminster – LondonAir tinyurl.com/2ry9h44r  Kensington and Chelsea – RBKC Air Quality Action Plan 2022-2027 - tinyurl.com/4jacjymf	2023
Unemployment rate	15	Fingertips ID 91126 tinyurl.com/ms4hcbn	2021
Total from global majority background	14	GLA 2016-based Housing-led Ethnic Group (2022) tinyurl.com/fjpn3jjm	2016 based (2022)
Children living in poverty	15, 25	End Child Poverty London tinyurl.com/3jeajc44	2020/21
Do not have English as their main language, most spoken language, do not speak English well	14	Census 2021 tinyurl.com/2ejef6sw	2021
Life expectancy - women	15	Fingertips ID 90366 tinyurl.com/4cs9nze4	2018-20
Life expectancy - men	15, 53	Fingertips ID 90366 / tinyurl.com/mr2xuwys	2018-20
Total resident population - all ages	14	ONS MYE 2021 tinyurl.com/2s8wbzxd	2021

Indicator	Page(s)	Source(s)	Time period
People seen rough sleeping	37	Chain Report - Borough Annual Report tinyurl.com/466wb992	2021/22
Overweight by age 11	15	Fingertips ID 20602 - https://tinyurl.com/26bc57yu	2021/22
Adults reporting high levels of anxiety	15, 33	PHOF indicator C28D - tinyurl.com/5n8ehchj	2021/22
Residents inactive	29	Fingertips ID 93015 - tinyurl.com/nhcwtpaa	2020/21
Living with dementia / diagnosis rate	61	Fingertips ID 92949 - tinyurl.com/ykhvwanz	2022
Carers	15	2021 Census tinyurl.com/38fpz4kv	2021
Feeling safe in the local area	41	Westminster – City Survey 2022 (asked Ashraf for source)  Kensington and Chelsea – Citizen’s Panel 2022 - tinyurl.com/2m3vm4yx	2022
Households on low income family tracker	57	Policy in Practice, Low Income Family Tracker - tinyurl.com/5be4jm4f	2023

# Making our boroughs fairer, and better places for people to live, together.

Westminster

Kensington  
& Chelsea



City of Westminster



THE ROYAL BOROUGH OF  
KENSINGTON  
AND CHELSEA



North West London  
Page 45



North West London  
Integrated Care System

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## WCC & RBKC Health & Wellbeing Board

<b>Date:</b>	<b>8th June 2023</b>
<b>Classification:</b>	<b>General Release</b>
<b>Title:</b>	Complex Care Reflections from 30 <sup>th</sup> March Joint Health and Wellbeing Board
<b>Report of:</b>	Andrew Steeden, Medical Director for West London Rachel Soni, Bi Borough Director of Health Partnerships
<b>Wards Involved:</b>	All
<b>Report Author and Contact Details:</b>	Ivan Ookyere Boakye, NWL ICB Grant Aitken, Head of Health Partnerships

### 1.0 Executive Summary

- 1.1 The meeting on the 30<sup>th</sup> March had the opportunity for HWBB members to discuss the Complex Care programme of the Place Based Partnership.
- 1.2 This paper provides a summary into how the Bi-Borough Place Based Partnership Complex Care programme is developing and how it addresses what is important to our residents and how we are helping to reduce health inequalities across our communities.
- 1.3 The HWBB heard about how the programme four priorities were developing, in partnership with local partners across the bi-borough including:
  - Care Homes,
  - Discharge,
  - Palliative and End of Life Care,
  - Same Day Access.
- 1.4 The meeting heard from Rose Doyle from the Advocacy Project, a member of the Local Account Group and a local resident who talked about her experiences. This was a good opportunity for the HWB membership to hear and listen to

individual experiences and to understand how these experiences have been supported or impacted on by our services.

- 1.5 There were four market stalls highlighting the need for multi-disciplinary working across partners to address the wider social determinants of health to support residents. The following is a summary of the stalls.

