Our vision

Our task, as a provider of healthcare services, is to help people live healthier lives for longer and to maximise their potential. The NHS must meet the rising costs of care delivery and rising demand for services caused by an ageing population.

At Chelsea and Westminster, we recognise that our local community is the best asset we have to meet these challenges. We appreciate that a community-facing organisation is one that is best equipped to deliver the best outcomes for our service users and their families, to achieve the greatest patient satisfaction and to attain it in the most cost-effective way.

Our Health and Wellbeing Strategy sets out how we intend to develop as a health-promoting organisation, working in partnership to meet the needs of our community, our patients and our staff.

We want to support all our patients, visitors and staff to live healthy and productive lives and we want to collaborate with them to do this. Being a health-promoting organisation involves acting to prevent ill-health as well as curing disease. It also means understanding our local communities and responding to their needs.

We recognise that there are many individual factors, such as living situation or ease with which we access services, which will impact on how able we each are to stay healthy or to recover from periods of ill-health.

We are committed to ensuring that we act responsibly to minimise the impact of these inequalities on the quality of care and outcomes for patients that we provide.

We will continue to welcome the feedback and support of our partner organisations, local residents, service users and our workforce on how we can best do this.

Tony Bell
Chief Executive
Understanding our population

Chelsea and Westminster Hospital NHS Foundation Trust is committed not only to providing world-class healthcare but also to improving and maintaining the health and wellbeing of the communities we serve. This begins by understanding our population to ensure we deliver the best possible care at the right time, in the right place and to the right people.

We deliver healthcare to people across London, England and beyond. Typically, the Trust serves a more affluent population than average, though this conceals clusters of greater deprivation within this population.

People come from all over the country and beyond to use the services we provide. The highest concentration of service users live in the four boroughs surrounding the hospital’s main site—Kensington and Chelsea (21.2%), Hammersmith and Fulham (18.7%), Wandsworth (13.8%), and Westminster (11.3%). There are higher rates of service use among people living closest to the hospital in each of these boroughs, as illustrated in Figure 1.

Figure 2 illustrates that we provide care to some of the most deprived communities in the local area. Deprivation is associated with worse health outcomes and poorer access to services. This informs this strategy in a number of ways—the public health priorities facing these boroughs will be felt most keenly by these groups, care and support for health and wellbeing should be available to all and proportionate to need (proportionate universalism), and attention should be paid to facilitate access to services among more deprived groups.

Residents of these boroughs are in relatively good health. They experience average or better rates of common complaints seen in healthcare services, such as cancer, heart disease, diabetes or hip fractures. However, there is a high prevalence of mental ill-health, childhood obesity, sexually transmitted infection, tuberculosis, and poor outcomes from smoking and substance misuse.

There is low coverage of immunisation and screening programmes. Improving the health of the population involves action on all of these health priorities, proportionate to need.

Taking on this challenge will involve changing the way the Trust operates—working with the community and its partners.

Figure 1: Proportion of patients who attend C&W outpatients department by Lower Super Output Area (LSOA) in Hammersmith and Fulham, Kensington and Chelsea, Wandsworth and Westminster
### Deprivation by LSOA in Hammersmith and Fulham, Kensington and Chelsea, Wandsworth and Westminster

