

# Committee Agenda



City of  
Westminster



THE ROYAL BOROUGH OF  
KENSINGTON  
AND CHELSEA

Title: **Health & Wellbeing Board**

Meeting Date: **Thursday 23rd November, 2023**

Time: **4.00 pm**

Venue: **St Marylebone Bridge School, Herries St, London W10 4LE**

Members:	Cllr Josh Rendall (Co-Chair)	Lead Member, Adult Social Care and Public Health - RBKC
	Councillor Nafsika Butler-Thalassis (Co-Chair)	Cabinet Member for Adult Social Care, Public Health and Voluntary Sector, WCC
	Councillor Lorraine Dean	Minority Group, WCC
	Bernie Flaherty	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
	Ali Wright	Healthwatch Westminster
	Jackie Rosenberg	One Westminster
	Angela Spencer	KCSC
	Lena Choudary-Salter	Westminster Community Network
	Iain Cassidy	Open Age representative
	James Benson	NHS London
	Bob Klaber	Imperial College Healthcare
	Gary Davies	Chelsea and Westminster NHS Foundation Trust
	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.**



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

## **AGENDA**

### **PART 1 (IN PUBLIC)**

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

The Chair to welcome everyone to the meeting.

**2. MEMBERSHIP**

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

**3. DECLARATIONS OF INTEREST**

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

**4. MINUTES AND ACTIONS ARISING**

To agree the Minutes of the meeting held on 05 October 2023.

**(Pages 5 - 10)**

**7. SERIOUS VIOLENCE DUTY - WESTMINSTER AND RBKC**

**(Pages 11 - 26)**

**MARKET STALLS**

**9. DATE OF THE NEXT MEETING**

The next meeting will be held on 25 January 2024, and will be hosted by the Royal Borough of Kensington and Chelsea.

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

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

**15 November 2023**

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**CITY OF WESTMINSTER**

# MINUTES

## Health & Wellbeing Board

### MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Health & Wellbeing Board** Committee held on **Thursday 5th October, 2023**, Museum of Brands, Packaging and Advertising, 111-117 Lancaster Road, London, W11 1QT.

#### **Members Present:**

Cllr Josh Rendall, Lead Member, Adult Social Care and Public Health - RBKC (Co-Chair)

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

Bernie Flaherty, 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

Jackie Rosenberg, One Westminster

Angela Spence, KCSC

Lena Choudary-Salter, Westminster Community Network

Iain Cassidy, Open Age representative

James Benson, NHS London

Andrew Steeden, Primary Care Representative

Jan Maniera, Primary Care Representative

**Apologies for Absence:** Councillor Lorraine Dean

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

The Chair welcomed attendees to the meeting.

#### **2 MEMBERSHIP**

Apologies were received from Cllr Lorraine Dean, Westminster City Council, Ann Sheridan, Central and North West London NHS Foundation Trust, and Danni O'Connell, Healthwatch.

#### **3 DECLARATIONS OF INTEREST**

There were none.

#### 4 MINUTES AND ACTIONS ARISING

##### **RESOLVED:**

The Minutes of the Joint Health and Wellbeing Board, held on 8 June 2023, were agreed as an accurate record.

##### **RESOLVED:**

The Minutes of the Royal Borough of Kensington and Chelsea Sovereign Health and Wellbeing Board, held on 8 June 2023, were agreed as an accurate record.

#### 9 HEALTH AND WELLBEING STRATEGY – REPORT ON CONSULTATION

Rachel Soni, Bi-Borough Director of Adult Social Care, presented the report to the Board and explained that:

- 12 months of engagement prior to consultation had taken place underpinned by the Joint Strategic Needs Assessment;
- A Consultation lasting eight weeks was undertaken with residents 150 of whom gave feedback;
- Changes were made by adding additional case studies, new wording and updating some of the ambition statements;
- Children and young people helped shape the new strategy along with our Local Account Group and many residents and stakeholders;
- The next step would be to develop the bi-annual action plan to deliver the strategy and work to reduce health inequalities for our residents;
- All Health and Wellbeing Board members would take forward these ambitions.

Members and attendees raised the following points:

- A plan for the next ten years was needed for North Kensington to help those who have been traumatised by the Grenfell Tower tragedy.
- Consideration should be given to the effects of inequality and its impact on health;
- The Joint Strategic Needs Assessment (JSNA) was in the process of being refreshed
- Where it was not clear from proposals and budget requests that the poverty and/or or inequality was being reduced, the Board should not give consideration to it.

