

Westminster Health and Wellbeing Consultation: Initial Analysis Summary

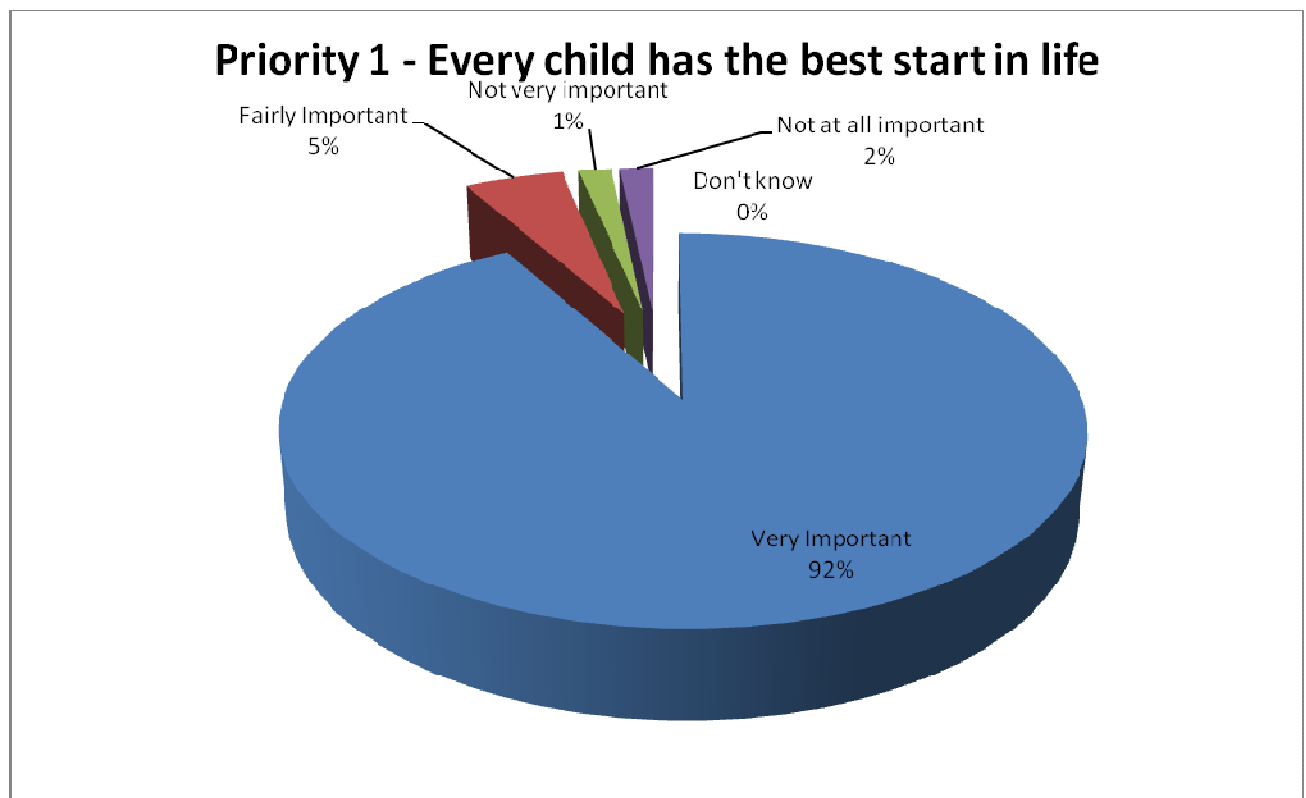
1. OVERALL ANALYSIS

- 1.1 The five priorities identified by the Board achieved a good level of support from respondents with 96% viewing the identified priorities as very important or fairly important.
- 1.2 A number of additional priorities were suggested by individuals who responded to the consultation. These were:
- Access to services and information for marginalised groups
 - Long-term emotional support
 - Reducing alcohol related crime and ill-health
 - Improving housing conditions
 - Mental health, particularly parental mental health
 - Enforcement – especially building and health and safety regulations
 - Reducing health inequalities
 - Prevention
 - Personalisation
 - Reducing re-offending
 - Integration
 - Air Quality and transport related issues
- 1.3 Some of these, for example alcohol-related crime, are already touched on within the strategy. For these areas, the Health and Wellbeing Board will consider whether they can take any further action now, or whether they may be suitable priorities for future strategies (i.e. where the current evidence base is not very well developed). The Health and Wellbeing Board will also set out in the consultation report what action is being undertaken outside of the Health and Wellbeing Board to tackle these issues.
