

Committee Agenda



City of Westminster



THE ROYAL BOROUGH OF
**KENSINGTON
AND CHELSEA**

Title: **Health & Wellbeing Board**

Meeting Date: **Thursday 29th November, 2018**

Time: **4.00 pm**

Venue: **The LookOut, Hyde Park, London, W2 2UH**

Members:	Councillor Heather Acton (Chairman)	WCC - Cabinet Member for Family Services and Public Health
	Councillor David Lindsay (Chairman)	RBKC - Lead Member for Healthy City Living
	Councillor Sarah Addenbrooke	RBKC - Lead Member for Adult Social Care
	Councillor Emma Will	RBKC - Lead Member for Families, Children and Schools
	Councillor Nafsika Butler- Thalassis	WCC - Minority Group Representative
	Dr Neville Pursell	Central London Clinical Commissioning Group
	Dr Andrew Steeden	West London Clinical Commissioning Group
	Melissa Caslake	Bi-Borough Children's Services
	Olivia Clymer	Healthwatch Westminster
	Angeleca Silversides	Local Healthwatch RBKC
	Dr David Finch	NHS England
	Bernie Flaherty	Bi-Borough Adult Social Care
	Andrew Howe	Bi-Borough Interim Director of Public Health
	Dr Naomi Katz	West London Clinical Commissioning Group
	Detective Inspector Iain Keating	Metropolitan Police
	Detective Chief Inspector Seb Adjei-Addoh	Metropolitan Police
	Hilary Nightingale	Westminster Community Network
	Maria O'Brien	Central and North West London NHS Foundation Trust

Clare Robinson
Basirat Sadiq

Jennifer Travassos
Spencer Sutcliffe

Imperial College NHS Trust
Central London Community
Healthcare NHS Trust
Housing and Regeneration
London Fire Brigade



Members of the public are welcome to attend the meeting and listen to the discussion Part 1 of the Agenda

If you have a disability and require any special assistance please contact the Committee Officer (details listed below) in advance of the meeting.

If you require any further information, please contact the Committee Officer, Tristan Fieldsend Committee and Governance Officer.

**Tel: 7641 2341; Email: tfieldsend@westminster.gov.uk
Corporate Website: www.westminster.gov.uk**

Note for Members: Members are reminded that Officer contacts are shown in each report and Members are welcome to raise questions in advance of the meeting. With regard to item 2, guidance on declarations of interests is included in the Code of Governance; if Members and Officers have any particular questions they should contact the Director of Law in advance of the meeting please.

AGENDA

PART 1 (IN PUBLIC)

1. MEMBERSHIP

To report any changes to the Membership of the meeting.

2. DECLARATIONS OF INTEREST

To receive declarations of interest by Board Members and Officers of any personal or prejudicial interests.

Part A - Health and Wellbeing Board Priorities

3. LONELINESS IN WESTMINSTER AND RBKC

To receive a report that provides an overview of the issue of loneliness and social isolation in the two Boroughs.

(Pages 5 - 10)

4. ROYAL PARKS WORK TO TACKLE LONELINESS

To receive a verbal update on the work undertaken by Royal Parks to tackle loneliness.

5. SELF CARE (WL CCG)

To receive a report providing an update on the WLCCG self-care programme.

(Pages 11 - 16)

6. DISCUSSION ABOUT LONELINESS TO FEED INTO THE DRAFT WELLBEING JSNA FOR WESTMINSTER AND RBKC

The Board to discuss how loneliness feeds into the draft Wellbeing JSNA for Westminster and RBKC.

Part B - Other Important Items Sponsored by the Board

7. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT: THE HEALTH AND WELLBEING OF YOUNG PEOPLE IN KENSINGTON & CHELSEA AND WESTMINSTER

The Board to receive a report providing an update on progress on

(Pages 17 - 60)

the annual report of the Director of Public Health for 2017-18, referred to as the Annual Public Health Report (APHR).

Part C - Monitoring - Statutory Items / Other

8. ITEMS FOR OFFLINE REVIEW

To discuss the following items for review:

- Health-Based Places of Safety
- Adults Safeguarding Paper
- Updated HWBB Meeting Map
- Winter Planning

Part A - Health and Wellbeing Board Priorities

9. DEMENTIA FRIENDS INFORMATION SESSION

The Board to receive a Dementia Friends training session.

10. ANY OTHER BUSINESS

The Board to consider any other business which the Chairman considers urgent.

Stuart Love
Chief Executive
21 November 2018



City of Westminster



THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA

Westminster Health & Wellbeing Board

RBKC Health & Wellbeing Board

Date:	29 November 2018
Classification:	General Release
Title:	Loneliness and social isolation in the two Boroughs
Report of:	Director of Public Health
Wards Involved:	All
Financial Summary:	Not applicable
Report Author and Contact Details:	Colin Brodie E: cbrodie@westminster.gov.uk T: 02076414632

1. Executive Summary

- 1.1 This paper aims to provide an overview of the issue of loneliness and social isolation in the two Boroughs, and to encourage a discussion on what actions the Health and Wellbeing Boards, and their constituent organisations, can take to collectively prevent and tackle this issue.
- 1.2 Feedback from the discussions will be used to inform the Mental Health and Wellbeing JSNA currently in progress.

2. Key Matters for the Board

- 2.1 We would like to invite the RBKC and Westminster Health and Wellbeing Boards to discuss loneliness and social isolation across the two boroughs. In particular, the Board is invited to consider the following in both RBKC and Westminster:
 - What is your experience of tackling loneliness in your organisations or service areas?

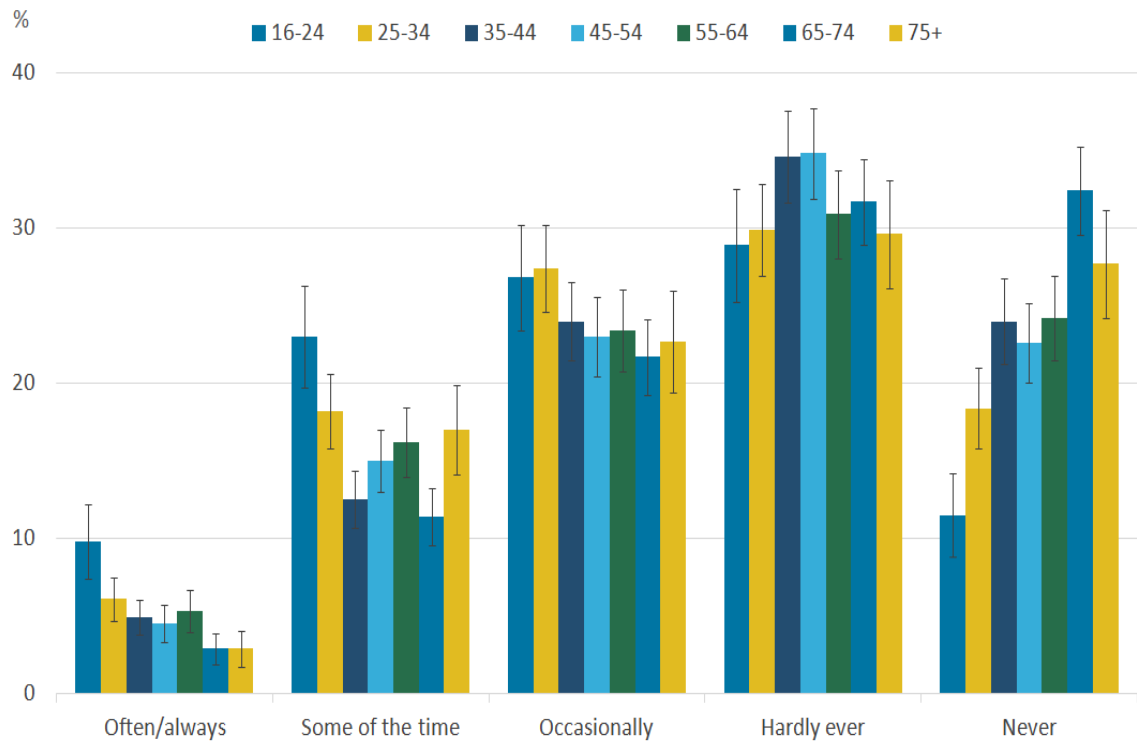
- Do you know of any local success stories for tackling loneliness?
- Have you any particular areas or groups of concerns?

3. Background

3.1 The terms loneliness and social isolation are often used interchangeably, although they are not exactly the same thing. Isolation is when you feel separated from other people and your environment. Loneliness is a feeling of sadness or distress as a result of being by yourself or feeling disconnected from the world around you. Even when surrounded by people, it is possible to feel lonely.

3.2 Loneliness and isolation occur across the life course:

- During pregnancy, one in five women lack support networks and a new mother who is socially isolated is more likely to suffer from depression.
- In 2016/17 young adults aged 16 to 24 years reported feeling lonely more often than those in older age groups. This is highlighted in the annual report of the Director of Public Health, which is currently in development and focuses on young people.
- While adults of working age are less likely to report loneliness, experiences and life transitions, such as unemployment, can lead to loneliness and social isolation.
- It is estimated that 10% of over 65s are lonely. This is closely associated with events such as retirement, becoming less mobile, and the death of a spouse.
- Recent analysis (2016/17) by the Office for National Statistics describe the characteristics associated with loneliness, including reported frequency of loneliness by age group:



3.3 Loneliness and social isolation have a negative impact on health and wellbeing outcomes, and increases the risk of ill-health as much as smoking 15 cigarettes a day.

3.4 People that are lonely are more likely to visit their GP, use A&E services, have higher medication use, and higher incidence of falls.

4. Strategic context

National

4.1 In October 2018 the government launched their first loneliness strategy. The Government’s vision is for the UK to be a place where we can all have strong social relationships and where loneliness is recognised and acted on without stigma or shame.

4.2 To achieve this requires a society-wide change. The strategy sets out how government, local authorities, businesses, health, the voluntary sector, communities and individuals can all help to build a more socially connected society.

4.3 Three overarching goals guide the government’s work on loneliness.

- to improve the evidence base to better understand what causes loneliness, its impacts and how best to tackle it.
- to embed loneliness as a consideration across government policy.
- to build a national conversation on loneliness, to raise awareness of its impacts and to help tackle stigma.

4.4 The strategy builds on previous governmental announcements to tackle loneliness. In June 2018, the Prime Minister announced £20m of funding to support voluntary, community and charitable organisations to tackle loneliness. Since June, the Prime Minister also announced the Ageing Society Grand Challenge, as part of government's Industrial Strategy.

4.5 Social prescribing is a cornerstone of the strategy. By 2023, government will support all local health and care systems to implement social prescribing connector schemes across the country, supporting government's aim to have a universal national offer available in GP practices.

The Health Secretary confirmed the government's commitment to tackling loneliness and social isolation in the policy paper "Prevention is better than cure: our vision to help you live well for longer" (on 5 November 2018). The vision for putting prevention at the heart of the nation's health include reducing loneliness and social isolation, and making social prescribing available in every local area by 2023.

Local

4.6 Both the Westminster and RBKC's joint Health and Wellbeing Strategies outline commitments to tackle loneliness in each borough.

4.7 The Westminster Health and Wellbeing Strategy acknowledges that positive social interactions are crucial to mental and physical health and wellbeing and sustained loneliness and lack of interaction with others can lead to poorer mental and physical health. The strategy commits health and social care services to work closer together with partners and communities to minimise loneliness and isolation.

4.8 The RBKC Health and Wellbeing Strategy similarly recognises the role of social interaction in supporting good health. The strategy includes the commitment of health and social care partners to encourage partnership working between community and voluntary services, the NHS and local authorities to put in place strategies that will reduce social isolation and loneliness in the community.

5. Initiatives to tackle loneliness in Westminster and RBKC

- 5.1 While both Westminster and RBKC have strong and diverse communities, they also have some of the highest population 'churn' rates (migration in and out of the Borough) in London. This can make it difficult for social bonds to develop among residents in areas with high churn rates.
- 5.2 45% (Westminster) and 27%(Kensington and Chelsea) of all households are one person households. Living alone correlates with social isolation, although it should be noted that those who live with others but cannot leave their homes can also have limited social contact.
- 5.3 It is estimated that around 10% of the population aged over 65 is lonely. The two Boroughs have a larger proportion of people aged over 65 than the national average (10%). In Westminster, this is 12% and in Kensington and Chelsea it is 15%.

