The London Borough of Westminster: Health Needs, Inequalities and ICS Priorities

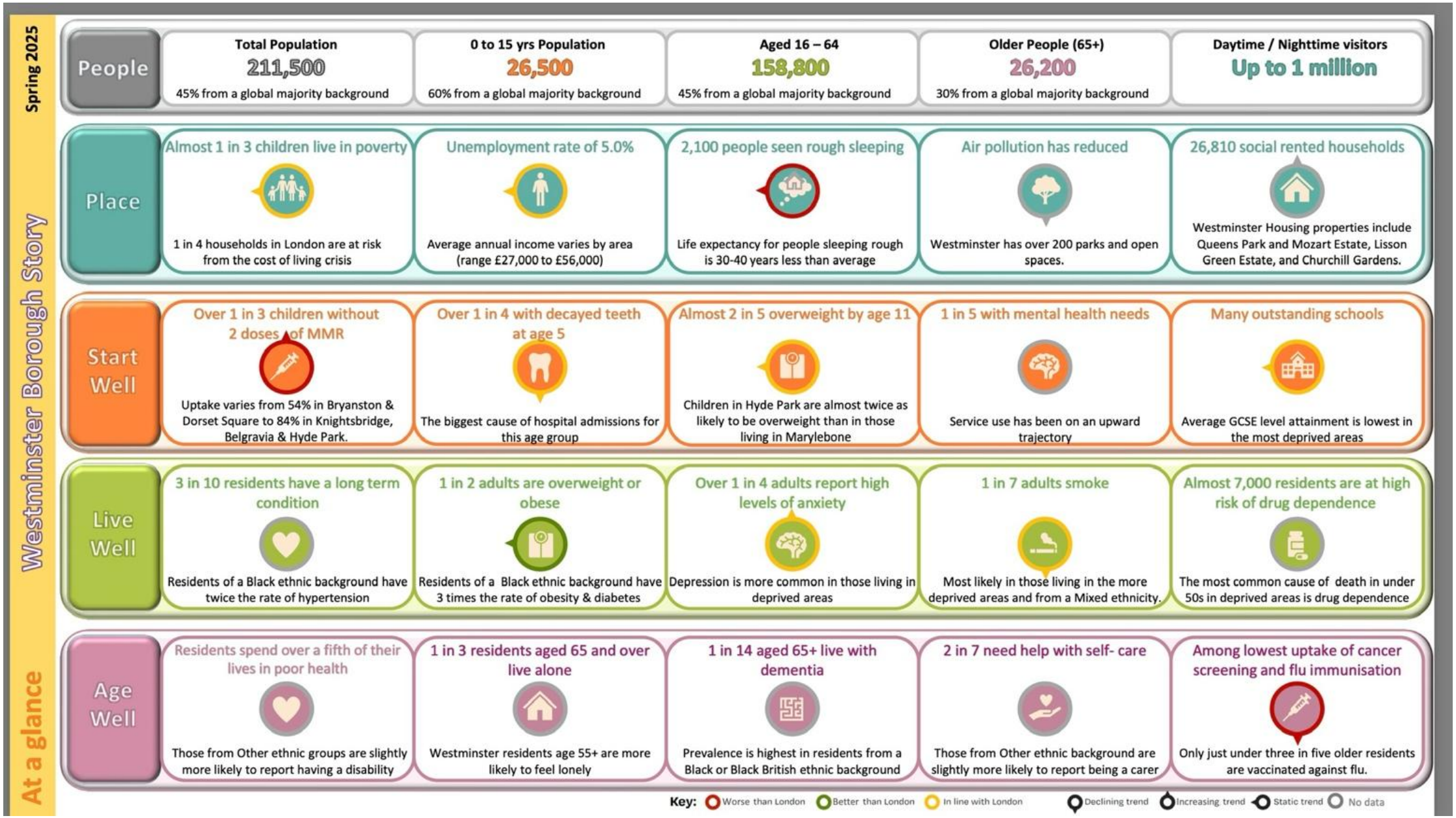
The Centre for Population Health January 2026

Introduction

This summary provides an integrated overview of The London Borough of Westminster's population, health needs, inequalities and systemwide priorities. It brings together demographic analysis, deprivation patterns, health outcomes, and strategic priorities aligned with the Integrated Care System to support evidence-based planning across health, social care and community partners.

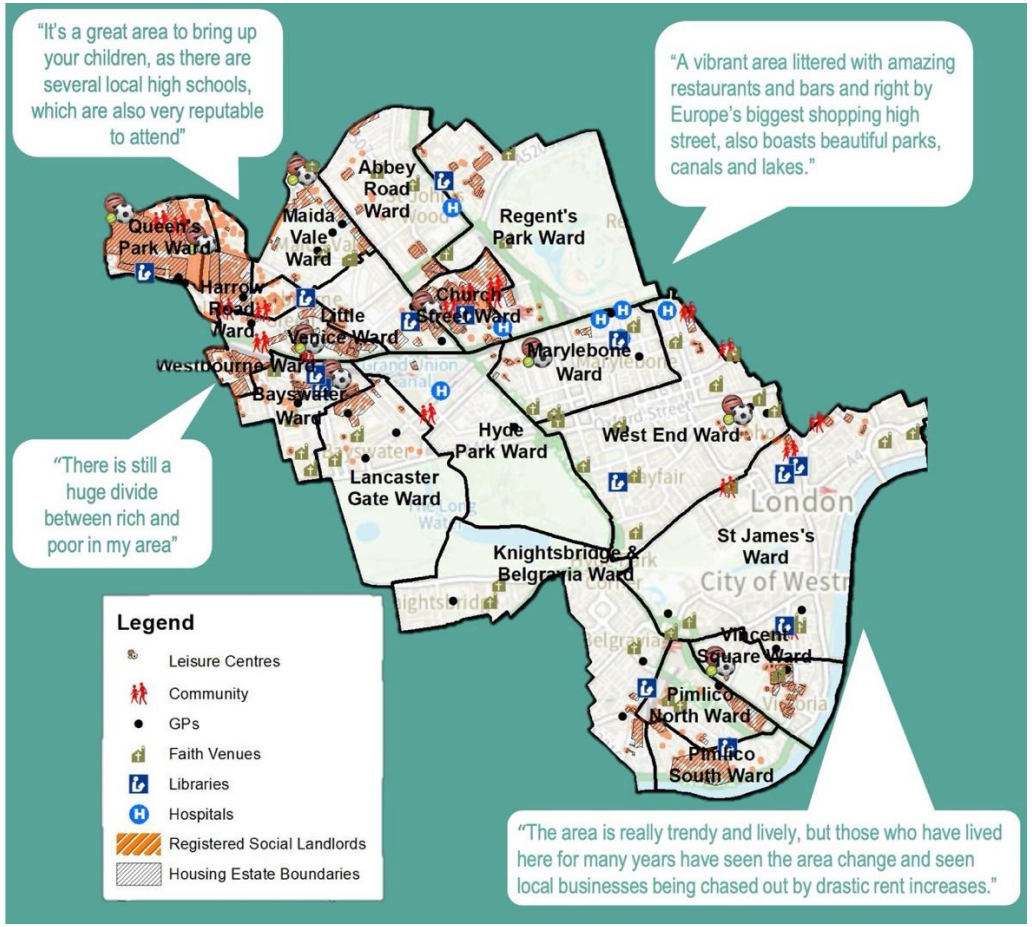
The pack has been created by the Centre for Population Health using the best possible publicly available resources to provide a borough-by-borough outline for participants and supporters of the NWL and NCL Population Health Management Leadership Programme (see References Section at the end of this pack). The aim of this pack is to help create a shared understanding about the local area, population needs and to highlight some good examples to help inform discussions about improving population health and equity across West and North London. Information provided in this pack should be supplemented with local insights through conversations with communities and partners, and latest non-public datasets to ensure the best possible information is being used to inform decision making for this.