Market Stall Area	Key Points
<b>Care Homes</b>	stall was a chance for HWB members to understand residents in care homes experiences.
	<ul style="list-style-type: none"> <li>• A number of comments received related to how people liked to see the range of activities</li> <li>• There was recognition that some care homes could work closer and differently to support people being discharged, especially with those on pathway 3</li> <li>• A number of comments received related to how people liked to see the range of activities</li> <li>• There was recognition that:               <ul style="list-style-type: none"> <li>○ some care homes could work closer and differently to support people being discharged, especially with those on pathway 3</li> <li>○ that the personalisation approach based around feedback from and co-production with residents was important in ensuring residents views were shaping the care they receive</li> <li>○ that there was a need to support care home staff with career development to improve their retention and ability to care for increasingly complex care home residents</li> </ul> </li> </ul> <p><b>HWBB Action</b></p> <ul style="list-style-type: none"> <li>• Continue to understand how the wider care market supports to reduce health inequalities and to invite Care Home providers to a HWB in future for wider presentation on challenges and opportunities</li> </ul>

Market Stall Area	Key Points
<b>Good Health</b>	– Violet Melchett and West Ten GPs practices presented their new models of care and how these are supporting wider models of care and the emerging integrated neighbourhood team ways of working of complex care. will be available to talk about their work and ambitions to improve the health of our communities.
	<ul style="list-style-type: none"> <li>• Presented visuals of our ethos &amp; vision of community connection and building together with health innovation and education</li> </ul>



	<ul style="list-style-type: none"> <li>Invited stall attendees to scribble on the 2D plans of the new surgery site in Kensal whilst still in design phase to help with the look &amp; feel</li> <li>A number of great ideas generated to inform future delivery</li> </ul> <p><b>HWBB Action</b></p> <ul style="list-style-type: none"> <li>How do we support the development of new models of care and promote positive integration stories from our communities?</li> </ul>
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Market Stall Area	Key Points
	<p><b>Community Safety</b>– keeping people safe at home has been identified as a key priority for our residents. This will be an opportunity to hear about what support is available and how this contributes to improving the health and wellbeing our residents and communities.</p>
	<ul style="list-style-type: none"> <li>A number of comments around the Violence Against Women and Girls service and how referrals were made into specialist support services.</li> <li>Further discussion on how anti-social behaviour does have an effect on health and wellbeing and how we could ensure key services work together better.</li> <li>Recognition of the different areas of work covered and how these can be promoted better to our residents.</li> </ul> <p><b>HWBB Action</b></p> <ul style="list-style-type: none"> <li>To increase awareness and understanding on what local support services are available to our residents in regards to crime and anti-social behaviour</li> </ul>

Market Stall Area	Key Points
	<p><b>Discharge Planning</b> - this stall will be led by community health and care providers and will provide opportunities to understand the work that is underway to improve discharge planning, especially for people pathway 1 redesign</p>
	<ul style="list-style-type: none"> <li>A number of comments received related to how people and agencies could refer people to the service. This reinforced the role and importance of community-based services and demonstrated a need for wider understanding and investment.</li> <li>There was also further recognition that there were opportunities to refer people who do not meet the threshold for mental health crisis but who would benefit from community-based support.</li> </ul> <p><b>HWBB Action</b></p> <ul style="list-style-type: none"> <li>To increase awareness and understanding of community-based provision</li> </ul>

**END**



City of Westminster



THE ROYAL BOROUGH OF  
KENSINGTON  
AND CHELSEA

## Westminster & Royal Borough of Kensington and Chelsea Health & Wellbeing Board

8<sup>th</sup> June 2023

**Date:**

**Classification:**

**General Release**

**Title:**

Vibrant and Healthy Communities

**Report of:**

Adult Social Care and Health

**Wards Involved:**

All

**Report Author and  
Contact Details:**

Jackie Rosenberg, CEO OneWestminster  
Angela Spencer, CEO KCSC  
Joe Nguyen, Borough Director

