

Health and
Wellbeing Strategy
for Westminster
2017-2022

Contents

Foreword.....	2
Executive Summary.....	3
Introduction	3
Our Communities.....	Error! Bookmark not defined.
Unique Health Challenges.....	9
Vision and Goals.....	11
Our Commitments	13
PRIORITY 1 – Improving outcomes for children and young people.....	14
PRIORITY 2 – Reducing the risk factors for, and improving the management of, long term conditions	18
PRIORITY 3: Improving mental health outcomes.....	24
PRIORITY 4: Creating and leading a sustainable and effective local health and care system for Westminster.....	28
Glossary.....	33
List of underpinning strategies and plans.....	35
Footnotes.....	36

Foreword

We are proud to share with you our Health and Wellbeing Strategy for Westminster. This is a strategy for everybody who lives, works and visits Westminster. It sets out how our residents, public services, businesses, voluntary and community groups will all play their part in creating a city in which everyone has access to the best opportunities to be healthy and well.

Westminster's health and care system faces significant challenges but we can be confident in the energy, talent and support of the city's people, public services and communities to tackle these head on. The Westminster Health and Wellbeing Board is determined to provide the leadership to harness this and drive real improvements to people's lives. We will improve outcomes for children and young people. We will reduce the risk factors for, and improve the management of, long term conditions. We will improve mental health through prevention and self-management.

The strategy is underpinned by a delivery plan at both a city and a sub-regional level (in collaboration with the North West London Alliance of local authorities and clinical commissioning groups) which commits us all to delivering our shared priorities by working together across the health and care system and council services and with people and voluntary and community groups.

We are thankful to all those who attended our consultation events, submitted consultation responses and fed back directly to us. This strategy is the result of genuine collaboration across the city and we pledge to continue to listen to your views. This is a living document and it will continue to evolve over the next five years to adapt to the changing needs of the city. We will review the strategy every year and we will involve you in this process.

Our city is the vibrant and diverse heart of London and its continued success depends on the wellbeing of its people. This strategy invites us all to play a role in achieving our shared goals of delivering genuine improvements to people's lives and contributing to a city that we can all be proud of.

Executive Summary

This strategy represents the commitment of health and care organisations, voluntary and community groups, businesses and people to fulfil our shared vision for our city in which ***all people in Westminster are enabled to be well, stay well and live well, supported by a collaborative and cohesive health and care system.***

We will work together to prevent mental and physical ill health by intervening as early as possible and tackling the wider challenges around employment, housing, education, community resilience, safety and the environment. However, people who suffer short or long term health conditions or live with disabilities requiring support will receive high quality, co-ordinated and timely treatment and care that is centred on their needs and preferences so they can live healthier and independent lives.

Westminster experiences unique challenges due its central location and being a hub for businesses, culture, tourism, transport and higher education. We also have an ageing population, a high prevalence of childhood obesity and some long term conditions, such as dementia. However, we are fortunate to have diverse communities with a wealth of experience and talent, and unrivalled assets including our vibrant voluntary and community sector, our cultural heritage and our location in a world-class city to help us tackle our unique challenges.

Over the next five years, **we will focus on the following four priorities:**

1. Improving outcomes for children and young people

We will work together to ensure children and young people have the best start in life from point of conception and are supported throughout childhood. We will do this by working with individuals, their carers and families to support them to live healthy and active lives. We will ensure that opportunities for physical activity and volunteering are available and communicated to children and young people and enable front line workers to provide advice (where appropriate) and effectively signpost them to local services.

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

People will be supported and enabled to live healthy and independent lives by addressing the risk factors that can lead to developing or aggravating long term conditions. We will empower people by ensuring that they can access information, supporting them to manage their conditions, facilitating their access to employment opportunities, addressing wider environmental issues (such as housing, open spaces and transport) and ensuring the availability of optimal medical treatment. We will equip front line staff to effectively signpost people, and promote opportunities for improving mental and physical health and wellbeing. We will ensure that high quality care and support is provided to individuals and carers.

3. Improving mental health through prevention and self-management

We will empower people to look after their mental health by ensuring they are able to access information, care and support to maintain their wellbeing. We will work together with people, their families and carers, communities and front line workers to spot early signs of illness and prevent crises. The continuing stigma associated with mental health will be tackled and we will ensure that when people seek help both their mental and physical health needs are addressed.