Borough Overview



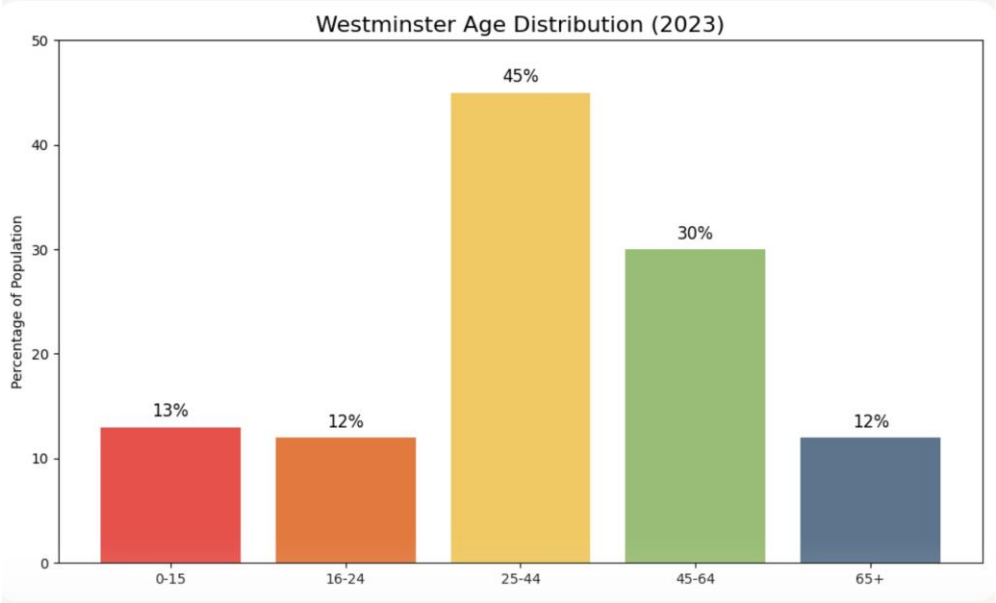
Borough Overview

- Westminster has 211,500 residents, with 45% from global majority ethnic backgrounds.
- Life expectancy is high: 80 years for men, 85 years for women, among UK's highest.
- Stark inequalities: 18-year male life expectancy gap between Westbourne and Knightsbridge.
- Child poverty affects 30% of children with Church Street and Queen's Park most impacted.
- Highest UK international migration rate, 20,000 new arrivals in two years.
- Daytime population reaches 1 million due to commuters and tourists, straining public services.
- UK's highest rough sleeping population: 2,100 seen in 2023/24.
- Fairer Westminster strategy targets inequality through housing, health, and economic interventions.



Population Characteristics: Age and Structure

- Population is young: median age 36 vs UK average of 40 years.
- 75% of residents are working-age (16–64), higher than London (64%) and England (62%) - Predominantly working age.
- Only 13% are children (0–15); 12% are aged 65+, both below national averages.
- 25 -44-year-olds dominate due to employment and city lifestyle opportunities.
- Teen population is low and projected to decline as families move out.
- Elderly population (65+) expected to grow 20% by 2040, requiring age-friendly services.
- Church Street has higher child population and birth rate than West End.
- Youthful demographic needs mental health, sexual health, and transient housing support.



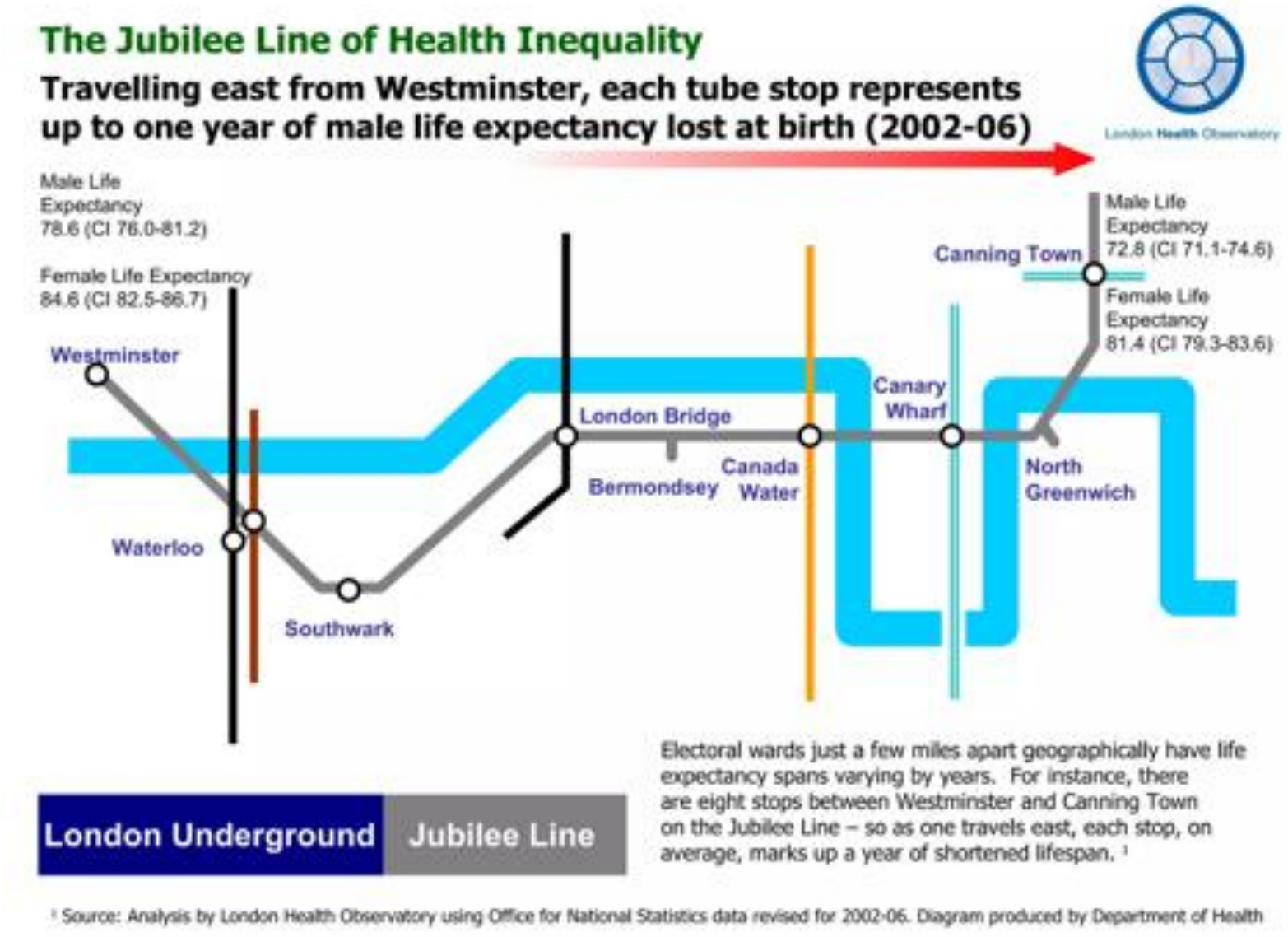
Population Characteristics: Mobility and Migration

- 22% of residents moved in past year, among highest internal migration rates in England.
- 43% of households are private-rented, contributing to high population churn.
- Over 20,000 residents arrived from abroad in two years – 10% of population.
- More than 50% of residents are foreign-born, reflecting global diversity.
- 4% of residents cannot speak English well or at all, per 2021 Census.
- High mobility challenges continuity of care and community cohesion.
- Students, professionals, and refugees contribute to diverse migrant population.
- Multilingual outreach vital for public health messaging for example Arabic-speaking champions

Population Characteristics: Housing, Ethnicity, Inclusion

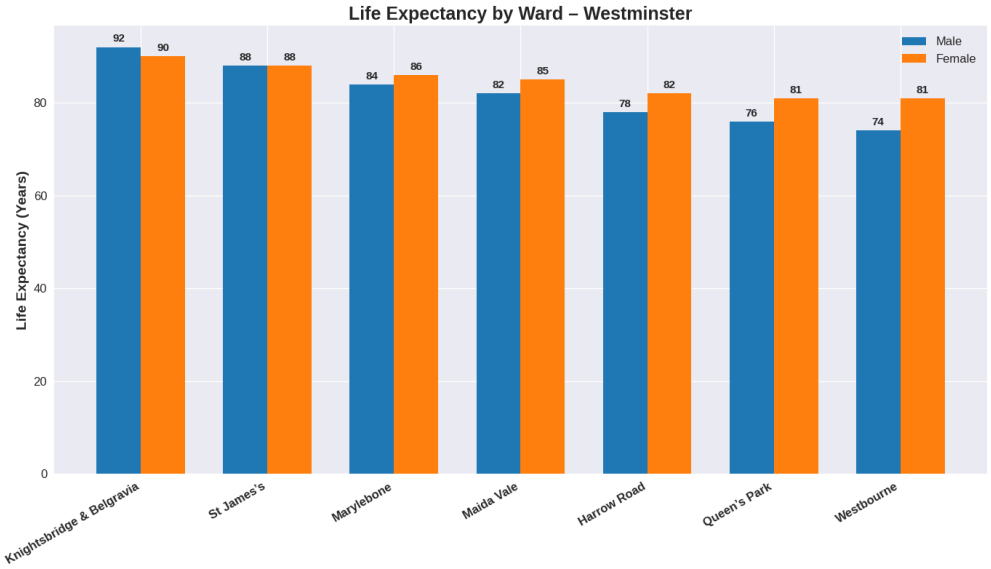
- Westminster has 120,000 households; 40% are single-person households.
- 43% of homes are private-rented; 22% are social housing, mainly in northwest and south.
- Overcrowding and high rents affect low-income families, especially in Church Street and Queen's Park.
- UK's highest rough sleeping population: 2,100 seen in 2023/24.
- 45% of residents are from ethnic minorities; Arab (9%), Asian (11%), Black (6%), Mixed (6%).
- 20% of residents are Muslim; 26% have no religion; 37% are Christian.
- 14% of residents have a disability; 5% identify as LGBTQ+, up to 11% in Soho.
- 0.75% identify as transgender or non-binary, above national average (0.5%).

