



City of Westminster

Committee Agenda

Title:

Children & Adults, Public Health & Voluntary Sector Policy and Scrutiny Committee

Meeting Date:

Monday 12th June, 2023

Time:

6.30 pm

Venue:

Rooms 18.01 & 18.03, 18th Floor, 64 Victoria Street, London, SW1E 6QP

Members:

Councillors:

Lorraine Dean
Iman Less
Ellie Ormsby
Ralu Oteh-Osoka
Angela Piddock (Chair)
Selina Short
Max Sullivan

Co-opted Members:

Alix Ascough
Marina Coleman
Mark Hewitt
Professor Ryan Nichol



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

Admission to the public gallery is by ticket, issued from the ground floor reception. If you have a disability and require any special assistance, please contact the Committee Officer (details listed below) in advance of the meeting.

If you require any further information, please contact the Committee Officer, Linda Hunting, Policy and Scrutiny Advisor.

Email: lhunting@westminster.gov.uk
Corporate Website: 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 Head of Committee and Governance Services in advance of the meeting please.

AGENDA

PART 1 (IN PUBLIC)

1. MEMBERSHIP

To note any changes to the membership.

2. DECLARATIONS OF INTEREST

To receive declarations by members and officers of the existence and nature of any pecuniary interests or any other significant interest in matters on this agenda.

(Pages 5 - 6)

3. MINUTES

(Pages 7 - 14)

4. PORTFOLIO UPDATE - CABINET MEMBER FOR ADULT SOCIAL CARE, PUBLIC HEALTH AND VOLUNTARY SECTOR

(Pages 15 - 20)

To receive an update from the Cabinet Member for Adult Social Care, Public Health and Voluntary Sector, Councillor Nafsika Butler-Thalassis.

5. PORTFOLIO UPDATE - CABINET MEMBER FOR YOUNG PEOPLE LEARNING AND LEISURE

(Pages 21 - 30)

To receive an update from the Cabinet Member for Young People, Learning and Leisure, Councillor Tim Roca.

6. VOLUNTARY AND COMMUNITY SECTOR INVESTMENT STRATEGY 2023-2028

(Pages 31 - 42)

7. INDEPENDENT REVIEW OF THE COVID-19 PANDEMIC RESPONSE

(Pages 43 - 68)

8. HEALTH AND WELLBEING STRATEGY 2023-2033

(Pages 69 - 114)

9. THE PROPOSED AMALGAMATION OF ST. STEPHENS AND ST. MARY MAGDALENE PRIMARY SCHOOLS

To review the Cabinet Member Decision on 'the proposed amalgamation of St Stephen's and St Mary Magdalene's Primary Schools', after the decision was called in by three Members of the Children, Adult Public Health and Voluntary Sector Policy and Scrutiny Committee.

A paper will be circulated prior to the meeting.

10. WORK PROGRAMME

**(Pages 115 -
130)**

**Stuart Love
Chief Executive
2 June 2023**

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Agenda Item 2

Children, Adult Public Health, and Voluntary Sector Policy & Scrutiny Committee 28 February 2023 - Declarations of Interest

Known interests of Members of the Children, Adult Public Health and Voluntary Sector Policy & Scrutiny Committee which may be relevant to the business of the Committee are listed below. Please note that if there are any corrections or additions to this list, these must be made by the Member concerned under agenda item 2 – Declarations of Interest.

Councillor/Member of the Children, Adult Public Health and Voluntary Sector P&S Committee	Organisation	Nature of Interest
Karen Scarborough	St Vincent's School	Governor
	St Mary of the Angels	Governor
	Young Westminster Foundation	Trustee
Angela Piddock	Westminster Academy	Governor
	Queen's Park Federation	Governor
	Paddington Arts	Trustee
	The Floating Classroom	Trustee
	National Association of Head Teachers (NAHT)	Member

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CITY OF WESTMINSTER

MINUTES

Children & Adults, Public Health & Voluntary Sector Policy and Scrutiny Committee

MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Children & Adults, Public Health & Voluntary Sector Policy and Scrutiny Committee** held on **Tuesday 18th April, 2023**, Rooms 18.06 & 18.07, 18th Floor, 64 Victoria Street, London, SW1E 6QP.

Members Present: Councillors Iman Less (virtual), Ellie Ormsby (virtual), Karen Scarborough, Selina Short, Max Sullivan and Tim Mitchell.

Also Present: Councillor Nafsika Butler-Thalassis (Cabinet Member for Adult Social Care, Public Health and Voluntary Sector), Councillor Tim Roca (Cabinet Member for Young People, Learning and Leisure), David Bello (Acting Bi-Borough Director of Adult Social Care), Maria Burton (virtual) (Portfolio Advisor for Councillor Nafsika Butler-Thalassis), Lucy Cooke (Westminster Borough Director Mental Health Services), Nicki Costain (Portfolio Advisor for Councillor Tim Roca), Bernie Flaherty (virtual) (Bi-Borough Executive Director of Adults), Linda Hunting (Policy and Scrutiny Advisor), Dr. Gareth Jarvis (Medical Director, Jameson Division), Christine Mead (Head of Community Partnerships) (virtual), Seth Mills (Bi-Borough Director, Social Care), Sally Milne (Associate Director of Strategy, System Transformation & Partnerships, Jameson Division), Sarah Newman (Bi-Borough Executive Director of Children), Anna Raleigh (Bi-Borough Director of Public Health), Ann Sheridan (Managing Director of Central and North West London Jameson Division), Jack Robinson-Young (Temporary Portfolio Advisor for Councillor Tim Roca), Serena Simon (virtual) (Director of Communities) and Rachel Soni (Director of Health Partnerships).

1 MEMBERSHIP

- 1.1 Linda Hunting advised Members that Councillor Angela Piddock was unable to be present to chair the meeting due to illness.
- 1.2 Nominations for the post of temporary Chair were invited. One nomination was received by Councillor Tim Mitchell and seconded by Councillor Scarborough. There were no further nominations.

RESOLVED:

- 1.3 That Councillor Max Sullivan be appointed temporary Chair of this meeting of the Children, Adult Public Health and Voluntary Sector Policy and Scrutiny Committee.

- 1.4 The Committee noted that Councillor Less and Councillor Ormsby had sent apologies for the meeting and were attending virtually.
- 1.5 The Committee noted apologies from Mark Hewitt (Headteacher, St James' and St John CE Primary School) a Co-opted Member of the Committee.

2 DECLARATIONS OF INTEREST

- 2.1 The Chair referred Members to the standing document of known interests of Members and noted there were no changes.

3 MINUTES

- 3.1 The Committee approved the minutes of its meeting held on 28 February 2023.

RESOLVED:

- 3.2 That the minutes of the meeting held on 28 February be signed by the Chair as a correct record of proceedings.

4 PORTFOLIO UPDATE - CABINET MEMBER FOR YOUNG PEOPLE LEARNING AND LEISURE

- 4.1 The Committee received an update from Councillor Tim Roca, on priorities for the portfolio and any updates that have arisen. The Cabinet Member responded to questions on the following topics:
 - Free school meals and how the funding of this will be managed from the budget, including, the possible funding from the GLA.
 - The Ormiston Academy Trust and the pilot scheme for young people transitioning from primary to secondary school.
 - Little Venice and Porchester Leisure Centres, the decrease in memberships, and the future of leisure services for residents in Westminster, post the Covid-19 pandemic.
 - The second amalgamation of Church of England (CofE) primary schools in Westminster, the consultation, lessons learned, plans for further amalgamations, and the plans for the buildings following the amalgamations.
 - The recruitment of social workers, the social worker apprenticeship pilot and how these can be promoted by the Council, the training and retention of social workers by the Council, qualified social workers returning to the profession, and the use of agency staff.
 - Adult education in Westminster and forward plans, including, the Westminster Adult Education Service (WAES) Strategic Plan.

- The overall achievement of Westminster schools, ways in which the Council can look to assist schools going forward, and the schools that require areas of improvement.
- The Special Educational Needs and Disabilities (SEND) School provision in Westminster.
- Falling school rolls, the surplus capacity and future impact, and the plans to deal with the surplus going forward with further amalgamations planned.
- The leaflet produced by the Council that is provided to asylum seeking families regarding leisure services, the access to free services and discounts for these families, including, information about additional free services that could be included in the leaflet, such as the Westbourne Park Family Centre.
- The Children and Young People's Plan, the metrics and priority outcomes in the plan, and how these are measured by the Council.
- The progress of the Bayswater Family Centre.
- The take-up from residents of nursery places in Westminster.

4.2 ACTIONS

1. That information be provided to the Committee about the Ormiston Academy Trust.
2. That information be provided to the Committee about the falling memberships in Leisure Centre's such as, Little Venice and Porchester.
3. Officers to provide the Committee with a presentation about the adult education provision in the borough (WAES) and to also discuss the WAES Strategic Plan and provide Members with an opportunity to provide feedback.
4. Information to be provided to the Committee about how the Council plans to support schools going forward.
5. Information to be provided to the Committee about the timetable for the College Park SEND school.
6. Information to be provided to the Committee about discounts available for asylum seeking families at leisure and family centres.
7. Officers to include the Westbourne Park Family Centre services and discounts available in the leaflet for asylum seeking families.
8. Officers to provide the Committee with the quarterly report that shows the metrics and measures the priority outcomes of the Children and Young People's Plan.
9. A site visit of the Bayswater Family Centre for Members to be arranged when the centre is operational.
10. Information to be provided to the Committee of the available nursery places by ward or provider.

5 PORTFOLIO UPDATE - CABINET MEMBER FOR ADULT SOCIAL CARE, PUBLIC HEALTH AND VOLUNTARY SECTOR

- 5.1 The Committee received an update from Councillor Nafsika Butler-Thalassis, on priorities and any updates that have arisen. The Cabinet Member responded to questions on the following topics:

- The digital social care platform, how residents can interact with the service and what is included.
- The support services for residents with learning disabilities and the tender for these services with voluntary sector organisations that is currently being carried out by the Council.
- The learning disability drop-in sessions at the Beethoven Centre and resident uptake of these sessions.
- The highlights from the Covid-19 report into how the Council performed during the pandemic.
- Westminster Connects and the Nightstars initiative, and how this work is advertised in the borough to increase volunteer participation.
- The Health and Wellbeing Strategy and the consultation plan, including this coming to scrutiny for Member feedback.
- In-patient mental health services in Westminster.
- The Ethical Care Charter, the travel time that may be funded, how much this may cost, and how this funding may affect the overall budget.
- Voluntary Sector advice services being funded for the next two years at a cost of £2.5 million (£1.25 million each year) which funds an existing partnership consisting of Citizens Advice Westminster, Age UK, Asylum Aid and Deaf Plus.
- The Community Leadership Programme.
- The Gordon Hospital and the concerns about its closure, including, what the Council has done in order to understand what can be done to resolve this issue, and the intended consultation.

5.2 ACTIONS

1. Officers to provide Members with a demonstration of the digital social care platform.
2. Officers to provide information and data about the Beethoven Centre drop-in sessions for learning disabled residents.
3. Details of the independent report about how the Council managed the Covid-19 pandemic, including the recommendations made, to be provided to the Committee in due course.
4. Officers to provide the Health and Wellbeing Strategy consultation plan to the Committee.

6 ACCESS TO MENTAL HEALTH SERVICES IN WESTMINSTER FOR ADULTS

- 6.1 The Chair welcomed Lucy Cooke (Westminster Borough Director Mental Health Services), Ann Sheridan (Managing Director of Central and North West London, Jameson Division), Dr. Gareth Jarvis (Medical Director, Jameson Division), and Sally Milne (Associate Director of Strategy, System Transformation & Partnerships, Jameson Division) to introduce the report on the adult mental health pathway to mental health services in Westminster. Ann Sheridan, Lucy Cooke, Dr. Gareth Jarvis and Sally Milne responded to questions on the following topics:

- The universal concerns raised about the closure of the Gordon Hospital, the discussion with the Integrated Care Systems (ICS) around the closure, and whether legal advice had been taken about the closure.
- The consultation process regarding the closure of the Gordon Hospital and the reasons for the need of the consultation, why it has taken the length of time to commence the consultation, and what type of quality impact assessments have been carried out, as part of the consultation process.
- The reasons behind the closure of the Gordon Hospital during the Covid-19 pandemic and the reasons why the hospital hasn't been reopened to utilise the available beds needed since then, taking into consideration points such as the health and well-being of patients, quality of care, the available amenities, and the age and nature of the building.
- What the premises of the Gordon Hospital is being used for currently, and could be used for going forward, to assist with the volume of those in need of mental health interventions, such as a community hub for patients.
- The new ways of providing mental health care to adults that does not involve in-patient care, including transition services such as step-down beds.
- The ability for residents to access crisis care in Westminster, including homeless residents and those in hostels that are suffering from multiple mental health issues.
- The disturbances with residents around Anti-Social Behaviour displayed by people suffering from severe mental health episodes, the lack of suitable interventions, and that many people suffer over a sustained period of time.
- The impact on services such as the police, A&E, and Primary Care, including where people who are attended to by these services are kept waiting for long periods of time whilst in a mental health episode, pending assessment.
- The involvement of the voluntary sector and the increasing demand on their services to meet the need to deal with more residents experiencing a mental health crisis.
- Residents who are detained under the Mental Health Act and the effects this has on the individual (especially following release) balanced against someone who is looked after in the community with the correct mental health support interventions.
- The Mental Health Crisis Assessment Centre and the complex needs that many people who are mentally unwell present with, such as, housing, financial and employment.
- The number of people that are required to go out of borough to receive mental health treatment and the waiting time for someone in mental health crisis to access a hospital bed.
- The issues around individuals that access substances and self-medicate to cover up serious mental health issues. How people are triggered into mental health crisis from substance misuse, and the prevalence of this category of patients.
- The provision Harm to Hope where Westminster has received a 23% increase in funding this year which is aimed at providing mental health services. How this money is being spent and whether it could be used to assist issues around substance misuse and mental health.
- The Single Point Access Service and the Home Treatment Team for mental health care of people in crisis in the community.

- The time taken to find the appropriate care and support for people in mental health crisis, including Councillors feedback from specific cases in the wards.
- The funds that have been recouped due to the closure of the Gordon Hospital and how that has been used in community provisions, including, how cost-saving measures can have an impact on other services such as partner and voluntary services and local emergency departments, and how this is being monitored.

6.2 The Committee requested to visit the St. Charles and Gordon Hospital, and other mental health hospital sites noted in the report to increase the understanding of the services. The Committee also requested the following further information from the Central and North West London (CNWL) NHS.

1. The data on how long it takes someone with acute mental health care needs to access a hospital bed.
2. Further information on the quality impact assessments that have been carried out as part of the consultation process.
3. Information about the effect on other services such as partner and voluntary services and local emergency departments which have been affected since the closure of the Gordon Hospital and how this is being monitored.

7 WORK PROGRAMME

7.1 The Chair invited the Policy and Scrutiny Advisor to introduce the Committee to the draft Work Programme for the 2023/24 municipal year.

7.2 The Policy and Scrutiny Advisor explained the key changes to the format of the Work Programme document and outlined the priorities, rationale and format for the items, as well as the timing.

7.3 The Committee approved the draft Work Programme for the next municipal year.

7.4 The following points regarding the Work Programme were noted by the Committee.

- A date to be set for the Westminster Adult Education Service (WAES) to come to committee, following the proposed Member briefing session.
- The Council Drug Strategy to be moved to an earlier slot in the Work Programme.
- The written update on LGBT health provisions in the community to be provided in June by Councillor Williams to be revisited.
- Whether the Committee required additional meetings in the municipal year to be able to cover the breadth of topics and items that are part of this Committee.
- The scheduled dates of the meetings throughout the next municipal year.
- The number of items included on the Work Programme for each Committee meeting and that an indication should be made if some of the meetings will be longer.

8 ANY OTHER BUSINESS

8.1 The Committee agreed there were no other business items to be discussed.

The meeting ended at 8.31pm.

CHAIR: _____ **DATE** _____

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City of Westminster

Children & Adults, Public Health & Voluntary Sector Policy and Scrutiny Committee

Date: 12 June 2023

Portfolio: Adult Social Care, Public Health and Voluntary Sector

The Report of: Councillor Nafsika Butler-Thalassis

Report Author and Contact Details: Maria Burton, Portfolio Advisor
mburton@westminster.gov.uk

1. **No key decisions have been made in the period since my last Policy & Scrutiny report dated 18 April 2023.**

2. **The following report includes my priorities and delivery progress to date:**

Adult Social Care and Public Health

2.1 Ethical Care Charter

2.1.1 The UNISON Ethical Care Charter was introduced “to establish a minimum baseline for the safety, quality and dignity of care” by ensuring good conditions for people working in the homecare sector. The Charter comprises 11 criteria, set across three stages:

- Stage 1 focuses on the commissioning and scheduling of home visits.
- Stage 2 relates to procedures, contracts, and training.
- Stage 3 provides a link to London Living Wage and other conditions of employment, including travel time.

2.1.2 I signed the Charter with the Leader of the Council on 5 May 2023 at an event attended by Christina McAnea, General Secretary of UNISON. Westminster is the thirteenth London Council to have signed the Charter. This event publicly demonstrated the Council’s commitment to the Charter and the actions arising from it.

2.1.3 Now that the Charter has been signed, the following actions will be taken:

- Incorporate all commitments from the Ethical Care Charter into the recommissioning of homecare services, which is scheduled for implementation from April 2024.
- In particular, evaluate the Council’s approach to providing compensation for travel time to ensure that it aligns with the Charter’s goals and commitments.

- Improve the focus on health and wellbeing and collaborate with the care sector to plan events that bring care workers together to share their reflections and best practice.

2.1.4 The Council will regularly assess its progress to ensure that it continues to be sustainably compliant, and to identify areas that will benefit from further improvement. It will develop a better understanding of where improvements are needed and co-design the next steps accordingly.

2.2 Learning Disability accommodation services and day services

2.2.1 On 9 May, I met, along with Cllr Begum (Cabinet Member for Housing), Cllr Noble (Cabinet Member for Climate Action, Regeneration and Renters) and senior officers from Housing and Adult Social Care to discuss supported housing. Demand for specialist, supported accommodation is forecast to continue increasing over the coming years. Westminster is likely to need 90 additional units of specialist accommodation between now and 2040 for residents with learning disabilities.

2.2.2 As the Committee will know, potential sites sometimes become available, and the service will make a strong case to use them. Cabinet Members and officers will be working closely to ensure that there is a consistent approach to creating more local supply. This will include the work already underway on some sites (e.g. Carlton Dene) and buildings-based requirements for day services (e.g. Droop Street). Further, it will ensure that the evidence-base for future demand is clear, and it will identify opportunities across Westminster to meet this demand.

2.2.3 The new Housing Care and Support Framework for provision of supported accommodation for residents with Learning Disabilities was due to go out for tender in May 2023. This has now changed slightly and will commence in September 2023. The reason for this is to enable more time to elicit feedback and input from residents with learning disabilities and their families, and that work is now underway.

2.3 Digital platform

2.3.1 A user-friendly platform for all residents' health and wellbeing needs will be developed to sign post them to local provision and support. The platform will be geared towards preventative interventions, encouraging people to seek support before reaching a crisis point.

2.3.2 Officers are in the process of securing internal, technical resources to further progress the platform's development and will also be working with the Council's Digital and Innovation team to conduct an initial research exercise that focuses on the platform's intended audience and their needs. This exercise will inform future engagement related to the platform.

2.3.3 The target implementation date is Q4 2023-2024 (January – March 2024).

2.4 Community Outreach Mental Health Drive

- 2.4.1 The Public Health team is currently working with government, voluntary sector organisations and NHS partners to amplify regional campaigns around mental wellbeing such as Good Thinking with Thrive London.
- 2.4.2 Local options are under development, including creating community conversation via Open Dialogue with the NHS, through upskilling Westminster's Community Health Workers.

2.5 Gordon Hospital

- 2.5.1 In March 2020, Central and North West London NHS Trust (CNWL) temporarily closed the Gordon Hospital, which was the only in-patient psychiatric care service for Westminster residents in need of specialist mental health provision. The reason given for the temporary closure was COVID-19 related concern.
- 2.5.2 Patients were moved to other out-of-borough hospitals, and some were discharged back into the community.
- 2.5.3 CNWL has still not held a consultation on the Gordon Hospital's closure. It is likely that the formal consultation will start in September or October 2023. It has been made clear to CNWL's senior leaders that keeping the Gordon Hospital open or replacing acute inpatient beds in Westminster must be included in the consultation options.
- 2.5.4 The Gordon Hospital's closure has left Westminster with zero beds available in the borough for residents who require in-patient care, adding further pressure across the wider health and care system. Care in the community is not the only solution for people who need for specialist care, and there will always be a need for in-patient beds.

2.6 Butterworth Centre

- 2.6.1 The Butterworth Care Centre is a 42 single-bed unit spread over three floors in a building in the St John's Wood area in the north of Westminster. The centre is currently registered with the Care Quality Commission as a mental health hospital setting and provides care for both mental health and continuing healthcare (including advanced nursing and dementia care). The provider, Sanctuary Care, gave notice to terminate its contract to the North West London (NWL) NHS Integrated Care Board (ICB) last year.
- 2.6.2 With short notice given to the Council and other stakeholders, the ICB decided to temporarily close the service on 31 March 2023 following the failure to secure an alternative provider. All 12 Westminster residents were transferred to alternative care provision.
- 2.6.3 These residents are receiving welfare checks from the ICB. However, this has compounded the reduction in overall bed capacity for Westminster residents,

and the Council has continued to voice its concerns about this.

- 2.6.4 I have made representations to the ICB on behalf of the Council through direct communication to its Chief Executive. These have urged and petitioned for the Centre to be re-opened and to make changes to its communications, governance and planning of service changes, to ensure partners and stakeholders are involved in a timely manner.
- 2.6.5 The building is owned by the Hospital of St John & Elizabeth with three years remaining on the lease with the ICB. The options for the building's future use are to be appraised together by the Council and the NHS over the next three months. This will include analysis of demand and capacity requirements for this type of care.
- 2.6.6 A progress update this work can be provided to this Committee in September.

2.7 Global Majority JSNA

- 2.7.1 Health data for Westminster shows that the more deprived an area is, the less health its residents are likely to be. Residents from ethnically diverse and global majority groups, and particularly residents from a Black ethnic background, are most likely to have poorer health outcomes, compared to residents from a White ethnic background.
- 2.7.2 To inform action that tackles inequalities, officers are finalising a needs assessment on the health inequalities that Westminster's Global Majority communities experience.
- 2.7.3 Between March-April 2023, the Public Health and Communities teams contacted specific voluntary and community sector groups in Westminster, such as the BME Health Forum and the Caribbean Men's dominoes club in Maida Vale. Targeted engagement was undertaken in form of open discussions with residents, frontline workers and charity representatives to better understand the health behaviours of the identified communities, the challenges they face related to services' relevance and accessibility, and the impact of wider social determinants on them.
- 2.7.4 As part of this engagement, officers are also seeking to understand the link between culture and health and people's experiences of systemic racism or discrimination, which also lead to worse health outcomes.
- 2.7.5 Early results have confirmed that people might face specific barriers to accessing the health services they need, such as discrimination, challenges navigating the health system, poor service user experiences and outcomes, and accessible discussions about health conditions.
- 2.7.6 People's health behaviours and their understanding of health varies across different cultures and religions. This can result in some residents feeling uncertain how and when to seek early support or why they should seek it.

This can be compounded by culturally-specific practices and people's previous experiences using services.

- 2.7.7 While issues with access to conventional NHS services and their cultural relevance persist, there is a strong, expressed need for follow-up support in familiar community settings, particularly for those who experience practical barriers and have additional intersectional needs.
- 2.7.8 Further, the diagnosis rates of long-term health conditions differ by condition and across ethnic groups. For example, not all health conditions are more prevalent among Global Majority residents, but residents from a Black or Black British Background are more likely to have a long-term health condition. They are three times more likely than White residents to have diabetes, three times more likely to be obese, and twice as likely to have hypertension.
- 2.7.9 Additionally, White Irish residents have also been identified as a population group with high rates of long-term conditions. Bangladeshi groups are also noted as having poorer health outcomes, in addition to their high concentration in social housing, an example of a wider determinant that can impact people's health and wellbeing. There are many other examples of residents who experience health inequalities including those with physical and learning disabilities.
- 2.7.10 Further work is being undertaken to synthesise learning before publication of the JSNA in the Autumn. Initial findings are helping to refine services that are due to be imminently commissioned, including the Integrated Healthy Lifestyle service.

2.8 Community Health and Wellbeing Workers

- 2.8.1 On 27 April 2023, I went on a walking tour of Churchill Gardens with the Bishop of London to see the work of the Community Health and Wellbeing Workers (CHWW) pilot and discuss opportunities for involving faith communities.
- 2.8.2 The CHWW pilot is a joint scheme between the Council and the Marven GP Practice. It is being evaluated by Imperial College London. The programme aims to provide regular, proactive outreach to households in the area, building relationships and identifying and responding to needs in a way that works for residents.
- 2.8.3 The pilot has been nominated for the MJ achievement awards 2023 for tackling health inequalities and was cited as a best practice case study in the Fuller Stocktake Report.

