Kensington and Chelsea

Joint Health and Wellbeing Strategy

2013 to 2016

NHS
West London
Clinical Commissioning Group

healthwatch
Central West London

THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA

Contents

Foreword

We believe that everyone in the borough has an equal right to good health, care and wellbeing. Our borough is one where outstanding prosperity and health contrast starkly with significant poor health and deprivation, and we have taken significant steps to address this over recent years. However, there is still room for improvement.

The newly formed Health and Wellbeing Board is a powerful partnership of leaders from across the health and care system - local authority, health services and the community. We will work jointly to tackle the health, care and wellbeing issues that affect our local populations, and address the health inequalities that currently exist.

This strategy highlights areas where commissioners and others should place their focus, in order for the health and wellbeing of our population to improve. It sets out where we as a board will target our efforts and resources during this transitional period and beyond, by establishing a set of themes that the board will focus on, building on successes and improving on areas where outcomes have been less good. We will bring fresh thinking to the table and deal with issues that require more joined up thinking and working, and that cannot be addressed by one team or organisation, or in isolation. We want to build safe and happy communities and want Kensington and Chelsea to be a great place to live, work, learn and visit.

The strategy is based on the public health issues identified in the Kensington and Chelsea Joint Strategic Needs Assessment (JSNA), and on input from the Tri-borough Executive Directors of Children's Services and Adult Services, the Public Health Directorate, the NHS West London Clinical Commissioning Group (WLCCG), and Patient Groups including the Local Healthwatch (LHW).

Councillor Mary Weale
Chair Kensington and Chelsea Health and Wellbeing Board

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Chair West London Clinical Commissioning Group

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Healthwatch Central West London (Kensington and Chelsea)

Executive Summary

The Health and Social Care Act 2012 requires that a Joint Health and Wellbeing Strategy (JHWS) be produced, using information contained in the Joint Strategic Needs Assessment (JSNA), to identify health, care and wellbeing needs in the borough, and inform commissioners so that they are able to shape the services they commission to deliver the best possible outcomes for the populations of Kensington and Chelsea.

Overall health in the borough is good. However there are areas of health inequality where outcomes are some of the poorest in the country. Partners from across the sector must come together and work together more effectively in order to address these. The Health and Wellbeing Board (HWB) allows this to happen, with representatives from health, care and the wider community leading by example to drive the agenda for change.

The vision for Kensington and Chelsea is that it is a great place to live, work, learn and visit, where communities are safe and happy, and where everyone has equal access to services, advice and information. For those who require treatment, they should receive this closer to home, and when they need it.

Core strategic values developed by the HWB and its partner organisations will support this work by:

- providing strong leadership
- driving whole systems approaches
- enabling fresh thinking
- developing trusting relationships and information sharing
- ensuring effectiveness of commissioning
- holding to account and being accountable
- engaging and including
- being the advocate for local interests at a regional and national level

As well as the issues highlighted in the JSNA and the JHWS, a number of themes have been developed that the HWB will pay particular attention to in the next few years. Due to the significant changes taking place now, and in years to come, the HWB has a leadership role in ensuring that quality and outcomes are not affected, and are improved as a result of these changes (themes one to three). There are also particular populations and service areas that require particular focus, and these are also picked up in the HWB themes (themes four to six). An engagement and communication guide has been developed to support the work being delivered as part of this JHWS.

An annual report will assess the work of the board and its partners in delivering on the JHWS during the previous year, and outline any proposed changes and updates to work themes for the following year. Milestones have been established for each theme to the end of the first year of the JHWS to ensure that work is on track.

The JHWS also identifies other plans and strategies that link to this work.

1. The Need for Change

The government has introduced new policy and legislation that affects the way health, public health and social care services are to be delivered. The new reforms have seen many changes including:

- a shift in some of the responsibilities from the Department of Health to NHS England (NHSE)
- clinical Commissioning Groups (CCGs) being formed, by joining up of GP practices, with responsibility for much of the NHS commissioning
- responsibility for public health shifting from the NHS to the local authority and Public Health England (PHE)
- local authorities, through Health and Wellbeing Boards (HWBs), having a new role in encouraging joined-up commissioning across the NHS, social care, public health and other local partners
- NHS trusts moving towards establishing foundation trust status.

All this at a time when public sector agencies are facing immense economic challenges to deliver value for money, improve productivity and effectiveness, whilst ensuring high quality services are delivered to the local population. Appendix A provides details of the key organisations and their relationship with the HWB.

The Health and Social Care Act 2012 sets out a requirement for the local authority (LA) and the clinical commissioning group (CCG) to develop a joint health and wellbeing strategy (JHWS) that demonstrates how need that has been identified in the joint strategic needs assessment (JSNA) and via other reliable sources, is to be addressed. This requirement is expected to be delivered by the Health and Wellbeing Board (HWB). This work will promote integration and partnership working at the local level by joining up commissioning plans across the NHS, social care and public health sectors, and by considering the extent to which needs could be met more effectively by making use of flexibilities in section 75 of the NHS Act 2006.

The JHWS is a key document that should be referenced by everyone involved with health, care and wellbeing in the borough. Those who commission services have a duty to use this, and the JSNA, to inform their commissioning plans to ensure that they are focused on addressing issues that require the greatest attention first.

Kensington and Chelsea has a strong history of joint working with the NHS and other key partners in the borough. Programmes such as Choosing Good Health Together brought teams from the local authority, NHS, and the voluntary and community sector together to work towards improving the health of our residents. Building on this legacy, the newly formed HWB aspires to achieve integration of services across the health and social care sector in order to improve the health and wellbeing of its local populations.

1.1 The Role of the Board

The HWB currently has three main duties:

- to identify need through the JSNA
- to produce and publish a JHWS setting out the priorities, and themes the board will look to address
- to steer commissioning in line with this strategy - promoting integrated working, including across the wider determinants affecting health and wellbeing

In this transitional year the ability for the Board to have oversight of all of the changes taking place, and ensure that quality and standards are maintained and improved, is seen as critical to the effective implementation of health and care changes taking place across the system. Work done now to create strong relationships with partners (including providers) and communities across the sector will ensure that communication and dialogue play a key part in the effective delivery of these changes.

2. The Vision

2.1 Vision for the Borough

We want Kensington and Chelsea to be a great place to live, work, learn and visit, where communities are safe and happy, and where everyone has equal access to services, advice and information. For those who require treatment, they should receive this closer to home and when they need it. In order to achieve improved health and prevent ill health we aim to join up our services and systems across the borough, where this makes sense, to improve quality and delivery.

By working together we will address the wider social issues that cause poor health and wellbeing, and health inequalities, so that every child has the best start in life, and all children, young people and adults are enabled to maximise their capabilities, have control over their lives, and have a healthy standard of living.

2.2 Vision for the Board

The Kensington and Chelsea Health and Wellbeing Board (Appendix B) will be inclusive and collaborative, working in partnership to add value and a whole system approach to commissioning and the delivery of high quality, cost effective services for the borough. The board will be focussed and decisive, being driven by the aim to have a positive influence on the lives of the population of Kensington and Chelsea and improve their health and wellbeing.

The new arrangements provide an opportunity for system wide leadership, to create a distinct and new identity, carrying new functions with the potential to deliver transformational change across the health, care and wellbeing landscape.

3. The Strategy

This is the framework to guide commissioning to improve the health, care and wellbeing of the population of Kensington and Chelsea, and for other strategies to align to. It sets out the core values that the board will work to, and which the Board will expect all members of their respective organisations to also work to, as well as the key areas of work that have been identified as themes that the board can have the most impact on by working together.

The strategy is not an end in itself, but a continuous process of assessment, planning and delivery. Indeed, during the first year the amount of organisational change, transition and embedding of new systems across the health and care sector will require flexibility and adaptability of people, services and plans. During this time of transition the strategy will be reviewed to ensure that it captures and reflects the changes that have taken place, and has meaning for all those who use it.

3.1 Core Strategic Values

A set of core values have been identified that will ensure the work of the board, and their partners, is focussed and driven.

Provide strong leadership

The HWB is a powerful source of leadership and an agent for driving significant changes further and faster than ever before. It will lead by example, embedding these core values and ways of working across each member organisation, and drive the agenda for change on social care and health integration.

Drive whole systems approaches

There are significant new challenges around achieving better health and wellbeing for our borough. There are also some health and care issues that local commissioners have sought to address for a number of years, but which have not achieved the desired outcome. The board is the means to directly address these issues, enabling a holistic and whole systems perspective to be taken to explore new opportunities to commission services in a different way.

Enable fresh thinking

The board brings together leaders of the local authority, the health service and community organisations. The unique context within which the board will work will stimulate fresh thinking on addressing the challenges and priorities facing the local health and care economy.

Develop trusting relationships and Information sharing

There are already strong local health and care partnerships working well together and it is intended that the collaborative leadership provided by the board will strengthen these further, fostering increased trust between agencies, effectively sharing responsibility and enabling these responsibilities to be delegated to agencies where this would help achieve the most positive outcomes.

Ensure effectiveness of commissioning

The board will take the lead, promoting an effective evidence based approach to both

commissioning and local service development. The board will commission the local JSNA, to understand the needs of its local population, to ensure that the focus is consistent with its core priorities and that high quality evidence of impact and outcomes are used in making decisions and commissioning services.

The board will be able to take a systematic view of investment, looking at prevention, early interventions, wider health determinants, and treatment and care. The board will be able to determine where best to direct resources across the health and care economy so that the right services are available, in the places and at the times they are needed, to achieve better health and wellbeing for our population.

Hold to account and be accountable

The Board will take an overview of the effectiveness of health and care commissioning locally, holding commissioners and providers to account, and provide a challenge to the business and strategic plans of partners.

The board will work on a set of outcomes that will be evidenced based and reported on annually, and will be accountable to the population of Kensington and Chelsea through the democratic process and the role of Local Healthwatch.

Engage and include

The Board will be inclusive and collaborative, building on existing community and stakeholder engagement to help shape the work programme and the services that are delivered. The role of Local Healthwatch will ensure that the views of the community are brought into board discussions.

Be the advocate for local interests at a regional and national level

The board will lobby commissioning bodies and other agencies at a regional and national level to ensure that the best outcomes can be achieved for the local population.

4. Health and Wellbeing in Kensington and Chelsea

Kensington and Chelsea is a small and very densely populated borough, one of 33 London boroughs, and bordered by Westminster to the north and east, Hammersmith and Fulham to the west and Brent to the north. There are 158,700 residents, 83,500 households and 179,000 patients registered with Kensington and Chelsea GPs. The population is characterised by a large proportion of working age residents, high levels of migration, and ethnic and cultural diversity, all of which make service commissioning and delivery challenging.

Overall, our residents have some of the highest life expectancy in the country: 82.1 years for men and 85.5 years for women. However, there are also high levels of inequality, with significant pockets of poor health in the more deprived areas with people in the four most northerly wards nearly twice as likely to die before 75 as those in the rest of the borough. Significant areas of deprivation exist in these wards (Golborne, St Charles, Notting Barns and Colville) as well as in pockets also presenting in central (Earls Court) and the south (Cremorne). Figures for the Index of Multiple Deprivation Affecting Children (IDACI) suggest that 21per cent of the borough's children live in income deprived households.