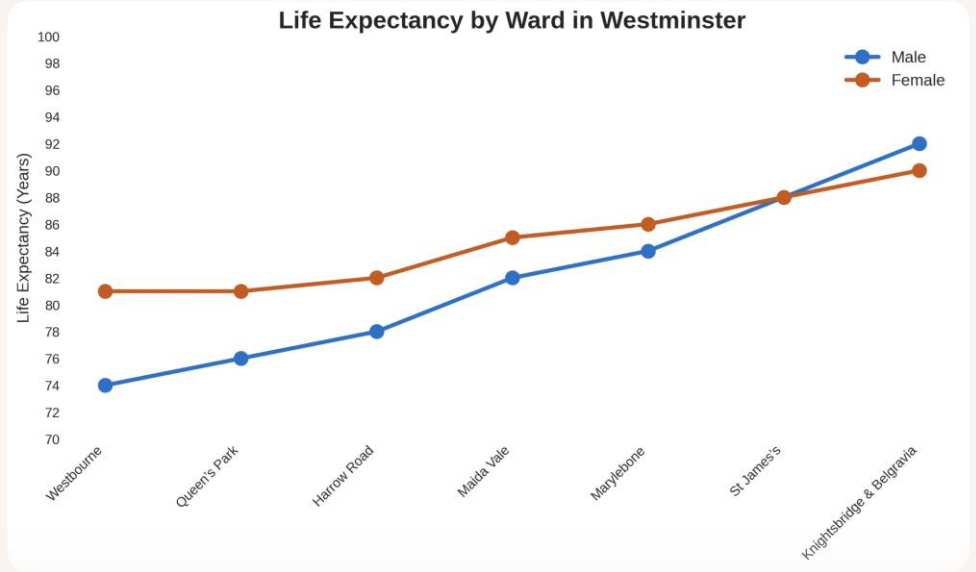
Life Expectancy & Healthy Life Expectancy Gaps



Life Expectancy and Healthy Life Expectancy Gaps

- Men live 80 years on average; women live 85 years, among UK's highest life expectancies.
- Life expectancy gap between Westbourne and Knightsbridge is 18 years for men, 9 years for women.
- Westbourne has lowest male life expectancy and Knightsbridge has the highest.
- Health inequalities are driven by income, housing, environment, and access to preventive services.
- Healthy life expectancy is significantly lower in deprived wards, affecting quality of later life.
- Men in deprived areas live fewer years in good health compared to affluent neighbourhoods.
- Women in Church Street experience more years with disability than those in Belgravia or Mayfair.
- Reducing life expectancy gaps is a top ICS priority aligned with NHS Long Term Plan goals.





Childhood Health

- 40% of Westminster children are overweight or obese by age 11, above London and national averages.
- Obesity is highest in deprived wards like Church Street and Queen's Park, linked to food insecurity.
- MMR immunisation uptake is below 80%, among the lowest in England, risking outbreaks of preventable diseases.
- DTP (5-in-1) vaccine uptake is also low, especially in transient and migrant communities.
- Childhood mental health needs affect 20% of children, with higher rates in deprived neighbourhoods.
- Early years development scores are lower in low-income wards, impacting school readiness and long-term outcomes.

Adult Long-Term Conditions

- Half of adults are overweight or obese, increasing risk of diabetes and cardiovascular disease.
- Diabetes prevalence is 8% in Black residents, triple the rate in White residents (2.5%).
- Hypertension affects 30% of Black residents, nearly double the borough average of 16%.
- Cardiovascular disease is more common in deprived areas, contributing to premature mortality.
- Cancer screening uptake is among the lowest in England, especially for bowel and cervical screening.
- Late diagnosis of cancer is higher in deprived and migrant communities with low screening rates.
- NHS Health Checks uptake is low, missing opportunities for early detection of long-term conditions.

Mental Health and Vulnerable Groups

- 25% of adults report high anxiety; 6% have diagnosed depression, with higher rates in deprived areas.
- 20% of children have a mental health need, often unmet due to service gaps and stigma.
- Youth mental health early support schemes in schools and clubs are improving access and resilience.
- People with severe mental illness (SMI) face higher rates of smoking, obesity, and physical health conditions.
- SMI prevalence is 1.2%, with higher rates in social housing and among ethnic minority groups.
- UK's highest rough sleeping population: 2,100 seen in 2023/24, 277 on any given night.
- Rough sleepers have life expectancy in mid-40s, with high rates of TB, hepatitis, and mental illness.
- Integrated care for homeless people has reduced A&E use and improved outcomes through housing-first models.

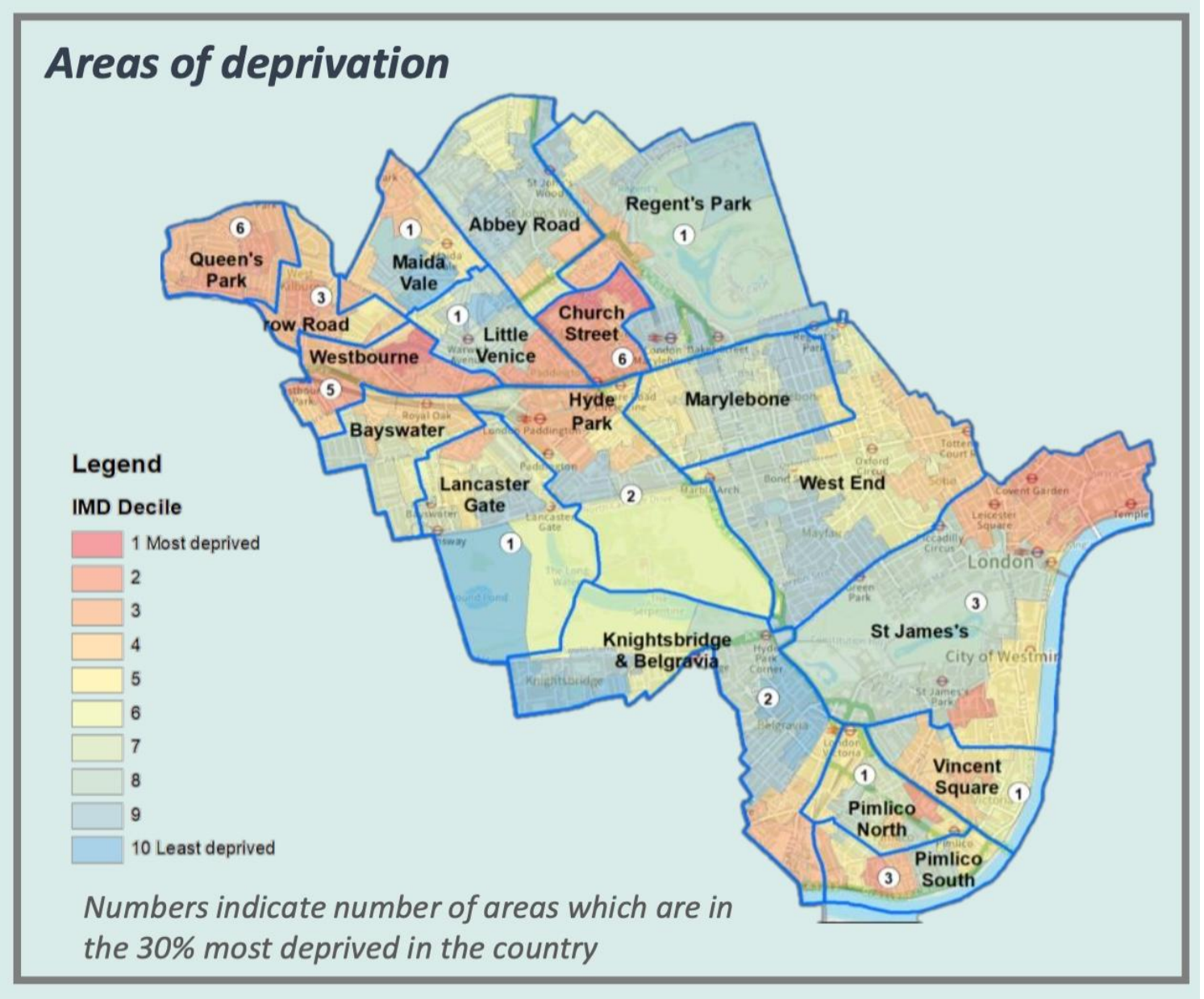
IMD Overview

- Westminster ranks mid-range overall but has extreme internal deprivation contrasts.
- Church Street, Queen's Park and Westbourne among most deprived areas nationally.
- Knightsbridge, Mayfair and West End among least deprived in England.
- Deprivation varies even within wards; stark inequality within small geographic areas.
- 'Rank of income score' places Westminster in top third most deprived nationally.
- Deprivation concentrated in north-west and south of borough.
- Affluent areas mask severe deprivation in borough-wide averages.
- Targeted interventions needed to address hyper-local inequalities.

