



City of Westminster

City
for
All

Health and Wellbeing Centres task group report

February 2018



Chair's Foreword

Our task group has learnt a great deal during the course of its study into Health and Wellbeing Centres, and we have been surprised by some of the local findings. One clear point is the changing nature of disease over recent decades.

There are far fewer accidents, heart attacks and acute illnesses to strike people down. Instead, long-term conditions such as diabetes, obesity and dementia as well as problems linked to ageing and mental health have become widespread. Medical development and treatments mean that conditions, including many cancers, have been transformed into chronic conditions that we now live with for years.

These form part of the continuing journey to transform UK health and social care for citizens. Dr Martin McShane has made clear that the NHS must undertake a major rethink of its approach, evidenced by the global epidemic in chronic conditions, “the healthcare equivalent to climate change” that requires a more holistic approach across public and private services.¹ Which is where health and wellbeing centres come into play.

Health and wellbeing focuses on whole body and mind symptoms, looking at personal health and lifestyle factors – mainly environmental, physical, intellectual, emotional, mental and social. And, rather than judging a person's condition by the presence of a pathology or even of a given competence, a holistic perspective considers the extent to which the person has adapted to thrive in their environment, whatever their range of physical and mental capabilities. Professor Patrick Dunleavy in his report on ‘Joined up Public Services’² also makes the point – “why aren't public services easily accessible, all in one place, in a location everyone goes to on a regular basis? Why do citizens have to make several phone calls and visits to different government agencies to solve a problem?”

As a task group, we encountered the “one story” or “one door” approach in our models of excellence. Professor Dunleavy asserts that we now live in a time of ‘digital-era governance’, characterised by the use of technology to reintegrate and redesign services around people's needs, and enable citizens to access services online. Putting citizens at the heart of public service organisation offers other benefits, including participation in co-producing outcomes.

Of course, we still require hospitals and emergency services. But remodelling from an illness-based focus to one of a wider integration of public and private agencies engaged in promoting community health and positive health-based activities becomes a higher priority. IT and communications can rapidly spread knowledge and far more can now be achieved outside hospitals – monitoring conditions, offering remote advice or support – even delivering quite complex treatments closer to individuals. Despite these advances and apparent greater connectedness, loneliness and isolation, which peak in adolescence and then again in old age, are increasing.

These affect the quality of life and health, estimated to be the equivalent health risk of smoking 15 cigarettes a day. Resourcing of community health and social care services has conversely led to more hospital admissions. Difficulties now exist in admission and discharge of patients for acute and mental health care support, resulting in patients travelling longer distances for specialist care and a need to bolster community infrastructures.

The NHS and social care, whilst able to provide first class care, are not designed to perform miracles. We need to do more. Health and wellbeing is part of that process, as it is integral to preventing disease and promoting wellbeing.

My thanks go to elected members of the task group, Councillors Barbara Arzymanow, Jonathan Glanz and Patricia McAllister; the expert witnesses we have consulted and met during our investigations; and our Policy & Scrutiny Officer, Artemis Kassi, for their patience and dedication. We now look forward to promoting the adoption of our findings.



Councillor Barrie Taylor

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Adults and Health Policy and Scrutiny Committee

1 Formerly National Clinical Director for Long-Term Conditions, NHS England. Interview with The Guardian, 3 January 2014. <https://www.theguardian.com/society/2014/jan/03/nhs-overwhelmed-long-term-medical-conditions>

2 Dunleavy, Patrick (2010). The future of joined-up public services. 2020 Public Services Trust and ESRC, London, UK. (Commission on 2020 Public Services)



Executive Summary

Recently, society has looked to the health sector and often local government to deal with its concerns about health and illness. Here in Westminster, it was recognised that, not least due to financial constraints, new approaches were needed.

The Adults, Health and Public Protection Policy and Scrutiny Committee established a task group to examine health and wellbeing centres, and gather examples of best practice in order to inform future commissioning intentions in Westminster City Council. This report is a synthesis of those examples of excellence and contains a menu of components for consideration as part of integrated health commissioning across a range of ages and needs. These include the clinical, physical and mental health needs of young children and families; adolescents and young adults; and older people. As pressure increases on the NHS, due to increased population lifespan and chronic conditions, the council needs innovative and integrated health solutions in an economic austerity context.

A health and wellbeing centre is a centre for integrated healthcare, incorporating a GP practice but usually with additional services and added focus on social prescribing to promote health, usually through arts or sports activities. The task group was able to visit centres such as the Bromley by Bow Centre and the St Charles Health and Wellbeing Centre. As the task group proceeded on its mission, it became clear that health and wellbeing centres offer the potential to improve the management of ill health, the more traditional focus of clinical medicine, as well as to harness sport, culture and the arts in the promotion and maintenance of good health, building resilient Westminster communities. Using information gathered through research, consultation, presentations and fact-finding visits, the task group's findings present a foundation for council policy and commissioning.

Adolescent Health

Whilst reviewing health and wellbeing, the task group found that adolescent and youth health in Westminster and nationally is a lacuna in health provision. The task group received presentations from Redthread and the Well Centre concerning adolescent health. 29% of Westminster residents are aged under 25. Adolescent health presents challenges, as adolescence is a very formative phase of life, with a complex interweaving web of influences, including family, education, social networks, personal beliefs, increased responsibility and

confidence, and more rights, such as driving and access to alcohol. Adult health can be determined by health in adolescence, including mental health

Church Street Regeneration

As part of its focus on health in Westminster, the task group visited Church Street, which has a higher than average adolescent population as well as high levels of deprivation. The task group recognised that the Church Street Regeneration and Master Plan present a unique opportunity to improve health for this and future generations of Westminster residents by addressing the lack of integrated adolescent health care.

Collaborative Working

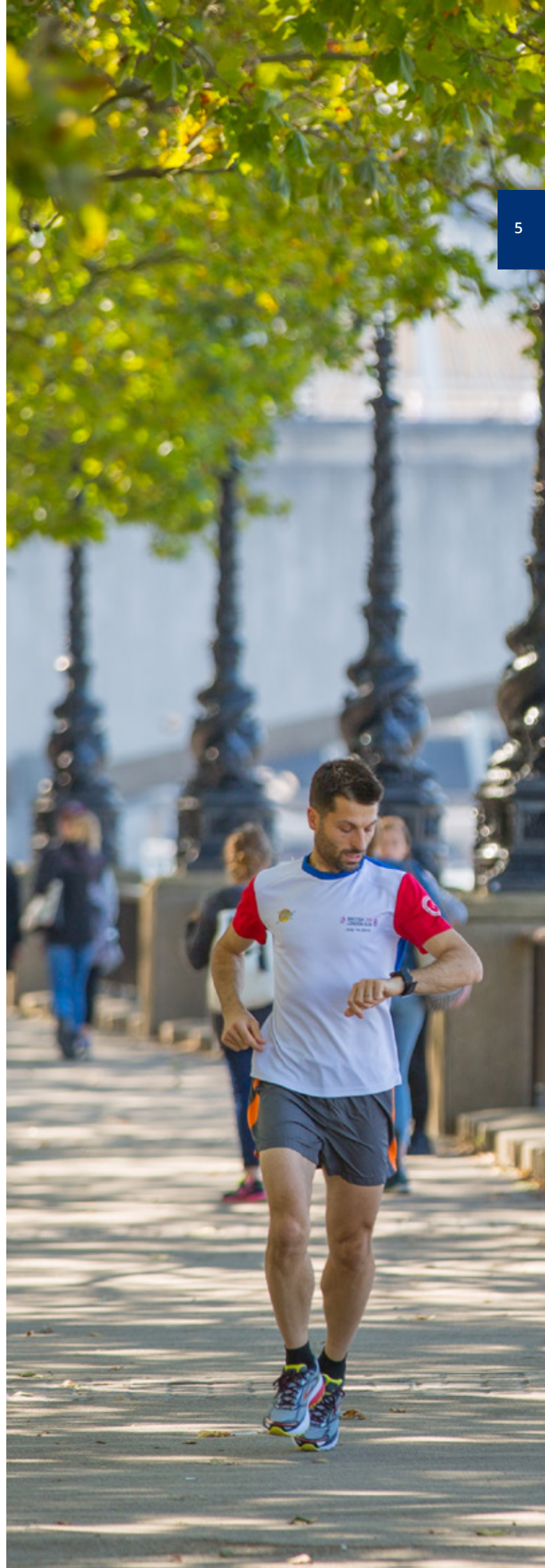
The task group noted that there is much collaborative working within Westminster but there is more which can be done across the council and with partners to make the most of existing assets to deliver health and wellbeing in the City. As the task group began its research, the All-Party Parliamentary Group on Arts, Health and Wellbeing published its Inquiry Report, "Creative Health: The Arts for Health and Wellbeing", the culmination of two years of work.³ Creative Health emphasised, amongst other things, the role which the arts can play in keeping us well, aiding our recovery and supporting longer lives better lived. The Inquiry comprehensively explored the evidence demonstrating that the arts can help local government to meet major challenges facing health and social care: ageing, long-term conditions, loneliness and mental health, whilst saving money in the health service and social care. This influenced the thinking of the task group, which found examples of this use of the arts within Westminster to improve wellbeing and to support longer lives better lived. The task group also identified that more could be done to integrate the arts and social prescribing into healthcare for Westminster's residents. In line with the recommendations of the All-Party Parliamentary Group concerning a strategic centre to support good practice and collaboration at national level, the task group found that there is scope for the council to take on a leadership role, as envisaged by the Creative Health Inquiry.

Recommendations

Following its research, meetings and investigations, the task group made the following recommendations for action within the council and partner organisations:

- 1) There is a need for focus within Westminster on adolescent health, including a Joint Strategic Needs Assessment, to be conducted by Public Health within Westminster. The council and its partners in Westminster should actively seek opportunities to increase the health and wellbeing provision for adolescents in the City. This has the potential to improve current levels of adolescent health and the future health of residents as those young people enter adulthood;
- 2) The council should seek opportunities to increase health and wellbeing provision for residents across Westminster;
- 3) As the council plans regeneration in the Church Street area of Westminster, the council should consider including an adolescent component (“Westminster Well Centre”) in the health and wellbeing centre proposed in Lilestone Street;
- 4) The council is uniquely positioned to allow it to take on a leadership role as recommended by the All-Party Parliamentary Group Inquiry in its “Creative Health” Report in July 2017. In line with recommendations from the APPG Inquiry, the council should bring together leaders from within the arts, health and social care sectors, with service users and academics. The council should demonstrate leadership by working to establish a strategic centre at national level, as suggested by the APPG Inquiry, to support the advance of good practice, promote collaboration, coordinate and disseminate research and inform policy and delivery; and
- 5) The Adults, Health and Public Protection Policy and Scrutiny Committee should lead further discussion about health and wellbeing both within and without Westminster, for example through round table discussions to promote health and wellbeing conversations between residents/stakeholders and providers, and by learning from examples of best practice such as the Bromley by Bow Centre, the Well Centre, and the St Charles Centre, so that Westminster may become a more integrated nexus of health and wellbeing.

³ The All-Party Parliamentary Group on Arts, Health and Wellbeing. (2017). Creative Health: The Arts for Health and Wellbeing. [ONLINE] Available at: <http://www.artshealthandwellbeing.org.uk/appg-inquiry/>. [Accessed 19 July 2017].



Conclusion

The task group set out to examine and collate paradigms of best practice in the area of health and wellbeing centres to inform commissioning decisions within Westminster. This Report can then provide a menu of components and guidance for considerations which commissioners can weigh when designing or planning integrated healthcare. As the task group found, the model of the health and wellbeing centre can offer a range of NHS and other services to Westminster residents of all ages with an additional commitment to delivering care beyond treating medical conditions and including physical, social and mental wellbeing.

