



City of Westminster



THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA

Westminster & Royal Borough of Kensington and Chelsea Health & Wellbeing Board

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Vibrant and Healthy Communities

Report of:

Adult Social Care and Health

Wards Involved:

All

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1. Executive Summary

- 1.1. This paper and the wider workshop will provide an insight into how the Bi-Borough Place Based Partnership Vibrant and Healthy Communities (VHC) programme is developing, how it addresses what is important to our children, young people and residents and how we are helping to reduce health inequalities across our communities.
- 1.2. The programme area is complex and is driven by a strong prevention and early intervention approach requiring collaborative working across the Voluntary and Community Sector (VCS) and public sector partners. However, the VHC starts from an “community asset based” approach to health and wellbeing that sees communities and citizens as holding the solution rather than seeing them as a problem to be fixed.
- 1.3. The programme is the newest of the five place based programmes and is presently still in the design stage. However, it is ambitious and covers:
 1. Enabling the VCS as a full partner in the Bi-Borough Place Based Partnership and strengthening capability and capacity

2. 'Project Octopus': bringing together the wide range of connector roles to best support and care for residents, linking to the development of Integrated Neighbourhood Teams
 3. Tackling known health inequalities in our communities, starting with community developed solutions for improving uptake of screening, vaccinations and immunisations
 4. Realistic funding to support community delivery through aligning funding and shared decision making for some budgets.
- 1.4 Vibrant and Healthy Communities will also influence and mutually support work across existing place based partnership priorities including complex care, children young people and autism, healthy weight and mental health, providing the test for the balance of prevention across the spectrum of interventions, planned transformation and service models.

2. What residents are saying

- 2.1. Throughout the development of the Health and Wellbeing strategy and through individual consultations relating to service design, the voice of our residents has been key. This has driven a clear understanding that to address health inequalities needs residents and VCS organisations working together and in a way that builds and strengthens community connections.
- 2.2. Throughout the early stages of engagement residents were clear about having services accessible and designed in a way that had them central to thinking. This is further reinforced in the recently launched **VCS "Doing things differently** - a strategy for embedding voluntary and community action in the health and care system to address health inequalities" (see appendix A)
- 2.3. The strategy recognises that tackling health inequalities is not something that we can do alone. The building blocks of good health and wellbeing can only be put in place and improved if we work together. The VCS sector across Westminster and Kensington and Chelsea has a vision of a "a genuinely equal partnership, between the voluntary and community sector, NHS and local councils, working together in one system to tackle the health inequalities our residents and communities face". It therefore sets out an ambition whereby the whole system is thinking and working together across the sector.
- 2.4. To achieve this, the VCS strategy sets out a number of goals, including:
 - Build strong relationships and shared culture
 - Enable a holistic approach with focus on people, early intervention and prevention
 - Maximise the use of VCS assets, like data, insight and expertise
 - Develop capacity and infrastructure for partnership
- 2.5. This is also reinforced nationally, for example the Fuller Stocktake (<https://www.england.nhs.uk/publication/next-steps-for-integrating-primary-care-fuller-stocktake-report/>) underpins the NHS ambition to improve the health outcomes of the nation and sets out a number of areas where, by working differently across a range of partners, these can be achieved.

3. What Vibrant and Healthy Communities Covers

3.1. The VHC Programme is broad but is interconnected as it impacts on children, young people and all residents, in particular the most vulnerable. For example through children's services there are a range of community-based delivery of early intervention and prevention and is underpinned by an early help partnership encompassing VCS, partners, providers and families and with Early Help strategies localised in each borough. Appendix C provides a summary of how these activities are connected to support to reduce health inequalities within our communities.

3.2. On the 26th January, New Local worked with partners to deliver a Vibrant and Healthy Communities workshop to inform a shared vision for Vibrant and Healthy Communities. This included understanding characteristics and outcomes that should be identifiable if they are successful in creating Vibrant and Healthy Communities in the bi-borough, for example:

- Feelings of belonging and connectedness – where relationships between diverse communities are strong and people feel connected to where they live and to each other
- Intergenerational togetherness
- People feel empowered to improve their health and wellbeing, including through supporting each other and accessing services when needed.
- 'Hyper' local so people helping each other and knowing where to go for support
- Energised, creative and action-oriented communities – where residents and communities are creating a 'buzz' and actively participating in running services, managing community assets, and community-led change
- Less reliant on statutory agencies.

3.2 This means statutory organisations having a different relationship with communities – working as equal partners with people to create positive health outcomes.