6. What works to prevent and tackle loneliness and social isolation

- 6.1 A holistic approach to addressing the health and wellbeing needs of residents or patients, such as the My Care, My Way model.
- 6.2 Community-based interventions that focus on activities that can be shared, and bring people together in an appropriate way. Local examples of this include the choirs involved in the Sing to Live, Live to Sing! and Westminster Sings initiatives.
- 6.3 Menin Sheds is an example of an initiative specifically aimed at combatting loneliness and building friendships amongst men, who often find it more difficult to build social connections and discuss health and personal concerns.
- 6.4 Planning the built and natural environment to provide community space and increase opportunities for connectedness.
- 6.5 One-to-one interventions, such as befriending and mentoring, can reduce loneliness and social isolation.
- 6.6 Technology based interventions, such as videoconferencing, computer training and regular use of the internet has had generally positive effects although the value of social networking is less clear.

7. Legal Implications

- 7.1 There are no legal implications arising from this report. Any future legal implications will be referred to the appropriate decision making body. Hazel Best, Principal Lawyer, 020 7641 2955

Implications completed by: Hazel Best, Principal Lawyer, 020 7641 2955

8. Financial Implications

- 8.1 There are no financial implications arising from this report. Any future financial implications identified as a result of the report will be presented to the appropriate Board(s) and governance channels in a separate report.

Implications completed by: Richard Simpson, Finance Manager, 020 7641 4073

**If you have any queries about this Report or wish to inspect any of the
Background Papers please contact:**

Colin Brodie

cbrodie@westminster.gov.uk

Telephone: 02076414632

APPENDICES:

None

BACKGROUND PAPERS:

None



City of Westminster



THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA

Westminster Health & Wellbeing Board

RBKC Health & Wellbeing Board

Date:	29 November 2018
Classification:	General Release
Title:	Update on Self-care
Report of:	<i>WLCCG Self Care Programme Update</i>
Wards Involved:	K&C, QPP
Policy Context:	
Report Author and Contact Details:	<i>Kalwant Sahota, Self Care & Third Sector Commissioning</i> Kalwant.sahota@nhs.net

1. Executive Summary

1.1 The aim of the Self-Care approach within West London CCG, for whole population groups as part of the 'Whole-Systems' initiative and in particular the integrated 'My Care, My Way' (MCMW) programme, is to increase patient confidence in making informed decisions about their health. Simple lifestyle changes and new healthy habits and goals are encouraged. As a consequence, Self-Care is expected to positively contribute to patients' confidence and motivation, which in turn is expected to contribute towards a long-term reduction in use of primary, secondary, and some tertiary care services.

- Centred around the holistic needs of the service users and their Carers, involving them in all decisions while providing with simpler access and a shared care plan.

- Personalised and tailored to changing health as well as social needs, covering planned as well as reactive needs and one that empowers self-care.
- Has a clear point of accountability (both for clinical and non-clinical outcomes) with a core team that reflects user's needs.
- Is supported by a number of local operational bases, where joint teams work on a day-to-day basis coordinating the care and tracking outcomes.
- Helps co-ordinate the services (via the base) as needed from different organisations, on behalf of the service users and their carers.
- Is brought together by an accountable partnership of organisations commissioned to deliver a single set of outcomes with shared systems and incentives.

1.2 Key initiatives have been developed in order to support the self-care agenda. These follow the NWL self-care commissioning framework, and includes:

- Commissioning a social prescribing programme
- Activating the workforce
- Improving provision and quality of information
- Commissioning an activation tool
- Develops a borough wide, third sector infrastructure

2. Key Matters for the Board

2.1 The following provides the board an update on the WLCCG self-care programme:

- Commissioned social prescribing scheme to support older adults as part of the integrated care programme to access self-care activities delivered by the community/voluntary sector. This programme has seen improved patient activation levels for patients as well as a Social Return on Investment of £2.80 on every £1 spent.
- Development of self-care videos covering sustainable skills for the local population to improve their overall health and wellbeing, these include chair yoga; 5 ways of wellbeing; 5 breath breathing and volunteering. These videos are to be uploaded onto the all GP practices and community information screens.

- Community Screens – set up of community TV screens in high footfall areas to promote the self-care videos and other key self-care messages. 10 Community Screens have been installed including Stowe Centre; Venture Centre; Al Manaar; Beethoven Centre, Citizens Advice Centre, ATM - Anti-Tribalism Movement, Paddington Arts, QPG Community Hub and Dalgarno Trust.
- 5 breath breathing – half day training delivered to frontline health staff, community and voluntary sector organisations. This is an evidence based method to support a person to learn to improve their breathing to reduce stress and anxiety levels.
- Art and Well Being – development of key art displays in NHS venues designed and made by local people. Installations include art work in St Charles Centre for Health and Well Being as well as Violet Melchett Integrated Care Centre.
- Gardening Project – working with local GP practices, a project will initially start in early 2019 to develop the areas outside the Urgent Care Centre at St Charles to provide sustainable food.
- Paddington Development Trust – specific work to support work in and around north Westminster to promote self-care, which includes linking with GP practices to offer signposting for patients to self-care activities; monthly pop-up events in and around Harrow Road, self-care coffee mornings, pilates at Beethoven Centre and the annual ‘Spring Into Health Event’.
- Health Help App Now – currently in development with the core app being launched in late Nov with a social prescribing element and digital PAM offer from 2019. This is a digital platform to enable patients to access health information and signposting into key services to support their health and well-being.
- Digital Health offer - roll out of specialist health apps to support patients in areas such as diabetes, COPD, sleep and managing migraines.
- Yoga4health Programme - 10 week evidence based programme to support those at risk of social isolation, stress, anxiety, depression, type II diabetes and CVD. At present 8 cohorts have been delivered including sessions across the WLCCG geographical footprint.
- Third Sector Transformation Programme – investment with umbrella infrastructure organisation KCSC to support the third sector to be part of the changing NHS landscape to provide a comprehensive package to the local population on health and well being.

3. Background

- 3.1 Empowering people with the confidence and information to look after themselves when they can, and to only visit the GP when they need to, gives people greater control of their own health and encourages healthy behaviours that assist in the prevention of ill health in the long-term. In many cases people can take care of their own minor ailments, reducing the number of GP consultations needed and enabling GPs to focus on caring for higher risk patients.
- 3.2 More cost-effective use of stretched NHS resources allows money to be spent where it's most needed and improve health outcomes. Furthermore, increased personal responsibility around healthcare helps improve people's health and wellbeing and better manage long-term conditions when they do develop. This will ultimately ensure the long-term sustainability of the NHS.
- 3.3 Around 80% of all care in the UK is self-care. The majority of people feel comfortable managing everyday minor ailments like coughs and colds themselves; particularly when they feel confident in recognising the symptoms and have successfully treated using an over-the-counter (OTC) medicine before.
- 3.4 On average, people in the UK experience nearly four symptoms every fortnight, the three commonest being feeling tired or run-down, headaches and joint pain. Most of these are managed in the community without people seeking professional healthcare.
- 3.5 Often just simple changes aimed at meeting the needs of local communities can be very effective at encouraging increased self-care. These include giving patients the information they need to care for their common ailments and to make healthy lifestyle choices, signposting people to the right local services and outreach work to provide health advice in non-traditional settings such as community centres, libraries and job centres.
- 3.6 Self-care has progressively gained widespread support from healthcare professionals and from key organisations in primary care. More than nine out of ten GPs also now believe that self-care by patients has an important role to play in general practice (quoted at the National Social Prescribing course by National Chair and Health Minister and at Self Care Forum).
- 3.7 Following the launch of the report 'Self-care: An ethical imperative' in 2010, momentum for the campaign has grown, leading to the inception of the Self Care Forum in 2011. NHS England is a partner in the Forum, as are a number of

eminent GPs and organisations including the Royal College of Nursing (RCN) and the National Association for Patient Participation (NAPP).

4. Options / Considerations

4.1 *n/a*

5. Legal Implications

5.1 *n/a*

6. Financial Implications

6.1 Current WLCCG investment:

- £239,000 Social Prescribing Programme

**If you have any queries about this report or wish to inspect any of the
Background Papers please contact:**

Kalwant Sahota Self Care and Third Sector Commissioning Manager

Email: kalwant.sahota@nhs.net

Telephone: 020 3350 4356

APPENDIX 1

A new **Social Return on Investment** (SROI) report has been produced by **Envoy Partnership** who were commissioned to conduct research to evaluate the impact of the model and analyse the Self-Care social prescribing model. The report demonstrates that the model has led to reduced avoidable need for hospitalisations, reduced need for GP practice hours, and reduced levels of physical pain and depression for patients.

This Self-Care social prescribing model and directory of services is managed by **Kensington and Chelsea Social Council** (KCSC) on behalf of **West London Clinical Commissioning Group** (WLCCG).

The general aim of Self-Care is to increase patient confidence in making informed decisions about their health, and increase lifestyle changes and new healthy habits, through accessing more community-based support sessions. The model forms part of WLCCG integrated '**My Care, My Way**' (MCMW) programme, which places over-65s at the heart of a personalised and holistic care and support plan.

The Self-Care social prescribing model enables GP practice staff to refer patients with a nonmedical health and wellbeing need onto appropriate specialist services from the voluntary and community sector (VCS).

Patients are provided with a personal consultation with a Case Manager or Health and Social Care Assistant at their GP practice, to identify their needs, interests, and goals. One option available is for the patient to be prescribed a service on the Self-Care directory. Patients are contacted by the service provider within a week to arrange their sessions and work on their progression.

Key results of the SROI report include:

- **£2.80 of social value created per £1 invested**
- **Circa 11.5% reduced hospital admissions**
- **1300 patients were reached in 2017**

The full report can be found at: <http://mycaremyway.co.uk/self-care-social-prescribing/>

Self Care Directory

<https://www.kcsc.org.uk/self-care-directory>

<https://www.kcsc.org.uk/h-w/self-care>



City of Westminster



THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA

Westminster Health & Wellbeing Board

RBKC Health & Wellbeing Board

Date:	29 November 2018
Classification:	General Release
Title:	Annual Report of the Director of Public Health
Report of:	Director of Public Health
Wards Involved:	All
Financial Summary:	Not applicable
Report Author and Contact Details:	Colin Brodie, Public Health Knowledge Manager cbrodie@westminster.gov.uk

1. Executive Summary

- 1.1 This paper updates the Board on progress on the annual report of the Director of Public Health for 2017-18, referred to as the Annual Public Health Report (APHR), and presents a draft version of the report for consideration by the Health and Wellbeing Board.

2. Key Matters for the Board

- 2.1 The Health and Wellbeing Board are invited to discuss and consider the findings and the recommendations in the report. In particular, the Board are invited to consider how the organisations and service areas they represent can take forward and implement the recommendations set out in section 5.5 of this report.

3. Background

3.1 The Director of Public Health (DPH) has a statutory requirement to produce an independent Annual Public Health Report (APHR). This report is the DPH's statement about the health of local communities. The report:

- Contributes to improving the health and wellbeing of the local population
- Addresses health inequalities;
- Promotes action for better health through measuring progress towards health targets and
- Assists with planning and monitoring of local programs and services that impact on health over time.

3.2 The theme for the 2017-18 report is the health and wellbeing of young people and the experience of living and growing up in the Borough.

4. Purpose and scope of the APHR

4.1 The purpose of the report is to provide an overview of the health and wellbeing of the Bi-Borough population, with a focus on the needs of young people aged 14-25 and to describe some key challenges and opportunities at this critical time in their lives.

4.2 The report has the following aims:

- To enhance the health and wellbeing of all young people in the Bi-Borough
- That the voice and experience of young people themselves drives this process

4.3 Underpinned by a population level needs analysis, the report features the voice of young people gathered through interviews, workshops, and case studies to tell their stories and describe the lived experience of young people growing up in the Boroughs. The report shares their suggestions to improve health and wellbeing for their generation, and future generations.

4.4 Crucially, the report builds on and complement existing work carried out across Westminster, and Kensington and Chelsea by the local authority, NHS and key partners, such as Children's Services, Young Westminster Foundation, and the Grenfell Needs Assessment.

5. Key themes and recommendations

5.1 The report identifies a number of key themes of primary concern to young people that affect their health and wellbeing:

- Mental health and wellbeing
- Daily pressures and challenges
- Crime and safety
- Physical health and wellbeing
- Social media
- Access to services and information
- The future
- Drugs, alcohol and smoking
- Sex and relationships

5.2 In addition, the report covers a number of important issues for young people which were not raised by the young people themselves. While it is important that the young people have driven the focus of this report, it is also important to acknowledge these challenges which may not have been raised due to engagement with a limited number of young people or because they are sensitive issues which young people may have been understandably reluctant to discuss.

