

# Committee Agenda – Second Despatch



City of  
Westminster



THE ROYAL BOROUGH OF  
KENSINGTON  
AND CHELSEA

Title: **Health & Wellbeing Board**

Meeting Date: **Thursday 5th October, 2023**

Time: **4.00 pm**

Venue: **Museum of Brands, Packaging and Advertising, 111-117  
Lancaster Road, London, W11 1QT**

Members:	Cllr Josh Rendall (Co-Chair)	Lead Member, Adult Social Care and Public Health - RBKC
	Councillor Nafsika Butler-Thalassis (Co-Chair)	Cabinet Member for Adult Social Care, Public Health and Voluntary Sector, WCC
	Councillor Lorraine Dean	Minority Group, WCC
	Bernie Flaherty	Bi-Borough Executive Director of Adult Social Care
	Sarah Newman	Bi-Borough Executive Director of Children's Services
	Anna Raleigh	Bi-Borough Director of Public Health
	Ali Wright	Healthwatch Westminster
	Jackie Rosenberg	One Westminster
	Angela Spencer	KCSC
	Lena Choudary-Salter	Westminster Community Network
	Iain Cassidy	Open Age representative
	James Benson	NHS London
	Bob Klaber	Imperial College Healthcare
	Gary Davies	Chelsea and Westminster NHS Foundation Trust
	Andrew Steeden	Primary Care Representative
	Jan Maniera	Primary Care Representative



**Members of the public are welcome to attend the meeting and listen to the discussion Part 1 of the Agenda**

**If you have a disability and require any special assistance please contact the Committee Officer (details listed below) in advance of the meeting.**



**An Induction loop operates to enhance sound for anyone wearing a hearing aid or using a transmitter. If you require any further information, please contact Maria Burton, Portfolio Advisor.**

**Email: [mburton@westminster.gov.uk](mailto:mburton@westminster.gov.uk)  
Corporate Website: [www.westminster.gov.uk](http://www.westminster.gov.uk)**

**Note for Members:** Members are reminded that Officer contacts are shown at the end of each report and Members are welcome to raise questions in advance of the meeting. With regard to item 2, guidance on declarations of interests is included in the Code of Governance; if Members and Officers have any particular questions they should contact the Director of Law in advance of the meeting please.

## **AGENDA**

### **PART 1 (IN PUBLIC)**

**8. BETTER CARE FUND – 2023/24**

For information

**(Pages 5 - 8)**

**9. HEALTH AND WELLBEING STRATEGY – REPORT ON CONSULTATION**

For approval

**(Pages 9 - 54)**

**Stuart Love**  
**Chief Executive, Westminster City Council**

**Maxine Holdsworth**  
**Chief Executive, Royal Borough of Kensington and Chelsea**

**03 October 2023**

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# Agenda Item 8



City of Westminster



THE ROYAL BOROUGH OF  
KENSINGTON  
AND CHELSEA

## Westminster Health & Wellbeing Board

## RBKC Health & Wellbeing Board

<b>Date:</b>	05 October 2023
<b>Classification:</b>	<b>Chairs Action /For information</b>
<b>Title:</b>	2023/24 Better Care Fund Update
<b>Report of:</b>	Adult Social Care and Health
<b>Policy Context:</b>	Health and Wellbeing
<b>Wards Involved:</b>	All
<b>Report Author and Contact Details:</b>	Rachel Soni – Director of Health Partnerships rsoni@westminster.gov.uk

### 1. Summary

- 1.1 This report aims to update the Health and Wellbeing Board (HWBB) on the Better Care Fund 23/25 submission and further actions since the meeting held on 8 June. The total amount available to invest across the respective BCF Plans has not changed, as per section 2, but there have been amendments to the way some schemes have been defined within the BCF minimum spend. The overall strategy, undertaken by NW London ICB, for the BCF has been to ensure there is alignment across all NW London BCF minimum spends. This is now shown as “additional NHS contribution.
- 1.2 Section 3 summarises the quarterly reporting process as per national conditions and the need for the HWB to agree prior to submission on the 30 October.
- 1.3 HWBB members are to note:
  - The BCF Plans for Westminster and RBKC have been submitted and have been through regional assurance. We are now awaiting final confirmation from the national NCF team but do not expect any issues.
  - The quarter 2 performance report covering the BCF metrics and spend is due on the 30 October and needs to be agreed by the HWBB before submission.

report seeks agreement, the performance report is delegated to the chair and co-chair in consultation with the BCF Lead prior to submission.

## 2. BCF Submission

- 2.1 Following a delay in the submission, the BCF plans for Westminster and RBKC have been agreed and have been through the regional assurance. We are now awaiting final confirmation from the national NCF team but do not expect any issues.
- 2.2 The planned submission date was not originally met due to NW London ICB making changes to the BCF minimum spend for social care and being unable to agree the national NW London ICB discharge allocation. This resulted in a number of the HWBB in the NW London ICB area being subject to a regional escalation process to resolve funding presentation and decisions. This resulted in a revised submission date and agreement to support a NW London led review of the BCF schemes to align with local authority budget setting and planning cycle. This review will inform 2024/5 BCF programme.
- 2.3 The following table summarises the 23/24 BCF submission.

Table 1: Westminster's submission

Running Balances	2023-24			2024-25		
	Income	Expenditure	Balance	Income	Expenditure	Balance
DFG	£1,729,201	£1,729,201	£0	£1,729,201	£1,729,201	£0
Minimum NHS Contribution	£24,627,423	£24,627,423	£0	£26,021,335	£26,021,335	£0
iBCF	£17,649,014	£17,649,014	£0	£17,649,014	£17,649,014	£0
Additional NHS Contribution	£2,941,559	£2,941,559	£0	£2,941,559	£2,941,559	£0
Local Authority Discharge Funding	£2,474,364	£2,474,364	£0	£4,107,445	£4,107,445	£0
ICB Discharge Funding	£573,454	£573,454	£0	£573,454	£573,454	£0
<b>Total</b>	<b>£49,995,015</b>	<b>£49,995,015</b>	<b>£0</b>	<b>£53,022,008</b>	<b>£53,022,008</b>	<b>£0</b>

Table 2: Kensington's submission

Running Balances	2023-24			2024-25		
	Income	Expenditure	Balance	Income	Expenditure	Balance
DFG	£959,824	£959,824	£0	£959,824	£959,824	£0
Minimum NHS Contribution	£15,684,245	£15,684,245	£0	£16,571,974	£16,571,974	£0
iBCF	£7,661,937	£7,661,937	£0	£7,661,937	£7,661,937	£0
Additional NHS Contribution	£1,835,679	£1,835,679	£0	£1,835,679	£1,835,679	£0
Local Authority Discharge Funding	£1,074,192	£1,074,192	£0	£1,783,158	£1,783,158	£0
ICB Discharge Funding	£981,008	£981,008	£0	£981,008	£981,008	£0
<b>Total</b>	<b>£28,196,885</b>	<b>£28,196,885</b>	<b>£0</b>	<b>£29,793,580</b>	<b>£29,793,580</b>	<b>£0</b>

- 2.4 The ICB full discharge funding element is still to conclude and be contracted through the wider Section 75 for the BCF.

### 3 **2023/24 BCF Review**

- 3.1 A 23/24 BCF review has been agreed with NW London ICB to be undertaken jointly with the LA and Health. The aim is to ensure the BCF programme is aligned to national objectives and local priorities and to inform future spending. At this stage the terms of reference are to be coproduced with NW London ICB and any decisions on individual schemes will need to be aligned with LA financial planning timescales.
- 3.2 Long term discharge funding solutions need to be agreed through the review process and included in the terms of reference.

