

Joint Health and
Wellbeing Strategy
for Westminster
2017-2022

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Executive Summary

Our local health and care system (consisting of Westminster City Council, Central and West London NHS Clinical Commissioning Groups, health and care providers, the voluntary and community sector, individuals and communities) **has come together with a single vision: *that all people in Westminster are enabled to be well, stay well and live well, supported by a collaborative and cohesive health and care system.*** This is an opportunity to transform the wellbeing of people who live, work and visit Westminster.

This vision is a response to the unique challenges and opportunities Westminster has as a result of its location at the centre of a national and global economic hub. The City is a destination for people seeking a new life both domestically and from abroad, and is therefore a home to a vibrant and diverse set of communities. It hosts numerous businesses, workers and visitors, often only for short periods of time, leading to high levels of population 'churn'. Some of the complex challenges we face include:

- **Services funded on the basis of resident population**, not reflecting the realities of a place with a changing population which can be up to four times larger during the day than the number of people who reside in Westminster;
- **Urban environment issues such as congestion and air quality**, high levels of road traffic accidents, and parts of the City which are among the worst performers in air quality tests in Europe;
- **Health outcomes are increasingly dependent on lifestyle choices and environmental factors**; and
- **The highest level of rough sleepers of anywhere in the country** with over 2,570 people being identified in 2014/15¹.

Against this backdrop, our mission **is to focus on prevention and early intervention.**

When people experience mental or physical ill health we will come together to ensure timely, high quality, person-centred care is delivered with dignity and respect at all stages, including at the end of life.

Over the next five years, **we intend to achieve this by focusing our efforts on the following four priorities:**

1. Improving outcomes for children and young people;
2. Reducing the risk factors for, and improving the management of, long term conditions such as dementia;
3. Improving mental health through prevention and self-management; and

¹ (St. Mungo's Broadway, 2015/16)

4. Creating and leading a sustainable and effective local health and care system for Westminster.

Our vision to transform health and care is our way of delivering on the national policy shift toward greater devolution of control to local communities. For each priority, we intend to provide improvements in areas such as quality of life, quality of care, financially sustainable health and care, unrivalled professional experience and efficient operational performance of services across the City.

We understand that we need to work together to put in place the leadership and governance arrangements which will allow us to deliver this transformation. We will identify how we will jointly put into action our priorities working on key system enablers such as workforce, estates, information and data.

This strategy focuses on the most complex and critical needs identified by (and for) our communities, where we can all take action quickly and effectively over the next five years to transform the wellbeing and quality of life of people who live, work and visit Westminster. We welcome your input and active participation in the consultation and subsequent delivery of these aims.

Health and wellbeing is everyone's business, working in partnership with you.

Introduction

Our local health and care system consists of Westminster City Council, Central and West London Commissioning Groups, health and care providers, the voluntary and community sector, communities and individuals. It is a system with many moving parts, with different functions but with one sole purpose – to support and enable us all to live well, be well and stay well.

Our local health system is facing some of the greatest challenges it has ever faced. There are various and complex pressures – a burgeoning population (a small but increasing proportion of which is elderly, frail and living alone); growing numbers of people with long term conditions; and changing and increasing expectations of the public about how and when they can access care and support. Looking to the future, we know that these trends will only continue and doing nothing is not an option.

This strategy represents the whole system’s commitment to prioritising prevention and early intervention. When anyone in our population experiences mental or physical ill health and requires support, the whole system will come together to work with them to ensure they experience high quality care delivered by an integrated, talented and diverse workforce in a setting that is appropriate and convenient.

The NHS Five Year Forward View² signalled a shift in attitude toward supporting prevention in health and care and called for local areas to work together and experiment with new models of care. The devolution agreement for London³ encourages ambitious localities, such as Westminster, to prepare for potentially greater flexibilities, powers and responsibilities in the future.

The North West London Sustainability and Transformation Plan (STP)⁴ will bring the NHS Five Year Forward View to life and set out the vision for health and care of eight Clinical Commissioning Groups and corresponding local authorities including Westminster. It will help us to implement an integrated system that is oriented towards upstream prevention, early intervention and care in the community by 2021. This Strategy is our local plan setting out how we will meet national commitments, including those in the STP, and deliver local priorities for the population of Westminster.

Organisations alone can only do so much. Our most significant and most valuable asset to achieve the mission of this strategy is not buildings or budgets – it is the coming together of talented, knowledgeable and passionate people, staff and local community groups. Working with local people, community groups and professionals to design local services is crucial to ensuring those services are meeting local needs.