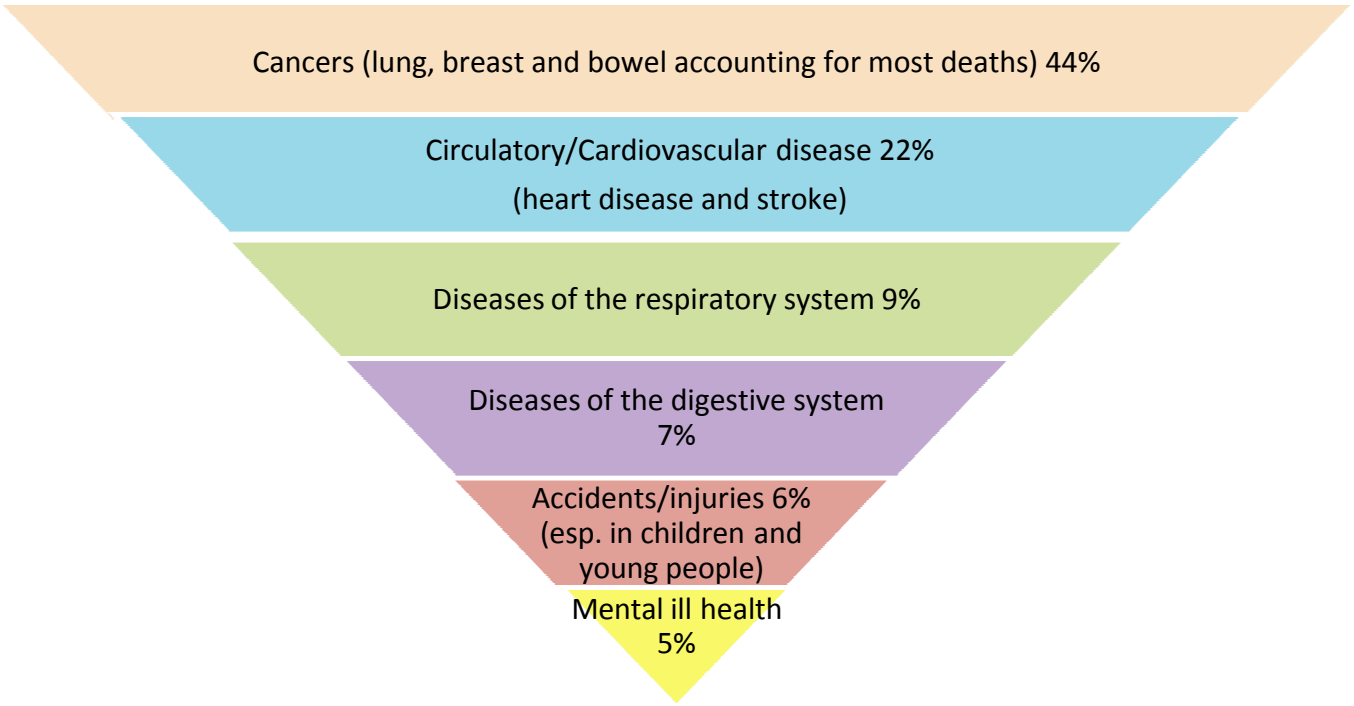
Wider social determinants affect health and wellbeing, and influence the choices people make throughout their lives. There are significant challenges in some of these areas around poorer than average lifestyles and a greater burden of disease. For example, Golborne, St Charles and Notting Barns wards fall into the very highest levels in London for incapacity benefit claimants for mental ill health.

Whilst life expectancy is generally good in many parts of the borough, people are living for longer with disability as a result of better survival rates from major diseases, such as stroke, heart disease and cancer. This trend will continue, and will have an increasing impact on the level of health and social care support required from services and carers of people affected. The high proportion of the population living alone and low rates of unpaid care create challenges for supporting people in a home environment, particularly with the expected rise in conditions such as dementia.

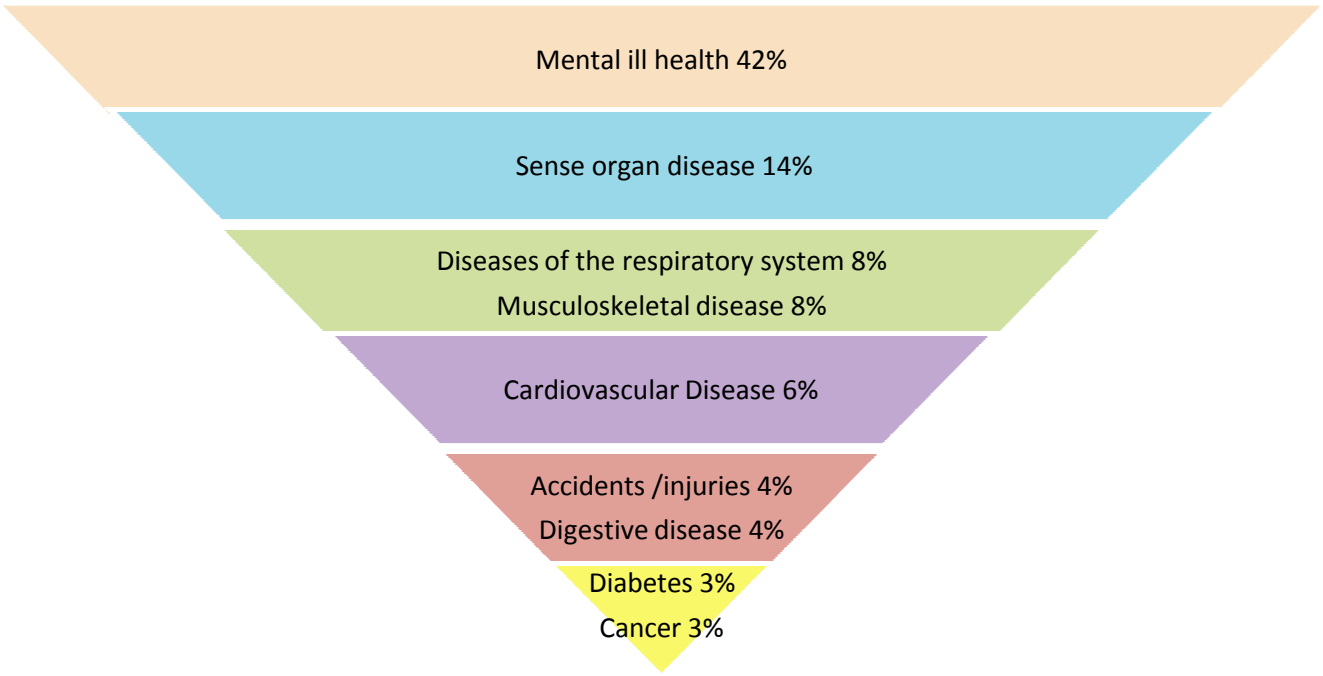
5. Joint Strategic Needs Assessment (JSNA)

The JSNA is a continuous and iterative process which aims to accurately assess the current and future health and care needs and assets of the local population. Both JSNA and JHWS support the development of future commissioning plans. The JSNA informs the development of the JHWS, and both should be used together to help shape and inform these and other emerging plans and strategies www.jsna.info Our latest JSNA gives us the following headlines:

Main causes of premature death (the biggest killers)



Main causes of life with disability (including long term conditions)



5.1 Outliers

These are pockets of poorer than average health within the borough and may present by geographical area, population group or disease type. For example:

children	• Childhood obesity in state schools, especially for year six pupils currently stands at 20.3%. • Dental caries account for 18% of hospital admissions for five to nine year olds. 38% of five year olds have experience of tooth decay, the seventh highest in London. These children have on average four affected teeth.
disease	• Sexually transmitted disease - 12th highest rate of acute infections in the country, fourth highest for syphillis. • High Chlamydia rates amongst 25+ year olds.
geography and deprivation	• The more northerly wards in the borough have some of the lowest physical activity levels in London and • 50-70% higher smoking prevalence than the rest of the borough.

5.2 Emerging Public Health Issues

These are likely to have an increasingly significant impact over time and prioritising action around these will alleviate this impact and ensure our services are prepared for the future.

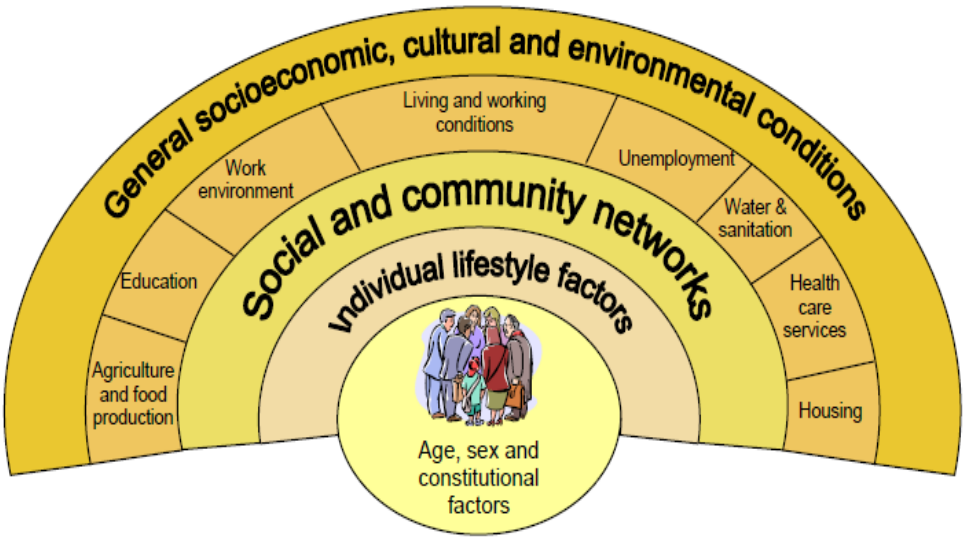
- obesity, especially childhood obesity
- alcohol related harm and crime
- problematic drug use
- an ageing population. Illnesses such as dementia (currently 1400 patients, expected to rise to 2000 in the next ten years), people living longer with disability, and more older people living in isolation, are likely to be significant factors. Other factors such as fuel poverty, contributing to excess winter deaths, are likely to become more significant in the future.
- improved life expectancy for children with complex needs
- children living in overcrowded accommodation, which may result in increased rates of respiratory disease, tuberculosis, gastric conditions and meningitis, as well as negatively affecting educational attainment and mental wellbeing
- food insecurity, which can be a contributing factor to obesity, malnutrition, poor oral health and delayed childhood development.

5.3 Health Inequalities and Social Determinants of Health

Health Inequalities are unfair and avoidable differences in health across groups in society, and whilst Kensington and Chelsea performs well in many of the assessed health indicators there is evidence that a social gradient in health exists, with areas of deprivation in the borough experiencing poorer levels of health. For example:

- areas in the north of the borough experience greater levels of premature death from cancer and cardiovascular disease (CVD) than the rest of the borough
- rates of decayed, missing and filled teeth in five year olds tend to be higher in areas of deprivation
- number of patients diagnosed with severe and enduring mental illness is the fourth highest in the country and these are focussed in the four most northerly wards, and west Chelsea
- hospital admissions for childhood injuries are highest in areas of deprivation.