Numerous resources are available, such as knowledge sharing by organisations with a wellbeing focus. This would allow Westminster City Council to provide a re-imagining of the health and wellbeing centre in a Westminster context, with more focus on promotion of wellness, health and wellbeing.

This Report will be presented to the Cabinet Members responsible for taking forward the recommendations and launched with residents, stakeholders and partner organisations at local and national levels. This Report is a beginning, including the initiation of discussions about health and wellbeing within Westminster, and a continuation of ongoing improvements to integrated healthcare in the City for all residents.



Introduction

Challenging times can provide opportunity to re-assess and re-invigorate how we think about health. The NHS is undergoing dramatic change at national and local levels, with increasing focus on integrated care.

Such an integrated approach to health care offers a local community as well as the service providers a number of opportunities. Westminster City Council embraces these challenges and opportunities in health care provision for its residents. Health and Wellbeing Centres (HWBCs) can offer a range of NHS services with a commitment to delivering care that goes beyond simply treating medical conditions, but also addresses physical, mental and social wellbeing in a way that does not compromise universal access to a broad range of services. The current challenge is to be specific about what integrated services, such as HWBCs, look like in different settings and how integration can contribute to the intended aim of people in a local community maintaining their health or getting the care they need. It is also a challenge to make the business case to secure funds and establish the necessary coalition between a local community and funding partners for a health and wellbeing centre to prosper.

Integration in the health care context is not entirely an original, modern concept nor is the understanding of a wider definition of health beyond the clinical. In ancient philosophy, Thales of Miletus (Νοῦς ὑγιῆς ἐν σώματι ὑγιεῖ) and Juvenal (mens sana in corpore sano)⁴ advocated the benefits of a healthy mind in a healthy body, the link between mind and body inextricable. In the 20th century, the World Health Organization (WHO) defined health in its broader sense in its 1948 constitution to be “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”

In the UK, since the publication of “A Joint Framework for Social Policies” (Central Policy Review Staff) in 1975, governments have consistently encouraged inter-disciplinary and inter-agency collaboration to meet the needs of individuals and communities more effectively and efficiently. More recently, this drive

towards integration has also seen the creation of Health and Wellbeing Boards following the Health and Social Care Act 2012. There have even been precursor bodies to these boards whose aims were similarly “integrated localism” (e.g. Local Strategic Partnerships, and partnership boards for Local Area Agreements, Total Place and Community Budgets). National policy is for there to be more integration between the NHS and local government.

Here within Westminster City Council itself, there has increasingly been a trend towards using an integrated approach as a way of tackling issues faced by residents and across council departments. As will be seen in this Report, these hubs can be physical or virtual centres. Health and Wellbeing Centres, and what goes into those centres in the Westminster context, are the logical progression of such integration.

Methodology

The Adults, Health and Public Protection Policy and Scrutiny Committee decided to investigate models of best practice for Health and Wellbeing Centres, creating the Health and Wellbeing Centres Task Group in March 2017. The task group began its scoping in July 2017; conducted preliminary research in August; and held meetings between September 2017 and January 2018.

The task group held its meetings in a variety of locations. The first meeting was in the Church Street Library and was followed by a visit to 99 Church Street, to see the Church Street plans, including those for the Health and Wellbeing Centre. The task group also visited the Bromley by Bow Centre and the St Charles Centre for Health and Wellbeing. The task group heard evidence directly from the Well Centre, including John Poyton, Drs Stephanie Lamb and Katherine Malbon.⁵

⁴ Thales of Miletus (624 – c. 546 BC) and Juvenal (active 1st and 2nd centuries AD). Both phrases translate as “a healthy mind in a healthy body”.

⁵ Dr Asif Rahman, Lead Consultant in Adult and Paediatric Emergency Medicine at St Mary's Hospital, Imperial NHS Trust, had been scheduled to present to the task group.

What is health and wellbeing, and why is it important?

What does it mean to be healthy and enjoy wellbeing? As mentioned in the introduction, health and wellbeing are interconnected and sickness, according to the “well worn”⁶ World Health Organization definition, is more than simply an absence of health.

As the All-Party Parliamentary Group on Arts, Health and Wellbeing noted, this definition from 1948 “embraces a positive and holistic understanding of what it means to be healthy in body, mind and community” whilst also noting that modern medicine focuses more on illness and infirmity.⁷ Historically, healthcare in the UK has concentrated on managing the acute occurrences of compromised health. Only more recently has there been a recognition of the large proportion of people suffering from long-term conditions. This was a theme which ran through various strands of the work of the task group. A change of focus towards health, healing and recovery, where it is recognised that health and well-being are essential for economic and social development and of vital concern to the lives of every person, family and community, means a focus on assets, rather than deficits. Health and wellbeing are individual and collective assets.⁸ In its Health 2020 strategy, the WHO has expanded the earlier definition:

Good health for communities is a resource and capacity that can contribute to achieving strong, dynamic and creative societies... Health and wellbeing include physical, cognitive, emotional and social dimensions. They are influenced by a range of biomedical, psychological, social, economic and environmental factors that interconnect across people in differing ways and at different times across the life-course.⁹

This change in focus necessitates engagement with the promotion and maintenance of health. As our understanding and definition of health and health policy expand to encompass long-term health conditions and prevention as well as acute illness and cure, this presents challenges to health care providers. Whilst funding remains the pre-eminent challenge to the health and social care systems, those

systems increasingly have to deal with non-acute, non-communicable diseases due to ageing populations living with cardio-vascular disease, cancer, dementia, diabetes, obesity and respiratory diseases. Where two or more medical conditions exist simultaneously, as is the case for most people over the age of 65, the costs of treatment increase approximately six-fold.¹⁰ Many individuals with chronic physical conditions also have long term mental health conditions.¹¹

Shirley Cramer, Chief Executive of the Royal Society for Public Health, recently stated that public health and prevention are the key to the survival of the NHS. Investment in population health and disease prevention is highly cost-effective:

“...by reducing future demand on NHS services, preventive measures have the potential to save the NHS billions of pounds. The ban on smoking in public places is just one example, having been estimated to save the NHS more than £380m a year. Indeed, £1 of investment in public health interventions is found to have a £14 return in savings to the public purse. In the 21st century, most of the big killers, such as lung cancer and heart disease, are preventable. Diabetes alone costs the NHS £10bn a year – money that could be saved by investing in tackling obesity now.”¹²

Health is a barometer of more than the individual’s state. As Professor Sir Michael Marmot found in both his international and subsequent national reviews, health is an indicator of society, a nation’s economic conditions, the resilience of a community, and is interwoven through the individual’s experiences of childhood, adulthood and later life.

Wellbeing is central to resilience and is one of the reasons why wellbeing has been at the core of health campaigns within Westminster, in particular as part of “The Roads to Wellbeing” Campaign which uses the Five Ways to Wellbeing.¹³ The Public Health Vision for Westminster (2016 – 2020) is for all people in Westminster to be able to be well, stay well and live well supported by the health care system and this vision is supported by City for All.¹⁴

6 John Appleby, *BMJ* 2016; 354:i3951.

7 APPGAHW, *Creative Health*, at page 16. <http://www.artshealthandwellbeing.org.uk/appg-inquiry/>

8 Work by the Centre for Economic Research (London School of Economics and Political Science), using large surveys from four major advanced countries, argues that central to the definition of wellbeing is life satisfaction: “Overall how satisfied are you with your life, these days?” and allowing people, rather than policymakers, to evaluate their own wellbeing. Clark et al (forthcoming 2018). *Origins of happiness: Evidence and policy implications*. Princeton University Press. Thanks to Harriet Ogborn, Assistant to Professor Lord Layard, Wellbeing Programme at the Centre for Economic Performance, London School of Economics and Political Science for kindly providing a draft copy for research purposes.

9 World Health Organisation Regional Office for Europe (2013). *Health 2020: A European Policy Framework and Strategy for the 21st Century*. Copenhagen: World Health Organisation regional Office for Europe, at page 39. This is also the direction of The Health Foundation’s healthy lives strategy. The Health Foundation (2017). *Healthy Lives for People in the UK*. [ONLINE] Available at: <http://www.health.org.uk/publication/healthy-lives-people-uk> [Accessed: 8 September 2017].

10 APPGAHW, *Creative Health*, at page 16. Also, Rupert A. Payne, Gary A. Abel, Bruce Guthrie and Stewart W. Mercer *CMAJ* March 19, 2013 185 (5) E221-E228 and Kasteridis et al., 2014, *The importance of multi-morbidity in explaining utilisation and costs across health and social care settings: evidence from South Somerset’s Symphony Project*.

11 NHS England’s *The Long Term Conditions Year of Care Commissioning Programme Implementation Handbook* (2017) at page 31.

12 Shirley Cramer, chief executive of the Royal Society for Public Health in *The Guardian*, *How to save the NHS: experts offer their big ideas*. 5 January 2018.

13 The Five Ways to Wellbeing originated from work by the New Economics Foundation on behalf of Foresight in October 2008. This work sets out the five actions to improve personal wellbeing, including mindfulness and volunteering. https://issuu.com/neweconomicsfoundation/docs/five_ways_to_well-being?viewMode=presentation

14 <https://www.westminster.gov.uk/public-health-vision-and-policies#annual-report-and-policies>. See also *City for All: file:///Q:/city_for_all_2017_18%20(5).pdf*.



Health inequalities

Underpinning the work of the task group was the endeavour to contribute to improved outcomes for the health and wellbeing of Westminster's residents and reduce health inequalities experienced by some residents.

This was influenced and informed by the research of the United Nations, primarily the WHO Commission on Social Determinants of Health (2005 – 2008), the national work led by Professor Sir Michael Marmot ('Fair Society, Healthy Lives'; 2010), and the All-Party Parliamentary Group on Arts, Health and Wellbeing (APPGAHW) (Creative Health; 2017). The task group was also interested in examining the local authority context and reflecting the current Westminster approach to integrated care whilst investigating opportunities for new approaches.

The World Health Organization Commission on Social Determinants of Health

Research into health inequalities was undertaken comprehensively at the international level in March 2005 when the World Health Organization (WHO) established its Commission on Social Determinants of Health (CSDH) to support countries and global health partners in addressing the social factors which contribute to ill health and health inequities. This was in response to the growing concern about equity issues and their implications for overall development, exploring social aspects to and human rights arguments for health investment. The Commission, led by Professor Sir Michael Marmot,¹⁵ examined dramatic differences in health that are closely linked with degrees of social disadvantage within and between countries. In conducting this examination, the Commission aimed to draw the attention of governments and society to the social determinants of health and how creating better social conditions for health, particularly amongst the most vulnerable people, would lead to improved outcomes. The CSDH delivered its report to the WHO in July 2008 and subsequently ended its functions.¹⁶

As the Commission found, these inequities in health, avoidable health inequalities, arise because of the circumstances in which people grow, live, work, and age, and the systems which have been put in place to deal with illness. The conditions in which people live and die are and can be shaped by political, social, and economic forces. In particular, the Commission stated that:

"In countries at all levels of income, health and illness follow a social gradient: the lower the socioeconomic position, the worse the health."¹⁷

Professor Sir Michael Marmot and the Marmot Review

Professor Sir Michael Marmot's international work on the social determinants of health resulted in the British government asking him to conduct the Strategic Review of Health Inequalities in England post-2010. The outcome of this review was the report, "Fair Society, Healthy Lives", known as the Marmot Review.¹⁸ Although Marmot was correct when he stated that "inequalities in health are not a new concern",¹⁹ his work has put the terms, "health inequalities" and the "social gradient" at the forefront of current health policy. These inequalities had been under scrutiny in the UK in a variety of forms during the 19th and 20th centuries, predominantly through the work of philanthropic Victorians, some of whom had Westminster connections. As mentioned above, Marmot had chaired the WHO's Commission on Social Determinants of Health, which highlighted huge differences in health linked to social disadvantage at the international level. At a local level, these differences can be seen within and between wards.²⁰