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### 1. Executive Summary

- 1.1. This paper and the wider workshop will provide an insight into how the Bi-Borough Place Based Partnership Vibrant and Healthy Communities (VHC) programme is developing, how it addresses what is important to our children, young people and residents and how we are helping to reduce health inequalities across our communities.
- 1.2. The programme area is complex and is driven by a strong prevention and early intervention approach requiring collaborative working across the Voluntary and Community Sector (VCS) and public sector partners. However, the VHC starts from an “community asset based” approach to health and wellbeing that sees communities and citizens as holding the solution rather than seeing them as a problem to be fixed.
- 1.3. The programme is the newest of the five place based programmes and is presently still in the design stage. However, it is ambitious and covers:
  1. Enabling the VCS as a full partner in the Bi-Borough Place Based Partnership and strengthening capability and capacity

2. 'Project Octopus': bringing together the wide range of connector roles to best support and care for residents, linking to the development of Integrated Neighbourhood Teams
  3. Tackling known health inequalities in our communities, starting with community developed solutions for improving uptake of screening, vaccinations and immunisations
  4. Realistic funding to support community delivery through aligning funding and shared decision making for some budgets.
- 1.4 Vibrant and Healthy Communities will also influence and mutually support work across existing place based partnership priorities including complex care, children young people and autism, healthy weight and mental health, providing the test for the balance of prevention across the spectrum of interventions, planned transformation and service models.

## 2. What residents are saying

- 2.1. Throughout the development of the Health and Wellbeing strategy and through individual consultations relating to service design, the voice of our residents has been key. This has driven a clear understanding that to address health inequalities needs residents and VCS organisations working together and in a way that builds and strengthens community connections.
- 2.2. Throughout the early stages of engagement residents were clear about having services accessible and designed in a way that had them central to thinking. This is further reinforced in the recently launched **VCS "Doing things differently** - a strategy for embedding voluntary and community action in the health and care system to address health inequalities" (see appendix A)
- 2.3. The strategy recognises that tackling health inequalities is not something that we can do alone. The building blocks of good health and wellbeing can only be put in place and improved if we work together. The VCS sector across Westminster and Kensington and Chelsea has a vision of a "a genuinely equal partnership, between the voluntary and community sector, NHS and local councils, working together in one system to tackle the health inequalities our residents and communities face". It therefore sets out an ambition whereby the whole system is thinking and working together across the sector.
- 2.4. To achieve this, the VCS strategy sets out a number of goals, including:
  - Build strong relationships and shared culture
  - Enable a holistic approach with focus on people, early intervention and prevention
  - Maximise the use of VCS assets, like data, insight and expertise
  - Develop capacity and infrastructure for partnership
- 2.5. This is also reinforced nationally, for example the Fuller Stocktake (<https://www.england.nhs.uk/publication/next-steps-for-integrating-primary-care-fuller-stocktake-report/>) underpins the NHS ambition to improve the health outcomes of the nation and sets out a number of areas where, by working differently across a range of partners, these can be achieved.

### **3. What Vibrant and Healthy Communities Covers**

3.1. The VHC Programme is broad but is interconnected as it impacts on children, young people and all residents, in particular the most vulnerable. For example through children's services there are a range of community-based delivery of early intervention and prevention and is underpinned by an early help partnership encompassing VCS, partners, providers and families and with Early Help strategies localised in each borough. Appendix C provides a summary of how these activities are connected to support to reduce health inequalities within our communities.

3.2. On the 26<sup>th</sup> January, New Local worked with partners to deliver a Vibrant and Healthy Communities workshop to inform a shared vision for Vibrant and Healthy Communities. This included understanding characteristics and outcomes that should be identifiable if they are successful in creating Vibrant and Healthy Communities in the bi-borough, for example:

- Feelings of belonging and connectedness – where relationships between diverse communities are strong and people feel connected to where they live and to each other
- Intergenerational togetherness
- People feel empowered to improve their health and wellbeing, including through supporting each other and accessing services when needed.
- 'Hyper' local so people helping each other and knowing where to go for support
- Energised, creative and action-oriented communities – where residents and communities are creating a 'buzz' and actively participating in running services, managing community assets, and community-led change
- Less reliant on statutory agencies.

3.2 This means statutory organisations having a different relationship with communities – working as equal partners with people to create positive health outcomes.