Voluntary Sector

2.9 Community Grants Funding

- 2.9.1 £600,000 has been awarded through the Community Priorities Programme to 43 organisations (and 8 individuals) in 12 wards. Bids were reviewed by panels formed of residents and community organisations. The funded projects include activities such as boxing, steelpan workshops, community planting, Zumba, children's pottery, among others. Of the awarded funding, 84% went to organisations, and 16% to individuals developing new projects.
- 2.9.2 The Register of Active Residents, known as Our Westminster, was launched in late March 2023 and 102 residents have signed up. A training package will now be created to support their participation in council decision-making. This will include safeguarding, how council decisions are made in and unconscious bias.
- 2.9.3 Once the issuing of contracts to the successful projects has been completed, the team will then start to gather feedback from providers and residents who took part in the scoring to evaluate the process.
- 2.9.4 The timeline for the next round of the Communities Priorities Programme is to complete the community participation this financial year, with the awarding of grants April 2024.

2.10 Westminster Connects

- 2.10.1 A number of changes have been made to improve the offer to volunteers. Monthly introduction sessions are held for volunteers, and have been established for English as an Additional Language (EAL) learners in WAES to create a pathway into volunteering. Bi-monthly online Feedback Forums started in April to provide a regular route to provide feedback.
- 2.10.2 The #Give16 staff volunteering programme offers a range of volunteering opportunities, including the Language Café, homework clubs, mentors and reading volunteers. A closer relationship with Night Stars has been formed.



Children and Adults, Public Health and Voluntary Sector Policy and Scrutiny Committee

Date: June 2023

Portfolio: Young People, Learning and Leisure

The Report of: Councillor Tim Roca, Cabinet Member for Young People Learning and Leisure

Report Author and Contact Details: Nikki Costain
ncostain@westminster.gov.uk

1. Key decisions made in the preceding period since my last Policy & Scrutiny report dated 28 February 2023

- No decisions were made

2. The following report includes my priorities and delivery progress to date of the administration

3. Children's Services

3.1 Increase in Children Missing from Home and Missing from Care

In the past few months, there has been a rise in the number of incidents of children going missing from home or care, with 51 episodes in February, 42 in March and 51 in April. By comparison there were 22 incidents in January. All children are contacted following going missing to understand why, to assess risk and to address difficulties they are experiencing. When we have spoken to children going missing the most common reasons given are family conflict, peer relationships and issues relating to criminal and sexual exploitation.

We have a dedicated Missing Children Lead within Family Services who oversees all incidents of children going missing from home and care. There is strong partnership working with agencies and high-risk cases are escalated quickly with the police and within social care. The vast majority of children go missing for between 24-72 hours. When children do go missing this is closely tracked until they return, we have a good understanding of why they go missing and tailored interventions are provided to families to address risk and difficulties.

3.2 Increased Demand and Complexity of cases in Children's Social Care

A paper shared with the Policy and Scrutiny Committee in April 2023 highlighted the increased demand for Children's Social Care both in numbers of service users, complexity and severity. The number of children accessing Early Help has continued to rise, with 16% more children accessing this service compared to the same time last year. In April 2023, 719 children were on Child in Need (CIN) plans, which is a 17.5% rise compared with 612 CIN plans in April 2022. Although social care referrals in April are slightly lower than in previous months, we are still seeing a comparatively high numbers of referrals when compared to previous years and increased levels of complexity, meaning that cases typically require more attention by practitioners.

3.3 Launch of 'We Got U, U Got This' Emotional Wellbeing and Mental health campaign, created by and for local young residents in Westminster and Kensington and Chelsea

One of the priorities in the Bi-Borough Emotional Wellbeing and Mental Health Plan 2022-24 was to proactively signpost our local mental health services, responding to feedback from young people, parents, and schools/youth settings that the support offer can be confusing. We have been working with our youth networks and marketing agency, Nerd's Collective, to design a dynamic youth-led mental health campaign in Westminster and Kensington and Chelsea, which went live in April. The purpose of this campaign is to empower and reassure young residents so that they feel confident accessing services to support their mental wellbeing, particularly our early intervention services such as Mind and Kooth. This campaign is made up of various elements, including the launch of a new landing page for mental health services, co-produced videos to explain services on offer and a phased in-person engagement across various youth settings. We have employed a local young video officer who has been leading a team of young people to co-produce signposting videos with mental health services. Young people will continue to lead the online and offline campaign over the next 3-months, including our young ambassadors.

3.4 Update on Primary and Secondary School Offers in Westminster

Parents were sent an email with the outcome of their application for Primary school on Monday 17 April 2023. Key points include:

- The resident application cohort of 1010 has decreased by 0.8% this year compared to last year when 1018 applications were received. This is as expected and part of a London-wide trend, and we are addressing this by working with schools to reduce Pupil Admission Numbers (PANS) across the borough.
- 82% of submissions to Westminster primary schools were made by Westminster residents. This is the same percentage as last year.
- The percentage of first preferences offered is 85.8%, compared to 87.2% last year. The percentage of families offered one of their top three preferences is 95.4%, compared to 96.4% last year. The total percentage of Westminster resident applicants offered one of their chosen schools remains high at 97.3%.
- 27 applicants did not receive an offer for one of their preferred schools. They have been allocated 'alternative offers' and given a list of schools with availability (or only a short waiting list) so they can consider applying for further schools.
- There is a consultation underway regarding a proposal to amalgamate St Stephen's and St Mary Magdalene. As this has not been finalised, anyone who has been offered St Stephen's will receive a custom offer letter to highlight the proposal.

Parents were sent an email with the outcome of their application for Secondary schools on National Offer Day, 1 March 2023. Key points include:

- The resident application cohort has decreased by 6.7% with 1008 on-time applications this year compared to the previous year of 1081.
- The percentage of first preferences offered is 70.9% compared to the previous year at 68.6%. 91.5% of applicants received an offer for one of their top three preferences, which is an increase from last year (88.3%).
- This year in Westminster, 85.84 per cent of parents and carers received their first choice of secondary school, and 94.5% received an offer at one of their preferred schools.

- After the offer process, there were 56 Westminster children that were unsuccessful in their chosen preferred school(s). The schools with vacancies at the end of the process were Marylebone Boys School, Westminster City School and St Augustine's High School.
- The 18 unplaced boys have been allocated an alternative offer at either Marylebone Boys School or Westminster City School based on proximity. The remaining 38 unplaced girls have been allocated an alternative offer at either St Augustine's High School or Fulham Cross Girls' School (in H&F). All of the applicants receiving 'alternative offers' will also be provided with a list of schools more likely to have availability in neighbouring boroughs, along with advice on the waiting list and appeal process.
- As is historically the case, movement on waiting lists, and parents declining offers in favour of independent schools, will enable further offers to be made for schools of preference between the end of March and start of September.

3.5 Update on Holiday Activity and Food (HAF) Programme

Over the 2023 Easter holidays, 39 providers reached 1,390 children and young people, through the DfE Funded HAF Programme. 961 FSM eligible children took part in a diverse programme of activities, ranging from sports camps (football, basketball, boxing, table tennis), arts and crafts, music and dance, sewing, adventure play, gardening, cooking, nature skills, youth club and offsite trips. Initial feedback is that the provision was a great success, with Children and Young people enjoying the chance to make new friends, try something new and benefit from a healthy meal.

Additional funding has enabled Westminster to provide a holiday offer, with food, in May 2023 Half term, in partnership with The Grosvenor/Westminster Foundation. 28 providers will be offering 1,082 places per day.

Preparation is underway for the Summer 2023 HAF Programme. Again, an exciting programme of activities is being developed, across the borough, so there is a fun-packed summer offer for children and young people in the borough of Westminster. 41 providers will be offering 1,500 places per day for a minimum of 16 days, and it is anticipated that 24,000 meals will be delivered throughout the summer holidays.

3.6 Update on Bayswater Children's Centre

The reopening of Bayswater Children's Centre is a key pledge under the council's Fairer Westminster agenda. The first phase of the reopening, the basement area of Bayswater Children's Centre, happened on Tuesday 18th April and families can now access a mix of universal stay and play services for children aged 0-5 and targeted services including ESOL classes for parents with their children over 3 days in the week (Tuesday to Thursday). An official launch event for families took place on the 2nd May attended by the Leader, the Lead Member for Young People, Learning and Leisure, local Ward Councillors and key partners. The 0-5 services are delivered as part of the Queens Park Family Hub, run by the Queens Park Federation. The sessions will enable children to learn, play and sing, contributing to their overall health and wellbeing and preparing older children to start school.

3.7 Anticipated Inspection for Youth Offending Services and our work to address disproportionality

The Youth Offending Service (YOS) was last inspected by His Majesty's Inspectorate of Probation in 2015 when it was part of the Tri-Borough Youth Offending Service alongside the Royal Borough of

Kensington and Chelsea (RBKC) and London Borough of Hammersmith and Fulham (LBHF). Both RBKC and LBHF have been inspected individually in 2021 and 2022. Anticipating that the announcement of an inspection is likely to be imminent, Westminster YOS along with the Youth Crime Partnership Board and partners in the Local Authority have been undergoing preparation for when the announcement takes place alongside taking learning from other boroughs that have been recently inspected to inform practice and procedure locally.

The YOS has been working to tackle disproportionality in their work and have designed and implemented a Disproportionality Action Plan (DAP). This plan encompasses a range of work including partnering with the Metropolitan Police to address the disproportionate representation of Black children in Stop and Searches; working with School boards to understand disproportionality in school exclusions; and training staff in Anti-racist practice, cultural competency and multi-dimensional racism. The service is also working to prevent disproportionality through its work with Black Fathers which seeks to explore how practitioners work with fathers and how we can improve our engagement with men.

3.8 Update on the Consultation on the restructuring of Libraries staff

The bi-borough Library Service are currently undergoing a consultation on a proposed staffing restructure. The overall aim of the proposal is for the service to be more cost effective (including more streamlined management arrangements) and to lend itself to greater collaboration, working across the Councils and wider communities. The proposal relates to the Libraries part of the function and does not include the Archives team or the Collections and Resources team. The proposal takes into account a range of staff feedback, in particular the need for the reintroduction of the Librarian role which provides career development for front-line Library Officers and enables the service to have greater links to the community.

The proposed changes will reduce the overall staffing cost of the bi-borough service from £8.282m to £7.852m delivering an overall reduction in cost of £0.430m. The consultation opened on 17 April and will run until the end of May. The outcome of the consultation will be published on 8 June, with the selection of ringfenced staff taking place in June and July. To enable the transition to the proposed structure, a transition plan is being developed to ensure staff are equipped with the tools required to do their job and the process of learning and development will be ongoing.

3.9 Support to Schools rated as 'Requires Improvement' (as requested by the Committee)

We are proud that 93% of maintained schools in Westminster are currently rated as 'Good' (61%) or 'Outstanding' (32%) by Ofsted. There are currently three schools that are rated as 'requiring improvement' within the borough— St Augustine's Primary, St Peter's Eaton Square Primary and St George's Hanover Square. All have secure leadership in place and are making positive progress with improving the quality of education. Our School Standards team works closely with these schools, providing additional support to them. This includes:

- Additional advice given to Headteachers by our Lead Advisor.
- Brokering additional external support to the school which might be for example engaging a practitioner from another school to share and embed best practice or bringing in an education consultant.

- Help the school to establish a strong monitoring framework for the improvement plan, including the setup a School Improvement Board, which we sit on alongside school governors, to ensure there is sufficient challenge and progress.

The School Inspection Framework makes it clear that during inspections, the inspectors are looking for partnership working and sharing of practice and see this as a positive thing. We have had positive feedback from Ofsted about our close partnership working with schools and the dioceses.

There have been two schools recently inspected by Ofsted who were previously ranked as Outstanding and have received the rating of 'Good'; Hampden Gurney CE Primary School and St Augustine's CE High School. It is worth noting that these schools have not been inspected for 14 years and 16 years respectively, during which time there have been various changes to the inspection framework, which is now more robust, and difficult to achieve a rating of Outstanding. Both schools have various elements that were judged as 'Outstanding'.

3.10 Availability of nursery placements across the borough (as requested by the committee)

It is difficult to get the full picture on the available nursery placements across the borough as vacancy data for private, voluntary and independent schools is not available because they aren't on Ofsted's Early Years Register. The number of available places shown in Table 1 below outline the total estimated number of places at early years providers located in the ward, based on capacity registered with Ofsted (for private providers) and prior roll numbers (for state schools). The funded pupils include two-year-olds in receipt of targeted funding and three- and four-year-olds taking up the universal entitlement in nursery.

A few of the ward percentages are distorted by private schools that have funded pupils but which are not included in the capacity estimate. The biggest is Little EIFA nursery in West End, but there is also, for example, Naima Jewish Prep in Maida Vale and St John's Wood Prep in Regents Park. This effect is only really noticeable when looking at providers based in each ward like this: even EIFA's 47 children represent less than 1% of places at borough-level.

Table 1: Availability of Nursery Places in each ward

Places in each ward

Cluster	Ward	Providers	Est. available places	Funded nursery places	% Places funded
North West	Bayswater	9	256	89	35%
North West	Harrow Road	11	228	125	55%
North West	Hyde Park	6	305	122	40%
North West	Lancaster Gate	5	210	94	45%
North West	Little Venice	6	229	98	43%
North West	Maida Vale	8	225	112	50%
North West	Queen's Park	14	279	137	49%
North West	Westbourne	13	224	129	58%
North East	Abbey Road	9	293	75	26%
North East	Church Street	13	365	277	76%
North East	Marylebone	7	278	118	42%
North East	Regent's Park	9	344	88	26%
South	Knightsbridge & Belgravia	12	568	160	28%
South	Pimlico North	5	134	72	54%
South	Pimlico South	12	325	190	58%
South	St James's	13	427	80	19%
South	Vincent Square	9	193	92	48%
South	West End	3	186	111	60%
Total		164	5,069	2,169	43%

3.11

Westminster Youth Council

Westminster Youth Council (WYC) is an inclusive and diverse platform for 11–18-year olds (up to 25 for young people with SEND) who live or study in Westminster to come together and discuss the that affect the lives of young people in Westminster.

After a recent election, the Youth Council is delighted to welcome its newest Member of Youth Parliament (MYP), Myra Soni, 15. Myra's priorities as a Youth MP are mental health, the climate crisis, and diversity and inclusion. Myra joins James Balloqui, 17, and together they will act as the voice of young people of Westminster, take part in the UK Youth Parliament and will work directly with key decision makers in the Council to help influence and shape local services for young people.

4. Westminster Adult Education Service (WAES)

4.1 WAES Strategic Plan 2023-28

The WAES Strategic Plan 2023-28 has been developed through consultation with key stakeholders. It goes live in June 2023 and will be reviewed on an annual basis. If the business cycle allows, it is proposed that the WAES Plan will be an item at a future committee or that the team will hold an ad-hoc briefing session for the committee. This will provide members with an insight to the priorities that WAES will be addressing over the coming years, as well as the opportunity to help shape the proposed Partnership Development Plan, which will build on current WAES initiatives that support the delivery of the Fairer Westminster Strategy.

4.2 New and Expanding Curriculum Offer to Meet Business Growth Needs

WAES has introduced two new programmes to its portfolio to meet skills needs and to target courses at those most disadvantaged that would not normally be able to pay for commercial programmes. The first is Digital Marketing Level 2 which started in April 2023 with 12 new learners. The second is a PRINCE2 Project Management programme, which is due to start in June 2023 with 12 learners. Both programmes will equip participants with skills that are in high demand by employers and will therefore lead to better progression into work.

4.3 WAES Learner Graduation

The WAES graduation event was held on 17 April 2023 for over 40 learners and guests who had participated in one of our Amazon Web Services and Full Stack digital bootcamps, and from our first teacher training programme. The event was attended by the Lord Mayor, who congratulated the learners and handed out the certificates. We also heard from employers (Robert Half Recruitment Specialists and The Code Institute) who have been supporting the programmes. Learners spoke about the impact of the programme on their careers and lives. Many of the learners have already secured permanent employment as a result of attending the bootcamps.

5. Leisure

5.1 Leisure Centre pre-paid membership numbers

- April 2023 reported the highest number of pre-paid members across the contract at 20,800. This is the highest recorded since March 2020.
 - Six centres reported increased membership between March and April 23. Following a decrease in March 23, Porchester reported consistent number of pre-paid members.
 - Little Venice pre-paid members continues to decrease with April reporting just 922 pre-paid members. This is the lowest number of pre-paid members recorded. However, it is unclear at this stage why this is as there have been no major changes to the service. The site team are increasing marketing efforts to support the growth.
- A positive overall % change for pre-paid memberships was reported in April 23 at 101%/+1% membership compared to the same period in 2019/20.
 - Four centres averaged positive percentage change in pre-paid members for April 23: Paddington Recreation Ground (+42%), Porchester (+11%), Queen Mother (+4%) and Moberly (+9%) compared to 2019/20.
 - Whilst Little Venice reported the lowest number of pre-paid members for April 23 (922), % change margins are smaller due to low numbers of pre-paid members pre-pandemic averaging (1,285 through the 2019/20 financial year)
 - Marshall Street remains the centre with the lowest recovery across the financial year in pre-paid members compared to 2019/20 at an average of -51%. Marshall street pre-paid members are over 1,000 lower for April 23 (2,029) compared to April 19 (3,273)

5.2 Seymour Leisure Centre

Seymour Leisure Centre development is currently in for planning permission with a decision expected in Summer 2023. Recommendations from the planning board will be considered on receipt. The centre is planned for closure in the first quarter of 2024 and planning has began to demobilise the centre and relocate sessions and providers to other sites, with minimal disruption.

6. Culture

6.1 West End LIVE

Our annual showcase of musical theatre will be taking place again this year over the 17/18 June in Trafalgar Square. Plans are well underway with over thirty West End shows now having signed up to participate at the event. Raising sponsorship has been challenging and as a result, the council has increased its annual contribution to support the event which is a key fixture in London's cultural calendar and at the heart of the council's cultural strategy. We are once again working alongside The Society of London Theatre with whom we Co-Produce the event and who has managed to secure some additional financial support from the theatre community.

6.2 Temple Roof Gardens

The council has partnered with local art curators based at Somerset House, Colab, to transform the public space above Temple underground station with a series of public art projects funded through Section 106 and neighbourhood CIL funding. The latest commission for The Artist's Garden is a new installation, Slackwater, by Holly Hendry that will launch in July.

6.3 Donmar Warehouse School Tour

Donmar Warehouse are being funded with £25k from the council's Culture Fund Commissioning Strand and corporate sponsors to take an adaptation of Shakespeare's Henry V to secondary schools across Westminster targeting key stage 3 pupils. The productions will take place in school halls this summer and will reach up to 1,500 children. Donmar have confirmed the following schools and are in discussions with others: Westminster City, St Marylebone, Pimlico Academy, Greycoat Hospital, King Solomon Academy, St George's, Paddington Academy, Marylebone Boy's School.

6.4 Harrow Road Art Commissions

The Harrow Road public art panel have selected Steve Shaw from Paddington Arts to create a series of photographic mural panels on the Fernhead Road wall outside Queen Elizabeth II Jubilee school for children with learning difficulties. This is the first in a new series of two-year rotating art works which are part of the Harrow Road regeneration programme. The panel will also be selecting two further permanent art works sites opposite Queen's Park Library on the canal and outside Grand Junction near the canal path.

6.5 Community Gallery Exhibition Programme

An exhibition of art by local Ukrainian schoolchildren opened in May in the mezzanine gallery, 64 Victoria Street, organised by St Mary's supplementary school in Kensington who have recently expanded to accommodate large amounts of Ukrainian children since the start of the war.

Alison Smith from Unison is working with the I&C Communities team to create a Windrush exhibition for June and July to commemorate its 75th anniversary. The first part of the exhibition will be sculptures made by a Westminster resident and artist, Carl Gabriel, based at the Yaa Centre. In July there will be an exhibition of PRIDE carnival costumes made by LGBT+ artist, Clover Nash, whose grandfather was heavily involved in the Notting Hill Carnival.

6.6 Green Plaques

A plaque unveiling took place at the Edwardian Hampshire Hotel in Leicester Square in March to mark the site of the former Royal Dental Hospital. Formal approval of a plaque to mark the site of Café Monico in Piccadilly Circus is in progress and a plaque to commemorate Sir Hugh Casson has been approved and is in production. The Green Plaque panel has informally approved a submission to commemorate Stanley Tse's contribute to Chinatown.

6.7 City of Sculpture

Sister by David Breuer-Weil was installed in Hanover Square Gardens and Khadine by the artist Bruno Catalano was installed in Riverside Walk Garden in January. The City of Sculpture panel has informally approved additional sculptures ahead of formal planning permission including Tree of Life by Isabel Langtry in Berkeley Square Gardens, Relatum-Circle & Straight by Lee Ufan in Hanover Square Gardens and Langston by Jason Boyd Kinsella in Riverside Walk Gardens. The Anthony James sculpture, Triacontahedron is due to be removed from Berkeley Square in July.

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Agenda Item 6

AGENDA ITEM No:



Children, Adult Public Health and Voluntary Sector Policy and Scrutiny Committee

Date:	12 June 2023
Classification:	General Release
Title:	Voluntary and Community Sector (VCS) Investment Strategy 2023-2028
Report of:	Serena Simon
Cabinet Member Portfolio	Cllr Nafsika Butler-Thalassis
Wards Involved:	All
Policy Context:	Fairer Communities – Supporting the Voluntary and Community Sector to Thrive
Report Authors and Contact Details:	Christine Mead - Head of Community Partnerships cmead@westminster.gov.uk Genevieve Peattie - Communities Manager – Voluntary and Community Sector Investment, Contracts & Grants gpeattie@westminster.gov.uk

1. Executive Summary

A stable, resilient, and wide-reaching voluntary sector in Westminster is a crucial part of achieving a Fairer Westminster. The VCS plays an essential role in enabling people to live happy and healthy lives in the borough, as well as preventing acute problems from developing in our communities. The council relies on the VCS to achieve an equitable reach of care and support services to all Westminster residents. Westminster's voluntary and community sector has more than 200 organisations actively providing services and activities throughout the city. Without robust and well supported VCS services, there is a risk of further increased health and socio-economic inequalities.

The VCS Investment Strategy (2023-2028) sets a framework from which the council can commit to strengthening its partnerships, policies and resources in a long-term and sustainable way, enabling the VCS to succeed. The strategy frames investment in five principle ways: capacity building, strategic partnerships, impact measurement, processes and systems, and space.

These key priority areas were identified through a series of conversations and engagement sessions with VCS stakeholders.

This report outlines the principles and actions that lie at the centre of each priority area, while seeking discussion from the committee on what elements of the strategy would be most beneficial to prioritise over the first year.

2. Key Matters for the Committee's Consideration

- The VCS Investment Strategy is wide-ranging in its five key areas. What elements of the strategy do committee members think will be of maximum benefit to the sector in the short-term and should therefore be prioritised for the next 12-24 months?

3. Background

As outlined above, the VCS Investment Strategy is structured around five core principles. These are summarised below and can be found in full in the official strategy document.

1. Investing in capacity building

This aims to support small and medium sized organisations to develop and strengthen their skills, abilities and resources. This will help build a stabilised, growing and diversified VCS able to deliver well, build skills and expand reach in our communities. Actions to achieve this include developing a core funding approach that prioritises small to medium sized VCS organisations, in addition to core strategic VCS partnerships, building fundraising capacity and targeted support to such organisations, as well as enhancing training provision through One Westminster and WCC's learning zone. Investment will be in the form of longer term (3 year) core and project funding.

2. Investing in strategic partnerships

This aims to foster relationships with other institutions to boost funds and resources for the VCS. It will support cross-council work to strengthen our own relationships with the VCS beyond grant and contract arrangements. This approach strives to create new collaborations with other funders and increase inclusion of the VCS voice in council policy and service decisions. Actions to achieve these goals include setting up a 'Westminster Funders' network and increase pool-funding opportunities with other VCS funders. They also include encouraging council services to partner up with local VCS organisations on an informal basis or through exploring cross-sector secondment opportunities.

3. Investing in impact measurement

This aims to understand the scope and impact of the council's role as funder and partner to the local VCS, and to evidence the collective impact of the sector in the borough. By doing this, we will be able to rely on high quality and meaningful reporting and impact measurement approaches, as well as being equipped with a rich impact story of the VCS and the council's investment in the sector. Actions to achieve this include investing in qualitative ways to measure the impact of the sector, including evaluation and deep dives into particular funding area

4. Investing in processes and systems

This aims to streamline approaches to awarding funds, including grant applications, project monitoring, due diligence and other related processes.

By doing this we want to achieve clarity and proportionality for VCS and council staff in accessing, navigating and managing funding schemes. Actions to achieve this are underway and have included creating a set of monitoring and reporting, compliance, and application guidelines for council staff responsible for handling grants.