² (NHS England, 2015)

³ (London Councils, 2015)

⁴ (NHS England, 2015)

It is important that our health and care system treats everyone with dignity and respect. This particularly applies to our vulnerable populations. For our large homeless and rough sleeping population, providing services that address their needs, proactively engage and empower them to make healthy choices is important. We will do all we can to ensure everyone in Westminster has fair access to health and care services to support and improve their health and wellbeing.

This strategy focuses on four targeted priorities which are based on evidence of local need and what we have heard from partners, local groups, communities and people. They are:

1. Improving outcomes for children and young people;
2. Reducing the risk factors for, and improving the management of, long term conditions such as dementia;
3. Improving mental health through prevention and self-management; and
4. Creating and leading a sustainable and effective local health and care system for Westminster.

We will deliver our priorities by addressing quality of life, people's experiences of services and the financial sustainability of our health and care system⁵. Outcomes for each priority set out our aspiration for health and wellbeing in Westminster. We will develop a detailed joint delivery plan that will identify how we will put our commitments into action. The delivery will be overseen by the Health and Wellbeing Board as the leader of the City's health and care system bringing together the Council, our two Clinical Commissioning Groups, voluntary and community groups and Healthwatch.

Our four priorities will be areas of focus for the Westminster Health and Wellbeing Board for the next five years. However, this does not mean that other issues and challenges are not important or will not be addressed during this time. The Strategy puts a spotlight on the most complex and critical needs identified in Westminster where the Health and Wellbeing Board can take action rapidly and effectively.

Health and wellbeing is everyone's business, working in partnership with you.

⁵ (Healthier North West London, 2016)

Our communities

Westminster is a global city at the heart of the nation's capital and home to a highly diverse resident population of around 242,299 people. The population during the daytime is approximately 900,000 which is the highest daytime population of any London Borough, including residents, employees and visitors⁶.

We have the highest level of international migration of any place in England. Just over half of our resident population was born outside of the UK. Black, Asian, Arabic and other minority ethnic groups comprise 30% of our population and there are estimated to be over 10,000 lesbian, gay, bisexual or transgender (LGBT) people in the City.

Our resident population has a high proportion of 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 households that are occupied by lone pensioners.

Westminster has the highest level of rough sleepers of anywhere in the country with over 2,570 people being identified in 2014/15⁷. There are also tens of thousands of people who live in the City for short periods or on a part-time basis. The Westminster population is more changeable 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 in turn their health and wellbeing needs:

- There will be a projected 16% increase in the number of people aged over 85 years⁸ living in Westminster. 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 and long-term conditions such as dementia to grow by £10.4m⁹.
- There will be a smaller proportion of children and young people living in Westminster by 2036 with the proportion of people aged less than 16 years as part of the overall population expected to decline from 16% to 14%¹⁰.
- If nothing changes, more young people will be growing up with long term health conditions, (particularly obesity and mental health related conditions) that will likely follow them into adulthood. This could have significant impact on their ability to make

⁶ (Greater London Authority, 2016)

⁷ (St. Mungo's Broadway, 2015/16)

⁸ (Greater London Authority, 2015)

⁹ (Westminster City Council, 2015)

¹⁰ (Greater London Authority, 2015)

the most of the opportunities of a changing social, economic and technological landscape¹¹.

- The City will be busier than ever with more commuters coming to work in Westminster every day, putting tremendous pressure on transport and public spaces¹². While these people will be less likely to drive and will make more use of walking, cycling and taxis we do not expect a reduction in the number of vehicles on the roads. This is due to factors such as increasing use of taxis and ride-sharing transport, increasing need for movement of goods (logistics) driven by public expectation of rapid 'just in time' delivery of goods¹³.

Westminster has much to celebrate and be proud of. However, we have challenges that we must tackle in partnership with everyone in the City. We want to support everyone to live healthy and fulfilled lives as active participants in their families, communities and workplaces. This involves tackling a range of issues that can be barriers to finding and maintaining long term occupations (including volunteering). Evidence tells us that good quality work or an equivalent meaningful occupation can alleviate some of the physical and mental symptoms of ill health¹⁴.

In Westminster we are proud of our range of libraries, leisure centres, community centres, attractive open and green spaces, visitor-friendly cycling and walking routes and world class heritage sites. These community assets can help people to remain well, healthy and connected. We will work to ensure that everyone knows about and can access and enjoy these throughout their time in Westminster as a resident, worker or visitor.

We will do all we can to ensure that the built environment enables people to make choices that support their health and wellbeing. This includes aiming to ensure that housing is appropriate for different needs and life stages. We will work with schools and other educational establishments to support children and young people to be well and stay well through educating and enabling them to make healthy choices and ensuring they are provided with access to regular physical activity.

