

Westminster Health & Wellbeing Board

RBKC Health & Wellbeing Board

Date:	9 May 2019
Classification:	General Release
Title:	Health and Wellbeing Board Priorities – Review of 2018/19 priorities and options for 2019/20 priorities
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1. Executive Summary

- 1.1 To focus the Board discussions and ensure that the Board is as effective as possible, Members focus on three key issues throughout the year. Each Board meeting is themed around one of these issues. This paper provides
- A review of the progress made around the 2018/19 priorities; and
 - Outlines options for the 2019/20 priority issues

2. Key Matters for the Board

- 2.1 The Board is asked to
- Note the progress update on the 2018/19 priority issues
 - Consider the options for the 2019/20 priority issues and select three to focus on this municipal year.

3. Background

3.1 The Kensington & Chelsea and Westminster Joint Health and Wellbeing Strategies (HWBS) each outline four priorities

Kensington & Chelsea HWBS Priorities	Westminster HWBS Priorities
Enabling good mental health for all	Improving mental health services through prevention and self-management
Supporting children, young people and families to have the best possible start in life	Support for children, young people and their families to live healthier lives
Addressing the rising tide of long-term conditions	Helping people to prevent the onset of long-term health conditions such as dementia and heart disease
Delivering a sustainable health and social care system	We will be an integrated and collaborative health and care system - Improving the way we work to offer better health and social care.

3.2 These priorities guide and inform the Health and Wellbeing Boards' work.

3.3 In 2018, Officers drafted key issue options based on evidence of need and where the Health and Wellbeing Board could add the most value as a forum for integrated working and bringing together various stakeholders to improve the health and wellbeing of local populations. These options were aligned to the Health and Wellbeing Strategy Priorities.

3.4 For 2018/19, the RBKC and Westminster Boards selected the following as their key issues

- Sugar (especially in Early Years)
- Loneliness
- Dementia

3.5 An overview of the progress of 2018/19 Key Issues for the joint Kensington & Chelsea and Westminster Health & Wellbeing Board is included at Appendix 1.

3.6 It is recommended that the Board receives an update on these priorities at six-month intervals.

4. Options / Considerations

- 4.1 It is recommended that the Board select key issues again in 2019/20 to focus their work and ensure they are as effective as possible.
- 4.2 The Board is asked to select three key issues from the options outlined at Appendix 2.

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

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APPENDICES:

Appendix 1 – Table outlining Progress of 2018/19 Key Issues

Appendix 2 – Table outlining 2019/20 Key Issue Options

Appendix 1 – Progress of 2018/19 Key Issues

1. Overview

1.1. The three Key Issues for 2018/19 were

- Sugar, Particularly in Early Years
- Loneliness
- Dementia

1.2. This note provides an overview of their progress this year, including the Health and Wellbeing Board's leadership in these areas.

2. Sugar

2.1. Sugar was identified as a priority for the Health and Wellbeing Board. Papers went to the Health and Wellbeing Board in [September 2018](#) and [March 2019](#), providing an update on local issues related to sugar consumption, oral health and childhood obesity.

2.2. More information about on-going work to address this issue can be found in reports that recently went to Policy and Scrutiny (Reports for [RBKC](#) and [Westminster](#) respectively linked).

2.3. In 2018/19, Westminster City Council and RBKC started funding a clinical improvement fellow at Chelsea & Westminster Foundation Trust (ChelWest), who is leading an oral health programme. This programme currently includes:

- Raising awareness across the Trust of the importance of oral health as part of general health and wellbeing;
- Staff training for both clinical and non-clinical staff on both oral health and influencing behaviour change;
- A supervised brushing scheme within the hospital school at ChelWest;
- Targeting women accessing maternity services to impact oral health by improving awareness of free dental services for women during pregnancy and to encourage registering a child with a dentist in the first year of life
- Embedding oral health in existing pathways at ChelWest, for example in NICU and the obesity pathways.

2.4. A healthy schools event was also held in February in Westminster to raise the profile of health and wellbeing in schools, share examples of good practice and different approaches to meeting priorities and to raise awareness of health and wellbeing support available in schools. This event included case studies from Robinsfield Infant School on their work around oral health and healthy weight, Queens Park Primary on emotional wellbeing and mental health, St Mary's Bryanston Square on air quality and Westminster Academy on mental health from a secondary school's perspective. A factsheet is now being developed to promote health resources to schools.

- 2.5. Finally, a Change4Life sugar campaign ran from January-March 2019 in both RKBC and Westminster, encouraging families to reduce sugar consumption and raise awareness about the amount of sugar in foods like yogurts, cereals and drinks. In May 2019, Public Health will launch a refreshed approach to accelerate local efforts to prevent obesity, called Change4Life. This programme will focus on the active promotion of Change4Life at local level and delivery of innovative new services and policies to help children and families to put messages about healthy eating and physical activity in to practice.