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

We will work together to provide strong local leadership to effectively deliver this strategy. Between the many organisations, health and care professionals and people in Westminster, we will collaborate to achieve our shared vision for a healthy and well city. This will involve equipping our workforce with the skills to provide the care our population needs, making sure that our buildings are modernised and accessible to all, and improving our sharing of patient information and data so that we can provide more personalised care for people.

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 in, work in and visit Westminster. We welcome your input and active participation in the delivery of these aims.

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

Introduction

Our local health and care system is delivered by Westminster City Council, Central and West London Clinical Commissioning Groups, health and care providers, the voluntary and community sector, communities and individuals. It is a system with many different functions but one 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. Complex pressures include a growing population (a small but increasing proportion of which is older, frail and living alone), rising numbers of people with long term conditions and changing expectations of the public about how and when they access care and support. Looking to the future, we know that these trends will only continue. Doing nothing is not an option.

This strategy represents a commitment to prioritising prevention and early intervention. It will influence the commissioning and delivery of services and the Health and Wellbeing Board will continue to advise, inform and challenge decisions made about health and care in the city.

When anyone in our communities experiences mental or physical ill health, or is living with a physical or learning disability, and requires support, partners will come together to deliver high quality care in a setting that is appropriate and convenient for patients and service users.

The NHS Five Year Forward View strategy signalled a shift in attitude towards supporting prevention in health and care, and called for partners to work together and experiment with new models of care. The devolution agreement for London encourages us to prepare for potentially greater flexibilities, powers and responsibilities in the future.

The North West London Sustainability and Transformation Plan (STP) will bring the NHS Five Year Forward View to life and set out the vision for health and care of Clinical Commissioning Groups and local authorities including Westminster. It will help us to implement an integrated system that focuses on early prevention. This strategy will be our local plan setting out how we will meet our commitments in the North West London STP, while delivering local priorities for the population of Westminster. The strategy will be underpinned by a detailed implementation plan and regular monitoring by the Health and Wellbeing Board.

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, health and care staff and local community

groups. Working with local people, community groups and professionals to design local services is crucial to achieving the aims of the strategy and ensuring they are meeting local needs.

It is important that everyone who comes into contact with our health and care system is treated with dignity and respect, particularly our vulnerable populations. For our large homeless and rough sleeping population, providing services that addresses their needs and proactively engages and empowers them to make choices to enable them to be healthy and well 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 local requirements 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
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 system. Outcomes for each priority set out our aspirations for the health and wellbeing of people in Westminster. We will develop a detailed implementation plan that will identify how we will put our commitments into action. The delivery of the plan will be overseen by the Health and Wellbeing Board as the leader of the city's health and care system bringing together the council, the two Clinical Commissioning Groups, voluntary and community groups and Healthwatch.

Our four priorities will be the 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.

The Health and Wellbeing Board, on behalf of everyone living in, working in and visiting Westminster, will implement and monitor the commitments in this strategy and the North West London STP. The Board will review and report to the public on progress annually.

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

Our communities

Westminster is a global city at the heart of the nation's capital and home to a highly diverse resident population of 242,299 people¹. 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. The population during the daytime is approximately one million people which is the highest daytime population of any London borough². 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 area³.

Our resident population features a high proportion of younger people, with 49% aged between 18 and 44 years old⁴. Black, Asian, Arab 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 city⁵. Almost half of households are single person households, the third highest proportion in London. We have the fourth highest proportion of households in the country that are occupied by lone pensioners with 40% of people aged over 65 living alone⁶. We also have the highest level of rough sleepers of anywhere in the country with over 2,570 people being identified as sleeping rough in 2014/15⁷.

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 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, health and care needs, and wider role in their communities. Over the next five years alone, we expect the annual cost of care for all older people living in the city (approximately 2,400 people) with severe physical disabilities and long term conditions such as dementia to grow by £10.4m to £102m. This is equal to the projected cost of treating all healthy adults aged 18-64 (approximately 137,500 people).⁹
- There will be a smaller proportion of children and young people living in Westminster by 2036. The proportion of people under 16 years old is 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 a significant impact on their ability to make 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 private hire vehicles, we do not expect a reduction in the number of vehicles on the roads. This is due to factors such as increasing use of private hire and ride sharing transport, and increasing need for movement of goods 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 work or volunteering opportunities. Evidence shows 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 engaged in their communities. We will work to ensure that everyone knows about them, and can access and enjoy them 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 and families to be well and stay well through educating and enabling them to make healthy choices and ensuring they are able to undertake regular physical activity.