The socio-economic and environmental factors that can affect health and wellbeing cannot be tackled alone through public sector interventions. It requires businesses and communities to play their part to, for example, improve air quality to reduce pollution levels so that the neighbourhoods we live in are clean, accessible and welcoming, and that we all support and look out for those vulnerable people in our communities.

¹¹ (Westminster City Council, 2015)

¹² (Transport for London, 2015)

¹³ (Transport for London, 2014)

¹⁴ (Waddell & Burton, 2009)

Our unique health challenges

The vitality of Westminster is part of its appeal, but this can sometimes be 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 where people live. Men living in the least deprived areas live nearly 17 years longer than men living in the most deprived areas. For women this gap is nearly 10 years. Additionally, the most deprived 20% of the population are likely to begin experiencing long-term disability 10 years earlier than the least deprived. This is because our population's health is not just related to the services they can access but also to the wider factors which can influence people's health and wellbeing, such as housing, education, employment and the environment.

We have unique challenges as a result of our being at the centre of a national and global economic hub. Westminster falls within the worst 20% of areas nationally for road traffic accidents, and parts of the City are among the worst performers in air quality tests in Europe¹⁵.

Our large business and visitor populations are significant parts of the local, regional and national economy. However, these groups also put pressure on services and the wider urban environment. Services are often funded on the basis of resident population and so do not reflect the realities of our place where our population increases each day from 250,000 residents to over 900,000 people.

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

The economic, cultural and social attractiveness of Westminster, and the restrictions on space that come with a dense urban environment, mean that the demand for housing is high¹⁶. The majority of people live in rented accommodation (both private and social housing)¹⁷. Some of these people can be more exposed to housing cost volatility and the potential to experience deprivation and poverty than people who own their own homes¹⁸.

Westminster has the highest recorded population of rough sleepers of any local authority in the country. This population has higher rates of physical and mental health problems compared to the general population¹⁹, and are at higher risk of complicating alcohol and or

¹⁵ (Westminster City Council, 2015)

¹⁶ (Westminster City Council, 2014)

¹⁷ (Westminster City Council, 2014)

¹⁸ (Joseph Rowntree Foundation, 2013)

¹⁹ (St. Mungo's Broadway, 2015/16)

drug dependency²⁰. Rough sleepers attend accident and emergency approximately seven times more often than the general population, and are also generally subject to emergency admission and prolonged hospital stays more often²¹. 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 and deliver better health and wellbeing outcomes for those individuals and groups who are not in, or do not have, access to stable and appropriate accommodation.

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. We will support them to have healthy relationships with their families, peers and communities and make positive decisions about their lives and be confident to seek help when they need it.

Westminster is blessed with an increasing older population. Retaining their life experience and knowledge adds immense value to our communities. People over 65 are economically, culturally and socially engaged, and often make up a largely unrecognised workforce in their provision of volunteering, caring (for partners and grandchildren and others) and civic support. Working with older people, the voluntary and community sector, carers and professionals, we want to empower everyone over 65, particularly those at risk of isolation, to maintain their independence and their health and wellbeing. We will do this through encouraging and supporting lifestyle changes and enabling self-management of conditions.

²⁰ (Joint Strategic Needs Assessment, 2013)

²¹ (Joint Strategic Needs Assessment, 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.

Mission: to focus on prevention and early intervention. When people experience mental or physical ill health we will come together to ensure timely, high quality, person-centred care which is delivered with dignity and respect at all stages, including at the end of life.

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:

Strategic Priorities 2017-2022	<ol style="list-style-type: none"> 1) Improving outcomes for children and young people; 2) Reducing the risk factors for, and improving the management of, long term conditions such as dementia; 3) Improving mental health through prevention and self-management; and 4) Creating and leading a sustainable and effective local health and care system for Westminster. 			
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 carers have quality of life, staying independent for longer

These priorities will steer and challenge the way we deliver local health care to address and realise better outcomes for our population. Instead of focusing on how to cure ill health and poor wellbeing, we are taking a strategic approach to move our collective energy and assets to focus on prevention and early intervention.

For each priority we will aim to deliver improvements in:

- Quality of life;
- Quality of care;
- Financial sustainability for health care;
- Professional experience; and
- Operational performance of services.

Our commitments:

We have framed the outcomes from an individual perspective so people can see our aspirations for their health and wellbeing. The following overarching outcomes and expectations are common for all themes:

- I have access to appropriate and timely information required to make the right decisions and choices for my health and wellbeing;
- I am aware of the services and facilities available and accessible to me, my carer and my family to maintain or improve health and wellbeing;
- There is no “wrong door” for when I need care and support;
- When I am experiencing mental or physical ill health, the services and support I receive are high quality, joined up and delivered in an appropriate setting;;
- All my needs are viewed holistically, including both mental and physical health; and
- I am treated with sensitivity, dignity and receive care and support that is tailored according to my needs and preferences.