- 1.4 Some of the areas, i.e. air quality and enforcement, would not be improved through integrated working between the clinical commissioning groups and the local authority and as such would not be priority areas for the Health and Wellbeing Board.
- 1.5 Some areas are concerned with how care and health services are delivered and received across the whole system (such as access and information, prevention, personalisation, integration).
- 1.6 These are key principles and are integral to delivering effective and joined-up services at a local level. The Board will need to outline more fully in its strategy,

how it can use its leadership role to embed these principles across the commissioning of health, care and wellbeing services at a local level.

2. PRIORITY 1: EVERY CHILD HAS THE BEST START IN LIFE

- 2.1 Respondents were very supportive of priority one of the Westminster Health and Wellbeing Strategy, every child has the best start in life. 97% percent of respondents believed that this priority was very important or fairly important.



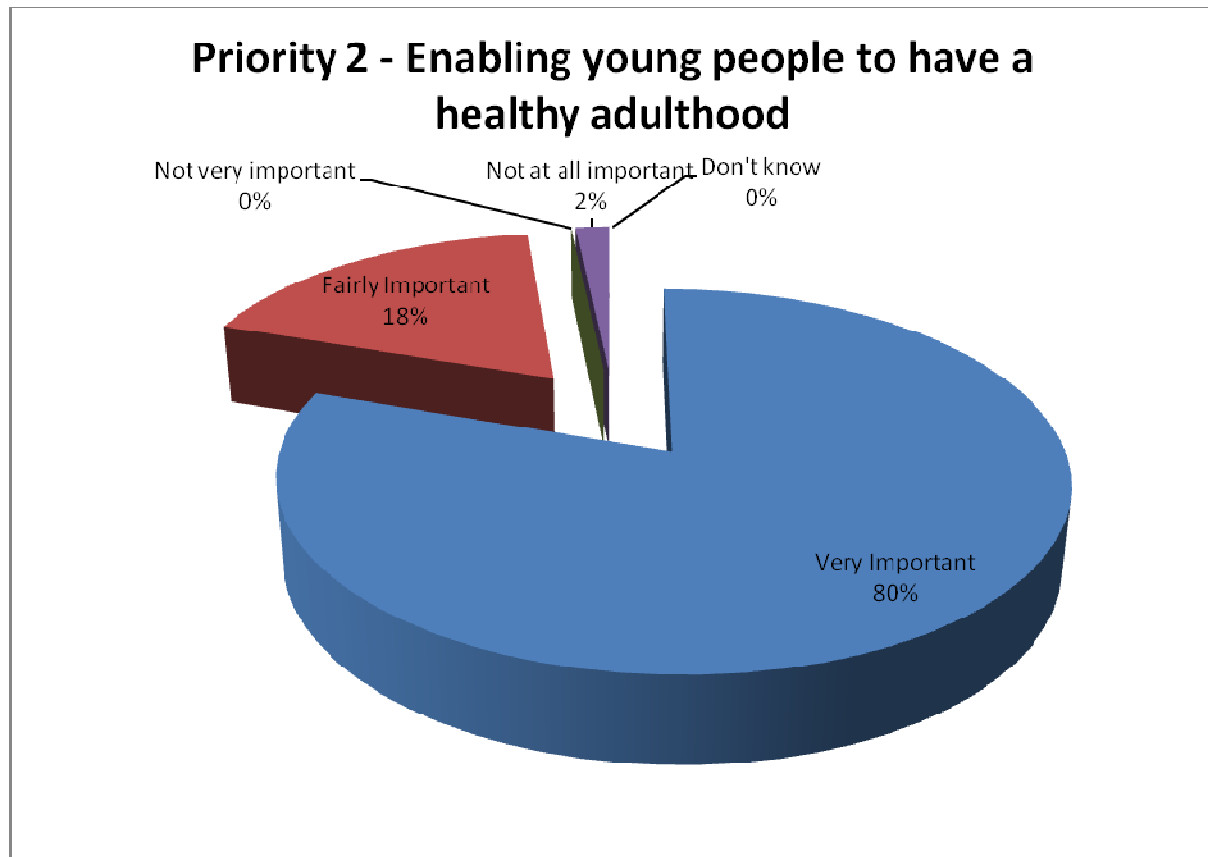
- 2.2 The following early years themes were raised during the consultation:

- Many believed that **vulnerable communities were not able to access good maternity and ante-natal care**. It was felt that this was because the current service did not adapt to the cultural background or language barriers of the user and that this was leading to a reduced level of care being received. The particular difficulties of those with learning disabilities were highlighted.

- **Parenting support** was identified as a gap in the current service. It was felt that while there are maternity services, there was not enough focus on developing parenting skills and raising a healthy and well developed child.
- **Difficulty in identifying and tackling domestic abuse** and female genital mutilation during the maternity pathway. Some respondents suggested this was due to language or cultural barriers, while some pointed to anecdotal evidence of these questions not being covered by practitioners in an appropriate way during maternity interviews.
- **Mental wellbeing and pregnancy** in particular, whether more be done to support those at risk of post-natal depression
- It was felt that the “**every contact counts**” principle was not embedded across front-line services in a meaningful way. It was suggested that this could be because front-line workers feeling rushed, do not receive enough training or do not have the information necessary to sign-post their clients to other services
- It was felt that more could be done to support both **social inclusion** and the development of good social skills.
- **Access to speech therapy** was seen as not being adequate
- **Access to CAMHS was raised as an issue and some thought that the service provided was not adequate.** Some service providers did not understand how they could get refer their clients to the service.
- Many respondents called for a “**braver response**” to the issue of obesity and asked for a strategy which included efforts to reduce the sale of fatty and unhealthy foods within the radius of schools.
- Many praised the inclusion of **active travel**, but were concerned that actions to promote active travel would be “undermined by local planning and transport policies”.
- **Access to usable space for physical activity**, was raised as a big issue – particularly in some of the more heavily populated areas. There was frustration that community spaces, like schools and churches, would not lend out their facilities to children.
- Several respondents requested a clear aim for the board around **tackling poor housing stock and overcrowding**, and **child poverty**. However, they stressed that this would need to be underpinned by achievable actions.

3. PRIORITY 2: ENABLING YOUNG PEOPLE TO HAVE A HEALTHY ADULthood

3.1 Respondents were very supportive of this of priority with 98% percent of saying it was very important or fairly important.