IMD Domain Analysis

- Income: High child poverty in Church Street; 22% borough-wide, over 40% in hotspots.
- Employment: Long-term unemployment in Queen's Park; barriers include low skills, health issues.
- Health: Overall good health masks poor outcomes in deprived areas like Westbourne.
- Education: Good schools overall; lower attainment in deprived wards like Church Street.
- Crime: High crime in West End due to nightlife; anti-social behaviour in estates.
- Housing: Severe affordability issues; overcrowding, homelessness, temporary accommodation widespread.
- Living Environment: Poor air quality and housing conditions in deprived areas.
- Access to services generally good, but housing dominates deprivation scores.

Wider Determinants of Health



Housing and Homelessness

- Westminster faces extreme housing pressures, with some of the highest rents and lowest affordability in England.
- Overcrowding disproportionately affects low-income families, especially in Church Street, Queen's Park and Harrow Road wards.
- Rough sleeping remains severe: 2,100 individuals seen in 2023/24, the highest number recorded nationally.
- On any given night, around 277 people sleep rough in Westminster, facing extreme health vulnerabilities.
- Temporary accommodation use is rising (2600 in TA), driven by evictions, high rents and limited availability of social housing.
- Poor housing quality, damp and cold homes contribute to respiratory illness, mental distress and chronic conditions.
- Homeless residents experience life expectancy in the mid-40s, reflecting severe exclusion and unmet health needs.
- Housing insecurity drives frequent moves, disrupting continuity of care and worsening long-term health outcomes.

Air Quality

- Westminster has some of London's highest NO_2 concentrations, especially along Marylebone Road and Oxford Street corridors.
- All monitoring sites exceed WHO air quality guidelines, despite improvements from Ultra Low Emission Zone expansion.
- Traffic emissions remain the dominant pollution source, driven by tourism, deliveries and dense central London activity.
- Air pollution contributes to cardiovascular disease, asthma, COPD and premature mortality across deprived neighbourhoods.
- Children in high-pollution areas experience reduced lung development and increased respiratory symptoms and hospital admissions.
- Exposure is highest for residents living near major roads, including Harrow Road, Westbourne and Paddington Basin.
- Community air-quality sensors show persistent hotspots requiring targeted local interventions and behaviour-change campaigns.

Crime and Safety

- Westminster records some of England's highest crime rates, driven by the West End's intense night-time economy.
- Theft, robbery and violence are concentrated in Soho, St James's and major retail and entertainment districts.
- Residents in deprived estates experience higher levels of antisocial behaviour, drug activity and community safety concerns.
- Crime exposure increases stress, anxiety and poor mental health, particularly among young people and vulnerable adults.
- Fear of crime reduces physical activity, social participation and trust, worsening isolation and health inequalities.
- Youth violence and exploitation remain priorities, addressed through multi-agency safeguarding and early-intervention programmes.
- Environmental design improvements, lighting upgrades and community policing reduce crime and improve neighbourhood wellbeing.

Income, Poverty and Cost of Living

- Westminster shows stark income inequality, with extreme contrasts between affluent neighbourhoods and deprived estates.
- Child poverty is 27% borough-wide, rising to 40–45% in Church Street and Queen's Park wards.
- Fuel poverty affects 13–15% of households, concentrated in northern Westminster neighbourhoods.
- Around 20% of residents earn below the London Living Wage, limiting financial security and wellbeing.
- Rising living costs disproportionately impact low-income households, increasing food insecurity and stress.
- Food support demand has increased 35% since 2021, reflecting deepening financial hardship.
- Income insecurity contributes to chronic stress, anxiety and reduced ability to engage in healthy behaviours.

Employment and Good Work

- Westminster's economy is dominated by hospitality, retail and tourism, offering many jobs but limited job security.
- Unemployment is 4.5% borough-wide, rising to 8–10% in deprived wards such as Church Street.
- Around 20% of workers earn below the London Living Wage, affecting financial stability and wellbeing.
- Insecure work and shift-based roles increase stress, fatigue and long-term health risks.
- Residents in deprived wards face higher unemployment and underemployment, limiting economic mobility.
- Poor working conditions increase risk of musculoskeletal problems, stress and burnout.
- Migrant and minority ethnic communities often experience insecure work and limited career progression.

Education and Skills

- Educational attainment varies significantly across Westminster, with persistent gaps between affluent and deprived areas.
- EYFS good development is 69%, lower in deprived wards with higher early-years vulnerability.
- GCSE attainment gaps between affluent and deprived wards reach 15–20 percentage points.
- SEND prevalence is 15% of pupils, requiring tailored support and early intervention.
- Digital exclusion affects older adults, migrants and low-income households.
- Poor educational outcomes increase risk of unemployment, low income and poorer adult health.
- Early years support programmes improve development, resilience and long-term health trajectories.

Access to Services and Environment

- Access to GP, dental and mental health services varies significantly across Westminster neighbourhoods.
- Some practices have patient-to-GP ratios above the London average, affecting access and continuity.
- Dental access is lower among low-income and migrant communities.
- Green space availability varies, with deprived wards having fewer high-quality parks.
- Poor access increases unmet need, late diagnosis and avoidable emergency care use.
- Transport costs and mobility issues limit access for older adults and low-income households.
- Digital exclusion affects 10–15% of households, limiting access to online services.

IMD Key Takeaways

- Westminster is a borough of extremes – wealth and deprivation side by side.
- Life expectancy gap of 18 years reflects deep-rooted health inequalities.
- Deprivation concentrated in Church Street, Queen's Park, Westbourne and parts of Pimlico.
- Housing is the most significant deprivation domain borough-wide.
- Air pollution and poor housing conditions affect health in deprived areas.
- Crime is high in central areas due to tourism and nightlife.
- Education and employment outcomes vary significantly by ward.
- Targeted, place-based interventions are essential to reduce inequalities.

Priority 1: Give Every Child the Best Start in Life – Healthy, Happy Young People

- Early childhood strongly shapes lifelong health, learning, emotional wellbeing and future opportunities across Westminster's diverse communities.
- High child poverty and obesity levels highlight urgent need for targeted early years health improvement programmes.
- Low immunisation coverage increases vulnerability to preventable diseases, particularly within deprived and newly arrived communities.
- Early years services must be culturally tailored to support families with varied linguistic, social and economic needs.
- Strengthening early childhood support reduces inequalities and improves long-term outcomes across education, health and wellbeing.
- Priority 1 ensures every child receives equitable support to thrive from pregnancy through early developmental stages.

Why is it essential for Westminster?

One in three Westminster children lives in poverty, significantly affecting early development, nutrition and long-term health outcomes.

Childhood obesity rates vary sharply between wards, with deprived areas experiencing substantially higher prevalence and risk.

Low MMR uptake increases risk of outbreaks, disproportionately affecting communities already facing multiple health inequalities.

Early intervention improves school readiness, emotional wellbeing and long-term educational attainment for vulnerable children.

Addressing early years inequalities reduces future demand on health, education and social care services.

Supporting families early helps break intergenerational cycles of disadvantage and strengthens long-term community resilience.

What actions can be taken?

- Launch targeted immunisation outreach using multilingual engagement, pop-up clinics and community champions to increase vaccine uptake.
- Expand whole-systems childhood obesity programmes in high-need wards, integrating schools, families, community groups and local businesses.
- Strengthen health visiting capacity to deliver enhanced early years checks and targeted support for vulnerable families.
- Provide culturally tailored parenting programmes promoting nutrition, communication, play and early child development across diverse communities.
- Improve maternal mental health support through specialist midwives, home visits and accessible perinatal wellbeing services.
- Increase access to early years services by co-locating support within trusted community venues and family hubs.

Priority 2: Empowering Residents to Live Healthier Lives

- Building strong foundations in early childhood enables smoother transitions into prevention-focused support across the life course.
- Addressing early inequalities reduces future risks of chronic disease, mental health challenges and poor educational outcomes.
- Families benefit when prevention, wellbeing and early years services operate seamlessly across community and clinical settings.
- Strengthening early years pathways creates momentum for broader population-level health improvement across Westminster.
- Integrated support ensures vulnerable families remain connected to services as children grow and needs evolve.
- Priority 2 builds on early years progress by promoting healthier behaviours and reducing preventable illness.