Through Westminster’s Greener City Action Plan¹⁵, we will tackle poor air quality and develop a sustainable transport system which delivers health and wellbeing benefits, reducing pollution while keeping the city moving. We will do this, in part, through promoting walking and cycling as alternative modes of transport and making the public realm safer and accessible for all.

The socioeconomic 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 and support and look out for those who are vulnerable in our communities so that the neighbourhoods we live in are clean, accessible, welcoming and supportive.

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 Westminster's population varies significantly 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 health is not just related to the services people can access but also to the wider factors which can influence a person's health and wellbeing, including housing, education, employment and the environment.

We have unique challenges as a result of being at the centre of a national and global economic hub. Westminster falls within the highest 20% of areas nationally for road traffic accidents, and parts of the city are among the worst performers in air quality tests in Europe¹⁶.

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 environment. Services are often funded on the basis of resident population numbers and so do not reflect the realities of Westminster where the population increases each day from 250,000 residents to over a million 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 in¹⁷. This high level of population turnover can make it more difficult for people to find and access services and for services to deliver the best outcomes.

Demand for housing is high¹⁸. The majority of people live in rented accommodation (both private and social housing)¹⁹. People living in rented accommodation can be more exposed to changes in housing costs and the potential to experience deprivation and poverty than people who own their own homes.

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 population²⁰, and are at higher risk of complicating alcohol and or drug dependency²¹. Rough sleepers attend accident and emergency approximately seven times more often than the general population, and are also subject to emergency admission and prolonged hospital stays more often²². 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 fortunate to have a large older population. Retaining their life experience and knowledge adds immense value to our communities. People over 65 are often economically, culturally and socially engaged, and often make up a largely unrecognised workforce through volunteering, caring 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 a healthy lifestyle and helping more people to manage their conditions.

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-centered 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	Improving outcomes for children and young people. Reducing the risk factors for, and improving the management of, long term conditions such as dementia Improving mental health through prevention and self management 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.	Helping more people to live healthily for longer and fewer die prematurely.	To help create a safe, supportive and sustainable city in which all are empowered to play as full a role as possible.	People living with injury, disability, long term conditions, and their carers have a good quality of life and remain independent for longer

These priorities will steer and challenge the way we deliver local health care to address and deliver 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, early intervention and keeping people healthy.

For each priority we will aim to deliver improvements in:

- Quality of life
- Quality of care
- Financial sustainability for health care
- Professional experience
- Operational performance and collaboration 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, spaces 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
- I can access care and support that is tailored according to my needs and preferences, including in the community and crisis support²³
- I am treated with sensitivity, dignity and respect.

PRIORITY 1 – Improving outcomes for children and young people

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

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 the rest of London and the country²⁴. This means that they are more likely to transition to, and continue through, adulthood in poor health, and they will be less able to take advantage of the economic and social opportunities of living and learning in the city.

Our approach

This strategy will seek to address the holistic mental and physical health and wellbeing of all children and young people. We want the services they interact with to support and treat them and their families as capable of making decisions about their lives, health and care.

We will work with and support children and young people and their families, to ensure that they have a safe and healthy childhood from conception to adulthood. We want to ensure that every child and young person, including those who are living with long term physical or mental health conditions and those with learning or physical disabilities, is equipped with the skills and connections needed to remain healthy, well and active.

Working with families from the stage of conception is crucial. We want to work with families right from the start to establish and develop healthy foundations for children and young people. This includes maternity advice and support, and early help family services which engage with and enable parents to improve and maintain their wellbeing and form positive relationships with their children. We will also continue to raise awareness of universal and preventative services from which children, young people, and their families can benefit.

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 employment²⁵. Working with families to improve outcomes for children and young people, we will support parents to access training and work opportunities that enable them to reenter and maintain flexible employment that supports their parenting.