5.3 The annual report is designed to be a call to action, and to highlight the importance of protecting and promoting the health and wellbeing of our young people. Furthermore, it contains an ambition for the health and wellbeing of young people and recommendations designed to achieve this.

5.4 The report sets out the following vision for young people across the two Boroughs.

By working together we strive to make the two Boroughs a place where young people grow up:

- Leading healthy and happy lives
- Feeling safe and secure
- Being a part of their community
- Having aspirations and ambitions for their future

5.5 A number of recommendations for leaders and partners across the health and care system have been developed throughout the process of collating and reviewing the quantitative and qualitative evidence that has fed into this report. These are:

Recommendation	Description	What young people said
Collaborative working	Build relationships so that the councils, organisations providing services for young people and communities work together in order to provide a cohesive and well considered approach to the health and wellbeing needs of young people. e.g. use community days to engage with the community around serious youth violence.	“We have a good community here and we have a good sense of community within the youth”
Engage with more young people in order to identify with further unmet need	Engage with further young people than the limitations of this report allowed, including those who don't engage with services, offering a representation of the diversity across the bi-borough. E.g. train young people in decision making whilst also discussing services they would like to see improved, so they have the capacity to make an impact in their local areas	“Engaging more with the community...you'll find a lot of people who say 'I'm not being heard”
Enable young people to build trusted relationships with services	Build trusted relationships to enable young people to open up about their concerns and give young people the confidence that those they have confided in will act in their best interests.	“We need mechanisms that make you feel like you're comfortable enough to talk about things”
Engage with young people through mediums they regularly access	Young people regularly asked for access to services which already exist across the bi-borough. Services and assets need to be advertised on platforms that young people use so they become aware of them.	“You know what the youth use, which is social media and things like that - if we target it towards a platform where it's accessible, I think that would be better”

5.6 In next year's annual report we will monitor progress on the views of young people expressed in the report through a You Said, We Did report.

6. Legal Implications

6.1 The Director of Public Health for a local authority must prepare an annual report on the health of the people in the area of the local authority Section (Section 31 (5) of the Health and Social Care Act, 2012). Westminster City Council has a duty to publish the report (Section 31 (6) of the Health and Social Care Act, 2012)

Implications verified/completed by: Hazel Best, Principal Lawyer, 020 7641 2955

7. Financial Implications

7.1 There are no financial implications arising from this report. Any future financial implications identified as a result of the report will be presented to the appropriate Board(s) and governance channels in a separate report.

Implications verified/completed by: Richard Simpson, Public Health Finance Manager, 020 7641 4073

If you have any queries about this Report or wish to inspect any of the Background Papers please contact:

Colin Brodie

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APPENDICES:

None

BACKGROUND PAPERS:

None

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DRAFT Annual Public Health Report

Working title: the health and wellbeing of
young people in Kensington and Chelsea, and
Westminster

2017-18

Version 7

20/11/2018

Foreword

Welcome to the annual public health report for 2017-18. This year the report focusses on the health and wellbeing of young people, and aims to describe some of the lived experiences of 14-25 year olds growing up in the London boroughs of Kensington and Chelsea, and Westminster.

Why focus on young people? Adolescence is a time of great change for all of us. It is when we develop physically and emotionally, when we make the transition from childhood through to adulthood, and our experiences shape our identity and the person that we become later in life. For many of the young people we spoke to growing up in the two Boroughs offers a rich and diverse experience with access to a wide range of opportunities. However, many young people will face challenges to their health and wellbeing.

Mental wellbeing is a key issue for young people. Concerns around exams and education, crime and gangs, and future employment all contribute to the stress and anxiety that they experience. Last year's report – 'Roads to Wellbeing' - looked at mental wellbeing across the different life stages, and many of the themes for young people are reflected in this year's report too. .

This is a time in our lives where changes that we make can have a long-lasting impact on our health and wellbeing. The Five Ways to Wellbeing is an evidence based framework which provides some key messages about how we can maintain and improve our mental wellbeing – *Connect, Be Active, Take Notice, Keep Learning, and Give*. Research by the Children's Society suggests that these messages are relevant for children and young people as well as adults.

However, it is also important that our young people feel safe and supported. One of the key messages from this report was the importance that young people placed in having someone they can trust to talk to and who will act on their behalf if needed. These trusted relationships enable young people to open up about their concerns and give young people the confidence that those they have confided in will act in their best interests.

The Bi-Borough is committed to giving children and young people the best start in life by delivering outstanding services that enable all children and young people to reach their full potential, including those who are most vulnerable. To achieve better outcomes for our young people we must work together, and so this report is also a call to action to partners and agencies to identify opportunities where we can work together with young people to address the challenges highlighted in this report.

Ensuring that the voice of young people is heard in decisions about their health and wellbeing is paramount. Over the next year we will monitor and report against the suggestions put forward in the 'You Said' sections of this report.

Dr Andrew Howe

Interim Director of Public Health

Profile of young people in our Boroughs

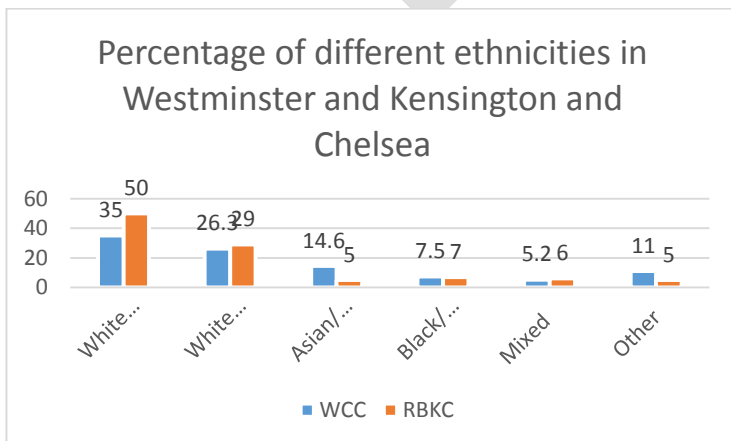
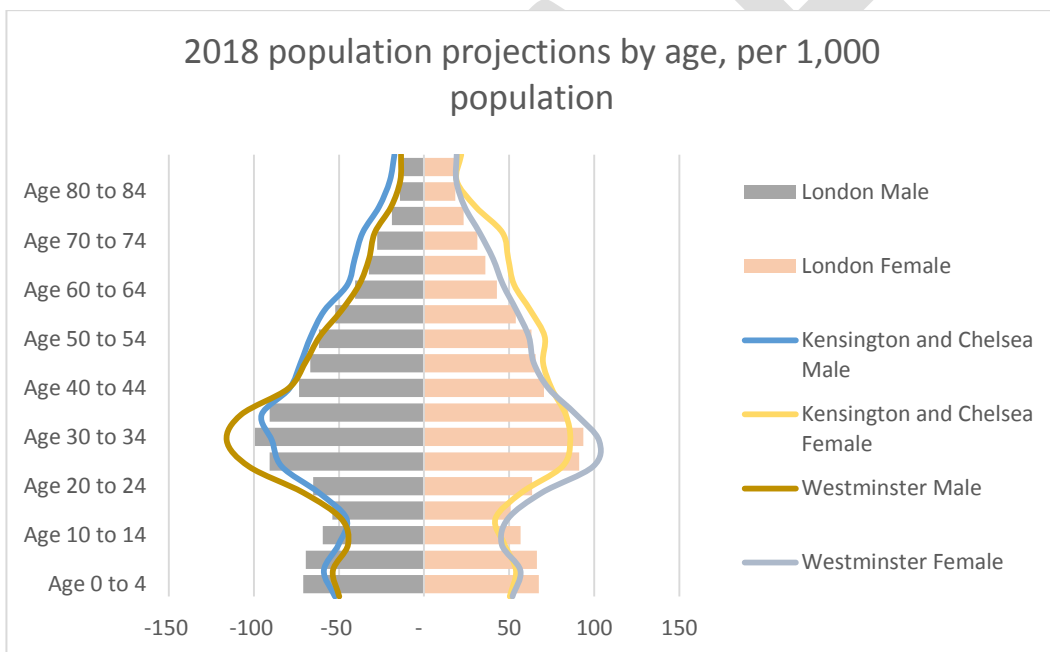
Both Kensington and Chelsea, and Westminster are incredibly diverse boroughs, with around half the population being born abroad. The young people we spoke to welcomed this rich diversity, and also recognised the impact that inequalities in ethnicity, gender, disability and other factors can have on health and wellbeing.

“Growing up on an estate knowing that 5 minutes away there’s another young person exactly the same as you, but they’ve sort of started off higher in life than you are, so I’m not saying it’s impossible to get to where they are but you have to work harder than they have to work to get to the same point”

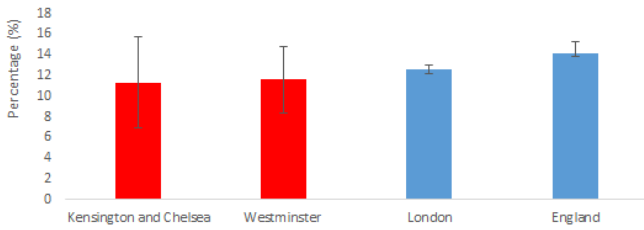
Design notes: the following data charts/tables on demographics and key stats/outcomes for young people will be presented as infographics over 1-2 pages

In Westminster there are 37,409 young people aged between 14-25

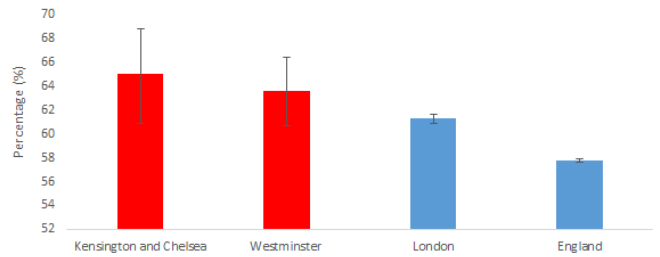
In Kensington and Chelsea there are 20,402 young people aged between 14-25



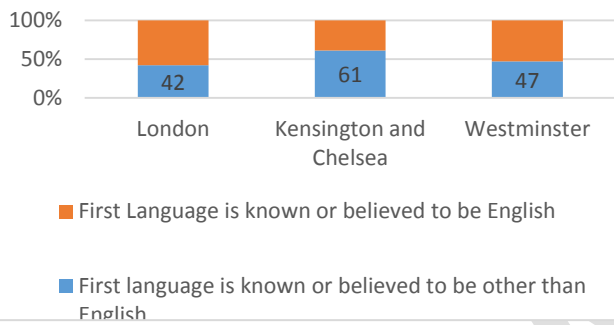
Percentage with a long-term illness, disability or medical condition diagnosed by a doctor 2014/15, amongst 15 year olds



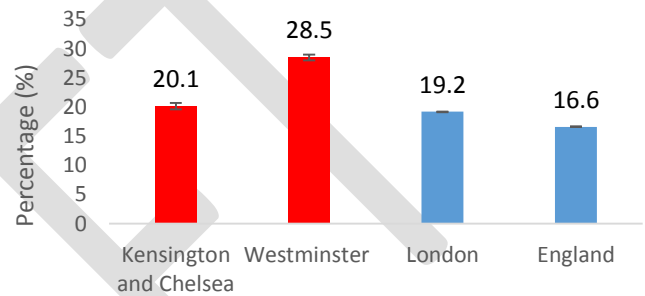
Percentage of all children with educational attainment (5 or more GCSEs), 2015/16



