Refreshing Westminster's Joint Health and Wellbeing Strategy

Introduction

Our local health and care system consists of Westminster City Council, Central and West London Commissioning Groups, health and care providers, and the voluntary and community sector, individuals and communities. It is a whole system, with many moving parts, with different functions but with one sole purpose – to help all of us be well and stay well. This refreshed strategy represents the whole system's commitment to prioritising prevention and early intervention. When you experience mental or physical ill health and require support, the whole system will come together to work with you to ensure you experience high quality care in a setting that is appropriate and convenient for you and delivered by a caring, talented and diverse workforce.

For decades, the health and care system has been geared towards treating people during illness and poor health and in many cases medicalising people's conditions and lifestyles. In parallel, nationally and locally, we are seeing a significant population increase, a rise in people experiencing preventable long term and multiple conditions and ever increasing expectations of public services. We can no longer afford to deliver services in a way that is expensive, inefficient and is framed by organisational boundaries and conveniences. Locally, we have known this for a long time.

Now we have the mandate to act, backed by government support, which was provided by the NHS Five Year Forward View[1] and the London Health and Care Devolution Agreement[2]. The Five Year Forward View signalled a significant shift in attitude towards prevention and called for local systems to move to new models of care while the devolution agreement has pledged greater flexibility and freedoms for the future, encouraging ambitious localities such as Westminster to prepare for the possibility of devolution.

If we are to address robustly the challenges of decreasing finances, increasing demands for services and having to assure the sustainability of the health and care system, we need to integrate our services to deliver them to you in a joined-up way so you have a good experience that is built around you and in your communities. The North West London Sustainability and Transformation Plan (STP)[3], will locally bring the NHS Five Year Forward View to life and will set out the vision and commitment of the eight clinical commissioning groups and corresponding local authorities including Westminster. It will implement an integrated health and care system that is weighted towards upstream prevention and earlier intervention and care in the community by 2021. *Our Joint* Health and Wellbeing Strategy is our local health and wellbeing plan which sets out how we will meet national commitments (including those set out in the STP) and deliver local priorities for the people of Westminster.

[1] NHS Five Year Forward View 2014
[2] London Health and Care Devolution Agreement (2015)
[3] Delivering the Forward View: NHS Planning Guidance 2016/17 – 2020/21 (2015)

We all know that there are broader socio economic and environmental factors that can affect our health and wellbeing and those factors cannot be tackled alone through clinical interventions. It requires everyone to ensure that businesses and communities are doing their bit to reduce pollution levels to improve air quality that the neighbourhoods we live in are clean, accessible and welcoming and support and look out for each other particularly in times of vulnerability.

We will do all we can to ensure that the built environment enables you to make positive choices and the housing people live in is appropriate for their needs and life stage. We will ensure that schools and other educational establishments support children and young people to bewell and stay well through educating them about making positive choices and providing access to physical activity and healthy meals.

In Westminster we are proud of our community establishments and assets. We have 11 libraries, 9 leisure centres, 18 community centres, over 21 attractive open and green spaces comprising over 250 hectares of open space, friendly cycling and walking routes and world class heritage sites and the best cultural offer in the Country. These community assets can and will help people to remain healthy and engaged. We commit to ensuring that we improve the quality of these assets so that everyone can access and enjoy them throughout their time in Westminster as a resident, worker or visitor.

We have much to celebrate and be proud of in our city. However, we have several serious challenges that we must tackle in partnership with you. We want to support people to live healthy and fulfilled lives as active participants in their families, neighbourhoods, communities and workplaces. This involves tackling a range of issues that can be barriers to finding and maintaining long term occupations (including volunteering). Worklessness can be associated with poorer physical and mental health and wellbeing and evidence shows that work or an equivalent meaningful occupation can alleviate physical and mental symptoms of ill health[4]. We will continue to support the long term unemployed in Westminster to address complex barriers to change and maximise people's contributions to their communities and, therefore, improve their chances to be well and stay well.

Children and young people in Westminster live, grow and learn in an international hub of culture, heritage and opportunity. However, to focus on the opportunities alone would be to ignore the real challenges that will face children and young people as they grow and transition into adulthood. Ensuring that children and young people are supported to have healthy relationships and to make positive decisions about their own lives and be confident to seek help when they need it.

Westminster is also blessed with an increasingly older population. Retaining so much life experience and knowledge in our borough adds immense value to our communities. However, we are also presented with challenges – particularly around how we adequately

[4] "Is work good for your health and well-being?" The Stationary Office, 2009

support older adults. An ageing population does not necessarily mean older people in ill health. People over 65 are economically, culturally and socially engaged, and often make up a largely unrecognised workforce in their provision of volunteering, caring (for both peers and children) and civic support. Working with service users, communities, carers and professionals, we want to empower people over 65 to maintain their independence, their roles in their communities and their health and wellbeing. We will do this through encouraging and supporting lifestyle changes and enabling self-management of conditions.

Adults aged over 85 are more likely to have longer term and more significant health and care needs, particularly related to ageing. They may require more intensive support to ensure they are able to remain independent and be treated with dignity, whether in their own homes and communities, or in residential care. Adults aged over 85 may need help to remain or to be more engaged with community networks around them, to ensure that they do not feel isolated or excluded from society.

Organisations can only do so much. We can equip people with information and tools to enable them to take charge of their own health and wellbeing and develop their communities to support those who need extra support to make positive choices. When people need extra help or experience periods of ill physical or mental health then we will provide high quality, timely and person-centred support.

Enabling people to make responsible and positive choices to enhance their own wellbeing and providing high quality, timely and patient centred services when people need them is important to ensuring Westminster is a city for all. Our most significant and most valuable asset which will help us to achieve this mission is not buildings or budgets – it is you. Engaging communities in the design and delivery of the services they use is crucial to not only ensuring services are meeting local needs but to also actively involve them as equal partners in shaping local services and building resilient and cohesive communities. Local people are the experts of their own localities and communities. We will continue to work with communities and with Health and Wellbeing Board partners such as Westminster Healthwatch, the voluntary sector, our community champions, and patient and service user panels to make sure you have a voice in developing the services and support that will keep the people of Westminster healthy and well.

We want to empower people to access information, manage their conditions and have a say in their treatment. This is not only for the mostly healthy, but must be cascaded to ensure that all people, particularly those who might be vulnerable, isolated, or excluded, feel that the health and care system treats them with dignity and as autonomous individuals. For our large homeless and rough sleeping population, providing services that address their specific needs, reaches out to them, and empowers them to make healthy choices is important. *Healthier City, Healthier Lives 2013-2016* aimed to ensure that everyone in Westminster had the opportunity to start well, stay well, get better and age well. We are refreshing Healthier City Healthier Lives for 2016-2021 with four targeted priorities, which are based

on evidence of need and what we have heard from partners, local groups and communities and people. We will base the delivery of our priorities on solid outcomes which are based on achieving quality of life, experience, system and financial sustainability[5]. They are:

- Improving outcomes and life chances for children and young people;
- Reducing the risk factors for and managing long term conditions such as dementia;
- Improving mental health outcomes through prevention and self-management; and
- Creating and leading a local health and care system fit for the future.

The outcomes for each priority will provide a focus for our joint working to achieving them over the next five years. We will develop a detailed joint implementation plan that will identify how we will put into action the commitments made in this strategy. The implementation of the Strategy will be overseen by the Health and Wellbeing Board as the system leader of Westminster's health and care system.

Our four priorities will be areas of focus for the Westminster Health and Wellbeing Board but this does not mean that other priorities and fresh challenges and issues will not be addressed. This strategy is not an extensive list of things that are important or actions we will take. Instead it focuses on the most complex and critical needs identified where the Health and Wellbeing Board can take action quickly and effectively.

Health and wellbeing is everyone's business – the council's, the GPs', the hospitals', the care workers', the communitys', yours.

[5] North West London Outcomes Framework (2015)

Our communities

[INFOGRAPHIC TO BE ADDED]

Westminster is a global city and it is also home to a highly diverse resident population of around 233,290 people. Unlike the majority of areas, our resident population is heavily weighted towards younger people, with 49% of our resident population aged between 18 and 44 years old.

Almost half of households are single person households, the third highest proportion in London. We have the fourth highest proportion in the country of pensioner households that are occupied by lone pensioners. This means that a high proportion of our older people may feel isolated from their families, friends and communities and reliant on services.