### 4 **BCF Quarterly reporting**

- 4.1 As per the national BCF conditions, quarterly reporting will be re-commencing from Quarter 2 covering 1 April 2023 to 30 September 2023.
- 4.2 **Before submission** the report must be signed off by HWBB before it is submitted on 31 October 2023 and will cover the following areas:
- How the BCF plan is meeting National Conditions
  - Performance against the 5 National metrics
  - Review of the Demand and Capacity plans from Nov 2023 – March 2024.
- 4.3 Based on Q1 performance there are presently no quality issues to highlight in terms of the delivery of the plan.

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

Grant Aitken, Head of Health Partnerships, Royal Borough of Kensington and Chelsea and Westminster City Council  
**Email:** [grant.aitken@rbkc.gov.uk](mailto:grant.aitken@rbkc.gov.uk)

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City of Westminster



THE ROYAL BOROUGH OF  
KENSINGTON  
AND CHELSEA

## Westminster Health & Wellbeing Board

## RBKC Health & Wellbeing Board

**Date:**

5<sup>th</sup> October 2023

**Classification:**

**General Release**

**Title:**

Health and Wellbeing Strategy Consultation  
Feedback

**Report of:**

Rachel Soni – Director of Health Partnerships

**Wards Involved:**

All

**Report Author and**

Aaron Hardy, Principal Policy Officer

**Contact Details:**

[ahardy1@westminster.gov.uk](mailto:ahardy1@westminster.gov.uk)

Grant Aitken, Head of Health Partnerships

[Grant.aitken@rbkc.gov.uk](mailto:Grant.aitken@rbkc.gov.uk)

### 1. Executive Summary

- 1.1 This report summarises the comments from the consultation on the Health and Wellbeing Strategy and how these have been incorporated into the final strategy. It also notes the consultation undertaken through north Kensington and asks HWB members to note that as the action plan is developed further engagement will be undertaken with local resident representation.
- 1.2 The report also requests the Health and Wellbeing Board to endorse the strategy and its final editions. The strategy will be available in hard copies, on request, but will predominately be shared as an interactive online version that can be continually updated to reflect good practice, ongoing community insight and to respond to changes in national and local policy. The strategy along with the easy-read version will be available on the Health and Well Being Board webpages (<https://www.rbkc.gov.uk/health-and-social-care/public-health/public-health-strategy-policies-and-reports/health-and-wellbeing-board>).
- 1.3 We also hope all members of the HWBB will publish the final strategy on their various web sites and in other formats.

### 2. Key Matters for the Board

- 2.1 The Board is asked to note the feedback from the consultation and approve the Health and Wellbeing Strategy.

### 3. Developing the Health and Wellbeing Strategy

3.1 The Health and Wellbeing Board (HWBB) has a duty to publish a Health and Wellbeing Strategy (HWBS).

3.2 When the HWBB agreed to the development of a new HWBS the HWBB set out a number of principles, including:

- The strategy statement/vision to cover a chosen 10 years with medium term organisational plans providing the detail and the delivery focus.
- Keeping residents at the heart of what we do
- Taking an evidence-based approach using local data sets, quantitative and qualitative
- Being accountable to residents with shared ownership of decisions in an open and transparent way through the HWBB
- Working across organisation boundaries in a collaborative way by focusing on residents and not the organisation
- To challenge inequalities by sharing, disseminating, and championing learning and evidence.

3.3 Additionally, the HWBB requested that the strategy development used existing evidence and engagement findings (see 30 March papers).<sup>1</sup> After the initial research period a wide-ranging engagement programme with residents, business and other partners was carried out. The key aim of the engagement and consultation has been to:

- Understand the voice of residents.
- Share information and understanding.
- Be collaborative in the development of the HWB strategy.

3.4 The formal consultation was launched on 3 May and was initially planned to run for 8 weeks until 25 June but was extended for 2 weeks to the 9 July following requests from local groups to undertake some localised consultation and agreed at the HWBB on Thursday 8 June. This meeting also received information on the consultation undertaken to date.

3.5 The consultation was across the Bi-borough and aimed to reach all ages due to the scope of the Health and Wellbeing Strategy and impact on the wider population. It was built around five activities/channels:

1. In-person and virtual drop-in sessions across each borough e.g. Greenside Community Centre, Dryburgh Hall, Chelsea Theatre and Venture Centre
2. Online and hard copy surveys (available in libraries, GPs and community events)
3. Consultation activities led by HWBB partners and attendance of officers at community-led forums, e.g. BME Health Forum, KCSC Health and Well Being Network, Mosaic etc
4. Communications plan to promote the consultation across range of social media platforms and direct mail, for example email sent to all RBKC VCS organisations, service user groups, partnership boards e.g. SEND etc
5. Officers attending a number of forums to receive feedback, including:

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<sup>1</sup> <https://committees.westminster.gov.uk/document/52390/80%20HWB%20Strategy%20Consultation.pdf>

- RBKC Citizen's panel – Venture Centre, Al Manar, Old Town Hall Chelsea
- Action Disability Kensington and Chelsea
- RBKC Community Sport and Physical Activity Network
- Kensington and Chelsea Residents Group
- Kensington and Chelsea Social Council Health and Wellbeing Network
- Older People's Advocacy Group
- Kensington and Chelsea Over 50s Forum
- Local Action Group
- Young Persons Council (RBKC)
- BME Health Forum
- Mosaic led community engagement / consultation
- Community Champions participated at the consultation events at all the in person events across both borough and also engaged HWBB at the 8 June meeting.

3.6 An evaluation report on the HWBS consultation has been prepared by the RBKC Putting Communities First Team and is summarised below the full version of the report can be seen at appendix A). This is supported by comments fed back from HWBB partners which have been incorporated into the revisions of the HWB strategy.

3.7 The formal consultation, in addition to other recent consultations and insights, including updated (draft) Grenfell JSNA and the Mental Health and Well Being Citizens Panel have all informed the final version of the strategy.

#### **4.0 Consultation Summary**

4.1 Over 150 residents gave their feedback on some elements of the new proposed draft of the Health and Wellbeing Strategy to make sure that it reflects the priorities and experiences of local people. The online and hard copy surveys generated 70 responses. Through our communications plan we also undertook a series of organic and paid social media messages to raise awareness including, Twitter (now X); Facebook, and Nextdoor.

4.2 Almost two-thirds of survey respondents agreed with the Principles proposed in the Strategy draft and almost three-quarters agreeing with the ten Ambitions proposed. Comments on the strategy included:

- There were a number of comments on the healthcare system as they felt in recent times this has drastically declined in quality and efficacy especially for digitally excluded people or 'minorities' (people with different linguistic and cultural background, people with special educational needs etc.) There was particular focus on mental health which still appears to be a stigma as there is not enough support around it.
- Another theme that came out of the survey responses is about making sure that issues are identified engaging with residents, who all have different concerns and struggles.
- Another reoccurring theme at the events relating to the action plan was addressing poor housing issues and better enforcement for things such as littering, minor crimes, pavement conditions, control of works (including housing repairs), which all cause major distress and health concerns.

- There was good engagement through north Kensington organisations and residents which has focused the development of the and the HWB Strategy and the subsequent action plan. This area will be a focus in year one with closer working with local organisations and residents to ensure the data and the issues are understood so any policy interventions support local people.

## **5.0 Next steps**

- 5.1 The HWBS is now finalised and changes to the document have been made to reflect the comments. However, the HWBS is only the start. To ensure the ambitions are taken forward annual action plans will be developed across HWBB partners and will used as a way for the HWBB to be held to account for its delivery.
- 5.2 To develop the action plan and the wider outcomes framework a task and finish group of representatives from the HWBB partners will be established and nominations from organisations will be welcomed. The aim is to bring the first draft of the action plan to the 23 November HWBB.