5. Investing in space

This aims to enable local VCS organisations to hire, access or lease spaces in a safe, consistent and affordable way. By improving policies around premises and leases, VCS organisations will be supported to work or deliver services in council properties or other community hubs in a straightforward and cost-effective way. Actions to achieve this include reviewing and agreeing on a consistent approach for longer term rentals for the larger community spaces, as well as exploring options of 'meanwhile' rentals (where a space is not being used for a set period of time) to fill space available on a temporary basis for VCS activity.

4. Next steps

More information and the details for the core funding approach will be available for discussion in September. The strategy, in the background papers, will be published and available on the website from June.

If you have any queries about this Report or wish to inspect any of the Background Papers, please contact the Report Authors:
cmead@westminster.gov.uk and gpeattie@westminster.gov.uk

APPENDICES:

Appendix 1 - Westminster City Council VCS Investment Strategy 2023-28

BACKGROUND PAPERS

[Grant funding opportunities | Westminster City Council](#)

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Why a voluntary and community sector investment strategy?

Our corporate Fairer Westminster strategy is committed to creating an equitable city in which community and voluntary sector organisations are empowered to succeed.



Westminster's voluntary and community sector (VCS) organisations play an essential part in helping people live happy and healthy lives, as well as preventing acute problems from developing in communities. Our VCS strategy has this understanding at its core.

Westminster's voluntary and community sector has more than 200 organisations actively providing services and activities throughout the city.



As a council, we want to create a landscape that is built on mutual trust, inclusion, prevention and sustainability. This strategy positions our role in supporting VCS organisations to thrive in Westminster, and frames investment in multiple ways. It sets out key priority areas that have been identified through a series of conversations and engagement sessions with VCS stakeholders. It also highlights the principles and actions that lie at the centre of each priority.

OUR VISION

To play a committed role as a council to strengthen partnerships, policies and resources that enable the VCS to succeed.



To work consistently in an integrated and equitable way across sectors to effectively meet local need.



To have a stable, thriving and wide-reaching voluntary sector in Westminster that reflects, serves and empowers local communities.

OUR PRIORITIES

Invest in **strategic partnerships**



Invest in **capacity building**



Invest in **space**



Invest in **impact measurement**



Invest in **processes and systems**



Investing in capacity building

Strengthening resource, leadership and resilience in small and medium sized organisations & supporting the sector to diversify

We are committed to help small and medium sized organisations develop and strengthen their skills, abilities and resources. **We want to see these organisations stabilise and have the opportunity to grow**, while maintaining the high-quality services and activities that are most needed in Westminster.

Within this context, we recognise that many organisations of this type lack cash flow and reserves, and lack the time and/or skills to secure substantial funding and keep on top of administrative tasks. They may also struggle with maintaining consistent quality due to resource limitations and low staff retention, and may miss out on opportunities to network and participate in training sessions.

We also recognise that Westminster has an underrepresentation of organisations led by and for people from Global Majority communities (Black, Asian or Minority Ethnic) and other marginalised groups. Organisations run by these groups are also disproportionately smaller (with lower annual turnovers) than average. **Both the council and the wider VCS value the importance of organisations being led by people with lived experience and people who can reflect and relate to those who use their services.** As Westminster City Council has declared itself an anti-racist organisation, we are striving to build equity in capacity building and access to resources.

What we can do:



Build fundraising capacity across small and medium organisations and provide targeted support.



Develop a core funding approach that helps to build sustainability and resilience in the local VCS, and that works particularly to develop capacity in small and Global Majority led organisations.



Offer VCS access to professional training that are already available for council staff.



Encourage and support the sector to move people with lived experience into positions of leadership.



Enhance the work of One Westminster to link professionals with VCS organisations. Also enhance support with training such as fundraising, bid writing, evaluation, financial management, and performance management.



To build expertise and capacity within the sector to support communities to achieve their health and wellbeing goals and support the delivery of local initiatives addressing health inequalities.

Investing through relationships and partnerships

Harnessing collective power, voice and resource

We strive towards a more closely connected way of working with the VCS across the council. We want to make sure that VCS expertise is respected and incorporated in strategic decision-making and that the sector is supported in its wider campaigning and policy work that align to Westminster's values. **We also believe in the potential to boost funds and resources for the VCS by encouraging strategic relationships with other institutions.**

There is scope to be better connected with other foundations and anchor institutions that fund and support the sector, or who have the potential do so. **Building these relationships means being able to share intelligence and coordinate funding efforts, ensuring that resources are effectively targeted.**

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What we can do:



Set up a 'Westminster Funders' network that meets on a quarterly basis and increase pool-funding options with other VCS funders.



Encourage council services to partner up with local VCS organisations, through a buddy/mutual mentoring scheme.



Enhance collaboration between the Business Community Partnership and One Westminster in increasing direct investment from businesses to VCS organisations and projects.



Better exploit our geographic location to make an impact on national issues and connect strategically with VCS campaigning organisations based in Westminster.



Work with our Responsible Procurement team to encourage a culture of putting local VCS organisations first when it comes to buying services.



Support the development of the North Paddington Programme, galvanising active involvement from community organisations.



Create a map of council contacts across services for external use.



Explore staff secondment opportunities between sectors.

Measuring what matters

We want to measure the collective impact that the sector has in the city. Equally, we want to understand and measure the impact of our role as a funder and partner to the local VCS. Collecting and analysing a breadth of information is an important part of understanding impact and effectiveness of a provided service or activity.

We want to think innovatively about how we can capture and measure what is most meaningful and promote stories that demonstrate the impact on local people's lives. By doing this, we will also be producing an evidence base for the sector itself, which can act as a valuable tool for future practice and fundraising efforts.

What we can do:



Use community insights and council collated data on VCS grants and contracts to track the scope of VCS investment and understand the reach and gaps of VCS provision.



Promote VCS organisations within the council and with external funders through comms and social media support to create digital content demonstrating their impact.



Encourage longer-term funding from council departments so that VCS work has an opportunity to have an impact.



Reduce the council's tendency to implement outcomes-tracking for short-term funded VCS projects.



Invest in qualitative ways to measure the impact of the sector, including evaluation and deep dives into particular funding areas.



Consider innovative ways to track long-term impacts, for example, through community research programmes that follow and collect the stories from residents who engage with multiple VCS services over a series of years.



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Investing in processes and systems Clear, consistent, and accessible council processes

We want to ensure that there is clarity and consistency across the various programmes and funding streams in the council, so that VCS organisations can benefit from these opportunities in a straightforward and accessible way. **We also want to ensure that when these funds are awarded, we are proportionate** in the way we carry out due diligence and the monitoring of projects or services being delivered.

What we can do:



Have all competitive grant programmes sit on one single landing page on the Westminster City Council website.



Create a standardised application template and implement its use across the main grants programmes.



Create a set of standardised compliance guidelines for grant programme leads so that there is consistency and proportionality in the level of due diligence that VCS organisations are required to comply with.



Create a set of monitoring and reporting guidelines for people responsible for handling grants that are proportionate to small, medium, and large size grants and centred on understanding the impact of the work.



Create a set of guiding principles that clarify to council staff when to award a grant and when to issue a contract.



Have a public forward plan of open procurement processes so that local organisations can plan for bidding opportunities.

Investing in space

Improving policies around premises and leases

Having space to work and deliver is an essential requirement for any organisation to run effectively. Not having access to such space is a barrier for some VCS organisations in Westminster, and addressing this is a critical part of supporting them to prosper. Where there is control or ownership of assets, it is critical that we act as an enabler for VCS organisations wanting to access them, and do this in a way that prioritises safety and affordability for local organisations.

What we can do:



Review and agree on a consistent approach for longer term rentals for the larger community spaces (ie. a community asset transfer policy).



Explore options of 'meanwhile' rentals (where a space is not being used for a set period of time) to fill space available on a temporary basis for VCS activity.



Ensure allocation of VCS space, aligning with the development of the community hubs initiative.



Explore free use of council meeting rooms to VCS groups where possible.



Develop viable maintenance contracts for council premises used by the VCS.



Publish VCS rent policy in an easy access version online.



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Children & Adults, Public Health & Voluntary Sector Policy and Scrutiny Committee

Date:	12 June 2023
Classification:	General Release
Title:	Independent review of pandemic response
Report of:	Director of Public Health
Cabinet Member Portfolio	Adult Social Care, Public Health and Voluntary Sector
Wards Involved:	All
Policy Context:	Fairer Westminster
Report Author and Contact Details:	Jeffrey Lake, Deputy Director of Public Health jlake@westminster.gov.uk

1. Executive Summary

- 1.1 The Council commissioned an independent review of its COVID-19 pandemic response, in line with its Fairer Westminster ambitions to provide excellent public health services and reduce poverty and inequality.
- 1.2 The report concludes that there is evidence that systems and processes worked as well as they could have during the unprecedented global pandemic. It states that these will be helpful for shaping local emergency preparation and response efforts to future infection outbreaks or disasters.
- 1.3 The report provides key recommendations in relation to effective cross-functional working relationships with the NHS, best practice in data management within local primary care services, resident engagement, and the protection of workforce, vulnerable residents, and Global Majority groups.

2. Key Matters for the Committee's Consideration

- 2.1 The Committee's Members have received the independent report (see Appendix) noting Professor Manthorpe's observations regarding the local pandemic response, including efforts to address low COVID-19 vaccination uptake, and implications for future work. Professor Manthorpe is attending the Committee to answer questions, and the Committee's observations are

intended to help direct officers in responding to the report.

3. Background

- 3.1 An independent review of the Council's pandemic response was commissioned to ensure system-wide learning is identified for shaping future outbreak management and emergency preparedness.
- 3.2 The report helps identify the root causes of low vaccination rates and also provides an independent review of the Council and other local providers' pandemic response.
- 3.3 The report identifies long-term challenges in establishing accurate vaccine uptake given Westminster's relatively high population transience and reliance on international/independent health care. It notes there is substantial evidence that the Council, in partnership with other organisations, has been addressing (and continues to) both vaccine hesitancy and vaccine refusal.
- 3.4 It concludes that there is evidence of systems and processes that worked as well as they could have during the unprecedented global pandemic. It states that these will be helpful for shaping local emergency preparation and response efforts to future infection outbreaks or disasters.
- 3.5 The report highlights that:
 - The Council's responses clearly built on many long-standing initiatives and ways of working, such as community engagement and effective working practices with its neighbours and local NHS partners.
 - Positive relationships with new NHS structures seem to help maintain the focus on improving the quality of patient registration data. The Council might wish to request progress reports about this work. This could provide greater confidence when deciding how to prioritise and allocate resources to address inequalities.
 - The Council played a major role in London-wide activities during the pandemic, and it benefitted from London's pooled expertise in planning and responding. Many of these activities are detailed in this report and are operational- and governance-related in nature. While they might not attract publicity, they are crucial to managing high-level risks and could contribute to 'stress testing' systems in the future.
 - Continued work on community engagement and communications, as well as deeper analysis of residents' experiences of inequality, could help shape the Council's work and deliver its vision for a Fairer Westminster.

3.6 Key recommendations are provided and include:

- Giving attention to strengthening cross functional working relationships with NHS and regional partners;
- Ensuring best practice in data management within local primary care services, including recording ethnicity details;
- Reviewing lessons learned from resident communication and engagement and the efforts made to protect volunteers and staff, vulnerable residents and those who are homeless, and Global Majority groups.

If you have any queries about this Report or wish to inspect any of the Background Papers, please contact Jeffrey Lake - jlake@westminster.gov.uk

APPENDICES:

Independent report

BACKGROUND PAPERS:

None

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Report of an independent review of Westminster City Council's Pandemic response including the local uptake of Covid-19 vaccinations

2 May 2023

Professor Jill Manthorpe CBE

Executive summary

This report summarises the findings of an independent review of the council wide Covid-19 pandemic response by Westminster City Council (WCC), conducted by Professor Jill Manthorpe CBE, at the request of WCC. The review was requested to focus on health and care services and the people at the heart of these.

It concludes that there is evidence of systems and processes that worked as well as they could in the unprecedented time of a global pandemic and states that these will be helpful in shaping responses to any future infection outbreaks or disasters through local emergency preparedness.

Key points are highlighted:

- The Council's responses clearly built on many long-standing initiatives and ways of working such as community engagement and effective working practices with its neighbours and local NHS bodies.
- Positive relationships with new NHS structures look set to maintain the focus on improving patient registration data and the Council may wish to seek progress reports on this matter. This might provide greater confidence about decisions on the allocation of resources and priorities to address inequalities.
- WCC played a major role in pan-London activities during the pandemic and benefitted from London's pooled expertise in planning and response. Many of these activities are detailed in this report. These are operational and governance imperatives that may not attract publicity but are crucial to managing high level risks and could contribute to 'stress testing' of systems in the future.
- Continued work on community engagement, communications and deeper analyses disparities experienced in the borough could usefully add to the ambitions and vision of WCC to create and sustain a Fairer Westminster.

Key **recommendations** to inform a future response are embedded throughout the report. A summary of these is as follows:

Effective Cross Functional Working – Relationships with the new NHS bodies, such as North West London (NWL) Integrated Care System (ICS), present opportunities for WCC around risk assessments and management. Early challenges in setting up and delivering vaccination services reflected workforce and other system pressures that need mutual acknowledgement. Similarly, partnership activity on subjects such as preparedness and responses to emergencies will need development with new central government bodies, notably in the public health sphere. Bi-Borough and pan-London working assisted in the pandemic in the sharing of resources, economies of scale and joint initiatives and a shared understanding of these could inform both councils' accounts of their preparedness and response.

Data - Good practice in data recording within local NHS primary care needs developing as a joint priority. This is acknowledged as an important basis for good decision making, sensitive planning and activity around population health and wellbeing, and in particular enabling health disparities to be reduced in areas affecting public health such as screening and immunisations. But the data problems experienced in vaccine reporting appear to go beyond simple data

recording and extend to different resource patterns and other system 'shocks' pre-dating the pandemic. The new ICS will be central to jointly understanding, then resolving, some of these complexities and help promote the obligation to update patient records in practices where this is a particular challenge. The council may wish to ask for progress reports on this matter. This is of course just one part of the wider public health endeavour, since improving trust and healthcare access across different communities should help to improve wider healthy life expectancy and wellbeing. Other data improvements recommended by WCC to national bodies were for the inclusion of ethnicity data on death certification records; this could be followed up.

Communications and Resident Engagement - The local epidemiological picture that WCC in-house expertise provided enabled WCC and partners to tailor pandemic responses to particular communities and residents living in specific geographical locations. Strengthening engagement with voluntary and community sector over time is important learning but care is needed not to duplicate local NHS and other efforts around creating vibrant communities and improving vaccine and other preventive healthcare efforts. WCC should look to reflect on this good practice and evidence such as the shift to online digital communications, the need to see communications as part of strategic thinking and leadership, the development of hub or networked multi-agency working, and the need to ensure best practice in communications that addresses known inequalities.

Workforce and Protection of Vulnerable Groups - The wellbeing of WCC employees and other staff and volunteers responding to the pandemic could be supported further. WCC could address occupational health learning and work with partners on assuring good support for those affected by Long-Covid, bereavements and trauma. WCC brought together the feedback from its 'look back' exercise held after some severe outbreaks in care facilities, such as care homes, to draw together lessons learned for the future. There is also the potential to influence a review of hospital discharge support, ongoing at the time of writing, for people moving into care homes or other settings to inform future hospital discharge planning, including people with experiences of homelessness. There is also commitment to ensure the pandemic experiences shape the future of homelessness services. Effective and respectful approaches to people without recourse to public funds who have housing and other needs remain a continuing challenge for local councils and something which WCC may wish to work with partners to address. I would recommend starting or continuing such activities and also revisiting the support of people who have Direct Payment, care home residents and care providers, and of relatives and friends of care home residents to assess the effectiveness of what was offered in the pandemic context and what can be learned for any future crises.

Work with Global Majority Groups

Threaded through this report are observations on the emergence of high risks affecting Global Majority groups from Covid-19 necessitating partnership work with NHS and the wider community and voluntary sector as well as faith and cultural groups. Some of this had interface with WCC's and others' work on addressing health and other inequalities that have been well documented by the Institute for Health Equity (<https://www.instituteofhealthequity.org/home>) and others. This report contains evidence that these relationships were further developed during the pandemic leaving the potential for new efforts to increase fairness and wellbeing. The work could be further developed to assess what efforts are particularly effective and acceptable. However, the evidence for this comes from WCC and I would recommend wider views be accessed and considered about how well these relationships are working.

1. Scope of this review

- 1.1 This is my review of the Covid19 pandemic response by Westminster City Council (WCC) as commissioned on behalf of the Council's administration in line with its manifesto commitments.
- 1.2 The terms of reference for my review were laid out in an agreed document dated 14 November 2022 (Appendix 1). The scope of this report spans an analysis of the internal review undertaken by WCC as reported in a document dated 26 September 2022, clarification of matters arising by telephone and online communication with relevant officers of WCC and elected members, and other bodies, identification of points of good practice and lessons learned.
- 1.3 In addition to the documents supplied by WCC, these materials were also contextualised by my access to publicly available documents such as reports, minutes and papers of the Bi-Borough (joint Westminster and Royal Borough of Kensington and Chelsea) Health and Wellbeing Board, wider social media and regional, national and other reports.
- 1.4 Some of this documentation is accompanied by accounts of engagement with other authorities whereby WCC officers were being informed by peers and contributing to areas of national evaluation (for example, through the vaccinate inequalities programme funded by the Department of Levelling Up, Housing and Communities - DLHUC). There have been suggestions for more peer review activities between councils including by London's Directors of Public Health or via the Association of Directors of Public Health. Such processes often benefit from external scrutiny and some examples of this are reported on below.
- 1.5 A primary driver for this review came out of concern expressed over Covid-19 vaccination rates for WCC residents. This is a right and proper concern and the learning reported here may impact beyond Covid-19 to positively influence other public health initiatives. While WCC has long-established challenges of resident mobility, such population moves are not uncommon in 'super-city' areas and reflect substantial and increasing global mobility. The relatively high proportions of WCC residents with international and private health care arrangements are challenges to local record keeping systems. As will be seen in this report, WCC has dedicated considerable resources to outreach initiatives and there is emerging evidence about their effectiveness.

2. Independence

- 2.1 I am independent of WCC and do not regard myself as having any conflict of interest, save that I am a Westminster resident and my primary care provider is a local NHS health centre in the Borough. My most recent Covid-19 vaccination took place in a local community centre staffed in the main by volunteers to whom I extend my thanks. I have previously provided assistance to elected members of WCC Scrutiny Committees in contextualising the annual reports of their Adult Safeguarding Board.

3. WCC internal review (IR) dated 26 September 2022

- 3.1 This review (hereafter referred to as the IR) by WCC, entitled Covid-19 Pandemic Review, was comprehensive in terms of the evidence it drew upon and had clarity of purpose. It notes that it has built on several earlier reports, reviews and audits. The focus is council wide, however, several areas of focus are specific to Adult Social Care and Health.
- 3.2 In several sections this IR concludes that there is evidence of systems and processes that worked as well as they could in the unprecedented time of a global pandemic and states that these will be helpful in shaping consideration of any future infection outbreaks or

disasters through local emergency preparedness. The system working and structures that underpinned this judgement relate to:

- Effective cross-functional working – both within WCC and externally with its partners
- Data-led decision making – drawing on public health and other data
- Already good but also improved communications
- Well-developed investments in community engagement with diverse groups and populations that were sustained during the pandemic
- As an employer, WCC being able to deploy its workforce flexibly and rapidly
- Growing mutual trust between organisations locally and their personnel.

Each of these elements will be reflected on in turn, with section 9 of this review focussing on the challenges identified.

4. Cross-functional working

4.1 Internal to WCC

- 4.1.1 Preparation for the emergency risks as covered by the Civil Contingencies Act (CCA) 2004, relate to the responsibilities laid on local authorities as Category 1 responders. These statutory duties require assessments and updating of the risks of emergencies which WCC through the Borough Resilience Forum had undertaken on an annual basis long before 2020.
- 4.1.2 The Borough Resilience Forum provides a means of co-operation but the statutory Local Resilience Forum meets at a London level and oversees planning and preparedness for major incidents and emergencies across the capital. The arrangements that are in place are a combination of local and regional plans and capabilities. Any Category 1 responder can declare a major incident. Within WCC risk factors have been considered on the basis of national and regional risk registers covering individual and social impacts but not specific groups.
- 4.1.3 The Borough Risk Register, which covered long-standing (5 to 10 years prior to 2020) appreciation of the risks of an influenza-like pandemic, has been published in past years but had not been so recently, similar to its generic Major Incident and Emergency Plan. WCC considers that its generic plans have been flexible and scalable and that there were processes in place for reviews, learning exercise and amendments.
- 4.1.4 Part of such planning involves assurances about business contingency plans which are maintained by individual Council services and contracted providers (as set out in a document dated 20 December 2020 <https://www.westminster.gov.uk/businesses/preparing-your-business-emergencies/creating-business-continuity-plan> which also contains a toolkit developed by the Cabinet Office). At WCC corporate level, these are coordinated by the Emergency Planning team. WCC acknowledges that the training around such plans by its contracted service providers is likely to have been inconsistent, with greater focus on larger contracts. Its provision of advice about business continuity to businesses and communities will have also varied, particularly in terms of reach. In terms of health and care providers there may be scope to consult on the effectiveness of such plans either locally in WCC area or regionally.
- 4.1.5 The structure of WCC's local outbreak management response was detailed in its evolving Local Outbreak Management Plan (https://www.westminster.gov.uk/sites/default/files/wcc_outbreak_control_plan_public_edition_v1.1.pdf and later versions). Its fourth version also set out the weekly assurance

reporting pattern (to the Executive Group and from the Covid-19 Co-ordination Centre to the HPB and Tactical Group, when meeting) as it developed following initial pandemic related initiatives.

- 4.1.6 There were also prior preparations and responsibilities in WCC that are not often covered in pandemic accounts, such as mortuary responsibility which was held by WCC Chief Executive (<https://www.bbc.co.uk/news/uk-england-london-55670469>) on behalf of London.
- 4.1.7 At the start of the pandemic in the UK (reported 18 March 2020), WCC built a temporary body storage facility at Westminster Mortuary to double its capacity (<https://www.independent.co.uk/news/health/coronavirus-uk-update-westminster-council-mortuary-tent-a9409586.html>). In December 2020 WCC and Camden Council were reported to be taking responsibility for overseeing arrangements for extra mortuary provision if the second wave of the pandemic gave rise to substantial increases in deaths (<https://www.mylondon.news/news/west-london-news/london-covid-temporary-london-mortuary-19353207>) and, like other boroughs provided extra financial support for mortuary services across London.
- 4.1.8 In addition to this task, delivery working groups were set up to cover other activities and concerns across the pandemic period, with track & trace and sharing of data as prime examples of early initiatives, then later developments around responses to excess deaths and promotion of vaccine take up. There is substantial evidence of the development of established active management chains of communication for outbreak contingencies, such as local or national trends of possible concern. These were operational round the clock to enable responses to numerous national imperatives or local developments.

4.2 WCC work with other agencies

- 4.2.1 Systems were in place within WCC to work with other agencies and these were stepped up during the pandemic. Naturally many of these related to local NHS working but others reflect delegation of activities to appropriate agencies within the Voluntary and Community sector (VCS) by agreement that they would be best placed to meet a specific need.
- 4.2.2 This included, for example, the decision that Citizens Advice Bureau Westminster would be commissioned by WCC to administer a Covid-19 Hardship Fund. Together with WCC's Local Support Payment team, the Citizens Advice Bureau worked with 37 voluntary and statutory agencies to provide 500 households with food vouchers (<https://www.westminstercab.org.uk/covid-hf/>).
- 4.2.3 A recent evaluation of local welfare assistance during the pandemic for London Councils and the Greater London Authority such as that provided by WCC concludes that this local provision was effective in meeting the needs of residents in crisis by enabling people to retain their housing and reduce rent arrears. Harmful options that might be considered by people in difficulty were less likely to be taken. Councils were also able to engage with people and offer early help (<https://www.londoncouncils.gov.uk/our-key-themes/tracking-welfare-reforms/local-welfare-provision>). This detailed evaluation provides good evidence for offering such support in times of further national or local crises.
- 4.2.4 Offering more to local groups, the extra income from the council's voluntary Community Contribution tax (managed by the City of Westminster Charitable Trust) ran a Covid-19 grant scheme for frontline organisations and charities helping young people, those sleeping rough, or those facing isolation and loneliness during the pandemic (https://www.westminster.gov.uk/westminster-trust?fbclid=IwAR0odaR_1vyyi5HWyu1sTMSuwlSCGRQPw9JTClanakE3MGJ5RBonzGY6Bik).

