

# Westminster Health & Wellbeing Board

<b>Date:</b>	19 November 2015
<b>Classification:</b>	<b>General Release</b>
<b>Title:</b>	Health and Wellbeing Hubs
<b>Report of:</b>	Liz Bruce, Executive Director of Adult Social Care and Health
<b>Wards Involved:</b>	All
<b>Policy Context:</b>	The programme of work is consistent with the stated vision and objectives of the partners within the Westminster Health and Wellbeing Board, and is a mechanism for delivering the strategic ambitions, outcomes and efficiencies required from City for All.
<b>Financial Summary:</b>	NA
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## 1. Executive Summary

- 1.1. The Health and Wellbeing Hubs programme was initiated to test how best to improve the lives and outcomes of disadvantaged and groups individuals through changing the way we work within the Council and with our partners. The focus is on improving the use of our estates so as to increase access to preventative services for those at risk of experiencing multiple needs, thereby preventing the development of complex issues that are costly to individuals, families and public services to resolve. . This paper builds on the previous Health and Wellbeing Board paper on this topic for the meeting of 1 October 2015.

## 2. Key Matters for the Board

- 2.1. The Health and Wellbeing Board is asked to note the plans the Council and partners have started to scope as potential areas of work. The Board is also asked to consider how:

- This programme of work relates to projects currently underway or being planned by partners;
- Partners can contribute to the future development of this programme of work.

### **3. Background**

- 3.1. At the Health and Wellbeing Board's meeting on 1 October, we introduced the concept and thinking behind Health and Wellbeing Hubs and the three broad cohorts we would like to target – youth, older people and single homeless adults. Since then we have worked with partners to develop the work streams in these areas, which this paper sets out.
- 3.2. The approach of Health and Wellbeing Hubs is based on Public Service Reform principles around co-location; joint working between multiple sectors and professions to build services around individuals. The overarching mission of the programme is to intervene with high risk cohorts at early stages to prevent them from requiring complex and often costly public services, such as admissions to Accident and Emergency departments or emergency service call outs. We will do this by using existing services but changing the way we work to deliver them, to improve the health and wellbeing outcomes of Westminster citizens.

### **4. Evidence base**

- 4.1. A robust evidence base underpins our approach. Nationally, Troubled Families was deemed a success as a result of its holistic approach to tackling the issues of individuals and their families and by building services around them and providing access to services through a single point. Locally, the Tri-borough Family Recovery Programme, worked with families with a combination of problems and needs which meant they were at risk of losing their homes, their liberty or their children by intervening as early as possible and providing intensive, tailored support. An independent evaluation<sup>1</sup> found improved outcomes for children, improved family resilience, and reduced the resource burden on the public purse.

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<sup>1</sup> Brandon, M., Sorenson, P., et al (2014) *Evaluation of the Tri-borough Family Coaching Service*.

Accessed via:

[https://www.uea.ac.uk/documents/3437903/4264977/FCS+report+%2B+exec+sum+20+Oct+2014\\_FINAL.pdf/5459c6d5-d8d7-4457-ada1-2f1846958fcd](https://www.uea.ac.uk/documents/3437903/4264977/FCS+report+%2B+exec+sum+20+Oct+2014_FINAL.pdf/5459c6d5-d8d7-4457-ada1-2f1846958fcd)

- 4.2. The Westminster Integrated Gangs Unit (IGU) is a model of integrated co-located services aimed at working with people aged between 11-24 years to prevent entry into, and facilitate exits from, gangs. The targeted interventions are delivered by a multi-professional team, who provide a single access point to a range of existing services, improving outcomes for the individual by tackling multiple needs at once.
- 4.3. A recent study<sup>2</sup> found that better co-ordinated interventions from statutory and voluntary agencies can not only reduce the collective cost of public services provision, but also improve overall outcomes for people by tackling their multiple issues rather than handling separate concerns individually. The Health and Wellbeing Hubs concept takes the learning from approaches tested at both national and local level to build a refreshed model which can be distinguished by its emphasis on health and wellbeing as a starting point.
- 4.4. To further reinforce the evidence base for Health and Wellbeing Hubs we will also be looking at the cost/benefit of the project work in our initial focus areas (outlined below). The complexity of the service provision picture and the myriad factors that impact on people's health and wellbeing outcomes make it difficult to establish the impact of these types of changes exactly. However, all available data will be used to analyse impact and generate learning, which can be fed back in to support further development and refinement of the model over time.