PRIORITY 1: Improving outcomes for children and young people

PRIORITY VISION: All children and young people live healthy lives and are supported to transition into healthy adults who contribute to society and share their positive learning and experiences with their families, friends and neighbourhoods.

The importance of focusing on children and young people

Children in Westminster are on average more likely to be overweight, have poor dental health, and experience poor mental health than their peers in London and the country²². This means that they are more likely to transition to and continue through adulthood in poor health, and they are less able to take advantage of the economic and social opportunities of living and learning in the City.

Our approach

We will support children and young people from before they are born to ensure that they have a safe and healthy childhood and that they transition to adulthood with the skills and connections necessary to remain healthy, well and active and enable them to make the most of their opportunities to live, learn and prosper.

We want to inform and support parents. This includes ante-natal, maternity and parental services which engage and enable parents to improve and maintain their health and form positive relationships with their children. Evidence in Westminster shows that child poverty (which is a large determinant of the health and wellbeing of children and young people) is directly related to the ability of parents to enter and maintain employment²³. We will support training and work experience that enables parents to re-enter or obtain flexible employment that supports their parenting.

We will build on the North West London *Like Minded*²⁴ 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 local collaboration and joint working to address the wider determinants of health such as housing and education and bring a range of organisations together to address effectively these complex issues.

The approach of this strategy is to address the holistic mental and physical health and wellbeing of children and young people. We want the services they interact with to support

²² (Public Health England)

²³ (JSNA, 2014)

²⁴ (Healthier North West London, 2016)

them and treat them as individuals capable of making decisions about their lives, health and care.

We want to prevent children and young people from becoming ill wherever possible. However, if they do experience poor or worsening mental or physical health we want to empower children and young people to access appropriate and reliable information, advice and expert care in ways that are convenient and tailored to them. Children and young people have different experiences and attitudes to accessing information, support and care. We will work with them to identify and jointly develop new or improved channels of access and support.

We have a number of assets in Westminster which children and young people will be encouraged to use to maximise their physical and mental health. These include libraries and leisure centres and also wider community assets such as a range of clubs and societies which support them to be socially and physically active. Our current and future provision of services to children, young people and families will provide opportunities for both public sector, voluntary and community services to collaborate and support all to live healthy, engaged and full lives.

How we want to improve the outcomes for children and young people

We want to begin at the earliest opportunity to ensure children and young people grow up in environments that are supportive to their health and wellbeing. This includes working with families to address and improve whole-family wellbeing. This begins as early as possible from the beginning of a child's life, for example introducing healthy meals and emphasising the importance of and creating opportunities for active play.

We know that being active is important for both physical and mental health²⁵. 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 performance²⁶. Studies show a strong link between poorer mental health and sedentary behaviour²⁷.

We need to provide a range of opportunities to engage in physical activities as part of education and daily living. This includes addressing barriers (real or perceived) that some children, young people and their families might face to accessing physical activity including cost, transport and availability of local open and green spaces. We will encourage children and young people to engage in physical activity every day. We want all children and young people to feel that they can find a type of physical activity they enjoy so that they can develop positive lifestyle behaviours for the future.

²⁵ (Joint Strategic Needs Assessment, 2016)

²⁶ (Ahn & Fedewa, 2011)

²⁷ (Biddle & Asare, 2011)

Through our existing services we will endeavour to provide support to the children and young people, parents and guardians who need it most, addressing collectively the determinants that could be detrimental to their health and wellbeing such as education, housing, parental employment and access to health care.

Our commitments:

To ensure that all children and young people are given the best start in life and supported to grow into adjusted, healthy and well adults we commit to:

- making the most of opportunities to engage with prospective, new and current parents to provide information and signposting, and identify opportunities to provide further targeted support to families where this is needed;
- ensuring front line staff (health visitors, GPs, housing and children’s services staff) are working together to support parents and to help parents to access employment, education and training opportunities;
- ensuring that opportunities for parents to support each other and learn about their child’s health and wellbeing are available and publicised;
- ensuring that Westminster’s young people’s emotional wellbeing and mental health is supported by accessible and collaborative local services;
- ensuring that children and young people are supported and encouraged to monitor and find sources of support to improve and maintain their own health;
- supporting, encouraging and rewarding children and young people who volunteer and engage in civic activities through Spice Time Credit Schemes and other programmes; and
- involving children and young people in co-designing mental and physical health services to ensure they are relevant, convenient, acceptable and accessible for them.