3.3 A follow up session was held on 6<sup>th</sup> June with a broader range of VCS organisations. The aim has been to coproduce and develop community centred solutions for tackling known screening vaccinations and immunisations inequalities, as part of a wider health and wellbeing approach and health inequalities focus. This will test and extend different ways of working with the VCS and will inform ongoing approaches and commitment to do work effectively in partnership with communities.

3.4 The first VHC programme group is convened for the end of June. The programme workstreams will be co-produced and their intended impacts tested against the VCS strategy and the draft Health and Wellbeing Strategy ambitions.

#### **4.0 Vibrant and Healthy Communities Workshop**

4.1 There are two elements to the workshop:

## **Person with Lived Experiences**

- 4.2 Zohra Davis, Mental Health & Wellbeing Project Lead will talk about their experiences. This is a powerful opportunity for the HWB membership to hear and listen to individual experiences and to understand how these experiences have been supported or impacted on by our services.

## **Market Stalls**

- 4.3 The market stalls will cover four areas to highlight the need for multi-disciplinary working across partners to address the wider social determinants of health to support residents. The stalls will include:
- Work of the voluntary and community sector and organisations
  - Number of stalls led by Children's services working across pre birth – 5 years, family Hubs and youth provision (inc. EWMH campaign)

**END**

**Appendix A - Doing things differently - a strategy for embedding voluntary and community action in the health and care system to address health inequalities”**

## **Appendix B – New Local Workshop 26<sup>th</sup> January 2023**

### **Future directions: actions identified by the bi-borough to support progress**

The following were identified as areas for action that would support positive outcomes for each group and for the bi-borough to progress its aspirations for vibrant and healthy communities.

#### **Residents**

1. Build / deepen understanding – understand the starting point including the confidence, agency, and ideas that already exist in communities and build on this as a basis for change
2. Ensure feedback loops – commit to feedback loops for any community engagement activity so people are communicated with and aware of any decisions / action taken
3. Profile positive activity – such as good neighbour activity, to act as a spur to others to give time and volunteer support
4. Provide practical support – e.g. resources (£), measures, programmes of activity within communities and with VCSE orgs to support action
5. Communities in the lead – consider messaging and comms to not forefront the organisation but instead to let communities own / lead

#### **Service providers**

6. Reconfigure overall framing and approach – from addressing ill health to enabling health and wellbeing. This may lead to expansion in community based roles.
7. Evolve commissioning – shift local authority/NHS commissioning of VCS and how we work
8. Active listening – have ongoing conversations and listen to different communities to be able to respond. This could include engaging men – ‘we need to design action which engages men in discussion and action on this agenda’
9. Start early – work with schools to embed prevention and support the creation of vibrant, healthy communities in language and approach



## **VCS organisations**

10. Funding model development to explore opportunities for longer-term funding

- align funding to shared outcomes of place based partnership
- shared decision making over at least some funding streams
- make the process of accessing/distributing funds as straightforward as possible

11. Strengthen organisational and sector capabilities through a VCS sector strategy – invest in strengthening the VCS, for example around data and for residents to access volunteering, employment support, create social enterprise etc