## **6. Financial Implications**

- 6.1 There are no direct financial implications arising from this report. Implementing our plans to achieve our strategy ambitions requires resources and investment over the long term as part of business and budget planning.

## **7. Legal Implications**

- 7.1 The Health and Wellbeing Board has a statutory duty to prepare a joint health and wellbeing strategy under s116A of The Local Government and Public Involvement in Health Act 2007.

## **8. Carbon Impact**

- 8.1 Health and Wellbeing outcomes include environmental impact. It is believed that there is no direct carbon impact as a result of this report, however the strategy will aim to bring positive indirect impacts.

## **9. Consultation**

- 9.1 The Health and Wellbeing Strategy was subject to formal consultation before being agreed by the Health and Wellbeing Board.

## **10. Equalities Implications**

- 10.1 The Health and Wellbeing Board must have due regard to its public sector equality duty under Section 149 of the Equality Act 2010. In summary section 149 provides that a Public Authority must, in the exercise of its functions, have due regard to the need to:
- (a) eliminate discrimination harassment, victimisation and any other conduct that is prohibited by or under this Act;
  - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and

(c) foster good relations between persons who share a relevant protected characteristics and persons who do not share it.

- 10.2 Section 149 (7) of the Equality Act 2010 defines the relevant protected characteristics as age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.
- 10.3 The Council believes there are no direct equalities implications arising from this report. As the strategy begins to be implemented, we expect there to be positive equalities impact. An Equalities Impact Assessment has been undertaken as part of the strategy development.

**If you have any queries about this report or wish to inspect any of the Background Papers, please contact:**  
Grant Aitken, Head of Health Partnerships  
gaitken@westminster.gov.uk

## **Appendices**

- Appendix A – Health and Wellbeing Strategy Consultation Report

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# Health and Wellbeing Strategy Bi-borough

Analysis of stakeholder consultation

August 2023

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Consultation and Participation Team  
The Royal Borough of Kensington and Chelsea  
[consult@rbkc.gov.uk](mailto:consult@rbkc.gov.uk)



THE ROYAL BOROUGH OF  
KENSINGTON  
AND CHELSEA

# Introduction

## Background

The Joint Health and Wellbeing Board is a well-established partnership in Kensington and Chelsea and Westminster between our local authorities, NHS and Voluntary and Community organisations. The Board is responsible for understanding and improving the health and wellbeing of residents in our boroughs. We are committed to reducing health inequalities through integrated working.

The Board has a responsibility to write and deliver a Health and Wellbeing Strategy and consulted on the draft strategy to make sure that it reflects the priorities and experiences of local people.

## Methodology

The consultation consisted of engagement sessions with residents as well as a survey.

Council officers carried out 16 engagement sessions across Kensington and Chelsea and Westminster. These attracted feedback from 158 people. These sessions took place throughout May and June 2023 and focused on these main topics:

1. Principles
2. Ambitions
3. Action plan
4. Equalities



# Results at a glance



# Results at a glance

Below is a summary of the findings from the survey and engagement activities undertaken to understand residents' views on the draft of the Bi-borough Health and Wellbeing Strategy . More details can be found in the body of the report.

## Principles

- Almost two-thirds of survey respondents agree with the Principles proposed in the Strategy draft.
- However, when asked to comment on the Principles, some respondents raised doubts on being 'data-led' as they thought data could be unreliable and inaccurate in showing the community's real needs.

A theme worth attention in the comments section of the survey was in regard to the healthcare system being extremely disappointing and dysfunctional (with many specific personal examples).

## Ambitions

- Almost three-quarters of survey respondents agree with the ten Ambitions proposed.
- Comments made in the survey, on the other hand, highlighted a need for a solid commitment from the Council to deliver the proposed Ambitions in a realistic way.
- During the engagement sessions, attendees expressed some positive thoughts around the Ambitions but they underlined missing areas or areas of improvement such as: SEND needs, poor housing, health education, mental health, seldom heard, digital exclusion and healthcare system efficiency.



# Results at a glance

## Action Plan

- Many survey respondents focused their suggestions on the healthcare system as they felt in recent times this has drastically declined in quality and efficacy especially for digitally excluded people or 'minorities' (people with different linguistic and cultural background, people with special educational needs etc.) There was particular focus on mental health which still appears to be a stigma as there is not enough support around it.
- Another theme that came out of the survey responses is about making sure that issues are identified engaging with residents, who all have different concerns and struggles.
- At the engagement events we received comments on the need to provide extra support to young people with extra-curricular activities (through funding more youth clubs/community centres) to prevent them partaking in illegal activities and feeling more community spirit and to build a conscious social circle.

Also, we heard attendees of the engagement sessions expressing particular interest on inclusion of seldom heard through extra support (digital inclusion etc.)

Another hot topic at the events relating to the Action plan was addressing poor housing issues and better enforcement for things such as littering, minor crimes, pavement conditions, control of works (including housing repairs), which all cause major distress and health concerns.

## Equalities

- Survey respondents thought that the approach outlined in the Strategy will not adversely affect certain groups more than others.



# Stakeholder events



# Resident and stakeholder events - Introduction

## Background

Throughout May and June 2023, the Council held engagement sessions with residents through the following local groups and organisations or online events:

- Action Disability Kensington and Chelsea
- Communities Launch
- Food and Energy Network
- Kensington and Chelsea Residents Group
- Kensington and Chelsea Social Council Wellbeing Forum
- Mosaic Community Trust
- Older People's Advocacy Group
- Kensington and Chelsea Over 50s Forum
- The Abbey SWAN
- Westminster City Council Supported Interns
- Westminster City Council Tuesday Group

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Over 150 residents gave their feedback on some elements of the new proposed draft of the Health and Wellbeing Strategy to make sure that it reflects the priorities and experiences of local people.



# Resident and stakeholder events - Analysis

## Key themes from engagement events with residents and stakeholders

We asked attendees to comment on each of the Ambitions proposed in the draft Health and Wellbeing Strategy and to make suggestions for the future Action Plan.

### Ambition 1

*Our children and young people are healthy, happy, safe and can achieve their full potential.*

The following are the key findings related to Ambition 1:

- Particular attention to the lack of support around special educational needs and disability (SEND) needs.
- Support of young people within the educational system and after-school activities to prevent them falling into unemployment and/or gangs' involvement.
- Holistic health (physical and mental) was brought up as a major concern.
- Inequality seemed to appear often in the conversation as residents thought there is a deficiency in opportunities young people could use to be open and share their worries.

The following are the suggestions of what attendees thought the Action Plan related to Ambition 1 should focus on:

- Teaching the basics of good health to all young people through schools.
- Support young people with extra-curricular activities through funding more resources (such as schools/youth clubs/ centres/ libraries) to discourage educational exclusion and build trust.
- Help parents prioritise health for their children and facilitate education.



# Resident and stakeholder events - Analysis

## Key themes from engagement events with residents and stakeholders

We asked attendees to comment on each of the Ambitions proposed in the draft Health and Wellbeing Strategy and to make suggestions for the future Action Plan.

### Ambition 2

*We can all be active in our health.*

The following are the key findings related to Ambition 2:

- Importance of a good food diet and physical activities.
- Cost of living prices are preventing people being able to enjoy recreational activities.
- Need of more outdoor spaces.

The following are the suggestions of what attendees thought the Action Plan related to Ambition 2 should focus on:

- Health education (e.g., recycling, educational including language and baking, meditation etc.) to be advertised more to better inform residents.
- Food costs related support.



# Resident and stakeholder events - Analysis

## Key themes from engagement events with residents and stakeholders

We asked attendees to comment on each of the Ambitions proposed in the draft Health and Wellbeing Strategy and to make suggestions for the future Action Plan.