- 4.2.5 Such examples give a richer picture than simple expressions of partnership working and are threaded through accounts of WCC activities during the pandemic. They were visible in the descriptions of joint initiatives such as work on track & tracing.
- 4.2.6 Work with Global Majority groups, including WCC's own staff, is evidenced by activities reporting on the disproportionate impact of Covid-19 on Black, Asian & Minority communities as in the Staff Forum held early in the pandemic on 28 May 2020 (<https://www.kcsc.org.uk/sites/kcsc.org.uk/files/Disproportionate%20Impact%20of%20COVID-19%20on%20Black%20Asian%20%20minority%20communities%20-%2028.05.20.pdf>) where connections with communities were discussed as well as the emerging evidence on enhanced risks. The activities listed included discussions with community groups, liaison with the VCS Community Intelligence Forum, recording of community concerns and ideas, and promotion of Community Connects (<https://www.westminster.gov.uk/jobs-and-volunteering/volunteering/westminster-connects#:~:text=Westminster%20Connects%20was%20set%20up,to%20those%20who%20are%20vulnerable>).
- 4.2.7 Further evidence is contained in the minutes of a meeting of WCC's Adults and Public Health Policy and Scrutiny Committee on 17 February 2021 (<https://committees.westminster.gov.uk/ieListDocuments.aspx?CId=479&MId=5642&Ver=4>). This reports the unfolding debate about community engagement and the learning of practical and other challenges facing communities. At that time the 'stay at home' message, continuance of symptomatic and asymptomatic testing, and positive vaccine messages were being promulgated but there was increasing awareness of anti-vaccination messages circulating locally. WCC Communications and Community Engagement Teams were described as drawing together more factual information from trusted sources about the vaccine as well as reinforcing national NHS campaigns. The local HealthWatch representative described their own targeted messages to young people and minority groups in this context.

4.3 WCC work with other NHS agencies

- 4.3.1 Overall, there is a strong feeling among those consulted in this review that the pandemic tested but has now (early 2023) strengthened relationships, particularly with the NHS, which itself reorganised by moving from a Clinical Commissioning Group (CCG) structure to a larger Integrated Care Board (ICB) structure with some new personnel. This potential for stronger relationships seemed to be particularly so at primary care level, complementing than the previous generally good working relationships with local acute hospital Trusts.
- 4.3.2 Specifically on relationships with local NHS bodies, several of those consulted during this review mentioned how these have generally been positive, however, WCC and others have recognised that, at times during the pandemic, these relationships were strained due to the challenges in achieving what were considered adequate and targeted vaccination levels and resources for Westminster residents. For example, concerns were escalated by WCC to local Members of Parliament (MPs) and the Secretary of State for Health and Social Care. This was not always perceived by NHS partners as undertaken in a spirit of partnership, but more recently relationships appear to have improved and impressions of somewhat adversarial positions seem to have been replaced by commitments to more joint working and reporting.
- 4.3.3 Weekly meetings were held between WCC Chief Executive Officer (CEO), other WCC Leaders, senior NHS leaders, Executive Directors and the Director of Vaccinations to ensure focus on the NHS vaccination programme locally. The NHS stakeholders consulted

for this review have acknowledged the historic low vaccination/immunisation rates in the WCC area and the variety of explanations for these, with the pandemic providing greater emphasis on population mobility (see section 1.5). They too acknowledge the imperative to address the accuracy of patient lists in primary care so that these are more comprehensive (e.g. in the coding of childhood immunisations) though they also point to the range of their accuracy between practices. For example, some GPs serve people with experiences of homelessness who may stay registered with them despite several moves, while others have sizeable student patients, briefly registered. Overall, however, there is a view from North West London (NWL) Integrated Care Board (ICB), operating mainly from late 2020, and NHS leaders that work with WCC overall and its Adult Social Care and Public Health staff over the pandemic period cemented previously good working relationships. This included the helpful role of WCC in identifying community resources for vaccinations, such as local sports facilities and community centres, which were evidently valued additions to NHS premises.

4.3.4 While community pharmacies are usually independent businesses contracted by the NHS to provide various services for local populations, experience over the pandemic revealed some variety in their ability to offer vaccination services due to eligibility criteria. WCC may wish to work with the local ICB to address barriers to pharmacies taking on roles that are important to local populations and of course may reduce demand on other parts of the NHS. The importance of community pharmacies as local assets could be acknowledged more explicitly.

4.4 Bi-Borough working structures and relationships

4.4.1 WCC and the Royal Borough of Kensington and Chelsea (RBKC) (the Bi-Borough) have a long-established relationship as neighbouring local councils, with an earlier Tri-Borough arrangement (including the London Borough of Hammersmith & Fulham) that was re-engineered as Bi-Borough in 2017 between WCC and RBKC.

4.4.2 Shared services extend to joint inclusion strategies, to shared legal services and a range of other activities such as the shared Early Education and Early Years Consultancy Service. Outbreak management plans in the Covid-19 context were developed in collaboration with RBKC with the Bi-Borough Covid-19 Health Protection Board (HPB) (including partners other than WCC) providing oversight and strategic support. The HPB is convened and chaired by the Bi-Borough's Director of Public Health meaning that there is strong chain of communication with each council's executive leaders.

4.4.3 Further evidence of the robustness of this collaboration is contained in a recent outline of the responsibilities and vision for a new Director of Health Partnerships for Bi-Borough (<https://starfishsearch.com/wp-content/uploads/2021/05/Bi-borough-Director-of-Health-Partnerships-JD-May-2021-1.pdf>). This made reference to the different strengths and requirements of each council and their values (e.g. the then Westminster Way) but also their substantial complementarity.

4.4.4 Bi-Borough working also extended to supporting NHS vaccination activities, with the development of a Vaccination Task Force covering both councils and its relevant primary care statutory bodies (e.g. the then NHS Clinical Commissioning Groups (CCGs)). A Bi-Borough bus to assist in vaccination delivery was commissioned (communications for this were extensive on social media, see, for example, https://www.facebook.com/mychurchstreet/photos/a.688222051369497/1653488868176139/?type=3&paipv=0&eav=AfZu89AY-FfMFevjEs6-X0a5HXcl6dVx-Ozf7ZhhuO-TqYYb8Yhqub7i9JhWyJdwC3Y&_rdr).

4.5 Pan-London working relationships and structures

- 4.5.1 As with other London Boroughs, WCC worked regionally across London during the pandemic, building on existing pan-London operations and developing responses to the pandemic. This is evidenced in the scale of its communications with bodies working across London in public services. London, as a region with considerable devolved powers and a strong sense of identity, may, of course, have particular advantages here, aided by senior members of staff across many agencies having experience of working in other parts of London and with each other. As noted above, its major incident planning was focussed on London-wide systems.
- 4.5.2 A London Covid-19 Response Centre (LCRC) was established in February 2020 (prior to national lockdown) to provide a pan-London Public Health England (PHE) acute response by being able to draw on staff from all three Health Protection Teams (HPTs), other PHE London staff, speciality trainee registrars (doctors) and some volunteers (mainly former staff/registrars). The LCRC managed contact tracing of all Covid-19 cases during the early 'contain' phase, then moved to manage new outbreaks (mainly in care homes) and the surge of enquiries. This was undertaken at local authority level through Incident Management Teams (IMTs). Other early activities at LCRC level included development of shielding and isolation protocols and measures.
- 4.5.3 For communications a London Coordination Response Cell was established, taking advantage of London's substantial shared if diverse media channels. A London Strategic Coordination Protocol (dated October 2020 - Version 8.7, https://www.london.gov.uk/sites/default/files/strategic_coordination_protocol_v8.7_2020_-_public_version.pdf) indicates the high level of planning of responses to emergencies as illustrated by the existence of the London Resilience Group (LRG) which is jointly funded and governed by the Greater London Authority, London Local Authorities and the London Fire Commissioner.
- 4.5.4 The work of the LRG and that of the London Resilience Partnership is overseen by the London Resilience Forum (see <https://www.londoncouncils.gov.uk/members-area/civil-resilience-handbook-london-councillors/london-resilience>). Councils are represented on this by the Chair of the Local Authority panel or other representative. Thus, LRF meetings (held every six months), attendance, delivery of a Community Risk Register and so on are pan-London activities.

5 Data

- 5.1 The role of WCC's Public Health Intelligence (PHI) team has been to offer monitoring and review of data related to Covid-19 (ranging from vaccine uptake to potential new variants) and of service capacity.
- 5.2 Several local and national data sources were developed over the course of the acute phase of the pandemic. Some of these were held by NHS and other partners. PHI's epidemiological expertise enabled scrutiny of data by demographic or protected characteristics under the Equality Act 2010 and assists in the understanding of the nuances of such data and the trends within it.
- 5.3 WCC's local emergency plans and risk assessments that were in place at the start of 2020 considered very many of those groups with potentially high-risk factors for a potential pandemic – notably including those who were clinically vulnerable, living in care homes and homeless or vulnerably housed.
- 5.4 Perhaps we have also learned during the pandemic of the impact on young people of such a system or social shock. The charity Young Westminster Foundation, for example, was able to undertake research with young people and youth workers across the pandemic (https://www.youngwestminster.com/wp-content/uploads/2021/03/YWF_Our-City-Our-

[Future 2020 21.pdf](#)) that will provide a valuable baseline of their views and experiences, for example, high levels of concern about mental health problems.

- 5.5 During 2022, the former individual outbreak management teams (OMTs) initially responsible for care homes, schools, hostels and other high risk or vulnerable settings were reorganised into a single 'vulnerable settings OMT' to co-ordinate their activities as cases of Covid-19 began to decline. Most OMTs were stood down in May 2022 with WCC's Environmental Health Officers continuing their guidance and liaison with key organisations such as businesses and housing providers.
- 5.6 The aim of the single OMT is to enable preventative activity in combination with responses to possible new outbreaks. As of May 2022, the process of convening a new OMT can be triggered by a situation of concern expressed by part of WCC or externally.
- 5.7 Specific data on the pandemic impact locally were provided by the Health Impact Assessment (HIA) 2021 report '*A summary on the direct and indirect impacts of the COVID-19 pandemic in the City of Westminster*'. Prior to publication this had been presented to the Health and Wellbeing Network Meeting on 25 May 2021 for sense checking. This report was an important first pulling together of local statistics.
- 5.8 In a report to Westminster Scrutiny Commission of 25 November 2020, the Chief Executive noted that WCC in partnership with its then BAME (black and minority ethnic) Staff Network (since re-termed Global Majority) had lobbied central government to include ethnicity data on death certification records so that the impact of Covid-19 and the disparities, could be better established at local and national levels (https://committees.westminster.gov.uk/documents/s39690/4_Item_4_Chief%20Executive%20Scrutiny%20Report%20November%202020.pdf). I would recommend following up this and informing local partners of any developments.
- 5.9 Previously, in 2020, WCC became the first council to acquire 'mobile footfall data' as a means for evidence-led decision making. This enabled it to look across time and space, to differentiate between the walking activity of residents, workers and visitors (<https://www.caci.co.uk/insights/case-studies/westminster-city-council/>). For a council that relies substantially on incomers, whether commuters, students, shoppers or tourists, to support its businesses, leisure, cultural and community facilities this data could be potentially helpful.
- 5.10 As noted by many, there are major workforce implications emerging from the pandemic. WCC may find it helpful to now consider the longer-term effects on its workforce, in combination with other partners. This could include the impacts of Long Covid, bereavements and trauma and how local partners are supporting those affected by physical and mental health changes through occupational health and other interventions. Health promotion work among WCC staff in areas such as immunisation, such as influenza immunisation which is free for all WCC employees, could be part of conversations at strategic and staff engagement groups.

6 Communications and relationships

Within WCC Updates for WCC staff and for its residents, organisations and businesses are posted online, reflecting the general IT literacy of local workforces and many residents. Other communications such as leaflets and posters have been and continue to be circulated to specific audiences by staff or volunteers. WCC also contributed to national thinking here (https://gcs.civilservice.gov.uk/wp-content/uploads/2020/10/COVID-19_Communications_Advisory_Panel_Report.pdf) as noted below.

6.1 Community engagement

- 6.1.1 There is evidence of system level efforts to step up WCC's engagement with communities but also to directly engage local individuals. On a website entry dated a year after national lockdown was announced, 23 March 2021, WCC reported that in the first lockdown a new Westminster Connects volunteering service was set up with 3,000 volunteers recruited within weeks. A year later this service had helped around 27,000 people and over 500 refurbished laptops had been donated to families in need and to isolated older people during lockdown (<https://www.westminster.gov.uk/london-reflects-westminster>).
- 6.1.2 Similarly, early on WCC envisaged that its Community Engagement Plan would need to run alongside a borough-specific Equalities Impact Assessment. Initially this sought to promote public awareness of the 'test & trace' system but also highlighted the need to build and maintain public trust. WCC's Community Engagement Plan was developed in line with PHE's June 2020 report on disparities in the risk and outcomes of COVID-19, '*Beyond the data: Understanding the impact of COVID-19 on BAME groups*'. This identified an association between belonging to some ethnic groups and the likelihood of testing positive and dying from Covid-19. Examples of community engagement around this subject include various initiatives such as an online information event or conference (it is described as both) with leading specialists from diverse communities (see, for example, <https://www.westminster.gov.uk/covid-vaccination-discussion>).
- 6.1.3 Such efforts require active communications and WCC reports that this area was staffed by those with the relevant expertise (WCC Local Outbreak Management Plan, v5, 2022).
- 6.1.4 Three particular developments have been cited by WCC as representing examples of community engagement, first, the existing Community Champions Programme expanded and developed online Community Conversations, second, a new Health Champions Programme (network of over 90 residents initially meeting weekly with public health staff see <https://www.westminster.gov.uk/community-support-how-you-can-help/health-champions>), and third, community-based summer fairs, and various updates, conversations, small grant programmes, and so on.
- 6.1.5 These were in addition to developments of relationships with Voluntary, Community Sector (VCS) and faith groups with emphasis on reaching out to different populations, at times augmented by work with national experts. Examples of this work are included in documents such as the Community Champions' End of Year Highlight Report, April 2020 - March 2021 (<https://www.westminster.gov.uk/health-and-social-care/your-health/community-champions>). Here the addition of Maternity Champions highlights the extended reach of this programme of work. An online conference for Community Champions, the eighth in an annual series, was held in November 2020 and noted 92 active Community and Maternity Champions who had made over 36,000 contacts with individuals.

7 Workforce ability

7.1 Staff wellbeing

- 7.1.1 In general, WCC documents indicate that its staff were able to be deployed flexibly and new appointments, if necessary, would be considered, subject to resources (WCC Local Management Plan v5, 2022). As with many working in public services, home working was necessary for many. Within a short space of time, most of its workforce had to work from home.
- 7.1.2 The Chief Executive reported to the WCC Scrutiny Commission in November 2020 that Loop Live sessions had been set up as weekly touchpoints for staff to hear about updates and changes from the Executive Leadership Team first-hand. He added that staff working

from home could have a work chair delivered to them, as well as a personal budget to help with equipment. During the pandemic WCC consulted on its Wellbeing Strategy 2022-24 with the aim of adopting an holistic approach to employee health (<https://whatworkswellbeing.org/blog/wellbeing-policy-making-with-westminster-city-council/>).

- 7.1.3 Overall, WCC reported that it had been able to maintain good working relationships among its staff (IR September 2022) and that multi-disciplinary teams had consistently worked well and effectively. Within the NHS there were reports however of the workforce being stretched, which necessitated some adjustments to planned activities.
- 7.1.4 Despite the pressures of the pandemic, the Chief Executive's report of November 2020 notes that staff survey findings since 2017 had improved compared to previously. Engagement scores had increased by 12 per cent. The number of staff describing WCC as "a great place to work" had increased from 53 per cent to 76 per cent from 2017-2020.
- 7.1.5 WCC may now find it helpful to address longer-term workforce wellbeing, and to consider the support of those affected by Long Covid, bereavements and enduring physical and/or mental health problems. This could include scrutiny of the offer and take up of occupational health support by its own staff and its partners to address adequacy and any inequalities.

7.2 Workforce ability to respond to vulnerable groups

- 7.2.1 A key initiative here relates to WCC recommendations issued 9 March 2020 (https://committees.westminster.gov.uk/documents/s39690/4_Item_4_Chief%20Executive%20Scrutiny%20Report%20November%202020.pdf) and adopted by local care homes as from 16 March 2020, prior to UK national lockdown. Expectations for rapid discharge of patients from hospital to care homes at the start of the pandemic were recognised to present a significant infection control risk with the potential to introduce infection into premises with vulnerable residents and with far more limited infection, prevention, and control capacity in the care homes than in hospital Trusts. WCC's commitment to protecting local care homes, most of which it does not own, was clearly established from the start of the pandemic with senior NHS leaders and managers.
- 7.2.2 These social restrictions took the form of 'cocooning' residents. 'Cocooning' means suspending all non-essential visiting (IR September 2022; <https://www.bbc.co.uk/news/uk-51828000>). To minimise exposure to Covid-19, WCC asked local care homes to cocoon from 9 March 2020, 12 days before 'cocooning' became national guidance. Care providers were required by WCC to complete risk assessments and business continuity plans, and daily contacts with care homes and other registered providers were instigated.
- 7.2.3 While the IR notes these WCC activities, it is not clear from this report how this support was interpreted and what were the views of care providers although providers were invited to participate in 'look back exercises' held by WCC to inform the refresh of the Local Outbreak Management Plan. WCC supported some prevention measures such as in purchase of air purification units for all local care homes, as reported to Council members in a briefing dated 26 August 2021 (<https://safeairquality.com/cutting-edge-technology-to-reduce-covid-risk-in-london-care-homes/>). The effectiveness of this in the short and long-term could be evaluated. The level of demand for out of hours support by providers could also be usefully established now infection levels have declined, to see if continuing such on call systems would be welcome.
- 7.2.4 In my experience few councils have been able to describe the nature of their contacts with adults who use Direct Payments to fund their own care and support. WCC's practice of setting up welfare calls for these individuals appears commendable and confirmation of

how this had been helpful or otherwise might be useful for future learning and perhaps reporting to oversight groups such as the Health and Wellbeing Board. I would recommend auditing this work.

- 7.2.5 As the IR (Sept 2022) notes, such individuals were likely to have been shielding or otherwise at risk. This process of reviews may explain why WCC, as with other London councils, did not feel it necessary to apply for Easements of its duties under the Care Act 2014, as permitted by the Coronavirus Act 2020, to suspend some of its mandatory obligations in relation to people with care and support needs (see <https://doi.org/10.1093/bjsw/bcac165>). A report to the Audit and Performance Committee in February 2022; (<https://committees.westminster.gov.uk/documents/g5639/Public%20reports%20pack%2016th-Feb-2022%2018.30%20Audit%20and%20Performance%20Committee.pdf?T=10>) on Direct Payments' use in Children's Services also covers some of the Bi-Borough administrative details of these payments (made to 136 families at the time of the audit) to ensure that the greater flexibility permitted under such arrangements during the pandemic was sustained where beneficial; follow up here might also be appropriate.
- 7.2.6 The extent and quality of hospital discharge support for people then moving to care homes or other settings have been concerns for many and are likely to feature in the national Covid-19 Inquiry. The local situation may warrant further data collection and reflection by the individuals and teams involved. There may be lessons for future Discharge to Assess developments and discharge planning, as well as the possible development of Essential Care Giver status for relatives or friends. A report to WCC's Audit and Performance Committee in February 2022 (<https://committees.westminster.gov.uk/documents/g5639/Public%20reports%20pack%2016th-Feb-2022%2018.30%20Audit%20and%20Performance%20Committee.pdf?T=10>) provides some detail of a substantial increase in care home expenditure, albeit less so than on homecare services. Part of this was laid at the door of changes to patient discharge regulations, and more, if temporary, NHS funding for post-discharge support for greater numbers of patients. WCC notes that swift moves to care homes from hospital may not enable the individual to return to their own home. This may need exploring to avoid intended brief rehabilitative stays becoming permanent moves. Such NHS funding has continued to be temporary and therefore a financial risk for WCC if it is obligated to meet the care home fees.
- 7.2.7 Other initiatives reported by WCC Chief Executive to Westminster Scrutiny Commission on 25 November 2020 (https://committees.westminster.gov.uk/documents/s39690/4_Item_4_Chief%20Executive%20Scrutiny%20Report%20November%202020.pdf) were ensuring care homes had adequate testing and personal protective equipment (PPE), providing mental health and wellbeing support for residents and staff, and the funding of testing for all residents and staff in July 2020, when testing was difficult to access through the national portal. WCC also funded and sourced iPads for care homes to enable video calling for residents' benefit.
- 7.2.8 I have been told by WCC that work has been undertaken with care homes and other providers on the acceptability and accessibility of digital solutions which may be useful for the future. There are national initiatives on technology enabled care such as electronic care records ongoing in this subject area at the time of writing.

8 Vulnerable groups – homeless people

- 8.1 As happened across the UK, the risks facing homeless people during the pandemic became quickly evident and the initiative 'Everyone In' prompted some major developments of help and long-term support.

- 8.2 WCC has a much larger homeless population than many other areas meaning that work here involved several hundreds of people and multiple agencies. It has reported that 266 rough sleepers moved into emergency accommodation during lockdown, where medical, mental health and employment support were offered.
- 8.3 Working with Housing Services and partners, including St. Mungo's, The Connection at St Martin's, The Passage and West London Mission, the Rough Sleeping team subsequently moved over 430 people into long-term housing (<https://www.westminster.gov.uk/rough-sleeping-support-during-and-after-coronavirus>).
- 8.4 Early reflections on these developments were assembled by Westminster Homelessness Partnership in a facilitated exploration of pandemic learning (see <https://whpartnership.org.uk/general/learning-from-the-covid-19-response-in-westminster/>).
- 8.5 WCC has made a commitment to learn from the lessons of this experience during the pandemic to shape future services. This is intended to bring together the experiences of all partners and public sector colleagues to explore if it may be possible to phase out shared accommodation, such as hostels, to help people move to permanent independent accommodation. This will no doubt draw on other early overviews of 'Everyone In' initiatives and future planning (see the 2021 Shelter report, https://assets.ctfassets.net/6sxvmndnnp0s/7BtKmhvvyB8Xygax9A2hhHP/2fde1c08424fe9f482792d22ed5469a0/Shelter_Everyone_In_Where_Are_They_Now.pdf).
- 8.6 Nationally, but relevant to WCC, is the position of people without recourse to public funds who have housing needs. A Local Government Association (LGA) report of November 2020 (<https://www.local.gov.uk/publications/lessons-learnt-councils-response-rough-sleeping-during-covid-19-pandemic#conclusions>) considered this group of people presented a continuing dilemma for local councils as their positions were so uncertain at many levels. The LGA describes this as an 'outstanding issue' for many councils and WCC may wish to work with partners to continue developments here.
- 8.7 Other important evidence of the health impacts of the pandemic are contained in WCC's Covid-19 Health Impact Assessment (HIA) of the first wave of the pandemic (<https://www.westminster.gov.uk/health-and-social-care/public-health-strategy-policies-and-reports/public-health-vision-policies-and-reports>). This detailed report published in January 2021 expresses the commitment of WCC's Public Health team to focus attention on areas and communities with the greatest needs; to ask residents about their health and wellbeing; to co-designing campaigns and actions; to invest £3 million into local Covid-19 recovery programmes to address health inequalities. It is apparent that the inequalities amplified by the pandemic were already being understood and addressed by WCC following its first stage.

9 Challenges

Vaccinations

9.1 Vaccine data

- 9.1.1 An overview of many of WCC's public health-related responsibilities for and activities around immunisation is contained in a report to WCC's Audit and Performance Committee (<https://committees.westminster.gov.uk/documents/g5639/Public%20reports%20pack%2016th-Feb-2022%2018.30%20Audit%20and%20Performance%20Committee.pdf?T=10>). This sets the local context in a national picture, for example, WCC's historically low but varied take up of childhood immunisations (also occurring across London) which the council had been raising with the local NHS systems and NHS England for some time. It

notes that the co-ordinating Bi-Borough Immunisations Partnership Board, established in 2019, meets quarterly.

- 9.1.2 The role of this Board is to bring together the wider health and care system in line with WCC's health protection oversight function under the Health & Social Care Act 2012. Problems cited as accounting for low levels of immunisations relate to demand and supply; they include high population mobility, population increases, increasing cost pressures and demands on the NHS, and a shrinking vaccinating workforce. Others are related to complexities in data collection and inconsistent contact systems. This background helps to set Covid-19 vaccination delivery and up-take in context.
- 9.1.3 In relation to Covid-19 vaccination data, WCC has acknowledged that vaccine take-up appears low compared to national figures but has also pointed to substantial uncertainty about the accuracy of these figures. This relates to the mobility and diversity of the local population (within the UK and internationally), second home availability, use of private healthcare, and accuracy of GP data on NHS registered patients. Once this problem was identified, as noted above in section 9.1.2, weekly meetings were instigated by WCC whose attendees included WCC's Chief Executive Officer, Members of Parliament, and NHS leaders. One example of the impact of uncertainty arising from such records was given at a meeting of the Adult and Public Health Policy and Scrutiny Committee of 24 January 2022, where WCC considered there was likely to have been over-estimates of older populations and under-estimates of the young (<https://committees.westminster.gov.uk/documents/g5680/Public%20reports%20pack%2024th-Jan-2022%2019.00%20Adults%20and%20Public%20Health%20Policy%20and%20Scrutiny%20Committee.pdf?T=10>).
- 9.1.4 A useful exercise was conducted during the pandemic by both RBKC and WCC to investigate vaccine take up. Figures relating to both boroughs pointed to difficulty in contacting all registered patients and so establishing vaccine rates. As noted in section 9.1.2, this may have arisen from movements related to the pandemic or reflect out-of-date NHS information, despite WCC deploying senior staff to assist GP practices in improving their data quality (data cleaning).
- 9.1.5 WCC conveyed these data problems to regional and national bodies, acknowledging that while vaccine hesitancy and refusal may be important to address, NHS primary care 'list inflation' and coding problems were key factors to consider when looking at data and to resolve missing data or duplications. WCC's IR (September 2022) highlights how emerging census data suggests that the local population in March 2021 was 'markedly smaller' than assumed, by nearly a quarter (24%). Clearly census data also have problems of completeness, but they do suggest lack of confidence in vaccine statistics.
- 9.1.6 Problems with data reliability are also acknowledged nationally, for example, in a data set presented by the Greater London Authority (<https://data.london.gov.uk/dataset/coronavirus--covid-19--vaccine-roll-out>). On the face of it, there are differences in vaccine take up between London and 'rest of England' in respect of almost all priority groups. However, the data are presented with the caveat that '*There is considerable uncertainty in the population denominators used to calculate the percentage vaccinated*'. In London data by ethnicity is complicated by two long-standing problems:
- 1) '*Ethnicity information for recipients is unavailable for a very large number of the vaccinations that have been delivered. As a result, estimates of vaccine uptake by ethnic group are highly sensitive to the assumptions about and treatment of the Unknown group in calculations of rates*'.