In order to address inequality in health, care and wellbeing it is essential to examine and address the wider or social determinants of health and ill health. Good health and wellbeing starts where we live, learn, work and play, in our families, in our schools and workplaces, in our playgrounds and parks, and in the air we breathe and the water we drink. By engaging with all of our teams and partners, not just the health and care sector, we will be able to improve our prospects in addressing these wider social factors affecting health and wellbeing.



This diagram (by Dahlgren and Whitehead, 1991) shows the wider social determinants that are factors affecting the health and wellbeing of populations and individuals. In order to improve health and wellbeing across the borough we must look at how these wider factors impact on health and health inequalities.

5.4 Taking a Life Course Approach to Improving Health and Wellbeing

An extensive and compelling review produced by Sir Michael Marmot and his team (Fair Society, Healthy Lives) examining social determinants and health inequalities proposes a life course approach, and advocates tackling these using six key objectives:

- giving every child the best start in life
- enabling children and adults to maximise their capabilities and have control over their lives
- creating fair employment and good work for all
- ensuring a healthy standard of living for all
- creating sustainable communities and places that foster health and wellbeing
- strengthening the role and impact of prevention (and early intervention).

Life Course Objective	JSNA Priority
Giving every child the best start in life	• Childhood obesity • Dental health • Children in poverty • Child immunisation • Mental health and wellbeing
Enabling children and adults to maximise their capabilities and have control over their lives	• 16-19 year olds not in employment, education or training • Mental health and wellbeing • Carers • Rough sleepers • Transition from children's to adults services
Creating fair employment and good work for all	• Mental health and employability • Long term unemployment
Ensuring a healthy standard of living for all	• Income deprived households • Households affected by welfare reform • Housing related health issues (including fuel poverty)
Creating sustainable communities and places that foster health and wellbeing	• Green and open spaces • Air quality • Isolation • Community safety • Active travel and transport choices
Strengthening the role and impact of prevention (and early intervention)	• Breast and cervical cancer screening • Sexual health • Diagnosis of HIV and AIDS • Tobacco use (especially in routine and manual population group) • Physical activity (especially in areas of deprivation)

6. Mental Health and Wellbeing

Mental health is everyone's business – individuals, families, employers, educators and communities all need to play their part. Good mental health and resilience are fundamental to our physical health, our relationships, our education, our training, our work and to achieving our potential.

At least one in four of us will experience a mental health problem at some point in our life, and around half of people with lifetime mental health problems experience their first symptoms by the age of 14. The costs of mental health problems to the economy in England have recently been estimated at a massive £105 billion, and treatment costs are expected to double in the next 20 years.

By promoting good mental health and intervening early, particularly in the crucial childhood and teenage years, we can help to prevent mental illness from developing and mitigate its effects when it does. It is important to recognise that the foundations for lifelong wellbeing are already being laid down before birth, and that there is much we can do to protect and promote wellbeing and resilience through our early years, into adulthood and then on into a healthy old age. Taking a life course approach, and embedding provision for good mental health into all of our work is essential, especially given the fact that 42 per cent of people experiencing life with disability in our borough do so as a result of mental ill health.

One in four older people have symptoms of depression requiring professional intervention with one in ten experiencing chronic loneliness, and people living in deprived areas experiencing much higher rates. In Kensington and Chelsea the highest rates of depression tend to be amongst the 65+ age group and there has been a 21% increase in this age group requiring mental health services over the past few years, especially in more deprived areas. A significant proportion of older people in Kensington and Chelsea live alone (one in ten), with an increased risk of isolation, and associated health risks of malnutrition, anxiety, depression and general neglect of health and well being.

7. Outcomes - Measuring Performance and Success

It is important to adopt an outcomes based approach to the work of the Board, and when developing commissioning plans. Outcomes should be relevant and meaningful, and able to be compared between areas and over time.

Outcomes will reflect local need and wider overarching national objectives, using local indicators as well as those identified in national health, care and wellbeing frameworks (Appendix G has links to these national frameworks).

Objectives will be clear and measurable in order to assess the impact and performance of the work of the board and its member organisations. Whilst a suite of indicators will be established which best fits the work of the board and the needs contained in this strategy, it will also be important to establish shorter term goals and milestones so that quality and effectiveness can be measured, and poor performance addressed, in a timely manner. For the first year of this strategy a number of milestones have been agreed to ensure progress is made against the themes of the board (Appendix C).

The board will produce an annual report which provides detail on the current work themes, and on performance of the member organisations that make up the board. It will also engage with stakeholders and the wider audience to ensure that work is still relevant, focussed, and targeted and will use the ongoing JSNA process to ensure that the work of the board and the strategy is addressing the greatest current and future need.

8. Engaging and Collaborating

The health and social care reforms are centred on the fundamental principle that patients and the public must be at the heart of everything our health and care services do. We are committed to strengthening the patient, service user and public voice to drive decisions about the type of services needed and how to provide them. Local Healthwatch has a seat on the HWB and will play a key role in engaging and communicating, as will the Kensington and Chelsea Social Council who will be a regular contributor to HWB discussions.

The HWB has a duty to involve users and the public in developing the JSNA and the JHWS. Clinical Commissioning Groups and NHS England are also under statutory duty to involve patients and the public, in the way that Primary Care Trusts (PCTs) have done in the past.

If reforms are genuinely about shaping services around the needs of individuals and communities, then service users and the public must have, and feel that they have, real influence when big decisions are made. Structured mechanisms are being put in place with all stakeholders (including providers), service users, public, patients and communities, to allow effective two way engagement and communication to be established.

8.1 How we will engage

Engagement can take many forms, depending on the outcome required, and the audience involved. It is a two way process of interaction and listening using traditional methods and more innovative approaches. It is important to understand the purpose of engaging when

establishing an engagement plan, as different issues and topics will require different types of engagement. Whether the requirement is to communicate and inform, consult, involve, or work in partnership to co-design, understanding who should be involved, and how they should be involved will provide the best results to the process.

A guide to engagement has been produced which will be used in conjunction with this strategy. It will enable effective engagement in the work of the HWB and its themes.

Understanding our messages and communicating them effectively, using appropriate language, is key to engaging with all parts of our population and workforce. Utilising existing outlets to deliver information and signposting, such as libraries, GP surgeries, leisure centres, hospitals and council offices, allows us to deliver consistent information to audiences in a number of different settings.

Appendix E gives more detail of the work carried out so far to develop this strategy and the themes for the HWB. This work, and the work of the board, does not exist in isolation, and there are a number of local, regional and national plans and strategies that should be linked with in order to develop informed and robust commissioning intentions. These are listed in Appendix G.

9. Message to Commissioners

The JSNA findings are instructive in terms of where we need to make an impact on outcomes for our populations, and the Health and Wellbeing Board will expect commissioners to provide detail on how their actions will address these needs. They should:

- build on the many assets and resources already available
- enable early intervention and prevention
- address health inequalities and equity of access
- secure consistent quality
- demonstrate integrated service solutions
- identify measureable and relevant outcomes and indicators
- deliver discernable improvements to those agreed outcomes
- make good use of existing strategic partnerships and aim to develop new ones when needed
- use the authority of the Health and Wellbeing Board to enable and encourage partners to work together.

10. The Health and Wellbeing Board and its Themes

The health and care system is changing dramatically across the sector and during this first year of transition and settling the board will focus on ensuring that quality is maintained and improved, and services are delivered seamlessly, no matter who commissions them.

Each of the board's themes is based around joining up services, ensuring they are delivered seamlessly and unpicking pathways that are not currently delivering on what is needed, so that they can be better shaped around the people who use and need them.

Following initial stakeholder engagement to help shape the themes set out below, more in depth engagement took place in the autumn of 2012 (Appendix E) with a wide range of stakeholders, looking at the emerging themes in more detail. This dialogue has been summarised and captured in the *"what our stakeholders said"* and *"and asked for"* boxes.

Theme 1: Making better use of our resources to achieve improved outcomes

Board members responsible for this theme:
Tri-Borough Executive Director of Adult Social Care and Chair West London CCG

To ensure fully integrated (joined up) health and social care services for adults and children are developed and delivered so that services are commissioned and resources utilised more effectively and efficiently, in order to improve quality, user experience and health outcomes.

Why we chose it

Quantitative and qualitative evidence exists of the need to better coordinate and integrate services in the future and there is an unprecedented challenge across the health and social care economy with rising demand and decreasing real term budgets. This demand will continue to increase as people live longer with multiple long term conditions. In the past health and social care services were geared towards reactive, institutional care which is ineffective and costly. A fundamental shift to proactive, self care, delivered more locally or at home is required.

Public expectations have also shifted to bespoke, coordinated and self directed services, and a new model of delivery requires shifts in resources across health and social care, with an agreed model for sharing investment costs and efficiency savings being required. As well as this the Marmot review - Fair Society, Healthy Lives - recognises the value of a whole systems approach in relation to addressing health inequalities and the health and wellbeing of populations and communities, and the Kensington and Chelsea Choosing Good Health Together Public Health Programme review highlighted a need to better coordinate and integrate children's and adult's services.

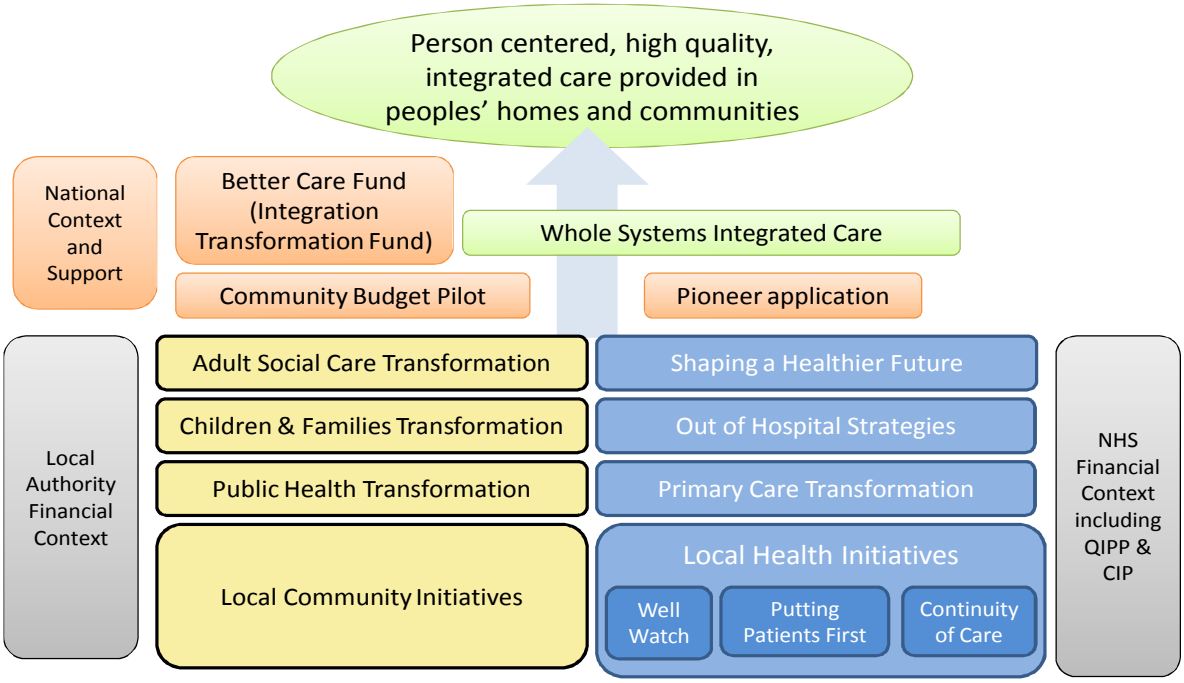
What the Board will do

Health and social care have been working closely together in integrated teams for some time in certain areas, for example, community mental health teams and community teams for people with learning disabilities. Social care and health staff involved in re-ablement and rehabilitation are closely linked, as are the rapid response nurses and social work teams supporting early discharge from hospital. Many different professionals work together in the Troubled Families

teams. But there are still gaps between services and in some cases duplication, while the proliferation of separate integration pilots has led to some complexity and confusion.