3.2 The following key themes were raised during the consultation:

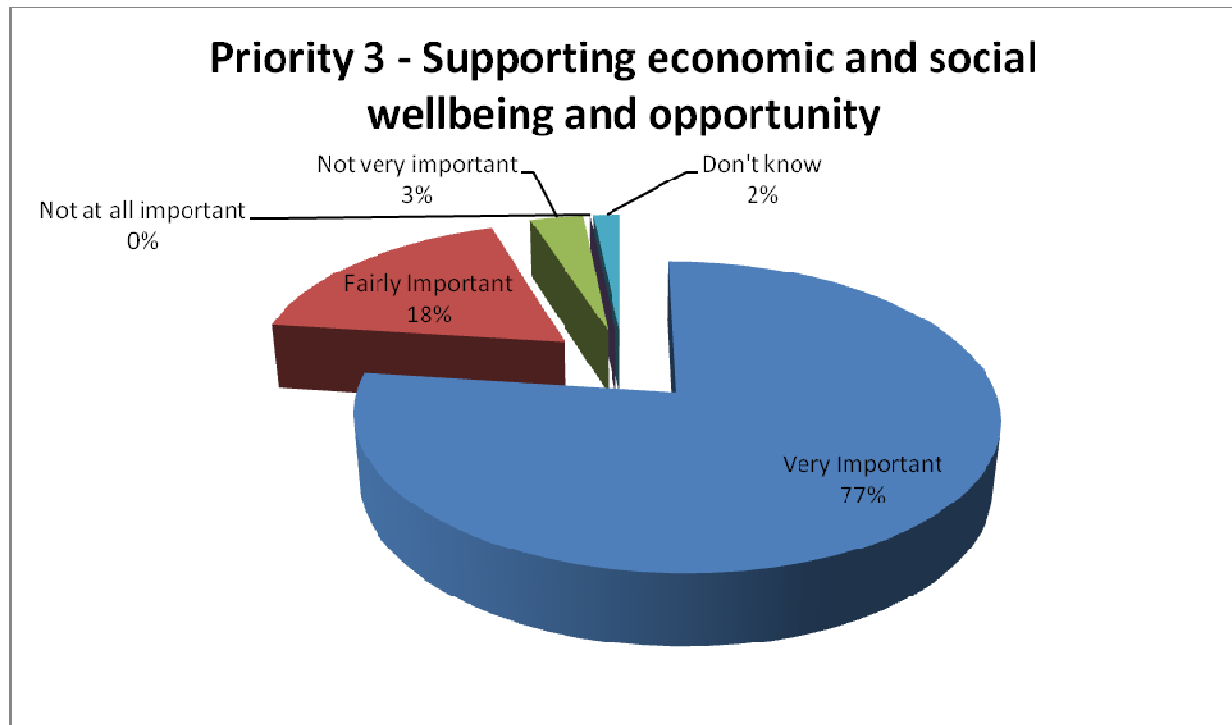
- Earlier action is needed to effectively support children through **transition from primary to secondary schools**. It was suggested that this should start in year 4.
- Many parents felt they did not know enough about “warning signs” for **mental health** problems and where to take their children to get support. Stress and anxiety were identified by young people as an area where they did not have enough support but were uncomfortable in using GP services.
- Young people highlighted the link between anxiety caused by familial or financial concerns and **substance misuse** among their peers.
- Young people requested more support for emotional health, **dealing with relationships** and building resilience.

- Young people felt they **were marginalised from main-stream services**. They would be unlikely to use their GP or local health services for advice and were not aware of any services specifically designed for young people. They requested a phone app which would allow them to search for local services near them.
- It was felt there was a real **lack of fun activities locally**. Young people suggested providing a small budget to young people in local communities so that they can provide their own activities.
- **Peer advice** was seen as a positive way in helping young people access services and manage their own health. As was the use of “youth inspectors” (secret shoppers) who could review services and improve them to appeal more to young people.
- Young people raised **youth violence** (especially gang-related activity), **overcrowding**, and **education and employment** as major concerns.

3.3 Priority two was less developed than other priorities and work is currently underway with partners to look at the most current data, evidence and best practice to identify where the Health and Wellbeing Board might be able to make the biggest difference to health outcomes for young people.

4. PRIORITY 3: SUPPORTING ECONOMIC AND SOCIAL WELLBEING AND OPPORTUNITY

4.1 Respondents were quite supportive of this of priority with 85% percent of respondents saying that it was very important or fairly important.