As a simple example of this – *‘For vaccinations given to people aged 50 and over in London nearly 10% do not have ethnicity information available’*,

- 2) This reason relates to data collection on a broader scale and the length of time between the last census and the pandemic period. *‘The accuracy of available population denominators by ethnic group is limited. Because ethnicity information is not captured in official estimates of births, deaths, and migration, the available population denominators typically rely on projecting forward patterns captured in the 2011 Census. Subsequent changes to these patterns, particularly with respect to international migration, leads to increasing uncertainty in the accuracy of denominators sources as we move further away from 2011’*.

9.1.7 Such information does not mean that efforts to increase vaccinations are not needed or were not undertaken but substantial improvements must be made to have confidence in the robustness and trustworthiness of collection, management and maintenance of healthcare record systems.

9.2 Vaccine initiatives

9.2.1 There is substantial evidence that both vaccine hesitancy and refusal have been and are being addressed by WCC in partnership with other organisations.

9.2.2 At local level, as mentioned in other sections of this report, this included the deployment of a mobile vaccine bus and ‘pop-up’ clinics, targeting low up-take geographies, with the attendant publicity of such initiatives. There is now some evidence of the relative success, in terms of Covid-19 vaccine take up in 2021, of these initiatives. For example, a pan-London report, to which WCC and another 26 of the 32 London authorities contributed (Bulmer et al 2021, <https://uclpartners.com/wp-content/uploads/Delivering-the-COVID-19-Vaccine-Across-London-Report-July-2021-FINAL.pdf>), provides some data about which initiatives appeared to attract whom, and their effectiveness. From this report what stands out for me is that WCC experiences appear to resemble those of their (statistical and other) neighbours who encountered some limited demand for the vaccine and found residents were experiencing some access problems.

9.2.3 The London-wide problems of access appeared to reflect pre-existing inequalities some of which were compounded by the pandemic, various problems with infrastructure and workforce availability and skills, some difficulties with partnerships and community engagement. These are not solely WCC’s responsibilities since local government’s role is to provide oversight and challenge to NHS and wider system on vaccination performance. It is interesting that Bulmer and colleagues’ recommendations to local authorities are focussed on them needing to create, sustain or enhance two-way dialogue with their community, *‘to both listen and respond, rather than just share messages’*, to develop deeper understandings of their views (<https://uclpartners.com/wp-content/uploads/Delivering-the-COVID-19-Vaccine-Across-London-Report-July-2021-FINAL.pdf>).

9.2.4 This is perhaps in recognition that local councils know their communities well and are best placed to inform the NHS on targeting and accessibility. Throughout the pandemic WCC has worked with communications teams and vaccination services to enable a better understanding of community sentiments and enhance the offer which has resulted in a better uptake rate.

9.2.5 Bulmer and colleagues (page 39) recommend sustaining the community champions model (a strong feature of WCC prior to the pandemic and stepped up during it), to ensure residents can access *‘people who they trust, who have a similar cultural and/or social background*, as well as using *‘multiple communications channels to relay messages’*. Of

the interventions to increase access to vaccines, Bulmer and colleagues note that flexible booking of appointments, walk in services, out-reach and pop-up initiatives may attract people but ‘surge events’ may not improve equalities but simply (and valuably) make it easier for the general population to receive their vaccines conveniently. Interestingly, the main recommendations of this report are directed at London regional bodies and this underlines the need to often view WCC activities in the wider city context.

- 9.2.6 In confirmation of the extension of the championing work, I found evidence of how WCC was still undertaking this activity in 2022. From January 2022 WCC’s Public Health Department secured £485,000 funding from the Department for Levelling Up, Housing and Communities (DLUHC) for a ‘Community Vaccine Champions’ scheme to work alongside other ongoing community engagement initiatives to promote vaccine uptake amongst underserved and hesitant communities in areas with low uptake rates. Earlier, online conversations were being held with Heath and Community Champions, and online events are available as recordings (see <https://www.westminster.gov.uk/covid-vaccination-discussion> of 3 February 2021), with diverse groups of experts.
- 9.2.7 More broadly, with a pan-London perspective, there is ambition in new national public health administrative systems (such as the creation of the Office for Health Improvement and Disparities), to tackle health inequalities, among which are health service access and behaviours. Prof Kevin Fenton has called for these to be based on deep understandings of the complexity of London’s populations (see <https://www.local.gov.uk/sites/default/files/documents/Professor%20Kevin%20Fenton%20C%20Regional%20Director%20for%20London%20OHID.pdf>). He notes how the pandemic has shone ‘*an unrelenting light on persistent, emergent and pervasive social and health inequalities*’ but has also highlighted the importance of place-based approaches for addressing current public health challenges in an equitable and sustainable way as well as the importance of community-centred and culturally competent public health programmes. His call for the engagement of communities in every aspect of the design, delivery, scale up and evaluation to help address the disparities of health outcomes would seem to resonate with the WCC approach but, of course, also needs to be reflected in the NHS at primary care network levels, the integrated care systems (ICS) and NHS hospital services.

10 Good practice

10.1 Building a base

- 10.1.1 This report has identified the presence of good practice within WCC although this is largely based on its own descriptions of its activities and those activities that are currently reported online, in council documentation and stakeholder interviews with WCC and NHS officers and the lead Cabinet Member for this period.
- 10.1.2 The coming years may offer considerable resources related to the pandemic from multiple perspectives to offer further examples of good practice, with the lessons more easily observable with the benefit of hindsight.
- 10.1.3 The City of Westminster Archives have a strong tradition of curating its work to engage young people (see ‘*Why Archives, Why Now?*’ published by the London Archives Partnership). It may wish to offer facilities to curate personal and organisational accounts or narratives to enrich its understandings of the pandemic and to identify where gaps in the evidence may lie. A Pandemic Archive, for example, (<https://libguides.stir.ac.uk/c.php?g=530467&p=4844635>) was an early development by the University of Stirling in Scotland.

- 10.1.4 Other initiatives relevant to WCC work on inclusion are, for example, Queer Pandemic - a video-based oral history project aimed at collecting stories about the experiences of LGBTQ+ people living across the UK during Covid-19 being run locally (see <https://www.westminster.ac.uk/current-students/events/preserving-lgbtq-experiences-of-covid-19>) and thought pieces on the impact of the pandemic on urban tourism (see for example a comparison of London and Paris (<https://westminsterresearch.westminster.ac.uk/download/e468d9410d82a6d302e6e87b117ff5d8ac6e230c1df200c91b22e824a8ee042d/457206/Pappalepore%20Gravari-Barbas%20%282022%29%20COVID19%20and%20the%20localisation%20of%20tourism-%20author%27s%20final%20draft.pdf>).
- 10.1.5 As learning from the pandemic developed, WCC extended and developed its community engagement activities in partnership with the voluntary sector to reach Global Majority Groups and work alongside community leaders to spread messages on vaccination and keeping safe.
- 10.1.6 WCC appeared able to build on its long-standing work to accelerate its in-depth community engagement programmes described above, such as, for example, its Community Champions work to launch COVID Champions and DLUHC Programme - these largely focused on Global Majority groups. These approaches may have contributed to the relatively good uptake of Covid-19 vaccinations by area of deprivation, bucking the London and national trends.
- 10.1.7 While not so central to adult social care and health, the council's overview of its pandemic response, notes that WCC's work with schools was extensive including regular meetings with headteachers and staff to support schools to stay open and information about vaccinations was also delivered to the head teachers' forum, and other educational channels. WCC was able to support all schools to remain open throughout the course of the pandemic; such work is not just important for the children and young people but also to parents and carers working in frontline services.

11 Lessons learned

11.1 Pandemic preparedness

11.1.1 New emergencies, such as Extreme Heat, Mpox, and polio outbreaks, have been identified (IR September 2022) as potentially informed by the Covid-19 pandemic experiences under a revised WCC All Hazards Outbreak Management Plan. One lesson evidently being well taken on board by WCC and its partners is that action on vaccinations (not just for Covid-19) and immunisations, will continue to be necessary and enhanced by using inclusive language, sustained champion engagement, more accurate data and promotion of trust. Councillors may wish to hear further of this work over the coming years.

11.2 Changing relationships and trust

11.2.1 Relationships with the new North West London (NWL) Integrated Care System (ICS) are presenting challenges and opportunities for WCC around risk assessments and management. These are likely to emerge over the coming years and have already been alluded to in pandemic reporting in general terms. It is hoped that there will be continuity of relationships.

11.2.2 Similarly, partnership activity on subjects such as preparedness and responses to emergencies will need development with new central government bodies, notably in the public health sphere. As WCC's IR report (September 2022) observes, there is a plan to expand the role of the Health Protection Board to include immunisations and cancer screening, making this a more prominent and wider WCC inter-agency commitment.

Considerations have been given to the implications for governance and operations following a review of the HPB.

- 11.2.3 The government's report on lessons learned about communications with the public would seem of substantial relevance to WCC and its partners (<https://gcs.civilservice.gov.uk/publications/covid-19-communications-advisory-panel-report/#Lessons-learnt>). It was interesting to see that WCC activity was cited in this report (evidence from July 2020) and WCC doubtless has reflected on this compilation of good practice and evidence such as the shift to online digital communications, the need to see communications as part of strategic thinking and leadership, the development of hub or networked multi-agency working, and the need to ensure communication best practice equality.
- 11.2.4 Dealing with disinformation and misinformation was further noted as being a more prominent part of communication activities by governments and their partners. The role of WCC trading standards officers is pertinent here and may be more formally integrated into WCC pandemic discussions since activities such as scams and exploitation undermine trust and cause harm (see <https://www.westminster.gov.uk/businesses/trading-standards/scams-during-coronavirus>).
- 11.2.5 Further plans for improving community engagement could be developed in the coming months through consultative, creative and engaging approaches. As noted above, it will be important for NHS work on similar activities, such as promotion of its funding for community groups to help with addressing vaccine hesitancy (<https://www.nwlondonics.nhs.uk/news/news/community-organisations-we-want-your-support>), not to duplicate activities but to be collaborative.
- 11.2.6 From documents such as the Bulmer and colleagues' (2021) report mentioned in section 3.1.2 very similar approaches seem to have been taken by London councils to community engagement, probably because they were all working under pre-existing and pandemic specific pan-London systems. WCC will no doubt benefit from their wider reflections.

11.3 With the benefit of hindsight

- 11.3.1 Exercise Winter Willow (a Department of Health/Health Protection Authority test of the UK National Framework for Responding to an Influenza Pandemic) was held in 2007 but with limited local council engagement. This may have been a missed opportunity for central government to have considered local systems.
- 11.3.2 The report of this Exercise (<http://data.parliament.uk/DepositedPapers/Files/DEP2007-0334/DEP2007-0334.pdf>) and the government's response to the House of Lords' Science and Technology Committee Report on Pandemic Influenza – 3rd Report of Session 2008–09 (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/238527/7722.pdf) make interesting reading with the benefit of hindsight. It is evident from this, the largest peacetime exercise on how to prepare for an influenza pandemic, that NHS planning was being informed and strengthened by the process of completing self-assessments of their pandemic plans in Decembers 2007 and 2008 and that NHS organisations were later encouraged to test their plans by the 2009/10 NHS Operating Framework. Lack of reference to this planning may not mean that WCC was not influenced by this learning but highlights how the learning from Winter Willow was more NHS focussed.
- 11.3.3 The much smaller planning activity, Exercise Cygnus (Public Health England 2017 <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment>

[data/file/927770/exercise-cygnus-report.pdf](https://www.westminster.gov.uk/data/file/927770/exercise-cygnus-report.pdf)), also focused on a possible pandemic. WCC may wish to ensure that learning from any future such exercises assumes greater prominence in its deliberations and engagement with residents.

11.3.4 With the benefit of hindsight, good practice in data recording within local NHS primary care needs developing as joint priority, as noted in section 2.1.2. This is acknowledged as an important basis for shared understandings, good decision making, sensitive planning and activity around population health and wellbeing, and in particular enabling health disparities to be reduced. The ICS will be central to resolving some of these complexities, including those of interpretation of the data, and help promote the obligation to clean and update patient records in practices where this is a particular challenge. Other recording could be improved or its requirements amended (see section 3.1.1).

12 Summary and conclusions

12.1 This review has its limitations of course; it was not a research study but is an opportunity for reflection and learning after the major system shock of the pandemic.

12.2 I saw evidence and confirmed in conversations with stakeholders of systems and processes that worked as well as they could in an unprecedented time and consistent as well as significant efforts to respond to disparities with some clear examples of innovation such as provision of air purification systems to all local care homes. WCC has already undertaken many steps to review the lessons learned from the pandemic including undertaking a review by the Health Protection Board and collating reflections from the Outbreak Management Teams to gather examples of positive and negative working.

12.3 I would recommend attention to occupational health for WCC staff and wider partners to address the pandemic's legacy.

12.4 WCC's response clearly built on many long-standing initiatives and ways of working such as community engagement and effective working practices with its neighbours and local NHS bodies. The views of other parties in the community and voluntary sectors would help confirm this impression. There would seem room to seek out the views of local care providers and people with care and support needs to ascertain what was useful and what might be improved.

12.5 Positive relationships with new NHS structures look set to maintain the focus on improving patient registration data and the council may wish to ask for progress reports on this matter. This might provide greater confidence about decisions on the allocation of resources and priorities to address inequalities.

12.6 WCC also played a major role in pan-London activities and benefitted from its pooled expertise in planning and response, despite the limited opportunities to engage in risk planning exercises to the same extent as the NHS. Many of these activities have been detailed in the above sections of this report while specific Standard Operating Procedures, 'how to guides' and other documents have also been revised. These are operational and governance imperatives that may not attract publicity but are crucial to managing high level risks and could contribute to 'stress testing' of systems in the future.

12.7 Continued work on the effectiveness of community engagement, communications and deeper analyses of the impact of the pandemic could usefully add to the ambitions and vision of WWC to create and sustain a Fairer Westminster.



City of Westminster

Title	Scoping an independent review of Westminster City Council's Pandemic response including the local uptake of Covid-19 vaccinations
Author	Anna Raleigh, Director of Public Health
Date	14 th November 2022

1. Purpose

- 1.1. An independent review of Westminster City Council's pandemic response is required to ensure system wide learning is identified which will shape future outbreak management and emergency preparedness.
- 1.2. The review will ensure the delivery of the two related manifesto commitments
 - Urgently review the root causes of Westminster having one of the lowest vaccination rates in the country and put in a place a plan to make sure everyone in our community has the information they need to get protected from Covid-19.
 - Order an independent review of the Council and other local providers' pandemic response, and identify lessons learned to inform future planning.

2. Findings of the Internal Review

- 2.1. A comprehensive internal review has concluded to ensure lessons learned from the response to the pandemic are identified to shape future outbreak management and emergency preparedness.
- 2.2. The review concluded there was effective cross-functional working, data led decision-making, high quality and innovative use of communication and community engagement. The internal review noted that Covid measures implemented across settings were highly effective in preventing the further spread of Covid-19 in the borough.
- 2.3. Challenges centred on the speed of decision making, clarity of multi-agency roles and responsibility, funding uncertainty and communications including appropriate response to false messaging.
- 2.4. The flexibility of the organisation was recognised including the ability to identify experienced workforce able to response at pace to guideline changes and overcome data sharing barriers.
- 2.5. As with national trends, deprived areas experienced higher diagnosis rates and mortality rates. In addition, people from Black ethnic groups were most likely to be diagnosed and experienced significantly higher mortality than White groups. An interconnected range of factors were recognised as contributing to this observation including socioeconomic deprivation, involvement in high contact or high-risk occupations, geography, household size and composition, and comorbidities.
- 2.6. Vaccination uptake was seen to be subject to similar disparities with the lowest rates amongst Black and Mixed ethnicities although in Westminster rates did not appear to vary by deprivation.
- 2.7. Partnership working across the council, with voluntary sector partners and with the NHS, and community engagement was core to ensuring that areas of concern were recognised, challenged and addressed. Targeted communications, welfare support and vaccine promotion was undertaken.
- 2.8. Regular meetings with NHS and Council senior leaders were convened throughout the pandemic to maintain focus and oversight. When necessary, extra support was provided to NHS in order to protect residents' health.

3. **Scope of the independent review**

3.1. An independent reviewer is requested to:

- Interrogate the findings of the internal review undertaken by Westminster City Council;
- seek clarification if needed from identified people, and
- identify good practice and further lessons to be learnt.

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Children & Adults, Public Health & Voluntary Sector Policy and Scrutiny Committee

Date:	12 June 2023
Classification:	General Release
Title:	Health and Wellbeing Strategy 2023-2033
Report of:	Director of Health Partnerships
Cabinet Member Portfolio	Adult Social Care, Public Health and Voluntary Sector
Wards Involved:	All
Policy Context:	Fairer Westminster
Report Author and Contact Details:	Grant Aitken, Head of Health Partnerships grant.aitken@rbkc.gov.uk

1. Executive Summary

- 1.1. There are significant health disparities across our communities, with lower income groups and minority communities often disadvantaged. These disparities can be found across the borough, and it is critical that the Council and its partners understand and target efforts to reduce these differences.
- 1.2. The draft Health and Wellbeing Strategy (henceforth known as the “Strategy”) in Appendix C sets out an ambition for the health and wellbeing of residents across the two boroughs of Westminster and Kensington and Chelsea. At its heart is a commitment from the joint Health and Wellbeing Board (HWBB) to those who live in, work in, and visit the boroughs to ensure everyone has the best opportunity to live a happier and healthier life. It also recognises that good health and wellbeing outcomes should not be determined by who we are, where we live, what school we attend, or our employment status.

2. Key Matters for the Committee's Consideration

2.1. This report asks the Policy and Scrutiny Committee to consider the draft Strategy and recommends the following:

- Members of the Committee provide comments on the draft Strategy which is currently in its consultation version;
- Comment on the consultation process that will be undertaken, particularly how to reach communities most likely to benefit from reductions in health inequalities;
- Endorsement of the draft Strategy and support for the ambition areas' adoption by all council departments;
- Officers will provide an update to the Committee following the consultation to highlight any significant changes and plans for implementation.

3. Questions to consider

3.1. Officers welcome the Committee's input and comments on the Strategy, which is planned to be launched in July 2023 following the current formal consultation period of 8 weeks.

4. Information about this report

4.1. Addressing health inequalities is complex and requires a common vision, collaboration, and shared expertise and best practice. Health inequalities have existed in our communities for a long time, and in many areas they have been compounded over the last few years. This has put more pressure on our communities most in need. The Council and its partners need to continue ensuring their efforts are sufficiently targeted to provide the investment, support, and care that communities might need.

4.2. Areas with higher levels of inequality will require more focus, but there is more potential for change. Our residents and partners across the public sector and the voluntary and community sector (VCS) recognise this and are calling for a more collaborative, dynamic, and organic approach to solving problems together.

4.3. The partners of the joint Health and Wellbeing Board (HWBB) are accountable for the Strategy's delivery, and the Council has an important role in addressing the wider social determinants of health. Adopting the Strategy alongside the Council's wider strategies and plans will help demonstrate how all council services can support health and wellbeing outcomes and ensure broader accountability for delivering them.

5. Background

- 5.1. At the HWBB's request, the Strategy's development has been informed by an extensive programme of engagement, including reviewing existing evidence residents' feedback from previous consultations. This work included a comprehensive literature review (see Appendix A) to identify priorities and build on best practice to address health inequalities.
- 5.2. The literature review also recognised issues and common concerns in people's lives such as early years, housing, employment, and environment. These are often referred to as the wider determinants of health.
- 5.3. The Strategy's development has also been heavily informed by evidence from the Joint Strategic Needs Assessment (JSNA) "Borough Stories" and other engagement activities with residents and partners over the past year (see Appendix B).
- 5.4. The Strategy's proposed strapline is 'Healthier and happier lives'. This encapsulates a shared aim of tackling health inequalities with residents, improving health and wellbeing, and making sure everyone can live happy fulfilling lives.
- 5.5. The co-produced vision below outlines our approach to working with communities and partners to make a difference to people's lives.

"People to live healthy and happy lives, to their fullest and in ways they choose in communities that are fair and safe."

- 5.6. The vision is further underpinned by four outcomes, which aim to focus on the issues that are important for residents. Residents want to:
 1. Live longer and in a way that allows them to fulfil their lives' potential;
 2. Have their mental health and wellbeing be considered as important as their physical health;
 3. Live in communities that are healthy, safe and with a good-quality environment, schools, and housing;
 4. Have access to increasingly good-quality and fair services that meet their needs.
- 5.7. The Strategy sets out 10 ambition/policy areas that cover the wider determinants of health and help deliver the Strategy's vision and outcomes.
- 5.8. Achieving this will require greater collaboration with residents, other public sector bodies, businesses, and the VCS. Through this collaboration and service improvement, health outcomes can be improved over the next 10 years.

6. Timescales for consideration

- 6.1. On 30 March 2023, the joint HWBB welcomed and endorsed the draft Strategy and agreed for its consultation to commence. The formal consultation process will ensure the draft Strategy has captured and reflects residents' aspirations, needs, and desires. The Strategy will be available as a physical paper copy, an interactive online version, and an easy read version.
- 6.2. The consultation will be open for eight weeks from 2 May 2023 to 25 June 2023. It will involve all members of the HWBB engaging widely with residents, patients, and partners through a range of channels including:
- a. Workshops with residents at local organisations' pre-existing activities or events, so we can engage with as many people as possible;
 - b. Online and postal surveys;
 - c. Displays in libraries, leisure centres, GPs, pharmacies, and other community venues;
 - d. Meetings with VCS, business and public sector partners and community groups;
 - e. Promoting the consultation channels and documents through social media and other channels such as Community Champions and local networks.
- 6.3. A summary of the consultation will be reported back to this meeting once the it has finished and the results are compiled.