### Ambition 3

*We support people to look after their mental wellbeing.*

The following are the key findings related to Ambition 3:

- Stigma around mental health.
- Lack of awareness of mental health dedicated provisions and support.

The following are the suggestions of what attendees thought the Action Plan related to Ambition 3 should focus on:

- Specific mental health services.
- More information about mental health provision.





# Resident and stakeholder events - Analysis

## Key themes from engagement events with residents and stakeholders

We asked attendees to comment on each of the Ambitions proposed in the draft Health and Wellbeing Strategy and to make suggestions for the future Action Plan.

### Ambition 4

*We have a good quality home.*

The following are the key findings related to Ambition 4:

- Poor housing (waiting lists, high costs, repairs, overcrowding, nuisance etc.) is a massive problem.
- Poor housing linked to health issues (including mental health).

The following are the suggestions of what attendees thought the Action Plan related to Ambition 4 should focus on:

- Improve housing conditions.
- Rework housing priorities (e.g. repurposing according to needs such as older people).



# Resident and stakeholder events - Analysis

## Key themes from engagement events with residents and stakeholders

We asked attendees to comment on each of the Ambitions proposed in the draft Health and Wellbeing Strategy and to make suggestions for the future Action Plan.

### Ambition 5

*We feel safe and part of our communities.*

The following are the key findings related to Ambition 5:

- Lack of community spirit.
- Unsafe neighbourhoods.
- Main issues: littering, unregulated e-scooters, cycling on pavements, youth violence, lack of Police presence and lack of worship venues for certain faiths.

The following are the suggestions of what attendees thought the Action Plan related to Ambition 5 should focus on:

- More enforcement (through cameras also) against all crimes and offences.
- Investment in community-based organisations to reinstate community spirit.
- More support for elderly to enable inclusion in socialising.



# Resident and stakeholder events - Analysis

## Key themes from engagement events with residents and stakeholders

We asked attendees to comment on each of the Ambitions proposed in the draft Health and Wellbeing Strategy and to make suggestions for the future Action Plan.

### Ambition 6

*Our boroughs are healthy environments.*

The following are the key findings related to Ambition 6:

- Lack of public facilities such as parking spaces, cycling parking bays, public toilets and dedicated cycle lanes.
- Poorly maintained public spaces and restricted mobility due to pollution, road works, littering, street nuisance and lack of green spaces.

The following are the suggestions of what attendees thought the Action Plan related to Ambition 6 should focus on:

- Increase and maintenance of public facilities (more public toilets, more green spaces, clearly separated pedestrian and cycle routes, improve pavements conditions, traffic reduction, fairer transport links and law enforcement).



# Resident and stakeholder events - Analysis

## Key themes from engagement events with residents and stakeholders

We asked attendees to comment on each of the Ambitions proposed in the draft Health and Wellbeing Strategy and to make suggestions for the future Action Plan.

### Ambition 7

*We have access to the best services when and where needed.*

The following are the key findings related to Ambition 7:

- Difficulties accessing local health services (GPs): access and referrals waiting times unjustified, lack of empathy from staff, language barrier, poor service quality and digitalisation not suited for everybody.

The following are the suggestions of what attendees thought the Action Plan related to Ambition 7 should focus on:

- Support with digitalisation.
- Develop higher healthcare quality standards.
- Create joined up collaboration with voluntary and community sector and improve communication.



# Resident and stakeholder events - Analysis

## Key themes from engagement events with residents and stakeholders

We asked attendees to comment on each of the Ambitions proposed in the draft Health and Wellbeing Strategy and to make suggestions for the future Action Plan.

### Ambition 8

*We are all treated with fairness and able to shape the decisions that affect us.*

The following are the key findings related to Ambition 8:

- Inequality (elderly, culturally diverse and less confident people excluded).

The following are the suggestions of what attendees thought the Action Plan related to Ambition 8 should focus on:

- Active community engagement including involving residents in discussions about real priorities, issues and how to improve/resolve them.
- Employ a more diverse workforce.
- Raise awareness of the action plan amongst communities through better communication.
- Active community engagement.



# Resident and stakeholder events - Analysis

## Key themes from engagement events with residents and stakeholders

We asked attendees to comment on each of the Ambitions proposed in the draft Health and Wellbeing Strategy and to make suggestions for the future Action Plan.

### Ambition 9

*We are all financially stable and have access to enriching opportunities and good jobs.*

The following are the key findings related to Ambition 9:

- Cost of living makes affording medical provision difficult (like dental care, prescriptions etc.)
- Difficulties of employment access (especially inexperienced, women and over 50s).

The following are the suggestions of what attendees thought the Action Plan related to Ambition 9 should focus on:

- Support young people into employment from school.
- Have open discussions with seldom heard.



# Resident and stakeholder events - Analysis

## Key themes from engagement events with residents and stakeholders

We asked attendees to comment on each of the Ambitions proposed in the draft Health and Wellbeing Strategy and to make suggestions for the future Action Plan.

### Ambition 10

*We are supported and empowered to live as independently as possible.*

The following are the key findings related to Ambition 10:

- Socialising becomes difficult due to digital exclusion, inappropriate housing, poor communication, disabilities and insufficient transport links

The following are the suggestions of what attendees thought the Action Plan related to Ambition 10 should focus on:

- Fairer benefit system.
- Support seldom heard.



# Survey



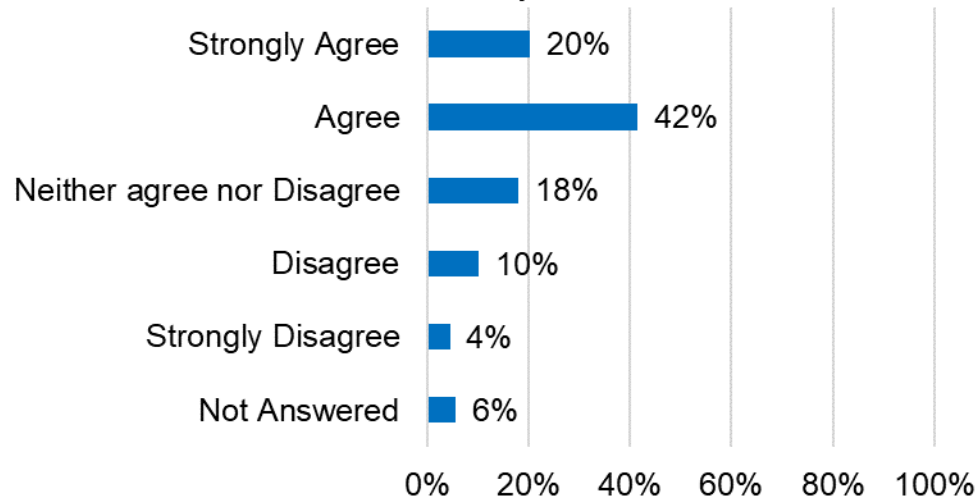


# Principles

We asked residents to what extent they agreed or disagreed with the principles that guide our approach to working together to tackle health inequalities.

- Almost two-thirds of respondents combined (62 per cent) are favourable to the Principles proposed
- A total of 14 per cent disagree, to some extent, with the Principles proposed

**To what extent do you agree or disagree with the principles that guide our approach to working together to tackle health inequalities?**



# Principles

Respondents were asked two open questions about the Principles. We asked respondents who disagreed with one or more of the Principles proposed to explain why and if they had a comment about a specific principle or would like to see a different principle, to please say which one.

All responses have been themed and those that received two/four or more comments are summarised in the table below. Examples of comments can also be seen on the next page, with the full list of themes and comments found in the appendices.