3.3 A follow up session was held on 6th June with a broader range of VCS organisations. The aim has been to coproduce and develop community centred solutions for tackling known screening vaccinations and immunisations inequalities, as part of a wider health and wellbeing approach and health inequalities focus. This will test and extend different ways of working with the VCS and will inform ongoing approaches and commitment to do work effectively in partnership with communities.

3.4 The first VHC programme group is convened for the end of June. The programme workstreams will be co-produced and their intended impacts tested against the VCS strategy and the draft Health and Wellbeing Strategy ambitions.

4.0 Vibrant and Healthy Communities Workshop

4.1 There are two elements to the workshop:

Person with Lived Experiences

- 4.2 Zohra Davis, Mental Health & Wellbeing Project Lead will talk about their experiences. This is a powerful opportunity for the HWB membership to hear and listen to individual experiences and to understand how these experiences have been supported or impacted on by our services.

Market Stalls

- 4.3 The market stalls will cover four areas to highlight the need for multi-disciplinary working across partners to address the wider social determinants of health to support residents. The stalls will include:

- Work of the voluntary and community sector and organisations
- Number of stalls led by Children's services working across pre birth – 5 years, family Hubs and youth provision (inc. EWMH campaign)

END

Appendix A - Doing things differently - a strategy for embedding voluntary and community action in the health and care system to address health inequalities”

Appendix B – New Local Workshop 26th January 2023

Future directions: actions identified by the bi-borough to support progress

The following were identified as areas for action that would support positive outcomes for each group and for the bi-borough to progress its aspirations for vibrant and healthy communities.

Residents

1. Build / deepen understanding – understand the starting point including the confidence, agency, and ideas that already exist in communities and build on this as a basis for change
2. Ensure feedback loops – commit to feedback loops for any community engagement activity so people are communicated with and aware of any decisions / action taken
3. Profile positive activity – such as good neighbour activity, to act as a spur to others to give time and volunteer support
4. Provide practical support – e.g. resources (£), measures, programmes of activity within communities and with VCSE orgs to support action
5. Communities in the lead – consider messaging and comms to not forefront the organisation but instead to let communities own / lead

Service providers

6. Reconfigure overall framing and approach – from addressing ill health to enabling health and wellbeing. This may lead to expansion in community based roles.
7. Evolve commissioning – shift local authority/NHS commissioning of VCS and how we work
8. Active listening – have ongoing conversations and listen to different communities to be able to respond. This could include engaging men – ‘we need to design action which engages men in discussion and action on this agenda’
9. Start early – work with schools to embed prevention and support the creation of vibrant, healthy communities in language and approach

VCS organisations

10. Funding model development to explore opportunities for longer-term funding

- align funding to shared outcomes of place based partnership
- shared decision making over at least some funding streams
- make the process of accessing/distributing funds as straightforward as possible

11. Strengthen organisational and sector capabilities through a VCS sector strategy – invest in strengthening the VCS, for example around data and for residents to access volunteering, employment support, create social enterprise etc

12. Engage sector – utilise sector in the design of local programmes and initiatives (skills and representation)

Appendix C

Children Services

Early Help

- Early Help Services in Bi-Borough are delivered on a sovereign basis in partnership with communities and structured around **Family Hubs** in both boroughs. While there are teams of Early Help practitioners as part of wider Family Services structures, the overall approach in both boroughs is the development of a wider “early help system”, through which partner agencies work together to provide a whole family and multi-agency approach to supporting vulnerable families. Both boroughs have **Early Help Partnership** arrangements and have produced partnership-wide strategies. Early Help systems are now well-established in both boroughs. Services from pregnancy to five are co-ordinated and we are enabling co-location of health visitors in our buildings. In RBKC there are two family hubs based in the North and South of the borough, in Westminster there are three family hubs based in localities.
- The Family Hubs virtual partnership in RBKC has started to develop bases at Cheyne and Holmfield House as well as outreach with our partners at Dalgarno and The Space Community Services and Colville School. We recently held an event reviewing and celebrating integrated working with parents and children from pregnancy to 5. We’ve seen real improvements in how our Health Visitors, Maternity Champions and Neighbourhood Doulas working alongside CAMHS, Early years Family Practitioners to deliver a more joined up offer.
- In autumn a family hubs training offer will be delivered – building on the trauma informed training and including the issues and themes many of you identified in a workshop last year.
- The **first Family Hub** was established in the Bessborough Centre in the south of Westminster in 2018. With the development of Family Hubs in Church Street in the Northeast and Queens Park in the Northwest, there are now three hubs covering all areas of the borough. Integrated Leadership Teams consisting of local managers from key agencies including health, voluntary and community sector partners and Children’s Services teams meet regularly to share information and plan local services. There are also regular panel arrangements in place through which work with individual families can be coordinated as required.
- A team of “**Family Navigators**” has been developed which provides signposting and whole family support linked to the Family Hubs. A workforce development programme has been revised and relaunched to raise awareness of the Family Hub offer and also equip relevant practitioners from all agencies with understanding and skills required to deliver “whole family” approaches.