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
grant.aitken@rbkc.gov.uk

APPENDICES:

A: Literature Review

B: Summary of engagement activities

C: Draft Health and Wellbeing Strategy for consultation

BACKGROUND PAPERS:

None

HEALTH AND WELLBEING STRATEGY 2023 - 2033

Appendix A: RBKC & WCC Health and Wellbeing Strategy Literature Review

Strategies	Reports	Insight/Engagement
<ul style="list-style-type: none"> • Fairer Westminster Strategy 2022-2026 • RBKC Council Plan • Our strategy for Special Educational Needs and Disabilities 2021-2024 Kensington and Chelsea Council • Our strategy for Special Educational Needs and Disabilities. 2021-2024. City Of Westminster • Autism Strategy • WCC Emerging Corporate Strategy • Cultural Strategy • Best practice Health and Wellbeing Strategy Examples • ICS Priorities • Active Westminster Strategy • Air Quality Action Plan • RBKC and WCC SEND Strategies • NHS Long Term Plan • Biodiversity Action Plan • Children and Young People’s Plan 	<ul style="list-style-type: none"> • Kensington and Chelsea Health Report October 2021, Public Health Intelligence • Westminster Health Report October 2021, Public Health Intelligence • The Mosaic Community Trust Annual Report 2021-2022 • Active Westminster Active • Communities Report • Church Street Youth Voices Project Report • Bi-Borough Vaccine Sentiment Paper • CP Summary Review • SWIM Covid-19 Assertive Outreach Report • SWIM Project Closure Report • Mosaic Vaccine Hesitancy Report • BMEHF Vaccine Report • Fuller Report • The Marmot Review • The Marmot Review 10 Years On • BMEHF Social Isolation Report • My Care My Way • Children and Young People’s Plan Engagement Report • Doing Things Differently - A strategy for embedding voluntary and community action in the health and care system to address health inequalities (January 2023) • Access to care: identifying the barriers for 	<ul style="list-style-type: none"> • CYPP Engagement Review (Summary of recent consultation activities with children and young people across the Bi-Borough (2018-2022)) • COVID-19 Student Voice Survey collected 126 responses from primary schools, 374 from secondary schools and colleges and 42 responses from pupils with SEND (Bi-borough, 2020) • Grenfell – Children and Young People’s Emotional Health and Wellbeing Services with parents and carers, children and young people, schools, and residents or members of the wider North Kensington community (RBKC, 2021) • Community Safety Survey with residents, businesses, and other stakeholders (RBKC, 2021) • Here to Listen Event (WCC, 2021) • Churchill Garden Estate Survey May 2021 • Active Westminster Strategy Engagement session 2022 • Service User Feedback – Mental Health Strategy Kensington and Chelsea • Stakeholder Engagement – Mental Health Strategy Kensington and Chelsea • Virtual Wallet User Findings • Persona Profiles and Findings

HEALTH AND WELLBEING STRATEGY 2023 - 2033

	Bangladeshi communities in West London (2023)	<ul style="list-style-type: none">• Youth Wellbeing Feedback• Young People Covid Concerns• City For All – Resident Engagement Findings• Youth Outreach British Red Cross – Bi-Borough• Covid Sentiment Survey 2020 & 2021• North Kensington Health and Wellbeing Survey• Older People's Day Services consultation• Grenfell EHW Adults Consultation• WCC City Survey
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HEALTH AND WELLBEING STRATEGY 2023 - 2033

Appendix B: Summary of Engagement Activity to date for the Bi-borough Health and Wellbeing Strategy development

Stakeholder/Event	Activity
Residents	
RBKC Citizen's Panel	Market Stall
Health Champions	Presentation and discussion
Community Champions	Presentation and discussion
Young People	
Youth Action Alliance	Workshop
Youth Healthwatch	Workshop / Presentation
RBKC Youth Council	Workshop / Informal Discussion
RBKC Youth Council	Visual artist coproduction session
WCC Youth Council	Workshop / Informal Discussion
Health and Social Care	
Youth Hubs	Presentation and discussion
Healthwatch – RBKC and WCC	Meeting and discussion (Virtual)
Health and Wellbeing Board	Various meetings
Northwest London (NWL) Integrated Care Board (ICB)	3 staff workshops
NWL ICB Primary Care Executive Committees-both boroughs	Presentation and discussion
NWL ICB Engagement Team	Meeting and discussion to promote engagement
Black and Minority Ethnic (BME) Health Forum	Met with officers and attended Social Isolation event to incorporate comments
	Public Event linked with JSNA to promote
RBKC Mental Health Partnership	Presentation and meeting to support engagement
Westminster Mental Health Partnership	
Voluntary and Community Sector (VCS) / Community	
One Westminster	Survey and overview of the HWBS was provided to One Westminster for distribution in their newsletter.
Kensington and Chelsea Voluntary Sector Council	Presentation to KCSC CEOs across VSC to encourage engagement with development
Action Disability Kensington and Chelsea	Presentation and discussion
Mosaic Trust	Meeting / workshop
RBKC Council Plan Engagement	3 x presentations and market stall
The Advocacy Project	Presentation and discussion
Abbey Centre	Attended Needs Assessment Focus Group Attending South Westminster Neighbourhood Network
North Kensington Volunteer Centre	Visual artist coproduction session

HEALTH AND WELLBEING STRATEGY 2023 - 2033

Local Action Group	Visual artist coproduction session
VCS and Business Partners	Visual artist coproduction session

Council	
Integrated Gangs and Exploitation Unit (IGXU)	Met with officers and collated with feedback
Active Westminster Partnership	Meeting and workshop with ActiveWestminster
Portobello Business Centre	Market stall as part of the summer events programme (17 organisations)
RBKC Healthwatch Advisory Group	Presentation and discussion
Grenfell Recovery Teams	Met with North Kensington Recovery Team
Bi-borough Children and young people (CYP)	Presentation and wider discussion to ensure links across partnerships



Kensington and Chelsea
and Westminster's

Health and Wellbeing Strategy

2023–2033

Healthier and Happier Lives



City of Westminster



THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA



North West London
Page 77



North West London
Integrated Care System

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Foreword

This is a ten-year Health and Wellbeing Strategy, informed by the views and experiences of our residents across Kensington and Chelsea and Westminster to reduce health inequalities in our communities.

This is a call to action to our community organisations, local institutions, businesses and public sector bodies to build stronger collaborative links. Doing so will help make our boroughs fairer, and better places for people to live.

The past few years have been hard for many people because of the COVID-19 pandemic. This has placed unprecedented demands on services and amplified deep-rooted and systemic inequalities in our society. We also need to learn from the Grenfell tragedy, and to improve how we listen and work with our residents. The cost-of-living crisis is also placing unequal pressure on people and services, and this is likely to widen inequalities.

We know the gap and quality in life expectancy is not right. We will work together to close the gap in healthy life expectancy between the poorest and richest parts of the boroughs. This will mean working differently, and more closely with residents, building on the strengths of our diverse communities, with a stronger focus on prevention and early intervention.

We are convinced that by implementing this strategy and working with our partners, the Health and Wellbeing Board will make a real difference. Residents have also told us they want us to work with them and come together to address the aspects of residents' lives that impact health outcomes. This means ensuring health and wellbeing is central to everything we do across housing, education, employment, and the environment. This strategy outlines our approach to closer collaboration.

We are setting out a long-term approach with a set of common principles and ambitions that we believe will make a difference, however this strategy is only the start. Achieving our ambitions will involve everyone from a whole range of professions and community organisations. As a partnership, we pledge to work together to deliver the very best services with a focus on improving health outcomes for the most disadvantaged people in our boroughs.



Sarah Addenbrooke

Lead Member for Adult Social Care and Public Health, Kensington and Chelsea



Nafsika Butler-Thalassis

Cabinet Member for Adult Social Care, Public Health and Voluntary Sector, Westminster



James Benson

Chief Executive Officer, Central London Community Healthcare NHS Trust, Co-Chair Place Based Partnership



Bernie Flaherty

Deputy Chief Executive, Westminster City Council, Biborough Executive Director of Adult Social Care and Health, Co-Chair Place Based Partnership



Jackie Rosenberg

OneWestminster



Angela Spence

Kensington and Chelsea Social Council



Danni O'Connell

Healthwatch Service Manager

Introduction

This strategy is a vision to achieve good health and wellbeing in our boroughs that is equitable for all. It will show how, by all working together, we can make a difference.

The strategy is the Joint Health and Wellbeing Board's commitment to those who live in, work in and visit our boroughs to ensure everyone has fair opportunity to live a happier and healthier life.

The Joint Health and Wellbeing Board

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

The Board has a responsibility to write and deliver a Health and Wellbeing Strategy.

North West London Integrated Care System

The North West London Integrated Care System (ICS) covers the eight boroughs of North West London and brings together all health and care organisations working to:

- improve outcomes in population health and health care
- prevent ill health and tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- support broader economic and social development



The ICS has two key components:

- The Integrated Care Board (ICB) is responsible for planning and funding most NHS services in North-West London
- The Integrated Care Partnership (ICP) brings together partners to develop a health and care strategy for the North-West London.

Bi-borough Place Based Partnership

The Bi-borough Place-Based Partnership is our Bi-borough based health and care partnership responsible for implementing many parts of the Health and Wellbeing Strategy.

The Place-Based Partnership will use population health data to target care where it is needed most. This will mean working in a joined-up way with a focus on prevention and management of long-term conditions, as well as improving access and outcomes for people with mental health needs, learning disabilities and autism.



Context

Good health and wellbeing should not be determined by who we are, where we live, what school we go to or how much money we have.

It is unacceptable that across Kensington and Chelsea and Westminster there are differences that mean the life chances of our residents differ. We want to stop these health inequalities as many of things that impact people are avoidable and unfair.

We know that to address this requires everyone having the same vision, collaborating and sharing expertise and best practice. We are committed to working alongside our residents and supporting them to harness the strength and resources they have within their communities to help themselves, their families and their neighbourhoods to reduce inequalities.


The health inequalities that exist in our communities have been compounded over the last few years, both by the COVID-19 pandemic and the fire at Grenfell Tower. This has put yet more pressure on our communities and we need to ensure our support is sufficiently targeted to provide the helping hand they may need.

The fire at Grenfell Tower was a national tragedy. That this tragedy happened in an area where there was already high levels of inequality means that the effects were made worse for the local community and has made the recovery more challenging. There are lessons to be learnt from Grenfell going forward, but the impacts of the tragedy will continue to have a massive bearing on the communities of North Kensington and across both of our boroughs.

Health inequalities also worsened the impact of the COVID-19 pandemic for some of our residents. People in overcrowded houses were less able to isolate if they needed and workers on low paid jobs were less able to work remotely. COVID-19 also widened inequality as it affected children and young people's education; the collective trauma of the pandemic has had an impact on everyone's mental health.

However, Grenfell and the COVID-19 pandemic showed the great strength and resilience across our communities. We saw how residents came together to support each other and how organisations worked alongside one another to solve problems. Working across the public sector, businesses and the voluntary and community sector we will continue to learn from these experiences to bring about change. We can also look at what has not worked so we respond to the wants and needs of our residents.

DID YOU KNOW?

 Kensington and Chelsea and Westminster are the smallest boroughs in the country.

Residents' voice

This strategy is only the start of our conversations and over the next 10 years we will continue to seek feedback from a wide range of residents and other stakeholders to help us achieve the best outcomes.



The North of the borough residents need good safe housing, need to be listened to and taken seriously, investment in mental health, housing and child and youth groups.

The community around me is very special to me.

I think we need activities that meet the needs of people with disabilities. Even simply having nice talks about interesting subjects would be very nice for me.

More safety for women in the streets!

When my local support services check in on me and take time to listen, I get the feeling that somebody cares for me, and that is very special.



I would love to learn about meditation and ways to relax.

More accessible community information on what's available.



It would be great to have a trusted community professional, able to offer a tailored personalised health and wellbeing plan.

Poor income or unemployment can make a person feel helpless, anxious or depressed.

[Being the best Council in light of Grenfell] means helping the community as much as possible. Helping them with jobs, skills and housing enabling them to live independently.

More should be happening at community centres for people's health and wellbeing.

People often prioritise their housing issues over their health problems.



Youth groups provide a place for your voice to be heard, no matter where you are from or your background.



@ SOMANG LEE STUDIO

Our boroughs

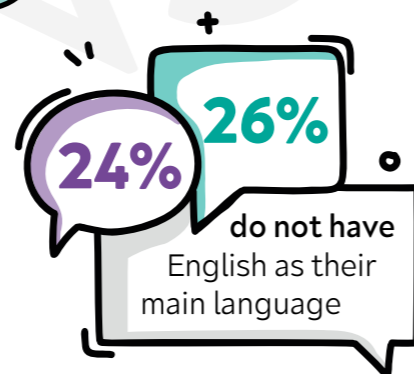
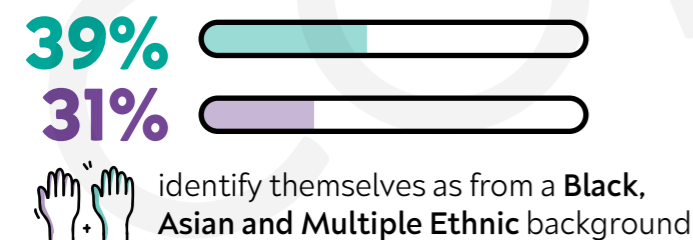
What we know about our boroughs

The data we have provides a clear understanding of the health and wellbeing needs of our residents and informed through wider engagement help to identify what we need to do to improve health and wellbeing.

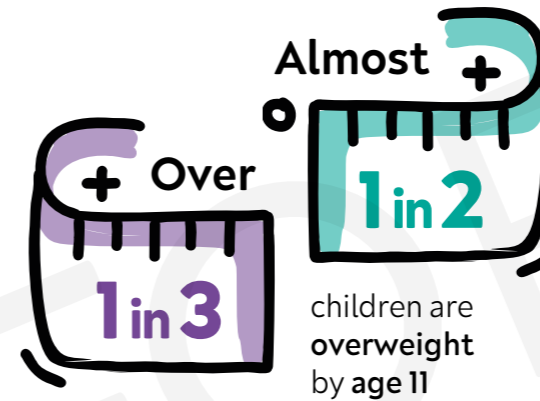
Many of the health and wellbeing issues that our residents face are challenging and complex. No single organisation or person can solve them so it is important we work together to harness the skills and resources of partners and local communities.

Life expectancy in our boroughs is high. Westminster has the highest life expectancy for men in England, and Kensington and Chelsea has the highest for women. However, this disguises the significant variations in how long and how well residents live with many health inequalities between different parts of our boroughs and in different communities. Some of the key indicators that need to be improved if we are to improve health outcomes for all include:

Population



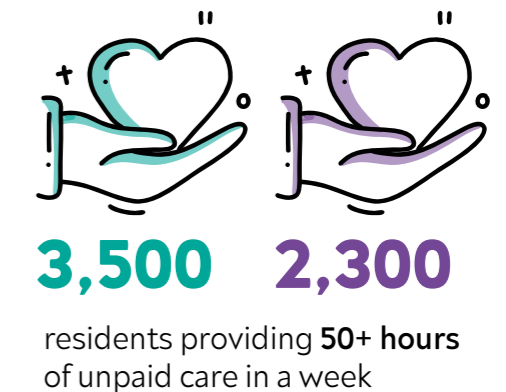
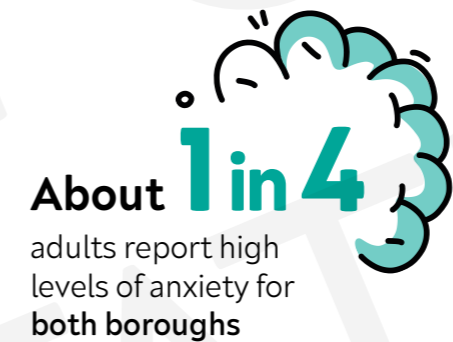
Figures correct as of April 2023. For full details and time periods see reference table on page 70



Average Male Life Expectancy:



Average Female Life Expectancy:



Find out more at www.linkaddress.com/link

How we developed the strategy

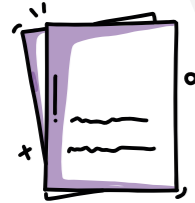
The development of this strategy is a demonstration of our principles in action.

This strategy has been informed by data and what residents told us is important to them to improve their health and wellbeing.



Engagement

- Communities
- Young People
- Adults
- Health
- Voluntary and Community Sector Organisations
- Summer Events Programme
 - 1,300 events
 - 18,000 people



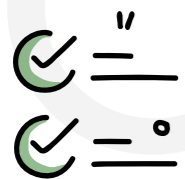
Literature Review

- RBKC Council Plan
- Fairer Westminster Strategy 2022-2026
- Children and Young Peoples Plan
- NHS Long Term Plan
- Fuller Report
- Marmot Review



Co-Production

- Ambition Workshops
 - 10 workshops
 - Engaged 60 subject leads across Health, VCS + LA
- Illustration Workshops
 - Local Account Group
 - Partners
 - Senior Leads



Consultation

- Workshops
 - xxxxx
 - xxxxx
- Events
 - xxxxx
 - xxxxx
- Surveys
 - xxxxx
 - xxxxx

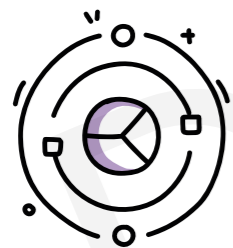


“ I will feel supported if we get more community events to bring people together as many have been isolated during COVID-19. ”

Making a strategy a reality

This is our vision and strategy for the next 10 years, but the strategy is only the beginning.

This 10 year strategy sets out our



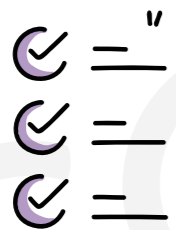
Vision

Our long term aim for the future.



Outcomes

These are the four things that will change if we are successful.



Principles

These set out the ways we commit to working to achieve our vision.

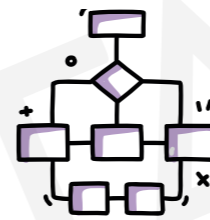


Ambitions statements

The different policy areas we will focus on to achieve our outcomes.



Our vision and outcomes will remain consistent for the next ten years, in order to achieve these ambitions the Health and Wellbeing Board will produce an action plan focusing on how we will put these ambitions into action and how we will measure success. The action plan will be refreshed at least every two years to make sure it is up to date. The action plan will be based on feedback from residents and data. It will be aimed specifically at tackling health inequalities.



Action Plan

2 year action plans setting out what partners commit to do.

Alongside the action plan we will develop an outcomes framework. The framework also be data led and reflect what residents tell us to show whether or not we are achieving our outcomes, and what needs to be done to make more progress.

We are committed to being accountable to our communities.

The Joint Health and Wellbeing Board has changed how it works to be more open to partners and communities.

The Joint Health and Wellbeing Board will be the key forum where:

- partners hold each other to account as board members
- residents hold members to account for delivering on this strategy
- those responsible for each ambition area update on progress a regular basis
- the action plan and outcomes framework are presented and discussed regularly

Our vision

People want to live healthy and happy lives to the fullest, in ways they choose, in communities that are safe.

Our vision is underpinned by four outcomes, which focus on the issues that will most improve people lives. Residents want to:

1

Live longer and fulfilling lives.



3

Live in communities that are healthy, safe and with good quality schools, housing and environment.



2

Have their mental wellbeing regarded as equally as important as their physical health.



4

Have access to good quality and fair services that meet their needs.



Our principles to reducing inequalities

Local Government, Health Services and the Community and Voluntary Sector work together every day to deliver quality services. Over the course of this ten-year strategy, we are committed to working together, guided by a set of principles to improve the health and wellbeing of residents.



→ We have a single and agreed vision

There are unacceptable health inequalities in our boroughs. In everything we do we will take an approach of targeted equality, directing resources to address inequalities and unfairness.



→ We deliver better health and wellbeing for all

Prevention is better than cure. Often referred to as the 'social determinants of health', we know that where and how, people live will have an impact on their health and wellbeing. Residents are more likely to have better health outcomes if they live in good quality housing; have a well-paid job; if their children can attend good quality schools; and live in good quality environments, with access to services when they need.



→ We are data-led

We will also be guided by evidence and data, alongside what residents tell us, to make the best decisions. This includes looking at new ways to collect data, being honest about what we don't know, and placing an emphasis on lived experience.



→ We will be community-led

Our communities have told us what their priorities are through consultation and engagement exercises; their voices drive our work. To ensure people have a greater say over the nature of local services we will commit to co-producing as much as possible with communities.



→ We work as one partnership

We will build closer relationships with our communities and partner organisations to aid decision-making, to make our policies and delivery of services geared towards improving the health and wellbeing of residents. We can achieve more this way than we can on our own.

To see these principles in action visit westminster.gov.uk/changing-futures



Kensington and Chelsea
 **1 in 5** children live in poverty

Westminster
 **1 in 4** children live in poverty

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

Page 90



A good start in life and feeling safe is fundamental to our children’s future life chances; all children and young people should be able to thrive from birth, through school to adulthood, to enable them to realise their ambitions.

We know that there are significant challenges to improve children’s health in our boroughs’ from low vaccination rates, struggles with mental health and difficulties maintaining a healthy weight.

Identifying children’s needs and appropriate support early is crucial to ensuring the best start in life. Together with parents we have developed a more integrated approach to supporting children from birth to five to ensure that support from health and other professionals is available in the right place at the right time.

“ Opportunities are no way near equal depending on what school you go to. ”

CYP Engagement report

Children and young people’s emotional and mental health needs will be treated as importantly as their physical health. We will do more to provide early support services, strengthen mental health support in schools and improve how we communicate to young people the range of emotional wellbeing and mental health support available in the Community.

Supporting all children and young people to succeed can only be achieved by equipping them with the skills to transition to adulthood, ensuring they can meet their ambitions, and access pathways to further education, university, employment, or enterprise. This includes tackling the causes of school exclusions and supporting children with Special Educational Needs and Disabilities (SEND) and children in contact with social care.

We know young people worry about their safety. We want children and young people to feel safe, be protected from serious violence, harm, harmful practices, abuse, and neglect at home, online and in the community.



Kensington and Chelsea Youth Council: Limitless

Following a successful proposal by the Youth Council in Kensington and Chelsea, the development of a new Urban Youth Room in the Notting Hill Gate area is being supported as part of the High Streets for All Challenge.

This is an initiative that invites local partnerships to bring forward and co-design innovative high street recovery strategies and proposals.

The aim is to create a welcoming space for young people to study, collaborate, socialise, attend events and participate in workshops, courses and training. This will help to create social capital for young people living and working in the borough, inviting them to have a stake in the future of our high streets.

The space will seek to promote a culture of ideas, innovation and experimentation, and build a pipeline of schemes with community buy-in for future investment opportunities.



The impact?



Following these tough times, I believe that the High Streets for All project will not only be extremely important for young people in the borough to develop themselves, socialise and explore new experiences but will also benefit local businesses by attracting young people to areas they may not have previously been inclined to visit.

K&C Youth Council



Limitless will provide us with our own space, where we have a say and our voices are heard.





“ We need more community-based health initiatives, family events, mental health support groups, social exercise clubs and pet friendly events. ”

2

We can all be active in our health.

A focus on prevention and early intervention improves people’s health and wellbeing.

Early prevention and identification of disease improves the life chances of people, but many of our communities face barriers accessing services that can support them. Increasing the uptake of the national screening and immunisation programmes for children and adults and reducing differences in uptake across communities helps to reduce wider inequalities.

We recognise that people have choices about how they live their lives, but we also know this can cause harm. We will raise awareness of the harm caused by tobacco and alcohol, promote lower risk drinking and support people to make informed healthy choices about what they eat.

Being active is one way people can improve their physical and mental health and wellbeing. Not only does physical activity improve mental wellbeing and help people to maintain a healthy



1 in **5** residents are physically inactive

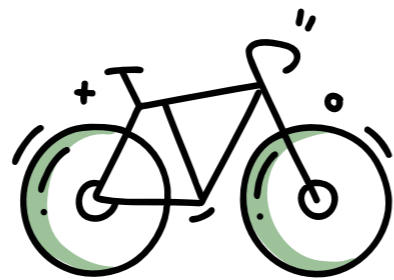
weight, it also enables people to meet others. We will work with schools, businesses, community and public sector partners to remove barriers to healthy lifestyles and make it easier to get active.

We will also strengthen information about sexual health and support services to improve sexual wellbeing for our most vulnerable communities and those where sexual health inequalities are greatest.

We will develop a coordinated and comprehensive approach to preventing and reducing the social, mental, and physical harm caused by drug misuse to individuals, families and communities.



Bikeworks



At Bikeworks, the belief is that everyone should have access to cycling to increase physical activity, wellbeing, and connectivity, with environmental impact interwoven throughout.

Established in 2006, Bikeworks is a community evolved social enterprise, focused on addressing disproportionate inequalities across London's communities. They work with partners to engage with the most excluded members of the community.

What's on?

All Abilities Inclusive Cycling Club

All ability clubs provide access to an incredible fleet of adapted and specialist cycles.

The trained instructors and volunteers at the club are very welcoming and have the skills to match the right cycle to each person, including people living with multiple sclerosis, stroke, Parkinson's disease, cerebral palsy or a learning disability.

Delivery takes places in seven locations, off-road, in green spaces and local parks.

More people can engage using the complimentary Cycle Taxi service. This increases confidence in getting out and about and meeting people for the first time.

The impact?



14k

visits to All Abilities Clubs in 2022!

(4k more than 2021)



1,551

Children participated in Bikeability training.

536

1-2-1 sessions



If it wasn't for the Bikeworks All-Ability Clubs I wouldn't have any other form of exercise. It keeps me active and I really value it. It benefits a lot of other disabled people too. I definitely look forward to attending each week.



Zubee, All-Ability Club Member 2022



“ There seems to be a rise in people with depression or anxiety, and a lot of these people don't get enough help that they should, and they don't even know they need help. ”

3

We support people to look after their mental wellbeing.

Our emotional, psychological, and social wellbeing affects how we think, feel, and act.



It determines how we handle stress, relate to others, and make healthy choices. Ensuring people are supported to look after their own mental wellbeing at every stage of life is important for overall health.

Mental health is affected by a wide variety of social, economic and physical factors and some members of our communities live with severe and on-going mental health problems making their lives more challenging. Early help and engaging fully with those affected by mental ill-health, their families and communities can start to tackle the stigma and discrimination towards those with mental health issues.

We will promote better emotional and mental health support and early intervention in schools, encouraging greater discussion of mental health in the school curriculum, getting access to counselling and mental health support services. We will also

About



1 in 5

adults report high levels of anxiety

invest in communities and promote access to community-led activities to promote mental wellbeing.

The effects of mental ill health can be exacerbated if people feel like the services they need are not there for them. We understand that there are demands on services that result in long response times. We also know that services do not always meet everyone's cultural requirements and that can result in the perception that health needs are not being addressed. We will work to ensure that all of our communities have access to the range of mental health services they require to meet their needs.

Some members of our communities live with severe and enduring mental health problems which make their lives very challenging as a result. We will ensure the key services these individuals require are easy to access and meet their needs.