<table>
<thead>
<tr>
<th>Indicator</th>
<th>H&amp;F</th>
<th>K&amp;C</th>
<th>Wandsworth</th>
<th>Westminster</th>
<th>England</th>
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<tbody>
<tr>
<td>% people attending C&amp;W ≥1 time in a year</td>
<td>18.7%</td>
<td>21.2%</td>
<td>13.8%</td>
<td>11.3%</td>
<td>-</td>
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<tr>
<td>Life expectancy (male)</td>
<td>78.6</td>
<td>81.6</td>
<td>78.8</td>
<td>81.2</td>
<td>78.9</td>
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<tr>
<td>Life expectancy (female)</td>
<td>83.4</td>
<td>86.1</td>
<td>83.1</td>
<td>85.1</td>
<td>82.9</td>
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<tr>
<td>Infant deaths</td>
<td>3.5</td>
<td>4.1</td>
<td>3.4</td>
<td>3.8</td>
<td>4.3</td>
</tr>
<tr>
<td>Obese children</td>
<td>25.8%</td>
<td>22.4%</td>
<td>20.0%</td>
<td>24.8%</td>
<td>19.2%</td>
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<tr>
<td>Hospital stays for alcohol related harm</td>
<td>2,554</td>
<td>1,353</td>
<td>1,840</td>
<td>1,621</td>
<td>1,895</td>
</tr>
<tr>
<td>Drug misuse</td>
<td>11.3</td>
<td>13.3</td>
<td>7.4</td>
<td>13.9</td>
<td>8.6</td>
</tr>
<tr>
<td>New cases of TB</td>
<td>38.7</td>
<td>26.2</td>
<td>31.1</td>
<td>27.1</td>
<td>15.4</td>
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<tr>
<td>Acute sexually transmitted infections</td>
<td>1,937</td>
<td>1,652</td>
<td>1,838</td>
<td>1,910</td>
<td>804</td>
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<tr>
<td>Smoking related deaths</td>
<td>225</td>
<td>164</td>
<td>198</td>
<td>172</td>
<td>201</td>
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<tr>
<td>Early deaths from heart disease and stroke</td>
<td>66.5</td>
<td>45.0</td>
<td>64.4</td>
<td>61.5</td>
<td>60.9</td>
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<tr>
<td>Early deaths from cancer</td>
<td>116.9</td>
<td>89.9</td>
<td>101.4</td>
<td>95.1</td>
<td>108.1</td>
</tr>
</tbody>
</table>

Source: Association of Public Health Observatories, Health Profiles, 2013

- significantly lower than the national average
- no significant difference to the national average
- significantly greater than national average

- At birth, 2009–11
- Rate per 1000 live births, 2009–11
- % children in year 6 (age 10–11), 2011/12
- Directly age sex standardised rate per 100,000, 2010/11
- Estimated users of opiates and/or crack aged 15–64, crude rate per 1,000, 2010/11
- Crude rate per 100,000 population, 2010/11
- Crude rate per 100,000 population, 2012
- Directly age standardised rate per 100,000 population aged 35 and over, 2009–11
- Directly age standardised rate per 100,000 population aged under 75, 2009–11

**Figure 2:** Deprivation by LSOA in Hammersmith and Fulham, Kensington and Chelsea, Wandsworth and Westminster
The Marmot Review provided a compelling account of the importance of addressing health and wellbeing needs across the life course. Here we outline some of ways in which Chelsea and Westminster is already promoting and supporting these needs.

| Maternal health and wellbeing | • Pre-conception nutritional advice is available  
• Pre-conception clinics for prospective mothers with diabetes  
• Dietetics support for expectant mothers who are underweight or overweight  
• Mothers at high risk of mental ill-health are systematically identified and referred for psychiatric assessment |
|-------------------------------|------------------------------------------------------------------------------------------|
| Early years                   | • Immunisation campaign in October/November 2013  
• Early multidisciplinary review and intervention for children with neurodisability  
• Receive referrals for health assessment of vulnerable children  
• Parental education for children with chronic conditions, such as epilepsy |
| Dental health                 | • Dental nurses provide dental hygiene education to patients and parents  
• Brush-a-thon campaign in September 2012 in partnership with Queens Park Rangers Football Club |
| Smoking cessation             | • In-house smoking cessation service available two days per week  
• Brief intervention training for smoking cessation offered to staff  
• Smoking cessation support offered through bariatric service, Kobler Clinic and pulmonary rehab  
• Annual Stoptober campaign |
| Diet                          | • Nutritional assessment and reassessment for all inpatients with dietetics support for those with increased risk  
• Smartloss, our weight reduction programme (one-to-one intervention and some group work)  
• Tier 3 weight management service to support patients before bariatric surgery  
• Self-management support to HIV+ patients |
| Exercise                      | • Dieticians refer into Kensington and Chelsea exercise-on-referral classes  
• Occasional exercise promotion classes for staff, patients and carers held in the hospital atrium  
• MSK outpatient gym offers out-of-hours class for discharged patients |
| Alcohol and substance misuse  | • Alcohol screening on acute admission  
• Patients referred from A&E to detox unit  
• Co-location with drug dependency unit and party drugs clinics |
| Long-term conditions secondary prevention | • Diabetes education and self-management classes  
• Chronic Obstructive Pulmonary Disorder (COPD) discharge care bundle including smoking cessation, inhaler techniques, follow-up after four weeks, health education literature, pulmonary rehabilitation  
• Slips, trips and falls assessment and advice on falls avoidance in and out of hospital  
• Cardiac rehabilitation and heart failure exercise programme  
• Multidisciplinary team approach to vascular risk, transient ischaemic attack (TIA) and stroke secondary prevention clinic  
• HIV rehabilitation, self-management and healthy lifestyle classes |
| Sexual health and wellbeing   | • Postal testing service  
• Dean Street Express service for asymptomatic sexual health screening  
• Contact clinic for under-18s  
• Sex and relationship education work with schools  
• Targeted service for the MSM (men who have sex with men) community |
| Mental health and wellbeing   | • Dementia-friendly wards and systematic dementia screening  
• Older persons mental health liaison service for inpatients  
• A&E mental health liaison nurses, particularly for overdoses and self-harm  
• Mental health nurse input where there is a large psychological component to care including bariatrics, burns, HIV and sexual health, pain management  
• Delivery of mental health training to staff |
In view of the outlying health priorities for our population and the existing services offered at Chelsea and Westminster, we recognise that further attention is required to the prevention of childhood obesity and scaling up our smoking cessation services. We need to ensure we measure what we do in order that we can evidence benefits to the population and identify areas where more can still be done.