Why is it important for Westminster?

- Lifestyle-related risks significantly contribute to life expectancy gaps between Westminster's most and least deprived communities.
- Alcohol-related hospital admissions remain high due to nightlife pressures and harmful drinking patterns among some residents.
- Anxiety levels are among the highest nationally, reflecting stress, insecurity and complex urban living conditions.
- Preventive services are underused by residents facing language, cultural or digital barriers to accessing support.
- Supporting healthier behaviours reduces long-term pressure on primary care, hospitals and community-based services.
- Prevention improves wellbeing, resilience and quality of life across Westminster's diverse and mobile population.

What actions can be taken?

Expand	Expand smoking cessation outreach through estates, pharmacies and mental health services to reduce persistent inequalities.
Promote	Promote active lifestyles through community walking groups, inclusive physical activity sessions and improved active travel infrastructure.
Strengthen	Strengthen healthy eating support by increasing Healthy Start uptake and expanding culturally tailored nutrition programmes.
Reduce	Reduce alcohol-related harm through brief interventions, licensing partnerships and expanded community outreach services.
Improve	Improve mental wellbeing through workplace programmes, digital CBT promotion and community-based resilience activities.
Increase	Increase uptake of NHS Health Checks and cancer screening through targeted outreach and mobile delivery models.

Priority 3: Support People's Mental Health and Wellbeing – No Health Without Mental Health

Mental health needs are high across Westminster, affecting children, adults and older residents in diverse communities.

Anxiety, depression and loneliness remain widespread, particularly among isolated residents and those facing socioeconomic pressures.

Severe mental illness is concentrated in specific neighbourhoods, requiring sustained, integrated community-based support.

Mental health inequalities reflect deprivation, housing insecurity, discrimination and limited access to culturally sensitive services.

Improving mental wellbeing strengthens community resilience, safety and long-term health outcomes across the borough.

Priority 3 emphasises parity between mental and physical health across all services and partnerships.

Why is it essential for Westminster?

Over one-quarter of adults report high anxiety, reflecting stress, insecurity and pressures of central London living.

Loneliness affects many older adults, particularly those living alone or experiencing mobility limitations in high-rise estates.

Severe mental illness prevalence is higher in inner-city areas, requiring sustained, multidisciplinary community support.

Cultural stigma prevents some communities from seeking help early, increasing risk of crisis presentations.

Homeless residents experience extremely poor mental health outcomes, requiring integrated outreach and specialist support.

Improving mental health reduces substance misuse, homelessness risk and long-term health inequalities across communities.

What actions can be taken?

Expand	Expand Community Mental Health Hubs providing integrated, multidisciplinary support across all Primary Care Networks.
Improve	Improve access to talking therapies through co-location in GP practices, flexible digital options and targeted outreach.
Strengthen	Strengthen crisis support through 24/7 helplines, crisis cafés and specialist homeless mental health outreach teams.
Expand	Expand Mental Health Support Teams in schools and youth hubs to address rising youth mental health needs.
Reduce	Reduce loneliness through social prescribing, befriending schemes and partnerships with cultural institutions across Westminster.
Improve	Improve employment support through Individual Placement and Support programmes for residents with severe mental illness.

Priority 4: Good Quality Homes and Tackling Homelessness

Westminster faces severe housing pressures, including overcrowding, high rents and widespread temporary accommodation use.

Housing is a major determinant of health, shaping physical wellbeing, mental health and long-term life opportunities.

Improving mental health outcomes requires stable housing, supportive environments and coordinated multi-agency intervention.

Housing insecurity increases stress, crisis presentations and long-term mental health inequalities across vulnerable communities.

Integrated pathways between housing, health and social care strengthen continuity of support for high-need residents.

Addressing homelessness reduces avoidable hospital admissions and improves long-term wellbeing and independence.

Safe, secure homes provide essential foundations for recovery, resilience and improved life opportunities.

Why is it essential for Westminster?

Overcrowding and damp housing disproportionately affect deprived communities, worsening respiratory illness and child health outcomes.

Rough sleepers experience extremely poor health outcomes, including significantly reduced life expectancy and higher mortality.

Temporary accommodation disrupts schooling, healthcare access and family stability, increasing long-term disadvantage.

Housing affordability pressures force low-income families into insecure, poor-quality or overcrowded accommodation.

Environmental health risks, including mould and cold homes, contribute to preventable illness and winter mortality.

Addressing housing inequalities is essential to improving health outcomes and reducing long-term service demand.

What actions can be taken?

- Expand integrated homeless health pathways ensuring no patient is discharged to the streets after hospital care.
- Strengthen specialist GP and outreach services providing accessible healthcare for rough sleepers and insecurely housed residents.
- Improve housing quality through targeted inspections, enforcement and joint working between health and environmental teams.
- Increase early homelessness prevention through co-located housing advice in GP practices and mental health hubs.
- Expand Housing First and supported accommodation options for residents with complex mental health or substance needs.
- Strengthen data sharing to identify at-risk households early and coordinate timely, multi-agency intervention.

Priority 5: Safe, Connected and Inclusive Communities

- Housing stability supports community participation, improved wellbeing and stronger local relationships across neighbourhoods.
- Safe, inclusive environments reduce stress, isolation and vulnerability among residents experiencing socioeconomic disadvantage.
- Community cohesion strengthens trust, belonging and engagement with health and wellbeing services.
- Addressing safety concerns improves mobility, confidence and participation in local activities and public spaces.
- Strong community networks support early identification of emerging needs and timely intervention.
- Priority 5 focuses on building safer, more connected and inclusive neighbourhoods across Westminster.

Priority 5: Create Safe, Connected and Inclusive Communities

- Safe, connected communities support wellbeing, reduce isolation and strengthen resilience across diverse neighbourhoods.
- Crime, anti-social behaviour and safety concerns affect mental wellbeing and community confidence in several areas.
- Social isolation remains high among older adults, disabled residents and newly arrived migrant communities.
- Community cohesion supports trust, belonging and improved engagement with health and wellbeing services.
- Inclusive public spaces encourage physical activity, social interaction and improved mental wellbeing.

Why is it essential for Westminster?

- Safety concerns in some estates reduce residents' confidence, mobility and participation in community activities.
- Social isolation contributes to poor mental health, reduced resilience and increased risk of long-term illness.
- Diverse communities require inclusive approaches that build trust and strengthen local relationships.
- Public realm challenges, including noise, congestion and overcrowding, affect wellbeing and community cohesion.
- Community connection improves engagement with health services and supports early identification of emerging needs.
- Safe, inclusive neighbourhoods improve quality of life and reduce inequalities across Westminster.

What actions can be taken?

- Strengthen community safety partnerships addressing anti-social behaviour and improving trust between residents and services.
- Expand Community Champions programmes supporting health promotion, engagement and local leadership across estates.
- Improve public spaces through lighting, accessibility improvements and inclusive design supporting safety and social interaction.
- Increase community events promoting connection, cultural celebration and shared wellbeing activities across neighbourhoods.
- Strengthen youth engagement through safe spaces, mentoring and targeted support for at-risk young people.
- Improve communication between residents and services through co-production and neighbourhood-based engagement structures.

Priority 6: Healthy Places and Physical Environment

- Priority 6 focuses on improving the physical environment and promoting healthier neighbourhoods.
- Safe, inclusive communities create environments that support healthier behaviours and improved wellbeing.
- Public realm improvements encourage active travel, physical activity and stronger social connections.
- Addressing environmental challenges reduces health risks and improves long-term population health outcomes.
- Community-centred design strengthens resilience and supports equitable access to local amenities.
- Integrated planning ensures health considerations are embedded across housing, transport and environmental policies.

Priority 6: Improve the Physical Environment and Promote Healthy Places

- Westminster's dense urban environment exposes residents to pollution, noise and limited access to green space.
- Environmental conditions significantly influence respiratory health, cardiovascular disease and long-term wellbeing.
- Poor air quality disproportionately affects deprived communities living near congested roads and high-pollution corridors.
- Healthy environments support active travel, physical activity and improved mental wellbeing across all age groups.
- Climate pressures require adaptation to protect vulnerable residents from heat, cold and environmental hazards.
- Priority 6 promotes healthier neighbourhoods through environmental improvement and cross-sector collaboration.

Why is it important for Westminster?

- Westminster experiences some of the highest pollution levels nationally, affecting children, older adults and vulnerable groups.
- Noise pollution from traffic and nightlife contributes to stress, sleep disruption and poorer mental wellbeing.
- Limited access to green space reduces opportunities for physical activity, relaxation and social connection.
- Climate change increases risks from heatwaves, flooding and extreme weather, disproportionately affecting vulnerable residents.
- Poor environmental conditions worsen long-term conditions, increasing pressure on health and care services.
- Improving the physical environment supports healthier lifestyles and reduces health inequalities across communities.