At the heart of the nation's capital, and easily accessible for people who are seeking a new life both domestically and from abroad, Westminster is home to a vibrant and diverse set of communities. We have the highest level of international migration of any place in England.

Just over half of our population were born outside of the UK, compared to 9% for the rest of England. 30% of our population are from Black, Asian, Arabic or other minority ethnic groups and there are estimated to be over 10,000 lesbian, gay, bisexual or transgender (LGBT) people.

Westminster has the highest level of rough sleepers of anywhere in the country with over 2570 people being identified in 2014/15[6]. There are also tens of thousands of people who live in the city for short-periods or on a part-time basis who are not included in the resident population. This means that the Westminster population is more transient than any other area.

Looking at likely demographic, economic and social trends over the next 15 years, we estimate that the following changes will affect how people live and work in Westminster and how this might affect their health and wellbeing:

- There will be a 60% increase in the number of people living in Westminster aged over 85. While a large proportion of this group will age in good health, there will be a significant rise in the number of older people living with long term conditions that will cause both minor and severe impacts on their mobility, care needs, health service needs and wider role in the community. Over the next five years alone we expect the annual cost of care for older people living with severe physical disabilities to grow by £10.4m.
- There will be fewer children and young people living in Westminster in 2036 with the proportion of people aged under 16 as part of the overall population expected to decline from 16% to 14%.

[6] CHAIN Annual Report Bulletin Greater London 2014/15

- The city will be busier than ever with more commuters coming to work in Westminster every day, putting tremendous pressure on transport and public realm. While these people will be less likely to drive and will make more use of walking, cycling and taxis (particularly though the shared economy) we do not expect a reduction in the number of vehicles on the roads due to factors such as an increasing need for movement of goods (logistics) driven by public expectation of rapid delivery and 'just in time' delivery of goods.
- People working in the city will be more likely to be employed in high skill, high wage jobs linked to the knowledge, digital and creative economy or jobs that provide personalised services within the service economy. There will be fewer jobs in the traditional professions driven by increasing automation and digitisation.
- If nothing else changes, more young people will be growing up with long term health conditions, particularly obesity and mental health issues, that will likely follow them into adulthood. This could have significant impact on their ability to make the most of the opportunities of a changing social, economic and technological landscape.

Our diverse communities make it all the more important that the health and care system provide tailored services which accommodate the wide range of needs that our residents experience.

Westminster has a clear sense of place and prides itself on its reputation as a truly global city which attracts tourists, students and businesses from the UK and the world. One million people enter the borough every day and use our services either as a visitor, worker or student. This creates a unique buzz in the city, but also brings with it significant challenges and responsibilities that we acknowledge and will seek to mitigate and address.

Our unique health challenges

The vitality of Westminster is part of its appeal, but this leads to a challenging landscape in which to help people to be well and stay well.

The life expectancy of our population can vary dramatically depending on whether people live in our most affluent or most deprived areas. Men living in the 10% least deprived areas live nearly 17 years longer than men living in the most deprived areas. For women this gap is nearly 10 years. In addition, the most deprived fifth of the population live with disability 10 years sooner than those in the least deprived. This is because our population's health is not just related to the services they can access but also to wider determinants including housing, education, employment and the environment, as well as the choices individuals make.

Westminster has a high level of population "churn" as people enter and leave the Borough rapidly. Every year over 20,000 people leave and approximately the same number of new people move in. This high level of population churn and our rich cultural diversity can make it more difficult for people to access services and for services to deliver the right outcomes.

Westminster has high numbers of children and young people experiencing conditions relating to lifestyle, particularly diet and physical activity, including unhealthy weight and tooth decay, than both the London and national average[7]. 40% of children in Westminster are obese by the time they reach the end of primary school, and similar numbers have decayed, missing or filled teeth[8]. For children and young people, the most common reason for hospital admission due is tooth decay[9]. There is evidence that children and young people in Westminster attend A&E departments more frequently than is typical for London or England, and this could be related to low levels of registration with GPs due to high levels of population "churn"[10].

Our large business, visitor and commuter populations are the cornerstone of the local and regional economy and also significantly contribute to the national economy but they also put pressure on services and the environment. Services are often funded on the basis of resident population and so do not reflect the realities of our place where our population quadruples each day from 250,000 residents to over 1,000,000 people including residents, workers and visitors

We have unique challenges as a result of our location at the centre of a national and global economic hub. Westminster falls within the worst 20% of areas nationally for outdoor living environment, road traffic accidents, and parts of the city are among the worst performers in air quality tests in Europe[11].

[7] Public Health Outcomes, Children and Young People's Health Benchmarking Tool
[8] Ibid
[9] Ibid
[10] Ibid
[11] Westminster Greener City Action Plan 2015

Westminster has the highest recorded population of rough sleepers of any local authority in the country, and this population has higher rates of physical and mental health problems[12], and are at risk of experiencing complicating alcohol and or drug dependency[13]. Rough sleepers attend accident and emergency approximately seven times more often than the general population, and are generally subject to emergency admission and prolonged hospital stays more often also[14]. However, Westminster also has a wealth of knowledge and expertise in supporting and treating homeless people and rough sleepers. We aim to build on this expertise at pace and deliver better outcomes for those individuals and groups who are not in or have access to stable and appropriate accommodation. Westminster has disproportionate levels of both common and severe and enduring mental health conditions. These conditions have an impact across our communities, from individuals who find it more difficult to obtain or retain employment, to children and young people who do not feel able to discuss their concerns due to stigma associated with mental health conditions.

Westminster also has an ageing population – both a larger demographic cohort and a cohort which that is expected to live longer on average than any previous generation. However, longer years of life do not necessarily correlate to longer years of life spent in good health, and there are and will be an increasing number of older people living with long-term conditions including both physical disability and mental health conditions.

[12] CHAIN Annual Report Bulletin Greater London 2014/15
[13] Rough Sleepers Health and Healthcare JSNA
[14] Rough Sleepers Health and Healthcare JSNA 2013

Our vision and goals

Overall vision – all people in Westminster are enabled to be well, stay well and live well, supported by a collaborative and cohesive health and care system.

Long Term Goals (2013-2028)	Improving the environment in which children and young people live, learn, work and play	More people live healthily for longer and fewer die prematurely	A safe supportive and sustainable Westminster where all are empowered to play as full a role as possible	People living with injury, disability, long-term conditions, and their careers have quality of life, staying independent for longer
Strategic Priorities 2016-2021(date TBC)	1) Improving and supporting positive outcomes for children and young people; 2) Reducing the risk factors for and improving the management of long term conditions with a focus on dementia; 3) Improving mental health outcomes through prevention and self-management; and 4) Creating and leading a local health and care system that is relevant and fit for the future.			

Building on the principles set out in the Marmot Review (2010) and the long term goals set in our *Healthier City, Healthier Lives (2013)* for 2013-2028, we will be focusing on the following four priorities over the next five years:

- Improving and supporting positive outcomes for children and young people;
- Preventing and managing long term conditions – with a focus on dementia;
- Improving and supporting positive mental health outcomes through prevention and early intervention; and
- Creating and leading a local health and care system fit for the future.

These areas are priorities the Westminster Health and Wellbeing Board will be specifically steering and challenging the local health system to address and realise the associated outcomes. They represent a fundamental shift in how we should be viewing health and wellbeing. Instead of focusing on how to cure and respond to ill health and poor wellbeing after the fact, we will be taking a strategic approach to gradually moving our collective energy and assets to focus on prevention and intervening early when risks of poor health and wellbeing are indicated.

Each priority will be framed by the outcomes we aim to achieve rather than focus on delivering lists of activities. Please see appendix A for the outcomes framework this strategy is based on.

PRIORITY 1: Improving outcomes and life chances for children and young people

PRIORITY VISION: children and young people transition into healthy and well adults who contribute to society and share their learning and experiences with others.

Children born and young people have different experiences and attitudes to accessing information, support and care. It is important to embed preventative healthy lifestyle behaviours early and enable young people to support each other, make informed choices and manage their own independence where appropriate. We will support this generation and future generations to remain healthy, well and active and enable them to make the most of their opportunities to live, learn and prosper.

We will build on the North West London *Like Minded*[15] strategy which recognises the role of wider determinants in the mental and physical health and wellbeing of children and young people. We value the role of schools and communities in supporting prevention and early intervention in mental health for children and young people. There is a continued need for localism, collaboration and joint working that the Westminster Health and Wellbeing Board, and this refreshed strategy, is well placed to lead on.