The Marmot Review contained six policy objectives, accompanied by a raft of recommendations and a delivery framework. The six recommendations were to:

- **Give every child the best start in life;**
- **Enable all children, young people and adults to maximise their capabilities and have control over their lives;**
- **Create fair employment and good work for all;**
- **Ensure a healthy standard of living for all;**
- **Create and develop healthy and sustainable places and communities; and**
- **Strengthen the role and impact of ill health prevention.**

All-Party Parliamentary Group on Arts, Health and Wellbeing

The All-Party Parliamentary Group on Arts, Health and Wellbeing was formed in 2014 to improve awareness of the benefits which the arts can bring to health and wellbeing. During 2015–17, the APPGAHW conducted an Inquiry into practice and research in the arts in health and social care, with a view to making recommendations to improve policy and practice. The Inquiry Report, *Creative Health*, containing these recommendations was published on 19 July 2017. The key messages of this APPG to government and its agencies, the professions and the public are that the arts can help to:

- **keep us well, aid our recovery from illness and support longer lives better lived;**
- **meet major challenges facing health and social care, such as ageing, long-term conditions, loneliness and mental health; and**
- **save money in the health service and social care.**

The APPG Inquiry held a number of round tables, involving some 300 participants, to examine the role of the arts and culture in health and wellbeing. Within the context of the *Creative Health Report*, ‘arts’ means the visual and performing arts, including crafts, dance, film, literature, music and singing, as well as the culinary arts and gardening. The locations for participation in and engagement with the arts are varied: concert halls, galleries, heritage sites, libraries, museums and theatres as well as health and social care environments, and community settings.

Themes which the APPG explored included: music and health; museums and health; the arts and post-traumatic stress; the arts and the criminal justice system; the arts and healthcare environments; the arts and public health; place, environment and community; young people, mental health and the arts; the arts and dementia; the arts and palliative care, dying and bereavement; the arts and commissioning; the arts, health and devolution; arts on prescription; and funding for arts, health and wellbeing. The Inquiry findings may be useful to inform the strategy behind the Health and Wellbeing Centre proposed as part of the Church Street Regeneration, and potentially any other future commissioning decisions.

Councils are the biggest public-sector investors in culture, spending over £1 billion per year and are therefore in pole position to be able to forge the partnerships necessary to realise the health and wellbeing benefits of the arts and culture. Two councils are already pioneers in this approach: Kent County Council (with health-orientated cultural commissioning) and the Greater Manchester Combined Authority (through integration of the arts into its population health plan).

According to evidence examined in the *Creative Health Report*, incorporating the arts into health could produce savings in a time of austerity with the additional benefit of increasing population wellbeing and good health. One figure cited in the Report is that an estimated one in five GP visits is made for non-medical reasons, such as loneliness.²¹ Cultural engagement reduces work-related stress and leads to longer, happier lives. Within the NHS, some 10 million working days are lost to sick leave every year, costing

15 For more information about Professor Sir Michael Marmot, please see: <http://www.instituteofhealthequity.org/about-us/about-professor-sir-michael-marmot>. Professor Sir Michael Marmot speaks more about the work of the CSDH in Michael Marmot, Harveian Oration: Health in an unequal world. *Lancet* 2006; 368: 2081–94.

16 CSDH (2008). Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva, World Health Organization. [ONLINE] World Health Organization. Available at: http://www.who.int/social_determinants/final_report/csdh_finalreport_2008.pdf [Accessed 10 July 2017]

17 CSDH, at page 8.

18 Michael Marmot et al. (2010). Fair Society, Healthy Lives (The Marmot Review). UCL Institute of Health Equity. [ONLINE] Available at: <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review> [Accessed 10 July 2017].

19 The Marmot Review, at page 3.

20 In the 1990s, work on health inequalities gathered pace. B. Jacobson and J. Fitzpatrick observed in their work for the London Health Observatory that London boroughs a few miles apart geographically had discrepancies in life expectancy spans of several years, stating that, “...there are six tube stops between Westminster and Canning Town on the Jubilee Line – as one travels east, each [stop] can be seen as marking a year of shortened lifespan”. *Mapping Health Inequalities Across London*. (October 2001).

21 APPGAHW: *Creative Health*, at page 72. Expressed differently, this equates to equates to the cost of 3,750 GPs’ salaries; *ibid*.

22 APPGAHW: *Creative Health*, at page 115.

£2.4 billion annually.²² Arts therapies, which have been found to alleviate anxiety, depression and stress, can be used to address such issues, and also increase resilience and wellbeing. Taking an integrated, holistic approach to health and wellbeing would see more social prescribing, which aims to address the broader causes of ill health by seeking solutions to psychosocial problems in the community beyond the clinical environment. It also helps in the management of long-term health conditions.

Part of social prescribing, ‘arts on prescription’ involves people experiencing psychological or physical distress being referred (or referring themselves) to engage with the arts in the community (including galleries, museums and libraries). One arts-on-prescription project discussed in the Report has shown a 37% drop in GP consultation rates and a 27% reduction in hospital admissions.²³ This represents a saving of £216 per patient. A social return on investment in arts on prescription of between £4 and £11 has been calculated for every £1 invested. Arts on prescription, such as music therapy, have also been shown to reduce agitation and the need for medication in people with dementia.

The APPG Inquiry makes ten recommendations in the Creative Health Report, on the basis of having demonstrated that the arts can make an invaluable contribution to a healthy and health-creating society as well as offering a “potential resource that should be embraced in health and social care systems which are under great pressure and in need of fresh thinking and cost-effective methods.” The Report further encourages policy to work towards creative activity being part of all our lives. Of the ten, the following recommendations have specific applicability to or impact upon the local government context. The APPG Inquiry recommends that:

- 1) leaders from within the arts, health and social care sectors, together with service users and academics, establish a strategic centre, at national level, to support the advance of good practice, promote collaboration, coordinate and disseminate research and inform policy and delivery. This recommendation includes an appeal to philanthropic funders as well as the Arts Council England (ACE), NHS England, the Local Government Association, Public Health England and other representative bodies;
- 2) the Secretaries of State for Culture, Media and Sport, Health, Education and Communities and Local Government develop and lead a cross-governmental strategy to support the delivery of health and wellbeing through the arts and culture;
- 3) at board or strategic level, in NHS England, Public Health England and each clinical commissioning group, NHS trust, local authority and health and wellbeing board, an individual is designated to take responsibility for the pursuit of institutional policy for arts, health and wellbeing;
- 4) those responsible for NHS New Models of Care and Sustainability and Transformation Partnerships ensure that arts and cultural organisations are involved in the delivery of health and wellbeing at regional and local level;
- 5) NHS England and the Social Prescribing Network support clinical commissioning groups, NHS provider trusts and local authorities to incorporate arts on prescription into their commissioning plans and to redesign care pathways where appropriate; and
- 6) Healthwatch, the Patients Association and other representative organisations, along with arts and cultural providers, work with patients and service users to advocate the health and wellbeing benefits of arts engagement to health and social care professionals and the wider public.

The Local Authority Context

The local authority context, particularly where health provision is concerned, has changed considerably in the last few years. Whilst this Report is examining models of best practice, including which components to consider for inclusion in health and wellbeing centres, the reality is dictated by budget and available estate. As mentioned above, within Westminster, a new health and wellbeing centre is planned as part of the regeneration of the Church Street area. But, in the current economic climate, the likelihood of the council having both the opportunity and resources to build new health and wellbeing centres is small.

²³ APPGAHW: Creative Health, at page 8.





Map taken from Charles Booth's Poverty Maps (1886–1903), showing a section of Westminster

Models of best practice

The objective of this task group was to identify models of best practice. The ambition is that this will inform future commissioning intentions within Westminster. This involved scoping work, research and fact-finding visits. Due to the constraints of time, the task group visited a selection of the models, namely the Bromley by Bow Centre, the Well Centre and the St Charles Centre.²⁴

Pioneer Health Centre, Peckham

Also known as “The Peckham Experiment” which ran between 1926 and 1950, the Pioneer Health Centre is considered the historic model for the overlap between preventative social medicine and wellbeing. It was founded in a house in Queen's Road, Peckham in 1926 by two doctors, George Scott Williamson, a pathologist, and Innes Hope Pearse, a general practitioner, in an area of south east London, chosen because the population there was considered to represent a

cross-section of the total national population but “with as widely differing a cultural admixture as it is possible to find in any circumscribed metropolitan area”.²⁵ Doctors Scott Williamson and Pearse aimed to study health as a medical condition in a manner comparable to studies of the natural history of disease. The first phase of the Peckham Experiment closed in 1929. The findings were disseminated, and funding was sought to build a larger, purpose-designed centre, which then opened in 1935.

The new building, designed by Sir Owen Williams, moved away from the traditional lines dominating medical buildings.²⁶ Williams created a large open space using the latest structural techniques allowing the Centre's doctors to observe the members. At the middle of the Centre, a large swimming pool was covered by a glazed roof, which, along with large areas of windows, allowed natural light into the building. These windows could be fully opened to circulate fresh air into the building. The cork floors allowed people to move about barefoot.

Doctors Scott Williamson and Pearse recruited 950 local Peckham families to be part of "The Peckham Experiment". Paying one shilling (equivalent to five pence today) a week, members had access to a range of facilities and activities, including fresh farm produce brought from Kent, physical exercise, swimming, games and workshops. Members underwent a medical examination once a year, and they were monitored throughout the year as they participated in the Centre's events. Central to Scott Williamson's philosophy was the belief that left to themselves people would spontaneously begin to organise in a creative way, and this did happen, with the members initiating a wide range of sporting, social and cultural activities, using the facilities offered by the Centre.

The Centre (and Experiment) ceased operations during the Second World War, but was restored to a condition fit for re-opening by the members themselves. In 1950, despite some high profile support,²⁷ it finally closed, since its innovative approach did not fit well with the new National Health Service, and it proved impossible to obtain adequate funding from other sources to keep it going as an independent concern.

The Bromley by Bow Centre, Tower Hamlets

In 1984, the Bromley by Bow Centre (BBBC) came about because Andrew and Susan Mawson arrived at the Bromley by Bow United Reform Church in Tower Hamlets. Andrew (now Lord Mawson) came as the Minister of the Church at a point when it had only a handful of members and an expectation that it would soon close or merge with another congregation. He

found a group of elderly members with a sense that it was time for the Church to be generous with its assets and open the buildings up for the community to use. His key driver was the assumption that people were the future and that waiting for the State to provide the much-needed services in a poor community would be futile. This dynamic approach led to a number of new initiatives, leading very quickly to the establishment of a children's nursery, a dance school, a community café, and a series of art studios and workshops.

Following from these initiatives, the BBBC expanded, with the opening of the Healthy Living Centre (HLC) in 1997. The challenges of persuading the NHS to allow the Bromley by Bow Centre as a small, independent charity to build an innovative health centre with an holistic approach and owned by the patients, quickly developed into a creative partnership with enlightened and ambitious leaders of health in east London, including local clergy and doctors. As time has gone on, the work of two other individuals has informed the work of the Bromley by Bow Centre: Charles Booth and Michael Marmot. The influential work of Michael Marmot has been discussed above. Charles Booth was a Victorian businessman with international interests in the leather industry and a steam shipping line, and who was profoundly concerned by contemporary social problems. He recognised the limitations of philanthropy and charity in addressing poverty and deprivation then prevalent in British society. In the absence of a comprehensive commission to investigate poverty in Victorian London and unsatisfied with the information from the census, Charles Booth devised, organised, and funded one of the most comprehensive and scientific social surveys of London life to have been undertaken at that time, the Inquiry into Life and Labour in London, running from 1886–1903. One of the most striking products of his work were the poverty maps of London, coloured street by street to indicate relative levels of poverty and wealth.²⁸ Areas in Tower Hamlets which were deprived in Booth's time are still deprived today.