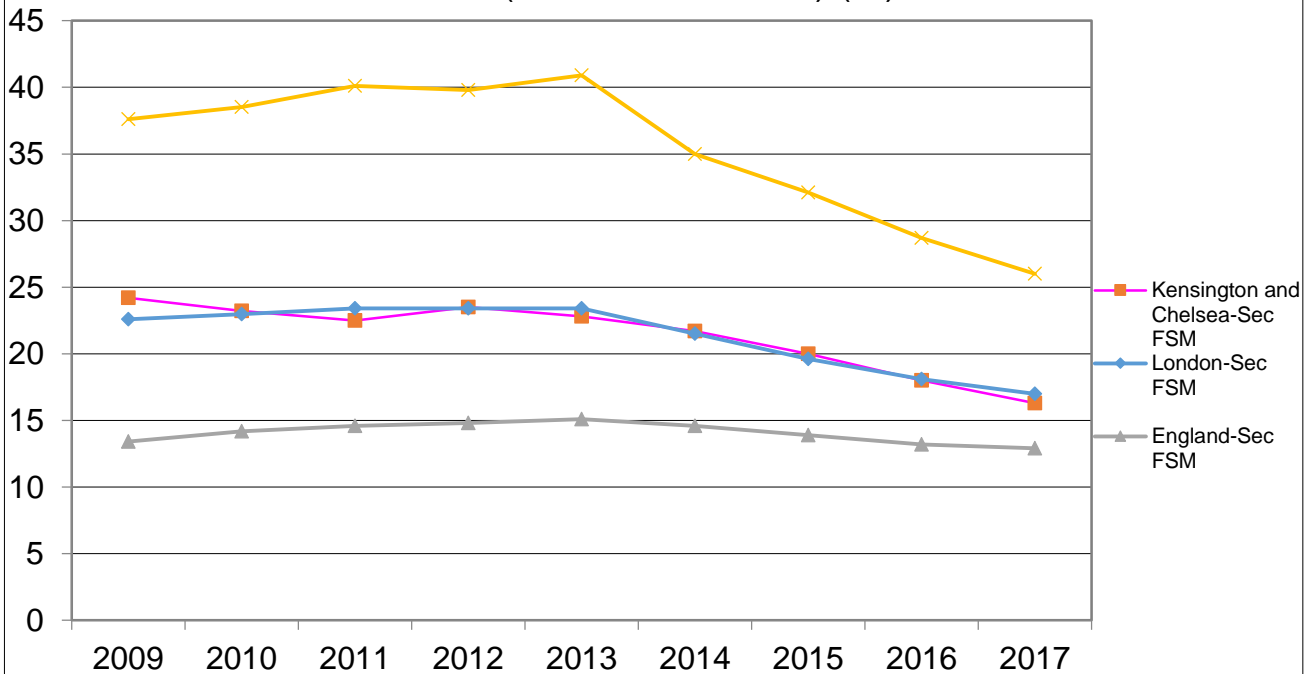
Secondary School Students by First Language 2017



Percentage of children under 20 in poverty, aged under 20 in 2015

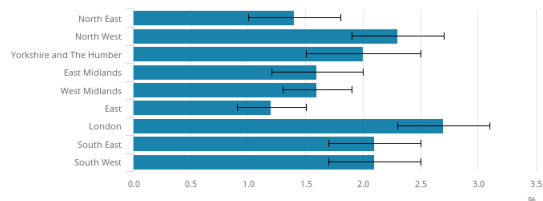


Percentage of secondary pupils eligible for and claiming FSM (free school meals) (%)



In 2016, around 2.7% of the population in London identified themselves as lesbian, gay or bisexual (LGB), the highest proportion of any English region. This could be explained by the younger age structure or the diversity of the population of London.

Figure 4: English region by gay or lesbian and bisexual population, 2016



Source: Office for National Statistics

Mental Wellbeing in 15 year olds: mean score on the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)

England	47.6
London	47.8
Kensington and Chelsea	48.6
Westminster	47.4

Percentage reporting positive life satisfaction; from What About Youth survey 2014 amongst 15 year olds

England	63.8
London	59.9
Kensington and Chelsea	62.8
Westminster	50.4

Religion

Code	Area name	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Any Other Religion	No Religion	Total
E09000020	Kensington and Chelsea	91,500 (59.3%)	-	2,000 (1.3%)	4,300 (2.8%)	22,300 (14.4%)	-	4,600 (3.0%)	29,600 (19.2%)	154,200 (100%)
E09000033	Westminster	97,300 (40.9%)	2,600 (1.1%)	5,800 (2.4%)	4,700 (2.0%)	52,500 (22.0%)	-	5,100 (2.1%)	70,200 (29.5%)	238,100 (100%)

Borough	% of Lone Parent Households with Dependent Children	Number of Lone Parent Households with Dependent Children
RBKC	4.8	3792
WCC	5.7	5982

Young people at risk

Whilst all young people can experience the challenges identified in this report, it is important to highlight that certain factors in a young person’s life may make it more likely for them to face these challenges than other young people. This may include (but are not limited to) having a long term illness; having a parent with mental health condition or problem with alcohol; bereavement or loss; experiencing discrimination; having caring responsibilities; being in care or a care leaver; or being in contact with the criminal justice system

Children in care and care leavers

People who are in, or have been in, care have been found to have some of the worst health, social, educational, and employment outcomes in our society. We know, for example, that around half of children in care have a mental health disorder, 10% have problematic alcohol use, 20% have problematic drug use, and around 50% of young female care leavers are mothers between the ages of 18-24.

Number of LAC age 14+ as at 31st March 2018		
	Total LAC aged 14 plus	Number of LAC that live in their respective borough
RBKC	59	17 (29%)
WCC	187	17 (9%)

Number of Care leavers as at 31st March 2018	
RBKC	143
WCC	175

Views of a care leaver: Taylor’s story

Taylor is a 19 year old care leaver, and has been an active member of the Children in Care Council for a number of years.

Taylor speaks highly of her experiences with the LAC (Looked After Children) Nurse when she was in care, and highlighted the importance of making it clear which services and support are on offer for young people when they turn 18 and are no longer seen by a LAC Nurse.

She also pointed out the need for care leavers to receive support with their mental health if they do not meet the threshold for adult’s services and are no longer seen by CAMHS. This message is reflected by other care leavers.

When asked recently about her experiences of health and wellbeing services on offer to her, Taylor expressed that she would like to know more about what is on offer to her in terms of help with gym access in Westminster. She thinks it would be beneficial to have free or discounted access for all care leavers, as it is important for young people to have an outlet and a way to stay healthy.

Taylor has recently become a mum and has praised the level of support that was offered to her by the hospital from various professionals and services when she gave birth. Taylor was surprised by the level of involvement from different services but spoke of feeling grateful to know that the support was there if she needed it.

Young people with a special educational need

The needs of young people with a special educational need (SEN) are complex and varied, and require daily support from a wide range of professionals and agencies. As well as the significant impact this has on the young person, families and carers experience high levels of stress. Social, emotional and mental health needs are the most common reason for SEN support in secondary school in both Boroughs¹. Speech, language and communication needs are also significant in this age group.

341 pupils in Westminster are receiving SEN support primarily for specific learning difficulties, as of January 2017 (1% of primary pupils, 1.9% of secondary pupils, and 9.8% of special school pupils). In Kensington and Chelsea there are 200 pupils receiving SEN support primarily for specific learning difficulties as of January 2017. (1.7% of primary pupils, 1.5% of secondary pupils and 0.8% of special school pupils)

Grenfell Tower and North Kensington

The fire at Grenfell Tower on June 14, 2017 had a devastating impact on many people. 71 people lost their lives in the fire and another resident died earlier this year. Many others have experienced trauma, loss and, displacement.

Over time this is likely to affect wider mental health, physical health, and in turn cause a range of social challenges including family breakdown, educational and employment challenges which will affect children and young people. North Kensington has a higher proportion (25%) of the population aged under 18 than compared to the whole of the Borough (17%).

The Local Authority is committed to developing a long-term recovery strategy with the local community around North Kensington and this work is progressing. For young people, schools will remain a major area of focus as many have been affected. Over 50 schools (both inside and outside the borough) have children who have been impacted by close family bereavement and/or displacement.

There is a strong commitment across many in the community that children's life chances should not be adversely impacted. We know that a successful community recovery must have children and young people at its heart.

It is important to understand the nature and scale of the impact of the disaster locally by implementing a long-term tracking of the health and wellbeing of residents impacted by the Grenfell Tower fire disaster.

Public Health commitment
Public Health will lead on a survey across the North Kensington area to monitor the health and wellbeing needs of communities over the long term

¹ Children with Special Educational Needs and Disabilities (SEND) JSNA
<https://www.jsna.info/document/children-special-educational-needs-and-disabilities-send>

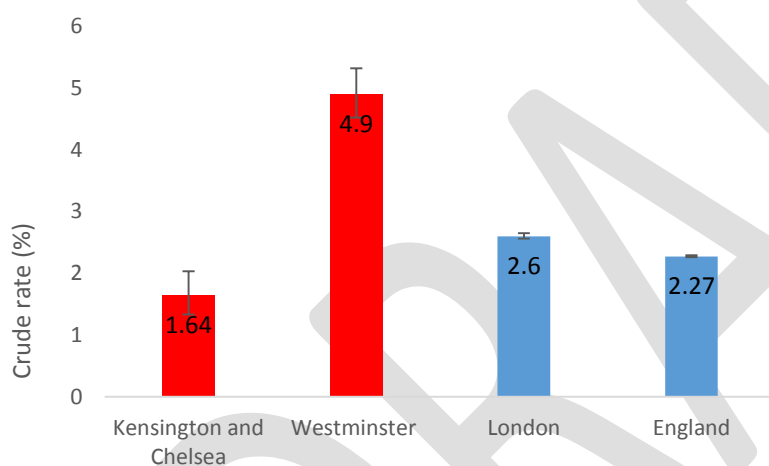
Theme 1: Mental health and wellbeing

“It still has the stigma if you have [poor] mental health or you’re struggling with something it makes you a weak person if you ask for health (should it be help) or if you showcase it”

Research tells us that 50% of all mental illness are established by the age of 14 and 75% by the age of 24². Around 1 in 10 people under the age of 16 have a diagnosable mental disorder. This indicates the importance of early intervention and addressing the determinants of poor mental health and wellbeing.

Many factors can affect a young person’s mental health and wellbeing. Some of the pressures and challenges commonly faced by young people are described in this report. We know that growing up in poverty, having parents with a history of mental illness, poor physical health, and experiencing trauma or abuse can all have an impact on our mental wellbeing. The most important factor is relationships. Forming strong and positive relationships are key to nurturing a supportive emotional and social environment for young people to build resilience and the ability to cope³.

Figure X shows the % of secondary school age pupils with a social, emotional or mental health need



A number of specific challenges around mental health and wellbeing were identified by our young people:

- there is still significant stigma and discrimination towards people with poor mental health and wellbeing
- it is difficult to be able to identify the signs of mental illness in yourself or your friends
- although many did feel they could or would talk to someone, there were a number who didn’t know who to speak to about their concerns or felt that they would not be heard

“We want to speak out but we feel there is no one to hear us”

- some highlighted the higher prevalence of mental illness in the LGBT community

“We see a lot of LGBT youths with mental health issues”

² Kessler R et al (2005) *Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication*. *Arch Gen Psychiatry*, 62, 593-602

³ PHE (2014) *Improving young people’s health and wellbeing. A framework for public health*

Body Image

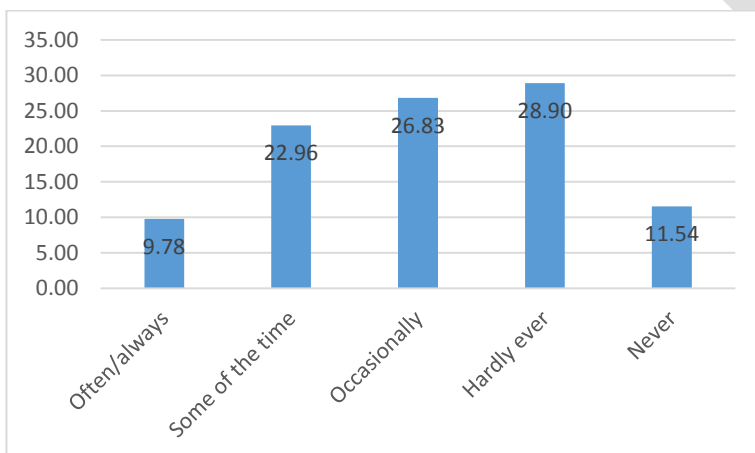
Many of the young people we spoke to discussed body image and how social media offered unrealistic expectations of how people should look which many of their peers aspire to, often leading to eating disorders. They discussed their friends who are impacted by eating disorders and discussed how difficult it is to go through adolescence with the expectations of body image promoted by both their friends and the media.

Unhealthy teenage body image is directly linked to low self-esteem - risk factors for eating disorders and mental health disorders. Encouraging young people to aspire to a healthy body image and providing healthy role models offers alternative perspectives on perceptions surrounding body image.

Feeling lonely

Loneliness and social isolation is an issue often associated with older people. However, recent research from the ONS suggests that 16-24 year olds are significantly more likely to report feeling lonely “often/always” than any other age group⁴. This could reflect that people become more resilient to loneliness as they get older, or that loneliness is associated with lower life expectancy. Regardless, it is an important issue for all ages alike with considerable impact on an individual’s health and wellbeing.