3. Loneliness

- 3.1. Loneliness was the theme of the November 2018 concurrent Health and Wellbeing Board. After being presented with [a paper outlining loneliness and social isolation in both boroughs](#), the Board was given the opportunity to provide feedback on how loneliness feeds into the Mental Health and Wellbeing JSNA. [A first draft of the paper was then presented to the Board for comment in March 2019.](#)
- 3.2. The 2018-19 Mental Health and Wellbeing JSNA covers what we know about the issue and including national and local strategy, prevalence, risk factors, and evidence of what works to prevent or reduce loneliness and isolation at different stages of the life course.
- 3.3. Social isolation is a key risk factor for the development of several ill health conditions, including loneliness, depression, anxiety, which in turn increase risk factors for developing chronic and degenerative diseases, such as dementia. Research shows that lacking social connections is as damaging to our health as smoking 15 cigarettes a day (Holt-Lunstad, 2015).
- 3.4. ASC Wellbeing continue to commission a range of services, including those targeted at 'prevention' with open access to borough residents, as well as services specifically designed to meet the needs of residents with assessed social care needs, which often includes social isolation. The services include mental wellbeing, targeted community exercise and social groups, befriending, one to one support personalised to the needs of the individual, health promotion services, day centres, carers and specialist accommodation with care services. There are also befriending services and one to one services helping those gain the confidence or skills to engage in group activities.
- 3.5. ASC commissions providers who are developing different initiatives for Loneliness, including Octavia who launched a Loneliness Event in September 2018, with the intent of setting up a network for voluntary and community groups working with older people in Kensington and Chelsea, similar to the Older People's Network in WCC. Octavia also ran an intergeneration initiative, in recognition that loneliness is not only prevalent among older people, with a "What the Tech" initiative with students from Imperial College socialising and engaging with older people and supporting them with their technology needs and development.
- 3.6. Two other key loneliness initiatives include the 'Community Navigator for Isolation and Loneliness' and Westminster Sings!

4. Dementia

- 4.1. The Board considered a paper on [24 January 2019 outlining what dementia is, the context in both boroughs and available services](#). The Board was invited to comment on dementia and suggest what action the Board recommends taking to address it. This discussion will feed into the developing Dementia Strategy, which is being produced through partnership working between the Councils and CCGs.
- 4.2. In November, the Boards also participated in a Dementia Friends training session.
- 4.3. Since the Board met, an extensive programme of engagement has taken place with residents and health and social care professionals, as well as a wide variety of representatives, including those from culture and arts, other public services, transport and the VCS. This culminated in an Expert Panel event in March, which was co-chaired by Cllr Acton and Dr Pursell.
- 4.4. Senior representatives from RBKC and WCC, including the Cabinet and Executive Management Teams, have participated in dementia friends training sessions. The CCG is currently reviewing the dementia pathway and this will include considering what training is needed.
- 4.5. Officers are now drafting an early version of the strategy, which will be presented back to the HWBB for comment in due course. It will also go out to consultation, where residents and other stakeholders will be encouraged to provide feedback on the draft strategy, ensuring that it effectively promotes dementia prevention and awareness, whilst reflecting the needs of people living with dementia in the borough, their carers, families and friends.
- 4.6. Officers are finalising a programme to rollout dementia friends information sessions to all staff across both Councils. The CCG is currently reviewing the dementia pathway and this will include considering what training is needed.