We will build on the North West London Like Minded Strategy²⁶ and the improvements of the Children and Family Act 2014 for children and young people with special educational needs (SEN) and disabilities. They both recognise 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. We will also work with schools and families to ensure that the professionals who children and young people interact with are equipped with the knowledge and information to refer them to the right support at the right time. There is a continued need for local collaboration and joint working to address the wider determinants of health for children and young people, and families, such as housing and education including supporting students with Special Educational Needs (SEN).

We want to prevent children and young people from becoming ill wherever possible. However, if they do experience poor or declining mental and physical health or require support with their disabilities we want them and their families to access appropriate and reliable information, advice and expert care in ways that are convenient and tailored to them. Children and young people will have a diverse range of experiences and attitudes to accessing information and support and care, and we will work with them to develop new or improve existing channels of information.

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

We know that being active is important for the physical and mental health of children and young people, and their families²⁷. There are links between increased physical activity and reductions in depression and anxiety for some children and young people. Regular physical activity is also important for self-esteem and has been shown to improve academic performance²⁸. Studies show a strong link between poor mental health and sedentary behaviour²⁹.

We will ensure that the range of physical activity opportunities that can be enjoyed either in or out of schools are communicated to children, young people, their families and schools. We will also address barriers (real or perceived) that some children, young people and their families might face to accessing physical activities including cost, transport, availability of supportive play spaces such as streets, parks, open and green spaces and other community facilities. We want to encourage children and young people to engage in physical activity every day by enabling them to feel that they can find a type of physical activity they enjoy.

We will continue to encourage and enable children and young people, and families to use our range of community assets and nationally renowned cultural institutions to maximise their physical and mental health and wellbeing. These include our museums, libraries, leisure centres and facilities based in estates where they can gain some free access to activities.

Our commitments:

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

- ensuring that the emotional wellbeing and mental health of children and young people is supported by accessible and joined up local services;
- promoting activities and opportunities for physical activity, sporting and cultural experiences for children and young people and their families to enjoy;
- engaging with prospective, new and current families to provide information and signposting, and identify early opportunities to provide targeted support where needed;
- ensuring front line workers (e.g. health visitors, GPs, housing and children’s services staff) are working together to support families to access advice, employment, education and training opportunities;
- promoting opportunities for families to support each other and learn about their children’s health and wellbeing;
- empowering children and young people to monitor and find sources of support to improve and maintain their own health and wellbeing;
- 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 the co-design of mental and physical health services to ensure they are relevant, convenient, acceptable and accessible for them.

Outcome Domain	Population	Outcome
Quality of life	Children and young people	I have a healthy diet and am physically active, and at a healthy weight for me and have a safe and healthy place to live.
		At school I learn a variety of skills which integrate my social, emotional and educational development.
		I can access green and open spaces, am aware of the physical and social activities available and I am given opportunities to engage in them regularly.
		I understand how to provide support to my peers for their emotional and physical health and know where to direct them for further support.
		I am able to sustain a good level of mental health through self management by accessing appropriate and timely information and support at school, in the community and at home if needed.

Quality of experience		My general health and wellbeing needs are recognised and supported and I am referred on to specialist services where needed.
		I have, and am made aware of, opportunities to be involved in the design, delivery, and/or review of services, spaces and places which I use or would like to use.
		I feel respected, valued, and supported by family/carers, and health and care professionals.
Quality of life	Working age adults (parents/guardians)	As a prospective parent I have access to information and support (including from health visitors and midwives) develop and maintain a healthy lifestyle during my pregnancy and to help me to prepare for parenthood.
		I feel able to access community services and resources to support myself and my children, including opportunities to enjoy local libraries, community centres and outdoors in local parks and open spaces.
		I am supported to provide a safe, healthy and stable home for my family.
		As a parent I am supported to maintain my own health and wellbeing, and understand how to model healthy behaviours for my children.
		I am supported to access employment opportunities and training, and flexible, accessible and affordable childcare.
Quality of experience		As a carer for a child with mental or physical health needs, or a disability requiring support, I am supported to understand their needs. My needs as a carer are also assessed and addressed.
		As an educator, I am trained to recognise, support and refer mental and physical health issues of children and young people in my care.