12. Engage sector – utilise sector in the design of local programmes and initiatives (skills and representation)

## Appendix C

### Children Services

#### Early Help

- Early Help Services in Bi-Borough are delivered on a sovereign basis in partnership with communities and structured around **Family Hubs** in both boroughs. While there are teams of Early Help practitioners as part of wider Family Services structures, the overall approach in both boroughs is the development of a wider “early help system”, through which partner agencies work together to provide a whole family and multi-agency approach to supporting vulnerable families. Both boroughs have **Early Help Partnership** arrangements and have produced partnership-wide strategies. Early Help systems are now well-established in both boroughs. Services from pregnancy to five are co-ordinated and we are enabling co-location of health visitors in our buildings. In RBKC there are two family hubs based in the North and South of the borough, in Westminster there are three family hubs based in localities.
- The Family Hubs virtual partnership in RBKC has started to develop bases at Cheyne and Holmfield House as well as outreach with our partners at Dalgarno and The Space Community Services and Colville School. We recently held an event reviewing and celebrating integrated working with parents and children from pregnancy to 5. We’ve seen real improvements in how our Health Visitors, Maternity Champions and Neighbourhood Doulas working alongside CAMHS, Early years Family Practitioners to deliver a more joined up offer.
- In autumn a family hubs training offer will be delivered – building on the trauma informed training and including the issues and themes many of you identified in a workshop last year.
- The **first Family Hub** was established in the Bessborough Centre in the south of Westminster in 2018. With the development of Family Hubs in Church Street in the Northeast and Queens Park in the Northwest, there are now three hubs covering all areas of the borough. Integrated Leadership Teams consisting of local managers from key agencies including health, voluntary and community sector partners and Children’s Services teams meet regularly to share information and plan local services. There are also regular panel arrangements in place through which work with individual families can be coordinated as required.
- A team of “**Family Navigators**” has been developed which provides signposting and whole family support linked to the Family Hubs. A workforce development programme has been revised and relaunched to raise awareness of the Family Hub offer and also equip relevant practitioners from all agencies with understanding and skills required to deliver “whole family” approaches.

#### Pre-Birth to Five

- We have been doing some focused work to offer a better experience of pregnancy to five services for parents and improve outcomes children, whilst delivering value for money. To achieve this we have strengthened targeted work

with parents in greater need, ensured there are clearer management arrangements across the partnership, brought together the **Best Start in Life, Healthy Child Programme and School Readiness principles**:

- To improve school readiness, speech and language development and early identification of need.
  - to reduce duplication across the services responsible for delivering the pathways and identify efficiencies.
  - to reshape the Healthy Child Programme and reduce the cost of delivery models for universal families to allow an additional contact at 3-4 months.
- So far transformation work has procured a new health visiting contract with significant stakeholder input into the new specification which sits as part of our early help and family hubs services. We have engaged over 300 families and 50+ practitioners throughout the transformation process, including in depth interviews with targeted families and developed and implemented an integrated service model bringing health visiting and early help closer in working practices. At the same time, we have co-designed a new whole-family intensive offer with health visitors, midwifery, early help and the Voluntary and Community Sector for families with additional vulnerabilities.

### **Bi-Borough Emotional Wellbeing and Mental Health Campaign**

- One of the priorities in the Bi-Borough EWMH Plan 2022-24 is to proactively **signpost our local mental health** services, responding to feedback from young people, parents and schools/youth settings that the support offer can be confusing.
- We have been working with our local comms teams, youth networks and commissioned marketing agency, Nerd's Collective, to design a dynamic youth-led mental health campaign in RBKC and WCC, which went live last month (April 2022):
- **We Got U, U Got this'** – Emotional Wellbeing and Mental health campaign, created by and for local young residents in Kensington and Chelsea and Westminster.
- The purpose of this campaign is to empower and reassure young residents so that they feel confident accessing services to support their mental wellbeing, particularly our early intervention services such as Mind and Kooth. This campaign is made up of various elements, including the launch of a new landing page for mental health services, videos to explain and de-mystify services, and various in-person engagements across youth settings. We have employed a local film student who has been leading a team of young people to co-produce signposting videos with mental health services. Young people will continue to lead the online and offline campaign over the next 3-months, including our young ambassadors in both boroughs.

**Youth Services**  
**Royal Borough Kensington and Chelsea**

- The Council commissions a range of youth services across the borough for children and young people aged 11-19 (up to 25 with SEND). This means the Council funds local voluntary sector organisations to deliver high quality programmes and activities for young people. Examples of activities include sports, arts, crafts, culture, cooking and meditation. There is a focus on emotional wellbeing via our embedded mental health workers within the north and south hubs, and on skills development and employment pathways. Our commissioned providers are Rugby Portobello Trust, Dalgarno Trust, Harrow Club, Al Manaar, Earls Court Youth Club and London Sports Trust. Activities are also delivered from Lancaster and Chelsea hub.
- The Council is undertaking a review of youth services as these arrangements are due to end in April 2024. Feedback from young people and other stakeholders will help us to better understand the strengths of the current offer and opportunities to refresh it, including feedback on the services currently available to young people and what they would like to see in the future. This is so we can fund services that capture what matters to young people in the borough, offer activities that they find enjoyable and allows them to get involved and voice their opinions. The review also considers the wider offer of youth provision within the borough, will celebrate the diverse range of youth services available, and build on the priorities established through the Children and Young People's Plan.
- Young people can complete our survey and contribute to the review here: <https://consult.rbkc.gov.uk/communities/youth-review/>
- Adults, partners and stakeholders can contribute to the review here: <https://consult.rbkc.gov.uk/communities/youth-review-adults-survey/>