**If you disagree with one or more principles, please tell us why**

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Theme	Count
Enhance health and wellbeing	5
Data led inaccurate	4
Agree	3
Community led unrealistic	2
Bad communication	2
Personal comment	2
Prevention as principle	2

**If you have a comment about a specific ambition or you would like to see a different ambition added, please say which one**

Theme	Count
Health suggestion	10
Support to vulnerable people	5
Suggestion to add a principle	4



# Comments – Principles

*“Make it accessible for people with mobility issues to get help. For example, I wasn’t able get mental health help a few years back because I was housebound. So it would be good to be able to provide regular home visits for people in this category.”*

Health suggestion



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*“Data led can be misleading and inaccurate.”*

Data led inaccurate

*“How is the strategy going to be community led? [...] I’ve lived in Westminster all my life and only now am I hearing about a health and wellbeing strategy and I read through the proposal and I’m still not clear on what the strategy has done in the last ten years.”*

Community led unrealistic

*“As a west end resident for 30 years and more it is now essential that the council sorts out its strategy on night time noise which causes serious health issues through sleep deprivation. You need to measure the problem and ask residents about the impact and be prepared to take meaningful action.”*

Health suggestion

*“Being data led is a bad principle. It’s one of the reasons current practices are so narrow. Not everything is quantifiable.”*

Data led inaccurate

*“Could improve with one partnership, unity across services. Better health and wellbeing, mental health support still lacking.”*

Unity across services



# Ambitions

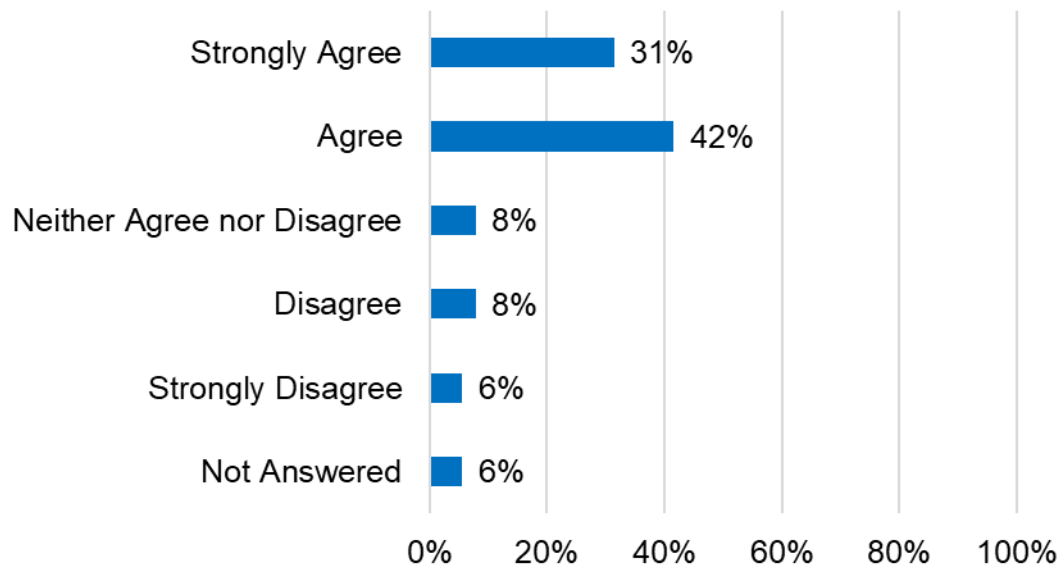
Respondents were asked to what extent they agreed or disagreed that the ambition statements represent what the strategy should aim to achieve?

- Almost three-quarters (73 per cent) of respondents agreed or strongly agreed that the ambition statements represent what the strategy should aim to achieve.
- However, a total of 14 per cent disagreed to some extent that this was the case

Those who disagreed/strongly disagreed were asked to explain why. Responses are detailed on the following page.

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**To what extent do you agree or disagree that the ambition statements represent what the strategy should aim to achieve?**



Base: All respondents (89)



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# Ambitions

Respondents were asked two open questions about the ambitions. Respondents that disagree with one or more statements were given the opportunity to explain why and if they had a comment about a specific ambition or would like to see a different ambition added, to please say which one.

All responses have been themed and those that received two or more comments are summarised in the table below. Examples of comments can also be seen on the next page, with the full list of themes and comments found in the appendices.

**If you disagree with one or more statements, please explain why**

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Theme	Count
Refugees support	3
Ambitions not inclusive	3
Climate change related ambition to be added	2
Housing	2
More efficient healthcare services	2
Noise issue to be looked at	2
Partnerships	2

**If you have a comment about a specific ambition or you would like to see a different ambition added, please say which one**

Theme	Count
Commitment to support ambitions needed	7
Unachievable ambitions	5
Quality housing need	4
Hospital negligence	2
Youth neglected	2



# Comments – Ambitions

*“These are fantastic statements and need to have clear correlating commitments to support this clear vision to be truly realised.”*

Commitment to support ambitions needed

*“Mental health and good quality homes are lacking. Council home and housing associations have many frustrations.”*

Quality housing need

*“[...] I am aware that there are many inequalities with some groups such as those with complex mental health problems which appear to come secondary to those without these significant challenges but with louder voices and more opportunities to express their views. [...]”*

Ambitions not inclusive

*“Many young and youth stands are not ignored and left to fend for themselves so it is not true for example left in jail for years on end and no information or detail to allow parent or guardian to know of their whereabouts lie.”*

Youth neglect



*“This is all complete bureaucratise that means absolutely nothing to your average resident. There is zero prospect of most of these being reached within 10 years or at all.”*

Unachievable ambitions

*“Care and concern for refugee and asylum seeker families from Afghanistan.”*

Refugees support

*“More health professionals who do not work under 10 minute slots. Less domination of receptionists trained to “push people away”- that is how it feels.”*

More efficient healthcare services



# Action plan

Respondents were given the opportunity to explain what they think should be in the first action plan.

All responses have been themed and those that received five or more comments are summarised in the table below. Examples of comments can also be seen on the next page, with the full list of themes and comments found in the appendices.

Theme	Count
Better health services (including mental health)	13
Identifying issues	7
Safeguarding	7
Education on contemporary issues	6
Financial support	6
VCS partnerships	6
Engagement/communication	5



# Comments – Action plan

*“Focus re support on health and wellbeing specifically for children and young people not just adult focused.”*

Better health services (including mental health)

*“Outreach to the younger generation for input.”*

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Engagement/communication

*“Before taking any action, efforts should be made to get a clear idea about how many residents suffer from mental issues in silence. There are a huge number of residents who have never disclosed to health professionals or even to close family members that they suffer from mental health issues.”*

Identifying issues



*“Improve linking community services and communication.”*

Engagement/communication

*“A baseline study of mental health across the borough.”*

Better health services (including mental health)

*“Make every home safe and free from problems caused by unlawful behaviour.”*

Safeguarding

*“Support those left out of benefits of newly available homes still living in run down homes as they are too old and now unable to maintain due to disability.”*

Financial support

*“Involve more VCS, as well as creating a network for VCS to work more collaboratively.”*

VCS partnerships



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# Additional comments

We asked respondents if they had any additional comments or suggestions about the strategy and how we can improve health and wellbeing.

All responses have been themed and those that received three or more comments are summarised in the table below. Examples of comments can also be seen on the next page, with the full list of themes and comments found in the appendices.