Pre-Birth to Five

- We have been doing some focused work to offer a better experience of pregnancy to five services for parents and improve outcomes children, whilst delivering value for money. To achieve this we have strengthened targeted work

with parents in greater need, ensured there are clearer management arrangements across the partnership, brought together the **Best Start in Life, Healthy Child Programme and School Readiness principles**:

- To improve school readiness, speech and language development and early identification of need.
 - to reduce duplication across the services responsible for delivering the pathways and identify efficiencies.
 - to reshape the Healthy Child Programme and reduce the cost of delivery models for universal families to allow an additional contact at 3-4 months.
- So far transformation work has procured a new health visiting contract with significant stakeholder input into the new specification which sits as part of our early help and family hubs services. We have engaged over 300 families and 50+ practitioners throughout the transformation process, including in depth interviews with targeted families and developed and implemented an integrated service model bringing health visiting and early help closer in working practices. At the same time, we have co-designed a new whole-family intensive offer with health visitors, midwifery, early help and the Voluntary and Community Sector for families with additional vulnerabilities.

Bi-Borough Emotional Wellbeing and Mental Health Campaign

- One of the priorities in the Bi-Borough EWMH Plan 2022-24 is 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 local comms teams, youth networks and commissioned marketing agency, Nerd's Collective, to design a dynamic youth-led mental health campaign in RBKC and WCC, which went live last month (April 2022):
- **We Got U, U Got this'** – Emotional Wellbeing and Mental health campaign, created by and for local young residents in Kensington and Chelsea and Westminster.
- 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, videos to explain and de-mystify services, and various in-person engagements across youth settings. We have employed a local film student 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 in both boroughs.

Youth Services
Royal Borough Kensington and Chelsea

- The Council commissions a range of youth services across the borough for children and young people aged 11-19 (up to 25 with SEND). This means the Council funds local voluntary sector organisations to deliver high quality programmes and activities for young people. Examples of activities include sports, arts, crafts, culture, cooking and meditation. There is a focus on emotional wellbeing via our embedded mental health workers within the north and south hubs, and on skills development and employment pathways. Our commissioned providers are Rugby Portobello Trust, Dalgarno Trust, Harrow Club, Al Manaar, Earls Court Youth Club and London Sports Trust. Activities are also delivered from Lancaster and Chelsea hub.
- The Council is undertaking a review of youth services as these arrangements are due to end in April 2024. Feedback from young people and other stakeholders will help us to better understand the strengths of the current offer and opportunities to refresh it, including feedback on the services currently available to young people and what they would like to see in the future. This is so we can fund services that capture what matters to young people in the borough, offer activities that they find enjoyable and allows them to get involved and voice their opinions. The review also considers the wider offer of youth provision within the borough, will celebrate the diverse range of youth services available, and build on the priorities established through the Children and Young People's Plan.
- Young people can complete our survey and contribute to the review here: <https://consult.rbkc.gov.uk/communities/youth-review/>
- Adults, partners and stakeholders can contribute to the review here: <https://consult.rbkc.gov.uk/communities/youth-review-adults-survey/>

Westminster

- There are five youth hubs across Westminster which are funded by the Council: Churchill Gardens, Amberly Youth Project, Avenues Youth Project, Fourth Feathers Youth Club and St Andrew's Youth Club. These hubs support almost 1000 children and young people across Westminster to access activities across the five sites, offering a range physical and wellbeing activities. Many projects focus on being employment ready, they assist young people to transitions towards adulthood and improve prospects for employment whilst also supporting the wider serious youth violence agenda.
- Over the past 12-18 months, Westminster's Youth Sector has seen an increase in demand and complexity of need, due to the current cost of living crisis. The Council has responded by extending the offer of activities, and food, to reach more young people. The Council has secured investment to enable enhanced Youth Hub provision from April 2023 to better meet the increase in need, in light of the Cost-of-Living Crisis and help avoid escalation for more costly interventions by specialist and statutory services.