What actions can be taken?

- Expand low-traffic neighbourhoods and active travel routes to reduce pollution and encourage physical activity.
- Increase tree planting, green corridors and pocket parks to improve air quality and access to nature.
- Strengthen environmental health enforcement addressing noise, pollution and poor housing conditions.
- Improve climate resilience through heatwave planning, flood mitigation and targeted support for vulnerable residents.
- Promote sustainable transport through cycling infrastructure, public transport improvements and reduced car dependency.
- Embed health considerations across planning, licensing and environmental policy decisions.

Priority 7-Ensure Equitable Access to High-Quality Care: Accessible, Timely Services for All

- Ensuring all residents can access high-quality care regardless of background, income, disability or neighbourhood.
- Reducing barriers to timely care, including language, digital exclusion, mobility challenges and service complexity.
- Improving consistency of care quality across providers, neighbourhoods and demographic groups within Westminster.
- Strengthening primary care capacity to ensure timely appointments and continuity for residents with complex needs.
- Enhancing urgent and emergency care pathways to reduce delays, overcrowding and avoidable admissions.
- Expanding community-based services to bring care closer to residents and reduce reliance on hospitals.
- Ensuring services are culturally competent, inclusive and responsive to Westminster's diverse communities.
- Embedding equity principles across all care pathways to prevent widening access and outcome gaps.

Priority 7 – Why Important

- Significant variation exists in access to GP appointments, screening, and preventive care across Westminster communities.
- Residents in deprived areas experience longer waits, reduced continuity and poorer experiences of primary care.
- Language barriers, digital exclusion and complex systems prevent many residents from accessing timely support.
- People with disabilities face additional challenges navigating services, attending appointments and receiving equitable care.
- Overcrowded urgent care services reflect unmet needs in primary and community care pathways.
- Migrant communities may avoid services due to mistrust, unfamiliarity or concerns about immigration implications.
- Inconsistent service quality contributes to avoidable illness, late diagnosis and increased emergency demand.
- Ensuring equitable access strengthens prevention, improves outcomes and reduces long-term health inequalities.

Priority 7 - Actions

- Expand GP capacity through extended hours, multidisciplinary teams and improved digital and telephone access options.
- Strengthen interpretation services, translated materials and culturally tailored communication across all care settings.
- Improve digital inclusion through training, device access and support for residents unfamiliar with online systems.
- Increase community outreach clinics in deprived neighbourhoods, faith settings and trusted community spaces.
- Enhance urgent care pathways through same-day access hubs, rapid response teams and improved triage systems.
- Strengthen disability-inclusive design across services, ensuring accessible buildings, booking systems and communication.
- Improve continuity of care for residents with complex needs through personalised care plans and proactive follow-up.
- Monitor access and experience data by demographic group to identify gaps and drive targeted improvement.

Priority 8 - Advance Equity and Fairness: Tackling Health Inequalities and Discrimination

- Embedding equity across all programmes to reduce disparities in access, outcomes and service experience.
- Addressing structural inequalities affecting ethnic minorities, disabled residents, LGBTQ+ communities and low-income groups.
- Ensuring services are culturally competent, respectful and free from discrimination or unconscious bias.
- Using data to identify inequality hotspots and target interventions where need is greatest.
- Strengthening trust between communities and services through transparency, engagement and co-production.
- Ensuring fairness in recovery from COVID-19, prioritising groups disproportionately affected by the pandemic.
- Promoting inclusive service design that reflects Westminster's diverse cultural, linguistic and social landscape.
- Aligning with statutory NHS duties to reduce inequalities and uphold equality legislation.

Priority 8 – Why Important

- Westminster's diverse population experiences significant disparities in screening, long-term conditions and mental health outcomes.
- Black residents face higher rates of hypertension, diabetes and poorer experiences of care across services.
- Disabled residents report barriers to access, communication challenges and inconsistent reasonable adjustments.
- Migrant communities may mistrust services due to past discrimination, immigration concerns or cultural misunderstandings.
- COVID-19 widened inequalities, disproportionately affecting low-income, ethnic minority and older residents.
- Without targeted action, improvements risk benefiting advantaged groups more, widening the inequality gap.
- Equity ensures all residents benefit from prevention, early intervention and high-quality care.
- Tackling discrimination strengthens trust, engagement and long-term health outcomes across communities.

Priority 8 – Actions

- Conduct annual health equity audits identifying priority gaps and tracking progress across key inequality indicators.
- Expand cultural competence, anti-racism and disability awareness training for all frontline health and care staff.
- Co-produce services with under-represented groups to ensure interventions reflect lived experience and cultural needs.
- Deliver targeted programmes addressing disparities in diabetes, hypertension, maternity outcomes and mental health.
- Allocate resources proportionately to need, prioritising communities with the greatest health inequalities.
- Improve demographic data quality to strengthen monitoring, insight and targeted action across all services.
- Strengthen community partnerships with faith groups, youth organisations and cultural associations to improve engagement.
- Embed equity considerations across commissioning, planning and service delivery to prevent widening gaps.

Priority 9 - Support Financial Wellbeing and Employment: Economic Stability as Health Strategy

- Recognising financial wellbeing as a core determinant of physical and mental health across the life course.
- Addressing poverty, debt, insecure work and rising living costs that undermine residents' health and stability.
- Embedding welfare, debt and employment support within health settings to provide holistic, person-centred care.
- Supporting residents with long-term conditions or disabilities to remain in or return to meaningful employment.
- Strengthening partnerships with employers to promote healthy workplaces, fair pay and supportive working conditions.
- Improving access to benefits, hardship funds and financial advice for vulnerable households.
- Supporting young people through skills development, employment pathways and integrated wellbeing support.
- Reducing financial stress to improve treatment adherence, nutrition, housing stability and long-term wellbeing.

Priority 9 – Why Important

- Westminster's high living costs increase risk of food poverty, fuel poverty and financial crisis for low-income families.
- Poverty correlates with higher obesity, poorer educational outcomes and increased long-term health needs.
- Financial stress worsens mental health, increases anxiety and reduces ability to manage chronic conditions.
- Many residents work in insecure, low-paid roles lacking sick pay, stability or supportive working conditions.
- Unemployment and poor working conditions contribute significantly to long-term sickness absence.
- Debt and financial insecurity reduce engagement with preventive care and treatment adherence.
- Supporting financial wellbeing strengthens resilience, independence and long-term health outcomes.
- Economic stability reduces inequalities and supports healthier, more secure communities.

Priority 9 – Actions

- Embed welfare and debt advisors in GP practices, hospitals and community hubs to support residents in crisis.
- Strengthen employment pathways through Individual Placement Support and tailored programmes for residents with health needs.
- Expand benefit entitlement checks ensuring residents access financial support, disability benefits and hardship funds.
- Partner with employers to promote healthy workplaces, fair pay, flexible working and mental health support.
- Improve financial resilience through targeted support for older adults, disabled residents and low-income families.
- Integrate financial wellbeing into social prescribing pathways for residents experiencing stress or economic hardship.
- Support youth employment through skills programmes, wellbeing support and integrated career pathways.
- Monitor poverty-related health indicators to guide targeted interventions and resource allocation.

Priority 10 - Promote Healthy Ageing and Independence: Living Well in Older Age

- Supporting older adults to remain healthy, active and independent for as long as possible.
- Addressing frailty, long-term conditions and social isolation through proactive, community-based support.
- Strengthening integrated care pathways to reduce avoidable hospital admissions and improve continuity.
- Promoting age-friendly environments that support mobility, confidence and participation in community life.
- Enhancing dementia diagnosis, post-diagnostic support and community-based cognitive programmes.
- Supporting carers through respite, training, wellbeing checks and coordinated advice services.
- Expanding virtual wards and home-based care to support safe treatment outside hospital settings.
- Ensuring older adults have access to high-quality end-of-life care aligned with their preferences.

Priority 10 – Why Important

- Westminster's older population is growing, increasing demand for integrated health and social care.
- Many older adults live alone, heightening risks of loneliness, isolation and reduced mental wellbeing.
- Frailty, falls and long-term conditions significantly increase hospital admissions and care needs.
- High living costs affect older adults' ability to heat homes, eat well and remain independent.
- Busy urban environments create mobility challenges and increase risk of injury or isolation.
- Carers often experience burnout, stress and declining health without adequate support.
- Dementia prevalence is rising, requiring improved diagnosis, support and community awareness.
- Supporting healthy ageing improves wellbeing and reduces long-term system pressures.