The approach of this strategy is to address the holistic health and wellbeing of children and young people. We want the services they interact with to treat them as individuals capable of making decisions about their lives, health and care. We recognise the role of existing networks that can influence their health and wellbeing. We want to ensure that the environments which children and young people grow up in support them to be mentally and physically healthy and form and maintain good personal relationships. We want to prevent children and young people becoming ill wherever possible. However, if they do experience poor mental or physical health or they perceive a threat to their wellbeing we want to empower children and young people to access information, advice and care in ways that are convenient and suited to them.

We have a number of assets in Westminster which children and young people, and their families will be encouraged to use to maximise their physical and mental health. These include the assets we hold as organisations (such as our leisure centres) but also wider community assets such as the wealth of clubs and societies that support people to be socially and physically active. We have a large number of parks but only 15% of our population use them for health and physical activity[16]which is below the national and London average. Additionally our current and future provision of children's and youth services provide key opportunities for both public sector collaboration and community and

[15] North West London Like Minded (2016)
[16] Public Health Outcomes Framework

voluntary services to support children, young people and their families to live healthy, engaged and full lives.

We also want to make sure that our libraries remain vital and vibrant centres of community life for our population, as well as continuing to support and championing of increased access to public spaces. A range of library programmes invite local people to use spaces in libraries for music and arts events, their own community clubs as well as health and wellbeing activities such as smoking cessation. It is a good example of using the assets we already have to make sure individuals and communities can engage and support one another.

Family and relationships

A number of early and lifetime health outcomes are significantly impacted by parental (and in particular maternal) mental and physical health. Ensuring children are given the best start in life, during pregnancy and the first five years of life, is crucial to addressing health inequalities, and improving life chances and quality of life children, young people and their families.

Approximately 30% of children and young people at schools in do not live in the borough and we currently engage with these children as coordinators and commissioners of services such as school nursing. Building on this we want to provide emotional wellbeing support in school such as mindfulness and nurture groups. We also support the voluntary and third sector who provide activities and support in school and after school, and ensure that the city is a healthy and safe place in which to learn.

Healthy Diet and Physical Activity

Levels of unhealthy weight and obesity remain high for children in Westminster. Around one in ten Reception year children in Westminster are obese. By Year 6 around a quarter of children are obese. Being overweight or obese as a child or young person has been linked to significant detriment to self-esteem and mental health. The National Obesity Observatory estimated that the health related quality of life for severely obese children is similar to those diagnosed with cancer[17]. There are a number of risk factors for increasing obesity in children and young people, and these often relate to issues that children and young people themselves are not in control of including the access to healthier foods and drinks at school and at home and the opportunity to remain physically active throughout the day.

Being active is important for both physical and mental health[18]. There are links between increased physical activity and a reduction in depression and anxiety for children and young people. It is also important for self-esteem and has been shown to improve academic

[17] Public Health England – Health Risks of Childhood Obesity 2013
[18] Westminster Physical Activity JSNA (2014)

performance[19]. Studies also show there is a strong link between poorer mental health and sedentary behaviour[20]. It is important to provide a range of physical activities that address barriers to physical activity that some children and young people might face including cost, transport and availability of local open and green spaces.

There is national evidence that physical activity is in decline amongst teenagers, with the decrease being larger among boys than girls. However the proportion of girls achieving guideline amounts for physical activity was already at a low baseline with only 16% achieving the recommended levels in 2012 nationally[21].

Westminster has an effective programme of joint working in place to[22] halt and reverse the rising trend in childhood obesity in Westminster by focusing on the range of factors that can impact healthy weight including physical activity and diet. This programme brings together a range of partners including in education, health and care, the voluntary sector, as well as departments such as sports, leisure and wellbeing, parks and transport. The programme seeks to make the most of existing assets, including our community and open spaces. This collaborative partnership takes a "whole place" approach and in the context of education a "whole school" approach to ensure that messages to children and parents about diet and physical activity were consistent and frequent. We will continue this programme and share and apply the knowledge gained.

Mental Health

There is evidence that, nationally, common mental conditions are rising among adolescents, and that rates of self-harm, eating disorders and body image issues have increased (particularly among young women with 2015 national estimates suggesting that 1 in 3 15-year-old girls reported self-harming in the previous year[23]). Across London approximately 7% of the population have an eating disorder[24]. The prevalence of mental health disorders, both common and specific including hyperkinetic (ADHD), emotional (depression and anxiety), and conduct disorders (severe behavioural problems), is higher in Westminster than the London and national average. Approximately one in ten children and young people have a mental health disorder, such as anxiety, self-harm or attention deficit hyperactivity disorder (ADHD) in Westminster[25].

Healthy Behaviours

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[19] "A meta analysis of the relationship between children's physical activity and mental health", Journal of Paediatric Psychology, 2011

[20] "Physical activity and mental health in children and adolescents, a review of reviews", British Journal of Sports Medicine, 2011

[21] "Social attitudes of young people", Cabinet Office, 2014

[22] Tackling Childhood Obesity in the Tri-Borough 2014

[23] "Social attitudes of young people", Cabinet Office, 2014

[24] "Mental Health Problems in Children and Young People", Annual Report of Chief Medical Officer, 2012

[25] Report of the Tri-Borough Children, Young People and Mental Health Task and Finish Group, 2014

National evidence suggests that "risky" behaviours such as smoking, drinking, drug use and teenage pregnancy have declined significantly in populations born since 1985[26]. However, whilst the overall trend is a reduction in these behaviours, children and young people amongst at risk and vulnerable groups (such as those in care or those involved in gangs) are more likely to participate in these behaviours with more regularity and to a higher degree[27]. New lifestyle risks have emerged. For example shisha smoking is twice as popular among young people and students as cigarette smoking, and it may be that a lack of specific education on the risks of shisha might allow young people to believe it is a healthier alternative to cigarettes[28].

While general patterns of risky behaviour among children and young people was declining in between 2001/02 and 2011/12, alcohol related admissions to hospital and deaths from alcohol poisoning rose. This means that while there has been a general trend of healthier lifestyles among younger people, for a smaller cohort of some of our most vulnerable people, their engagement in risky behaviours and lifestyles has become more severe and poses more risks for their future[29].

There is evidence that this generation of children and young people are engaged and socially and civically minded. 80% of 16 to 24 year olds volunteered in 2014/15, and children and young people attach as much value as previous generations to improving the welfare of the people around them, including their family and people in their wider community. Young people place significant value on belonging to their local community and they value and recognise the contributions of older generations[30].

Outcomes

Population Group	Outcome Domain	Outcome
Conception to 5 years	**Quality of life**	I have good nutrition and a healthy diet.
		I am not harmed by alcohol, tobacco or drugs during pregnancy.
		I have a safe and warm place to live.
		I have a safe, stable, stimulating and nurturing relationship with those close to me.

[26] "Social attitudes of young people", Cabinet Office, 2014
[27] Ibid
[28] "Reducing the Harm of Shisha: Towards a Strategy for Westminster", 2015
[29] "Social attitudes of young people", Cabinet Office, 2014
[30] Ibid

Children and young people	**Quality of experience of services**	At school I learn a variety of skills that integrate my social and emotional development. These skills include problem-solving, conflict management/resolution, and understanding and managing my feelings.
		My community and its workforce are trained to recognise and support my holistic health and wellbeing needs, which are discussed with me. I am referred on to specialist services where appropriate.
		I have, and am aware of, opportunities to be involved in the design, delivery, management or review of services that I use.
	Quality of life	I feel respected, valued, and supported by family/carers and professionals.
		I understand how to identify and develop healthy relationships.
		I have one or more friends I feel close to and I am free from emotional abuse and violence (bullying) at school and negative social influences.
		I understand how to eat healthily and am able to access a healthy diet for myself.
		I am trusted and given opportunities to use green and open spaces and attend physical and social activities.
		I am given opportunities to engage in physical activity every day.
		I have family members or peers who understand my emotional, mental health and physical health needs and are able to support me.
		I understand how to provide support to my peers about their emotional and physical health and where to direct them for further support.
		I am able to sustain a good level of mental health.
		I am able to sustain a good level of physical health including a healthy weight.