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Theme	Count
Support to less fortunate	6
Improve healthcare	5
Mental health	5
Commitment needed	4
Consult/involve residents	4
Health habits education	3



# Comments – Any other suggestions

*“More food banks please. Asylum seeker families are starving almost. We get no money from government, only £8 voucher one week.”*

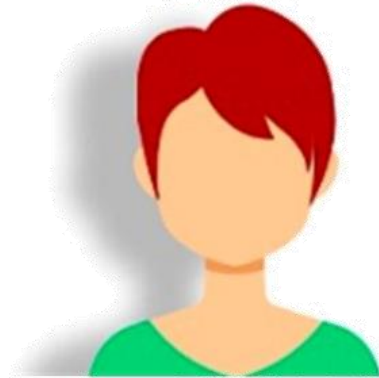
Support to less fortunate

*“You need to be proactive in finding ways to help people who are struggling but don't qualify for benefits.”*

Support to less fortunate

*“More local services for mental health.”*

Mental health



*“Strategy is not consulting other hospitals when patients coming in asking questions to other doctor that have done wrong medication and wrong misdiagnosis but trying to help the patients doing what is possible to help.”*

Improve healthcare

*“Both health and well being is only improved with education. This can be self-taught but it is important that people know where to access this.”*

Health habits education

*“Promoting mental health services more.”*

Mental health

*“Grow up and supply realistic strategies.”*

Commitment needed



# Equalities

Respondents were asked if they believe that our approach, as outlined in the strategy, will adversely affect certain groups more than others and if so, to tell us why.

All responses have been themed and those that received four or more comments are summarised in the table below. Examples of comments can also be seen on the next page, with the full list of themes and comments found in the appendices.

Theme	Count
The strategy is ok as it is	12
Minorities (age, culture, social)	9
Commitment needed	4
Healthcare complaint	4
Seldom heard	4



# Comments – Equalities

*“I think it includes a lot of people from all different walks of life.”*

The strategy is ok as it is

*“I mentioned older people; perhaps it should explicitly reference all people of any colour, gender, nationality, religion or other beliefs, etc.”*

Minorities (age, culture, social)

*“More community members using the space, for friends and families for educational purposes.”*

Promote culture



*“Experience shows those with louder articulate voices are often serviced to the detriment of those that can't engage with was.”*

Seldom heard

*“Unless you get a grip on the might and wealth of the developers your strategies will be worthless and the residential community will be decimated.”*

Commitment needed

*“People who don't have access to the internet. People who can't read or where English is a second language. People who are housebound. People who are living in poor quality and/ or overcrowded properties.”*

Minorities (age, culture, social)

*“Strategy is fine.”*

The strategy is ok as it is

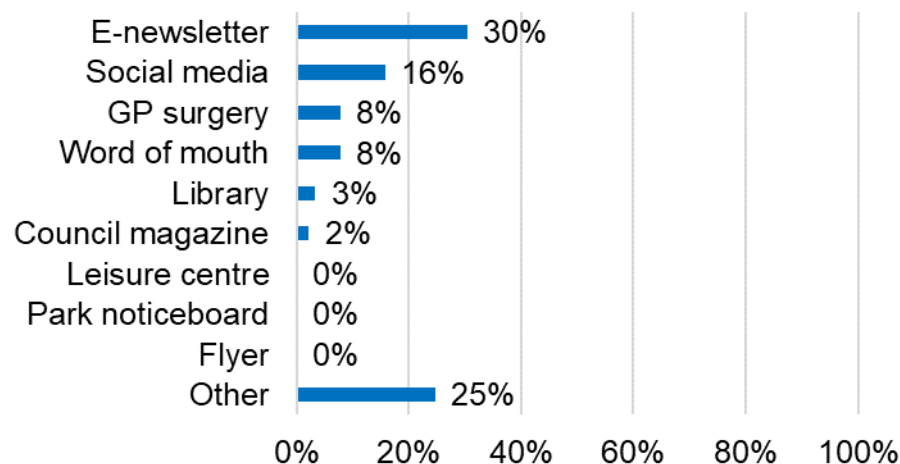


# Awareness of consultation

Respondents were asked how they heard about this consultation.

- Just under a third of respondents (30 per cent) stated **E-newsletter**
- The second most popular answer (16 per cent) was **Social Media**
- A quarter (25 per cent) chose **Other** and specified as follows: *NHS (five), Abbey Centre and Community Pantry (four), Open Age (three), Colleague/friend (two), Community Centre (two), Council (one), Email (one), Semely House chat (one), SEND exec partnership board (one), Volunteer Centre Kensington and Chelsea (one), Westminster City Council Asthma and Lung support group (one), Youth Participation Lead (one).*

How did you hear about this consultation?

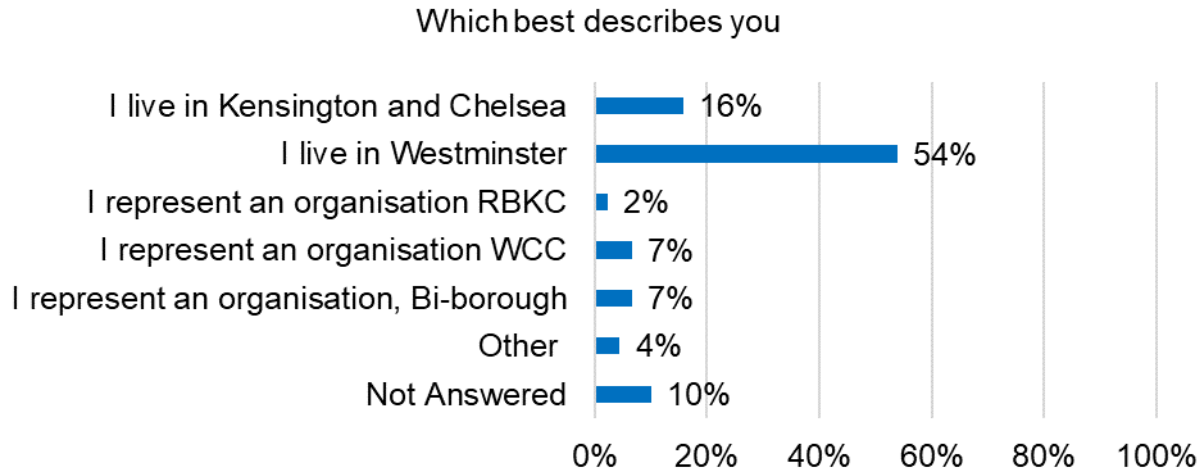


# Basis on which responding

We asked respondents what option best described them.

- Over half (54 per cent) opted for **I live in Westminster**
- An equal amount of seven per cent stated they represent an organisation, business or group in Westminster and in both boroughs

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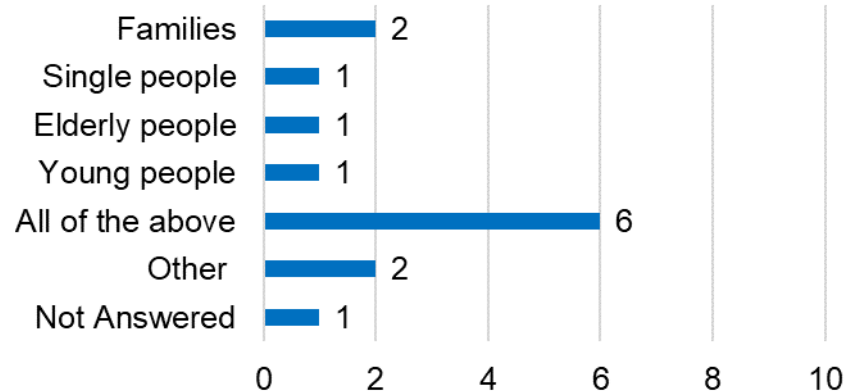
Base: All Respondents (89)

# Organisations

Those that indicated that they represented an organisation, business or group were asked to specify the people they engage the most with. The below graph and analysis relates to the ten respondents this applied to, because of the low number of responses the graph and analysis describes actual numbers of responses, rather than percentages.