##### **RESOLVED:**

That the Board approve the Health and Wellbeing Strategy.

## 5 REPORT ON VIBRANT AND HEALTHY COMMUNITIES

Angela Spence from Kensington and Chelsea Social Council (KCSC), presented to the Board the reflections from the previous meeting's item on Vibrant and Healthy Communities explaining that:

- The focus would be on connector roles which would bring together a range of support and personalised care for residents via the development of integrated neighbourhood teams.
- Statutory partners' procedures, often set in law, meant that they delivered change at a slower pace than third sector partners who could implement new ways of doing things immediately.
- A conference would be taking place in November of third sector partners to look at strategy, how it can be implemented and measured with a view to being proactive in identifying health issues of residents.

### **RESOLVED:**

That the report be noted.

## 6 SELF-EVALUATION FRAMEWORKS – FAMILY SERVICES

Sarah Newman, Bi-Borough Director of Childrens Services (DCS), presented to the Board and highlighted the following:

- Self-assessments were a requirement of the inspection framework for local authority children services.
- An annual report was produced that outlines the activities that have been undertaken in children's social care and outlines proposals to maintain and improve services.
- The last inspection of Children's Social Care took place in 2019 and so there was likely to be a further inspection in 2024.
- It had been eight years since the systemic practice model was introduced; a relational approach giving social care practitioners the tools to engage with families in challenging situations and build relationships that enable positive change to happen.
- The systemic practice model had meant that more children were living safely within their families, rather than coming into the care of the local authority.
- Officers believed that, locally, our investment in systemic practice had also resulted in improved retention of social workers, lower turnover, and less use of agency staff – because of the supportive relational approach.

Members and attendees raised the following points:

- The challenges faced by both Kensington and Chelsea and Westminster were similar.
- Housing associations should be involved in drawing up plans and delivering services given the importance of good housing to social welfare and mental health.

- Existing challenges were known and it was essential that all services work together.
- Church Street was a deprived ward in Westminster with a high crime rate, which affected children living there.
- The reports did not provide information on evaluation methods to measure outcomes.

The DCS addressed the comments adding that:

- There was a mental health offer to all schools and, there had been a recent campaign – ‘U got this, we got U’ developed for young people, by young people, to advertise the local offer.
- The systemic practice model had been independently evaluated.

**RESOLVED:**

That the Report be noted.

**7 YOUTH JUSTICE PLANS**

The DCS presented to the Board and highlighted the following:

- The plan related to small numbers of people many of whom had complex needs;
- There was a need to avoid adultification of children and young people who had committed criminal offences.

Members and attendees raised the following points:

- There was a clear correlation between deprivation and crime which had to be addressed.

**RESOLVED:**

That the report be noted

**8 BETTER CARE FUND – 2023/24**

The Director of Health Partnerships updated the Board on the progress of the Better Care Fund since the previous update on 8 June. There was a delay to the submission due to a review request from North West London NHS Integrated Care Board (ICB), causing an escalation period. The plan was submitted on 9 August 2023 and was subsequently approved with no conditions. A review with the ICB was being undertaken and a terms of reference would be co-produced. Funding was expected to be released later in 2023. It was important for the board to note the risks of the review and potential for funding reductions which would ideally need to be implemented not before April 2025 and the need to develop robust contingency plans.

**RESOLVED:**

That the report be noted.



**10 DATE OF NEXT MEETING**

The Chair confirmed that the next meeting of the Joint Health and Wellbeing Board would take place on Thursday 23 November at 4pm.

The Meeting ended at 6.00 pm

**CHAIRMAN:** \_\_\_\_\_

**DATE** \_\_\_\_\_

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City of Westminster



THE ROYAL BOROUGH OF  
KENSINGTON  
AND CHELSEA

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

<b>Date:</b>	<b>23 November 2023</b>
<b>Classification:</b>	<b>General Release</b>
<b>Title:</b>	Serious Violence Duty - Update
<b>Report of:</b>	Community Safety – RBKC and WCC
<b>Wards Involved:</b>	All
<b>Report Author and Contact Details:</b>	Alice Kavanagh <a href="mailto:akavanagh@westminster.gov.uk">akavanagh@westminster.gov.uk</a> Stacie Smith <a href="mailto:stacie.smith@rbkc.gov.uk">stacie.smith@rbkc.gov.uk</a>

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### 1. Executive Summary

The Board are invited:

- To note the Serious Violence Duty requirements that came into effect in January 2023.
- To note progress by both RBKC and WCC towards delivering the requirements of the statutory Serious Violence Duty.