		I have aspirations and feel positive about my future.
Working age adults (as parents/guardian, carers, educators)	**Quality of experience of services**	I am supported to provide a safe, healthy and stable home for my family.
		As a pregnant woman I have access to information and support (including health visitors and maternity and midwives) to help me and my partner to prepare for parenthood, and develop and maintain a healthy lifestyle during my pregnancy.
		As a pregnant woman, I have access to information and support about developing and maintaining healthy relationships as partners and parents.
		I am involved and contribute to my child's learning.
		I am supported to access employment training and flexible, accessible and affordable childcare.
		As a carer for a child with mental or physical health needs, I am supported to understand my child's needs. My needs as a carer are assessed and addressed by services.
		As an educator, I have been trained to recognise, support and refer mental and physical health issues of children in my care.
		I feel able to access community services and resources to support myself and my children, including opportunities to socialise at local libraries, community centres and outdoors in local parks and open spaces.
		I have or know where to find, support for my family or can access a community support network.

We will fulfil these outcomes by:

- supporting children and young people to lead healthy and full lives;
- ensuring children and young people are given the best start as individuals, and as part of wider networks including healthy families and communities;

- use opportunities including and outside of formal settings to education children and young people and provide them with care and information in a way that is convenient to them including using technology;
- ensuring that all children and young people receive education and support to engage in healthy lifestyles, form healthy relationships and support them to make informed decisions about their future; and
- supporting children and young people to be able to engage in positive peer support, and know where to turn or where to refer their peers for further information or advice.

Priority 2: Reducing the risk factors for and managing long term conditions such as dementia

PRIORITY VISION: We want to work with people and communities to reduce the likelihood of people developing long term conditions, particularly with those at risk due to lifestyle factors such as diet and physical activity. We want to work with people, carers, communities, health and care and other public sector professionals to prevent or alleviate symptoms and co-morbidities associated with long term conditions to improve quality of life and ensure everyone remain an active member of their communities.

Our focus for long term conditions is three-fold – (1) reducing the risk of developing long-term conditions; (2) reducing the risk of complications of long term conditions; and (3) improving the support of people with long-term conditions. We will look at these three strands of work through the lens of dementia, as a complex and challenging condition that affects all elements of the health and care system.

Long term and multiple conditions in Westminster

Transforming care and support for people with long term conditions and their carers is vital in ensuring quality of life and improved life chances. Our analysis[31] suggests that by 2020 the cost of care for people with severe physical disability (approximately 2,700 people) will match the cost of treating the entire population of mostly healthy working age adults (approximately 139,000 people).

Westminster has the highest population of rough sleepers in the country, and many of these people have complex and multiple long-term conditions that encompass both mental and physical conditions[32]. Evidence shows that 42% of the people who sleep rough in Westminster have one or more support needs including alcohol/drug dependency and/or mental health conditions[33]. As a product of complex health, behavioural and socio-economic factors, rough sleeping is a unique challenge to Westminster's health and care system and one that we can best understand and address through collaboration and integration. We will work across organisations as part of the forthcoming Rough Sleeping Strategy to address the complex health conditions associated with rough sleeping and homelessness.

The largest growth in prevalence and costs to the health system are related to long term conditions (including mental and physical long-term conditions) mostly relating to adults aged over 65. These groups of people are also likely to have multiple and complex conditions that are linked to the wider determinants of health including their housing,

[31] Primary Care Modelling, 2016
[32] Rough Sleepers Health and Healthcare JSNA 2013
[33] CHAIN Annual Report Bulletin Greater London 2014/15

relationships, lifestyle (including risk behaviours such as alcohol or substance misuse) diet and physical activity.

Behaviour change and prevention

The health and care we receive has been estimated to determine up to only 15% of our life chances and outcomes. In contrast, our lifestyle behaviours (such as diet and physical activity) and our social circumstances and environment (such as levels of deprivation, social interaction and access to local green and open spaces) can determine up to 85% of our general wellbeing[34]. Improving lifestyles and wider environmental factors can result in a radical improvement in people's general health and wellbeing.

Where people do develop long-term conditions such as diabetes, hypertension or cardio-pulmonary disease (COPD), these conditions are often risk factors for developing other long term conditions such as dementia[35]. Reducing instances of long-term conditions for all ages, therefore, will ensure that more people can live well and age well.

Vascular dementia is a long term and complex condition which can be decelerated or mitigated by addressing preventable lifestyle factors (such as diet and physical activity) and preventing or mitigating other long-term conditions, such as diabetes. A recent study linked improved healthy lifestyles among men to a 20% decrease in the predicted incidence of dementia amongst men over 65[36]. In addition to this, the quality of life of people with dementia will often be significantly diminished because they experience co-morbidities including diabetes, Cardio Pulmonary Disease (COPD), and respiratory conditions that limit their ability to be active, social and maintain or regain their general physical health. Studies have estimated that 61% of people with Alzheimer's disease, which is a type of dementia, have three or more co-morbidities[37].

The focus, therefore, must necessarily be on changing behaviours to mitigate lifestyle risk factors and reduce the risk of developing long-term conditions which would cause or contribute to developing further serious conditions such as dementia, and contribute to poor quality of life. Focusing on improving lifestyles for people at risk of developing dementia, alongside those with the condition already, would not only potentially reduce the prevalence of a range of long term conditions, but would also improve the quality of life of those who have or could have dementia in the future.

We can facilitate behaviour change by empowering people to make healthy and positive choices in what they eat and the amount of physical activity they undertake. We, as people and communities, can influence the lifestyle risk factors to (such as those of vascular

[34] "Future trends: broader determinants of health", Kings Fund, 2012
[35] "Vascular Dementia", Alzheimers Research, Jan 2016
[36] "A two decade dementia incidence comparison from the Cognitive Function and Ageing Studies I and II", Journal of Nature, Medical Research Council's Biostatics Unit, April 2016
[37] "Dementia and comorbidities – ensuring parity of care" (2016), ILC UK

dementia) mitigate the increase or severity of dementia symptoms among our population. We can ensure, by living well ourselves and helping the people around us to be healthy and stay healthy, that everyone in our City has the greatest chance of ageing well as healthy and active members of our communities.

Focus on dementia

Dementia is an umbrella term used to describe the symptoms resulting from diseases and conditions that affect the brain. There are many types of dementia; common types include Alzheimer's disease and vascular dementia.[38] Dementia, regardless of type, can have devastating effects on lives – of those who experience it as well as carers, families, friends and communities. Not only can dementia drastically reduce quality of life, it can also reduce life expectancy for the individual (with someone diagnosed between age 70-79 losing on average 5.5 years of life)[39]. People with dementia are over three times more likely to die during their first admission to hospital for an acute medical condition[40]. Westminster has a high number of people with dementia dying in hospital rather than at home or in a care home. Only 11% of people with dementia in Westminster end their lives at home[41].

People with dementia are likely to have significant physical and mental co-morbidities, such as depression, hypertension and diabetes. In 2014/15, there was an additional 24,201 deaths among those aged over 75 compared to the previous year in England and Wales. The single largest cause of death among these additional deaths was attributed to Alzheimer's disease, which accounted for nearly 10,000 deaths (approx. 41%) and this was despite a peak in influenza admissions (which was the second largest cause of death)[42].

Westminster has and will continue to have a rapidly ageing population. Our recent Joint Strategic Needs Assessment on Dementia[43] indicated that, correspondingly, diagnoses of long term conditions associated with ageing, such as dementia and Alzheimer's, will see an increase of 56% between 2013 and 2033. Since 2015 we have a diagnosed population of 1,806 people and if we do not act now we will be facing an increase in the population with dementia of 2,626 by 2030 with over 760 new cases of dementia each year after 2030[44]. The cost of treating dementia and associated co-morbidities will be an increasing financial and organisational burden to our health and care system over the next decade and beyond.

Westminster has been successful in ensuring people with dementia are diagnosed as early as possible. We have not achieved the same success in ensuring that people with dementia and their carers feel engaged and supported in our communities to live healthy and full

[38] Alzheimer's Society
[39] Dementia JSNA 2015
[40] "Dementia and comorbidities – ensuring parity of care" (2016), ILC UK
[41] Dementia JSNA 2015
[42] ONS, April 2016, Principal Population Projections, Life expectancy figures 2016
[43] Dementia JSNA 2015
[44] Ibid

lives. Dementia is a long-term condition that presents a fundamental challenge to our families, our communities, and our system to provide sustainable, dignified and person-centred care and support. For this reason we believe that addressing dementia in particular, as one of a range of long-term conditions, is a defining priority for our health and care system.