- Six respondents indicated they engage with **All of the above (families, single people, elderly people, young people)**
- Those who chose **Other** commented as follows: People experiencing homelessness (one), Children, young people and families (one), Businesses (one)

Thinking about the people you most engage with, are they mostly:



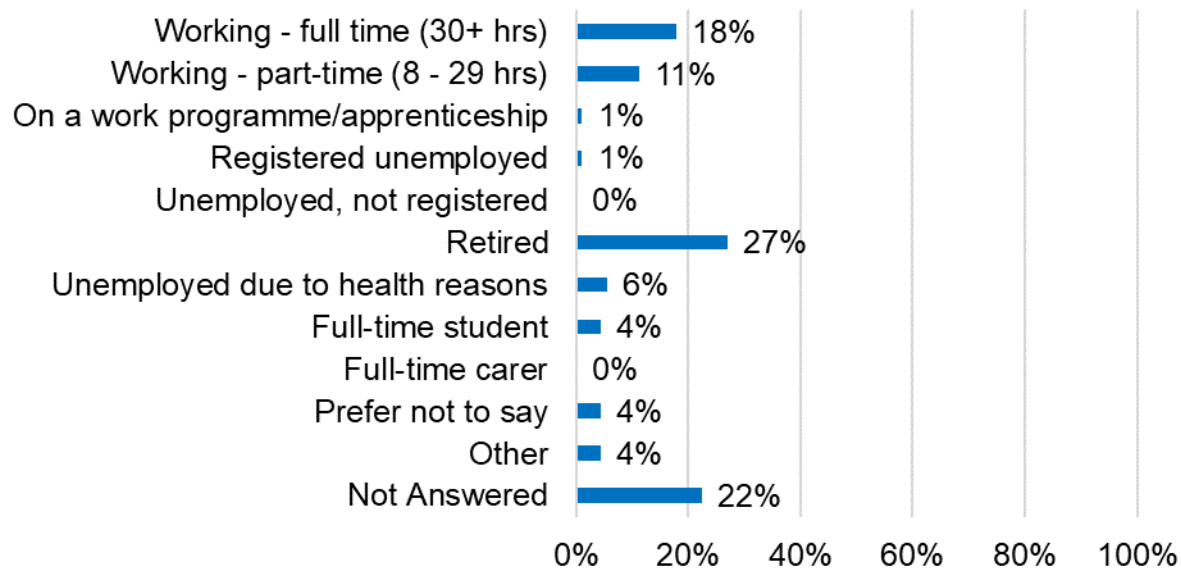
*Base: Respondents that stated to be representing an organisation, group or business (10)*



# Profile of respondents

We asked a series of questions to understand the demographics of the respondents.

Which of the following best describes you?





# Profile of respondents

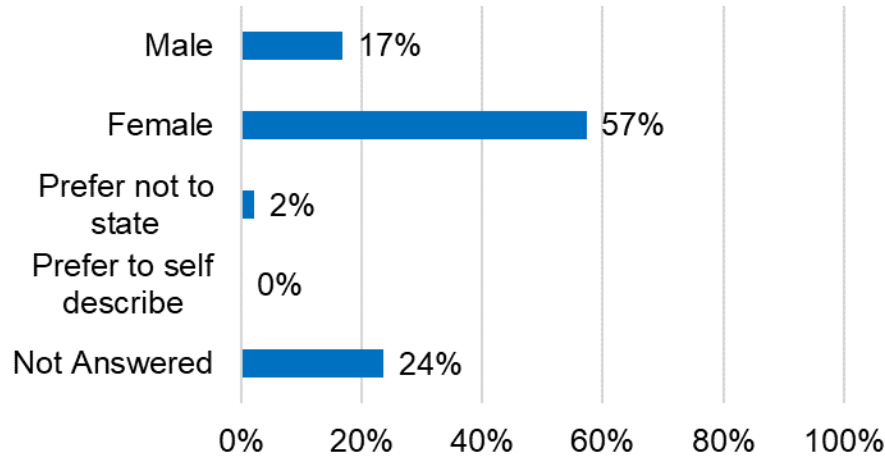
We asked respondents for their postcode.

Postcode area	Count
SW1	18
W9	7
NW8	5
W11	5
W2	5
W10	3
W1F	2
W8	2
NW1	2
NW10	1
SW10	1
SW3	1
SW6	1
SW7	1
W4	1
WC2	1

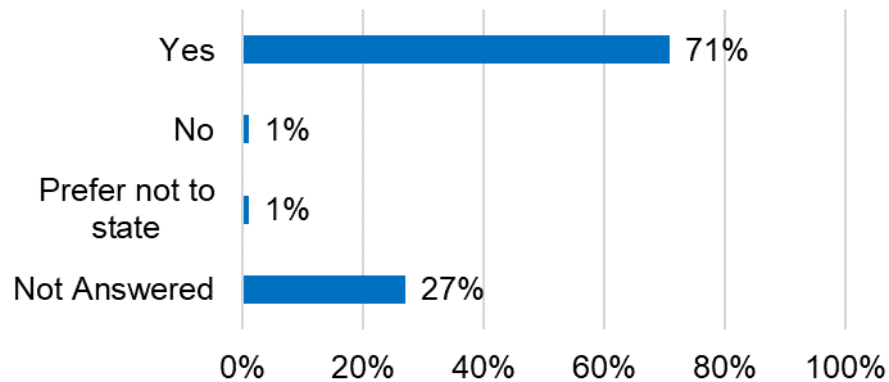


# Profile of respondents

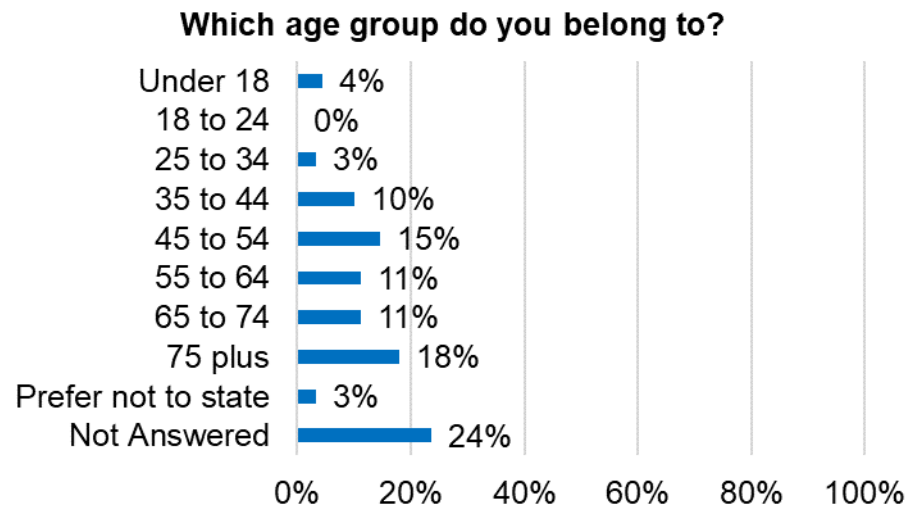
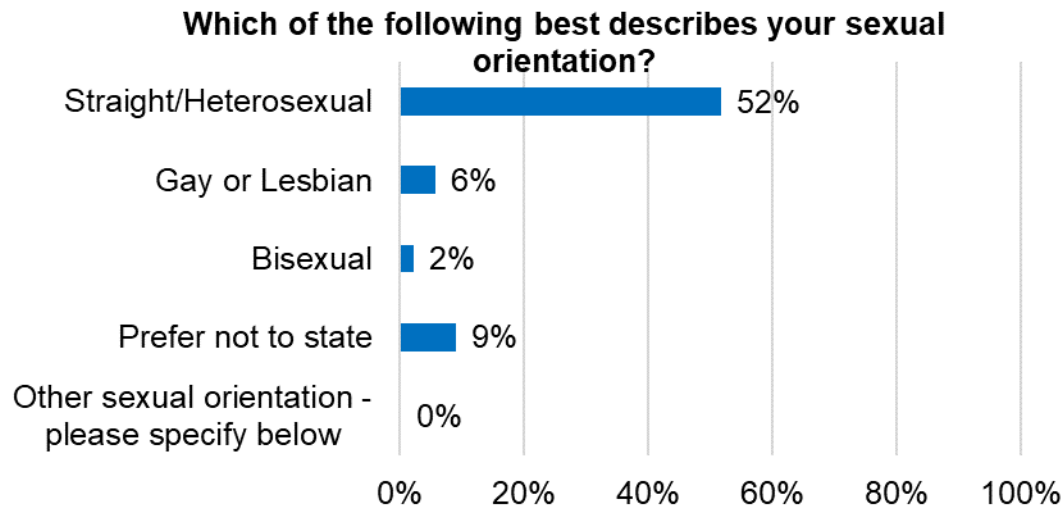
What is your sex?