We recognise that healthcare organisations have a critical role to play in addressing health inequalities. Access to health services is one area in which deprived groups are known to be disadvantaged, and further inequalities are created as a result of ill-health. Here are some ways that we take action to mitigate inequalities.

| Continuity of care | • Extended support discharge team provides up to 48 hours additional support to help patients return home safely from A&E  
| | • Care homes assessment conducted in hospital in order to communicate patient condition in different care settings  
| | • Complex discharge team liaises with social services and community health  
| Carers | • Carers assessment including health and access to exercise classes and financial advice  
| | • Carers network and joint group with Carers UK and social services  
| Homeless | • Hepatitis C homeless pathway established  
| | • Links to homeless GP services to deliver HIV and sexual health services  
| Men’s health | • Men’s health awareness event  

We pledge to use health intelligence to ensure that our outreach services target those with the greatest need. We also want to look at further ways in which we can help limit the effect of ill-health on people’s lives by working with our partners in the community, such as local authorities and the third sector.
Our aim is to support the communities we serve to lead healthy lives and fulfil their potential. We will involve patients and the public in shaping our health and wellbeing programme to best suit their needs and preferences. We are committed to working with partners in primary care, community care, mental healthcare and local authorities, to deliver proactive care to those who most need it. We aim to embed this approach in everything we do, establishing the Trust as a key community asset.

Chelsea and Westminster has a pivotal role to play in promoting health and wellbeing in each borough. The accumulation of social, environmental and lifestyle factors over the life course results in people requiring health services. We are in a unique position to identify these causes and act on them, both through secondary prevention for those seen by health services and primary prevention for others in the community in similar circumstances. By focussing on improving health, our services are freed up to deliver the specialist care at which they excel.

The World Health Organisation’s Health Promoting Healthcare initiative provides a framework of standards to improve health and wellbeing. This sets out five key standards:

1. The organisation has a written policy for health promotion. This policy must be implemented as part of the overall organisation’s quality system and is aiming to improve health outcomes. It is stated that the policy is aimed at patients, relatives and staff.

2. The organisation ensures that health professionals, in partnership with patients, systematically assess needs for health promotion activities.

3. The organisation provides patients with information on significant factors concerning their disease or health condition and health promotion interventions are established in all patient pathways.

4. The management establishes conditions for the development of the hospital as a healthy workplace.

5. The organisation has a planned approach to collaboration with other health service levels and other institutions and sectors on an ongoing basis.

A gap analysis against these standards has indicated that the priorities for Chelsea and Westminster should be the development of a
Trustwide policy for health promotion, or health and wellbeing, and ensure that health promotion intervention is embedded in all patient pathways with monitored outcomes. However, there is room for improvement in all areas.

The Institute for Health Equity has developed further guidance for health professionals in their promotion of health equity. This guidance focuses on the following areas:

- **Workforce education and training:** Recommendations focus on the content of undergraduate and postgraduate courses, and the need for junior clinicians to experience both health and non-health placements. Continued Professional Development is cited as another important component to improve knowledge about the social determinants of health and the necessary skills to address them.