Community Living Well



Community Living Well offers mental health support in Kensington and Chelsea, Queen’s Park and Paddington by bringing together health care professionals and community groups skilled in working with people who have mental health needs.

This community mental health service aims to deliver excellent integrated, recovery-focused and evidence-based health and social care.

Access to Community Living Well services is easy - they accept direct self referrals or through primary care and local community health teams (www.communitylivingwell.co.uk).

They offer wellbeing services, such as peer support, self-care and practical support with employment, debt, housing and benefits issues.



The impact?



I had the most wonderful, transformative experience at Community Living Well. My therapist was not only unfailingly kind and patient, allowing me to open up and feel at ease, but also incredibly knowledgeable. My sessions were filled with accessible resources that I could take away and use at my own pace, and the advice and help offered to me was always deeply personalised and tailored to my specific needs.

Talking Therapies service user



ClementJames provides me with so much help and support. I'd say they are 100% in everything. They are a really great community for every person. I have anxiety and they make me feel calm, especially the parties and crafts. I like that they help with education, jobs, wellbeing and happiness.

Service user, Self-Care (ClementJames wellbeing programme)





4

We have a good quality home.

Our homes are an important place of shelter and comfort, yet can also present a risk to health and wellbeing, particularly during periods of excess cold or for those at risk of falls.

Poor quality and unaffordable homes and over-crowding affect health and the establishment of strong social, economic, and cultural ties in the community. Improving residents' living standards means we can have a greater positive impact on the wider determinants of health.

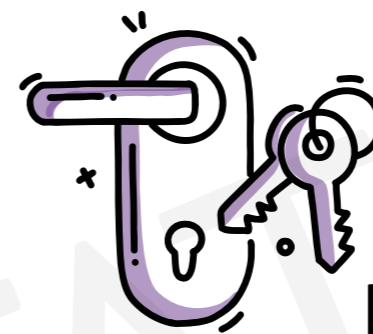
Our aim is to ensure that single people, families, residents with a disability and older people have housing that meets their needs. This means addressing overcrowding and ensuring well-designed homes that are genuinely affordable.

We will invest in existing council homes to make sure they are safe, secure and efficient as well as building homes for future generations to develop communities that are connected and support people to live independently.

By working with local organisations in the social housing and private rented sector and with communities in the design and delivery of high-quality housing we can support healthy and safe homes.



“
The main thing you need to get right is Housing and repairs. These are areas that can be extremely stressful for people.
”
HWBS Survey



1,698

people seen sleeping rough in Westminster

We will ensure that our residents, tenants, leaseholders, and partners are actively involved in the design and development of new homes in our neighbourhoods.

The Grenfell tragedy and national cladding crisis has shown us how seriously housing can affect people's sense of belonging and wellbeing. The impact of feeling unsafe in your home, being displaced, and of living in temporary accommodation for long periods had, and continues to have, a profound effect on our communities. We will support people to feel safe and respected in their homes, and work to ensure housing is stepping stone to supporting better health and well-being rather than being a barrier.

We can support the most vulnerable members of our communities to lead healthier lives by supporting people to find suitable, settled accommodation, and also help prevent homelessness. Specialist mental health advice and support, integrated into outreach services, enable us to provide services compatible with people's sometimes chaotic lifestyles, which standard treatment models cannot offer.



Inclusion Health Team



Rough sleeping and homelessness take their toll on mental and physical health, and this can often be compounded by prior traumatic experiences.

Hunger, isolation and uncertainty, as well as the ever present threat of violence takes a toll on vulnerable people's mental and physical health.

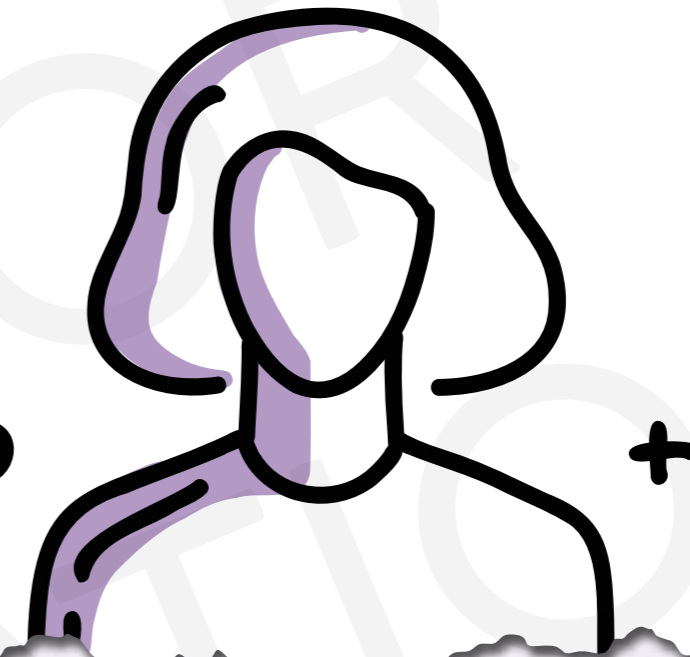
The Inclusion Health Team, based in a hospital setting, was set up to reduce the cycle of repeated health crises and unplanned hospital admissions resulting from the experience of rough sleeping and homelessness.

How does it work?

The team provides a range of support including:

- identifying people experiencing homelessness during their hospital stay
- building therapeutic relationships
- liaison with the housing team to assess for housing
- person-centred post-discharge community support

The team's work is transformational and has resulted in stable and settled outcomes for a number of individuals.



Case study: Mary

"Mary", prior to meeting the Inclusion Health Team had been rough sleeping and living in temporary hostel accommodation. She was drinking very heavily, had multiple falls, confusion, and reduced mobility. 41 ambulance callouts had been made, she had attended A&E 19 times in the last 12 months and had 4 inpatient admissions totalling 57 days, yet had only visited the GP 18 times.

Wrap-around support has meant that one year on she has her own tenancy and is maintaining sobriety. Furthermore, she has had no ambulance callouts, only three A&E visits and one unplanned hospital inpatient stay of 2 days. She is making effective use of primary care to manage her health, having seen her GP 55 times.



5

We feel safe and part of our communities.

A sense of belonging, feeling safe and free from harm and abuse is an essential part of a healthy life.

Building on existing community networks can enable more people to be connected and to develop a sense of belonging. One of the lessons of the Grenfell tragedy is that we need to work closer with communities. We need to acknowledge and harness the strengths of our communities to reduce inequalities by adopting a community-led approach.

Crime and wider anti-social behaviour affect people's physical and mental health in many ways, including distress, economic harm, and significantly worse outcomes for people. We will reduce the risk of harm and re-offending, and reduce violent crime, including gang and knife crime. We will address violence against women and girls in our boroughs, where women, young people, and vulnerable people are free of fear and abuse at home and in public.



“ I’m scared by the recent stories about black youths being strip searched and I’m scared that this could happen to me when I am out and about or at school. ”

CYPP Engagement



Westminster

96%

of Westminster residents feel safe in the area they live.

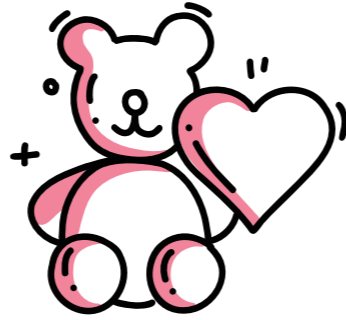


Kensington and Chelsea

84%

of RBKC citizens feels safe in their neighbourhood during the day.

We will also provide support for asylum seekers and refugees to feel part of the community and work with them to develop ways to support their health and wellbeing needs. We know these groups have specific health needs due to pressures on their emotional and psychological wellbeing.



Family Hubs: Asylum Seekers

Family Hubs offer a range of support and advice for families with children up to 19 years of age.

Family Hub professionals work together to support young asylum seekers. This includes health visitors, school nurses, outreach teams, early help workers, social workers and local organisations. If young asylum seekers visit the hub family navigators can make sure they get the right support at the right time.



Case study:

A single mother and her two-year-old son, having fled abuse and threats in their home country, were moved to temporary accommodation for asylum seekers at a hotel in Westminster. With little English, she was confused about the asylum process and felt scared and very isolated. Living in one room and unable to cook their own meals, her son's behaviour became quite challenging. Family Hub staff encouraged the family to attend Stay & Play sessions at the hub. Here they met and became friends with another family with the same first language, as well as having the chance to practice English and space to play. Through donations and third sector partners the hub was able to provide them with some essentials such as clothing and a buggy. They were also given time each week by the Cardinal Hume Centre to cook food for themselves, with ingredients being bought for them.

While spending over a year at the hotel, this family attended outdoor play and nature activities, Change4Life club to learn about healthy lifestyles and ESOL classes for the mother. Due to some concerns about her son's development, a WelComm speech and language assessment was carried out by hub staff, which provided reassurance for the family. The family were supported to access a nursery place for him and to make an application for primary school. When the mother needed an operation, other parents were able to support the family. Overall, the emotional and physical well-being of both mother and son were significantly improved and they became far less isolated and more confident in accessing the services they needed.



6

Our boroughs are healthy environments.

The built and natural environments have an important impact on health.

Residents have said that air pollution remains one of their top priorities. We also know that poor air quality is the largest environmental risk to public health, is a cause of premature death and contributes to cardiovascular disease, lung cancer and respiratory diseases – for all ages.

We will work together to reduce poor air quality and the impact on the health of residents, workers and visitors. The reduction and greening of motorised transport offers a clear opportunity for achieving environmental and health benefits. By providing new routes for travel on foot or bike for commuters, visitors, and residents, we can sustain the ‘green gains’ in air quality we saw through the pandemic.

We will continue to invest in our public spaces, so they are green and biodiverse, active, accessible, and inclusive. Our built environment also affects our choices and we will work to make the healthier choice the easiest choice, from how we travel to where we eat. Creating healthier and greener boroughs with shared spaces and opportunities for active travel can have a positive impact on mental health, long term conditions and connections to community.

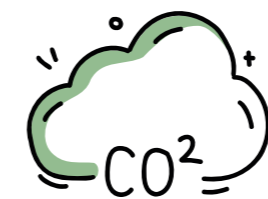
We will make a difference to those who have been unfairly affected by the climate emergency or a lack of access to green and open spaces.



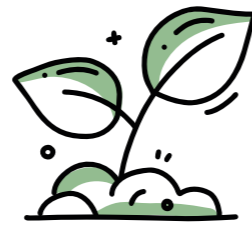
“ We need to ensure all journeys in the borough can be made at least as easily and safely by foot or wheeling or bike as they can now by car. ”

Quote source

All of Westminster’s air pollution monitoring sites, and two thirds of Kensington and Chelsea’s modelled data exceeds World Health Organisation 2005 guidelines on levels of particulate matter



PM2.5



Green Westbourne

Green Westbourne aims to make life better for people living in Westbourne by making the area greener, healthier and better for nature, and by improving access to the green economy and green jobs.

The project reimagines the relationship between nature and people living, studying and working in Westbourne. Led by Westbourne Forum in partnership with London National Park City, Green Westbourne is a partnership between local residents, the voluntary sector, business and Westminster Council.

Green Westbourne involves a series of projects and initiatives including:

Let's Grow Westbourne

In April 2021, the community champions began a community gardening project focused on two raised beds and four allotment plots in Westbourne. The initiative has been very popular, with 363 residents attending between April 2022 and March 2023. The community gardening allotment is attended by people of all ages and has put on activities such as:

- indoor nature crafting workshops in the winter months.
- trips to encourage families to learn how to grow their own fruit and vegetables with their children.



“
I've met wonderful people who I probably wouldn't have met otherwise.
”

“
Making wonderful things indoors during the coldest months was fabulous. We made Xmas wreaths, Rosemary bags and mosaic tiles. All of which were new to me but so lovely to learn and share ideas with others in a socially safe place with refreshments available on tap.
”

“
I feel part of a lovely community that I belong to, it's so important.
”





7

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



Accessible services that meet the needs of those who require them are crucial to health and wellbeing.

It is vital that care is provided by motivated professionals, a vibrant voluntary and community sector, and caring friends and family.

Our aim is to streamline access to services and ensure the right services are available with the right capacity to manage the needs of everyone. This means acting on what we hear from our communities when they tell us that they struggle to get access to services. We will take a community-based approach to prevention and promote existing services closer to where people live.

Any changes to services will be assessed on how they improve equality of access and outcomes.

We will provide support and resources for the voluntary sector to ensure they can be at the heart of thriving, healthy communities. We will support unpaid carers to make sure that they get the help they need to continue providing care for loved ones.



It is so hard to get an appointment at the GP these days and when you finally manage to book an appointment its almost two or three weeks later. It's just not good enough.



We now provide more than **50** non-medical professionals to support care at our GP practices, with roles like Social Prescribers, nutritionists, physiotherapists and others

We are also keen to further promote workforce development and shape the labour market to improve outcomes for people. We will ensure our workforce have appropriate training and development. We know that for our staff to be able to deliver the best services they need to be able to look after their own health and wellbeing.

Community and pharmacies providing good advice and support for local people! Visit rb.gy/unbwfv



Community Health and Wellbeing Workers



Community Health and Wellbeing Worker (CHWW) pilots have been running since August 2021 in Churchill Gardens and since November 2022 in Golborne and Chelsea Riverside. They were planned and designed in partnership between Public Health, Imperial College London and local participating GP surgeries.

Adapted from the Family Health Strategy in Brazil, the approach is based on relationship building from cradle-to-grave to achieve prevention, early intervention and general support outcomes with regards to health and wellbeing.

CHWWs work with a small group of residents, often in the same block or street, making contact through knocking on doors, calls and texts and community events. They focus on the whole family and work in partnership with local GPs. This means there is no need for referrals or other access requirements to the service. CHWWs visit residents and give information and advice about good health and wellbeing so that the individual can make informed decisions about their own health. The CHWW can assist with access to services.

Impact

Evaluation carried out by Imperial College London showed that the CHWW programme in Churchill Gardens had a positive affect on vaccine, health-check and screening uptake, as well as positive reception from the partner GP practice.

Qualitative evidence also showed the positive impact of the CHWW service for people with mental health needs; experiencing loneliness, social isolation and crisis; domestic violence; medical compliance and chronic disease management; diet and fitness; housing; employment and benefits whilst enabling greater levels of engagement across the community.





“ Different BME communities should organise activities talking about sexual orientation. Many young people in BME communities are voiceless and suffering in silence as they cannot express themselves in the community. ”

8

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



Everyone should feel that they are being treated with fairness and have control over their lives.

Being treated fairly means having equal access to opportunities and having a say in decisions that affect us. Some areas need specific focus to address historic inequalities.

There are unjust and avoidable differences in people’s health across our two boroughs which ultimately compromises our ability to live in a fair society. We want to ensure that people’s health outcomes improve through having choices and access to services that are fair and equitable.

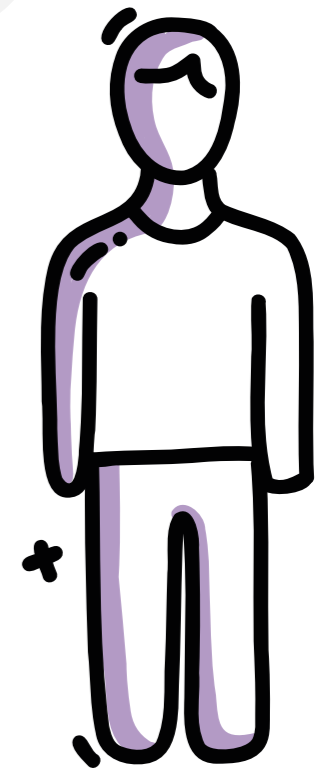
We will make sure that residents are fully involved and that their wishes and views are understood and included. It is everyone’s right to have choice and control over their own health and care and will ensure that everyone can be a more actively involved in decisions that affect them.

Westminster

Boys in Westbourne are on average likely to die **18 years** earlier than boys in Knightsbridge and Belgravia

Kensington and Chelsea

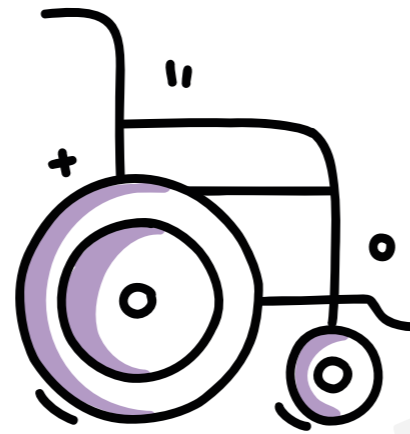
Boys in Notting Dale are on average likely to die **17 years** earlier than boys in Queen’s Gate



We will ensure funding and services are responsive by targeting resources through the voluntary and community sector to support people closer to home and by improving access to health services.



Changing Futures



Changing Futures is a 3-year funded programme, bringing together partners to work together in a different way' to see the whole person and the whole 'system', and to collectively improve the experiences of the most vulnerable and disadvantaged in our communities.

Everyone deserves a fair opportunity to reach their full potential. The current system is not working for those who experience multiple disadvantages and inequality, those who are often the most vulnerable in our communities.

Many residents' interactions with public services are negative and/or avoidable. They experience a 'revolving door' continuously cycling through the system, but not getting the effective and coordinated support or treatment they need.

Multiple disadvantages are defined as someone experiencing three or more of the following five: homelessness, substance misuse, mental health issues, domestic abuse, and contact with the criminal justice system

The Changing Futures programme introduces new and innovative frontline services and delivery models, and brings together public and community sector partners to create a flourishing system, and drive system improvements.



Churchill Gardens Place-Based Pilot

Our place-based approach pilot is supporting vulnerable housing residents who may be at risk of losing their home and/or struggling at home because of the impacts of experiencing multiple disadvantage.

An 'Assertive Outreach' support worker will work with residents experiencing multiple disadvantage on the Churchill Gardens Estate. The model provides non-judgemental and flexible 1-2-1 support, connecting to a locally coordinated offer from other services, proving a holistic person-centred approach to address the individual's needs. We also aim to help connect individual residents to their local community, understanding how best to help them create and maintain local positive relationships, encouraging individuals to take control over their wellbeing and make use of their local assets.





9

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

Living in poverty affects life chances and overall health and wellbeing.

This means more than just worrying about bills; poverty causes ill health, drives inequality in health outcomes and increases use of health services. The cost-of-living crisis is exacerbating already deep-seated issues.

We will support residents to be financially resilient by helping with access to the right benefits, helping to get good jobs and managing debt.

We will support residents to unlock their potential through upskilling, training provision and apprenticeships, supporting them into employment and entrepreneurial activity.

We will work with employers and businesses to ensure that any new training and skills support their workforce needs. This will increase job-readiness, ensure residents have the right skills for local jobs, and help people secure rewarding and sustainable work. Voluntary experience provides many benefits including preparing for and leading on to paid work and connection to social networks, which provide positive routines that improve health and wellbeing.



“ This area will become rougher, conditions will be unliveable due to rising inequality, the cost-of-living crisis and a lack of government action. ”
CYPP

Westminster



20,419

households in receipt of housing benefit/council tax support

Kensington and Chelsea



15,631

households in receipt of housing benefit/council tax support

We will support businesses to become more resilient and to thrive. We will encourage more diverse businesses and social enterprises to locate in the area and invest, bringing in additional social value. We will continue to work across anchor institutions to influence provision and opportunities for local people.



Paddington Development Trust Employment Team

The SWEET Programme

The SWEET project, ran by PDT Employment, is designed to help women make changes in their lives and achieve their goals. It helps women from ethnic minorities in West London who would like to get a full or part time job, or at least to take the first steps towards getting a job, for example by starting training or a work placement.

Case study: DM

DM joined the SWEET programme in September 2019 with ELATT, one of our delivery partners. She had moved to London less than three months prior to joining our programme and, although very keen on finding a job, she was still dealing with family relocation as well as prospecting new schools for her two sons.

Following the initial meeting with her advisor Phoebe, DM took an exam to assess her English level. Phoebe helped DM to feel more confident about her abilities and supported her with soft skills in building DM's self-confidence. While starting an English course with ELATT, DM and Phoebe focused on finding a job more suitable to DM's qualifications and which could also ensure the flexibility she needed to care for her two sons, both still in school. At this point, PDTE shared a new admin job vacancy with our partners.

DM did some mock interviews with Phoebe who was very encouraging throughout the entire process, explaining the role - Data Entry Officer. DM successfully interviewed for the role and started working with PDT in January 2020.

Initially, the role was for eight hours a week supporting the EQUIP team with the monthly claims and data entry. DM soon proved to be a great addition to the team due to her great work ethic, trustworthiness and being such a great team player. Within a few months, DM progressed on taking on more working hours. Due to her exceptional results, DM started working temporarily with one of PDT's other departments.

In March 2022 DM started working full time with PDTE on SWEET. DM was also promoted from Data Entry Officer to Data Management / Monitoring Officer.



Westminster

Kensington and Chelsea

7%

8%

of residents aged 65+ live with dementia

10

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



Giving people the capability to manage their own lives is critical in improving wellbeing and good health.

Residents living with long term physical and mental health conditions or learning disabilities (often more than one) can achieve better health and wellbeing outcomes when their independence is supported.

We will take a new approach to start reducing these long-term conditions by working closer to, and with our communities to provide more proactive, personalised care with support from a multidisciplinary team of professionals. Investing in community led initiatives will strengthen local support networks and allow people to feel supported and cared for in their own homes.



As an older man living by myself, I will feel supported if we get more free community events to bring people together as many have been isolated during COVID-19.

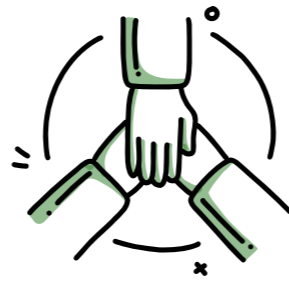


We will expand the scope of our model of care to support people with learning disabilities and/or autism, through increased joint working between residents and public sector partners.

Harnessing the potential of digital technologies will allow people to control their lives in the ways that best suit them. Age-friendly boroughs encourage active aging by optimising opportunities for health, participation, and security to enhance the quality of life as people age.

People affected by dementia will be treated with dignity and respect and offered opportunities which support a good quality of life.

We will improve the quality of local services and promote awareness of them to support people with dementia and their carers, including programmes to identify dementia earlier.



Mosaic Community Trust: Community-Centred Asset-Based Approaches

Mosaic Community Trust (Mosaic) uses a community-centred asset-based approach that emphasises the unique skills communities possess, their knowledge, connections and experience to improve overall health and well-being for all residents.

Asset-based approaches recognise that activities which focus solely on the needs or problems of populations are not sufficient for bringing about sustainable and equitable results. Instead, asset based approaches foster an environment where communities are active participants and have agency over the outcome being addressed.

Mosaic aims to empower diverse, socially marginalised and economically disadvantaged communities, thereby enabling them to participate in strategic decision making at the community level and to access mainstream services and economic opportunities.

Mosaic Health and Wellbeing Advocates

One way this is achieved is through the training and empowerment of community members as Health and Wellbeing Advocates who then communicate health and wellbeing messages to other community members. Health and Wellbeing Advocates roles are available to the community around the clock to assist with activities such as accompanying people to A&E, calling GP services, picking up prescriptions, delivering food, shopping and providing wellbeing and mental health support.

Key Learning

1

Community-centred asset-based approaches empower communities to use their own resources to fill the gaps in current support services. They also empower community members to make informed, responsible decisions about their health, and they share that knowledge with other members of the community.

2

Place based engagement enables the community to share their experiences and perspectives in a setting in which they feel safe and which is facilitated by community leaders and advocates they trust. This generates feedback which otherwise goes unheard and positively informs service delivery and enables change.



Access to Support/ Contacts

Being developed. People First: peoplefirstinfo.org.uk

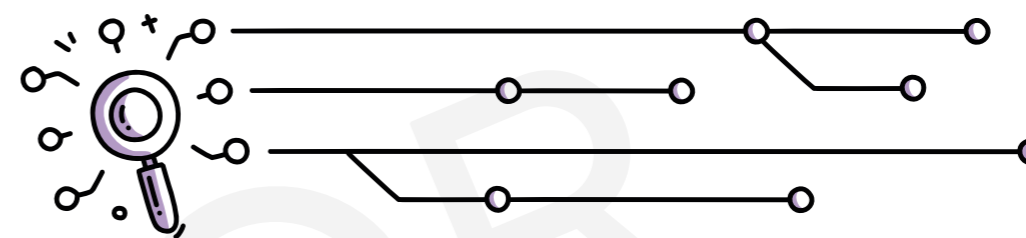
DRAFT FOR CONSULTATION

Related strategies

Being developed.