Figure 1: Percentage of 16-24 year olds reported frequency of loneliness



Source: Community Life Survey, August 2016 to March 2017

Self-harm and suicide

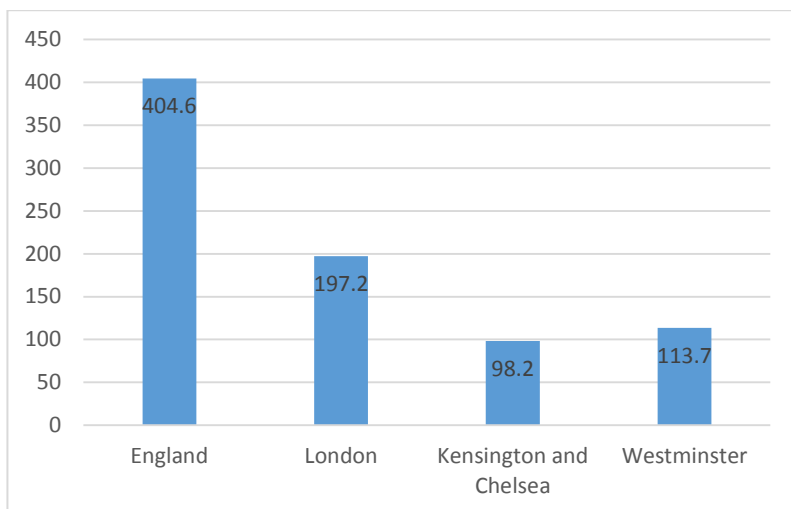
Recent national research⁵ indicates that self-harm among young people is on the increase, with 22% of girls and 9% of boys saying they had hurt themselves in the previous year. The rate was far higher (46%) among those who we attracted to the same sex or both sexes. While the two Boroughs may have some of the lowest rates of young people (aged 10-24) admitted to hospital for self-harm in the country, this was a key area of concern to young people that we spoke to and those working with them. Self-harm has a significant impact on the mental and physical health of young people and their families and friends, and is an important risk factor for suicide.

⁴ ONS (2018) Loneliness – what characteristics and circumstances are associated with feeling lonely.

<https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/lonelinesswhatcharacteristicsandcircumstancesareassociatedwithfeelinglonely/2018-04-10#which-factors-independently-affect-loneliness>

⁵ Childrens Society (2018) Good childhood report. <https://www.childrensociety.org.uk/what-we-do/resources-and-publications/the-good-childhood-report-2018>

Figure 2: Hospital admissions (rate per 100,000) as a result of self-harm (10-24 years)



You Said:

- Better awareness of support available for young people (e.g. 5 ways to wellbeing, coping mechanisms, awareness of services)
- Professionals need training on mental health awareness and support
- When speaking to young people about mental wellbeing ensure it is someone who understands young people and their issues
- Deliver and promote meditation/yoga/mindfulness sessions
- Provide family therapy and education for families on stress and anxiety

Case study: Ava's story

Ava is a 14 year old with a long history of on and off social care involvement due to concerns around maternal mental health, and then went to live with her father.

At Ava's first health review with her school nurse, she disclosed that she had suicidal thoughts – she had been recently referred to Child and Adolescent Mental Health Services (CAMHS) by her social worker but was still awaiting an appointment. Ava's school nurse liaised with CAMHS to push forward an appointment and arranged for her to attend A&E for a mental health assessment. As a result of this Ava was subsequently reviewed weekly by CAMHS.

Ava was also suffering from severe prolonged periods, migraines and dizzy spells. Her school nurse gave her advice around managing her periods and talking with her father and GP to review further.

In conjunction with this Ava was struggling to make new friends and integrate into a new school. The school nurse worked with her school to appoint a mentor for her to monitor her and touch base with her every morning to discuss any of her concerns. Ava is also able to drop in to see the school nurse every Thursday to discuss her health or emotional wellbeing, or just to provide a space to talk.

Theme 2: Daily pressures and challenges

“I can just describe the stress as being unreal” (A Levels)

Engagement with young people highlighted some of the many pressures and challenges that young people face every day in today’s society. These pressures all contribute to poor physical and mental wellbeing.

The school environment was understandably an important factor for many. There was recognition that the educational opportunities provided in the Boroughs were outstanding, and that many young people in the Bi-borough achieve good educational outcomes.

However, the pressure that many felt to do well at school and in exams from parents and their schools was strongly evident, especially considering the change in the GCSE exam structure this year to a more “difficult” syllabus.

- *“You feel like if I mess up now that’s it”*

There was a perception that for those young people struggling with health and wellbeing, support was not always accessible, and that often institutions, including schools, often did not understand their needs.

- *“There is support in schools but it’s just not very good...they just don’t know how to engage with young people the way youth workers can”*

Confidentiality was important to young people and a number felt that youth workers would provide this anonymity, as well as better understanding the needs of young people. There was an appetite to have access to therapists in school.

Good practice: Westminster Academy (Healthy School Partnership)

The Health Education Partnership is commissioned by Bi-Borough Public Health to deliver an evidence-based Healthy Schools Programme. The aim of the programme is to support the attainment, achievement and happiness of their pupils, staff and school community through promoting health and wellbeing. Schools can participate and attain three levels of award – bronze, silver and gold.

Westminster Academy achieved the Healthy Schools Gold Award in November 2017 for their work to improve the resilience of students by focusing on mental health, emotional wellbeing and healthy lifestyle. One focus was on developing Year 10 and 11 students’ knowledge of exam stress and coping skills to look after themselves both physically and emotionally. A *Health & Wellbeing and Preparing for Exams* programme for Key Stage 4 was implemented, which included: the benefits of physical activity and sleep; nutritional advice; dealing with stress & anxiety; and revision strategies.

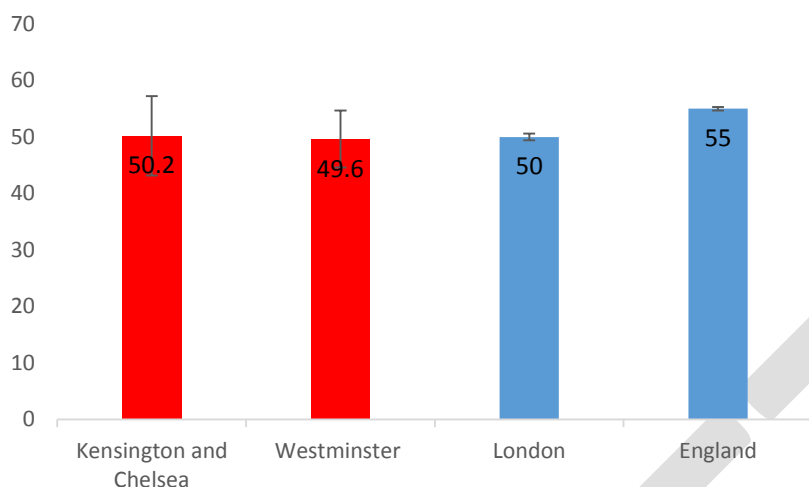
A survey of the students before and after the programme found:

- a 22% increase in skills to manage stress associated with exams
- a 22% increase in knowledge of how a healthy diet can help prepare for exams
- a 41% increase in knowledge of how relaxation techniques can help prepare for exams

As a consequence the academy is continuing with the programme and will continue monitor the progress of students with a survey every term.

Aside from the pressure of exams, bullying was a key challenge identified by young people (both in and outside school). In both Boroughs around 50% of 15 years olds have experienced bullying in the last couple of months, similar to the London and England average.

Figure 3: Percentage of 15 year olds who were bullied in the past couple of months, 2014/15



There was some recognition of the causes of bullying and that potential solutions also need to focus on the perpetrators in order to prevent bullying.

- *“I think that bullying campaigns should be focussing on the perpetrators of bullying and not just the victim, because I feel at the moment everyone’s clearly got that image of bullying like a group of people picking on a helpless victim but simply put a lot of bullies don’t see themselves as bullies and the way they treat other people they often see that treatment justified...[we need] to understand why the issue occurs at all”*

You Said:

- Regular workshops on key issues for the whole school. This could be done in separate groups (for some topics split by gender) and then bring them together
- Provide support and information for parents as well as for young people
- School curriculum on life skills and awareness
- Promote support available for young people and encourage young people to take this up

Theme 3: Crime and Safety

“My mum prevents me from going to that area but there’s no way of avoiding it, I just stay on my toes and make sure I’m aware of my surroundings and make sure I’m not in a world of my own because then stuff could happen”

Crime and safety was one of the primary concerns raised by young people in the Boroughs. In particular, the impact of gang culture and associated peer pressure on health and wellbeing was clearly recognised.

Reports suggest an increasing trend in violence and knife crime offences across the Boroughs. Whilst in both Boroughs there has been a slight decrease in recent incidents of youth violence, overall figures for youth violence and serious youth violence appear to be on the increase since 2015/16.

- *“It’s all about the environment, postcodes and different boroughs”*

Table x: Incidents of youth violence

Borough	2015/16	2016/2017	2017/2018
Kensington and Chelsea	166	245	228
Westminster	397	536	525

Table x: Incidents of serious youth violence

Borough	2015/16	2016/2017	2017/2018
Kensington and Chelsea	65	106	98
Westminster	144	240	287

This overall increase, and the media coverage it has received both nationally and locally, is reflected in young people’s perceptions, and of knife crime particularly. Locally, there was a good awareness among young people of the challenges and pressures posed by gang recruitment and culture, as well as some of the root causes of criminal behaviour and gang involvement.

“There’s this whole image of gang violence being a product of poor people being beasts and it’s built in in their biology to behave like this and I think they’re completely ignoring the fact that it’s years of built up frustration and deprivation that’s leading to these issues and instead of helping these communities they’re condemning them even more”

While young people acknowledged that it was a complex issue to resolve there was recognition that social media campaigns such as London Needs you Alive from the Mayor of London can be effective in raising awareness and providing a potential solution.

You Said

- Social media campaigns such as London Needs You Alive from the Mayor of London can be effective
- Services need to be aware of postcodes - make sure centres are near where young people live rather than based in gang areas
- Offer self-defence workshops

Case study: Ben's story

Ben's situation came to the attention of one of the Integrated Gangs Unit (IGU) Flexible Gang Workers from by a colleague based in the Children with Disabilities Team, who was supporting Ben's severely disabled sibling. Ben had been dealing drugs to the younger brother of a prominent gang nominal and retribution was being carried out by youngers within the gang. After his family suffered constant abuse including threats whilst out in the community and a brick thrown through the window of the family home, his Flexible Gangs Worker realised relocation was necessary before something more serious happened.

Ben fled the country for his own safety and was living for a brief time with wider family members. After gaining his mum's trust and with her agreement, the Flexible Gangs Worker contacted Ben via WhatsApp and was able to talk about the role of the IGU, the work they do and what they might achieve together once the timing felt right for him to return home to be reunited with his family.

The Flexible Gangs Worker has seen Ben change and mature through their conversations about taking responsibility and keeping a promise he made around engagement with the service. Interventions have included gang and drug awareness, and mentoring sessions.

With the help of his employment coach Ben has since gained an apprenticeship with a plastering business, is really enjoying his new role, and has had positive feedback from his employer. His Flexible Gangs Worker has been lucky enough to spend time with Ben's family, gaining their trust and seeing the delight in Ben's mum's eyes making it seem truly worthwhile now that her son is working and contributing in a meaningful way.

Ben has said he feels like he has found the right career and sees the light at the end of the tunnel.

Violence against young people at risk

As well as the concern felt by young people around the threat of gang culture and knife crime, there are examples of violence against young people at risk that present an important safeguarding issue.

Violence against women and girls

Ending Violence against Women and Girls (VAWG) is a strategic priority for the two Boroughs. The United Nations defines VAWG as "any act of gender-based violence that is directed at a woman because she is a woman or acts of violence which are suffered disproportionately by women."⁶ VAWG can take place at home, work or in public places such as on the street or public transport, and includes (but is not limited to): domestic violence and abuse; sexual violence including rape; sexual harassment; so called 'honour'-based violence; forced marriage; prostitution and human trafficking.

In Westminster, from 2017-18, the Angelou Partnership (the main service provider) received over 1,300 referrals requesting support for those affected by abuse. Over 280 cases involved victims who were deemed to be at high risk of serious harm and supported. The police recorded 547 sexual offence allegations and 4809 allegations of domestic abuse. In addition, there have been three Domestic Homicide Reviews as a result of the death of a victim due to domestic abuse. Furthermore, we know that reported statistics are the tip of the iceberg.