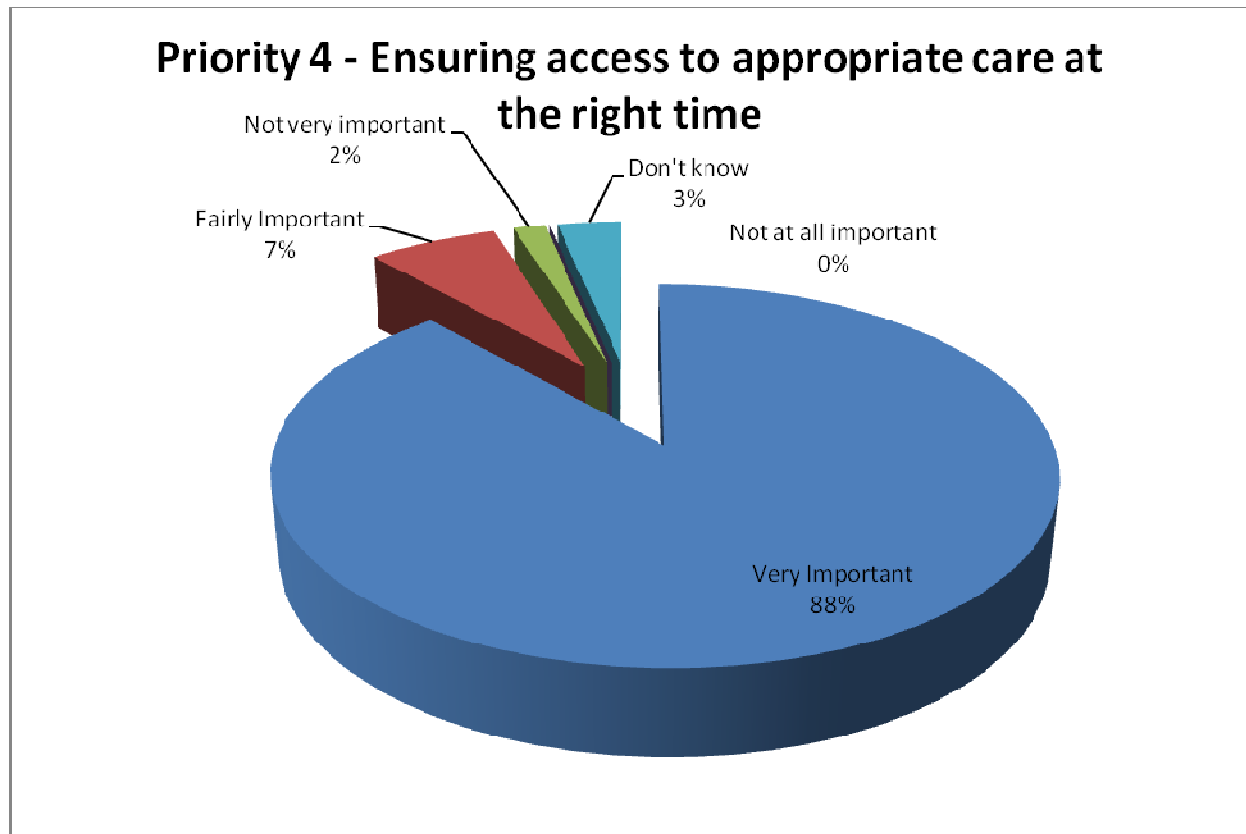


4.2 The following key themes were raised during the consultation:

- Those suffering from mental ill-health suggested that there was a lot of **stigma** from employers. Employers expressed concern that there was not a cost-effective training package they could buy-in for their line-managers
- **Employability** was seen as being of particular importance, but respondents were keen to see more support for young people and families and those who were homeless.
- It was felt that more could be done to promote the benefits to employers of having access to **good occupational health services** and promoting a healthy workplace.
- It was felt that we needed to better **define the needs of the working population**. A few respondents suggested undertaking a JSNA (underpinned by a survey with local workers) to identify their needs.

5. PRIORITY 4: ENSURING ACCESS TO APPROPRIATE CARE AT THE RIGHT TIME

5.1 Respondents were very supportive of this of priority with 95% percent of respondents saying that it was very important or fairly important.