In North West London (NWL) health and local authorities are aiming to develop more integrated working across the whole system, particularly for people with complex care needs. A NWL Whole Systems Integration Board will oversee this programme, which will contribute to the delivery of both council and NHS aspirations captured in the Pioneer Pilot (led by the NHS) and the Community Budgets Pilot (led by the local authorities).

The vision for high quality, integrated out of hospital care is a shared ambition – it will be delivered by a number of programmes that are working towards this end goal



In order to encourage the development of integrated responses to local needs, the government has indicated that from 2015 to 2016 an Integration Transformation Fund will be available to local areas who submit a two year plan, starting in 2014 to 2015 and going into 2015 to 2016 showing how they are developing more integrated services and delivering better outcomes for local residents.

This will be produced on a Tri-borough basis reflecting the close working across the councils and the clinical commissioning groups and local service providers, service users, carers and communities. The plan will have to reflect Health and Wellbeing priorities and be signed off by the board before submission.

For the first stage of delivery the HWB will provide strategic direction, taking an overarching leadership role to ensure that all integration work is aligned. They will establish lines of accountability, and develop effective communication across the sector in order to build the foundation for effective commissioning and delivery in year two and beyond. All staff, organisations and residents will receive information on the programme of work being delivered and the impact it has on their own area. All partners will define how they will deliver and be held

to account. The board will also examine all strategies and commissioning plans brought to them through an 'integration lens' to ensure the integration agenda is captured and embedded in partner organisations' and departments' work.

What our stakeholders said…

"There needs to be a complete overhaul in the current business model and in ways of working. The removal of silos and changes in behaviour across the system is required in order to achieve proper integration. The 'middle layer' within each organisation and department is pivotal to success (as this is where many decisions are made and budgets are held), and without this, integration will not happen. Communication is also an issue, with the complexity of systems and inconsistent messages becoming barriers to accessibility. Understanding governance and accountability is also key to implementing the necessary changes".

And asked for…

"Good quality communication between professionals and clear signposting, with everyone knowing and understanding how to navigate the system. Creating a 'safe place and culture' for staff to try different things without the risk of repercussions are important in order to develop innovative solutions".

The board was asked to establish a definition of integration that everyone could sign up to and embrace.

What success will look like

Whole systems integration becomes business as usual across health and social care, delivering better outcomes for people more efficiently and cost effectively.

Joined up and seamless services are sustainable, a culture of joined up working is created where everyone cares about and embraces integration and the prevention agenda. Systems are simplified, data and information sharing is made easier, services, staff and budgets are flexible, with a holistic approach to the patient/service user's care and support. A single assessment/point of access is created. Pathways are improved, and robust mapping ensures resources are used effectively, and standards are maintained and improved.

How will we check if we are successful?

There are no national performance indicators for 'integration' as this will differ within each locality, depending on the focus of the work being carried out. However, for this piece of work there are a number of national outcomes frameworks performance indicators around the quality of care received that can be picked up to demonstrate that quality and performance are improving.

For the first year of this strategy a number of milestones are proposed for all of the six HWB themes to demonstrate that work is on track (Appendix C).

Theme 2: Improving Partnership Working for Sexual Health Services

Board Member responsible for this theme: Tri-Borough Executive Director of Public Health

To ensure sexual health services are commissioned and delivered seamlessly to the population of Kensington and Chelsea whilst maintaining and improving quality over time.

Why we chose it

With the introduction of the new health reforms the way in which certain health and care services are commissioned has changed. From April 2013, aspects of services for sexual health are being commissioned by a number of different partners – nationally by NHS England (NHSE), and locally by the Clinical Commissioning Group (CCG), and Local Authority Public Health (LAPH) team.

With this comes an element of risk as poor performance or commissioning in one organisation is likely to have a direct impact, and knock on effect for the other organisations. The HWB must ensure that commissioning plans and intentions of local and regional commissioners are aligned to best meet the needs of the local population, and also any need highlighted within the JSNA, with services delivered seamlessly across the sector.

The JSNA and other evidence shows that sexual health services have not always been of the best quality, or delivered the best outcomes, and this has been identified as a key area of need within the borough.

Who Commissions Sexual Health Services in Kensington and Chelsea

NHS England(NHSE)	West London Clinical Commissioning Group (WLCCG)	Local Authority Public Health (LA PH) Team
HIV Treatment and Care (Outpatient / Inpatient); Payment for PEPSE	Abortion services	Open access sexual and reproductive health services:
Sexual Assault Referral Centres	Sterilisation and vasectomy	>Genito-Urinary Medicine
Some Primary Care services (as defined by the national contract)	HIV Clinical Care and Support	>Community Contraception
Prison health	(e.g. Clinical Nurse Specialists in the Community, Palliative, End of Life)	>Primary Care
Military health		(GPs and Pharmacy)
		>Post Exposure Prophylaxis for Sexual Exposure to HIV (PEPSE)
		Sexual Health Promotion and HIV Prevention
		HIV Non-clinical Care and Support (Self Management Services, Counselling , Peer Support)

What the Board will do

Whilst all of these organisations and services will have their own governance and performance structures, there is no one currently who will have oversight across the three. Board membership allows for all of these organisations to be represented, and to discuss quality, performance and innovative ways of working as a whole system. This also allows organisations to address the issues of communication and access.

The board will oversee the development of the Sexual Health Strategy, and the establishment of the Sexual Health Partnership Group who will drive this theme. Regular reporting to the board will provide evidence of outcomes, as well as commentary on quality and performance.

What our stakeholders said…

"The major concerns are around the artificial boundaries between each organisation, how money will flow (will it follow the patient/service user), how local authorities will cope with delivering 'open access' services, and whether it is possible to ensure that services are delivered by one lead commissioner instead of fragmenting across several organisations. Standards and guidance are not consistent across different organisations and it is thought that it will be difficult to create a holistic package of care for the user with services being delivered by a number of different organisations".

And asked for…

"Better mapping of pathways, and communication between professionals to ensure that services are commissioned and delivered seamlessly. Joint/lead commissioning and cross borough tariffs to be discussed as possible solutions".

The board was asked for clarification on the different relationships and governance across the organisations who will be delivering services. They were also asked to establish a plan for delivery going forward from April 2013, and to set quality standards and performance monitoring.

What success will look like

- maintenance and improvement of sexual health (SH) outcomes
- delivery of seamless and accessible SH/HIV services
- good working relationships are established across relevant commissioning organisations (LA PH, CCG, NHSE)
- improved communication in relation to prevention and sexual health services for children and young people.

How will we check if we are successful?

The way these services are commissioned is a new development and initially the main focus will be on ensuring that quality is maintained and improved, and there are no gaps or duplication in services as they are commissioned by different organisations.

There are a number of national outcomes frameworks performance indicators around the quality of care received that can be picked up to demonstrate that quality and performance are improving over time, and will be used to gauge whether health outcomes are improving across these critical areas.

Appendix C identifies first year milestones to demonstrate the work of this theme is on track.

Theme 3: Improving Partnership Working in Early Years Services (To Ensure Every Child Has the Best Start in Life)

Board Member responsible for this theme:Tri-Borough Executive Director of Children's Services

To ensure early years services are commissioned and delivered seamlessly to the population of Kensington and Chelsea whilst maintaining and improving quality over time, so that all mothers and young children in the borough are able to achieve good health and wellbeing outcomes.

Why we chose it

Research consistently demonstrates that the first years of a child's life are crucial in determining their future health and wellbeing, both as children and adults, and a healthy pregnancy provides the best start for every child. However for many children, especially those from vulnerable families, there are barriers to their ability to fulfil their full potential.

The Marmot review's first objective is to give every child the best start in life and advocates focussing resources particularly on early years, as what happens during these years (starting in the womb) has a lifelong effect on many aspects of health and wellbeing.

The JSNA highlights the following health needs and challenges that this priority will respond to:

- there has been a rise in the number of births over the past decade which has led to increased pressure on maternity and early years' services
- the rate of children up to date with their childhood immunisations at the age of two is lower than the national average, with marked variation across GPs
- 38.1 per cent of five year olds attending the boroughs maintained schools have decayed, missing or filled teeth
- in 2011 to 2012 fewer children in The Royal Borough achieved a good level of development at age five than the London and England averages.

Who Commissions Early Years Services in Kensington and Chelsea

NHSE

Health Visiting
Family Nurse Partnership (working closely with local authority public health services)
Immunisation (TBC
Antenatal and newborn screening)
Dental Services

WLCCG

Maternity and newborn services (excluding neonatal intensive care)

Local Authority Public Health

Influencing and preventative services - nutrition, obesity, breastfeeding (NCMP/PHE)
Dental Public Health

Local Authority Children's Services

Children's centres
Family support, childcare and education

Healthy Start commissioning remains undetermined at present, currently defaulting to Public Health for commissioning

What our stakeholders said…

"The connection between the Early Years teams, CCGs and Health Visiting is seen as crucial but not always given equal priority across the different organisations. Transitions from midwife to health visitor to school nurse are seen as critical points, and often services are designed around the professional rather than the needs of the child and family".

And asked for…

"Communication, keeping staff updated and simplifying messages to reduce the amount of information to parents and children. Proper engagement, along with bringing people together to work on critical issues".

As with theme two, the board was asked to clarify roles and responsibilities across organisations, to plan for delivery from April 2013, and also to actively plan for Health Visiting becoming the responsibility of the Local Authority from 2015.

What the Board will do

Whilst all of these organisations and services will have their own governance and performance structures, there is no one currently who will have oversight across the three. Board membership allows for all of these organisations to be represented, and to discuss quality, performance and innovative ways of working as a whole system. This also allows organisations to address the issues of communication and access.

The Board will establish a task and finish group to drive this theme. Regular reporting to the Board will provide evidence of outcomes, as well as commentary on quality and performance.

What success will look like

- sustained and improved health outcomes for children aged under five
- the needs of children, pregnant women, and their families are identified early, and appropriate support is provided, leading to improved safeguarding and outcomes for children
- services are designed and delivered around the needs of the child, pregnant women, and their family, with positive feedback about these services
- seamless transition between services (e.g. from midwife to health visitor) for children and parents
- good working relationships are established across relevant commissioning organisations (LA, CCG, NHSE), and effective use of the resources available between all agencies.

How will we check if we are successful?

The way these services are commissioned is a new development and initially the main focus will be on ensuring that quality is maintained and improved, and there are no gaps or duplication in services as they are commissioned by different organisations.

There are a number of national outcomes framework performance indicators around the quality of care and improvements in outcomes which can be used to gauge whether health and wellbeing are improving across critical areas. Indicators will be decided once the key issues to focus on in years 2 and 3 have been identified.