- **Working with individuals and communities:** Recommendations emphasise the importance of building relationships with patients and understanding local communities, gathering information to enable appropriate referral and planning of services, and the provision of information to patients about a range of services.

- **NHS organisations:** Recommendations consider the role of the NHS as an employer and business in providing good quality work, using its purchasing power to benefit local populations, and embedding policies on health inequalities at all levels of the organisation.

- **Working in partnership:** Recommendations outline priority working relationships within the health sector, with external bodies and with commissioners and Health and Wellbeing Boards.

- **Workforce as advocates:** Recommendations detail the levels at which health professionals should advocate health equality—individual patients, local policy, improving the work of the health profession and national policy.

- **Health system challenges and opportunities:** This section provides initial conclusions about how the Health and Social Care Act 2012 and the new healthcare structure in England can be used to address health inequalities.

The goals set out in this strategy have been developed on the basis of best available evidence and local engagement. We will engage staff and patients within Chelsea and Westminster—governors and executives, local Healthwatch organisations, Clinical Commissioning Groups and local authorities. These partners are crucial to the successful delivery of this strategy.
As of April 2013, the responsibility for public health and some health service commissioning passed to local authorities. Clinical Commissioning Groups took on the responsibility for commissioning local health services and Healthwatch now holds the mechanisms for ensuring that the public voice is at the heart of these plans.

Health and Wellbeing Boards are the forum where these organisations come together to provide oversight of plans to improve health and wellbeing in each borough. They ensure that the recommendations of the Joint Strategic Needs Assessment (JSNA) of each borough are acted on, and the social, environmental and lifestyle determinants of health are addressed.

Chelsea and Westminster will forge close links with Health and Wellbeing Boards in Hammersmith and Fulham, Kensington and Chelsea, Wandsworth and Westminster.

We have established a Health and Wellbeing Steering Group with executive-level representation to provide oversight of this strategy and to mirror the work of the borough-based Boards.

We anticipate that these Boards will work in an iterative fashion allowing our participation in borough priorities and providing opportunities for the Trust to share its plans and health and wellbeing intelligence.

We will work closely with Directors of Public Health and their teams in each borough to manage this process and share information.

Membership of our Health and Wellbeing Steering Group include:

- Chief Executive
- Governors
- Medical Director
- Director of Nursing
- Director of HR
- Associate Medical Director of Accountable Care Group
- Head of Corporate Affairs
- Staff and Patient Engagement Manager
- Healthwatch representative
- Clinical Commissioning Group representative
- Local Authority Public Health representative
- ChelWest Public Health lead

The below diagram illustrates how the Health and Wellbeing Steering Group is embedded into the Trust’s committee structure (as taken from the Quality Accounts 2012/13).
Our goals

1. Work in partnership with NHS, local authority, third sector and academic partners to best meet the needs of our population

- The cornerstone of this Health and Wellbeing strategy is to ensure that the care we deliver is aligned with our population’s health and wellbeing needs and improves outcomes. JSNAs are the mechanism by which Local Authorities and Clinical Commissioning Groups set their commissioning intentions.

- Borough-level Health and Wellbeing Boards provide oversight of these commissioning intentions to ensure they adequately address the current and emerging needs of the local population and to mitigate the effects of fragmented service arrangements.

- It is therefore essential that there is an ongoing dialogue between Chelsea and Westminster and the local Health and Wellbeing Boards to share intelligence about planned changes to services, and to proactively understand and tackle local priorities.

- The way that healthcare is commissioned and delivered is changing. We must move from an outdated model of volumes-based service provision to a values-based model in order to meet the demographic and financial challenges faced by the NHS.

- We believe we can best meet these challenges by joining with community partners to develop an Accountable Care Group (ACG). The premise of the ACG is that expertise from primary care, community care, mental healthcare, specialist care and social care will combine to deliver services appropriate to population needs, free of organisational boundaries.

- With commissioning moving towards a capitated payment model, the ACG is incentivised to support people to lead healthy and productive lives for as long as possible.

- We believe this approach will achieve the triple aim of improved patient satisfaction, improved patient outcomes and improved efficiency.

- This approach to healthcare delivery recognises that many of the solutions may lie outside the medical model. For example, social isolation may drive attendance in healthcare settings where the needs may be more appropriately met through community asset approaches, such as befriending services or time banking.

- The role of self-care and expert patients is also critical to supporting patients to take control of their condition and to build self esteem—an important protective factor for health.