Is the gender you identify with the same as your sex registered at birth?



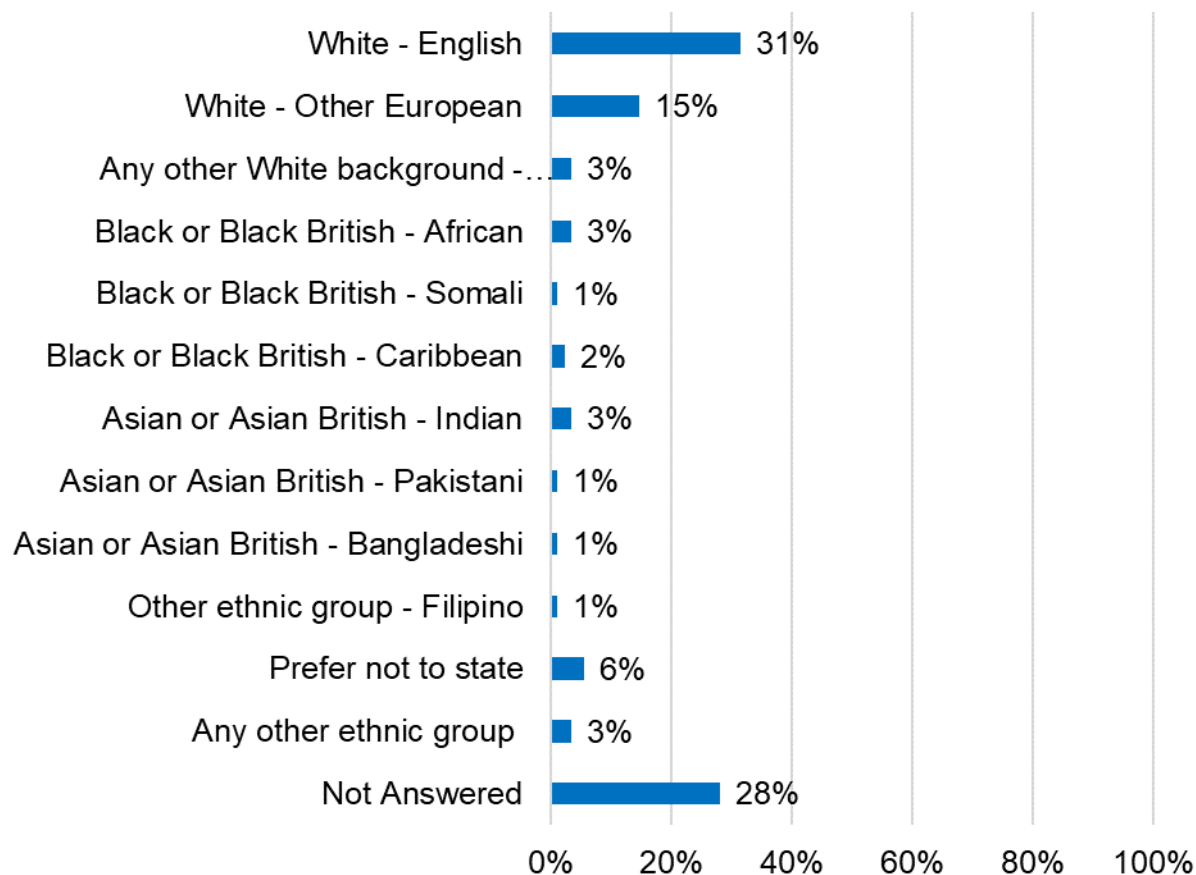
# Profile of respondents



# Profile of respondents

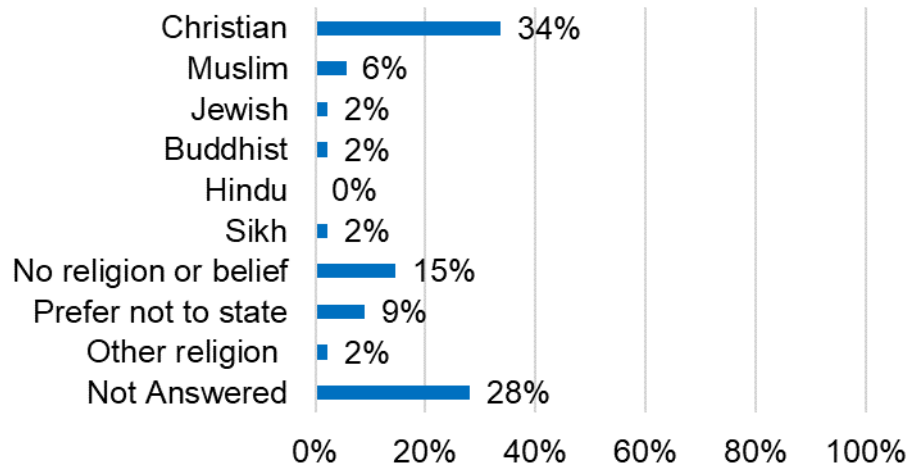
Options shown in the graph below are only the ones we received a choice for.

## How do you describe your ethnic origin?

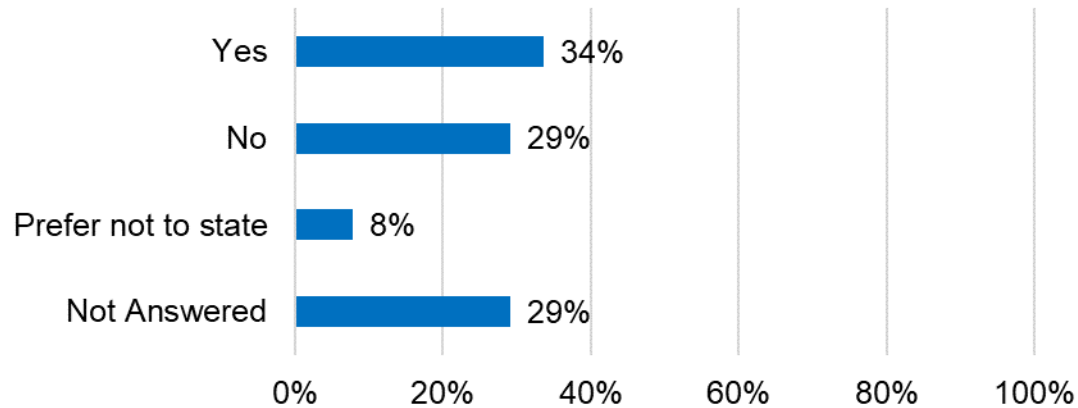


# Profile of respondents

## What is your religion or belief?



## Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?



# Profile of respondents

**If yes, what is the nature of your physical or mental health condition or illness?**