Appendix C identifies first year milestones to demonstrate the work of this theme is on track.

Theme 4: Ensuring Safe and Timely Discharge from Hospital

Board member responsible for this theme: WLCCG Chair/Local Healthwatch Representative

To ensure that patients' discharge from hospital happens smoothly and in a timely manner for all patient groups, with care plans in place, and all relevant services and systems suitably engaged and informed.

Why we chose it

Hospital discharge can be less satisfactory for a number of client groups including older adults, and people with mental health issues. Discharge arrangements have been agreed with the local Acute Trusts but historically this has rarely been made a priority until the point of discharge. Frequently this means that patients end up having to stay for an additional period in hospital when they are fit for discharge. The cost implications of delayed discharge are significant, with readmission often the result of poor community care planning. Feedback from services users and communities provide further evidence that discharge for patients could be improved.

The following have been identified as areas where discharge has been less satisfactory:

- people with complex needs and specialist conditions
- night, weekend and bank holiday discharge
- access to prescriptions/medication at time of discharge
- notice and communication to patients, families and carers, and professionals
- community services not accessible/able to support discharge in evenings and on weekends and bank holidays (re-ablement services are available during these times).

Discharge meetings and plans may not turn up, patients don't understand about services on offer, and information may not passed between professionals, all of which can lead to emergency readmissions. The JSNA reports that around 60 per cent of care home admissions directly follow emergency hospital readmissions.

The JSNA also identifies that the number of older people is expected to rise considerably over the next two decades, with a predicted acceleration in 80+ year olds from around 2025. It is therefore essential to ensure that robust discharge planning is in place in order to reduce and remove the risk of emergency readmission as a result of poor planning.

What the Board will do

The board will work to identify the key areas where discharge of patients is not effective and of good quality. They will ensure that all key stakeholders (partners, the acute trusts, GPs, the community and voluntary sector, carers and service users) are engaged, to address the issues raised in a holistic way to develop a robust hospital discharge and community support process for all.

The Health Overview and Scrutiny Committee (OSC) sub group are completing a piece of work to identify the key areas of concern and a report will be presented to the OSC with recommendations which will feed into the work of this theme.

What our stakeholders said…

"There is a lack of confidence and trust due to lack of communication, inconsistent approaches across the sector, and a lack of understanding in each other's systems and services, these are fundamental issues that have to be addressed. Discharge for certain client groups (learning difficulties, mental health issues, dementia, diabetes, young people) are too complex and need to be simplified. Communication, and information sharing and transfer between professionals are problematic. Emphasis on service rather than individual (community services are too task focussed), capacity and lack of facilities at the weekend are also issues".

And asked for…

"Involvement of family, carers and the voluntary and community sector, additional support for the frail and vulnerable, discharge meetings, and a tiered approach to care management".

The board was asked to oversee the development of seamless services, to include data and information sharing, and to remove the bureaucracy from the system. Agreeing quality definitions and identifying key targets for each step of the care pathway with clear outcome focussed measures are required.

What success will look like

Improvements in hospital discharge arrangements to deliver timely and effective care, with patients, carers and family being kept informed and placed at the centre of the discharge planning and community support process.

How will we check if we are successful?

There are a number of national outcomes frameworks performance indicators that specifically reflect improved outcomes in this theme. These will be picked up in the indicator dashboard being developed for years two and three of this strategy.

Theme 5: Achieving and Maintaining a Healthy Weight in Children

Board member responsible for this theme: Tri-Borough Executive Director for Public Health

To ensure that children and young people in Kensington and Chelsea achieve and maintain a healthy weight. Working with the whole family, and wider stakeholder groups, and using a two tiered approach with a population level campaign and targeted interventions at ward level where need has been identified.

Why we chose it

Childhood obesity in Kensington and Chelsea state primary schools has been consistently higher nationally for Year six pupils (aged 10 to 11) over a period of time. According to the National Child Measurement Programme (NCMP) for 2012 to 2013, 20.3 per cent of year six pupils were obese and 13.1 per cent overweight (totalling 33.4 per cent). The health impact of obesity and its high cost to the health and social care sector is well documented. Most of obesity's longer term health outcomes (e.g. type 2 diabetes, cardiovascular disease, some cancers and arthritis) are seen in adults. The strongest predictor for childhood obesity is parental obesity - only three per cent of obese children have parents who are not obese. This is probably due to a combination of genetic, epigenetic, social and environmental factors. The current government's ambition is to achieve a sustained downward trend in the level of excess weight in children and adults in England by 2020.

The Marmot review – Fair Society, Healthy Lives – advocates focussing particularly on the early years as what happens during this time has a lifelong effect on many aspects of health and wellbeing throughout the rest of the life course. Giving every child the best start in life and enabling children to maximise their capabilities and have control over their lives are two key policy objectives set out in this review.

What the Board will do

The board will support the recruitment of a Healthy Weight Project Officer by the Public Health team, and the formation of a healthy weight implementation taskforce comprising health, communications, environmental health, planning, transport, physical activity, local businesses, schools, libraries, local markets, family and children's services, and community organisations.

It will also engage the Public Health and Children and Young People's cabinet members to agree and champion the Tier one priorities, engage with ward councillors to engender interest in championing their wards to be included in the Tier two interventions, and elect a champion for this work stream among Councillors. Work to scope out and develop a borough level strategy and phased implementation plan including resource requirements will also be undertaken, with agreed outcomes and indicators to evaluate progress at regular intervals, a risk log and a timetable of future work.

The board will encourage cross departmental workforce training to ensure effective, evidenced and consistent messages are passed on to parents and children to encourage them to adopt a healthier lifestyle.

What our stakeholders said…

"Parental influence, wider social determinants, ethnic background and levels of poverty are all key factors contributing to this issue. Mental health and wellbeing is also a factor. There are no quick fixes in this area of work. The problems of delivering appropriate messages without 'preaching', overloading or becoming too negative are also issues".

And asked for…

"A 'whole family' approach to address this issue, with consistent straightforward messages delivered within a health promoting environment. Increasing and promoting opportunities to be active within everyday situations".

The board was asked to engage with the wider membership of planning, leisure, libraries, markets, transport and others to facilitate this.

What success will look like

Children and young people are able to achieve and maintain a healthy weight. Relevant partner workforces in the health, care and wellbeing sector, as well as those involved with the wider social determinants, being involved in and contributing to achieving this outcome.

How will we check if we are successful?

There are a number of national outcomes frameworks performance indicators that specifically reflect delivery on improved outcomes in this theme.

- National Child Measurement Programme (NCMP) measures at Reception and year six

Other potential indicators could include:

- mode of travel to school
- take-up of free school meals and consumption of school meals
- hours of PE in school and engagement in PE and sport after school and at weekends
- numbers of schools with Healthy School bronze, silver and gold awards
- workforce trained and skilled
- better parental engagement measured by attendance and completion of e.g. family healthy weight management programmes.

Appendix C identifies first year milestones to demonstrate the work of this theme is on track.

Theme 6: Accessible and Flexible Mental Health/Substance Use Services

Board member responsible for this theme: Tri-Borough Executive Director of Public Health

Why we chose it

Mental health is by far the greatest factor affecting life spent with disabilities, added to this the JSNA evidence that alcohol related harm and crime, and problematic drug use are emerging health themes. Services for clients presenting with one or the other of these factors are often of good quality, however when clients present with both mental health and substance use issues the pathways are often more difficult to navigate and clients are not always able to identify, seek and receive the help, care and support they need.

It is essential to ensure that gaps in service are addressed, and that services are delivered seamlessly across the system. Along with this there is a need to focus on ensuring those with added complex circumstances including those with a dual diagnosis, offenders, older people and families, are supported to address their substance use issues, and mental health issues that arise because of substance use or are a contributing factor to the issues of substance use, are dealt with in a more coordinated way.

As well as this, one of the top three reported reasons why children are placed in care or on at risk registers is due to family history of substance use (and/or mental health issues).

Key Government priorities in relation to substance use prevention, treatment and recovery require partnerships to invest in a range of interventions to reduce the harms caused by 'harmful and hazardous' use of drugs and alcohol.

What our stakeholders said…

"One key issue is the difficulty in moving from one service line to another, or accessing both at the same time, due to funding and budgets, organisational structures, and other barriers. Another issue is actually understanding what the pathway for dual diagnosis was, it is 'a piece of work in itself' to understand this and highlight the problems and gaps. Ensuring that professionals (including GPs), and the public understand the issues, services on offer and how they fit together, was less effective than it could be".

And asked for…

"Workforce training and competency, clear consistent information and signposting, better communication internally and externally, and thinking long term".

The board was asked to unpick the pathways and budgets involved in this area of work and ensure that the most suitable pathway(s) were developed to fit the client groups. In order to do this it was thought that robust profiling of the clients within this overarching client group was needed, using available data and gathering further data where information was not available.

What the Board will do

The board will support a project to identify needs and gaps in provision for this client group which will include gathering of case studies, stakeholder engagement, mapping and reviewing of service pathways in order to develop communication and training strategies/plans, and

develop an action plan based on the findings, which could involve reconfiguration of services to address significant gaps and barriers. The board will review the findings and recommendations and discuss the options for service commissioning and delivery in order to improve the quality and access to clients and their families and carers.

What success will look like

Good quality services to address the needs of those with drug, alcohol and mental health issues are developed and maintained.

How will we check if we are successful?

Initially the board will act as Project Executive, ensuring quality and delivery of the first stage of work. It will also ensure that the work is completed on time, and reported back for discussion and development.