## **Westminster**

- There are five youth hubs across Westminster which are funded by the Council: Churchill Gardens, Amberly Youth Project, Avenues Youth Project, Fourth Feathers Youth Club and St Andrew's Youth Club. These hubs support almost 1000 children and young people across Westminster to access activities across the five sites, offering a range physical and wellbeing activities. Many projects focus on being employment ready, they assist young people to transitions towards adulthood and improve prospects for employment whilst also supporting the wider serious youth violence agenda.
- Over the past 12-18 months, Westminster's Youth Sector has seen an increase in demand and complexity of need, due to the current cost of living crisis. The Council has responded by extending the offer of activities, and food, to reach more young people. The Council has secured investment to enable enhanced Youth Hub provision from April 2023 to better meet the increase in need, in light of the Cost-of-Living Crisis and help avoid escalation for more costly interventions by specialist and statutory services.



City of Westminster



THE ROYAL BOROUGH OF  
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## Westminster Health & Wellbeing Board

## RBKC Health & Wellbeing Board

<b>Date:</b>	8th June 2023
<b>Classification:</b>	<b>General Release</b>
<b>Title:</b>	22/23 Better Care Fund - End of year Outturn
<b>Report of:</b>	Adult Social Care and Health LA NWL ICB
<b>Policy Context:</b>	Health and Wellbeing
<b>Wards Involved:</b>	All
<b>Report Author and Contact Details:</b>	Rachel Soni – Director of Health Partnerships rsoni@westminster.gov.uk

### 1. Executive Summary

- 1.1 The aim of this report is to update the joint Health and Wellbeing Board (HWBB) on the 2022-23 Better Care Fund return, as submitted to NHS England on the 23<sup>rd</sup> May 2023.
- 1.2 The End of Year submission has been agreed by Westminster and RBKC local authorities and also by the NWL ICB. The submission is compliant with national conditions and to date we have had no issues raised from NHS England on the submission.
- 1.3 The HWBB are asked to note the report and to agree the BCF End of Year submission.

### 2. Key Matters for the Board

- 2.1 The BCF end of year is compliant with NHS national conditions and has been agreed with NWL ICB and local authority finance leads. Where there has been increased activities, for example through Integrated Community Equipment services, this has resulted in an increase in expenditure. These additional costs are covered by NWL ICB and the respective local authority through its general fund. A new contract for community equipment is in place for 2023/24 with a new provider operating across 18 Boroughs. Following a challenging

mobilisation period, the new service offers a more beneficial tariff, and improved data reporting so that patterns of prescribing and inventory can be managed effectively.

## 2.2 The national conditions for the 22/23 BCF include:

1. A Plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006
2. Planned contribution to social care from the NHS minimum contribution is agreed in line with the BCF policy
3. Agreement to invest in NHS commissioned out of hospital services
4. Plan for improving outcomes for people being discharged from hospital.

## 3.0 Financial and Performance Outturn

### 3.1 Table 1 is a summary of 2022-23 Outturn.

**Westminster** has delivered to the BCF plan but due to increased activity in Integrated Community Equipment Services there is an additional £88,415 expenditure.

**Kensington and Chelsea** has delivered to the BCF plan but due to increased levels of activity is showing an additional £539,057 in expenditure. These areas include:

- I. £507,738 relating to the contribution to Integrated Community Equipment Service. The increase in expenditure is shared on a 70:30 basis between Health (£355,387) and RBKC.
- II. £31,319 relating to the additional LA spend on the Disabilities Facility Grant (DFG).