Appendix 2 - Table outlining 2019/20 Key Issue Options

Topic	HWB Strategic Priority	Issue	Data	HWB Priority Aim																								
Mental wellbeing and personal resilience	<ul style="list-style-type: none"> • Enable good mental health for all • Improving mental health through prevention and self-management • Delivering a sustainable health and social care system • Improving the way we work to offer better health and social care. 	<p>The recent JSNA has identified an opportunity for the Health and Wellbeing Boards to ensure that efforts to improve mental health and wellbeing in the Bi-Borough have maximum impact by ensuring collaborative and cohesive working at a strategic level. The JSNA recommends that a partnership group is established to address a number of priority areas:</p> <ul style="list-style-type: none"> • Mobilising local assets • Prevention and early intervention • Pathways • Funding • Primary care • Recovery • Innovation <p>The board could also consider the knock-on effects of poor mental health, e.g. drug and alcohol abuse.</p>	<ul style="list-style-type: none"> • One in four will experience a mental health problem at some point in their life • One in six adults have a mental health problem at any one time • One in ten children aged between 5 and 16 years has a mental health problem, and many continue to have mental health problems into adulthood. <p>Most recent estimates of personal wellbeing RBKC is shown to have lower mean well-being scores –particularly for happiness– and a larger anxiety score compared to the London average. Westminster scores better than the London average on all but anxiety, which is higher.</p> <p>Both boroughs are indicated to have a higher percentage of GP registered patients with long-term mental health problems and depression and anxiety compared to the London average.</p> <p><i>Source: Draft Mental Health and Wellbeing JSNA 2018/19</i></p>	<p>Through integrated working, the HWBB will take a whole-systems approach to improving mental health in the boroughs, which reflects the all-encompassing nature of issues that affect Mental Health. The HWBB will</p> <ul style="list-style-type: none"> • Oversee implementation of the JSNA recommendation • Develop a coordinated communication plan. 																								
Taking a Public Health approach to serious youth violence	<ul style="list-style-type: none"> • Supporting children, young people and families to have the best possible start in life • Improving outcomes for children and young people • Delivering a sustainable health and social care system • Improving the way we work to offer better health and social care. 	<p>The recent annual public health report indicates that Crime and safety was one of the primary concerns raised by young people in the borough in particular the impact of gang culture and associated health and wellbeing is clearly recognised.</p> <p>The council is developing a multiagency partnership model to tackle violence. This draws on learning from other areas such as Glasgow and Hackney, where a whole-systems models have informed approaches to tackling youth violence.</p>	<p>Incidents of youth violence (where the victim is aged 1-19)</p> <table border="1" data-bbox="1442 1045 2228 1163"> <thead> <tr> <th></th> <th>2015/16</th> <th>2016/17</th> <th>2017/18</th> </tr> </thead> <tbody> <tr> <td>RBKC</td> <td>166</td> <td>245</td> <td>228</td> </tr> <tr> <td>WCC</td> <td>397</td> <td>536</td> <td>525</td> </tr> </tbody> </table> <p>Incidents of serious youth violence (where the victim is aged 1-19)</p> <table border="1" data-bbox="1442 1272 2228 1390"> <thead> <tr> <th></th> <th>2015/16</th> <th>2016/17</th> <th>2017/18</th> </tr> </thead> <tbody> <tr> <td>RBKC</td> <td>65</td> <td>106</td> <td>98</td> </tr> <tr> <td>WCC</td> <td>144</td> <td>240</td> <td>287</td> </tr> </tbody> </table> <p><i>Source: Mayors Office for Policing and Crime, 2018</i></p>		2015/16	2016/17	2017/18	RBKC	166	245	228	WCC	397	536	525		2015/16	2016/17	2017/18	RBKC	65	106	98	WCC	144	240	287	<p>It is acknowledged that an approach is needed to address serious youth violence. This capitalises on the strength of the HWBB, who can</p> <ul style="list-style-type: none"> • Prevent and respond to serious youth violence – overseeing the implementation of a public health approach, which will focus on early intervention and prevention to tackle the issue
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Dementia	<ul style="list-style-type: none"> • Addressing the rising tide of long-term conditions • Reducing the risk factors for, and improving the management of, long term conditions such as dementia • Delivering a sustainable health and social care system • Improving the way we work to offer better health and social care. 	<p>Creating a dementia-friendly city will help to reduce the personal distress associated with dementia and the other impacts on individuals, carers, relatives and on services. As part of this, we will explore a whole-systems strategy to support people with dementia, their carers, families and friends.</p>	<ul style="list-style-type: none"> • Current estimates of the number of people living with dementia in the local population are ca. 1,500 in RBKC and 1,800 in Westminster. Approximately 50% of the population with dementia are aged 85+. • Through population projections, the number of people living with dementia is estimated to rise by 70% for Kensington & Chelsea; and by 45% for Westminster by 2030. Although the rates are not increasing as much predicted in the 2015 JSNA, they are still rising. Diagnostic, treatment and care service provision may need to expand proportionately to meet this increasing need. • In March 2015 WL CCG had a diagnosis rate compared with expected prevalence of 73%, and CL CCG 72%. This compared with 66% in London and 65% nationally. • Dementia and Alzheimer disease account for 9% of all deaths registered and is the leading cause of death in Kensington and Chelsea and the second leading cause in Westminster (following ischaemic heart diseases). <p><i>Source: Dementia JSNA and ONS, Deaths registered in England and Wales, 2017</i></p>	<p>By integrating our work to tackle dementia, the HWBB will</p> <ul style="list-style-type: none"> • Oversee a whole systems approach to dementia and the developing dementia strategy to enable people with dementia, their carers, families and friends to live well in both boroughs. 												