Priority 10 – Actions

- Expand community-based geriatric assessments identifying frailty early and supporting holistic care planning.
- Strengthen falls prevention through exercise programmes, home hazard assessments and targeted support.
- Increase integrated care teams and virtual wards supporting older adults at home safely.
- Improve carer support through respite, training, health checks and coordinated advice services.
- Expand dementia diagnosis, post-diagnostic support and dementia-friendly community initiatives.
- Strengthen end-of-life care through advanced care planning and improved community-based palliative support.
- Promote age-friendly environments through accessible transport, public seating and safe walking routes.
- Increase social participation opportunities through community hubs, libraries, cultural programmes and intergenerational activities.

Alignment of Priorities with ICS, London, NHS and National Strategies

- Westminster's priorities directly reinforce the North West London ICS Strategy, especially prevention, inequalities, mental health and integrated community care.
- Priorities mirror the Mayor of London's Health Inequalities Strategy, aligning with Healthy Children, Minds, Places, Communities and Lives.
- The NHS Long Term Plan is reflected through expanded mental health access, prevention, primary care networks and proactive ageing support.
- Core20PLUS5 priorities are embedded through targeted action on inclusion health groups, long-term conditions and maternity equity.
- National public health goals are supported through actions on smoking, obesity, air quality, childhood health and wider determinants.
- National ageing and dementia strategies are advanced through frailty care, dementia diagnosis, community support and age-friendly design.
- Economic and social priorities align with national "anchor institution" roles, employment support and financial wellbeing initiatives.

Best Practice Case Studies in Westminster

- Go Golborne – A Whole-System Approach to Tackling Childhood Obesity
- Community Champions – Empowering Residents to Improve Local Health and Wellbeing
- Homeless Health Integrated Care Pathway – Improving Health Outcomes for Rough Sleepers
- Youth Mental Health Support in Schools and Communities – Early Intervention for Young People's Wellbeing
- Westminster Air Quality Data Platform – Harnessing Open Data for Public Health and Equity

Description of Best Practice (Go Golborne)

- Three-year whole-systems pilot improving children's environments, reducing obesity risk for over 900 local children.
- Delivered 3,360+ participations, achieving community reach nearly four times the ward's child population.
- Implemented healthier food policies across six schools, reducing sugary drink availability by an estimated 70%.
- Introduced active-play initiatives increasing children's weekly physical activity by an average of 45 minutes.
- Provided training for 200+ parents, teachers and community workers to strengthen local health improvement capacity.
- Created culturally tailored campaigns increasing fruit and vegetable awareness among 78% of surveyed children.
- Extended NCMP monitoring to all primary years, generating detailed data for targeted obesity prevention.
- Achieved measurable environmental improvements, including healthier retail options in 20+ local shops and venues.

Why It’s a Best Practice (Go Golborne)

- Plateaued rising obesity rates, achieving a 3-percentage-point reduction in Year 6 overweight prevalence.
- Delivered cost-effective prevention; every £1 invested in childhood obesity programmes returns £6–£8 long-term.
- Increased parental engagement, with 62% reporting healthier home food practices following programme activities.
- Reinforced behaviours across multiple settings, increasing message retention and behaviour change sustainability.
- Built strong community ownership, with 40+ local organisations actively participating in programme delivery.
- Demonstrated culturally sensitive engagement, improving participation among Moroccan and Bangladeshi families.
- Achieved Healthy Schools London awards for several schools, evidencing policy and environmental improvements.
- Recognised nationally as a model for whole-systems childhood obesity prevention in deprived communities.

Key Lessons for Intervention Planning (Go Golborne)

- Whole-systems approaches generate stronger outcomes; multi-setting interventions increase effectiveness by up to 30%.
- Co-design with communities improves uptake, with participatory programmes achieving 50% higher engagement rates.
- Positive, fun-focused messaging increases behaviour change likelihood compared with restrictive or punitive approaches.
- Environmental changes deliver lasting impact; removing sugary drinks reduces consumption by 20–25% in children.
- Long-term investment is essential; obesity prevention requires sustained action to achieve population-level change.
- Continuous evaluation enables mid-course adjustments, improving programme effectiveness by up to 15%.
- Leveraging community assets reduces delivery costs and increases programme reach across diverse populations.
- Empowering children as ambassadors increases parental engagement and reinforces healthy behaviours at home.

Evaluation Results (Go Golborne)

- Year 6 obesity reduced from 38% to 35%, reversing upward trends seen in comparable neighbourhoods.
- Reception obesity stabilised despite borough-wide increases, indicating early positive impact on younger children.
- 72% of parents reported healthier diets for their children following programme participation.
- Community venues reported a 25% reduction in sugary snack sales after healthy-options promotion.
- 68% of children reported increased physical activity, supported by improved playground and active-play facilities.
- Programme delivered strong ROI; estimated £1.2m long-term savings through reduced obesity-related health costs.
- Independent evaluation confirmed improved community cohesion and strengthened cross-sector collaboration.
- Sustained policy changes in schools and community venues continued delivering benefits beyond programme end.

Community Champions: A Resident-Led Model for Health and Wellbeing

- Long-running resident-led programme engaging over 10,000 Westminster and Kensington residents annually.
- Operates across 11 neighbourhoods, each tailored to local cultural, linguistic and demographic needs.
- Champions receive accredited training, with 300+ volunteers completing RSPH Level 2 qualifications.
- Delivers 15,000+ annual attendances across workshops, outreach, health events and one-to-one support.
- Provides culturally tailored support to Bengali, Arabic, Somali, Portuguese and other minority communities.
- Strong partnership model linking residents with NHS, housing, voluntary sector and council services.
- Champions deliver 500+ warm referrals annually to GP, screening, mental health and welfare services.
- Embedded in trusted community spaces, increasing accessibility and reducing barriers to engagement.

Why It’s a Best Practice (Community Champions)

- Demonstrated £4.70 social return for every £1 invested, evidencing strong public health value.
- Increased cervical screening uptake by up to 18% in targeted neighbourhoods following Champions outreach.
- Reduced social isolation; 95% of participants reported improved neighbourhood belonging and social connection.
- Improved health behaviours, with 33% reporting reduced waist circumference and average 3.7kg weight loss.
- Reaches marginalised groups; 70% of participants are from ethnic minority backgrounds facing health inequalities.
- Strengthened early intervention, increasing GP registrations and preventive service uptake in deprived areas.
- Demonstrated resilience during COVID-19, delivering 20,000+ welfare checks and essential community support.
- Recognised nationally as a leading model for community-led health improvement and empowerment.

Key Lessons for Intervention Planning (Community Champions)

- Peer-led models significantly increase trust; residents are twice as likely to engage with local volunteers.
- Accredited training improves volunteer confidence and quality, increasing programme effectiveness by 25%.
- Multi-agency partnerships enhance reach and reduce duplication, improving service efficiency and coordination.
- Community insight loops provide early warning of emerging issues, improving responsiveness and equity.
- Flexible funding enables rapid adaptation, demonstrated during cost-of-living and pandemic-related challenges.
- Recognition and celebration of volunteers increases retention, reducing turnover and strengthening programme continuity.
- Embedding Champions in trusted spaces increases engagement among residents with low institutional trust.
- Co-production ensures interventions reflect lived experience, improving relevance and long-term sustainability.

Evaluation Results (Community Champions)

- Delivered £4.70–£6.00 return per £1 invested, based on independent Social Return on Investment analysis.
- Increased preventive service uptake, including 12–18% improvements in screening participation in target areas.
- Supported 1,000+ residents annually to access welfare, mental health, housing and social care services.
- Achieved measurable improvements in diet and physical activity among 40% of programme participants.
- Reduced loneliness and isolation, with 95% reporting improved social connection and community belonging.
- Delivered 15,000+ annual attendances, demonstrating strong community reach and engagement.
- Improved early identification of health needs through 500+ warm referrals to NHS and council services.
- Recognised by Public Health England as a national exemplar of community-led health improvement.

Homeless Health Integrated Care Pathway: Improving Outcomes for Rough Sleepers

- Integrated care pathway supporting more than 2,100 rough sleepers annually across Westminster's homelessness system.
- Multidisciplinary team delivers coordinated physical health, mental health, substance misuse and housing support.
- Hospital in-reach prevents unsafe discharges, reducing readmissions among homeless patients by up to 30%.
- Street-based clinical outreach provides vaccinations, screenings and urgent care to highly vulnerable individuals.
- Personalised care plans address complex needs, improving stability and long-term health outcomes for participants.
- Strong partnership between NHS, housing teams, voluntary sector and specialist homelessness services.
- Supports transitions into accommodation, reducing rough sleeping recurrence and improving long-term wellbeing.
- Designed to address severe exclusion, trauma and multiple disadvantage among people experiencing homelessness.