The cost of dementia

The largest cost of dementia is borne by families and friends who on average, provide unpaid care representing 45% of the estimated cost of dementia, with adult social care contributing approximately 40% by comparison (with the remaining 15% of costs borne by health services). The cost of caring for someone with dementia in London is currently approximately £37,000 per annum, but for some people with co-morbidities and corollary health issues the cost can rise to £70,000 per annum[45]. The total cost of dementia care in Westminster, Hammersmith and Fulham and the Royal Borough of Kensington and Chelsea is estimated to be currently £161m per year[46].

Early escalation of care to the right levels at the right time has been noted as a problem in Westminster, with higher rates of emergency and inpatient admissions for people with dementia[47]. At any one time, a quarter of acute hospital beds are in use by people with dementia. The acute medical setting is not ideal for the person and their families and friends particularly if they are not at crisis point and would prefer to be at home. Four out of the five most common comorbidities for people with dementia are admitted to hospital for are preventable conditions – a fall, broken/fractured hip, and urine or chest infections[48].

Being dementia friendly

Research has indicated that nationally 75 % of people with dementia do not feel that society around them is organised to support or understand people with dementia and as a result feel isolated from their local communities.[49]It is therefore not surprising that people fear dementia as a condition more than any other disease. 39% of over 55s are most worried about developing dementia, compared to 25% who worry most about cancer. Local clinicians provide anecdotal evidence that in Westminster there are a number of people with dementia who do not want to be diagnosed or discuss the possibility of already experiencing symptoms of dementia with their health care professionals[50].

Westminster has a number of programmes that engage older people with our major artistic and cultural institutions in the City, including the Royal Academy and MCC Lords. It is

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[45] Ibid
[46] Ibid
[47] Public Health England Dementia Profile (2015)
[48] "Dementia and comorbidities – ensuring parity of care" (2016), ILC UK
[49] Department of Health, State of the Nation report on dementia care and support in England (2013)
[50] Dementia JSNA 2015

important that these highly visible organisations are showing leadership in making dementia and reducing social isolation part of their work and role in the community. It will be important to continue this work to cascade this across all organisations and businesses to make sure they know that making Westminster a dementia-friendly city is everyone's role.

We want to reduce the stigma and fear attached to dementia, through creating dementia friendly communities which support and embrace people with the condition and their carers. It would not only improve quality of life and of experience, but also encourage people, families and friends to discuss their concerns about their health and how they can self-manage in their communities.

Valuing and empowering people and communities

Evidence shows that risk factors (such as diet, physical activity and lifestyle factors such as smoking) can slow down the progress of long-term conditions and improve the quality of life for people with long-term conditions. By enabling and empowering those at risk of developing dementia to make healthy choices and to be involved and contribute to local communities and environments, we ensure that they have the highest quality of life, and the best opportunity to maintain or improve their health.

Westminster is a place that values and celebrates the contributions of all people. We are committed to supporting and encouraging retired people to volunteer and contribute their knowledge and expertise to Westminster through the Spice Time Credits scheme, which incentivises and rewards participants. Based on what we have heard from people, communities and professionals we know that making an active contribution to your community makes people feel more engaged and invested in place they live, work or learn. This in turn helps to prevent and alleviate short and long term mental and physical health conditions and can aid the improvement of wellbeing.

Outcomes we will aim for

Population Group	Outcome Domain	Outcome
Working age adults (as front-line workers, volunteers and carers)	**Quality of life**	I/my carer can access advice and support to remain independent and engaged in my/our community (e.g. dementia cafes and befriending services).
		I/my carer feel that the wider community has an understanding of dementia and my/our experiences.
		I/my carer feel that the services and workers I/we engage with have been trained to understand my/our specific needs.

Working age adults	**Quality of life**	I am empowered to live a healthy lifestyle and make positive choices, including about my diet, physical activity and risk behaviours (such as smoking) that contribute to a reduction in the likelihood of my developing long-term conditions.
	Quality of experience of services	I can access services which address my needs as an individual, and which have an awareness of how my lifestyle (including my housing situation) impacts my health and my access to services;
Adults aged over 65 / Adults aged over 85	**Quality of experience of services**	I/my carer have the opportunity to be involved in the design, delivery, management or review of services that I use.
		I/my carer feel that the services I/we use understand my/our specific needs as an individual, including my cultural background.
		I/my carer feel that I can communicate effectively with the services supporting me about my needs.
		The services supporting me and/or my carer make me/us feel safe and secure.
		I/ my carer have developed my care plan in conjunction with my family and carer (as much as I want) and my carers are supported to care for me and their own needs recognised.
		I/my carer have a named point of contact who understands me/us and my conditions.
		I/my carer believe that the professionals involved in my care talk to each other and work as a team.
		My wider health needs, including accessing opportunities for physical activity, are addressed and supported.
	Quality of life	I/my carer am/are able to live the life I/we want to the best of my ability.
		I am supported to remain independent and stay at home where possible.
		I and/or my carer know what to do to keep myself/ourselves active and well, including understanding how to improve my physical and mental health through diet, physical activity and lifestyle choices (such as smoking).

		I/my carer are supported to prevent/manage any long-term comorbidities that may affect me.
		I/my carer feel able to access community services and resources, including opportunities to socialise at local libraries, community centres and outdoors in local parks and open spaces.

To fulfil these outcomes we will:

- be a dementia-friendly community, with an understanding of dementia and the contributions and capacities of people with dementia and their carers recognised and supported;
- support community resilience and ensure that a range of complementary and local services are provided that support social engagement and represent diversity of experience and background of people with dementia and their carers;
- support working age adults to develop and/or retain active lifestyles, and mitigate those lifestyle risk factors that might contribute to the development of dementia;
- consider the experience, needs, capacities and contributions of people with dementia and their carers when developing services and plans; and
- ensure health and care services continue to work closely together to improve the quality of life and quality of experience of care of people with dementia and their carers.

PRIORITY 3: Improving mental health outcomes through prevention and self-management

Amongst people under 65, nearly half of all ill health is mental illness[51].Poor mental health can affect quality of life, our life expectancy and our ability to participate in and contribute to the local community. People in vulnerable or excluded groups such as the homeless or rough sleepers are often more likely to experience severe mental health conditions and associated physical health conditions[52]. It can have varying degrees of impact on an individual's relationships and employment. The effects of poor mental health are far reaching and can be potentially devastating to individuals and those around them.

Mental health problems can be placed into two main categories:

- common mental health problems (such as mild to moderate anxiety and depression); and
- severe and enduring mental illnesses (such as bipolar and schizophrenia).

Common mental health problems affects around 1 in 6 people at any one point in time and is one of the leading causes of disability nationally. The World Health Organisation (WHO) has predicted that by 2020 depression will be the second most common health condition worldwide[53]. Westminster self-reported prevalence of anxiety and depression was above the national average in 2014, and estimates suggest this may rise steeply over the next 10 years.

In regards to **severe and enduring mental illnesses**, Westminster has an estimated incidence of new cases of psychosis of approximately 40 people per 100,000[54], which is comparable to the London average but significantly above the national level. Westminster also has more emergency admissions for schizophrenia than the national and local average. People with a Severe and Mental Illness die on average 10 years' earlier than the general population and this includes a higher rate of suicide compared to the national average for healthy populations[55].

Improving the quality of life and life expectancy for people with severe and enduring mental health conditions requires us to treat and support them as whole individuals, and this means looking at wider issues that may affect them including their housing, employment, healthy relationships, diet, physical activity, and risk behaviours (such as smoking and alcohol consumption)[56]. People with mental health conditions often receive poorer acknowledgement and treatment of concurrent physical health conditions. Conversely people with physical conditions often receive poorer treatment of their mental health[57].

[51] "How mental health loses out in the NHS", Centre for Economic Performance, 2013
[52] Rough Sleepers Health and Healthcare JSNA 2013
[53] "Depression: A global crisis", World Federation for Mental Health, 2012
[54] Public Health Outcomes, Severe Mental Illness, 2015
[55] Kings Health Partners 2010
[56] "Recognising the importance of physical health in mental health and intellectual disability", BMA Board of Science, 2014
[57] "Better outcomes, better value: integrating physical and mental health into clinical practice and commissioning", NHS Improving Quality, June 2014

We must ensure that as a health and care system, we are joining up mental and physical health treatment by treating people as individuals and not by their conditions.

People with severe and enduring mental health illnesses often come into contact with public services other than, or instead of, health and care services. For example, staff of police and fire services, housing and probation encounter people with SEMIs during the course of their work. It is important that there is an awareness of mental health issues across public service commissioners, providers and staff to ensure that we can refer and support each other to provide the most effective and timeliest interventions.