- We will engage with third sector partners to ensure our patients’ needs are met comprehensively. Improving communication between provider settings is fundamental to integrated care and we will prioritise implementation of the Single Electronic Record to support this.

- We will also engage with academic partners to ensure that these new ways of working are evidence-based, and that we monitor and evaluate everything we do as part of ongoing service improvement.
Our goals

What will we do?

• Actively engage with local Health and Wellbeing Boards to facilitate information sharing and joint working

• Work with health and social care partners in the development of an ACG model, which realigns incentives to better support the delivery of population health outcomes

• Prioritise implementation of the Single Electronic Record

• Explore interventions outside the medical model that can more comprehensively meet the needs of our population

• Support the JSNA programme with provision of data and intelligence

• Embed a monitoring and evaluation culture in our delivery of health and wellbeing interventions at Chelsea and Westminster to inform ongoing service improvement

2. Establish an environment and culture that addresses the determinants of good health

Social and environmental determinants are the underlying causes of health outcomes and health inequalities. We have privileged access to information about these wider determinants and the impact they are having on health in our local population. For example, clusters of asthma exacerbations from residents living in the same housing estate could be tracked back to a mould problem. The families of patients seen in bariatric services may be struggling with the same risk factors that led to the patient’s obesity problem. There is a role for responsible action in these and other instances.

Changing staff and service behaviour to include preventative as well as curative care requires a cultural shift. We are grateful to have the opportunity of working with our public health colleagues who have developed a programme of training within the local authorities to support staff to capture these ‘public health moments’.

Identifying health and wellbeing champions is a proven way of identifying interested personnel within an organisation who can help disseminate learning and practice in their respective areas. This is one approach of shaping culture from within.

The healthcare environment also plays a role in determining the degree to which the causes of ill-health can be prevented. For example, the current obesity epidemic in the UK has been ascribed in no small part to the obesogenic environment in which we live, which promotes high energy intake and sedentary behaviour. We will shape our environment to nudge people into making healthier choices where available.

What will we do?

• Identify and train health and wellbeing champions throughout the trust

• Work with our local authorities to find solutions to the causes of the causes of ill-health

• Establish a trust-wide Healthy Environment Policy that includes consideration of healthy food, health promotion information, smoke-free hospital site and links to the trust’s Travel Plan for active travel
3. Make every contact count

Behaviour change theory proposes that ‘trigger’ events cause people to move along the behaviour change cycle towards successful and sustained behaviour modification. Experiencing an ill-health event that results in contact with health services can often act as such a trigger, particularly as certain behaviours, such as smoking or a sedentary lifestyle, are proven to have serious adverse consequences for health. Every interaction with health services therefore has the potential to be a teachable moment.

Chelsea and Westminster has a number of screening and referral mechanisms in place, including alcohol liaison services, nutritional screening and dementia screening. Throughout our sexual health service department, staff are trained in motivational interviewing to encourage secondary prevention of risky sexual health behaviours.

We want to scale-up this work across the hospital and across the five highest risks to health: smoking, diet, physical activity, alcohol consumption and mental wellbeing. We will provide a ‘call to action’, providing links to services in the community that support lifestyle change. We will link with local boroughs to ensure that appropriate referrals are made according to borough of residence, in order that patients will receive the support they need closer to home so that new lifestyles can be incorporated into their daily routine more easily.

In addition to referral mechanisms, we appreciate the importance of brief interventions for behaviour change within the Trust setting. We have a smoking cessation service within the hospital which operates 2 days per week and also delivers brief intervention training to staff. In the last year 153 patients attended this service, of which 55 successfully quit smoking. This service is now only available to residents of the Triborough. We need to find ways to offer smoking cessation to all our patients, and to offer brief interventions within our services.

What will we do?