Population Group	Outcome
Children and young people	I have a healthy diet, am physically active, am a healthy weight and I have a safe and healthy place to live.
	At school I learn a variety of skills that integrate my social, emotional and educational development.
	My general health and wellbeing needs are recognised and supported to sustain a good level of health and I am referred on to specialist services where appropriate.
	I have, and am made aware of, opportunities to be involved in the design, delivery, and/or review of services that I use.
	I feel respected, valued, and supported by family/carers, and professionals.
	I can access green and open spaces and attend physical and social activities and I am given opportunities to engage in physical activity every day.
	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 through self-management and accessing appropriate and timely information and support at school, in the community and at home if needed.

Working age adults	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.
	As a prospective parent I have access to information and support (including health visitors and midwives) to help me to prepare for parenthood and develop and maintain a healthy lifestyle during my pregnancy.
	I am supported to provide a safe, healthy and stable home for my family.
	I am supported to access employment training and flexible, accessible and affordable childcare.
	As a parent I am supported to maintain my own health and wellbeing, and understand how to model healthy behaviours for my children.
	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.

PRIORITY 2: Reducing the risk factors for, and improving the management of, long term conditions such as dementia

PRIORITY VISION: The likelihood of people developing long-term conditions is reduced, particularly for those with identifiable risk factors, such as poor diet and insufficient physical activity. We will work with people, carers, communities and other public sector professionals to prevent or alleviate risk factors and improve quality of life. When a person nears the end of their life, we will support them, their families and their carers to plan support that is dignified and that honours their personal preferences.

The importance of tackling long term conditions

The largest expected growth in prevalence and costs to the health system relate to long-term conditions (both mental and physical) particularly for adults aged over 65. Nationally, people with long term conditions account for approximately 50% of all GP appointments, 64% of all outpatient appointments and 70% of all inpatient beds. Treatment for people with long-term conditions is expected to cost £7 in every £10 of health and care spend²⁸.

People over 65 with long-term conditions are more likely to experience other multiple and complex conditions. These complex and multiple conditions have a significant impact on quality of life, and restrict economic and social opportunities. Long-term conditions (such as dementia, diabetes and cardio-vascular diseases) are often linked to the wider determinants of health, including housing, social isolation, lifestyle (including risk behaviours such as alcohol or substance misuse), diet and physical activity.

Our approach

Our approach is three-fold:

- 1) reducing the risk factors associated with long-term conditions;
- 2) reducing the risks of developing complications from long-term conditions; and
- 3) improving the support and outcomes for people with long-term conditions.

How we will prevent long term conditions and improve outcomes for people with or at risk of developing them

We want to, where possible, prevent long-term conditions for all ages by intervening early to help prevent or reduce risk factors through awareness-raising, behaviour change and proactive support. We will work with people to maximise the fulfilment of appointments, prescriptions and the take-up of services, such as Health Checks, to make the best use of resources.

²⁸ (Department of Health, 2012)

Long-term conditions can often be risk factors for developing further long-term conditions. There is evidence that co-morbidities (multiple long-term conditions) are more common in our areas of deprivation in the City, particularly among those who also have mental health conditions.

Westminster has the highest population of rough sleepers in the country, and many of these people have complex and multiple mental and physical long-term conditions²⁹. Evidence shows that 42% of people who sleep rough in Westminster have one or more support need, including alcohol/drug dependency and/or mental health conditions³⁰. 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 Westminster City Council Rough Sleeping Strategy to prioritise the complex health conditions associated with rough sleeping and homelessness.

Based on what we have heard we know that making an active contribution to local areas makes people feel more engaged and invested in the place where they live, work or learn. This can help to prevent and alleviate short and long-term mental and physical conditions, as well as build community pride and resilience. We will work to ensure that there are a range of opportunities for people to engage in meaningful work.

²⁹ (Joint Strategic Needs Assessment, 2013)

³⁰ (St. Mungo's Broadway, 2015/16)

A spotlight on dementia

Dementia is an umbrella term used to describe symptoms resulting from diseases and conditions that affect the brain. There are many types of dementia but common types include Alzheimer's disease and vascular dementia. Regardless of type, dementia can have significant effects on the lives of those who experience it, their carers, families, friends and communities. Dementia can reduce life expectancy for sufferers - someone diagnosed between ages 70-79 loses on average 5.5 years of life³¹.

Westminster has a rapidly ageing population. Our recent Joint Strategic Needs Assessment on Dementia³² found that diagnoses of long term conditions associated with ageing, such as dementia and Alzheimer's, will see an increase of 56% between 2013 and 2033. As of 2015 we have a diagnosed population of 1,806 people. Over 2,600 people in the City will have dementia by 2030. This trend will continue beyond 2030 with over 760 new cases of dementia yearly³³.