Compared to neighbours, Westminster has more people receiving mental health social care services[58]. However, there is evidence that support for Westminster carers of people with severe and enduring mental illness is lower than in neighbouring boroughs, with fewer carers receiving assessments[59]. By looking at mental health within a wider context, and recognising the complex interaction of factors such as relationships, housing, education, and lifestyle, we will not only improve health and wellbeing, but reduce the stigma associated with mental health conditions.

Compared to neighbours however, Westminster has more people receiving social care mental health services. There is evidence that support for Westminster carers of people with severe and enduring mental illness is lower than in neighbouring boroughs, with fewer carers receiving assessments.

Focus for Westminster

Mental health can be influenced by genetic predisposition, poor physical health social and environmental factors and psychological factors. Risk factors in Westminster include unemployment, low educational attainment, deprivation, homelessness, isolation and substance misuse and family or relationship issues.

The Westminster Health and Wellbeing Board endorsed and support the implementation of *Like Minded,* a sub-regional strategy spanning eight boroughs and their corresponding CCGs in North West London. The strategy is predicated on working in partnership to deliver high quality joined up mental health services to improve the quality of life for individuals, families and communities who will or are experiencing mental health issues.

The Westminster Health and Wellbeing Board is not seeking to replicate work on mental health that has been set out in *Like Minded.* The Board will instead focus on, and supplement the ambitions embodied in the strategy including:

"We will improve wellbeing and resilience, and prevent mental health needs where possible by:

- ***supporting people in the workplace***

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[58] Public Health Outcomes, Severe Mental Illness, 2015

[59] Ibid

- ***giving children and young people the skills to cope with different situations***
- ***reducing loneliness for older people."***

This ambition resonates with the Board because there is evidence of significant local need in the three above areas but also throughout our engagement with community groups, service users and patients, these three areas were recurring themes

The Board, in its local leadership role, will use its collective influence and energy to accelerate progress of this ambition in Westminster through prioritising and embedding prevention, early intervention and a whole systems approach to stop and reverse the negative trends of poor mental health and wellbeing.

Mental health and employment (working age adults)

Unemployment and worklessness is a known cause for poor mental health illness in Westminster. Mental health can be a barrier to employment and meaningful occupations (such as volunteering). Some Westminster wards fall into the highest 10% in London for incapacity benefit and/or employment support allowance claimant rates for mental health reasons[60]. Conversely, stress at working is also a common reason for long term sickness absence in Westminster. Stress and mental health disorders are one of the biggest causes of long-term absence and is increasing as a reason for short-term absence[61]. We must work to champion a range of activities, from volunteering to part-time and full-time work, that are welcoming and supportive to people with mental health conditions. We will work to ensure the definition of "meaningful occupation" becomes wider, not narrower.

Westminster has a daytime population of approximately 1,000,000 people compared to a resident population of approximately 225,000 people[62]. A large number of these people are in the Borough due to employment and our largest source of opportunity to engage with them to improve their mental health as a health and care system will be through our universal services, and through our engagement with their employmers.

Loneliness and isolation (adults over 65 and adults over 85)

Social skills and interactions are crucial to the mental and physical health and wellbeing of people. Older adults tend to suffer more from long term and multiple conditions which can reduce mobility and, therefore, limit interactions. Sustained loneliness and lack of interaction with others can lead to poor mental health which can cause poor physical health.

[60] Public Health Outcomes Framework, Wider Determinants of Health

[61] Westminster City Council adults, Health and Public Protection Committee, Strategic Approaches to Mental Health in Westminster, 2016

[62] City of Westminster Economic Report 2014, LEA Baseline Study

Personal and community resilience through education and empowering people and communities to self-manage

An integral part of managing mental health illnesses is self-management. Those who are vulnerable will need extra support. Most people with common mental health problems have the capacity and independence to self-manage if they are empowered and equipped with the right information at the earliest opportunity. They may need some low level support such as talking therapies but largely people can help to reduce the risk factors and prevent stress through self-management and building person resilience. Those with more severe and enduring mental health conditions may need support to ensure they are able to manage the side effects of their medication, eat healthily and stay active.

Outcomes

Population Group	Outcome Domain	Outcome
Conception to 5 years	Outcomes for this group are covered on pg. 11 onwards as part of Priority 3.	
Children and young people	**Quality of experience of services**	I am educated and supported to understand and maintain my mental health as a child and young person.
		My transition from care for children and young people to adult care is planned and supported with my involvement.
Working Age Adults	**Quality of experience of services**	I am supported by the health and care services to achieve my personal goals.
		I am supported to maintain and improve my mental health and wellbeing, and to understand how to access information and support when I need it.
		I am involved in the design, delivery, management or review of services that I use, and I have a level of control over the support I receive.
		I feel that the services I use understand my specific needs as an individual, including my cultural background.
		I have received enquiries/information/advice about wider issues such as my finances, housing, relationships and benefits.
		I am treated and cared for as an individual, and I feel that my unique challenges and skills are recognized and acknowledged in plans for my care.

	Quality of life	I am supported to engage in my wider community through meaningful occupation (including volunteering and employment).
		I am supported in my workplace to maintain my mental health or seek information and care when necessary.
		I feel comfortable discussing my mental health with my employer.
		I have improved quality of life, confidence, and self-esteem.
		I feel an increased ability to manage instances of mental distress.
		I know where to access support and the people around me understand my health and support needs, and are able to find information and support themselves.
		I am able to manage and improve my physical health and I can take regular and appropriate physical activity.
		I am able to engage in purposeful activities including training, education, employment or volunteering.
		I have a strong social network and I am able to maintain relationships and engage in community activities.
		I/my carer feel able to access community services and resources, including opportunities to socialise at local libraries, community centres and outdoors in local parks and open spaces.
Adults over 65 years / Adults over 85 years	**Quality of life**	I feel that my mental health needs are assessed separately from any preconceptions about conditions that may be associated with my age.

To fulfil these outcomes, we will:

- addressing the stigma associated with mental health conditions (both common and severe) by treating and caring for people as individuals and recognising the complex factors that impact mental health;
- go above and beyond and say that we will support people in the workplace and diminish the barriers into work for people;
- empower and support communities to build resilience and cohesion so individuals and families can support and look out for each other; and
- we will encourage and develop local 'untapped' community resources such as front line workers, local shop managers and workers or community pharmacists to provide a new "front line" of health and care.

Priority 4: Creating and leading a local health and care system fit for the future

Priority vision: we will be an integrated, collaborative system that uses our resources (technology, estates and workforce) to deliver information and care in the right place at the right time, and in a way that maximises convenience for our population and efficiency and sustainability for the system.

We in Westminster have a bold vision for health and care in our city. We want to transform rapidly the health and care of our population and build a clinically and financially sustainable model of health and care. We see this as a huge opportunity to transform the life experiences of people living in and visiting our city. But we also know that delivering on this opportunity will require greater responsibility from us all locally.

We are already engaged in determining the way resources are directed and spent in the city. We see the transformation of primary care, the bedrock of the health and care system, as fundamentally important to achieving our aims and primary care co-commissioning is part of the process of helping us to deliver rapidly across the whole city. Looking ahead , this strategy sets out the basis on which we will take greater responsibility for services locally. We believe that having the freedom to transform radically the health of our population will enable us to take a whole place and whole community view and will be key to helping us tackle some of the underlying aspects of health inequality in Westminster.

In order to deliver on this aspiration, we will need to change the way we think about health and care locally so that we are able to deliver greater local responsibility and accountability across health and care budgets and services. We need to see a shift in culture and move to shared responsibility.

The Leadership Challenge

The London Health and Care devolution agreement reached in 2015[63] identified the basis on which there will be greater scope for decision making in health and care locally. It describes the framework within which decisions on a range of public services including transport, employment, planning and other areas would be delivered to London local authorities. This will give people and their local representative’s greater control over decisions which have hitherto been taken at a national level.

The reform of health and social care is a key part of delivering on the national policy shift toward greater devolution of control to local communities. Westminster has a range of statutory and community based organisations coming together to tackle issues of common concern and interest, and this is a good basis for moving forward as a system to take more control over the public money being spent on health and social care. We will need to work

[63] London Health and Care Devolution Agreement (2015)

together to deliver rapid and radical improvements in health and care in Westminster over the next five years.

One of our first tasks will be to put in place the leadership and governance arrangements which will be required to deliver these improvements at the pace and scale needed to ensure that we as a system are able to reach decisions together in a robust, fair and equitable way. We need to be able to share executive decision making across our organisations, and position the Health and Wellbeing Board to continue to have the central coordinating and stewardship role that will enable us to deliver effective leadership and decision making locally.