### 2. Recommendations

2.1 The plans are for information only.

### 3. Background

The Serious Violence Duty is a duty placed on local organisations to collaborate and plan to prevent and reduce serious violence, as set out in the Police, Crime, Sentencing and Courts (PCSC) Act 2021. The Duty requires partners via a statutory partnership board, in the case of London, Community Safety Partnerships, to:

- undertake an evidence-based analysis of the causes of serious violence in your area (and have effective data sharing to enable this).
- develop a strategic needs assessment (SNA) based on the analysis.
- develop and implement a strategy with solutions to prevent and reduce serious violence in your area, reviewed every year.

The Duty holders are:

- The police
- Fire and rescue authorities
- Justice organisations (youth offending teams and probation services)
- Health bodies
- Local Authorities

The Violence Reduction Unit has issued guidance for London with a proposed definition, which has been adopted by WCC and RBKC:

“Any violence and exploitation affecting young people under the age of 25, Domestic abuse (as defined in the Domestic Abuse Act 2021), Sexual violence.”

WCC is also including Night-Time Economy driven violence by over 25's in the West End in its definition, as this makes up a large proportion of Westminster's serious violence.

Both boroughs have produced strategic needs assessments and are currently drafting their strategies. Community engagement has taken place, and this has fed into the strategy development, including in RBKC community safety consultations and 'It Takes A Village' event. In WCC, insights from the Resident Research Panel and Westminster City Survey have been included.

Consultations have taken place with partnership and operational boards, including VAWG Strategic Board, Specialist Services Group, CYP Operations Group, Safeguarding Adults Executive Board, Local Safeguarding Children's Partnership, Serious Youth Violence Boards and the two Community Safety Partnerships.

RBKC is producing a serious violence addendum to their Community Safety strategy. WCC is incorporating serious violence into their new Safer Westminster Partnership Strategy.

The boroughs need to submit their Serious Violence Duty strategies to the Home Office by 31<sup>st</sup> January 2025.

#### **4. Financial Considerations**

4.1 None.

#### **5. Legal Considerations**

5.1 None.

**Appendix A – Powerpoint Presentation**



# Serious Violence Duty

**Stacie Smith – Community Safety Manager, RBKC**

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24<sup>th</sup> November 2023



# Overview

- What is the Serious Violence Duty?
- How is Serious Violence defined?
- What are the requirements of the Duty
- How are WCC and RBKC approaching the Duty?
- Board asked to note the approach

# Serious Violence Duty

- Police Crime Sentencing and Courts Act, April 2022
- Commenced on 31 January 2023 and have until 31 January 2024 to comply with the Duty
- The Duty requires specified authorities to work together to prevent and reduce serious violence including to:
  - be part of a multi-agency partnership to reduce serious violence
  - produce a serious violence strategic needs assessment and strategy

Police

Justice  
Probation & YOT

Fire &  
Rescue

Health  
ICB

Local  
Authorities

# Definition

*“Domestic abuse, sexual offences, violence against property and threats of violence but does not include terrorism”*

The Act

*“Any violence and exploitation affecting young people under the age of 25, Domestic abuse (as defined in the Domestic Abuse Act 2021), Sexual violence”*

London Violence Reduction Unit (VRU)



# Requirements

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# Bi-borough approach



# Data

Children's &  
Families:  
Assessments, school  
exclusions, missing

IGXU / Youth  
Violence Reduction  
Service

MPS CRIS data

Adult Safeguarding  
Assessment/  
Concerns

VAWG: MARAC and  
Angelou

London Ambulance  
Service assaults  
(WCC)

Rescue & Response

ASB data: Housing &  
MPS

Hospital Emergency  
Dept assault data  
(not added for RBKC  
as data limited)

YOS data

National Probation  
Service

Fire data

# Key findings from Westminster's SNA

*Nearly half of all serious violence offences in Westminster occurred in just 2 wards, West End and St James's Park. Over half took place during the night-time economy.*

## Serious youth violence (under 25)

- Young people (under 25) account for 14% of all identified accused of crime and 25% of crime victims.
- Three-quarters of young victims were aged 18-24.
- Estimated 6% of knife crime in Westminster involved injury to a young person.
- Young people are more likely to be victims of sexual offences and robbery, and to be accused of robbery and drugs offences.
- Complex needs: substance misuse, mental health, communications needs, SEN.