## **5. Governance**

- 5.1 The development of the programme is guided by a Cabinet Member Steering Group, which is chaired by Cllr Rachael Robathan. The Steering Group consists of senior officials from across Westminster City Council representing a range of service areas include estates, area management and libraries. The operational design and delivery is being led by a Programme Board, chaired by Liz Bruce, which seeks to operationalise the principles of the programme.
- 5.2 Both these groups have been operating for three months in order to collate evidence and garner consensus and support internally across all council service areas. We will now be seeking to gain representation on these groups from the voluntary sector, Healthwatch Westminster and other relevant partners. Health partners have agreed to join the Programme Board and support the development, delivery and piloting work.

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<sup>2</sup> McNeil, C. & Hunter, J. (2015) *Breaking Boundaries*. London: IPPR  
Accessed via: <http://www.ippr.org/publications/breaking-boundaries-towards-a-troubled-lives-programme>

## 6. Single homeless adults – Newman Street

6.1. Single adults who have presented to the council as homeless have been identified as a priority cohort that we would want to help with this more holistic approach to their health and wellbeing. One of four general needs Temporary Accommodation facilities for single adults located within the borough, Newman Street has some of the most disadvantaged and complex residents. It is a mixed-sex facility comprising of 77 self-contained studio flats. It is not supported housing but has on-site Floating Support workers. The Floating Support service pairs a key worker with the vulnerable adult, who assesses their needs and develops a support plan to address these needs. Support packages include:

- benefits advice, including making applications and attending benefit interviews and assessments;
- sustaining tenancy, including support to develop budgeting skills and other skills essential to managing tenancy;
- accessing local services, for example mental health teams, drug and alcohol services and BME services;
- developing life skills, including support to access occupational therapy;
- social inclusion, supporting customers to access education, voluntary work, employment and leisure services;
- tackling complex debt problems, referring to specialist debt advice services where needed;
- building and strengthening relationships with family and friends; and
- resettlement, helping customers to move on to more appropriate accommodation.

6.2. The majority of Newman Street residents are vulnerable adults with complex multiple needs, which include substance and alcohol addiction, significant mental and physical health issues and history of crime and/or anti-social behaviour. With this range of needs their level of dependency on a number of different public services is high, and is highly likely to increase further over time. A recent study<sup>3</sup> published by the Institute for Public Policy (IPPR) presented findings to substantiate claims that those with substance misuse issues also have issues with mental health, offending and homelessness. They also found evidence that those suffering multiple 'disadvantages' or issues have worse outcomes than those who have single disadvantages. The study concluded that addressing the

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<sup>3</sup> McNeil, C. and Hunter, J. (2015) *Breaking Boundaries – Towards a Troubled Families Programme for People Facing Multiple and Complex Needs*. London: IPPR

multiple of needs of people in the round in parallel rather than addressing single issues at a time was more cost effective and could result in better outcomes. The Troubled Families programme has been hailed a success in tackling multiple vulnerabilities.

6.3. We are jointly developing with our providers, public health department, CLCCG and the Great Chapel Street Primary Care Centre, a model which is not dissimilar to Troubled Families or the Westminster Integrated Gangs Unit (IGU) approaches to vulnerable people with multiple needs to test the following hypothesis: **by targeting existing services at people with multiple complex needs through addressing their multiple needs in parallel and proactively taking services to them, we can improve their life chances.**

6.4. The most common outcomes residents want for themselves include:

- improved (or better managed) physical health;
- improved (better managed) mental health;
- effective withdrawal and treatment from substances for those who want it;
- take up of employment and education opportunities; and
- a feeling of greater safety and security in their home environment

6.5. We want to help people realise these outcomes. We will do this by changing the way we work together – sharing information and intelligence, jointly planning and problem solving on individual cases, and building service packages around an individual rather than making individuals fit the offer. Simultaneously, we will reduce duplication across the public services involved in the care of this cohort, share resources and expertise and ultimately save money by managing future need and diverting people away from costly services. Floating Support workers, with their critical role in assessment and action planning for individuals, are the front-line representatives of the partnership approach and have a role in supporting residents to engage with the revised offer.

6.6. Whilst we have begun this work with local partners, as our residents would expect us to, we welcome involvement from Health and Wellbeing Board members and their organisations. We want to make this programme a place based approach not confined to any one institution and sector.