Our early implementation priorities:

- **Agreeing the creation of this unified Joint Health and Wellbeing strategy**
  The strategy refresh process has been an opportunity for us to set out what we will all work together on and will directly inform how we commission services. It will set a template for our joint strategic work moving forward.
- **Putting in place the governance and accountability arrangements which will help us to deliver our strategy**
  In Westminster, we have a strong history of joint working across health and care and this strategy builds on that learning and experience. As we work to deliver greater improvements in health and care locally, we will need to strengthen and update our governance and accountability arrangements. A key priority for us will be designing in the processes by which local people are engaged as active contributors to the decision making process.
- **Starting to view our budgets and services in a single joined up way**
  To achieve the kind of radical changes in outcomes which local people expect us to deliver it is vitally important that we begin to look at our budgets “as one” in the same way as we have begun to view our priorities as common challenges. We will do this by modelling our spend and priorities over the lifetime of this strategy, setting out how much we anticipate we will spend over this period and on what. We will then need to consider how best we can incentivise our whole system to deliver on this by learning from best practice elsewhere.

The Workforce Challenge

In Westminster, we have an ageing population, an increase in the number of people with multiple long-term conditions and a growing burden of chronic disease (including mental illness) which place the greatest demands on services now and in the future. The changing nature of need in our population means that we need to transform a workforce that has been trained to work on single episodes of care in hospital into one that is trained and equipped to work in integrated and multi-disciplinary ways in community settings.

We need to invest in multi-skilled training of nurses and allied health professionals which will help to deliver person-centred care in the community. The number of district nurses fell by 38% between 2001 and 2011 [64] and there is a large and growing mismatch between the demand and expectations of care and the supply of health and social care workers who will be able to deliver this, including a large undersupply of GPs.

We also need to address key social and economic trends that might affect our workforce in the future, including the cost of living in central London. Improved connections into the City from wider areas (as a result of infrastructure projects such as Crossrail and Highspeed 2) mean more of our workforce will be able to commute into the city. We need to work together to create the conditions the to ensure that Westminster remains an attractive and viable place for health and care workers to live and work.

Strategic workforce planning is therefore crucial to delivering our ambitions for a financially sustainable and safe integrated health and social care system providing quality services to people. If we do not act there is a danger that the available workforce will drive the design of our health and care system rather than the other way around. Planning the workforce we need for the future will require local organisations and patients in Westminster to come together to understand the impact of technologies on the role of the health and care workforce in the future and understand the areas of demand growth in our system. It will require us to work with partners such as Health Education England and Public Health England to access funding streams and work with professional colleges and other bodies to offer more generalist training courses that focus on multidisciplinary work in team-based settings.

Our early implementation priorities:

- **Map our current workforce**
  One of the key tasks for us will be to work with our partners to undertake a local workforce mapping exercise looking at the needs of our population locally and mapping these against projected demand for health and care services. This will help us to understand gaps in our workforce now and in the future, as well as the skills required to meet changing needs. We have begun to map our demand in the future as part of the Primary Care Modelling project undertaken by the Health and Wellbeing Board[65], and we will use this template alongside scenario planning (including looking at the potential impact of technology) to create a robust response to a range of potential future issues. There needs to be a shift to a multi-disciplinary and multi-professional approach to care.
  New technologies and ways of working will profoundly affect the nature of future health and care work, where it is done and by whom. Technology has the power to

[64] "NHS and social care workforce: meeting our needs now and in the future", Kings Fund, 2013
[65] Westminster Primary Care Modelling Project

place more power in the hands of patients to self-manage their own conditions outside of hospital settings and tele-care will enable greater remote monitoring of patients by specialists. These will all be key considerations in workforce planning.

- **Work with partners to redesign the training and development system**
  Once the workforce supply need is understood, we must work with Royal Colleges, Health Education England and other teaching institutions to refocus local health and care worker training programmes towards the workforce needed for the future. This is likely to include more specialist skills in primary and community care, more generalist skills in hospital care and more collaboration across hospital and community and mental health and physical health workers. We need to change the training curriculum to develop the skills to care for people with multi-conditions that span physical and mental health.

- **Provide the right reward structures and contract flexibility to incentivise the creation of the right workforce**
  Retention of current staff is vital. Greater flexibility of pay and terms of conditions must be addressed to incentivise the supply of staff where demand is greatest. Training also needs to prepare staff for multidisciplinary team working rather than the roles of professional groups.

  We also need to support and better harness the power of the informal workforce by creating a 'social movement' to support those in need, including a more strategic approach to the support and development of volunteers.

The changing role of communities and individuals

In Westminster we have a diverse and mobile population and we must be ambitious in our attempts to affect a change in culture so that people are better supported to take more responsibility for their own care.

Our early implementation priorities:

- **Capitalise on the benefits of self-care**
  The extent to which a person has the skills, knowledge and confidence to manage their own health and care ("patient activation") is a strong predictor of better health outcomes, healthcare costs and satisfaction with services. As approximately 80% of our population is mostly healthy, 80% of health and care should be self-care. Small shifts in self-care have the potential to impact significantly the demand for professional care. Some experts argue that as little as a 5% increase in self-care could reduce the demand for professional care by 25%[66]. In Westminster we need to identify

[66] "NHS and social care workforce: meeting our needs now and in the future", Kings Fund, 2013

and capitalise on people who are strongly committed to managing their own care and work with them to find ways to influence others who are less so to do the same.

The infrastructure opportunity

The rising cost of space in Westminster means that models of care built around specific locations for specific services are unsustainable and will exacerbate existing health inequalities. Instead, partners in Westminster need to work together to share land and buildings, and build the estate required to respond to clinical need and the changing needs and demands of our population. Our infrastructure is not just a challenge but an opportunity. The constraints of our dense urban environment incentivise us to think creatively about how health care, social care, housing and other providers of care and related services in Westminster can co-locate and collaborate in ways that create value for the wider community. Both in the short and long term, we must think about how we will provide sustainable services to our population, and this will require us to act quickly and creatively as a system.

Our early implementation priorities:

- **Increase value from our estate in Westminster**
  Westminster partners should work together to audit the extent of the Westminster estate, its use and state of repair across health, social care, housing and the voluntary and community sector. Better strategic management of our estate could realise multiple benefits including the removal of fixed running costs that contribute to our financial challenge, the release of land for housing our workforce and reinvestment of disposal proceeds back into the health and care system. A grasp of use and utilisation can also enable us to become more efficient in how we use our precious resource and identify opportunities for co-location and asset sharing across health and care.

- **Developing the estate required to facilitate new models of care and support**
  A new approach is needed that looks across the whole system and brings services together to improve access and experience for patients and opportunities for provider innovation and collaboration. This approach would offer ways to reduce costs and improve efficiency, improve the quality and appropriateness of care settings, and to generate income for reinvestment. There is a strong case for creating more multi-purpose flexible facilities. A strategic approach to the Westminster estate has the potential to help break down barriers between health and social care, mental and physical health and primary and secondary care.
  There are opportunities, for instance, for mental health providers, housing and employment services to explore integrated approaches that would better support service users and address discharge issues. A more flexible approach involving co-location of NHS and social care staff in non-NHS buildings would make services more flexible and accessible and would release savings that could be reinvested in patient

care, staff and technology. School premises, for instance, are underutilised as settings for providing child health services despite being ideal.

The information and digital challenge

Investing in information technology and data analytics will all be crucial to enable a successfully integrated health and social care system in Westminster that provides patients with a good experience of care. We must work together to facilitate and enable information exchange between organisations in a way that respects patient preferences and information governance protocols. Not doing so will hinder inter-organisation collaboration and innovation.

We must seek to develop shared digital patient records that are updated in real-time and shareable across organisational and sector boundaries. Better information collection and management will also enable better retrospective and predictive modelling and both professional and strategic decision making allowing us to understand how efficiently we are utilising our resources and improve quality and safety standards for people.

Our early implementation priorities:

- **All partners across Westminster must agree to share information**
  A first crucial step in building our health and social care system will be for local organisations to commit to collect, share and pool information in a way that links data at an individual level and organises it into a format which enables better analysis and decision making by all organisations. It will be vital that data sharing agreements recognise patient preferences and information governance protocols. Ensuring interoperability between different organisation's systems will be a second crucial step.