⁶ 1 United Nations, 2006, Secretary General's Report on Violence against women, Para 28 and 104

To respond to this, we have identified 7 strategic priorities – Access; Response; Community; Practitioners; Children and Young People; Perpetrators; Justice and Protection – designed to create a community response where everyone sees it as their responsibility to support those affected and to end VAWG.

Child Sexual Exploitation

Child sexual exploitation (CSE) is a form of child abuse. It may involve physical contact but can involve non-contact activities such as forcing children to look at sexual images. Like sexual abuse the signs of CSE can be hard to detect, but the harmful consequences are serious and far-reaching for victims, their families and the wider community.

In Kensington and Chelsea we know that:

- the vast majority of victims are girls and fall within the 13 – 17 years of age range, are from a variety of ethnic backgrounds, and they attend a variety of education provisions within and outside of the borough.
- there is no evidence of specific geographical “locations of concern” where CSE appears to be more prevalent.
- there is no evidence of networks of adult perpetrators who are exploiting children in a coordinated way
- the main concern is peer on peer abuse, whereby the victim does not view themselves as being exploited and a boyfriend/girlfriend model is prevalent.

Kensington and Chelsea is working with other boroughs and Barnardo’s to deliver an evidenced based intervention with young people displaying harmful sexual behaviour, both at early intervention and high-risk levels.

Female Genital Mutilation

Although FGM was not raised amongst young people as a specific issue, we know that the estimated prevalence in London is far higher than the rest of the England. FGM is a traumatic experience which has far reaching negative impact on the physical and mental health of girls and young women through adolescence and into adulthood.

Table: Estimate prevalence of FGM

	Rate per 1,000
England and wales	4.8
London	21.0
Westminster	24.3
Kensington and Chelsea	20.4

This is based on an estimated 1644 women in Kensington and Chelsea, and 2619 in Westminster having undergone FGM⁷. Estimates are based on numbers of women living in each area, who were born in countries where FGM is practised, and the prevalence of FGM in those countries. An evaluation of a pilot early intervention model employed in the two Boroughs (insert ref) highlighted the importance of different professionals working together effectively; sensitive woman-centred practice; and engaging in effective dialogue with members of potentially-affected communities.

⁷ Macfarlane, A. J. & Dorkenoo, E. (2015). Prevalence of Female Genital Mutilation in England and Wales: National and local estimates. London: City University London in association with Equality Now.

Theme 4: Physical health and wellbeing

“With sport you want to make it consistent so you want to make it weekly at least”

This age tends to be a time of good physical health for most people. Of course, many young people do experience physical illnesses such as headaches, musculoskeletal disorders, colds and fevers, and respiratory infections, but most of these are short-lived.

There are however a number of young people who do experience long term physical illness. Poor physical health in adolescence can have a significant impact on overall life chances, and is linked with poor mental health and wellbeing. Asthma, type 1 diabetes, epilepsy and cancer are the most common long-term physical health conditions in children and young people⁸. The majority diagnosed with these conditions will have their needs met in schools in line with the “Supporting pupils with medical conditions at school” guidance from the Department for Education.

Young people with a physical disability and their families are also under significant stress. Young people with a disability aged 16-24 are less satisfied with their lives than their peers, and support tends to fall away at key transition points as young people move from child to adults services.

There are 76 children and young people aged 0-25 registered with a GP in the Central Clinical Commissioning Group (CCG) boundary (Westminster minus Queen’s Park and Paddington) with a physical disability. This represents 0.2% of the CCG 0-25 population (November 2017).

In the West London CCG (Kensington and Chelsea plus Queen’s Park and Paddington) the figure is 94 children and young people aged 0-25. This is 0.1% of the CCG 0-25 population.

Sensory impairments

Poor eyesight or visual impairment in adolescence can significantly impair physical, emotional and social development. Being hard of hearing or deaf can cause delays in speech and language development and thereby causes learning difficulties that impact negatively on academic achievement, and employment opportunities later in life.

Westminster

There are 89 children and young people aged 0-25 with a visual impairment known to their GP in the CCG boundary, 0.2% of the CCG 0-25 population

There are 673 children and young people aged 0-25 with a hearing impairment known to their GP within the Central CCG boundary, 1% of the CCG 0-25 population

Kensington and Chelsea

There are 128 children and young people aged 0-25 with a visual impairment known to their GP in the CCG boundary, 0.3% of the CCG 0-25 population

There are 622 children and young people aged 0-25 with a hearing impairment known to their GP within the West London CCG boundary, 1% of the CCG 0-25 population

⁸ Association for Young People’s Health (2017) Key data on Young People 2017 <http://www.youngpeopleshealth.org.uk/kdyp2017>

Obesity

Obesity in young people is a growing problem and is a major issue to health, having an impact on physical and mental health as well as being a cause of early death among adults. Statistics show that obese and overweight teenagers are more likely to become overweight adults and to then suffer associated poor health (Singh, Twisk, Mulder, & Chin A Paw, 2008) and since London has the highest rate of childhood obesity of any major world city (London Health Commission 2014) it is essential that young people are provided with the support and education necessary maintain healthy lifestyles.

Young people that we spoke to were very aware of the importance of the importance of being physically active and of healthy eating.

Physical activity and healthy eating

One of the key issues raised by young people when discussing health and wellbeing was the importance of physical activity to both physical and mental health. While many recognised the benefits, several barriers to being more active were identified including cost, time, accessibility and awareness of local facilities.

“Occasionally if I want to play football with my friends I might go to an astro but usually you have to either pay to access them or if they’re like a system where you pay and get priority for them it means me and my friends can’t access them”

Although the importance of healthy eating was not raised as often as physical activity by the young people we spoke to, there was still a good awareness of the ‘5 a day’ messages and the impact that nutrition has on your physical and mental health. Better access to fruit and vegetables and healthy meal options, both in schools and on the high street were considered important.

Oral health

Good oral health is important to the long term health outcomes of children and young people. Children who require dental treatment may experience pain, infections and difficulties with eating, sleeping and socialising. This can impact on their wellbeing, as well as their families, and their school readiness.

Although oral health did not come up in the discussions with young people we know that oral health is of particular importance to care leavers where cost is often seen as a barrier to accessing dental care. Free NHS treatment is available to under 18s (19 if in education).

You Said:

- Offer free or cheap access to sport and sports facilities/young person gym sessions
- Take full advantage of the role of school nurses (perhaps offer drop in services, need to be human and not too clinical)
- More cheap, healthy meal options in school and on the high street
- Offer diversity in sport and encourage other sporting organisations (than football) to promote their own sport and local opportunities

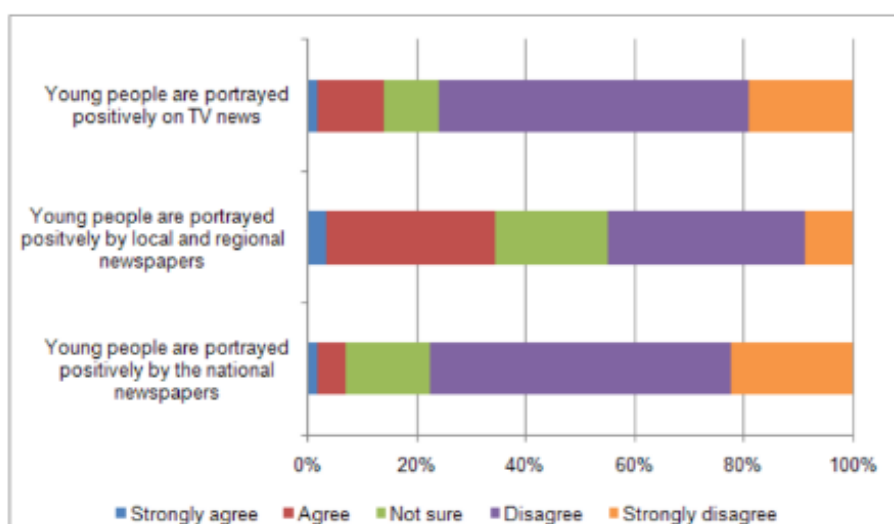
Spotlight: young people in the media

“You’re not being rowdy you’re just being a youthful person and you’re out with 5 friends sitting in a park, it becomes this thing where sometimes unintentionally you start to feel like you’re a burden on everyone else”

The charity, London Youth, emphasises that young people want “opportunities outside education and the home to have fun with their friends, to be healthy and creative, to make positive change in their communities, and to shape the kind of city they want for the future” (London Youth, n.d.).

This is not always the way that young people are viewed in society. There is often an unbalanced negative media portrayal of youth which in turn influences the perceptions of older generations. This can create an even bigger divide between young and old, and make the transition from children’s to adult’s services particularly difficult. NICE has reviewed this, acknowledging “Young people may feel unsure about moving to adults’ services, especially if they have been with children’s services for a while” (NICE, 2016).

In research funded by the National Youth Agency, young people interviewed gave the following responses of young people’s opinions of how they are perceived within the media portrayal of young people and the impacts and influences:



As with other areas of media coverage, the negative or sensationalised stories which are written about “can impact on young people’s self-welfare” and in some cases has “arguably begun to shape some of their own [young people interviewed] perceptions of young people” (Clark, Ghosh, Green, & Shariff, 2008).

A report from think tank Demos and the National Citizen Service has also supported this through their report ‘*Introducing Generation Citizen*’ challenging harmful perceptions of modern teenagers:

“False stereotyping of young people in the media and wider society is having a negative effect on both their self-esteem and employment opportunities...Four-fifths of teens (81%) feel they are unfairly represented in the media. Most of them (85%) go on to argue that negative stereotypes are affecting their chances of getting a job – with ‘unemployment and access to work’ being the biggest concern of this age group as they look to enter the workforce.” (Demos, 2014).

Theme 5: Social media and online lives

“It’s a gift and a curse”

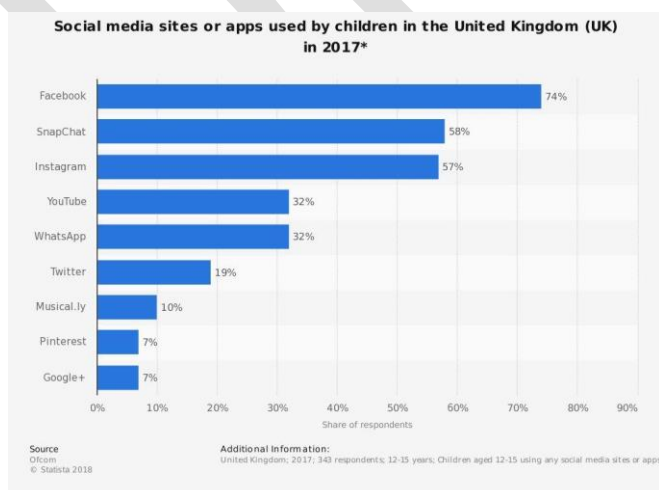
In recent years there have been concerns raised over the impact of social media on young people and in particular, on their mental health and wellbeing. A growing body of research suggests that social media can have both a positive and negative impact on health and wellbeing. While it can provide a gateway to advice, help or support, and encourage young people to develop social skills and a sense of belonging within an online community, there are also risks associated with excessive internet use. These range from cyberbullying, to sharing of personal information, and access to harmful content, such as websites which promote self-harm⁹.

- *“There is a lack of socialising outside due to advent of technology and internet”*

One group of young people we spoke to mentioned the Blue Whale ‘game’, which consists of a series of tasks or challenges to be undertaken by the players. Seemingly innocuous at first these escalated to include self-harm with the final challenge requiring the player to commit suicide. While no longer available on common platforms it was thought that this could still be accessed online

Concerns were raised by a number of young people around social media. Many were concerned about cyberbullying and the impact of spending too much time on social media. Research indicates that around 44% of children and young people spend over 3 hours per day on social media¹⁰. Equally many described how there could be opportunities to promote health messages in a targeted way through sites such as You Tube and Instagram. Instagram was a commonly used platform and could be an excellent way to reach young people with messages around, for example, healthy eating and physical activity.

- *“We’re forgetting to use it (social media) in a way that is helpful to us”*



⁹ <https://epi.org.uk/publications-and-research/social-media-childrens-mental-health-review-evidence/>

¹⁰ https://www.childrensociety.org.uk/sites/default/files/social-media-cyberbullying-inquiry-full-report_0.pdf

You Said:

- Use engaging apps and social media to promote fitness opportunities and services
- Use videos on social media to engage with young people. London Needs You Alive from Mayor of London is a good example

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Theme 6: Access to services and Information

“You assume that there are really good services from different sectors but the lack of knowledge that children have to it, and the lack of knowledge will carry onto their adolescence when they will need services more”

It was widely acknowledged that the variety of available services for young people in the area is a positive but the lack of common knowledge and advertising on forums used by young people (e.g. social media) surrounding them results in many young people not taking full advantage of these opportunities.