There are a number of risk factors for vascular dementia. These are largely factors that result in poor cardiovascular health, such as unhealthy weight, low levels of physical activity and smoking. Improving overall physical health can have an impact on reducing the likelihood of developing vascular dementia, and itself improves quality of life as it relates to general physical health³⁴. A study linked improved healthy lifestyles among men to a 20% decrease in the predicted incidence of vascular dementia amongst men over 65³⁵.

People with dementia are over three times more likely to die during their first admission to hospital for an acute medical condition³⁶. Westminster has a high rate of emergency and inpatient admissions for people with dementia, accounting for a quarter of acute hospital beds. People with dementia are likely to have significant physical and mental co-morbidities, such as depression, congestive heart failure and Parkinson's disease. Four out of the five most common co-morbidities for which dementia sufferers are admitted to hospital are preventable, such as broken/fractured hips and bladder and chest infections³⁷.

³¹ (International Longevity Centre UK, 2016)

³² (Joint Strategic Needs Assessment, 2015)

³³ (Joint Strategic Needs Assessment, 2015)

³⁴ (Alzheimer's Society)

³⁵ (Matthews, et al., 2016)

³⁶ (International Longevity Centre UK, 2016)

³⁷ (International Longevity Centre UK, 2016)

Our commitments:

Where people are suffering from ill health, we will act early to tackle risk factors and ensure that they receive the best care and support that is tailored to their needs. We will:

- support working age adults to develop and/or retain active lifestyles and mitigate those risk factors that contribute to the development of long-term conditions;
- create the conditions for dementia-friendly communities, where an understanding of dementia supports communities to value the contributions of people experiencing the condition and their carers;
- consider the experiences and needs of people with long-term conditions and their carers by working with them when developing services and plans;
- support community resilience and ensure that a range of local services are available to support social engagement which acknowledge the diversity of experience and background of people with dementia and their carers;
- support and encourage retired people to volunteer and contribute their knowledge and expertise to Westminster through the Spice Time Credits scheme, which incentivises and rewards participants for community activity; and
- support the development of a workforce that is agile and responsive and which delivers joined up and high quality services. This will include an exploration of hybrid roles across specialisms, social prescribing and multi-disciplinary and multi-sector team working. This will also include ensuring health and care services continue to work closely together and integrate where it makes sense and is possible.

Outcome Domain	Outcome
Quality of life	I/my carer feel that the wider community has an understanding of my long-term condition and my/our experiences and I feel included in my community.
	I am empowered to live a healthy lifestyle and make healthy choices, including about my diet, physical activity and risk behaviours (such as smoking).
	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 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.
	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.

Quality of experience of services	I can access services which address my needs as an individual and have an awareness of how my lifestyle (including my housing situation) impacts my health and my access to services. My wider health needs, including accessing opportunities for physical activity, are addressed and supported.
	I/ my carer have developed my care plan in conjunction with my family (as much as I want) and my carers are supported to care for me and have their own needs recognised.
	I/my carer have a named point of contact who understands me/us and my conditions. I/my carer feel that the services and workers I/we engage with have been trained to understand my/our specific needs and listen to me/us.
	I/my carer believe that the professionals involved in my care talk to each other and work as a team.
	I am supported to remain independent and stay at home where possible.

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

PRIORITY VISION: People are equipped to maintain good mental wellbeing. Those with short or long term mental health illnesses receive the timely and effective support to reduce the impact of and manage their condition where possible, and are treated with dignity and respect.

The importance of tackling poor mental health

Nearly half of all ill health for under-65s is related to mental illnesses³⁸. Poor mental health can affect quality of life, life expectancy and the ability to participate in, and contribute to, society. People in vulnerable or excluded groups such as the homeless or rough sleepers and those experiencing deprivation are often more likely to experience severe mental health conditions and the resulting physical health conditions³⁹. Mental health 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.

Our approach

Improving the quality of life and life expectancy for people with severe and enduring mental health conditions (SMI) requires us to treat and support them as whole individuals, and this means looking at the wider issues that may affect them. This includes their housing, employment, relationships, diet, physical activity, and risk behaviours (such as smoking and alcohol consumption)⁴⁰. People with severe mental health conditions often receive poorer acknowledgement and treatment of their physical health conditions. Similarly, people with long-term physical conditions also often receive poorer treatment of their mental health⁴¹. We must ensure that as a health and care system, we are joining up mental and physical health treatment and treating people as individuals.

People with SMI such as schizophrenia often come into contact with multiple public services. For example staff in police and fire services, housing and probation often encounter people with SMI in 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 interventions and support.

³⁸ (Centre for Economic Performance, 2012)

³⁹ (Joint Strategic Needs Assessment, 2013)

⁴⁰ (BMA Board of Science, 2014)

⁴¹ (NHS Improving Quality, 2014)

Compared to neighbouring areas, Westminster has more people receiving mental health social care services⁴². However, there is evidence that support for Westminster carers of people with SMI is lower than in neighbouring boroughs, with fewer carers receiving assessments⁴³. We will work to ensure that everyone is aware of their entitlements and the availability of public sector and community organisations that are there to support their needs.