## Domestic abuse

- Domestic abuse recorded offences have increased by 10% and with injury by 8%.
- Sanctioned detection rates have begun to plateau at about 12%.
- Males make up 39% of all victims of domestic abuse compared with 26% last year.
- Greatest needs include health and well-being and accommodation and housing.

## Sexual violence

- Sexual offences increased by 62% (MPS 16%)
- 27% were rape and 73% other sexual offences.
- Over half of the offences were in St James's and West End wards.
- Offences peaked in the early hours of Saturday and Sunday.
- Profile of sexual offence victims is predominately females (83%) and 42% were aged 18-25.
- Only 8.7% of sexual offences achieved a sanctioned detection compared with 30% 9 years ago

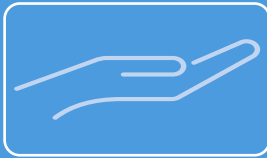
# Draft Westminster recommendations



## Tackling Serious Violence & Exploitation



Work together to tackle the drivers...  
 Provide support and positive opportunities...  
 ...deliver effective enforcement and deliver justice for victims



Deliver multi-agency co-ordinated approaches to vulnerable victims ...  
 Work together to ... reduce repeat victimisation  
 Support victims ...



Improve communication with the public ...  
 Build and maintain effective relationships with local communities ... to give local people the opportunity to influence our work..



Ensure we have a comprehensive education package in ...  
 Ensure every contact makes a positive impact



Work together to better understand the risk and protective factors through improved data and information sharing ...

# Spotlight On...



Combating  
Drugs  
Partnership

Serious Youth  
Violence

Violence  
against Women  
& Girls

Modern Slavery  
& Exploitation

# Key findings from RBKC's SNA

## Serious youth violence (under 25)

- Low number of accused, despite increase in offences with a victim under age 25 years.
- Female victims are higher than males for this age group (58% of victims of all offence types). This includes violent assaults which are not domestic, where females are 55% of victims.
- Male victims are highest in number for robbery offences (81%) and knife injury offences (14 of 18 in previous 12 months).
- Black community are disproportionately represented in victim statistics in this age group with 43.1 per 1000 residents (compared to 18.5 per 1000 white residents in this age group).
- CYP affected by violent offending have complex needs and multiple services working with families. YOT data 45% have Speech, language, communication, or neuro - disability concerns. Youth Violence Panel - 10 different services working to support young people outside statutory provision.

## Domestic abuse

- MARAC referrals for females much higher percentage (91%) compared to all police victims of Domestic Abuse (DA) (61% are female).
- A low sanction detection rate for domestic abuse (10%) makes it difficult to determine profile of accused.
- The Multi-Agency Risk Assessment Conference (MARAC) data does not provide information regarding perpetrators or type of violence due to low SD rate.
- Experience of DA is a significant feature for children - 196 children in households where a MARAC referral has been made, DA part of 191 children in safeguarding needs assessments (2022/23)
- Number of victims referred to MARAC with disability high (17%).
- Although 26% of ethnicity data missing for victims, as a rate per the resident population Black victims are proportionally higher with 30.8 victims per 1000 residents (compared to 11.5 per 1000 residents for white victims).

## Sexual violence

- Low sanction detection rate (6%) makes it difficult to determine an accurate profile of accused.
- MARAC data does not provide information regarding perpetrators or type of violence (e.g. physical assault or sexual violence for serious violence duty consideration).
- Victims age of those reporting is skewed towards younger years with 66% of victims under 34 years and 18 to 24 years accounting for 21%.

# Draft RBKC recommendations

Improve our understanding of low sanction detection rates across all themes and reduce the data gap for perpetrators.

Review of the lived experience of female victims and understand if there are gaps in the specialist support services available.

Improve our understanding of victims views on what successful outcomes are following an assault or incident and how to deliver these.

Develop a clear intersectional approach to tackling VAWG where the survivor has a disability. This to include: training for practitioners, improved data capture to understand need and gaps, co-production with victim/survivors to commission appropriate services.

Co-design projects which address the local disproportionality of Black communities affected by violence, across all themes.

The DA Act 2021, recognises children as victims too. It is important that all partner agencies and Council departments build this approach into their practice.



# Board asked to:



Note the requirements of the Serious Violence Duty

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Note the scope of data and approaches to resident and stakeholder engagement for SNA and strategy development

Note the formats of the SV strategies in each borough

Note the key findings from the strategic assessments and draft recommendations

# Next Steps