- *“When you’re in the in and you know about the organisations here you can have so much fun”*

Services which are not designed for young people but affected them were also mentioned, such as temporary housing or health support for parents, exhibiting how young people are impacted by services which are outside their control, and how it is necessary for support to be available for them.

Many of the young people we spoke to also expressed a desire to either speak to older young people who have been through the same situation as them or to support others who may be struggling with the same things they did.

- *“We’ve struggled differently and our stories can help someone else through it”*

You Said

- Ensure there is greater awareness around services available. E.g. Use social media and gaming platforms for public service announcements (such as Xbox) to provide better advertising for young people
- Ensure there is easy access to youth clubs/services/after school clubs for all ages
- More collaborative work with agencies going into schools
- Engage with communities
- Focus on people not engaging with services

Transition from children’s services to adult services

The ages of 14-25 are key development stages in a young person’s life, and there is a particular challenge for those accessing services as they move from children to adult services:

*“there are enormous risks for young people disengaging or being lost in the **transition** process, at this vulnerable point in their development [they can]...lose those parts of their support network that are only available within child or adolescent services” (Cornish, 2015).*

It is important that provisions are put in place for young people across the Bi-borough to address issues around **transition**. NICE guidance and pathways have been developed to support this process.¹³

By regularly engaging with young people and building trusting relationships with them services will have a deeper insight into what young people need and be able to tailor themselves accordingly.

Case study: Samuel's story

Samuel is 17 years old, and from Sudan. He has a physical disability, and witnessed violence in his home village before arriving in the UK just over a year ago.

He was referred to the Insight service after being placed in foster care in Kensington and Chelsea, as he was smoking cannabis. Using an interpreter, his key worker spent time getting to know Samuel and understand what he likes to do, and how he likes to spend his spare time.

After building this trusting relationship with his key worker, Samuel is now undertaking a College course. He is also linked in with refugee services who have supported Samuel with access to activities, including photography & drama; getting him his student Oyster Card; helping him with his shopping; playing football with him; and identifying ways in which Samuel can keep himself safe.

Insight place great importance on providing opportunities and activities that will keep young people occupied and this in turn helps them to reduce their drug use.

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Theme 7: The Future

“By the time you’re 18 you’ve had to make big life decisions”

Whilst both Westminster and Kensington and Chelsea are below the London and England average levels for young people not in education, employment or training (NEET), the future was one of the most commonly expressed concerns of the young people we spoke to. This is in line with the national picture with 44% of young people nationally predicting fewer job opportunities over the next three years and 59% of young people citing the unpredictable climate change as a source of anxiety for the future.

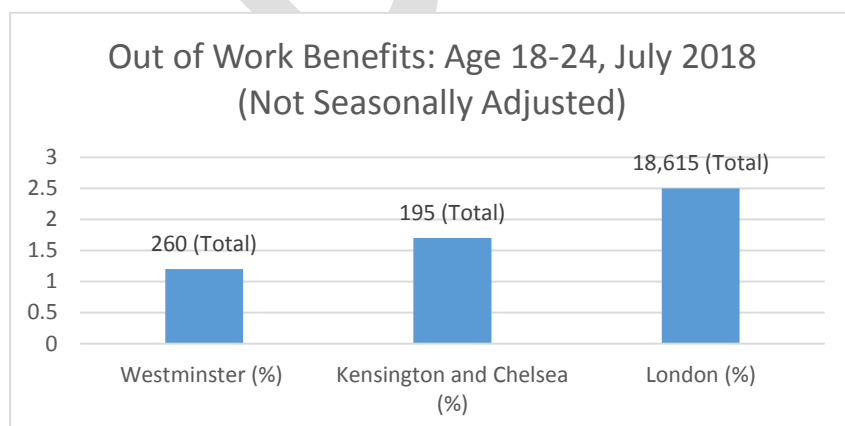
- *“Economic struggles may prevent me from taking opportunities and going to university”*

Confidence is seen as a significant barrier to achieving full potential with the 54% of young people nationally believing a lack of self-confidence holds them back, being reflected in the discussions held with young people locally. Young people we spoke to also emphasised their need for encouragement and support as they make key decisions for their futures.

- *“Rather than don’t do drugs or don’t do this tell them you can do this, you can get this sort of grade, there’s no limit to what you can do”*

There were, however, also very positive perspectives on their future. Young people cited a range of potential careers they would like to explore and praised the accessibility of local opportunities. Since 2010 there has been a dramatic increase in the number of apprenticeships taken up across both boroughs in a range of industries. This has allowed young people to access training opportunities and qualifications alongside developing a career, increasing career opportunities for young people across the Bi-Borough.

- *“There is not a better time to live in than now – it’s just how can we live and what can we do to live the best version of now”*
- *“The access that I’ve had in Westminster makes me feel like a very very privileged person”*



Source: ONS Claimant count by sex and age

You Said

- Use preventative measures to minimise the pressures on young people
- Knock on doors of young people and tell them about opportunities

Case Study: Mohammed's story

Mohammed is 24 years old and living with one of his parents in a flat in Westminster. He is studying for a degree whilst working part time. Mohammed has dyslexia but no other major health needs and is generally positive about his health & wellbeing.

However, Mohammed does worry about his future, friends and family as sometimes he does not feel safe in London. Mohammed feels that a priority for young people is support around their mental health. He feels that at present young people are not aware of enough people they can talk to or relate to if they want to speak out about an issue or situation which they feel anxious about. Sometimes he feels that there is no one there to hear young people; even though young people want their voices to be heard.

Mohammed feels that creative arts can offer a solution to this. Through drama Mohammed is able to express himself & his emotions in a therapeutic way. He would like to see more of these services and increased awareness of services available to young people through social media, posters in youth clubs, emails, schools and universities.

He believes that education, volunteering, networking and internship courses can support him to achieve his potential and he would like to see more career opportunities to support his ambition.

Theme 8: Drugs, alcohol and smoking

“There’s so many drugs” - Lia

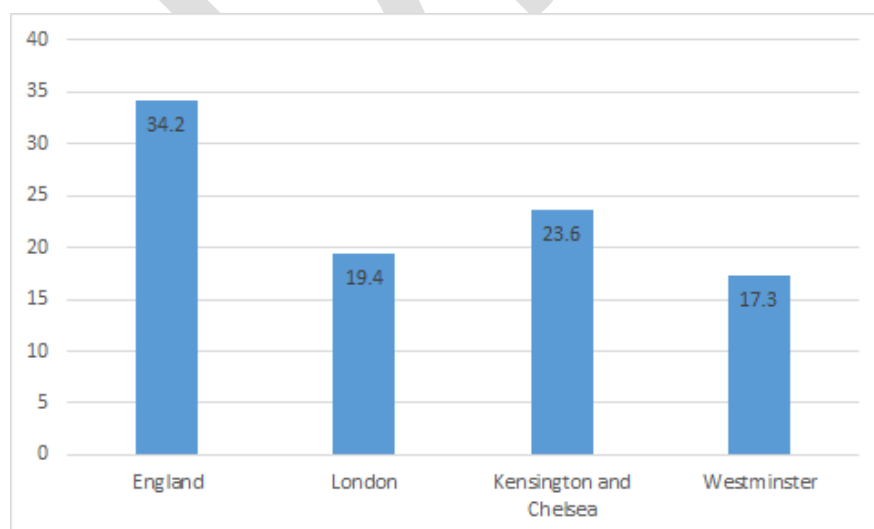
Over recent years we have seen reductions in the proportions of young people who drink and use drugs. Recent research has highlighted the number of young people who do not drink alcohol is on the increase in England. While this is good news, there are a number of young people who get into difficulties.

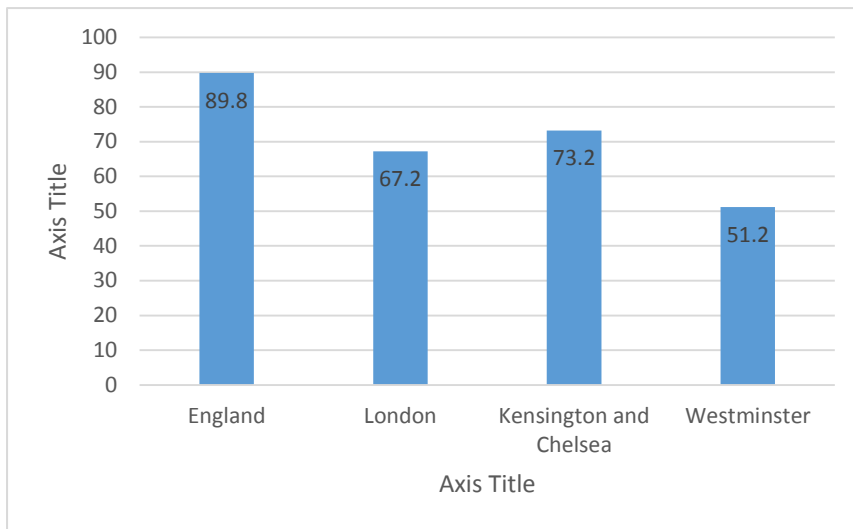
The impact of substance misuse for young people and their families is significant. Aside from the impact on their physical and mental wellbeing, young people who drink alcohol are more likely to take drugs, practice unsafe sex, be involved in road accidents, and do less well at school. Drugs can have harmful effects on the brain development of young people. There is evidence that investing in the prevention and treatment of drug and alcohol misuse improves an individual’s physical and mental wellbeing.

The most common drug used by young people is cannabis, but there is a concerning increase in the use of legal highs, such as Spice. Perhaps unsurprisingly given their legalities and age restrictions drugs and alcohol did not often come up in discussions with young people. The recent Young Westminster Foundation needs analysis found that the most common reasons for taking drugs and alcohol were fun (24%), stress (20%), and peer pressure (15%).

- *“There’s not much around safe consumption because it’s illegal and they’re always on about the dangers of drugs...but young people are going to be young people and are going to try stuff ...I would rather there is that safe source of information and I think there’s a massive gap in the market for it”*

Hospital Stays for alcohol specific conditions (Under 18s) /100,000 (0-17 year olds)





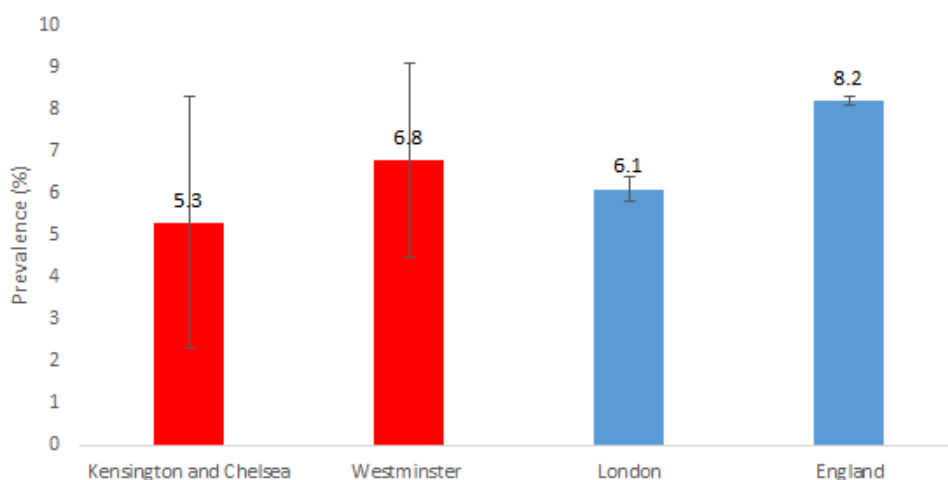
Smoking

Smoking is a major cause of preventable disease and premature death. It still accounts for 1 in 6 of all deaths in England, and there exist huge inequalities in smoking related deaths: areas with the highest death rates from smoking are about three times as high than areas with the lowest death rates attributable to smoking. We know that smoking behaviour in adolescence and early adulthood affects health behaviours later in life.

Over recent years the two Boroughs have seen a steady decline in the percentage of smokers, and have some of the highest quit rates in the country as a result of effective Stop Smoking Services. Estimates show that Westminster has a slightly higher prevalence of 15 year olds who are smokers than the London average while Kensington and Chelsea is slightly lower.

Shisha smoking is often popular with young people and is seen as a social activity. Many do not realise the health harms of shisha. Not only is it an intense form of smoking tobacco, there is some evidence that infectious diseases can be passed on through sharing water pipes..