Most people with common mental health conditions (such as anxiety and depression) have the capacity to self-manage if they are empowered and equipped with the right information at the earliest opportunity. Low-level support such as talking therapies can support people to develop the skills to monitor and manage their mental health independently. Those with more severe and enduring mental health conditions or who are vulnerable in other ways may need support to ensure they are able to manage the side effects of their medication, eat healthily and stay active.

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.

How we will improve mental health outcomes

The Westminster Health and Wellbeing Board have endorsed and continue to support the implementation of *Like Minded*, a sub-regional strategy spanning eight boroughs and their corresponding CCGs in North West London. The delivery of the *Like Minded* Strategy depends on partnership working to deliver high quality and joined up mental health services to improve the quality of life for individuals, families and communities.

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

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

- *supporting people in the workplace*
- *giving children and young people the skills to cope with different situations*
- *reducing loneliness for older people.”*

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.

⁴² (Public Health England, 2013/14)

⁴³ (Public Health England, 2013/14)

Mental health and employment

Unemployment and worklessness is a known cause for poor mental health in Westminster and poor mental health can also be a barrier to employment and meaningful occupations (such as volunteering). 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 in employment⁴⁴. We will 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 also work with employers to embed positive mental health messages and activities to alleviate work-related stress and build resilience in the workplace.

Loneliness and isolation

Positive social interactions are crucial to mental and physical health and wellbeing. Older adults tend to suffer more from long term and multiple conditions which can reduce mobility and limit social interaction. Sustained loneliness and lack of interaction with others can lead to poor mental health and subsequently poor physical health. We will work closer together with partners and communities to minimise loneliness and isolation.

⁴⁴ (Butler, Bazeley, & Wheeler, 2016)

Our commitments:

Working with individuals, communities, professionals and employers we will improve mental health for Westminster people by:

- addressing the stigma associated with mental health conditions;
- treating and caring for people as individuals and recognise the complex factors that impact mental health;
- supporting people in the workplace and tackling complex barriers into work;
- working with communities to develop resilience and cohesion so that individuals, families and neighbours can support and look out for each other; and
- providing information through various mediums that is tailored for people of all ages and situations to access and use.

Population Group	Outcome domain	Outcome
Children and young people	Quality of life	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	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 am treated and cared for as an individual and I feel that my unique challenges and skills are recognised 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 feel an increased ability to manage instances of mental distress.

		I am able to manage and improve my mental and physical health and I can take regular and appropriate physical activity.
		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 experience	I feel that my mental health needs are assessed separately from any preconceptions about conditions that may be associated with my age.

PRIORITY 4: Creating and leading a sustainable and effective local health and care system for Westminster

PRIORITY VISION: We will be an integrated and collaborative health and care system using our resources (such as data, technology, estates and workforce) to deliver person-centred information and care in the right place at the right time.

Westminster has a bold vision for health and care - we want to transform the wellbeing of people who live, work and visit Westminster and in parallel, support a clinically and financially sustainable model of health and care. This vision will require commitment from everyone in the City.

The Health and Wellbeing Board is 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 current and future health and care system, as fundamentally important to achieving our aims.

To realise our vision we will need to change the way we think about health and care locally and implement a shift in culture to move to a shared responsibility for health and wellbeing.

Leadership

The London Health and Care devolution agreement⁴⁵ sets out a vision of local people and their representatives taking greater control over decisions on matters that affect them.

One of our first tasks will be to put in place the leadership and governance arrangements necessary to make these important and strategic decisions in a robust, transparent 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 on behalf of local people and communities.

Our implementation priorities:

- Delivering the priorities of this Joint Health and Wellbeing Strategy.
- Putting in place the governance and accountability arrangements which will help us to deliver our strategy, building on Westminster's strong history of joint working across health and care. A priority for us will be to involve local people as active contributors to the decision making process.
- Viewing our budgets and services "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

⁴⁵ (London Councils, 2015)

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.

Workforce

The changing nature of needs and demands of our population means that we need to transform a workforce that has been trained to work on individual instances of ill health into one that is trained and equipped to work in integrated and multi-disciplinary teams in community settings to prevent and intervene before ill health occurs.

We need to invest in multi-skilled training of nurses and associated health professionals to deliver person-centred care in the community. There is a large and growing mismatch between the demand and expectations of care and the supply of health and care workers who will be able to deliver this, including a large undersupply of GPs.