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

PRIORITY VISION: People remain healthy, well and independent for as long as possible. The likelihood of developing long term conditions is reduced, through the management of risk factors such as poor diet and insufficient physical activity. People, carers, families, communities and professionals work together to ensure people living with long term conditions (and their families and carers) receive high quality and timely health and care, and other public services to improve their quality of life. When nearing the end of life, people, their families and carers are supported to plan for care which is dignified and honours their personal preferences.

The importance of tackling long term conditions

Long term conditions (both mental and physical) are expected to become more prevalent and their cost to the health system is expected to increase, particularly for adults 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 beds³⁰. Treatment for people with long term conditions is expected to cost £7 in every £10 of health and care spend³¹.

People over 65 with long term conditions are more likely to experience additional multiple, complex and long term conditions which will significantly impact on quality of life, and restrict economic and social participation. Long term conditions (such as dementia, diabetes and cardiovascular diseases) are often linked to the quality and appropriateness of housing, social isolation, lifestyle (including behaviours such as alcohol or substance misuse), diet and physical activity, either as a risk or aggravating factors for long term conditions.

Our approach

Our approach is three fold. We will aim to:

1. reduce the risk factors associated with long term conditions;
2. reduce the risks of developing complications from long term conditions; and
3. improve care and support, and ultimately, outcomes for people with long term conditions.

We want to, where possible, prevent long term conditions for all ages by intervening early

to reduce risk factors through awareness raising, facilitating and encouraging behaviour change and providing proactive support where possible. We will also work with people to support attendance at medical appointments, prescriptions and maximise the take up of preventative services, such as Health Checks and Health Trainers, to make the best use of resources.

Some long term conditions themselves can often lead to the development of further long term and complex conditions, for example people with diabetes often develop high blood pressure as a result. Evidence tells us that those who experience mental health conditions and those living in areas of deprivation are more likely to suffer multiple, long term and complex conditions. This affirms our belief that we need to do more to reduce the lifestyle risk factors that can also aggravate long term conditions. Participating in and maintaining appropriate levels of physical activity and a balanced diet are significant parts of preventing and mitigating long term conditions. We will work with communities and partners to maintain and promote physical activity opportunities for all adults in Westminster – whether they live in, work in or visit the city. In parallel, we will work with partners to seek to continue to improve the infrastructure they are surrounded by (including transport, urban environment, housing) to create a supportive environment for good health and wellbeing.

Safe and secure housing supports people to lead healthy and fulfilled lives. Conversely, unstable, poor or inaccessible housing can have a detrimental effect on health and wellbeing and can lead to the development or aggravation of long term conditions. In partnership with others, we will continue to tackle poor living conditions in both social and private accommodation in Westminster.

Westminster has a high number of homeless households and the highest population of rough sleepers in the country, many of which include people with complex and multiple mental and physical long term conditions³². Evidence shows that 42% of people who sleep rough in Westminster have one or more support needs, including alcohol and drug dependency, and mental health conditions³³. Rough sleeping is a unique challenge to Westminster's health and care system and one which we can best understand and address through collaboration with partners.

Actively contributing to communities can help make some people feel engaged and invested in the place where they live, work or learn. It can also 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 employment, adult education and volunteering opportunities for people with long term conditions to engage in. We know that some people with long term conditions, mental or physical, and disabilities may experience barriers to engaging with their neighbourhoods and local communities or accessing local community facilities such as libraries due to mobility issues and low confidence. We will ensure that people who have such barriers are made aware of

the range of support to help with access available to them.

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 the most common 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 life³⁴.

People with dementia are over three times more likely to die during their first admission to hospital for an acute medical condition³⁵. 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 comorbidities, such as depression, congestive heart failure and Parkinson's disease. Four out of the five most common comorbidities for which dementia sufferers are admitted to hospital are preventable, such as broken/fractured hips and bladder and chest infections³⁶.

Westminster has a rapidly ageing population. The 2015 Joint Strategic Needs Assessment on Dementia³⁷ predicted 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 expected cases of dementia in the city each year³⁸.

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 improving quality of life³⁹. A study linked improved healthy lifestyles to a 20% decrease in the predicted incidence of vascular dementia amongst men over 65⁴⁰.

Our commitments:

Where people are suffering from ill health, we will act early to tackle risk and aggravating 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;
- support community resilience by ensuring that a range of local services and community and voluntary organisations are available which acknowledge the diversity of experience and background of people with long term conditions 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 to patient and community needs. This will include an exploration of creating teams of health and care professionals who can work across specialisms and can signpost people to our community assets to as part of supporting people to improve their health and wellbeing.