**Table 1: 2022-23 Financial Outturn**

Funding	Westminster			RBKC		
	2022/23 Allocation £	2022/23 Outturn £	Variance £	2022/23 Allocation £	2022/23 Outturn £	Variance £
NHS Minimum Contribution	23,308,180	23,396,595	88,415	14,844,071	15,351,809	507,738
Additional funding	387,754	387,754	-	87,147	87,147	-
Improved Better Care Funding (iBCF)	17,649,014	17,649,014	-	7,661,937	7,661,937	-
Disabled Facility Grant - DFG	1,729,201	1,729,201	-	959,824	991,143	31,319
ASC Discharge Funding:						
· LA allocation	1,102,633	1,102,633	-	722,338	722,338	-
· ICB allocation	1,000,000	1,000,000	-	1,000,000	1,000,000	-
<b>Total BCF Funding</b>	<b>45,176,782</b>	<b>45,265,197</b>	<b>88,415</b>	<b>25,275,317</b>	<b>25,814,374</b>	<b>539,057</b>

3.2 Table 2 is a summary of the 2022-23 performance metrics. On three of the indicators we are reporting to be on “track to meet targets”. Reablement is a good news story and shows how supporting independence can greatly improve outcomes for people. Avoidable admissions, Kensington only, is the only target that is not meeting target.

**Table 2: National Performance Metrics**

	Westminster		RBKC	
Metrics	2022/23 Target	2022/23 Outturn	2022/23 Allocation	2022/23 Outturn
Avoidable admission	222	214	130	173
Discharge to normal place of residence	93.70%	93.60%	93.90%	93.80%
Residential admission per 100,000 population	361	336	318	354
Reablement	89.30%	95.20%	89.30%	92.40%

3.3 Avoidable Avoidance is defined as a “preventable admission” where there is earlier, or different, action to prevent an individual’s health or social circumstances deteriorating to the extent where hospital or long-term bed-based residential or nursing care is required. The BCF metric is NHSE figure and shows unplanned hospitalisation for chronic ambulatory care sensitive conditions (avoidable admissions). It is based on a complex weighting formula using an apportionment based on full year activity. The end of year outturn data was made available in mid-May, and work is being undertaken to understand the variation between Kensington and Chelsea and Westminster given the similarity in care and health services locally.

3.4 Residential Admissions relates to the long-term support needs of older people (aged 65 & over) met by admission to residential & nursing care homes. Wherever possible, we aim to support people to remain living in their own homes with support where needed rather than to a care home.

3.5 Reablement measures the proportion of older people (65 & over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services. A high percentage indicates we have successfully met our ambition of supporting people back to independence after a stay in hospital.

**4. Risk**

4.1 The main area of concern is the increased expenditure due to increased activity on Community Equipment Services. A new contract for community equipment is now place

operating across 18 Boroughs and although following a challenging mobilisation period, the new service offers a more beneficial tariff, and improved data reporting so that patterns of prescribing and inventory can be managed effectively.

## **5. Legal Implications**

5.1 None

## **6. Financial Implications**

6.1 The main financial implication is that the LA and NWL ICB will absorb the increase in expenditure based on a 30% / 70% split. The increase in expenditure has been agreed with NWL ICB.

**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



THE ROYAL BOROUGH OF  
KENSINGTON  
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## RBKC Health & Wellbeing Board

<b>Date:</b>	8th June 2023
<b>Classification:</b>	<b>General Release</b>
<b>Title:</b>	2023/25 Better Care Fund
<b>Report of:</b>	Adult Social Care and Health LA NWL ICB
<b>Policy Context:</b>	Health and Wellbeing
<b>Wards Involved:</b>	All
<b>Report Author and Contact Details:</b>	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 2023/25 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.
- 1.2 The Plan is for two years, however there will be an option to review the plan after the first year. A two-year plan is welcome as it will support longer term delivery. The plan is currently being developed and agreed with health partners.
- 1.3 Due to the planning submission to be made by the 28<sup>th</sup> June, this report seeks the HWB to agree for the HWB chair and co-chair to agree the submission, once NHS London Region as part of their moderation, has made comments. A final copy of the plan will be circulated to HWB members once submitted.