We also need to review 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 as a result of infrastructure projects, such as Crossrail, may mean more of our workforce will be able to commute into the City. We need to work together to create the conditions that will ensure that Westminster remains an attractive and viable place for health and care workers to live and work in.

Our early implementation priorities:

- Mapping our current workforce 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 Board⁴⁶ and we will use this tool alongside long-term scenario planning (including looking at the potential impact of technology) to understand a range of potential future issues and develop solutions.
- Considering how to capitalise on new technologies and ways of working. Technology has the ability to place more power in the hands of patients to self-manage their own conditions outside of hospital settings and tele-care (remote consultations through mediums such as live interactions via computers and tablets) will enable greater remote monitoring of patients by specialists.
- Working with partners to redesign the training and development system. Working with Royal Colleges, Health Education England and other teaching institutions to refocus local health and care worker training programmes towards the workforce characteristics and practices needed for the future. This is likely to include more

⁴⁶ (Westminster City Council, 2015)

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 multiple conditions that span physical and mental health.

- Providing the right reward structures and contract flexibility to incentivise the creation of the right workforce. Greater flexibility of pay and terms of conditions must be addressed to incentivise the supply of staff where demand is greatest. We also need to support and harness better 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.
- Looking after the mental and physical health and wellbeing of our workforce. The health and wellbeing of our workforce is just as important as that of the people for whom they deliver services. We will support and deliver programmes such as the Workplace Charter to support employers to improve the health and wellbeing of their staff.

Infrastructure

The rising cost of space in Westminster means that models of care built around individual locations for specific services are unsustainable. Partners in Westminster need to work together to share space and build the estate required to respond to the changing needs and demands of our population.

Our implementation priorities:

- Increasing the value of our estate in Westminster - better strategic management of our estate could realise multiple benefits including reducing and sharing fixed running costs, releasing land for housing for our workforce and reinvesting proceeds back into the local health and care system.
- 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 people and opportunities for provider innovation and collaboration. 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 would make services more accessible and could release savings to be reinvested in patient care, staff and technology.

Technology and Information

Investing in information technology and data analytics will be crucial to enabling a successfully integrated health and social care system in Westminster that provides everyone with a good experience of care. We must work together to facilitate and enable information

exchange between organisations in a way that respects people’s preferences for how we handle their information. Not doing so could hinder inter-organisational collaboration and innovation.

Our implementation priorities:

- All partners across Westminster must agree to 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.
- Supporting the role of technology in enabling people to manage their own 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, reduced healthcare costs and satisfaction with services. As little as a 5% increase in self-care could reduce the demand for professional care by 25%⁴⁷.

Finance

To encourage integrated care, payment incentives and business planning cycles need to be aligned. There is an urgent need for changing the nature of tariffs for NHS care, to enable greater investment in prevention. Commissioners also need to increase the use of pooled budgets as a way of enabling closer health and care collaboration. Using quality based incentive payments for providers across pathways of care might incentivise best practice models and partnership working, while ensuring that providers are encouraged to make a contribution to the health and wellbeing of the whole population. Personal health budgets would enable some patients and service users to commission their own care in ways that better meet their needs.

⁴⁷ (The Kings Fund, 2013)

Glossary

Early intervention – intervening as soon as possible to prevent health conditions becoming worse.

Enabling – putting people in charge so that they can improve their own health.

Integration – bringing services together so that they are based around the needs of people.

Life skills – the abilities needed to cope with the challenges of everyday life.

Lifestyle – a person’s interests, opinions and behaviours in relation to their health.

Long-term condition – a condition that cannot be cured but can be controlled by medication and other treatments.

No wrong door approach – people get the help they need no matter what organisation they get in contact with first.

Outcome – improvements to the health and wellbeing of a person/people.

Person-centred – care based on the needs of the person.

Population – everyone who lives, works in, or visits Westminster.

Prevention – preventing ill health or slowing existing health conditions becoming worse.

Primary care – the first point of contact when you are unwell. In Westminster this is usually GPs.

Quality of Life – a person’s assessment of how good their life is.

Risk behaviour – types of behaviour that we know cause disease or ill-health, such as smoking.

Risk factor – the ways we behave or the places where we live, visit or work that are known to cause disease or ill health. This might include being an unhealthy weight or living in an area with bad air pollution.

Secondary care – services provided by medical specialists that you are usually referred to by your GP. These services are usually based in a hospital or a clinic.

Self-management – people doing things for themselves to either stop themselves becoming ill or managing existing conditions.

Upstream – intervening as soon as possible to prevent health conditions becoming worse.

Whole system – the Council, health organisations and voluntary and community sectors working together in Westminster to provide care and help people stay well.

Wider determinants – the ways we behave or the places where we live, visit or work that are known to affect our health.

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