Outcome Domain	Population	Outcome
Quality of life	Whole population	I feel that the wider community has an understanding of my long term condition and my experiences. I feel included in my local communities.
		I am empowered to live a healthy lifestyle and make healthy choices, including about my diet, physical activity levels and risk behaviours (such as smoking).
		I can access advice and support to remain independent and engaged in the community (e.g. dementia cafes and befriending services).
		I/my carer feel able to access community services and resources, including opportunities to enjoy local libraries, community centres, local parks and open spaces.
Quality of Experience	All age groups (people with long-term conditions and their carers)	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 have input in the development of my care plan in conjunction with my family and carers. My carers are supported to care for me and have their own needs recognised.
		I have a named point of contact who understands me and my condition(s). I feel that the health and care services and staff I engage with have been trained to understand my specific needs and listen to me.
		I 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 living in my own home.

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

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

The importance of tackling poor mental health

We all have the potential to experience poor mental health during our lifetime but stigma remains around discussing and seeking treatment for mental health conditions. Nearly half of all ill health for under 65s is related to mental illness and one in six people in the UK experienced a common mental health problem in the past week⁴¹. Poor mental health can affect our ability to maintain relationships, employment and housing as well as quality of life and life expectancy. Mental wellbeing can be impacted by a range of factors – genetics, deprivation, employment or family stress, social isolation and education.

There are some groups of people who are at a higher risk of experiencing poor mental health. People who sleep rough, are homeless or live in unsuitable homes are particularly affected. Those on or low incomes or living with deprivation are also more likely to experience severe mental health conditions and related poor physical health conditions⁴².

Our approach

Most people with common mental health conditions (such as anxiety and depression) have the capacity to manage their own health with timely access to information and support. Low level support such as talking therapies can help people to develop the skills to monitor and manage their mental health independently. We will improve access to information and signposting to support for common mental health issues, including community and peer support.

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, which 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. People with severe mental health conditions often receive poorer acknowledgement and treatment of their physical health conditions. Similarly, people with long term physical conditions often receive poorer treatment of their mental health⁴³. 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 severe mental health conditions often come into contact with multiple public services. For example staff in education, police and fire services, housing and probation often encounter people with severe mental health conditions 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.

Compared to neighbouring areas, Westminster has more people receiving mental health social care services⁴⁴. However, there is evidence that support for Westminster carers of people with severe and enduring mental health conditions is lower than in neighbouring boroughs, with fewer carers receiving assessments⁴⁵. We will work to ensure that everyone is aware of their entitlements and the availability of services and facilities that are there to support them.

We are not only focused on delivering services, but also on ensuring that these services are effectively supporting and enabling everyone experiencing a mental health condition to lead an active and fulfilling lives. 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 improve health and wellbeing and reduce the stigma associated with poor mental health.

How we will improve mental health outcomes

The Westminster Health and Wellbeing Board has endorsed and supports the implementation of *Like Minded*⁴⁶, 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 delivery of this ambition in Westminster through prioritising and embedding prevention, early intervention and a partnership approach to stop and reverse the negative trends of poor mental health.

Mental health and employment

Unemployment is a known cause for poor mental health in Westminster, and poor mental health can in itself be a barrier to employment and meaningful occupation (such as volunteering). Stress and mental health disorders are among the biggest causes of long term absence from work and are increasingly reasons for short term absence in employment⁴⁷. We will work to champion a range of opportunities, 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 coping techniques.

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 poorer mental and physical health. We will work closer together with partners and communities to minimise loneliness and isolation.

Our commitments:

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

- addressing the stigma associated with all types of mental health conditions;
- treating and caring for people as individuals and recognising the complex factors that impact mental health;
- recognising and addressing the wider determinants of mental health, including housing, employment, education and community interactions;
- ensuring that statutory and voluntary and community organisations continue to work closely together to identify early people who might require support;
- supporting people in the workplace and tackling barriers into work;
- working with communities to develop peer support, resilience and cohesion so that individuals, families and neighbours can support and look out for each other; and
- providing information through a range of mediums that is tailored for people of all ages and situations to access and use.