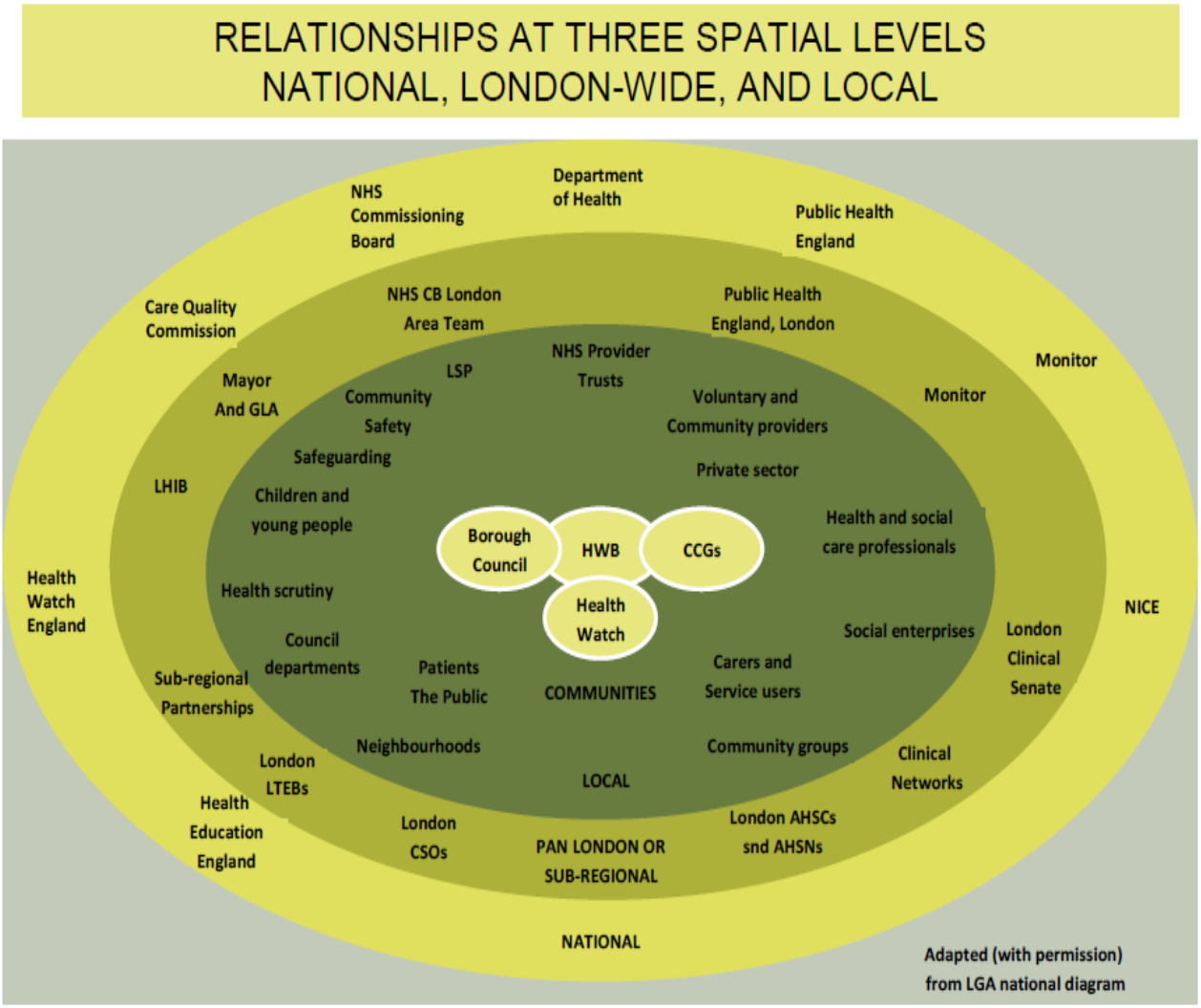
Once this initial stage has been completed, indicators from the national outcomes frameworks and qualitative engagement work will be used to assess whether service delivery has improved as a result of the project findings, implementation of report recommendations, and possible service reconfiguration.

11. What Happens Next?

This strategy will be reviewed during the first year to ensure it reflects the changes to the health and social care landscape, and to establish further long term priorities requiring attention.

Whilst the board has decided to focus on particular themes in this strategy, it will also play a part in other issues. The board's forward plan, and clear pathways for submitting items to the board will allow other relevant topics to be discussed so that it can offer strategic leadership and direction across the health, care and wellbeing landscape.

Appendix A Key organisations in the new health, care and wellbeing landscape and their relationship to the HWB



Appendix B Health and Wellbeing Board Membership

There is a minimum statutory membership for HWBs and the Kensington and Chelsea Board currently reflects this model.

Member
Cabinet Member for Adult Social Care, Public Health and Environmental Health
Cabinet Member for Children and Families
Tri-borough Executive Director for Adult Social Care
Tri-borough Executive Director for Children Services
Tri-borough Director of Public Health
Local Healthwatch Representative
West London Clinical Commissioning Group Representative
NHS England (non-voting member)
Also attending
Kensington and Chelsea Social Council

Appendix C Performance monitoring milestones for Themes 1 to 6 (*to March 2014*)

Theme 1	**Making better use of our resources to achieve improved outcomes**
Lead Board Member	ASC - Liz Bruce - Executive Director ASC CCG - Dr Fiona Butler - Chair WLCCG
Lead Officer(s)	Cath Attlee (ASC)/Jayne Liddle (CCG)
Milestones to March 2014	• Integration Programmes and Support System work identified with diagrams and supporting text, to be used to disseminate to HWB, partners organisations, staff (and residents) to ensure all have an understanding of the work involved and how it links together. • Programmes mapped to understand governance and reporting for each. • Relationship between Integrated Partnership Board and HWB established and clear lines of governance, reporting and communication agreed. • Integration defined. • Communication and engagement plans in place. • Integrated Transition Fund Plan agreed and signed off and submitted to Government. • Workplan for 2014 to 2015 agreed with performance monitoring and outcomes identified.
Monitoring and reporting	• Funding Transfer from NHS England to Social Care – 2013 to 2014 Plan, initial discussion at HWB meeting September 2013. • Integration Transformation Fund 2014 to 2016 – Draft Plans to HWB meeting January 2014. • Integration Transformation Fund 2014 to 2016 – Plans signed off at HWB meeting March 2014. • Report to HWB covering points one to four above – January 2014 meeting • Review of 2013 work (as part of HWB annual review) agenda item May 2014.

Theme 2	**Improving Partnership Working for Sexual Health Services**
Lead Board Member	PH - Dr Peter Brambleby (interim) - Director of Public Health
Lead Officer(s)	PH: Ewan Jenkins/NHSE: Jess Peck/CCG: Sau-Fun Yapp
Milestones to March 2014	• SH Strategy agreed. • SH Partnership Group established, membership and terms of reference agreed, SHPG meeting regularly. • Engagement plans in place for Year two and three. • Key issues identified from JSNA deep dive to focus on in Year two and three, with outcome frame indicators identified.
Monitoring and reporting	• Update on work for this theme, including Sexual Health Partnership Group update on progress (to include terms of reference and membership) presented to HWB November 2013. • SH Strategy presented to HWB March 2014. • Review of 2013 work (as part of annual review) agenda item May ’14.

Theme 3	Improving Partnership Working for Early Years Services
Lead Board Member	3B CS - Andrew Christie - Executive Director Children's Services
Lead Officer(s)	3B CS: Karen Tyerman/Mike Potter/Steve Bywater/Kerry Russell NHSE: TBC CCG: Carole Bell/Steve Buckerfield (CSU) PH: Eva Hrobonova
Milestones to March 2014	• Working group is established to deliver this HWB theme, ensuring representation from all organisations (partners) involved in commissioning early years services in Kensington and Chelsea. Working group meets regularly. • Lines of communication established and agreed between all partners. • Engagement plan developed, identifying all stakeholders (including a provider network), groups and individuals to be engaged and communicated with during this work. • Key issues identified to work on in year two and three (April 2014 to March 2016), from JSNA and other sources. • Outcome Framework indicators agreed for these key issues. • Delivery plan in place to take work forward in year two and three.
Monitoring and reporting	• Update on work for this theme presented to September 2013 HWB meeting. • Proposals for year 2 and 3 work presented to March 2014 HWB meeting. • Review of 2013 work (as part of HWB annual review) agenda item May 2014.

Theme 4	Ensuring Safe and Timely Discharge from Hospital
Lead Board Member	CCG - Dr Fiona Butler - Chair WLCCG LHW - Christine Vigars - Local Healthwatch Representative
Lead Officer(s)	CCG: Carolyn Regan/Simon Hope LHW: Paula Murphy OSC Task Group: Sharon Thurley CSU: Paul Boetang
Milestones to March 2014	• Establish a task and finish group to drive this work. • Health Overview and Scrutiny Committee sub group complete initial baseline study (including service user engagement). • Report on findings to OSC and HWB, including recommendations for HWB work to take forward. • Issues and scope of work identified, plans for year two and three in place. • Outcome Framework indicators agreed. • Engagement plans in place.
Monitoring and reporting	• Recommendations from OSC subcommittee presented to HWB January 2014. • Scope of work for year two and three agreed at HWB meeting March 2014. • Review of 2013 work (as part of annual review) agenda item May '14.

Theme 5	Achieving and Maintaining a Healthy Weight in Children
Lead Board Member	PH - Peter Brambleby (interim) - Director of Public Health
Lead Officer(s)	PH: Eva Hrobonova/Elizabeth Dunsford/Julia Mason
Milestones to March 2014	• Project Officer engaged. • Engagement and project plan for years two and three in place. • Cabinet members and ward councillors engaged. • Stakeholders identified and engaged. • Communication plan to deliver tier one agreed. • Indicators and monitoring identified.
Monitoring and reporting	• Plans presented at March 2014 HWB meetings. • Review of 2013 work (as part of HWB annual review) agenda item May 2014.

Theme 6	Accessible and Flexible Mental Health and Substance Use Services
Lead Board Member	PH - Peter Brambleby (interim) - Director of Public Health
Lead Officer(s)	PH: Gaynor Driscoll
Milestones to March 2014	• Project group (with key stakeholders and service users) engaged. • Terms of reference and scope for work established. • Need identified (through case studies) and current services and pathways mapped. • Workshop to establish options for future configuration delivered. • Report produced with recommendations to HWB for next stage of development.
Monitoring and reporting	• Recommendations presented at January 2014 meeting. • Review of 2013 work (as part of HWB annual review) agenda item May 2014.

Appendix D Glossary of Terms

Acute Care

Is a branch of secondary health care where a patient receives active but short-term treatment for a severe injury or episode of illness, an urgent medical condition, or during recovery from surgery. In medical terms, care for acute health conditions is the opposite from chronic care, or longer term care.

Clinical Commissioning Groups (CCGS)

CCGs are groups of GPs that, from April 2013, are responsible for designing local health services in England. They will do this by working with patients and healthcare professionals, and in partnership with local communities and local authorities. The CCG has a statutory duty to have a representative on the Health and Wellbeing Board.

Commissioner

The person who commissions (purchases) health and care services.

Commissioning Intentions (Plans)

Commissioning Intentions are plans set by the CCG for areas of focus for the following financial year with their main providers. The setting of commissioning intentions is an annual activity that seeks to ensure that commissioners have clear oversight for delivering their ongoing vision for improving local health outcomes and to let providers know of the contractual changes that will be implemented in the forthcoming year. Commissioning intentions should be clearly aligned with the local NHS commissioning strategy plan (CSP) and the JHWS, and link to a clear evidence base as set out in the JSNA.

Dual Diagnosis

This is defined as substance use in mental health and mental health issues in substance misuse. This definition emphasises the need for services to work together as the dividing line between where the service user's needs may be best met will not always be clear.

Democratically Elected Representatives (Councillors, Cabinet members)

Local authority representatives elected to serve on HWBs. Through elected members, local authorities will bring greater local democratic legitimacy to health.

Duty to Consult

In deciding how to fulfil the duty, an authority must consult representatives of a wide range of local persons including representatives of council tax payers, those who are likely to use any services provided by the authority, and those appearing to the authority to have an interest in any area within which the authority carries out functions. Authorities should include local voluntary and community organisations, and small businesses in such consultation.

Evidence Based Approach

This entails making decisions about how to promote health and provide care by integrating the best available evidence (from research findings derived from the systematic collection of data through observation, and with practitioner expertise and other resources), with the characteristics, state, needs, values and preferences of those who will be affected.

Foundation Trusts
NHS foundation trusts are not-for-profit, public benefit corporations. They are part of the NHS and provide over half of all NHS hospital, mental health and ambulance services. NHS foundation trusts were created to devolve decision making from central government to local organisations and communities. They provide and develop healthcare according to core NHS principles - free care, based on need and not ability to pay.

Government Open Data Policy
The government is opening up public data from the NHS, schools, criminal courts and transport as part of its transparency drive, it aims to provide the public with more information about the performance of services.