• Incorporate lifestyle factors as part of the initial assessment and care plan of patients to ensure systematic assessment of patients’ prevention needs

• Establish an e-referral mechanism as a ‘call to action’ following this initial assessment, in order that patients can receive the behaviour change support they need at a place close to home and in accordance with the local public health commissioners

• Promote empathetic and effective assessments of lifestyle through a programme of motivational interviewing and brief intervention training for all staff

• Monitor recording and referral patterns throughout the trust to promote service quality improvement and increased uptake of services over time

• Find ways of delivering a universal smoking cessation service within the trust
4. Support and promote the health and wellbeing of our staff

As a responsible employer, CWFT is committed to investing in the health and wellbeing of its staff. This involves providing meaningful roles for our staff over which they have control, supporting managers to support their staff, providing opportunities for ill-health prevention, taking early action and supporting staff who become unwell. We believe this is the most effective way of embedding a health-promoting ethos in our work. Our belief is borne out by the litany of recent research evidencing the positive impact on trust performance, patient satisfaction and staff absence of promoting staff health and wellbeing.\(^1\),\(^8\),\(^9\),\(^10\),\(^11\).

There are a number of policies in place to protect and promote the health of staff, including flexible working, breastfeeding at work, stress management and active travel plans. There are services available to staff including body MOTs, exercise groups and counselling. We want to build on this by shaping our policies and staff services so that they are proactive, preventative and systematic.

**What will we do?**

- Provide rewarding roles and development opportunities to our staff at all levels in the organisation
- Ask staff what is important to them to improve their health and wellbeing in the workplace
- Support managers to promote health and wellbeing in their staff and to identify and act on early signs of ill-health
- Take early action on the signs of mental ill-health and musculoskeletal problems in our staff: our two biggest causes of sickness absence
- Develop nudge policies to encourage healthy food choices and physical activity as part of the working day
### Alignment of our objectives

<table>
<thead>
<tr>
<th>Health and Wellbeing objective</th>
<th>WHO HPH standard</th>
<th>Corporate objective</th>
<th>Strategic priorities 2013/14</th>
</tr>
</thead>
</table>
| 1. Work in partnership with local NHS, local authority, third sector, and academic partners to best meet the needs of our population | 1. Management policy  
3. Patient Information and Intervention  
5. Continuity and Cooperation | 2. Improve the patient experience  
3. Deliver excellence in teaching and research  
4. Ensure financial and environment sustainability | 1. To deliver services that are accountable for population health outcomes |
| 2. Establish an environment and culture that addresses the determinants of good health | 1. Management policy  
2. Patient Assessment  
3. Patient Information and Intervention  
4. Promoting a Health Workplace | 1. Improve patient safety and clinical effectiveness  
2. Improve the patient experience  
3. Deliver excellence in teaching and research | 1. To deliver services that are accountable for population health outcomes  
2. To integrate services inside and outside of hospital  
4. To embed a relentless focus on improving safety, patient experience, clinical effectiveness and operational efficiency |
| 3. Make every contact count | 1. Management policy  
2. Patient Assessment  
3. Patient Information and Intervention | 1. Improve patient safety and clinical effectiveness  
2. Improve the patient experience  
3. Deliver excellence in teaching and research | 1. To deliver services that are accountable for population health outcomes  
2. To integrate services inside and outside of hospital  
3. To provide the right mix of unscheduled and scheduled services |
| 4. Support and promote the health and wellbeing of our staff | 1. Management policy  
4. Promoting a Health Workplace | 1. Improve patient safety and clinical effectiveness  
2. Improve the patient experience  
3. Deliver excellence in teaching and research  
4. Ensure financial and environment sustainability | 1. To deliver services that are accountable for population health outcomes  
4. To embed a relentless focus on improving safety, patient experience, clinical effectiveness and operational efficiency |
Our three-year plan

1. Work in partnership with local NHS, local authority, third sector, and academic partners to best meet the needs of our population

Year 1 2014/15
- engage Health and Wellbeing Boards
- develop ACG business case
- implement Single Electronic Record in A&E
- build links with third sector
- contribute to JSNA process
- develop health and wellbeing champions training programme
- establish health and wellbeing champions forum
- develop healthy environment policy
- develop Social Impact Bond approach to smoking cessation
- pilot volunteer smoke-free champion programme
- deliver training in brief interventions to priority areas
- alcohol pathway development
- develop staff health and wellbeing strategy
- staff engagement in priorities for health and wellbeing
- establish monitoring and evaluation mechanisms for staff programmes

How will we measure our progress?

A detailed action plan and SMART objectives will be developed and progress reported into the local Health and Wellbeing Boards.

If you would like to discuss Health and Wellbeing at Chelsea and Westminster, please contact the public health lead by emailing publichealth@chelwest.nhs.uk.
Notes
References


2. Hart JT. *The Inverse Care Law.* Lancet. 1971. i:405-12