- **Investigate the role of technology in enabling people to manage their own care**
  Westminster should look to work with local and national partners to explore opportunities to utilise the power of technology to facilitate self-management of care. Remote monitoring of conditions and tele-health (remote consultations) are promising areas where technology could reduce demand on the health and care system and improve patient experience. More should be done to investigate the viability of these approaches locally and scale up what works.

The financial challenge

To encourage integrated care, payment incentives and planning cycles need to be aligned. There is an urgent need for experiments in changing the nature of tariffs for NHS care, to enable greater investment in primary and secondary prevention, alongside delivering community and acute health services where needed. Commissioners also need to increase

the use of pooled budgets as a way of enabling closer health and social care collaboration. Using quality-based incentive payments across pathways of care might likewise incentivise best practice models and partnership working, while ensuring that providers are incentivised to make a contribution to the health and wellbeing of the whole population. Personal health budgets, too, might enable some patients and service users to commission their own care in ways that better meet their needs.

Appendix A: Population and Outcomes based commissioning

It is one of the priorities of the Health and Wellbeing Board as a leader of the health and care system in Westminster to focus not only on instances of ill health but also on addressing the health and wellbeing of the population as a whole. The Board wishes to understand and address the health and wellbeing of this population as the result of a wide range of determinants, and improve general health, quality of life and quality of experience of services, is one of the overarching priorities of the Health and Wellbeing Board as a leader of the health and care system in Westminster.

In 2002 the Institute of Medicine stated the advantage of taking a population health approach as follows:

> "[population health approaches build on] a new generation of intersectoral partnerships that draw on the perspectives and resources of diverse communities and actively engage them in health action[67]"

The population groups that have been identified as key by the Health and Wellbeing Board and key partners and stakeholders, are grouped based on a number of factors including future projections relating to health and demography, the multiple determinants of health, how an integrated system can best support the whole population, and how the behaviours of these groups might impact their health and wellbeing.

The population groups identified are listed below:

- Conception to 5 years;
- Children and young people;
- Working age adults;
- Adults over 65 years;
- Adults over 85 years;

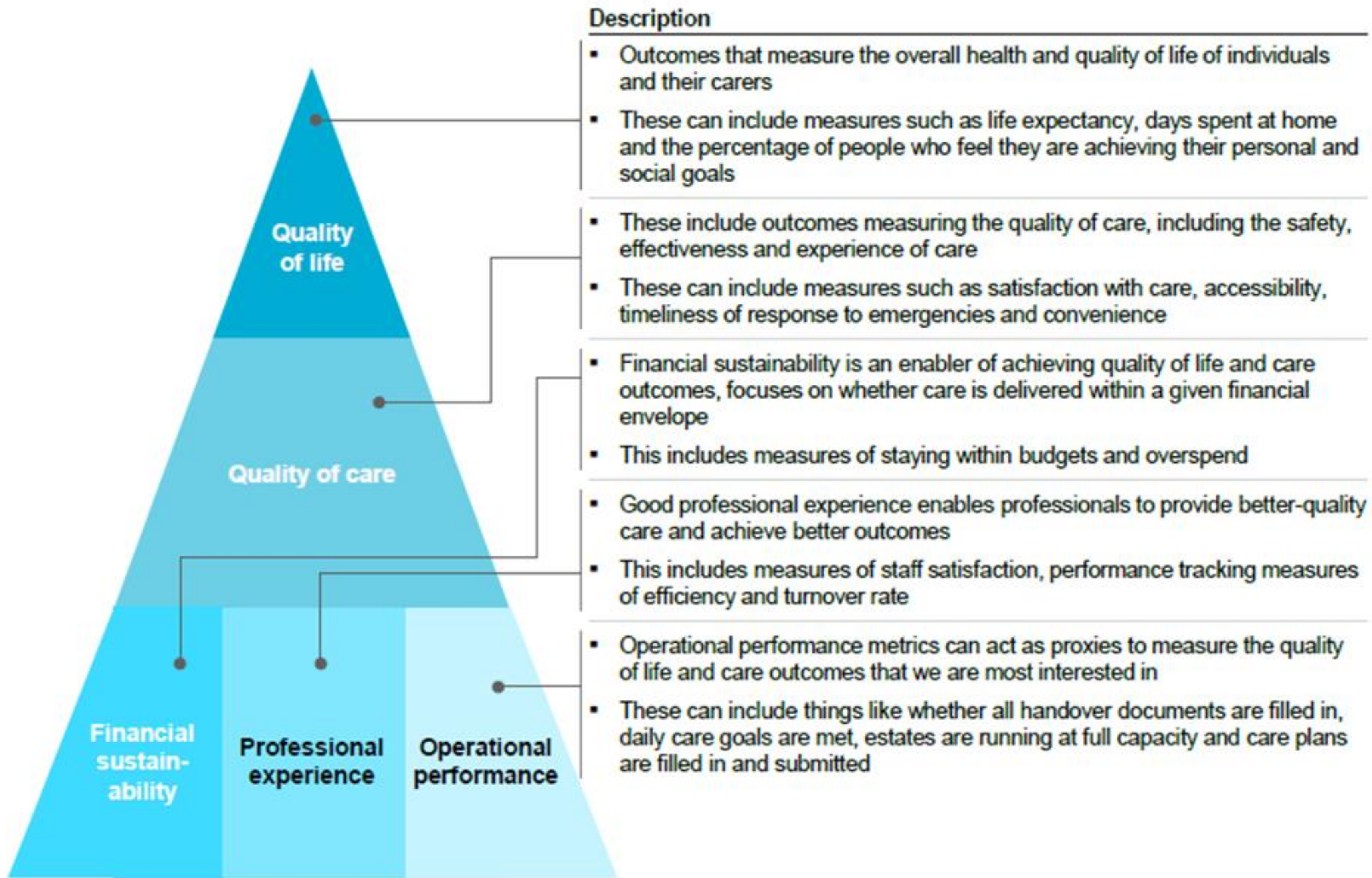
These groups will in turn inform the commissioning of services both to prevent ill-health support their needs. Traditional ways of buying health and social care services ("commissioning") have tended to focus on processes, individual organisations and single inputs of care. For example, the people who buy services have tended to pay the people who provide services based on the number of instances of treatment. This focuses the health and care system on completing individual tasks rather than focusing on a person's overall wellbeing.

"Outcomes" are the end results we aspire to achieve for people, their families and their carers. For example, ensuring more people feel satisfied, safe and happy as a result of the treatment or care they receive. Outcomes-based commissioning allows both commissioners

[67] The Future of Public's Health and the 21st Century, the Institute of Medicine, November 2002

and providers to focus on the important aspects of care - the result from a patient's perspective. Outcomes based commissioning incentivises shifting resources to community services, a focus on keeping people healthy and in their own homes and co-ordinated care across settings and regions.

The North West London Outcomes Framework is set out below. It summarises the key outcomes to be achieved into five domains, as follows:



Source: Whole Systems Integrated Care module working group

The Westminster Health and Wellbeing strategy uses the North West London outcomes framework to ensure that there is a consistent approach to understanding people's needs and buying services in support of them across the sub-region. Being consistent across larger geographies including North West London is important, particularly in London, because so many providers of health and care operate across borough boundaries and because people access services outside of Westminster. Basing our future commissioning on a shared framework in this way allows us to deliver scale to the range of services we have on offer for people and it means that we can make a shift, across the whole system, in the way that health and care is organised, bought, delivered and measured.

In this outcomes framework and hierarchy, the most important perspective is the well-being of the person who is receiving services and, as such, the first two domains - quality of life and quality of care (what we have termed quality of experience of care) - are the most important. The other three outcomes domains – financial sustainability; professional experience; and operational performance – are all crucial enablers for delivering quality care and quality of life for people and are addressed holistically in the systems section.

Outcomes-based commissioning provides a way of paying for health and care services based on rewarding the outcomes that are important to the people using them. This typically involves the use of a fixed budget for the care of a particular population group ("capitated budget") with incentives for health and care providers to work together to deliver services which meet specified outcomes. This approach aims to achieve better outcomes through more integrated, person centred services and ultimately provides better value for every pound spent on health and care.

The approach can help rather than hinder provider coordination and collaboration; incentivise a focus on prevention; allow providers, the experts in their field, the freedom and flexibility to innovate and personalise care according to what is best for patients' outcomes (rather than sticking rigidly to service specifications); and incentivise providers to manage overall system costs (because providers are accountable for the end-to-end costs of care for a group there is no advantage in passing on costs to another organisation in the system).