Why It’s a Best Practice (Homeless Health ICP)

- Rough sleepers experience life expectancy around 45 years, requiring urgent targeted health intervention.
- Reduces A&E attendance; rough sleepers typically cost £2,100 annually in emergency care without coordinated support.
- Prevents unsafe discharges; previously, 70% of homeless patients were discharged without housing involvement.
- Integrated care reduces crisis episodes, improving mental health stability and reducing police Section 136 detentions.
- Increases vaccination uptake; outreach improves flu, Hepatitis C and COVID-19 coverage among rough sleepers.
- Reduces hospital admissions by 30%, generating significant cost savings for acute NHS services.
- Aligns with national Rough Sleeping Strategy and ICS priorities on inclusion health and integrated care.
- Demonstrates strong cross-sector collaboration essential for addressing homelessness-related health inequalities.

Key Lessons for Intervention Planning (Homeless Health ICP)

- Early housing involvement reduces repeat homelessness and prevents costly emergency care cycles for individuals.
- Multidisciplinary teams improve outcomes; integrated models reduce service duplication and inefficiency by up to 40%.
- Trauma-informed approaches increase engagement among individuals with histories of exclusion, adversity and mistrust.
- Street-based clinical outreach is essential for reaching people unable or unwilling to access traditional healthcare settings.
- Personalised care plans improve continuity, reducing crisis episodes and improving long-term stability for participants.
- Data sharing agreements support proactive case management, reducing missed appointments and duplicated assessments.
- Strong partnerships between NHS, housing and voluntary sector organisations underpin programme effectiveness.
- Long-term support is required to sustain progress and prevent return to rough sleeping after initial stabilisation.

Evaluation Results (Homeless Health ICP)

- Reduced A&E attendances by 26% among participants, generating substantial cost savings for emergency services.
- Reduced unplanned hospital admissions by 30%, saving an estimated £1.4 million annually across local NHS trusts.
- Increased vaccination uptake by 40% among rough sleepers engaged in the integrated care pathway.
- Improved mental health stability, reducing crisis episodes and police involvement for high-risk individuals.
- Supported more than 300 individuals annually into temporary or permanent accommodation, improving long-term outcomes.
- Delivered £3–£5 return per £1 invested through reduced emergency care and improved health management.
- Strengthened cross-sector collaboration, improving efficiency and reducing duplication across homelessness services.
- Recognised nationally as a leading inclusion health model for rough sleepers and people experiencing severe disadvantage.

Youth Mental Health Support: Early Intervention for Children and Young People

Multi-agency programme supporting over 5,000 children annually through school-based and community mental health services.

Delivers early intervention for anxiety, low mood, behavioural issues and emerging mental health concerns.

Mental Health Support Teams provide evidence-based interventions across 40+ schools in Westminster.

School staff receive training to identify early signs, improving timely referrals and reducing crisis escalation.

Community hubs offer drop-in support, counselling and wellbeing activities for young people aged 11–25.

Programme prioritises vulnerable groups including care-experienced children, young carers and those facing adversity.

Strong partnership between NHS, schools, youth services and voluntary sector organisations.

Designed to reduce long-term mental health inequalities and improve resilience among children and young people.

Why Best Practice (Youth Mental Health Support)

- One in six children experience a diagnosable mental health condition, highlighting urgent need for early intervention.
- School-based support increases access; 70% of young people prefer receiving help in familiar educational settings.
- Evidence-based interventions reduce anxiety and low-mood symptoms by 30–40% among participating students.
- Early support reduces pressure on CAMHS, preventing escalation to specialist or crisis-level services.
- Programme improves attendance; schools report 12% reduction in persistent absence among supported pupils.
- Strong engagement with families improves outcomes, particularly for children facing multiple disadvantages.
- Aligns with national NHS Long Term Plan priorities for children and young people's mental health.
- Recognised as a leading model for integrated school-community mental health support.

Key Lessons for Intervention Planning (Youth Mental Health Support)

- Early identification prevents escalation and staff training increases timely referrals and improves student outcomes.
- Whole-school approaches strengthen wellbeing culture, improving resilience and reducing stigma among students.
- Multi-agency collaboration ensures coordinated support, reducing duplication and improving service efficiency.
- Youth-friendly communication increases engagement, particularly among teenagers reluctant to access formal services.
- Family involvement enhances effectiveness with parental participation improving intervention outcomes by up to 25%.
- Flexible delivery models reach diverse needs, including drop-ins, group sessions and one-to-one support.
- Data-driven monitoring enables targeted support, improving resource allocation and intervention impact.
- Long-term investment is essential to sustain improvements and reduce inequalities in youth mental health.

Evaluation Results (Youth Mental Health Support)

- 68% of young people reported improved wellbeing following participation in school-based mental health interventions.
- Anxiety and low-mood symptoms reduced by 30–40% among students receiving evidence-based support.
- Schools reported 12% reduction in persistent absence among pupils engaged with Mental Health Support Teams.
- 75% of young people accessing community hubs reported improved confidence and emotional resilience.
- Programme delivered strong value; early intervention reduces long-term mental health costs by up to £8 per £1 invested.
- Increased access for vulnerable groups, including care-experienced children and young people facing multiple disadvantages.
- Strengthened partnership working improved coordination between schools, NHS and voluntary sector services.
- Recognised locally and nationally as an effective model for early mental health intervention.

Westminster Air Quality Data Platform: Harnessing Open Data for Public Health

- Digital platform providing real-time air quality data across Westminster, supporting public health action and community awareness.
- Integrates data from 250+ sensors monitoring particulate matter, nitrogen dioxide and other harmful pollutants.
- Enables residents, schools and businesses to access hyper-local pollution information through interactive dashboards.
- Supports targeted interventions in high-pollution areas, improving environmental health outcomes for vulnerable groups.
- Provides early-warning alerts for pollution spikes, helping reduce exposure among children, older adults and those with conditions.
- Strengthens collaboration between public health, environment teams, transport planners and community organisations.
- Designed to reduce long-term health inequalities linked to poor air quality and environmental disadvantage.
- Aligns with borough climate, transport and public health strategies to improve population wellbeing.

Why Best Practice (Air Quality Data Platform)

- Air pollution contributes to 4,000 London deaths annually, highlighting urgent need for real-time monitoring.
- Hyper-local data improves targeting; interventions in hotspots reduce pollution exposure by up to 20%.
- Transparent open-data approach increases public trust and empowers residents to make informed health decisions.
- Supports schools in implementing clean-air measures, reducing playground exposure during high-pollution periods.
- Enables evidence-based policy decisions, improving transport planning and environmental health interventions.
- Strengthens accountability by providing publicly accessible data on pollution trends and local environmental performance.
- Aligns with national clean-air objectives and WHO guidance on reducing population exposure to harmful pollutants.
- Recognised as an innovative model for integrating environmental data into public health practice.

Key Lessons for Intervention Planning (Air Quality Data Platform)

- Real-time data enables rapid response, improving effectiveness of public health and environmental interventions.
- Community engagement increases platform use; co-designed tools achieve higher adoption and sustained behaviour change.
- Integrating environmental and health data strengthens understanding of pollution impacts on vulnerable populations.
- Cross-department collaboration improves outcomes, aligning public health, transport and environmental priorities.
- Clear communication increases public understanding; simple dashboards improve accessibility for diverse communities.
- Schools benefit from tailored guidance, reducing children's exposure during high-pollution periods.
- Data-driven planning improves resource allocation, targeting interventions where pollution harms are greatest.
- Long-term investment in monitoring infrastructure is essential to sustain improvements and reduce inequalities.

Evaluation Results (Air Quality Data Platform)

- Platform increased public engagement, with 50,000+ annual visits to air quality dashboards and tools.
- Pollution-reduction interventions in hotspots achieved up to 20% decrease in nitrogen dioxide levels.
- Schools using the platform reported improved awareness and reduced outdoor exposure during high-pollution periods.
- Data informed transport changes, contributing to measurable improvements in active travel and reduced emissions.
- Platform strengthened cross-sector collaboration, improving alignment between public health and environmental teams.
- Delivered strong value: improved air quality reduces long-term health costs by up to £15 per £1 invested.
- Increased transparency improved public trust and supported community-led clean-air initiatives.
- Recognised as a leading example of open-data innovation supporting environmental health improvement.

What This Means for the Borough and ICS

- A shift toward prevention and early intervention will reduce long-term pressures on acute, crisis and specialist services.
- Integrated working becomes essential, requiring shared priorities, pooled resources and coordinated delivery across all partners.
- Addressing housing, environment and social determinants becomes central to improving health outcomes and reducing inequalities.
- Communities must be empowered as equal partners, shaping services that reflect lived experience and cultural diversity.
- The ICS and borough must jointly lead a whole-system approach focused on fairness, resilience and long-term wellbeing.

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