## **7. Widening preventative access – Older People Hubs**

7.1. With their tendency to experience increased dependency on high cost health and wellbeing services over time, older people are also seen as a priority cohort who

could benefit from the Health and Wellbeing Hubs approach. The aim of this project is to explore opportunities to cluster advice/information and community/voluntary sector together in new ways and new combinations, offering local people more 'under one roof', to find out:

- Whether offering a broader range of advice/information and community-led/voluntary sector services in a range of settings (e.g. libraries) can increase take-up of those offers
- If being able to go to a location people find familiar and convenient, and by finding services there that may be new to them alongside ones they already use, target cohorts will be encouraged to access more of our preventative offer

7.2. A strategic review of health and social care low level services for Older People living in Westminster was undertaken in 2010 and enabled the Council for the first time to show the wards with older people most at risk of a deterioration in independence, health and wellbeing and where our resources should be targeted to help prevent this deterioration. These were Church Street, Regents Park, Queens Park, Westbourne, Harrow Road, and Churchill.

7.3. Initial contracts were let in July 2011, up to 2015. A decision was taken by the Contracts Approval Board in June 2015 to directly award contracts to the existing providers for the four older peoples' hubs (which cover the five priority wards), for a period of 24 months to end July 2017.

7.4. A review of the four existing Older Peoples' Hubs in Westminster commenced early in September and will conclude in November 2015. The purpose of the review is to:

- identify all current activities and the locations where they are delivered, be these hubs or other community locations including libraries;
- obtain attendance figures at each of the activities available;
- identify the cohorts currently accessing the services e.g. those aged 50 – 65, those preparing for retirement, those with chronic conditions and those 80 plus; and,
- identify those who are accessing the hubs, and also identify those who are not and possible reasons why.

7.5. To date, the review has found that:

- Activities tailored for men/to attract more men are required as they are under-represented in services.
- There is a need to increase referrals from people with more complex needs. Additional support (e.g. someone to accompany them to activities, push wheel chairs and provide them with regular assistance) is needed to support older people with mobility issues to attend community based activities.
- There is a need to increase the number of some BME communities accessing services.
- Reliable and timely transportation is required. It is worth noting that the Westbourne Hub is currently working on a small pilot project with Westway Community Transport, which aims to book and bring people to the same activity each week.
- There are limited opportunities at weekends. Older people can feel more isolated as many community facilities are closed at this time.
- There is an on-going issue/process to get information to those who are particularly isolated and not accessing local services and activities.

## **8. Engagement**

7.1 Health and Wellbeing Board members were contacted in October 2015 inviting their thoughts on the design, delivery and review of our pilot work streams and wider programme development. To achieve the greatest impact from adopting a more holistic approach to meeting people's health and wellbeing needs, we need to work collaboratively with all the providers of those services, service users and Westminster residents. Through the development of the workstreams, partners - including the voluntary sector – will be involved, helping us to make wider sector and service links, co-designing models for service delivery and identifying future opportunities for co-location and effective use of collective assets. Partners and people will also be actively involved in co-producing future work streams to build on the current initial projects and develop the hubs approach further.

## **9. Wider opportunities**

9.1. The projects outlined above identify opportunities to better use assets owned by the Council and our partners to improve access to preventative services, thereby helping residents to live as independent lives as possible and avoiding the need

for more costly and less effective interventions later on. If successful, these projects will provide a platform for further improvements and the Board is invited to consider the following opportunities:

- 9.2. Property: what opportunities are there to use our properties more efficiently to deliver services to shared cohorts?
- 9.3. Area working: what opportunities are there to use our estates to develop a more targeted and joined-up approach to delivering multiple services locally?
- 9.4. Community spaces and libraries: what opportunities are there to optimise the value we get out of community spaces across the City– providing a greater mix and maximising their occupancy to meet the needs of the local community?

## **10. Legal Implications**

- 10.1. Not applicable

## **11. Financial Implications**

- 11.1. Staff time excluded, there are no direct costs associated with this programme at present.
- 11.2. Over the medium term, this programme of work will aim to produce a robust business case that will assess the cashable savings that could be delivered to the Council and to partners by adopting more efficient and effective ways of working. The business case will be underpinned by a cost benefit analysis of the projects that will consider in detail: the current service costs - upstream and down-stream; future anticipated funding changes; projections of potential savings; analysis of where costs/savings fall (WCC and partners); savings profile over time and any costs to implement.

**If you have any queries about this Report or wish to inspect any of the  
Background Papers please contact:**

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