The mission of the Bromley by Bow Centre is to enable people to be well and live life to the full in a vibrant community. This is achieved through focus at the BBBC on supporting vulnerable young people, adults and families, who can be hard to reach through conventional

²⁴ The Scrutiny Officer visited the Well Centre, with the task group receiving presentations at 5 Strand from Redthread and the Well Centre.

²⁵ Martin Rathfelder, "Peckham and Architecture: a drama of building and people". *The Bulletin of the Pioneer Health Centre*. 3 (5). September 1949 <https://www.sohealth.co.uk/1949/09/21/peckham/>

²⁶ Sir Owen Williams (1890 to 1969) was an engineer who was also the architect of the Gravelly Hill Interchange (known popularly as Spaghetti Junction) as well as a number of key modernist buildings, including the Express Building in Manchester and Boots D10 Building in Nottingham.

²⁷ Edwina Mountbatten was a governor of the Peckham Pioneer Centre in 1949.

²⁸ The maps can be accessed via the Booth archive at the LSE Library: <https://booth.lse.ac.uk/learn-more/what-were-the-poverty-maps>.

statutory service support. The approach is therefore based on three key principles of accessibility, integrated services and long journeys. 'Accessibility' means making it easy for people to access support by bringing services together, and delivering a friendly and sensitive service in high quality buildings. 'Integrated Services' means offering a broad, holistic range of services so people can find help for immediate problems as well as longer term, deep-seated issues. 'Long Journeys' means providing resources which encourage people to build up the skills and confidence needed to progress in life and build a positive future for their families. Currently, each month, the BBBC supports over 2,000 people to improve their health and wellbeing, learn new skills, find employment and develop the confidence to achieve their goals. The services available stretch from healthcare for local residents to entrepreneurial opportunities to set up a business; from support with tackling credit card debts to becoming a stained glass artist; from learning to read and write to getting a job for the first time or a helping hand up the career ladder.

Tower Hamlets has a population with high levels of deprivation and historically poor outcomes, a simple commissioning footprint for care outside the hospital but a complicated acute landscape with a huge provider facing very large financial pressure and multiple CCGs that need to be involved to address it. Westminster faces some of the same challenges. Primary care in Tower Hamlets had, for many years, struggled to meet local population needs. Its integrated care programme focused on integration, driven by primary care transformation.

In the tradition of The Peckham Experiment, the charity is focused on transforming the lives of local residents and the community as a whole. Whilst it is primarily based in Tower Hamlets, the BBBC operates using some twenty venues across East London. The current model delivers a programme of services broadly grouped under six headings centred around the needs of the local community:

- 1) Community Connections – this responds to the needs of people who are on a longer, or less specified journey with the BBBC, or who are perhaps engaging with services for the first time. The programme integrates people into the BBBC and its associated services. It is designed to increase knowledge and confidence as well as creating involvement in networking and volunteering programmes that assist with community cohesion and integration. Projects include: language classes, digital inclusion, the arts, family learning, time bank and horticultural therapy.
- 2) My Life – this is the BBBC's health and wellbeing programme. The numerous projects of this programme have strong links across other service areas and with primary care partners. There is a broad range of clients with a range of abilities and needs. There are a significant number of services for people who are defined as vulnerable and this includes those with physical, mental, sensory, learning and complex disabilities and health conditions. Projects have a broad range of focus and include social prescribing, social care day-care provision, elders work, weight management, health advocacy and paralympic sport.
- 3) Advice Centre – this provides a broad range of services which meet the practical and financial needs of people living in the community in amenable, aesthetic surroundings. This encompasses the familiar and ever-present demand for welfare benefits support through to increasing pressure for help with debt and the associated issues. Indeed, debt advice and associated issues have become one of the most frequent issue for which local people seek help. Consequently, this has increased the amount of work which the BBBC does concerning household budget management. The issues on which the Advice Centre focuses include welfare benefits, debt, immigration, housing, rent arrears, utility bills and associated issues, and energy efficiency.
- 4) Local People, Local Jobs – this is a responsive employment service which offers a range of intervention and support programmes. The projects support local people to overcome barriers to work, find jobs and access training. The accredited advisor team deliver careers information, advice and guidance using a range of venues both within the BBBC and across Tower Hamlets. The strongest focus is on young people, through the flagship 'Capital Talent' programme which has gained a growing reputation for its innovative and dynamic approach and excellent results.²⁹ The employment service is a regular referral point for other services across the Bromley by Bow Centre. Projects include: careers service, youth employability, job brokerage, employer engagement, women into work and enterprise.
- 5) Capital Skills – this programme is focused on building capacity and skills within the local community through providing excellent accredited vocational training and apprenticeship opportunities. This includes apprenticeships across a range of disciplines, such as health and social care, business administration, and customer service. The service

has a strong focus on being flexible and meeting the needs of local employers of all shapes and sizes, including the significant growth in the retail, leisure and hospitality industries in East London.

- 6) Beyond Business – this is an award-winning programme that launches and nurtures new social enterprises across Tower Hamlets, Newham and Hackney. It provides practical support and advice to ensure their success in the crucial early years of trading and, critically, start-up capital.

The model has been likened to the “John Lewis of healthcare”, with patients as members, and includes a café, vibrant flower, vegetable and roof gardens, art classes, social prescribing and social enterprise, as discussed. Registration with the GPs at the Bromley by Bow Centre is a portal to the local community and access to support within that community.

The Well Centre, Streatham

The Well Centre (TWC)³⁰ is a partnership project, founded in 2011 by John Poyton of Redthread,³¹ a Westminster-based charity, and Dr Stephanie Lamb of the Herne Hill Practice Group.³² The idea was for a “one stop shop”, holistic approach towards adolescent health which also provides education for its patients in health literacy: how to manage their health and use health services. This one point of access to health services also reduces the numbers of missed appointments, manages health conditions and cuts the number of unplanned hospital admissions.

Young people do not de-register from their home GP practice; instead TWC complements existing health

service provision in a way which is easier for this age group to use. Patients have access to GPs, a Child and Adolescent Mental Health Services (CAMHS) nurse, and youth workers. The CAMHS nurse can take referrals from the rest of the Well Centre team or external agencies, whilst also liaising with schools and CAMHS. The nurse will also engage the young person in mental health based group activities. The youth worker facilitates engagement, whilst providing advocacy, counselling, advice and mentoring. This role also includes links to training and employment opportunities. Redthread youth workers, who also work at the Well Centre, are embedded in the Accident and Emergency departments of St George’s and King’s College Hospitals as well as at St Mary’s Hospital in Westminster. TWC also has wider reach, through its pop-up clinics held at the Lambeth Youth Offending Service and involvement in youth activities, such as Girls in Gangs, Hands Up For Health and Voice Collective. In addition, the Well Centre was involved in a transition pilot in partnership with the Diabetes Team at King’s College Hospital and St Thomas’s Hospital. Redthread is recruiting a youth worker to work with the King’s Adolescent Outreach Service (KAOS) at King’s College Hospital, working to support young people on adult wards across the hospital.

It is a partnership working between the statutory and voluntary sectors, including primary care, youth health charity and CAMHS. The model was developed through co-production with young people. An active Young Persons’ Panel had input into service design, the decoration and use of the space, registration design and proto-typing of the journey through the service provided by TWC. The Well Centre model also includes



29 <https://www.facebook.com/Capital.Talent.bbbc/>

30 <http://www.thewellcentre.org/>. For more about the Well Centre, please see BBC Children in Need

31 <http://www.redthread.org.uk/>. For more about Redthread, please see BBC News – The teachable moment.

32 <http://hernehillgp.nhs.uk/practice-information/about/>

a further educational aspect, this time aimed not at its patients but at practitioners of adolescent health: there are educational placements for youth workers, nurses and GPs at the Well Centre.

Young people come to TWC for a number of reasons but confidentiality is one of them. The site in Wellfield Road, Streatham was chosen as being somewhere easy to reach via public transport without being too visible. Although patients can and primarily do self-refer, 31% of referrals are from GPs. The staff at TWC deal with young people from all over Lambeth, Southwark and Croydon. The Well Centre is currently thinking about expansion and a lesson learned would be choosing a bigger building, due to demand.

The model is that a young person arriving at the Well Centre will be greeted by a youth worker at reception, which does not resemble a conventional GP practice reception. A first-time visitor will have a chat with a youth worker typically lasting at least 20 minutes, so that the youth worker can explain what TWC does as well as get to know the young person. On a first visit, the young person would also see a GP for an adolescent health screening/needs assessment devised by Dr Lamb. This leads to the development of an action plan. The approach is of a case-finding type, which aims to identify physical and mental issues. TWC also uses the Child Outcome Rating Scale (CORS) and the Cantril self-anchoring scale, two recognised methods for measuring well-being. There is (in some respects) no end point to the service. Young people are asked to fill in a review form afterwards so that TWC can see that needs are being met.

Although the Well Centre is aimed at 13 – 20 year olds, TWC will see 11 and 12 year olds on a case-by-case basis, for example where early intervention is required but they may not meet the threshold for CAMHS. The Well Centre practice has an embedded psychiatric nurse who is on secondment from South London and Maudsley NHS CAMHS. Tier 3 and 4 needs are referred to CAMHS. In terms of lessons learned, the presence of a CAMHS nurse within the practice makes referrals into CAMHS smoother, which has been a useful level of integration.

Youth workers from the Well Centre also go out to schools to deliver Personal, Social, Health and Economic (PSHE) lessons. This means that a familiar face can introduce the young person to the service offered at TWC. The youth workers in the schools can then also offer a drop-in service at the school during the lunch break. The schools with which TWC works have tended to be dictated by historic selection that came about due to Redthread being a church-based organisation. Now when looking at new schools with which to work, TWC tends to look at under-represented groups and is keen to do more work with state primary schools. The Well Centre also works with a number of private schools (e.g. Dulwich, Alleyns, James Allen's Girls). TWC tries to link into Lambeth's PSHE programme and to fill any gaps. As mentioned earlier, Redthread youth workers, who work at the Well Centre, are also embedded in three hospital A&E departments. Young people are referred to them by clinicians in A&E but also through the youth worker's own observations (e.g. a young person sitting alone). There is a flier which they can give to the young person at A&E: one side has Redthread information, the other side provides information about the Well Centre.

In the beginning, the model of TWC was all drop-in. Now, as demand has grown, there are both timed appointments and drop-in sessions. Last year





530 young people attended, of whom 357 were new patients. Two-thirds of young people attending TWC are female, one-third are male. There can sometimes be a wait in the waiting room but, usually during the waiting time to see e.g. a GP, the young person will see a youth worker.

The Well Centre receives 90% of its funding from Lambeth CCG. For its counselling component, TWC receives 90% of its funding from BBC Children in Need. In 2014, an initial Cost Benefit Analysis (CBA) was carried out. This identified that for every £450 spent per patient, this saved £713 in avoided A&E visits and other interventions. This CBA did not consider savings to other services, such as the Probation Service, for example.

As TWC offers a multi-agency, holistic approach, it is hard to unpick what precisely makes the difference to a young person's journey. TWC is constrained by funding on their opening hours and other work: they would like to be open more hours, do more outreach and offer more drop-in sessions (currently Mondays, Wednesdays and Thursdays from 3.30 – 7.00 pm).