Homelessness and Health	<ul style="list-style-type: none"> • Enable good mental health for all • Improving mental health through prevention and self-management • Addressing the rising tide of long-term conditions • Reducing the risk factors for, and improving the management of, long term conditions such as dementia • Delivering a sustainable health and social care system 	<p>Our data suggests a continued increase in Class A drug use, cancer and other physical health issues. Mental health issues continue to be most significantly prevalent in this population and these needs are not often met, given the diagnosis tends to be Personality Disorder and behaviour issues that are exacerbated by drug and alcohol use.</p> <p>The National Rough Sleeping Strategy (2018) has stipulated that HWBBs should consider this as an agenda item.</p> <p>There is also increasing awareness and understanding of the high level of extreme Adverse Child Experiences and trauma among UK National rough sleepers and the long term impact this has on all forms of physical and mental health. Childhood Sexual Abuse is particularly common among those with extreme addictions.</p>	<p>Seven Westminster Homeless Health Coordination Project (HHCP) service users died in Q3 of 2018/19 – three of these deaths are suspected to be from substance use, but this is still to be confirmed by the coroners.</p> <p>Across services in Westminster, a mean of 52% of clients with a mental health need across hostels are engaging with mental health support</p> <p>Source: Westminster Homeless Health Coordination Project – Q3 Report 2018-19</p> <p>Of the 211 Rough Sleepers seen in RBKC in 2016/17 and the 229 Rough sleepers seen in RBKC in 2017/18 the following support needs were identified:</p> <table border="1" data-bbox="1448 1627 2107 1774"> <thead> <tr> <th>Support Need/Year</th> <th>2016/17</th> <th>2017/18</th> </tr> </thead> <tbody> <tr> <td>Alcohol</td> <td>36%</td> <td>41%</td> </tr> <tr> <td>Drugs</td> <td>28%</td> <td>32%</td> </tr> <tr> <td>Mental Health</td> <td>45%</td> <td>50%</td> </tr> </tbody> </table> <p><i>Source: CHAIN</i></p>	Support Need/Year	2016/17	2017/18	Alcohol	36%	41%	Drugs	28%	32%	Mental Health	45%	50%	<p>Rough sleeping is the result of a multitude of issues and supporting rough sleepers requires the work of health and social care partners, as well as housing, police and the VCS. Through integrating our approach, the HWBB will</p> <ul style="list-style-type: none"> • Provide health leadership to the Westminster HHCP to improve support for the health and wellbeing needs of rough sleepers. The HHCP is three and a half years into supporting 19 services to improve health access and decrease health inequalities of those in supported housing projects and rough sleepers. • Improve training for supporting the needs of rough sleepers • Find a means of innovating our services to address trauma in childhood
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Maximising Health Opportunities	<ul style="list-style-type: none"> Supporting children, young people and families to have the best possible start in life Improving outcomes for children and young people Addressing the rising tide of long-term conditions Reducing the risk factors for, and improving the management of, long term conditions such as dementia Delivering a sustainable health and social care system Improving the way we work to offer better health and social care. 	<p>HWBB members are responsible for improving the health and wellbeing of the local population. To help people to stay healthy and protect them from threats to their health, the Board will consider what integrated social prescribing and Making Every Contact Count (MECC) measures are in place to enable people to live a healthier life.</p>	<p>The Making Every Contact Count approach, which is modelled on the principles of very brief advice, has been shown to have great potential in encouraging trained personnel to promote health behaviour changes in their clients.</p> <p>For example:</p> <ul style="list-style-type: none"> Brief advice on alcohol has been shown to reduce alcohol consumption for 1 out of 8 people.¹ Economic modelling shows 12,000 hospital admissions and 270 deaths could be prevented with £21m in savings potentially made achieved over 5 years with alcohol identification and brief advice (IBA) delivered as part of the NHS Health Check programme.¹ Brief advice on smoking significantly increased the quit rate of smokers with COPD by 66%.² Brief advice on physical activity has been shown to moderately increase physical activity in adults and older adults. Evaluation has also shown that 65% of staff trained in MECC have improved their own health behaviours and 50% have practiced their skill with family and friends, showing a benefit for staff and population health as well.³ <p><i>1. Ambitions for the NHS in the Midlands and East, 2013</i> <i>2. Mowls et al, 2014</i> <i>3. The Arden Strategy, 2012</i></p>	<p>Through integrating our approach to maximising health opportunities in K&C and Westminster, the Board will</p> <ul style="list-style-type: none"> Oversee a structured programme of work to measure the value of social prescribing and MECC through contact Take a multi-agency approach to indirect support for health and wellbeing through social prescribing and MECC