Popula tion	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 including through meaningful occupation (such as volunteering and/or employment).
		I am supported in my workplace to maintain my mental health and wellbeing or seek information and services when appropriate.
		I am comfortable with discussing my mental health with my employer.
		I am able to manage instances of mental distress.
		I am able to manage and improve my mental and physical health and wellbeing, and I take regular and appropriate physical activity.
		I/my carer feel able to access community services and resources, including opportunities to enjoy local libraries, community centres, local parks and open spaces.
Adults over 65 years / Adults	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 collective resources (such as data, technology, estates and workforce) to deliver person centred information and care in the right place at the right time.

Background

The health and care system has made significant improvements in patient care, experience and outcomes by joining up services and working together. But we could do more. People can often go to different places to receive care relating to single conditions, and medical records may not be transferred between health and care providers in a way that would support efficient and effective care. Patients are not able to direct budgets to support their personal choices for their treatment and care.

Westminster has a bold vision for health and care - we want to transform the wellbeing of people who live in, work in 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 Westminster.

The Health and Wellbeing Board is already engaged in determining the way resources are directed and spent in health and care. The transformation of primary care, the bedrock of the current and future health and care system, is fundamentally important to achieving our aims.

To realise the Westminster vision we 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 and Finance

The London Health and Care devolution agreement 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.

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 health 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 would 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.

Our implementation priorities:

- Delivering the priorities of this 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; and
- 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 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 commute into Westminster. We need to work together to create the conditions that will ensure that Westminster remains an attractive and viable affordable 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 Board 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 telecare (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 to facilitate career progress and development of skills and qualifications in work. 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 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 and retention of the right workforce, including in pressure areas such as caring and nursing staff. Greater flexibility that allows staff to work at a city wide and North West London level must be addressed to incentivise the supply of staff where demand is greatest.
- Recognising, supporting and harnessing 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.

Estates

People have changing needs and demands for how they want to access health and care services and our estates need to support people to access services in the community when they need to. We also need to address that the rising cost of space in Westminster which 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 develop 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. This includes, for example, multi-functional hubs that can provide a range of services in a community setting. A more flexible approach involving colocation 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. Ensuring that we work with people and partners to secure appropriate consent of people to use their data will be integral. 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 organise it into a format which enables better analysis, collaboration and decision making by all organisations. Sharing data also includes sharing with patients and carers to enable them to become more digitally empowered and support their self management.
- We must continue to use data and evidence to inform our service delivery decisions. This includes identifying residents and communities at risk of poor health so that we can plan effective and targeted interventions.
- 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%⁴⁸.

Glossary

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

Enabling – putting people in charge so 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 conditions – 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.

Populations – 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 a GP.

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.

List of Underpinning Strategies and Plans

Strategy	Link
Greener City Action Plan	www.westminster.gov.uk/greener-city-action-plan-0
Housing Strategy	www.westminster.gov.uk/housing-strategies
Reducing the Harm of Shisha Strategy	www.westminster.gov.uk/reducing-harm-shisha
City Plan	www.westminster.gov.uk/westminsters-city-plan-strategic-policies
Statement of Licensing Policy	www.westminster.gov.uk/statement-licensing-policy
The London Plan	www.london.gov.uk/what-we-do/planning/london-plan
Transforming Care Plan	www.england.nhs.uk/learningdisabilities/care/
Sustainability and Transformation Plan	www.healthiernorthwestlondon.nhs.uk/documents/sustainability-and-transformation-plans-stps
Like Minded Strategy	www.healthiernorthwestlondon.nhs.uk/bettercare/mentalhealth
CAMHS Transformation Strategy	www.camhs.cnwl.nhs.uk/find-services/clinics/westminster-camhs
Shaping a Healthier Future	www.healthiernorthwestlondon.nhs.uk
Out of Hospital Strategy	www.centrallondonccg.nhs.uk/what-we-do/our-plans/delivering-better-care-out-of-hospital.aspx