There are four main youth workers. The main issues seen at TWC currently are anxiety, depression, stress and anger management. Other issues include smoking, safer sex and substance misuse. Trends of issues can be cyclical for various reasons (for a while there was a prevalence of Sexual Health issues). This can fluctuate and can also depend upon the time of year e.g. around the summer, exam period. Another TWC project for long term conditions concerns transition patients in hospital in the Liver Transplant Service. Also Redthread youth workers and the Well Centre are working to support age appropriate care, such as through the KAOS across the hospital trusts, particularly supporting adolescent patients over 16 who are placed on adult wards and often feel somewhat isolated. TWC is also looking to do some work on obesity.

Often patients will come to the Well Centre for support. But another reason for choosing TWC over the GP's surgery is confidentiality and convenience. It is much easier to get an appointment at TWC than with a GP, and appointments are longer. Social prescribing is done on a case-by-case basis, depending upon a number of factors including where the young person is based. There is no preferred provider for activities.

The Well Centre aims to educate young people in health literacy and how to use health services. One of the other objectives of TWC is to support the young person in terms of transition (independence).³³ Sometimes family will accompany a young person to TWC. Youth workers will explain to both parent and child the service offered by TWC where the young person is at the centre of the service. If a parent calls, for example to cancel an appointment, TWC will always check with the young person concerned.

33 For example, the Well Centre previously ran a Diabetes Transition Project, which was set up with the aim of establishing a strategic role for youth work in supporting 14-21 year olds with Type 1 Diabetes. The core aims were to improve engagement and navigation of health services by this demographic, as well as providing long-term, community-based support as young people transitioned from paediatric to adult health services. The project had good results as can be seen in the Youth and Key Work Evaluation and Feedback Report 2014 – 2015.

34 The renal unit at the St Charles Centre is run by Imperial NHS Trust and is one of the largest renal dialysis units in Europe.

35 The services offered at the St Charles Centre are: the Barlby and Exmoor GP Surgeries; Diabetes; Dental; Urgent Care Centre; Out of Hours GP services; Musculoskeletal Service; Imaging; Phlebotomy; Dietetics; Specialist Weight Management; Renal Dialysis; Podiatry; Community Cardiology and Respiratory Service; Pharmacy; My Care, My Way; Talking Therapies and Community Living Well Primary Care Mental Health; Pembridge Unit- End of Life Service; Sexual Health; Community Gardens; Open Age (including Second Half of Life Centre); West African; Living Well; The Gay Men's Project; Dress for Success; District Nursing Teams; Health Visitors and School Nurses; Tissue Viability; Community Ophthalmology; Wheelchair Service; and Hybrid Wellbeing Gym.

St Charles Centre for Health and Wellbeing

Central London Community Healthcare NHS Trust (CLCH) provides a wide range of services from the St Charles Centre for Health and Wellbeing (the St Charles Centre), including urgent care, dental care, district and rapid response nursing, health visiting, renal dialysis,³⁴ neurological rehabilitation, psychological health, social prescribing, diabetes services, and speech and language therapy.³⁵ The St Charles Centre was founded in 2010, within the site of pre-existing hospital facilities dating back to 1881. The Central and North West London (CNWL) NHS Foundation Trust provides mental health services in St Charles' Hospital.

The St Charles Centre also offers two GP practices on site and out of hours GP services as well as hosting a hub for 25 GP practices. This integrated GP care hub is the "My Care, My Way" (MCMW) service, which has been running since 2015 and currently sees approximately 5,000 patients per year. The MCMW service integrates health and social care through a single point of contact. It caters predominantly for patients aged 65+ and takes into consideration issues such as frailty indicators (on a scale of 0 – 3, where 3 covers the most complex and most severe cases). Patients in tiers 2 and 3 will be seen by GPs from their own practice holding a clinic at the St Charles Centre. The advantage is that appointments can last up to one hour and, due to location at the St Charles Centre, the GP is able to refer the patient to other services all

located on site, including, for example, the geriatrician, pharmacist, social worker, and the Memory Service.³⁶ Integrated health care centres like the St Charles Centre (and indeed others examined within this task group Report) allow patients with more complex needs to benefit from seeing a multi-disciplinary team. This model allows work across teams with interoperable, live, shared clinical records so that each patient only has to "tell the story once".

Mental health is part of the model at the St Charles Centre, including the Talking Therapies, Living Well and Jobs in Mind services. The service is aimed at people in secondary care but who may need support, where the focus is not solely on clinical services but also on developing social networks, stable housing and meaningful occupation. Annually, 8,000 people will be referred into this service, resulting in 6,000 users. The GP is also at the heart of this model of care. The mental health services at the St Charles Centre were involved in the response to the fire at Grenfell Tower in June 2017, assisting with mental health support.

The task group noted that healthcare provision at the St Charles Centre was excellent. Primary care doctors can be an expensive way to deliver some forms of care to patients. Changes to the NHS model of care were embraced at the St Charles Centre, with enormous potential for working differently. During the visit, practitioners referred to lower rates of hospital admission for patients in the St Charles Centre area and other examples of how integrated health care



Task group Members (left to right): Councillors McAllister, Taylor, Glanz and Arzymanow, accompanied by the Policy and Scrutiny Officer.

can reduce hospital admissions.³⁷ It did highlight that there was no holistic health and wellbeing provision aimed at adolescents. The majority of services on site target health provision for residents aged 50 and over, with the exception of Talking Therapies or the Urgent Care Centre. Discussions with the various practitioners during the task group visit demonstrated that colocation is key for value as the CCG has to make smart use of existing assets, but also for users. Colocation of staff starts multi-faceted dialogue about a patient's needs and users, especially older users, are able to access facilities more easily.

Brighton Health and Wellbeing Centre

Brighton Health and Wellbeing Centre (BHWC) was one of the first NHS GP practices in the UK to integrate complementary therapies and healing arts with its medical practice. It was founded in 2013 as a response to the increasing pressures on the NHS, and in recognition of the fact that conventional medicine does not always hold all the solutions to a person's health concerns. The philosophy of the BHWC is that conventional medicine combined with other therapies and approaches can work together to support individuals into good health and wellbeing.

Earl's Court Health and Wellbeing Centre

The Earl's Court Health and Wellbeing Centre (ECHWC) offers a range of NHS services including a GP practice, walk-in service and a dental practice. The ECHWC also offers a selection of wellbeing services including wellbeing coaching in addition to community resources and rooms for community use. This care is available under one roof in a recently renovated state-of-the-art building at the heart of the Earls Court community in central London.

The ethos of the centre is about taking a more holistic approach to health. The ECHWC website states that it is committed to addressing people's health problems rather than just treating symptoms and aims to help patients to navigate the range of services available to them at the centre and elsewhere.

The ECHWC is funded by the NHS and operated by Turning Point, Greenbrook Healthcare and NHS Dentist, offering services provided by health and social care organisations both locally and in the UK. Although an NHS health and wellbeing centre within the Royal Borough of Kensington and Chelsea, it should be noted that Greenbrook Healthcare, which runs the ECHWC, is a private company which operates GP practices and urgent care centres across west and south London.

Poplar & Limehouse Health and Wellbeing Network CIC, Tower Hamlets

The Poplar and Limehouse Health and Wellbeing Network CIC (PLHWN) is a network of general practice surgeries, community primary care teams and local third sector providers, that have come together to share responsibility for developing high quality, patient-focused services for their local community. The PLHWN is a registered Community Interest Company. The aim of the PLHWN is to pioneer the development of a dynamic partnership of health and social care across the Poplar and Limehouse area.

It further aims to build on the strength of current local NHS general practice, social care and third sector provision to access and manage resources effectively; to initiate new and innovative models of service delivery as a way to address health inequalities across the geographic area; and to improve patients' and public experience of the services. The objective is to promote independence, choice and control by users of services by offering membership of the PLHWN to individuals and organisations in the Poplar and Limehouse area through seamless and integrated care to individuals, wherever their first point of contact. The PLHWN offers a range of activities available on prescription. The manager of the PLHWN highlighted that libraries have a role to play in delivering arts and well-being. In Tower Hamlets, the Library Service has been revitalised and transformed into Idea Stores.³⁸ This has increased footfall to the libraries whilst the libraries themselves are part of the wellbeing cycle.

³⁶ See footnote [33] for a list of services offered.

³⁷ In particular the "Canterbury Experiment" which revealed that there was a sudden and persisting decrease in emergency department admissions after an earthquake in Canterbury. This decrease was found to have resulted from integrating the health care system in response to the earthquake. Schluter PJ, Hamilton GJ, Deely JM, et al Impact of integrated health system changes, accelerated due to an earthquake, on emergency department attendances and acute admissions: a Bayesian change-point analysis *BMJ Open* 2016;6:e010709. doi: 10.1136/bmjopen-2015-010709.

³⁸ Judith St John, Head of Idea Store, spoke in 2012 about this transformation as a TEDx talk. This saw the transformation of the Tower Hamlets Library Service from one of the worst performing library services in London to seeing two million visits per year.

Social prescribing

What is Social Prescribing

Social prescribing (also known as 'community referral') is a means to enable GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services. Social prescribing recognises that health can be determined primarily by a range of social, economic and environmental factors, and thus seeks to address people's needs in a holistic way. It also aims to support individuals to take greater control of their own health and promote empowered self-care.

Social prescribing schemes involve a variety of activities which are typically provided by voluntary and community sector organisations. Examples include volunteering, arts activities, group learning, gardening, befriending, cookery, healthy eating advice and a range of sports. There are many different models for social prescribing, but most involve a link worker or navigator who works with people in face-to-face conversations to access local sources of support.

The APPGAHW Inquiry examined social prescribing in a depth not previously seen, providing a useful body of evidence and case studies. During the two-year inquiry period, the APPGAHW heard evidence from the Social Prescribing Network, which was launched in 2016, under the auspices of the University of Westminster.³⁹ The Social Prescribing Network noted in its evidence to the APPGAHW that up to a fifth of patients see a GP for a problem that requires a social, not a medical or pharmaceutical, solution.⁴⁰ Some clinical commissioning groups (CCGs) are already supporting arts on prescription. NHS England has called for much greater staff, patient and community involvement in the design and delivery of services ("co-production") whilst also working collaboratively with the voluntary sector and primary care to design a systematic and equitable approach to self-care and social prescribing.

As mentioned earlier, the Bromley by Bow Centre is one of the oldest and best-known social prescribing projects. Staff at the BBBC work with patients, often over several sessions, to facilitate the patient's involvement in more than 30 local services, ranging from pottery, swimming lessons, carpentry, language lessons to legal advice. Social prescribing is at the heart of the work at the BBBC and this work is vibrant, with three programmes operational. The projects focus on prescribing patients with a vast range of non-clinical and non-medicinal support through the BBBC and its

partners. The locally funded CCG programme is the mainstay of the BBBC social prescribing and now serves a patient list of 42,000 patients. In the past year, this has been supplemented through the Morgan Stanley "Healthy Cities" initiative and this provides three years of funding for a social prescribing manager, with a particular focus on children and families. In 2017, the BBBC launched its third social prescribing programme, working with Macmillan Cancer Support. This is an extensive and highly innovative project working across four London boroughs. It provides direct and practical social support to cancer patients, both through and beyond treatment and works collaboratively with Macmillan nursing teams, GPs and oncologists.

The social prescribing work is considered an exemplar of good practice, as was notable in citations in the APPGAHW Inquiry Report, "Creative Health" and as the task group discovered through its own research. Whilst having conversations with different organisations, the Bromley by Bow Centre was frequently referenced as a paradigm of excellence. The BBBC social prescribing team is collaborating on a number of national initiatives and is regularly invited to present on the BBBC model at conferences and contribute to strategic thinking on the topic, by policy makers and think-tanks.