Health Inequalities
Health inequalities can be defined as differences in health status or in the distribution of health determinants between different population groups. It is important to distinguish between inequality in health and inequity. Some health inequalities are attributable to biological variations or free choice and others are attributable to the external environment and conditions mainly outside the control of the individuals concerned. In the first case it may be impossible or ethically or ideologically unacceptable to change the health determinants and so the health inequalities are unavoidable. In the second, the uneven distribution may be unnecessary and avoidable as well as unjust and unfair, so that the resulting health inequalities also lead to inequity in health.

Holistic
The holistic concept upholds that all aspects of people's needs including psychological, physical and social should be taken into account and seen as a whole when designing and delivering services and treatment to support that person and improve their health and wellbeing.
.
Health and Wellbeing Board (HWB)
These have been set up in every upper tier local authority it improve health, wellbeing, and care services and outcomes for local people. They bring together the key commissioners for the local area, including representatives of the CCG, Directors of Adults, Children's' and Public Health, Local HealthWatch, and at least one democratically elected councillor. The HWBs will assess local needs (through the JSNA) and develop a shared strategy (JHWS) to address them and to guide individual commissioners plans (intentions).

Integrated Care
Means different things to different people. At its heart it can be defined as an approach that seeks to improve the quality of care for individual patients, service users and carers by ensuring that services are well coordinated around their needs. To achieve integrated care, those involved with planning and providing services must impose the user's perspective as the organising principle of service delivery.
No best practice model of integrated care exists. What matters most is that clinical and service level integration that focuses on how care can be better provided around the needs of individuals, especially where this care is being given by a number of different professionals and

organisations. http://www.kingsfund.org.uk/sites/files/kf/integrated-care-patients-populations-paper-nuffield-trust-kings-fund-january-2012.pdf

Joint Strategic Needs Assessment (JSNA)
JSNAs are the primary process for local leaders to identify local health, care and wellbeing needs and assets. Building robust evidence base on which local commissioning plans can be developed.

Joint Health and Wellbeing Strategy (JHWS)
JSNAs are the means by which local leaders work together to understand and agree the needs of all local people, with the JHWS setting the priorities or themes for collective action. Taken together the JSNA and JHWS will be the pillars of local decision making, focussing leaders on the priorities for action and providing the evidence base for decisions about local services.

Life Expectancy
The number of years that one is expected to live as determined by statistics. The probable number of years a person will live after a given age, as determined by mortality in a specific geographic area. It may be individually qualified by the person's condition or race, sex, age, or other demographic factors.

Local Assets
An asset may be a formal or informal resource, including capacity within other organisations of the community that can be used to improve health and wellbeing outcomes and impact on the wider determinants of health such as the ability of population groups to take greater control of their own health and manage their long term conditions.

Local Authorities (LAs)
Are independently elected and autonomous bodies. They are largely independent of central government and are directly accountable to their electorates. Local authorities play a crucial role in ensuring that day to day services of their communities are efficient and effective, offer good value for money and deliver what people need.

Local HealthWatch (LHW)
HealthWatch is the consumer champion for both health (adults and children's) and adult social care. It exists in two distinct forms – Local HealthWatch, at a local level, and HealthWatch England (HWE), at a national level. HWE was established in October 2012 and LHW in April 2013.

NHS England (NHSE)
NHSE sits at arm's length from the government and oversees local CCGs. It makes sure that they have the capacity and capability to commission successfully and meet their financial responsibilities. It also commissions some services directly.

Outcomes Frameworks (OFs)
Broadly speaking, outcomes generally mean results. The NHS Outcomes Framework (NHSOF) is a publication which sets out the results the Secretary of State will expect NHSE to

deliver. The Public Health Outcomes Framework (PHOF) promotes joint working where local organisations share common goals. The Adult Social Care Outcomes Framework (ASCOF) measures how well the care and support delivered by ASC achieves the things we would expect for ourselves and for our friends and relatives. NHSOF and ASCOF have some overlapping indicators and outcomes.

Pharmaceutical Needs Assessments (PNAs)
A PNA is a statement of the needs for pharmaceutical services of the population in its area. It is used by the NHS to make decisions on which NHS funded services need to be provided by local community pharmacies. These services are part of local health care and public health and affect NHS budgets. The HWB has the duty to produce and manage the PNA.

Pooled Budgets (or pooled funds)
A pooled budget (or fund) is a single pot of money, established and maintained under regulations in section 75 of the NHS Act 2006, made up of contributions by the NHS and local authority and out of which payments may be made towards expenditure incurred in the exercise of specified functions of the NHS or local authority such as on agreed projects or delivery of specific services. The HWB has the authority to propose pooled budget arrangements where this makes sense to do s, to improve service delivery and outcomes for their populations.

Primary Care
Is health care provided in the community for people making an initial approach to a medical practitioner or clinic for advice or treatment.

Providers
A group or organisation that provides health and/or care services, often as a result of being commissioned to do so by a local authority or NHS commissioner.

Public Health England (PHE)
This is the public health service outlined in the white paper, 'Healthy Lives Healthy People: our strategy for public health in England'. PHE is an arm's length body of the Department of Health and incorporates the previous functions of the Health Protection Agency and the National Treatment Agency for Substance Misuse. It is intended that PHE leads health protection and sets the overall outcomes framework for public health.

Public Sector Equality Duty
This Duty, in section 149 of the Equality Act, required public bodies to consider all individuals when carrying out their day to day work – in shaping policy, delivering services, and in relation to their own employees. It required public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people when carrying out activities.

Responsible Commissioner
The commissioning organisation (NHSE, CCG, local authority) which has statutory responsibility for commissioning services to meet the reasonable requirements of an individual.

Safeguarding Boards
Are multi-agency committees convened by the local social services authority, typically with the police and NHS membership. They provide leadership and co-ordination of multi-agency working at a local level in order to reduce the risk of significant harm and abuse to adults and children in vulnerable situations.

Secondary Care
Medical care provided by a specialist or facility upon referral by a primary care physician that requires more specialised knowledge, skill, or equipment than the primary care physician has.

Statutory Duty
A duty written in statute (law) that the local authority, NHS or other statutory organisation must discharge.

Transformational Change
A shift in the way things happen in an organisation, resulting from a change in the underlying strategy and processes that the organisation has used in the past. A transformational change is designed to be organisation-wide, taking place over a period of time.

Transition
The process or period of changing from one state or condition to another. In terms of health and care services and delivery, the process of changing from one way of commissioning and delivering of services to another.

Tri-borough
Tri-borough is a programme between RBKC, Westminster and Hammersmith and Fulham councils to combine service provision. Currently Adult Social Care, Children's Services, Public Health and Libraries are all delivered as Tri-borough services.

Tri-borough Director of Adult Social Care
Responsible for planning, commissioning and providing social care services for adults and older people across RBKC, Westminster and Hammersmith and Fulham.

Tri-borough Director of Children's Services
Responsible for the education and children's social services function of the local authority of RBKC, Westminster and Hammersmith and Fulham. They work with local agencies to improve outcomes for children and young people.

Tri-borough Director of Public Health
Independent advocates (employed by the local authority) for the health of their local population and leadership for improvement and protection across the Tri-borough of RBKC, Westminster and Hammersmith and Fulham.

Voluntary and Community Sector (VCS)
Often also referred to as the third sector, is made up of groups that are independent of government and constitutionally self-governing, usually with an unpaid voluntary management

committee. They exist for the good of the community. To promote social, environmental or cultural objectives in order to benefit society as a whole, or particular groups within it.

Wider (Social) Determinants of Health

The wider, or social, determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.

Whole Systems Approach

Whole systems approaches involve identifying the various components of a system or service and assessing the nature of the links and relationships between each of them. Whole systems approaches are a useful way of looking at service delivery because it involves organisations adapting at every level, from senior management to front line staff, if they want to achieve meaningful improvements and outcomes.

Appendix E Engagement Work So Far

The board has already held a number of workshops, events and meetings with a wide range of stakeholders (including the community and voluntary sector), as well as providers, and patients and service users, in order to shape the themes that they will focus on and establish the key areas which need to be addressed. This is only the start of the process and the engagement plan currently being produced will ensure that all key groups and individuals are included.

Each of the HWB themes has a service user network identified that will feed into discussion, development and monitoring of success for the work of the board in delivering on each theme. An initial workshop has already taken place with these groups to assess the relevance of each theme and feed into its development. The groups have also identified effective and practical ways in which they can be involved throughout the whole process. The details of these discussions can be accessed using this link http://healthwatchcwl.co.uk/health-wellbeing-boards

Provider networks are being established to ensure that the knowledge and expertise held by our service deliverers is captured and used to help inform and develop future services, and a list of key stakeholders from across the system, and from different levels within each group and organisation, is being identified.

As well as this the engagement plan will also identify other key areas of engagement that are taking place across the borough and Tri-borough system and link into these to effectively communicate with all, and avoid duplication. Planning and publishing the HWB agenda well in advance of the public meetings, where possible, will allow all interested parties to effectively engage with the work of the board, and allow them to consult their groups and organisations in order to actively contribute to these discussions.

Appendix F The work of our Board Member Organisations

West London Clinical Commissioning Group

WLCCG is committed to ensuring tangible, measurable improvement to the quality, access and co-ordination of local health services, demonstrating best value for money. In the context of the overarching need to balance increasing demand for services with effective use of limited resources, the CCG's has developed a number of strategic objectives, as informed by the collective views of local clinicians, patients, carers, residents and partners:

- Reduce health inequalities
- Improve the health of local people and prevent ill health.
- Improve the quality of health care for local people and develop service provision to meet local needs.
- Integrate health and social care where this will improve the quality of care.
- Commission health services in the most cost and clinically effective way.

To deliver the vision WLCCG will focus on the following key areas:

- Patient Safety and Quality
- Performance Improvement
- Establishing Clinical Commissioning
- Integrated Care

The implementation of the Putting Patients First Strategy will improve health outcomes by centralising specialist acute services where appropriate, developing and delivering local community services and reducing variation. Engaging and involving all relevant key stakeholders, healthcare professionals and patients and the public in the commissioning process through the NHS West London CCG Governing Board, Investing in services for patients to improve quality, access and choice, and Working closely with patients and other partners across West London in developing and implementing local priorities will support this implementation.

Local Healthwatch

Healthwatch Central West London (CWL) is the independent consumer champion for patients and users of health and social care services in Kensington and Chelsea, Hammersmith and Fulham and Westminster. To support our work we have developed a charity led by a Board of Trustees across the three boroughs, supported by a Local Committee in each borough. This enables us to feed information from the local communities up to the Board to form the strategic vision and to influence services at all levels across the tri-borough sub-region.

Healthwatch CWL has 4 strategic aims:

- To ensure Healthwatch CWL is fit for purpose
- To provide accessible information about local health and social care services
- To enable local people to have a voice in the development, delivery and access to local health and care services
- To provide training and the development of skills for volunteers and the wider community in understanding, scrutinising, reviewing and monitoring local health and care services and facilities

Healthwatch CWL is for adults, children and young people whom live in or access health and/or adult and children's social care services in the three boroughs. Healthwatch CWL aims to be accessible to all sections of the community. The Local Committees and Board will review their performance against the work programme on a quarterly basis and report on progress to our membership through the newsletter and the Annual Report, with performance monitored by the Local Authorities.