### 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 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 for integration and to ensure the protection of adult social care.

2.2 The broad BCF objectives remains the same as the previous year and cover:

- 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.

2.3 Supporting the plan are a number of metrics and these remain unchanged. A new metric to monitor the number of people age 65+ admitted to hospital due to falls will be introduced later in the year, and additional documentation to ensure compliance. The new *ASC Discharge Funding is also included within the BCF Programme* to increase capacity in post-discharge care and support, improved discharge performance, patient safety, experience, and outcomes and follows on from funding received in 22/23. Reporting on this will be fortnightly.

### Performance Metrics

2.4 There are four NHSE performance metrics used to monitor the impact of the BCF plan and below is the metrics for 2022/23. A new Fall Prevention metrics is introduced for 2023-24. The metrics is to monitor emergency hospital admissions due to falls in people aged 65 and over per 100,000 population. There is also likely to be an additional national metric, but at this stage this has not been confirmed.

2.5 The metrics for 2023-24 is work in progress and yet to be agreed.

**TABLE 1: Kensington and Chelsea Metrics**

<b>RBKC Metrics</b>	<b>22 / 23 Actual</b>	<b>23/24 Target</b>
Avoidable admission	173	tbc
Discharge to normal place of residence	93.80%	tbc
Residential admission per 100,000 population	354	tbc
Reablement	92.40%	tbc

**TABLE 2: Westminster Metrics**

<b>Westminster Metrics</b>	<b>22/23 Actual</b>	<b>23/24 Target</b>
Avoidable admission	214	TBC
Discharge to normal place of residence	93.60%	TBC
Residential admission per 100,000 population	336	TBC
Reablement	95.20%	TBC

### 3.0 Finance

3.1 The following is a summary of the 2023/24 BCF allocations, excluding any planned changes to uplift. There has been no change on IBCF and DFG.

**Table 3: RBKC Funding Summary**

	<b>2023/24 Allocation £</b>
<b>Minimum NHS Contribution</b>	£14,864,984
Improved Better Care Funding (iBCF)	£7,661,937
Disabled Facility Grant - DFG	£959,824
ASC Discharge Funding: <ul style="list-style-type: none"> <li>• LA allocation</li> <li>• ICB allocation</li> </ul>	£1,074,192 £TBC
<b>Total BCF Grant</b>	<b>£24,560,937</b>

**Table 4: WCC Funding Summary**

	<b>2023/24 Allocation (£)</b>
<b>Minimum NHS Contribution</b>	£23,308,180
Improved Better Care Funding (iBCF)	£17,649,014
Disabled Facility Grant - DFG	£1,729,201
ASC Discharge Funding: <ul style="list-style-type: none"> <li>• LA allocation</li> <li>• ICB allocation</li> </ul>	£2,474,364 TBC
<b>Total BCF Grant</b>	<b>£46,480,002</b>

#### 4. Risk

The main areas to note include:

- 4.1 The Programme needs to demonstrate how, it will work across the Place Based Partnership, as an enabler for integration and aligns programmes to local priorities. A local “narrative” will be produced demonstrating how the BCF supports integration and is aligned to the Place Based Partnership priorities.
- 4.2 *ASC Discharge Funding* - The NHS and NWL ICB provide funding for the BCF and although spend and activity for the local authority allocation has been confirmed, funding proportion and release and schemes are yet to be agreed with NWL ICB. The BCF submission will be developing the plan based on 22/23 schemes and where changes are required in year then these will be agreed locally and reported through the BCF Programme Board.
- 4.3 *Demand and Capacity* – Although this is a national condition, the demand and capacity plan is not monitored and therefore is based on estimates to support acute discharges.

#### 5. Legal Implications

- 5.1 Health and Wellbeing Boards are required to agree the Better Care Fund when it is finalised.

#### 6. Financial Implications

- 6.1 At this point, there are no financial risks 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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