Lambeth GP Food Co-operative

Lambeth has a population of 325,000 people, of whom 14,000 have more than one long-term health condition, such as arthritis, heart disease or persistent pain. The Lambeth GP Food Co-operative⁴¹ came about in 2013 through the Expert Patients Programme, a project in Lambeth which had focused on providing support to patients with long-term conditions.⁴² For example, in Lambeth this usually means older patients in their 50s/60s with chronic health issues such as diabetes, asthma, and heart conditions. There were conversations with GPs and patients about how to make the programme more community-facing. From those conversations, gardening came up and hence the Lambeth GP Food Co-operative was created.

The Lambeth GP Food Co-operative is a community-led co-operative of patients, doctors, nurses and Lambeth residents who grow food together in and for the NHS. This initiative supports capacity and does this in a number of ways:

- 1) It is a borough-wide project, which is networked across the borough's 45 GP surgeries, though it currently works with 30 of those;
- 2) It builds gardens inside GP surgeries – it is that simple. The project uses any unused space (an alleyway, a side of car park or garden) for gardening;
- 3) It recruits through peer support, word of mouth from patient to patient. The Co-operative also does patient engagement in surgeries and there are some GP referrals (a form of social prescribing). Publicity is also gained from patient participation groups; and
- 4) It grows fruit and vegetables. The aim is to grow fruit and vegetables locally which are then sold. The project is close to achieving that by selling its produce to the NHS at King's College Hospital.

As the name indicates, it functions as a co-operative. Participants are issued with a share certificate for which they pay £1. It is an activity which benefits the patient and the community. Participants report improved wellbeing, a sense of community and connectedness and a decrease in social isolation. The activity of gardening is also therapeutic and contributes to better health. Recently, the King's Fund was commissioned by the National Gardens Scheme to examine and write an independent report on the benefits of gardens and gardening on health across the life-course.⁴³ The report, "Gardens and Health: Implications for policy and practice", had three aims:

- **to collate and summarise the evidence on the impact of gardens on wellbeing from childhood into older age;**
- **to demonstrate the important place gardening interventions have in the wider health and care system with a focus on four specific areas: social prescribing; community gardens; dementia care; and end-of-life care; and**
- **to make the case for the further integration of gardens and health into mainstream health policy and practice.**

Rotherham Social Prescribing Service

Voluntary Action Rotherham (VAR)⁴⁴ delivers one of the largest social prescribing schemes in the UK. The Rotherham Social Prescribing Service (RSPS) is delivered by VAR in partnership with more than 20 local voluntary and community organisations. Launched as a pilot in 2012, in 2015 it was re-contracted for another three years and is funded through the Better Care Fund.

The Rotherham Social Prescribing Service is commissioned by NHS Rotherham Clinical Commissioning Group as part of a wider approach to GP-led integrated case management. At its core, a team of Voluntary and Community Sector (VCS) advisors provide a single gateway to voluntary and community support for GPs and service users.

The RSPS is primarily aimed at people with complex long-term conditions as this group tends to be the most intensive users of primary care resources. The majority of patients in this group are over 50 years of age. The RSPS uses a case-management approach led by GPs to reduce unplanned hospital and A&E admissions. The service receives referrals from GPs of eligible patients and their carers, and assesses their support needs before referring on to appropriate voluntary and community sector services. The RSPS also administers a grant funding pot, through which a package of voluntary and community sector activities is commissioned to meet the needs of people who use services.

The benefits of the RSPS are demonstrable.⁴⁵ Non-elective inpatient episodes have reduced by 7% (this rises to 19% when service users aged over 80 are excluded). A&E attendances have reduced by 17% (again, this rises to 23% when service users over 80 are excluded). After three to four months, 82% of service users with long-term conditions had experienced positive change in at least one wellbeing outcome area. Cost benefit analysis has indicated an initial return on investment of 43 pence for each pound invested in terms of avoided costs to the NHS, and greater

39 <https://www.westminster.ac.uk/patient-outcomes-in-health-research-group/projects/social-prescribing-network>

40 APPGAHW, Creative Health, p. 7.

41 <http://lgpfc.co.uk/>. For the role of co-operatives within the NHS, see the written evidence of the Rt Hon Frank Field MP to the Lords Select Committee on the Long-Term Sustainability of the NHS – Written evidence (NHS0182). <https://www.parliament.uk/documents/lords-committees/NHS-Sustainability/Collated-Written-Evidence.pdf>

42 <https://www.guysandstthomas.nhs.uk/resources/patient-information/community/expert-patients-programme.pdf>. See also Healthy London Partnership (NHS), "Social Prescribing and Expert Patient Programme Modelling" (London; all CCGs) (31 August 2016).

43 David Buck. "Gardens and Health: Implications for policy and practice". The King's Fund. May 2016. The report mentions the Lambeth GP Food Co-operative at page 7.

44 <http://www.varotherham.org.uk/>

45 Thanks to Shafiq Hussain, Deputy Chief Executive of Voluntary Action Rotherham, for kindly sharing these documents: http://www4.shu.ac.uk/research/cresr/sites/shu.ac.uk/files/rotherham-social-prescribing-annual-eval-report-2016_7.pdf <http://www4.shu.ac.uk/research/cresr/sites/shu.ac.uk/files/eval-rotherham-mental-health-social-prescribing-key-findings.pdf>.



returns in the region of £0.83–£1.22 if benefits were sustained. The well-being outcomes of service users were estimated using financial proxies and techniques associated with social return on investment (SROI) analysis. The estimated value of these benefits was between £570,000 and £620,000 in the first year following engagement with social prescribing; greater than the costs of delivering the service.

In Rotherham, a number of elements contribute to the success of the scheme. Social prescription needs to be integrated. Monthly meetings at the GP surgeries to determine who might be suitable for voluntary prescription include the VCS advisors. People may not access social prescription through one building and the activities may not involve a physical building at all (for example, befriending and walking). In recognition of the fact that the voluntary sector cannot take up all the slack, not all activities are free. A nominal charge is made to ensure that the activity is valued. The ethos of the scheme is about ensuring that all patients are included sensitively and intelligently.

Community Champions in Westminster

Across the Royal Borough of Kensington and Chelsea and Westminster, the link worker or navigator role in health and wellbeing is often taken at a community level through the Community Champions programme.⁴⁶ The task group received evidence concerning this programme from John Forde, Deputy Director of Public Health. The programme uses dynamic community engagement to bring people together, thereby building connected, strong communities and local services. With support from Westminster, the Community Champions develop effective solutions for local areas, by giving fellow residents and their own communities the tools and resources to identify local issues and problems before arriving at their own solutions. This grass-roots navigator approach builds the capacity of local estates, neighbourhoods and individuals to work together with local providers and commissioners so that services are designed and commissioned to meet local health and social care needs.

Community Champions can take on a multiplicity of health and wellbeing roles. Champions can be trained or specialise in maternity health (including breastfeeding support and support for expectant/new parents), understanding health improvement, mental health first aid, financial scam awareness, sexual health services, diabetes awareness and ways to wellbeing. They will be individuals embedded in the communities which they

are helping and as such trusted by those communities. As part of their role, the Community Champions will also run and promote community health and well-being activities, transfer their knowledge about health, best practice and equality of access to services, and provide sign-posting and health advice.

Westminster Sports Facilities

One of the Five Ways to Wellbeing is being active. Within Westminster, there are opportunities for activity within the council's eight leisure centres, managed by Everyone Active.⁴⁷ The council has begun £9 million of investment in improvements at the centres, and new classes and activities are also available.⁴⁸ There is a smartphone app which allows the booking and viewing of classes online.

Sports and Leisure Management (SLM) will also offer 130 hours of free sport and physical activity programmes every week in community locations outside of sports centres. New gymnastic, badminton, netball, football and trampolining programmes and intensive swimming courses will be launched as part of the improvements. Young Westminster athletes will also benefit from additional financial support and mentoring through the council's Champions of the Future scheme⁴⁹ and there will be ten new apprenticeships for local residents.

In its research, the task group found that Westminster residents with disabilities were not always able to access facilities which would promote greater health and improved wellbeing. This includes having poolside access to swimming facilities or a lift for accessibility of all floors. This will be addressed to an extent with the construction of new facilities such as the Moberly Leisure Centre, due for completion in summer 2018.

⁴⁶ <http://www.communitychampionsuk.org/teams/westminster/>

⁴⁷ Everyone Active is the consumer brand of Sports and Leisure Management (SLM), the longest established leisure contractor in the UK. SLM currently manages over 140 leisure and cultural facilities across the UK, including partnership contracts with 40 councils.

⁴⁸ <http://activewestminster.org/>

⁴⁹ <https://www.westminster.gov.uk/champions-of-the-future>



Service areas

Young Children and Families

The City of Westminster is home to approximately 42,600 children and young people. Between birth to five years of age, Westminster City Council provides Early Years care and guidance to Westminster children and their families, delivering free parenting support and information through three main children's centres and additional partner sites.⁵⁰ Staff at the children's centres can help Westminster families with young children by offering support and advice on child development and school readiness, parenting skills, child and family health. A healthy start for all children is best served by an integrated approach and policy framework for early childhood development, designed to reach all children. Particularly since the Marmot Review, there has been focus on improving life outcomes through investment in early years services as early intervention is most effective. Within provision of those services is included a focus on the council's responsibilities to provide information and guidance to parents and families about Westminster's children's services and access to children's centres to families across Westminster. The council also endeavours to raise service quality across the provision of its Early Years Service and to ensure implementation of the Early Years foundation stage, including initiatives to improve outcomes of children at age five. Westminster also provides the statutory health visiting service, transferred from the NHS, with public health.

Families can receive help in other ways within Westminster. Cooperation between local authorities, the police and schools will help families facing a multiplicity of issues. Early Help is a community of services supporting families to build resilience and improve lives. The vision is to ensure that every child and family is happy and healthy, and has the opportunity to flourish in a cohesive community. As emphasised by Marmot, when a young person is developing and growing up, this is a crucial opportunity to provide them with the skills and support they need. It is much more difficult if they have dropped out of school, become involved with youth crime or developed a serious mental health problem. Early intervention and prevention is key. Early intervention involves identifying children and families that may be at risk of running into difficulties, and providing timely and effective support. This can then develop an cycle of positive parenting between generations, relationships and behaviour. Within Westminster, this Early Help consists

of developing three Family Hubs to support families with children across the age spectrum from 0–19. As well as a physical building, the hubs will be a network of providers working across a given area. The Early Help partnership is formed of organisations in a local area committed to developing a shared approach through joint sharing of information, assessments, meeting processes and importantly their resources.

Adolescent Health

On a global level, there is now the largest generation of adolescents and young people in human history: 1.8 billion people between the ages of 10 and 24 years.⁵¹ The assumption about youth, particularly adolescents aged between 10 and 19 years, is that this is a healthy group. Nevertheless, many adolescents do die prematurely due to accidents, suicide, violence, substance misuse, pregnancy-related complications, and other illnesses that are either preventable or treatable. Many more do suffer ill-health, which is often chronic, and disability. A finding by the task group is that ill-health in adulthood, particularly serious diseases and mental health issues, has its roots in adolescence. Evidence from Dr Malbon showed that most chronic lifetime illness presents in adolescence.⁵² This is reflective of the findings in the wider health community at international, national and local levels, where adolescent tobacco use, sexually transmitted diseases (including HIV), poor eating and exercise habits lead to illness or premature death later in life.

The importance of adolescent health is recognised internationally and nationally. The UN has made adolescent health a focus, given the numeric significance of this group. For example, investment in adolescent health is considered crucial to the success of the UN Sustainable Development Goals, in particular SDGs 1 to 12 and 16, and these include adolescent health and wellbeing. According to the UNFPA, young people everywhere face a variety of obstacles to their growth and achieving their potential.⁵³ They encounter social, economic and legal obstacles that impede their transition from adolescence to adulthood, and from school into the labour force. Health is crucial to those transitions.⁵⁴

At the national level, the Marmot Review in 2010 told us that the foundations for “virtually every aspect of human development – physical, intellectual and emotional” are laid in early childhood. But Marmot also advocated maintaining the reduction in health

inequalities with “sustained commitment to children and young people to improve the health, well-being and resilience of children and young people”.