NHS England

NHS England acts as one organisation across the whole of England, with four regional teams in the North, Midlands and East, the South and London. The organisation has a system leadership role and ensures that money spent on NHS services provides the best possible care for patients.

It funds local clinically led Clinical Commissioning Groups (CCGs) to use their knowledge and understanding of patients' needs to commission services for their communities, and ensures that they do this effectively. NHS England also has a direct commissioning role and is responsible for commissioning primary care and specialist services, as well as offender and military health. Commissioning of public health services is undertaken by Public Health England (PHE) and local authorities, although NHS England commissions, on behalf of PHE, many of the public health services delivered by the NHS.

Working with leading health specialists, NHS England brings together expertise to ensure national standards are consistently in place across the country. Throughout its work it promotes the NHS Constitution and the Constitution's values and commitments. The organisation's objectives are set out in the NHS Mandate.

Tri-borough Adult Social Care Services

Adult Social Care services will support residents to stay independent for longer through targeted preventative services and community investment. The development of outcome focused care allows us to support more service users to regain and maintain their independence and improve their health outcomes, resulting in less reliance on local authority support in the long term. This will be achieved through changing our commissioning strategy, with all services and provisions focused on delivering prevention, and providers being incentivised to re-able service users rather than fostering dependency. We will use our significant purchasing budgets and lead role to shape the market for social care services so that people who buy their own services and those who use Direct Payments can find good quality and affordable services. We will also invest in information, advice and signposting services, making people aware of the range of independent, voluntary and private sector services that are available to them. Carers will also continue to be supported by us, recognising their contribution and commitment to caring while being supported themselves into better health, employment and socialisation.

Integrated community services will work together to reduce hospital admissions, avoid re-admissions, minimise delayed discharges and reduce residential and nursing placements. There will be pro-active care and case management in the community with investment from health to support those who require ongoing care. There will be a whole system integration, not just at an operational workforce level but also in relation to IT, commissioning and support

services, allowing access to the right professionals and the right information at the right time to make decisions for the benefit of individuals. Integrated community services will involve health, housing, Adult Social Care, public health, leisure and community safety all planning, commissioning and working together, focusing on prevention and promoting independence.

Savings will be delivered through smaller packages of care, reduced admissions, reduced delays upon discharge, people requiring care for a shorter period of their life and less duplication within the health and social care community. The department will work in a multi-disciplinary way to make savings from procurement, streamline support services and use its strong integrated position to develop the care market while also driving up quality and value for money.

Further integration with the NHS is key to the effective future delivery of social care, as is greater awareness among other Council departments of the needs of people who may use social care and health services. The ambition to offer integrated community health and social care services, while working more closely with Clinical Commissioning Groups and acute providers is challenging, but it is expected to bring significant benefits to residents and ensure that the right services are offered, at the right time, delivering the best outcomes for people, while achieving greater value for money. Similarly, if mainstream provision, for example housing, leisure, and adult education, can ensure services are suitable for people with a wider range of needs, this will dampen demand for reducing social care resources which can then be targeted at those who need most help.

The outcomes we are aiming to achieve:

- Maximising self reliance, personal responsibility and enabling more people to find their own care solutions
- Providing people with the right help at the right time to facilitate recovery and regain independence
- Enabling people with long term conditions to receive care closer to home, stay independent and live the lives they choose
- Balancing risk effectively between empowering and safeguarding individuals
- Enabling people with disabilities to be active citizens and enjoy independent lives
- Ensuring Carers are Identified and have their needs met within their caring role
- Enabling people to have a positive experience of social care services
- Achieving greater productivity and value for money

Tri-borough Children's Services

Our aim is to 'improve the lives and life chances of our children and young people in the Tri-borough; intervene early to give our children the best start in life and promote wellbeing; ensure vulnerable children and young people are protected from harm; and that all children have access to excellent education and achieve their potential. All of this will be done whilst reducing Council costs and improving service effectiveness.'

To achieve our vision we will:

- Continue to combine services to protect our high-quality front line provision, improve service effectiveness and reduce costs.
- Jointly commission services and share resources.

- Improve service effectiveness and provide timely, proportionate and quality services by sharing learning and ideas from each other.
- Ensure our children, young people and families develop and retain a strong sense of personal responsibility for their behaviour. Poor and irresponsible behaviour will be challenged and services offered to support rapid improvement.
- Strengthen families and assist them to be more self-sustaining and less reliant on services from the Council.
- Collaborate more effectively with key partners and work with our partners across the statutory and voluntary sector to ensure we are successful.

In order to deliver our vision, Children's Services have developed a set of Key Strategic Objectives

- Safeguarding
- Corporate Parenting
- Early Intervention
- Achievement
- Children with disabilities
- Children and Young people in Need
- Resources.

Tri-borough Public Health Services

Public health is defined as both the art and the science of helping people to live longer, healthier lives and to reduce the avoidable variations in health between groups. We aim to provide advice, support and challenge to all the partners in health and wellbeing, including individuals and communities.

In addition to analytical capacity for activities like assessment of need, appraisal of value for money and evaluation of outcomes, and support to those who commission caring services, we are accountable for a public health services budget and use it commission services in areas such as substance misuse (alcohol and drugs), sexual health (infections and contraception), health checks, smoking cessation and a variety of other interventions in a community setting.

Kensington and Chelsea Social Council

KCSC works in partnership to ensure that the voluntary and community sector plays an integral role in the development and delivery of health and wellbeing services for the residents of Kensington and Chelsea

Our objectives as a partner are to:

- Represent the views of local voluntary and community organisations at a strategic level
- Support local organisations to communicate their work and impact to decision makers
- Work with partners to Identify gaps in service provision and identify how best the voluntary and community sector can contribute to filling those gaps.
- Engage in the sharing of good practice across the sectors.

Appendix G Links to Key Documents and Websites

Key Documents

Joint Strategic Needs Assessment
http://www.jsna.info/
Fair Society Healthy Lives (Marmot Review)
http://www.instituteofhealtheguity.org/projects/fair-society-healthy-lives-the-marmot-review
Health and Social Care Act 2012
http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted
NHS Act 2006
http://www.legislation.gov.uk/ukpga/2006/41/contents
Westminster HWB JHWS
http://www.westminster.gov.uk/services/healthandsocialcare/health-and-wellbeing/joint-health-and-wellbeing-strategy/
Hammersmith and Fulham HWB JHWS
http://democracy.lbhf.gov.uk/documents/s32093/130617%20HWS%20Next%20Steps%20FINAL.pdf
Tri-borough Children's Services Commissioning Prospectus
http://www.rbkc.gov.uk/pdf/COMMISSIONING%20PROSPECTUS%20FINAL%2015th%20JULY%202013.pdf
Healthy Lives, Healthy People: National public Health Strategy
https://www.gov.uk/government/publications/healthy-lives-healthy-people-our-strategy-for-public-health-in-england
No Health without Mental Health National Strategy
https://www.gov.uk/government/publications/the-mental-health-strategy-for-england
Public Health Outcomes Framework
https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency
NHS Outcomes Framework
https://www.gov.uk/government/publications/nhs-outcomes-framework-2013-to-2014)
Adult Social Care Outcomes Framework
https://www.gov.uk/government/publications/the-adult-social-care-outcomes-framework-2013-to-2014)
Children and Young People Health Outcome Strategy
http://www.chimat.org.uk/resource/item.aspx?RID=120221
West London CCG Commissioning Intentions
http://www.westlondonccg.nhs.uk/publications-and-policies.aspx
A Framework for Sexual Health Improvement in England
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf
Community Budgets
http://communitybudgets.org.uk/the-pilots/tri-borough/
NHS NW London Shaping a Healthier Future
http://www.healthiernorthwestlondon.nhs.uk/
West London CCG Out Of Hospital Strategy
http://www.westlondonccg.nhs.uk/
Putting Patients First: The NHS England Business Plan for 2013/14 – 2015/16
http://www.england.nhs.uk/pp-1314-1516/
Pioneer Pilot
https://www.gov.uk/government/news/integration-pioneers-leading-the-way-for-health-and-care-reform--2
Integration Transformational Fund

http://www.england.nhs.uk/wp-content/uploads/2013/08/itf-aug13.pdf
RBKC Housing Strategy
http://www.rbkc.gov.uk/pdf/Housing%20Strategy%202013%20to%202017.pdf
RBKC Community Strategy
http://www.rbkc.gov.uk/systempages/search.aspx?sb_q=community%20strategy&currentchannel=housingintheroyalborougho
Choosing Good Health Together RBKC/NHS Kensington and Chelsea Public Health Strategy
http://www.rbkc.gov.uk/councilanddemocracy/howthecouncilperforms/publichealthandwell-being.aspx
RBKC Sports and Physical Activity Policy
http://www.rbkc.gov.uk/leisureandlibraries/sportsandleisure.aspx
RBKC Climate Change Programme
http://www.rbkc.gov.uk/environmentandtransport/climatechange.aspx
RBKC Environmental Health and Transport Policies and Strategies
http://www.rbkc.gov.uk/environmentandtransport.aspx
RBKC Planning and Conservation Policies and Strategies
http://www.rbkc.gov.uk/planningandconservation/planningpolicy/corestrategy.aspx

Key Organisations
RBKC Committees (including Scrutiny and HWB) http://www.rbkc.gov.uk/committees/
Royal Borough of Kensington and Chelsea Council http://www.rbkc.gov.uk/
RBKC People First http://www.rbkc.gov.uk/healthandsocialcare/peoplefirst.aspx
Kensington and Chelsea City Living, Local Life
http://www.rbkc.gov.uk/subsites/citylivinglocallife.aspx
Kensington and Chelsea Partnership
http://www.rbkc.gov.uk/voluntaryandpartnerships/kcp/aboutkcp.aspx
Kensington and Chelsea Community Sport and Physical Activity Network (CSPAN)
http://www.rbkc.gov.uk/leisureandlibraries/sportsandleisure/communitysportnetwork.aspx
West London CCG http://www.westlondonccg.nhs.uk/
Central London CCG http://www.centrallondonccg.nhs.uk/
Hammersmith and Fulham CCG http://www.hammersmithfulhamccg.nhs.uk/
NW London Commissioning Support Unit http://www.nwlcsu.nhs.uk/
Local Healthwatch http://healthwatchcwl.co.uk/
Kensington and Chelsea Social Council http://www.kcsc.org.uk/
Central Northwest London Mental Health Trust http://www.cnwl.nhs.uk/
Child and Adolescent Mental Health Services http://www.cnwl.nhs.uk/services/child-and-adolescent-mental-health-services/
Central London Community Healthcare http://www.clch.nhs.uk/
Chelsea and Westminster Hospital http://www.chelwest.nhs.uk/
Imperial Foundation Trust http://www.imperial.nhs.uk/foundation-trust
Royal Brompton and Harefield Hospital http://www.rbht.nhs.uk/
Royal Marsden Hospital http://www.royalmarsden.nhs.uk/pages/home.aspx
NHS England http://www.england.nhs.uk/
Public Health England https://www.gov.uk/government/organisations/public-health-england
Care Quality Commission ttp://www.cqc.org.uk/
Healthwatch England http://www.healthwatch.co.uk/
Monitor http://www.monitor-nhsft.gov.uk/
Department of Health https://www.gov.uk/government/organisations/department-of-health
Department for Communities and Local Government
https://www.gov.uk/government/organisations/department-for-communities-and-local-government