DRAFT FOR CONSULTATION

Data sources



Indicator	Page(s)	Source(s)	Time period
Air quality change and PM2.5 guidelines	45	Westminster – LondonAir tinyurl.com/2ry9h44r Kensington and Chelsea – RBKC Air Quality Action Plan 2022-2027 - tinyurl.com/4jacjymf	2023
Unemployment rate	15	Fingertips ID 91126 tinyurl.com/ms4hcbn	2021
Total from a Black, Asian and Multiple Ethnic background. At Westminster City Council the term Global Majority has been adopted	14	GLA 2016-based Housing-led Ethnic Group (2022) tinyurl.com/fjpn3jjm	2016 based (2022)
Children living in poverty	15, 25	End Child Poverty London tinyurl.com/3jeajc44	2020/21
Do not have English as their main language, most spoken language, do not speak English well	14	Census 2021 tinyurl.com/2ejef6sw	2021
Life expectancy - women	15	Fingertips ID 90366 tinyurl.com/4cs9nze4	2018-20
Life expectancy - men	15, 53	Fingertips ID 90366 / tinyurl.com/mr2xuwys	2018-20
Total resident population - all ages	14	ONS MYE 2021 tinyurl.com/2s8wbzxd	2021

Indicator	Page(s)	Source(s)	Time period
People seen rough sleeping	37	Chain Report - Borough Annual Report tinyurl.com/466wb992	2021/22
Overweight by age 11	15	Fingertips ID 20602 - https://tinyurl.com/26bc57yu	2021/22
Adults reporting high levels of anxiety	15, 33	PHOF indicator C28D - tinyurl.com/5n8ehchj	2021/22
Residents inactive	29	Fingertips ID 93015 - tinyurl.com/nhcwtpaa	2020/21
Living with dementia / diagnosis rate	61	Fingertips ID 92949 - tinyurl.com/ykhvwanz	2022
Carers	15	2021 Census tinyurl.com/38fpz4kv	2021
Feeling safe in the local area	41	Westminster – City Survey 2022 (asked Ashraf for source) Kensington and Chelsea – Citizen's Panel 2022 - tinyurl.com/2m3vm4yx	2022
Households on low income family tracker	57	Policy in Practice, Low Income Family Tracker - tinyurl.com/5be4jm4f	2023

Making our boroughs fairer and better places for people to live.

Westminster

Kensington
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City of Westminster



THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA



North West London
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North West London
Integrated Care System

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Children and Adults, Public Health and Voluntary Sector Policy and Scrutiny Committee

Date:	12 June 2023
Classification:	General Release
Title:	2023/2024 Work Programme
Report of:	Head of Governance and Councillor Liaison
Cabinet Member Portfolios:	Cabinet Member for Young People, Learning and Leisure and Cabinet Member for Adult Social Care, Public Health and Voluntary Sector
Wards Involved:	All
Policy Context:	All
Report Author and Contact Details:	Linda Hunting lhunting@westminster.gov.uk

1. Executive Summary

1. This report asks the Committee to discuss topics for the 2023/2024 work programme. The proposals set out in appendix 2 have been developed in consultation with senior officers as well as members of the Executive (Cabinet) on their plans for the year ahead to ensure scrutiny is focused on those areas where it may have most impact.

2. Meeting Dates for the 2023/2024 Municipal Year

- 2.1 The Committee is advised that the scheduled meeting dates for the 2023/2024 year are:
 - 27 July 2023;
 - 21 September 2023;
 - 5 December 2023;
 - 5 March 2024; and
 - 18 April 2024.

3. Background

3.1 Since January, the Policy and Scrutiny team has been supporting the Chair to consider the work programme for the next municipal year. The process for this included; consultation with the Cabinet Members, consultation with Executive Directors and relevant Heads of Service, following up on previous items and commitments from previous meetings, consideration of forward plans in the Cabinet Portfolios and challenges identified across the Directorates.

3.2 The aim of this process has been to culminate in a work programme which:

- Focuses on what is important;
- Focuses on areas where performance might be improved;
- Focuses on services which are important to residents;
- Focuses on where scrutiny can make a difference and add value;
- Proactively feeds into policy development by contributing to pre-tender considerations or strategy development for example; and
- Uses the insight of backbench Members to act as critical friend to services of the City Council and our partners thereby enabling good governance and excellent services.

4. Draft Work Programme for 2023/24

4.1 The Committee is asked to consider the draft work programme for the next municipal year, 2023/2024, set out in Appendix 2. The Committee is requested to discuss the proposed topics listed as well as provide comments and suggestions.

4.2 When considering the work programme, and agreeing an overall programme of scrutiny activity, the Committee should have regard to whether the work programme is achievable in terms of both Officer and Member time, taking into account that the Committee is scheduled to meet six times per year. Members are also reminded that it is advisable to hold some capacity in reserve for any urgent issues that might arise.

4.3 Each Committee has discretion to establish Task Groups to examine key issues in more detail and also to commission Single Member Studies. The Committee is asked to consider whether they would like to establish a Task Group or commission a Single Member Study. The Committee should be advised that both Members and Officers will only be able to successfully take part in and support a finite number of Task Groups at any one time.

If you have any queries about this report or wish to inspect any of the background papers, please contact Linda Hunting.

lhunting@westminster.gov.uk

Appendix 1: Terms of Reference
Appendix 2: Work Programme
Appendix 3: Action Tracker

CHILDREN, ADULTS, PUBLIC HEALTH AND VOLUNTARY SECTOR POLICY AND SCRUTINY COMMITTEE

COMPOSITION

7 Members of the Council (4 Majority Party Members and 3 Opposition Party Members).

TERMS OF REFERENCE

(a) To carry out the Policy and Scrutiny functions, as set out in Chapter 4 of the Constitution in respect of matters relating to all those duties within the terms of reference of the Cabinet Member for Young People, Learning and Leisure and the Cabinet Member for Adult Social Care, Public Health and Voluntary Sector.

(b) To carry out the Policy and Scrutiny function in respect of matters within the remit of the Council's non-executive Committees and Sub-Committees, which are within the broad remit of the Committee, in accordance with paragraphs 18.2 and 18.3 as well as section 19 of Chapter 4 of the Constitution.

(c) Matters within the broad remit of the Cabinet Members referred to in (a) above which are the responsibility of external agencies.

(d) Any other matter allocated by the Westminster Scrutiny Commission.

(e) To have the power to establish ad hoc or Standing Sub-Committees as Task Groups to carry out the scrutiny of functions within these terms of reference.

(f) To scrutinise the duties of the Lead Members which fall within the remit of the Committee or as otherwise allocated by the Westminster Scrutiny Commission.

(g) To scrutinise any Bi-borough proposals which impact on service areas that fall within the Committee's terms of reference.

(h) To oversee any issues relating to Performance within the Committee's terms of reference.

(i) To have the power to scrutinise those partner organisations under a duty to that are relevant to the remit of the Committee.

(j) To consider any Councillor Calls for Action referred by a Ward Member to the Committee.

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**APPENDIX 2 – Children, Adults, Public Health and Voluntary Sector Policy and Scrutiny Committee
Work Programme 2023 /24 Municipal Year**

ROUND 1 12 June 2023		
Agenda item	Purpose	Responsible Cabinet Member and Executive Director
Cabinet Member Q&A	To update the Committee on key areas of work within its remit and the Cabinet Member's priorities	Councillor Tim Roca, Cabinet Member for Cabinet Member for Young People, Learning and Leisure Sarah Newman, Executive Director of Children's Services Pedro Wrobel, Executive Director of Innovation and Change
Cabinet Member Q&A	To update the Committee on key areas of work within its remit and the Cabinet Member's priorities	Councillor Nafsika Butler-Thalassis, Cabinet Member for Adult Social Care, Public Health and Voluntary Sector Bernie Flaherty, Deputy Chief Executive and Executive Director of Adult Social Care Pedro Wrobel, Executive Director of Innovation and Change
Community Investment Strategy	To consider the funding cycles and process for community investment funds. This will include advice services, food strategies and hardship schemes, public health initiatives, and how the Council will support the voluntary sector in a long-term sustainable way.	Councillor Nafsika Butler-Thalassis, Cabinet Member for Adult Social Care, Public Health and Voluntary Sector Pedro Wrobel, Executive Director of Innovation and Change
The Health and Wellbeing Strategy	To review the joint health consultation and provide Member input.	Councillor Nafsika Butler-Thalassis, Cabinet Member for Adult Social Care, Public Health and Voluntary Sector Bernie Flaherty, Deputy Chief Executive and Executive Director of Adult Social Care
The Council's Covid-19 Pandemic Response	To review the independent assessment carried out by Professor Jill Manthorpe of the Council's response to the Covid-19 pandemic.	Councillor Nafsika Butler-Thalassis, Cabinet Member for Adult Social Care, Public Health and Voluntary Sector Bernie Flaherty, Deputy Chief Executive and Executive Director of Adult Social Care

Work programme	To review the work programme in light of events and recent discussions.	Linda Hunting, Policy and Scrutiny Advisor
ROUND 2 27 July 2023		
Agenda item	Purpose	Responsible Cabinet Member and Executive Director
Cabinet Member Q&A	To update the Committee on key areas of work within its remit and the Cabinet Member's priorities	Councillor Tim Roca, Cabinet Member for Cabinet Member for Young People, Learning and Leisure Sarah Newman, Executive Director of Children's Services Pedro Wrobel, Executive Director of Innovation and Change
Cabinet Member Q&A	To update the Committee on key areas of work within its remit and the Cabinet Member's priorities	Councillor Nafsika Butler-Thalassis, Cabinet Member for Adult Social Care, Public Health and Voluntary Sector Bernie Flaherty, Deputy Chief Executive and Executive Director of Adult Social Care Pedro Wrobel, Executive Director of Innovation and Change
Adult Social Care Complaints Report	Members to review Adult Social Care complaints and, in particular, trends, complaint levels against Key Performance Indicators, lessons learned, and steps that have been taken to address poor results.	Councillor Nafsika Butler-Thalassis, Cabinet Member for Adult Social Care, Public Health and Voluntary Sector Bernie Flaherty, Deputy Chief Executive and Executive Director of Adult Social Care Pedro Wrobel, Executive Director of Innovation and Change
1. Annual IRO (Independent Reviewing Officers) report in relation to LAC's (Looked After Children) 2. Annual Participation Report	To review the annual report in relation to the care provisions for Looked After Children. To review how Looked After Children are engaged with the Council in developing services that affect them.	Councillor Tim Roca, Cabinet Member for Cabinet Member for Young People, Learning and Leisure Sarah Newman, Executive Director of Children's Services
Work programme	To review the work programme in light of events and recent discussions.	Linda Hunting, Policy and Scrutiny Advisor

ROUND 3 21 September 2023		
Agenda item	Purpose	Responsible Cabinet Member and Executive Director

Cabinet Member Q&A	To update the Committee on key areas of work within its remit and the Cabinet Member's priorities	Councillor Tim Roca, Cabinet Member for Cabinet Member for Young People, Learning and Leisure Sarah Newman, Executive Director of Children's Services Pedro Wrobel, Executive Director of Innovation and Change
Cabinet Member Q&A	To update the Committee on key areas of work within its remit and the Cabinet Member's priorities	Councillor Nafsika Butler-Thalassis, Cabinet Member for Adult Social Care, Public Health and Voluntary Sector Bernie Flaherty, Deputy Chief Executive and Executive Director of Adult Social Care Pedro Wrobel, Executive Director of Innovation and Change
Voluntary Sector Core Funding and Allocation Report	To update the Committee about what level of funds are available to the Voluntary Sector and how funding decisions are managed.	Councillor Nafsika Butler-Thalassis, Cabinet Member for Adult Social Care, Public Health and Voluntary Sector Pedro Wrobel, Executive Director of Innovation and Change
Mental Health and Children	To review the Mental Health Support Teams, Suicide Prevention Strategy (public health), Emotional Wellbeing Strategy, and the impact of Covid-19 on the mental health of young people and how this is being addressed in the mental health plans for young people.	Councillor Nafsika Butler-Thalassis, Cabinet Member for Adult Social Care, Public Health and Voluntary Sector Councillor Tim Roca, Cabinet Member for Cabinet Member for Young People, Learning and Leisure Bernie Flaherty, Deputy Chief Executive and Executive Director of Adult Social Care Sarah Newman, Executive Director of Children's Services
Work programme	To review the work programme in light of events and recent discussions.	Linda Hunting, Policy and Scrutiny Advisor

ROUND 4		
5 December 2023		
Agenda item	Purpose	Responsible Cabinet Member and Executive Director
Cabinet Member Q&A	To update the Committee on key areas of work within its remit and the Cabinet Member's priorities	Councillor Tim Roca, Cabinet Member for Cabinet Member for Young People, Learning and Leisure Sarah Newman, Executive Director of Children's Services

		Pedro Wrobel, Executive Director of Innovation and Change
Cabinet Member Q&A	To update the Committee on key areas of work within its remit and the Cabinet Member's priorities	Councillor Nafsika Butler-Thalassis, Cabinet Member for Adult Social Care, Public Health and Voluntary Sector Bernie Flaherty, Deputy Chief Executive and Executive Director of Adult Social Care Pedro Wrobel, Executive Director of Innovation and Change
The Council's Integrated Care Strategy	To update the Committee on the integrated care programme, the use of Council funds, and for the Committee to make future recommendations.	Councillor Nafsika Butler-Thalassis, Cabinet Member for Adult Social Care, Public Health and Voluntary Sector Bernie Flaherty, Deputy Chief Executive and Executive Director of Adult Social Care
Childcare Sufficiency Assessment Strategy	To review the assessment strategy for how childcare sufficiency is measured through services across Westminster and make recommendations.	Councillor Tim Roca, Cabinet Member for Cabinet Member for Young People, Learning and Leisure Sarah Newman, Executive Director of Children's Services
Work programme	To review the work programme in light of events and recent discussions.	Linda Hunting, Policy and Scrutiny Advisor

ROUND 5 5 March 2024		
Agenda item	Purpose	Responsible Cabinet Member and Executive Director
Cabinet Member Q&A	To update the Committee on key areas of work within its remit and the Cabinet Member's priorities	Councillor Tim Roca, Cabinet Member for Cabinet Member for Young People, Learning and Leisure Sarah Newman, Executive Director of Children's Services Pedro Wrobel, Executive Director of Innovation and Change
Cabinet Member Q&A	To update the Committee on key areas of work within its remit and the Cabinet Member's priorities	Councillor Nafsika Butler-Thalassis, Cabinet Member for Adult Social Care, Public Health and Voluntary Sector Bernie Flaherty, Deputy Chief Executive and Executive Director of Adult Social Care Pedro Wrobel, Executive Director of Innovation and Change

The Council Drug Strategy	To review the Council's current drug strategy and make future recommendations.	Councillor Nafsika Butler-Thalassis, Cabinet Member for Adult Social Care, Public Health and Voluntary Sector Bernie Flaherty, Deputy Chief Executive and Executive Director of Adult Social Care
Public Health Investment Report	To Committee to review the effectiveness of the public health investment fund, how the Council invests the Public Health Grant, and promotes and protects the health and wellbeing of Westminster residents.	Councillor Nafsika Butler-Thalassis, Cabinet Member for Adult Social Care, Public Health and Voluntary Sector Bernie Flaherty, Deputy Chief Executive and Executive Director of Adult Social Care
Work programme	To review the work programme in light of events and recent discussions.	Linda Hunting, Policy and Scrutiny Advisor

ROUND 6 18 April 2024		
Agenda item	Purpose	Responsible Cabinet Member and Executive Director
Cabinet Member Q&A	To update the Committee on key areas of work within its remit and the Cabinet Member's priorities	Councillor Tim Roca, Cabinet Member for Cabinet Member for Young People, Learning and Leisure Sarah Newman, Executive Director of Children's Services Pedro Wrobel, Executive Director of Innovation and Change
Cabinet Member Q&A	To update the Committee on key areas of work within its remit and the Cabinet Member's priorities	Councillor Nafsika Butler-Thalassis, Cabinet Member for Adult Social Care, Public Health and Voluntary Sector Bernie Flaherty, Deputy Chief Executive and Executive Director of Adult Social Care Pedro Wrobel, Executive Director of Innovation and Change
Learning Disability Report	The Committee to review the provisions available for residents with Learning Disabilities and make recommendations.	Councillor Nafsika Butler-Thalassis, Cabinet Member for Adult Social Care, Public Health and Voluntary Sector Bernie Flaherty, Deputy Chief Executive and Executive Director of Adult Social Care
Leisure Services Contracts	The Committee to review the current leisure services contracts and programmes,	Councillor Tim Roca, Cabinet Member for Cabinet Member for

	the future of these services in Westminster, and make recommendations.	Young People, Learning and Leisure Pedro Wrobel, Executive Director of Innovation and Change
Work programme	To consider and agree the outline work programme for the Committee for the year ahead, with input from Cabinet Members, Executive Directors and other officers on how to make best use of the Committee's time and where the Committee will have the biggest impact.	Linda Hunting, Policy and Scrutiny Advisor

Unallocated items: this may either be substituted in for a substantive item elsewhere in the year or may be rolled over for future municipal years.

Councillor Tim Roca, Cabinet Member for Cabinet Member for Young People, Learning and Leisure	Councillor Nafsika Butler-Thalassis, Cabinet Member for Adult Social Care, Public Health and Voluntary Sector
Attainment Gap Report	Autism Strategy delivery update
Annual Fostering and Adoption Report	The Gordon Hospital Campaign
Update on the Annual Youth Justice Plan (after results from the service's inspection have been released).	The Unison Ethical Care Charter
Westminster Guardian's Report (Corporate Parenting Report)	Update on the Westminster Mental Health Plan for Adults

Proposed Briefing Sessions:

Councillor Tim Roca, Cabinet Member for Cabinet Member for Young People, Learning and Leisure	Purpose	Proposed Date
Review of primary schools for the 2023/24 academic year	Members to be briefed on falling rolls, potential amalgamations, and financial considerations of this.	Before summer 2023
Active Westminster	Members to consider the strategy being developed to include the service provided in the primary leisure service centres in Westminster.	TBC
Westminster Adult Education Service (WAES) Strategic Plan Review	To review the WAES Strategic Plan and for Members to provide feedback on the strategy which considers the future offer of this service in Westminster.	October/ November 2023
Councillor Nafsika Butler-Thalassis, Cabinet Member for Adult Social Care, Public Health and Voluntary Sector	Purpose	Proposed Date

TBC		
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Forthcoming Written Reports/ Updates:

Councillor Tim Roca, Cabinet Member for Cabinet Member for Young People, Learning and Leisure	Purpose	Proposed Date
Annual Corporate Parenting Report	To update the Committee on the Council's annual review of supporting parents and families with children across the borough.	September 2023
Councillor Nafsika Butler-Thalassis, Cabinet Member for Adult Social Care, Public Health and Voluntary Sector	Purpose	Proposed Date
Adult Social Care User Survey	To update the committee on the results for the Council's Adult Social Care User Survey and compare Westminster Council results nationally and make recommendations for future learning.	December 2023
Carer Strategy Report	To update the Committee on the how the Council's strategy in for supporting and working with carers across the borough is working.	March 2024

Cabinet Member Updates to the Committee:

Councillor Tim Roca, Cabinet Member for Cabinet Member for Young People, Learning and Leisure	Meeting Expected	Councillor Nafsika Butler-Thalassis, Cabinet Member for Adult Social Care, Public Health and Voluntary Sector	Meeting Expected
School Uniform Support Scheme	April / June 2023	Community Health Workers Update	April / June 2023
Supported Internships Annual Review	After August 2023	JSNA (Joint Strategic Needs Assessment)	June / July 2023
Progression pathways for young people	April / June 2023		

Potential Visits:

- St. Charles Hospital
- Hallfield Primary School
- Family Hubs
- Voluntary sector organisations in Westminster
- Children in Care Council
- Organisations such as Substance Misuse facilities (CGL / Turning Point)

Possible Task Groups/ Single Member Studies:

- Primary school capacity and the development of federations across Westminster
- Autism Strategy delivery update

- How is Meals on Wheels replaced / a food strategy for Westminster residents
- Housing Allocation and Learning-Disabled residents
- Obesity in Westminster

Appendix 3 - ACTION TRACKER
Children, Adults, Public Health and Voluntary Sector Policy and Scrutiny
Committee

ROUND 1 12 JULY 2022		
Agenda Item	Action	Status/ Follow Up
Item 4 Cabinet Member Updates Policy and Scrutiny Portfolio Overview: Cabinet Member for Adult Social Care, Public Health and Voluntary Sector	That arrangements be made for Members to visit voluntary sector organisations in Westminster.	Ongoing / Member-led
Item 5 Cabinet Member Updates Policy and Scrutiny Portfolio Overview: Cabinet Member for Young People, Learning and Leisure	That the Children and Young People Mental Health Task Group Report be published and that an update on the recommendations contained in the report be circulated to the Committee.	In progress Members should receive an update on this item in Sep 23.
	That details of how the schools were managing the school uniform scheme be circulated to the Committee.	In progress
	That a visit to a family hub to be organised for Committee Members.	In progress
Round 3 OCTOBER 2022		
Agenda Item	Action	Status/ Follow Up
Item 4 Cabinet Member Updates Policy and Scrutiny Portfolio Overview: Cabinet Member for Young People, Learning and Leisure	More information about the activities provided in the HAF programme and about what is being done to measure the effect of the HAF funding distributed and when this information can be shared with the committee, including, how the funds are spent with each provider.	In progress Update provided 25.11.22 Update provided 20.01.23 Officers to confirm when evaluation / measures information will be available for the Committee.
	Members to request, via Scrutiny Officer, visits to the Crisis House - Paddington, St. Charles and the Gordon Hospital's.	In progress / ongoing Member-led.

Item 6 Work Programme	A Task Group to consider the falling rolls of primary schools to be discussed and constituted by the Chair, as lead.	In progress Committee updated Dec 22. On hold till the next municipal year.
Round 4 DECEMBER 2022		
Agenda Item	Action	Status/ Follow Up
Item 4 Cabinet Member Updates Policy and Scrutiny Portfolio Overview: Cabinet Member for Young People, Learning and Leisure	That an optional session be arranged for Councillors to discuss with a Head Teacher /s, Ian Heggs (Bi-Borough Director of Education), and potentially others, the most pressing current issues in the schools and what can be done to support them.	In progress
Item 6 Cabinet Member Updates Policy and Scrutiny Portfolio Overview: Cabinet Member for Adult Social Care, Public Health and Voluntary Sector	Information be provided to the Committee about the Suicide Prevention Strategy and what the Council is doing to prevent suicides in the borough.	In progress This will come to committee as part of MH updates July / Sep 23
Item 8 The Children and Young People's Plan (2023-2026)	The Committee to receive performance data for the priorities and outcomes of The Children and Young People's Plan (2023-2026) and officers will present to the Committee in due course.	In progress
Round 5 FEBRUARY 2023		
Agenda Item	Action	Status/ Follow Up
Item 6 Cabinet Member Updates Policy and Scrutiny Portfolio Overview: Cabinet Member for Adult Social Care, Public Health and Voluntary Sector	Officers to provide the report for Members which focusses on the lessons learned and areas for improvement that derive from complaints received to the ASC/ PH service.	Completed This item has been discussed with officers and will be fed back to Audit & Performance P&S following the annual report.
	Officers to provide an update on what types of webinars are currently planned for the future.	In progress

Round 6 APRIL 2023		
Agenda Item	Action	Status/Follow Up
Item 4 Cabinet Member Updates Policy and Scrutiny Portfolio Overview: Cabinet Member for Young People, Learning and Leisure	Officers to provide further information about the Ormiston Academy Trust, including the pilot scheme for young people transitioning from primary to secondary school.	Completed Members updated 23.05.23
	Information to be provided about the falling number of memberships in leisure centre's such as, Little Venice and Porchester.	Completed Members updated 02.06.23
	A request was made to include the information about the West Park Family Centre in the leaflet provided to asylum seeking families.	Completed Members updated 23.05.23
	Information to be provided about what discount is available for asylum seeking families at leisure and family centres.	Completed Members updated 02.06.23
	Officers to provide the metrics and measures of the priority outcomes of the Children and Young People's Plan, such as the quarterly report, to the Committee.	Completed Members updated 23.05.23
	Officers to provide the committee with a presentation about the adult education provision in the borough, possibly to also involve the Chair of Governors and members from WAES, to discuss the Strategic Plan and provide Members with an opportunity to provide feedback.	In progress This is being arranged with officers for December 23, in particular, for Members to provide a steer on how to take the Partnerships Development Plan forward – work will commence at the start of the new academic year.
	Offices to provide information about which schools have made improvements since the last Ofsted inspections and what ways the Council can support schools going forward.	Completed This is provided in the June CM report.

	Officers to provide information about the timetable of works and plans at College Park SEND school.	Completed Members updated 23.05.23
	Officers to provide an update on the progress of the Bayswater Children's Centre and for a visit for Members to be arranged when the centre is operational.	In progress
	Requested information be provided about the available nurse places by ward or provider.	Completed Provided in the June CM report.
Item 5 Cabinet Member Updates Policy and Scrutiny Portfolio Overview: Cabinet Member for Adult Social Care, Public Health and Voluntary Sector	Requested data and details of the support and interventions provided for learning disabled residents at the Beethoven Centre drop-in sessions.	In progress
	Requested information about the independent report about how the Council managed the Covid-19 pandemic.	Completed This will be presented at June Committee.
	Requested details about the launch of the Health and Wellbeing Strategy and that it be brought to committee for review during the consultation.	Completed This will be presented at June Committee
	Members requested a demonstration of the new digital social care platform for residents.	In progress Officers to confirm when appropriate.