The Children and Young People’s Health Outcomes Forum, established by the Secretary of State for Health in 2012, found that “more children and young people under 14 years of age are dying in this country than in other countries in northern and western Europe.” Research indicates that half of all lifetime cases of psychiatric disorders start by age 14 and

three-quarters start by age 24. Around a quarter of mental health problems are preventable through early intervention during childhood and adolescence, which represents both a considerable saving in financial terms and significant difference to health and outcomes in future life.⁵⁵ Yet the health needs of this group have not been met with the level of care and strategic planning afforded to other age groups.

More recently, The Lancet Commission on adolescent health and wellbeing in 2016 recommended increased

IN-PATIENT ST MARY’S HOSPITAL, PADDINGTON

APRIL 2015 – 2016

Row Labels	<01	1-5	5-10	10-13	13-15	15-18	18-25	25-39	Over 40	Grand total
Paediatrics	1085	1424	556	303	228	77	15	6	1	3695
Paediatric Clinical Haematology	15	523	482	446	126	175	19		4	1790
Paediatric Clinical Immunology And Allergy	94	576	472	264	130	170	2			1708
Paediatric Ear Nose And Throat	15	335	202	69	32	3	1			657
Paediatric Respiratory Medicine	25	272	145	37	17	8	1		1	506
Paediatric Intensive Care	118	101	37	14	9	1				280
Paediatric Surgery	25	89	55	36	21	3	1			230
Paediatric Infectious Diseases	83	78	42	5	3	6				217
Paediatric Urology		89	34	13	8				1	145
Paediatric Diabetic Medicine		14	34	32	22	15				117
Paediatric Ophthalmology	36	16	13	7	6	3			1	82
Paediatric Cardiology			1				7	38	6	52
Paediatric Gastroenterology	2	4	3	1	1	1	2		2	16
Paediatric Nephrology		2	1	1	3					7
Paediatric Neurology		2		2		2				6
Paediatric Endocrinology	1	2	1			1				5
Community Paediatrics		3			1					4
Paediatric Dermatology		1		1	1					3
Paediatric Rheumatology		2	1							3
Paediatric Plastic Surgery		1		1	1					3
Paediatric Audiological Medicine		1								1
Grand Total	1499	3535	2079	1232	609	465	48	44	16	9527

Source: Dr K Malbon, Presentation to the task group, December 2017

50 The three main Westminster Children’s Centres are the Bessborough, Portman Early Childhood and Queen’s Park Children’s Centres. For more information, please see: <https://www.westminster.gov.uk/childrens-centres-0>.

51 UNFPA, The Power of 1.8 Billion: Adolescents, Youth and the Transformation of the Future. The State of World Population 2014. https://www.unfpa.org/sites/default/files/pub-pdf/EN-SWOP14-Report_FINAL-web.pdf

52 Dr Katherine Malbon, presentation to the task group (7 December 2017).

53 UNFPA, p. 32. Also see Building the Future: Children and the Sustainable Development Goals in Rich Countries, Innocenti Report Card no. 14 (2017). UNICEF Office of Research - Innocenti, Florence.

54 Adolescents (10-19 years) and young adults (20-25 years) need special consideration due to unique needs and vulnerabilities, and extra support during transition from paediatric to adult health care services. Goddard, A. On the margins of medical care: why young adults and adolescents need better healthcare. A report to the Future Programme of the Royal College of Physicians December 2015.

55 APPGAHW: Creative Health, at page 94.

investments to transform health, education, family, and legal systems to support the acquisition of the physical, cognitive, social, and emotional capabilities that underpin wellbeing across the life-course. The Commission found that such investments can yield “a triple dividend of benefits” around essential capabilities during adolescence, future adult-health trajectories, and the welfare of the next generation of children.

At the local level, 29% of Westminster’s population is under 25, with 17% of Westminster’s population aged between 11–25. Integrating adolescent health into the model of health and wellbeing centres in Westminster will achieve better mental and physical health for this group. It will also have a positive impact through earlier intervention and prevention, reducing avoidable demand on health services and establishing an improved quality of life. The work of the Well Centre reduces demand by adolescent patients upon the health service by avoiding A&E admissions, and catching health issues early, before they become embedded and chronic. A report by The Nuffield Trust in December found that, whilst there had been progress in reducing the rate of emergency admissions for the most deprived children, a stubborn gap remains between rich and poor.⁵⁶ The evidence demonstrates that children and young people from the most deprived areas are consistently more likely both to go to A&E and to need emergency hospital treatment than children from the least deprived areas. This will include the emergency hospitalisation of those children and young people for manageable conditions, such as asthma and diabetes.

The Nuffield Trust report calculated that, apart from the inevitable human cost, these inequalities also have a significant financial cost to the NHS. If unplanned admissions among the whole population were brought down to the level of the least deprived, this would result in a decrease of around 244,690 paediatric emergency hospital admissions in 2015/16, a potential saving of almost £245 million per year. Hospital admissions for dental caries are a particular example of this, with relevance to Westminster. This aligns with recent observations by Chris Ham, CEO of The King’s Fund:

“Pressure on hospitals will only be relieved if they are working as part of well-functioning local systems of care. Silos must be broken down, and health and social care joined up around the populations served. This means integrating care to enable patients to be admitted to hospital quickly and discharged appropriately. It also means investing in prevention to tackle people’s needs before they become crises.”⁵⁷

Older People

Pressure for a more integrated health and social care system has been increasing in recent years as a result of Britain’s ageing population. According to the UK Office for National Statistics, in 2014–2016, life expectancy in the UK for males is 79.2 years, whilst for females, it is 82.9 years. As highlighted in the chapter dealing with the social gradient and the Marmot Review, life expectancy varies within cities. Westminster is no different, with there being a variation in life expectancies between wards.⁵⁸

At the St Charles Centre, the advantage of integrated healthcare centres, particularly in the context of older people, was clear as the integrated approach allows a more holistic approach, where complex patients can benefit from seeing a multi-disciplinary team. As increased longevity puts pressure on health and social resources, the importance of the Roads to Wellbeing becomes obvious in the context of social isolation. The potentially harmful effects of loneliness on health and longevity, especially amongst older adults, are well established. Loneliness can raise levels of stress hormones and inflammation, which in turn can increase the risk of heart disease, arthritis, Type 2 diabetes, dementia and even suicide attempts. There are 380 weekly activities offered through Open Age over the tri-borough during term-time to people aged between 50 and (currently) 106. 4,000 people are supported annually, of whom approximately 30% are Westminster residents. These can be users of other services at the St Charles Centre or carers. There is a nominal fee charged for using the facilities, to ensure that the offering is respected yet accessible and affordable for all. The Open Age area was decorated with art work created by members.

Create Church Street

In 2016, Improbable Theatre started working with older residents, putting on Impro For Elders in The Cockpit Theatre on Gateforth Street. The activity was advertised through posters (including in the Church Street Library), local GPs and at the theatre itself. The average attendance was 20 participants, aged over 70. Three of the participants subsequently volunteered at the Church Street Library to assist Westminster school children who were taking part in the Summer Reading Challenge.

⁵⁶ Kossarova L, Cheung R, Hargreaves D and Keeble E (2017). Admissions of inequality: emergency hospital use for children and young people. Briefing, Nuffield Trust. www.nuffieldtrust.org.uk/research/admissions-of-inequality-emergency-hospital-use-for-children-and-young-people.

⁵⁷ Chris Ham in The Guardian, How to save the NHS: experts offer their big ideas. 5 January 2018.

⁵⁸ Sources: London Datastore: <https://data.london.gov.uk/dataset/ward-profiles-and-atlas>; see pdf document at pp. 606–625. For further reporting, please see <https://www.standard.co.uk/news/london/rich-londoners-live-25-years-longer-than-people-from-poorer-parts-of-the-capital-9058039.html>.

OUT-PATIENT, ST MARY'S HOSPITAL, PADDINGTON

APRIL 2015 – 2016

Row Labels	<01	1-5	5-10	10-13	13-15	15-18	18-25	25-39	Over 40	Grand total
Paediatrics	5109	4858	2647	1181	721	241	5	6	4	14772
Paediatric Clinical Immunology And Allergy	201	1723	1137	556	316	199	2			4134
Paediatric Audiological Medicine	957	1797	808	278	141	93	8	3	3	4088
Paediatric Clinical Haematology	126	937	1072	712	288	372	86	14	9	3616
Paediatric Ophthalmology	212	1502	1152	307	165	75	3		4	3420
Paediatric Ear Nose And Throat	110	1354	1010	377	159	69	4	7	1	3091
Paediatric Infectious Diseases	219	515	271	213	187	289	11	2		1707
Paediatric Dermatology	54	388	350	335	276	170	7			1580
Paediatric Urology	214	606	367	155	61	25				1428
Community Paediatrics	29	733	392	106	63	71	5	2		1401
Paediatric Surgery	215	321	127	81	58	7	5			814
Paediatric Neurology	89	242	157	108	93	78	8			775
Paediatric Nephrology	27	172	256	105	81	34				675
Paediatric Cardiology	195	192	94	78	78	31	2	2		672
Paediatric Diabetic Medicine		68	140	157	94	131	6			596
Paediatric Respiratory Medicine	14	204	154	67	46	15				500
Paediatric Endocrinology	3	27	56	31	22	19	1			159
Paediatric Rheumatology		24	28	24	22	30	2			130
Paediatric Gastroenterology	1	18	10	8	1					38
Paediatric Intensive Care		1								1
Paediatric Cardiac Surgery	1									1
Grand Total	7776	15682	10228	4879	2872	1949	155	36	21	43598

ADOLESCENTS PRESENTING TO ST MARY'S HOSPITAL A&E, PADDINGTON

NOV 2016 – NOV 2017

Count of Att No Age Arr					
Month	16	17	18	19	Grand Total
Dec	34	50	56	59	199
Jan	45	39	48	57	189
Feb	44	28	42	47	161
Mar	54	39	48	44	185
Apr	25	29	52	56	162
May	36	52	53	54	195
Jun	27	35	46	39	147
Jul	27	41	66	72	206
Aug	35	41	56	57	189
Sep	36	35	60	62	193
Oct	56	33	78	51	218
Nov	47	43	58	61	209
Grand Total	466	465	663	659	2253

Mental health

Over the course of any year, one in four people will experience poor mental health; for some, this may be part of a recurring issue or need longer term treatment. As mentioned above in the context of adolescent health, research by Dr Ronald Kessler in 2005 showed that half of all lifetime cases of psychiatric disorders start by age 14 and three-quarters start by age 24.⁵⁹ According to Professor Lord Layard of the London School of Economics and Political Science, the biggest single cause in Britain of low wellbeing is mental illness.⁶⁰

At its first meeting, the task group received evidence from a Westminster primary school concerning measures which it has taken to promote positive mental health and wellbeing amongst its pupils. At Queen's Park Primary School (QPPS), which is also home to Westminster Children's University,⁶¹ the school has a hub unit within the school which includes a school counselling service, mentoring, group therapy and mindfulness activities. QPPS has also been named as the lead school in a new tri-borough network focusing on mental health and wellbeing and as such will be hosting a wellbeing conference to promote this aspect of the school's work.⁶² The Head, Ben Commins, is a fully trained youth mental health first aid trainer and QPPS plans to have full training for all staff over the coming year. The school takes wellbeing seriously and is in the process of completing its accreditation as a wellbeing-focused school. Staff wellbeing is also important at QPPS and, to promote this, school staff participate in "Share Soup Tuesdays", quizzes, sports competitions and the employee assistance programme. In November 2017, the school received an award from the Mayor of London, celebrating Queen's Park Primary's commitment to staff wellbeing and recognising that it is one of 195 organisations to have met the London Healthy Workplace Charter⁶³ standards to date.