Footnotes

- ¹ Westminster City Council (Jan 2016) City of Westminster Economic Report LEA Baseline Study
- ² Ibid
- ³ Westminster City Council (Jan 2016) City of Westminster Economic Report LEA Baseline Study
- ⁴ Ibid
- ⁵ Ibid
- ⁶ Westminster City Council (November 2015) Westminster Intelligence and Analysis Profile
- ⁷ St Mungo's Broadway (2015/16) Combined Homelessness and Information Network (CHAIN) Annual Report
- ⁸ Greater London Authority (2015) 2015 Round Populations Projections, Greater London Authority Datastore
- ⁹ Westminster City Council (Jan 2016) City of Westminster Economic Report LEA Baseline Study
- ¹⁰ Westminster City Council (November 2015) Westminster Intelligence and Analysis Profile
- ¹¹ Westminster City Council (November 2015) Primary Care Modelling Report, Westminster City Council Health and Wellbeing Board
- ¹² Transport for London (2015) Fit for the Future: Our Plan for Modernising the London Underground, Overground, Trams and the DLR
- ¹³ Transport for London (2014) Roads Task Force Update
- ¹⁴ Waddell, G and Burton, K (2009), "Is work good for your health and wellbeing", The Stationary Office
- ¹⁵ Westminster City Council (2015) Greener City Action Plan 2015-2025
- ¹⁶ Ibid
- ¹⁷ Westminster City Council (November 2015) Westminster Intelligence and Analysis Profile
- ¹⁸ Ibid
- ¹⁹ Ibid
- ²⁰ St Mungo's Broadway (2015/16) Combined Homelessness and Information Network (CHAIN) Annual Report
- ²¹ Joint Strategic Needs Assessment for Westminster (2013) Rough Sleepers: Health and Healthcare
- ²² Ibid
- ²³ North West London Transforming Care Partnership (March, 2016)
- ²⁴ Public Health England, Children and Young People's Health Benchmarking Tool
- ²⁵ Joint Strategic Needs Assessment for Westminster (2014) Child Poverty
- ²⁶ Healthier North West London (2016) Like Minded – the Case for Change
- ²⁷ Joint Strategic Needs Assessment (2016) Physical Activity – a needs assessment for Hammersmith and Fulham, Kensington and Chelsea and Westminster
- ²⁸ Ahn, S and Fedewa, A (2011) A Meta-Analysis of the Relationship between Children's Physical and Mental Health, Journal of Pediatric Psychology
- ²⁹ Biddle, S and Asare, M (2011) Physical activity and mental health in children and adolescents: a review of reviews, British Journal of Sports Medicine
- ³⁰ Department of Health (2012) Long Term Conditions Compendium of Information
- ³¹ Ibid
- ³² Joint Strategic Needs Assessment for Westminster (2013) Rough Sleepers: Health and Healthcare
- ³³ St Mungo's Broadway (2015/16) Combined Homelessness and Information Network (CHAIN) Annual Report
- ³⁴ International Longevity Centre UK (2016, April) Dementia and Comorbidities: Ensuring Parity of Care
- ³⁵ International Longevity Centre UK (2016, April) Dementia and Comorbidities: Ensuring Parity of Care
- ³⁶ International Longevity Centre UK (2016, April) Dementia and Comorbidities: Ensuring Parity of Care
- ³⁷ Joint Strategic Needs Assessment (2015) Dementia
- ³⁸ Ibid
- ³⁹ Alzheimers Society, (2016) Risk Factors for Dementia
- ⁴⁰ Matthews, F.E, Stephan, B.C, Robinson, L, Jagger, C, Barnes, L, Arthur, A, and Brayne, C (2016), A two decade dementia incidence comparison from the Cognitive Function and Ageing Studies I and II
- ⁴¹ Centre for Economic Performance (2012) How mental health loses out in the NHS, London School of Economics

-
- ⁴² Joint Strategic Needs Assessment for Westminster (2013) Rough Sleepers: Health and Healthcare
- ⁴³ NHS Improving Quality (2014) Better outcomes, better value: integrating physical and mental health into clinical practice and commissioning
- ⁴⁴ BMA Board of Science (2014) Recognising the importance of physical health in mental health and intellectual disability
- ⁴⁵ Public Health England (2013/14) Social care mental health clients receiving services during the year: rate per 100,000 population
- ⁴⁶ Public Health England (2013/14) Carer assessments: people who care for an adult with a mental health condition and were assessed during the year per 100,000 population
- ⁴⁷ Healthier North West London (2016) Like Minded – the Case for Change
- ⁴⁸ The Kings Fund (2013) NHS and social care workforce: meeting our needs now and in the future?