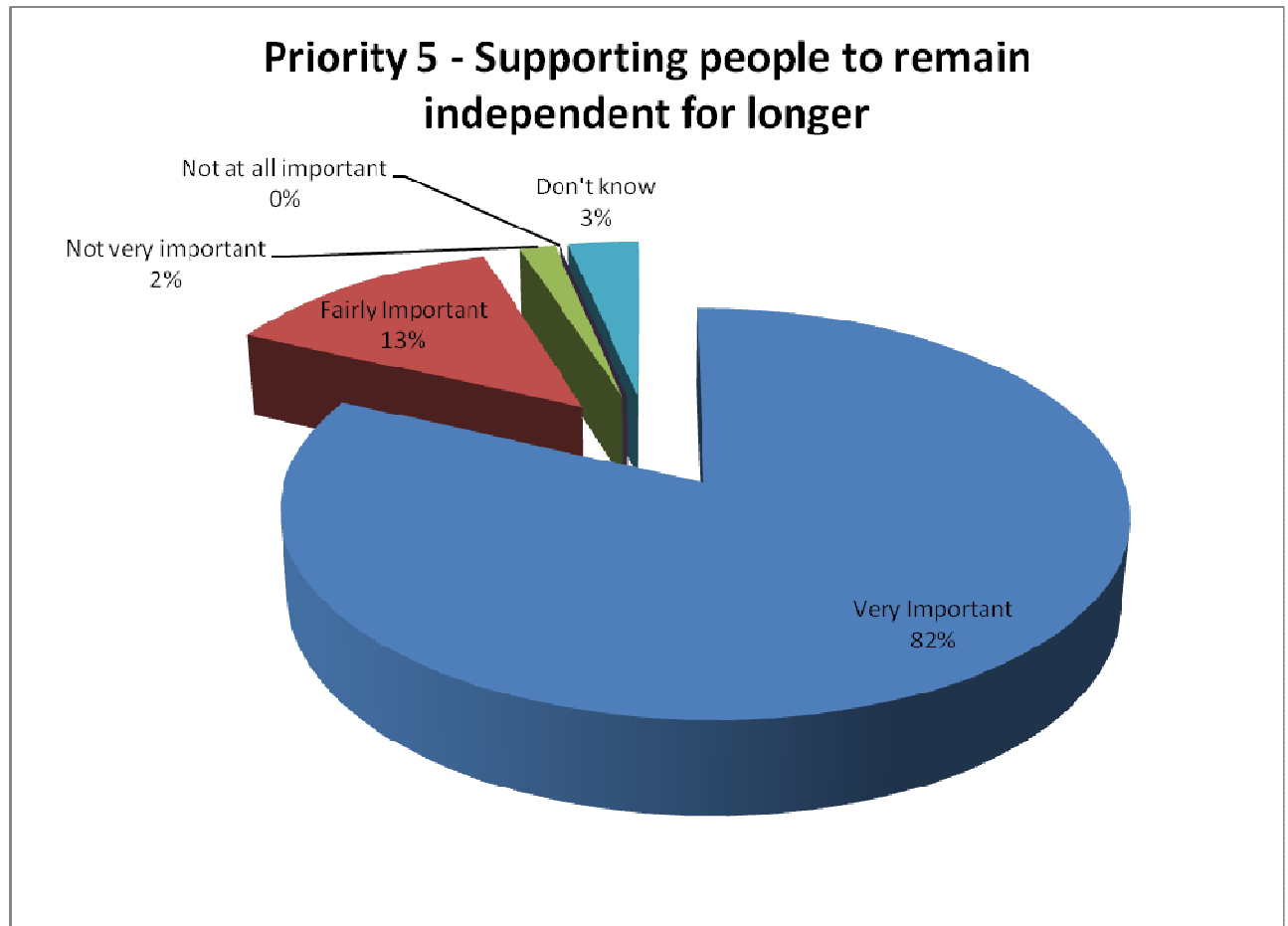


5.2 The following key themes were raised during the consultation:

- **Vulnerable communities** will need more support to be able to access appropriate care at the right time and to self-manage specific conditions and wider health. Language barriers and learning disabilities were raised as particularly barriers (for example when taking medication as prescribed)
- It was felt that **GPs** could make improvements to their services such as offering more flexible appointments, opening hours and being more prepared for issues like substance misuse and mental health.
- It was felt by some that **discharge and referral pathways** were disjointed and that patients were seen in reference to a single condition rather than a whole person with often multiple needs.
- Respondents encourage GPs and others to bring more health services into **local community settings**, such as empty shops and community centres.

6. PRIORITY 5: SUPPORTING PEOPLE TO REMAIN INDEPENDENT FOR LONGER

6.1 Respondents were very supportive of this of priority with 95% percent of respondents saying that it was very important or fairly important.



6.2 The following key themes were raised during the consultation:

- **More and better support is needed for carers**, both in terms of managing their responsibilities (adjustments to homes etc) and their own wellbeing (free leisure services, therapy, offers on going to the cinema etc). Many respondents raised the particular issues of carers who have their own health needs or conditions (such as those with dementia or learning disabilities).
- It was felt that there are **no tailored mental health services for older people** and that this was a gap in the current provision.
- People requested more information on **how to identify dementia and how to support people with the condition**. People also suggested that more

could be done, through new technologies etc, to make it easier for people with dementia to navigate everyday life.

- While it was felt that there was a lot to do locally for older women, it was felt that there could be more appropriate activities for **older men**.
- While the focus on befriending and mentoring was welcomed it was felt that more should be done to reduce **social isolation**.