At the meeting in December, John Forde, Deputy Director for Public Health set out the vision for mental health and wellbeing, using 'The Roads to Wellbeing', the Director of Public Health's Annual Report published in October 2017.⁶⁴ John Forde explained that the data showed higher than London and national averages of mental health problems. One of the recommendations of the Annual Report for 2017 is to develop a mental well-being campaign that would promote awareness of the Five Ways to Wellbeing to the population: connect, be active, take notice, keep learning and give.⁶⁵ To understand these further they can be explained as follows:

- **connect means to talk and listen, be there, feel connected;**
- **be active means to do what you can, enjoy what you do, move your mood;**
- **take notice means to remember the simple things that give you joy;**
- **keep learning means to embrace new experiences; and**
- **give means to give time, words and presence.⁶⁶**

Westminster Time Credits

Westminster has a Time Credits scheme as a way of recognising the valuable contributions people make to their communities and to others. The scheme offers Westminster volunteers, like the Community Champions, access to new and interesting opportunities. It also encourages new people to volunteer and increases involvement in shaping and delivering local activities. Time Credits promotes a virtuous circle of wellbeing (through activity, learning and connectedness), reinforces community relationships and can be a tool for co-production of services. Time Credits are earned for activities such as volunteer driving, skill sharing, advocacy, sitting on committees or helping to maintain or improve the local environment. These credits can then be spent on social activities, like dances or film nights, classes, theatres and museums, and visits to London attractions.



Mental Health of Young People

The task group investigated how mental health, which is important for wellbeing, is treated in young people. This group, both at the national as well as at the local level, faces more challenges to its mental health than previous generations with the relentless 24/7 nature, addictiveness and ubiquity of social media.⁶⁷ Use of technology by young people can lead to the development of dangerous virtual relationships with strangers or becoming victims of cyberbullying, extreme video-gaming, compulsive texting and overuse of smartphones. These behaviours can have serious cognitive and psychological consequences. In addition, long periods of screen use can lead to less physical activity, interrupted sleeping patterns, obesity, “tech addiction” and depression.⁶⁸ National organisations, such as the NSPCC, have reported that the number of children receiving counselling for cyberbullying has more than doubled in five years, with 12,000 children being counselled by Childline for online-related issues.⁶⁹ This prompted the NSPCC to call on ministers to put pressure on social media sites to do more to protect children from online abuse.

Within Westminster, there are a number of resources and models available for promoting good mental health. As mentioned, at QPPS, teaching staff are trained Mental Health First Aiders. Young Westminster residents also have access to direct support through Westminster Child and Adolescent Mental Health Services (CAMHS).⁷⁰ CAMHS is used as a term for all services which work with children and young people who have difficulties with their emotional or behavioural wellbeing. Parents, carers and families can also receive support, help and advice to deal with behavioural or other problems their child is experiencing. As the task group discovered, an embedded CAMHS practitioner is part of the team at the Well Centre to help young people with mental and emotional health and wellbeing.

59 Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE, Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry*. 2005 Jun;62(6):593-602. Dr Kessler is the McNeil Family Professor of Health Care Policy at Harvard Medical School.

60 Professor Lord Richard Layard of the CEPR at the LSE, “Let’s Make Mental Health a Priority”. [ONLINE] Available at: <http://voxeu.org/article/origins-happiness> Accessed on: 19 July 2017.

61 <http://www.queensparkprimaryschool.co.uk/>. For information about the Westminster Children’s University, which is partnered with the University of Westminster, please see <http://www.westminsterchildrensuniversity.co.uk/>.

62 QPPS will be leading the Mental Health and Wellbeing in Education conference on 23 January 2018 at Paddington Central.

63 The London Healthy Workplace Charter, backed by the Mayor of London, is the first pan-London framework that supports and recognises investment in staff health and wellbeing, partnering local public health resources with employers. <https://www.london.gov.uk/what-we-do/health/healthy-workplace-charter>. Westminster City Council is both an accredited member and promoter of the London Healthy Workplace Charter: <https://www.westminster.gov.uk/healthy-workplace-charter>.

64 Mike Robinson, “The Roads to Wellbeing: the Director of Public Health’s Annual Report”. October 2017 https://www.westminster.gov.uk/sites/www.westminster.gov.uk/files/public_health_annual_report.pdf

65 Robinson, The Roads to Wellbeing at page 17.

66 The Five Ways to Wellbeing originated from work by the New Economics Foundation on behalf of Foresight in October 2008. This work sets out the five actions to improve personal wellbeing, including mindfulness and volunteering. https://issuu.com/neweconomicsfoundation/docs/five_ways_to_well-being?viewMode=presentation

67 UN Children’s Fund (UNICEF), The State of the World’s Children 2017 Children in a Digital World. (Geneva) 2017. [ONLINE] Available at: https://www.unicef.org/publications/files/SOWC_2017_ENG_WEB.pdf [Accessed 23 January 2018].

68 Excessive use of the internet can also prevent young people from forming stronger relationships offline.

69 Bentley, H. et al (2017). How safe are our children? The most comprehensive overview of child protection in the UK 2017. London: NSPCC. [ONLINE] Available at: <https://www.nspcc.org.uk/services-and-resources/research-and-resources/2017/how-safe-are-our-children-2017/> [Accessed 1 December 2017].

70 More information about Westminster CAMHS can be accessed at <http://camhs.cnl.nhs.uk/>.



Conclusion

The task group set out to examine and collate paradigms of excellence in the area of health and wellbeing centres to inform commissioning decisions within Westminster. Not all components mentioned within this task group Report will be necessary for inclusion in every health and wellbeing centre: a centre has to meet the needs of the population local to that centre. The objective of this Report is, therefore, to provide a menu of these components and guidance into considerations for commissioners to bear in mind when designing or planning integrated health care. The ambition for this research and this Report is to provide a tool to facilitate more integrated health care, identifying gaps or opportunities for greater integration. The model of the health and wellbeing centres can offer a range of NHS services to Westminster residents of all ages with an additional commitment to delivering care that goes beyond simply treating medical conditions, but also addresses physical, mental and social wellbeing at any point during and for the entirety of the life course. Health and wellbeing centres are not predicated upon having

physical locations to deliver integrated care, though, as the task group has found, having services physically co-located did provide synergy, connection and ease of access for users of the services and clinicians.

The task group recognises that the economic and social environment (including austerity) has changed in the last ten years. We do not have the “luxury” of 20 years in which to grow and develop a Bromley by Bow Centre. However, there are numerous resources available, including knowledge sharing by organisations such as the Bromley by Bow and Well Centres, which would allow Westminster City Council to work collaboratively to provide re-imaginings of the health and wellbeing centre in a Westminster context. As is already the case in many services provided by Westminster, and ever-increasingly, the focus must be on the prevention of sickness and the promotion of wellness. Acute or chronic ill-health has predominantly been the main focus of the health services provided. As much a part of the model, arguably more so, are wellness, health and wellbeing.



Recommendations

This Report will be presented to the Cabinet Members responsible for taking forward the recommendations within it. The task group hopes that they will accept as many of the recommendations as possible, both for action within the council and partner organisations. The task group identified a specific gap in healthcare provision, in addition to opportunities for increased integration.

Adolescent health

It was evident from the research and site visits as well as presentations to the task group by NHS clinicians working within Westminster that there is a need for a “Westminster Well Centre” and we recommend that this should be addressed. Adolescent health is a lacuna in both the national and Westminster health landscapes and a failure to address this lacuna represents a missed opportunity to improve present and future health of Westminster residents. As stated, 17% of Westminster residents are aged between 11 and 25. As a first step, the task group recommends that the council, through its Public Health department, conduct a Joint Strategic Needs Assessment to investigate adolescent health. The task group further recommends that the council and its partners in Westminster should actively seek opportunities to increase the health and wellbeing provision for adolescents in the City.

Church Street Regeneration

A Westminster Well Centre could be a component part of the health and wellbeing centre planned in Lilestone Street as part of the Church Street Regeneration, or established within another suitable location elsewhere in Westminster. It is noteworthy that in the Church Street ward, which has high levels of deprivation, the population is young, with a much higher proportion of under 16s than the Westminster average (22% compared with 15%).

The Church Street Regeneration and Master Plan presents a unique opportunity to improve health for this and future generations of Westminster residents. We recommend that, as part of the City for All Plan, Westminster continue to demonstrate leadership and innovation by addressing the lack of integrated adolescent health care.

Collaborative working

The task group recognises that, whilst there is much collaborative working within Westminster, there is still more which can be done, using all of the City's assets, including its location as the site of national and local arts organisations, libraries, and sports facilities. This council's unique location close to central government would allow it to take on a leadership role as recommended by the APPG Inquiry in its “Creative Health” Report. The task group suggests approaching the APPGAHW with a view to taking on this leadership role and recommends that the council bring together leaders from within the arts, health and social care sectors, together with service users and academics, in line with the recommendations of the APPG Inquiry. The task group further recommends that the council demonstrate leadership by working to establish a strategic centre at national level, as suggested by the APPGAHW, to support the advance of good practice, promote collaboration, coordinate and disseminate research and inform policy and delivery. This work would include lobbying; appealing to philanthropic funders; and approaching the Arts Council England, NHS England, the Local Government Association, Public Health England and other representative bodies.

The task group recommends that the council and its partners should work together to make the most of existing assets to deliver health and wellbeing in the City. Partners should coordinate activity and development opportunities to ensure the best use of resources. The task group further recommends that the Adults, Health and Public Protection Policy and Scrutiny Committee lead further discussion about health and wellbeing both within and without Westminster, for example through round table discussions to promote health and wellbeing conversations between residents/stakeholders and providers, and by learning from examples of best practice such as the Bromley by Bow Centre, the Well Centre, and the St Charles Centre, so that Westminster may become a greater, more integrated nexus of current and future health and wellbeing.

Glossary and list of abbreviations

APPG	All-Party Parliamentary Group
APPGAHW	All-Party Parliamentary Group on Arts, Health and Wellbeing. The APPGAHW published its Inquiry Report on 19 July 2017
BBBC	The Bromley by Bow Centre, Tower Hamlets
BHWC	Brighton Health and Wellbeing Centre
CAMHS	Child and Adolescent Mental Health Services
CEPR	Centre for Economic Performance, London School of Economics and Political Science
CSDH	Commission on Social Determinants of Health, established by the World Health Organization in 2005
ECHWC	Earl's Court Health and Wellbeing Centre
HWBC	Health and Wellbeing Centre
LSE	London School of Economics and Political Science
Marmot	Professor Sir Michael Marmot, Chair of The Marmot Review
MCMW	My Care, My Way
NHS	National Health Service
PLHWN	Poplar and Limehouse Health and Wellbeing Network
RSPS	Rotherham Social Prescribing Service
SDG	Sustainable Development Goal
St Charles Centre	St Charles Centre for Health and Wellbeing
Tri-borough	A project between three councils to combine service provision. The councils are Westminster City Council; Hammersmith and Fulham London Borough Council; and the Kensington and Chelsea London Borough Council. It launched in June 2011 and is due to come to an end in April 2018.
TWC	The Well Centre, Streatham
UNICEF	United Nations Children's Fund (originally United Nations International Children's Emergency Fund)
UNPFA	United Nations Population Fund
VAR	Voluntary Action Rotherham
VCS	Voluntary and Community Sector
WCC	Westminster City Council. Also referred to as the council
WHO	World Health Organization