Smoking prevalence at age 15 – current, 2014/15



You Said:

- Provide more information on safe consumption – not just why it's dangerous to consume drugs and alcohol

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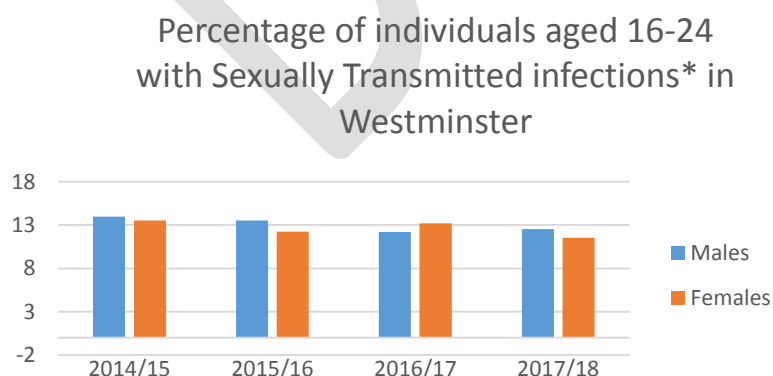
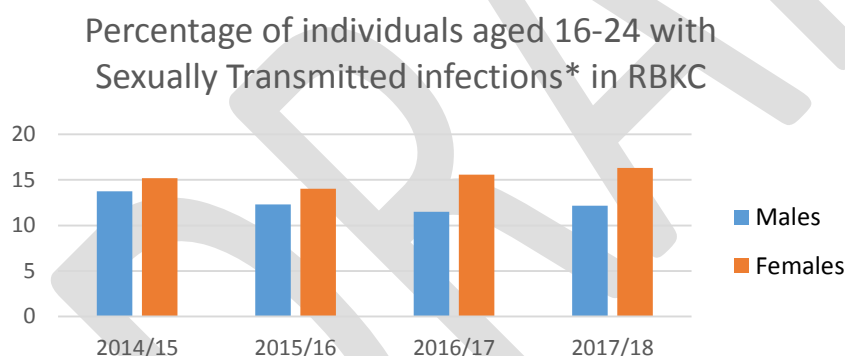
Theme 9: Sex and Relationships

Although not mentioned by many of the young people in our engagement exercise, sexual health is a key issue for many young people in our Boroughs. Both boroughs are in the top 12 in England for the incidence (new diagnosed cases) of sexually transmitted infections (STIs) and for the prevalence of HIV infection.

Teenage conceptions are lower in both Westminster (around 5 per 1000) and Kensington and Chelsea (11 per 1,000) than the London average (17 per 1,000). However, repeat abortions (30% and 33% respectively) are broadly in line with the London average (31%).

Forming healthy and positive relationships, free of harassment, coercion or violence, is important to improving outcomes for young people. However, young people face particular challenges with the development of social media and new social norms, where relationships are conducted online and increasingly visible, 'sexting' is commonplace, and pornography is easily accessible¹¹.

Sex and Relationships Education (SRE) is a statutory requirement in state funded secondary school (but not independent schools). The Department for Education guidance for SRE was published in 2000, with more recent guidance developed by the PSHE Association in 2014¹²



¹¹ <https://www.ippr.org/publications/young-people-sex-and-relationships-the-new-norms>

¹² PSHE Association. Sex and Relationships Education for the 21st Century. <https://www.pshe-association.org.uk/curriculum-and-resources/resources/sex-and-relationship-education-sre-21st-century>

You Said:

- PSHE taken seriously and taught throughout the year
- Stop sex education being so clinical
- Educate young people around the law of sending images

Summary

This report has considered the health and wellbeing of young people aged 14-25 in the two Boroughs, and has highlighted a number of key issues faced by this age group. It has offered an insight into some of the services working with young people through case studies, and has captured the voices of young people who have contributed through interviews, discussions and workshops. The 'You Said' sections provide a helpful insight for commissioners and policy makers on what young people consider to be some of the solutions to these challenges and should inform future strategy and action planning.

The next section of the report considers some of the ways in which young people can maintain and improve their own wellbeing, and how the health and care system supports young people.

Taking action to improve health and wellbeing

What you can do

The Five Ways to Wellbeing are a way of maintaining good mental wellbeing. Below are some tips on how to incorporate these into your life.



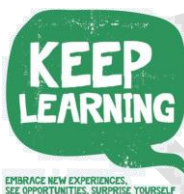
Connect with people around you, your family, friends, classmates and neighbours. Spend time with family or friends you haven't seen in a while, or send someone a message. Speak to someone new today. Building these connections will you every day.



Be aware of the present moment and the world around you. Be curious. Explore your local landmarks. Visit your local market or festival. Take time out for yourself. Reflecting on your experience will help you appreciate what matters to you and reduce stress.



Go for a walk, cycle, swim, play a game of football, spend time gardening, join a dance class or visit your local park. Find an activity that you enjoy and make it a part of your life – exercising makes you feel good as well as offering long term benefits to your health.



Try learning a new skill or rediscover an old hobby outside of your school or workplace. Pick up a book or start a new course. Princes' Trust offers training courses and programmes that are free to join. You'll get one to one support from staff members and mentors, you'll meet other young people just like you. Learning new things will make you more confident and give you a sense of achievement as well as being fun.



Say thank you to someone for something they have done for you. Hold the door open for someone or do something for charity. Create something for someone else. Seeing yourself, and your happiness, linked to the wider community can be rewarding and creates connections with the people around you.

The local Child and Adolescent Mental Health Service (CAMHS) have also produced '[Taking Care of Myself](#)': information for young people on how best to take care of their mental health focussing on diet, exercise, self-esteem, relaxing and sharing what's bothering you with links to further helpful information.

What the local health and care system can do

In supporting young people to achieve the best possible outcomes for their health and wellbeing, we are not only addressing their short and long term needs but equipping them to support future generations with their own health and wellbeing and coping techniques.

Local organisations also have a responsibility to safeguard children and young people and ensure that their welfare is looked after, that they are kept safe from harm, abuse and maltreatment, and that they grow up with safe and effective care.

Building resilience allows us to face the pressures and challenges in life, helps us to sustain good relationships, prevents illness and improves recovery, and allows us to bounce back from 'set-backs'. This is especially important for young people as they face a number of significant life events as they develop from dependent children to self-supporting adults¹³.

The most important factor in building resilience is having caring and positive relationships with parents, carers and/or guardians. Positive attachments result in good emotional and social development for children, and lead to positive outcomes later in life.

Supporting families and carers, building resilience through to adulthood and supporting self-care reduces the burden of mental and physical ill health over the whole life course, reducing the cost of future interventions, improving economic growth and reducing health inequalities.

Public Health England have six core principles to develop holistic attitudes to meet the needs of young people:



¹³ PHE/AYPO <http://www.youngpeopleshealth.org.uk/wp-content/uploads/2016/03/resilience-resource-15-march-version.pdf>

By regularly engaging with young people and building trusting relationships with them services will have a deeper insight into what young people need and be able to tailor themselves accordingly.

Vision and ambitions for young people

The Health and Wellbeing Strategies for both Boroughs prioritise giving children and young people the best possible start in life, and are committed to improving outcomes for the age group considered in this report. The importance of prevention and early intervention is highlighted, including a health promotion offer to enable and support young people to lead healthy lifestyles, as is the role of positive parenting and ensuring that families have the support they need to thrive.

By working together we can ensure that the two Boroughs are a place where young people grow up:

- Leading healthy and happy lives
- Feel safe and secure
- Feel a part of their community
- Have aspirations and ambitions for their future

Recommendations

- **Collaborative Working** – build relationships so that the councils, organisations providing services for young people and communities work together in order to provide a cohesive and well considered approach to the health and wellbeing needs of young people. E.g. Use community days to engage with the community around serious youth violence.

“We have a good community here and we have a good sense of community within the youth”

- **Engage with more young people in order to identify with further unmet need** – Engage with further young people than the limitations of this report allowed, including those who don’t engage with services, offering a representation of the diversity across the Bi-Borough. E.g. train young people in decision making whilst also discussing services they would like to see improved, so they have the capacity to make an impact in their local areas

“Engaging more with the community...you’ll find a lot of people who say ‘I’m not being heard’”

- **Enable young people to build trusted relationships with services** – build trusted relationships to enable young people to open up about their concerns and give young people the confidence that those they have confided in will act in their best interests.

“We need mechanisms that make you feel like you’re comfortable enough to talk about things”

- **Engage with young people through mediums they regularly access** – Young people regularly asked for access to services which already exist across the Bi-Borough. Services and assets need to be advertised on platforms that young people use so they become aware of them.

“You know what the youth use, which is social media and things like that - if we target it towards a platform where it’s accessible, I think that would be better”

Organisations who provide support and acknowledgements

Note to designer: this page just to include logos of organisations below

Children and Young People focused organisation / campaign	Permission to use logo?
 <p>Young Westminster Foundation</p> <p>Location: Westminster https://ywfoundation.com</p>	Yes
 <p>epic cic</p> <p>Location: North Kensington https://epiccic.org.uk/youth-forum</p>	Yes
 <p>INSIGHT</p> <p>Location: Westminster and Kensington and Chelsea http://blenheimcdp.org.uk/services/insight-kc/</p>	Yes
 <p>workingwithmen <small>Supporting Positive Male Activity Engagement and Involvement</small></p> <p>Location: UK http://workingwithmen.org/</p>	Yes
 <p>NHS Central and North West London NHS Foundation Trust</p> <p>School Nurses</p> <p>Location: London</p>	Yes
 <p>City of Westminster</p> <p>Youth Council</p> <p>Location: Westminster https://www.westminster.gov.uk/youth-council</p>	Yes from youth council – check with Libby

Progress since last year

Last year the Annual Public Health Report – *Roads to Wellbeing* – focused on the importance of protecting and improving our own mental wellbeing and that of the people around us – our friends, families, neighbours and local communities. As a part of this we made a number of recommendations for both the councils and wider organisations across the boroughs including local employers and schools.

In the last year there have been many positive improvements in provision for mental wellbeing in line with the recommendations set out. Across the Bi-Borough a Wellbeing JSNA is being undertaken by officers from across the local authorities and key partners with plans to be published in 2019.

Alongside this Mental Health First Aid is now part of the new integrated lifestyle service and will link in with the general training offer for council staff – this will help support front line delivery officers such as homeless support officers and library staff. In addition, both Westminster City Council and the Royal Borough of Kensington and Chelsea are working with Thrive LDN to improve the mental health and wellbeing of their residents. In RBKC, the It's OK not to feel OK campaign is supported by Thrive LDN and utilises Thrive's branding. Within WCC, the Communication Team continues to work with Thrive LDN in the development of a mental health and wellbeing campaign and is working towards a similar partnership model as in RBKC.

Further engagement carried out solely in the Royal Borough of Kensington and Chelsea includes, work undertaken through the Grenfell Community Engagement team to understand the mental wellbeing needs of residents in the North Kensington area. The focus of that campaign is now moving towards the longevity of the campaign and how it can target residents in need.

Externally, both councils have been supporting local businesses within their boroughs to be accredited and awarded with the Healthy Workplace Charter, and mental and emotional wellbeing has been promoted in schools through the healthy schools programmes, as part of their silver and gold award action plans.

The health of the Boroughs

This report has focussed on young people in order to cast a spotlight on this age group and the importance of improving and maintain our health and wellbeing at this critical point in our lives. Public Health in Kensington and Chelsea, and Westminster is about ensuring our residents of all ages are able to be well, stay well and live well. We work with colleagues across the council, local businesses and our NHS partners to improve and protect our residents' health and wellbeing and reduce health inequalities within the boroughs.

We commission services including smoking cessation, sexual health, alcohol and substance misuse, health checks, health visiting, school nursing, mental health and healthy lifestyles services as well as a network of Community Champions who work in local communities to promote health and wellbeing. We also work closely with colleagues across the council to ensure services are designed and delivered to have the biggest positive impact on health, particularly targeting vulnerable groups such as rough sleepers, hostel dwellers and those with both mental health and addiction problems.

A purpose of the annual report is to report on the health of the local population. The health profiles that follow provide an overview for each Borough. Further information on the current and future health and wellbeing needs of our population can be found in the Joint Strategic Needs Assessment.

These profiles are provided from Public Health England, and are replicated here under the terms of the Open Government Licence. More information is available at www.healthprofiles.info and <http://fingertips.phe.org.uk/profile/healthprofiles>

Health summary for Westminster

The chart below shows how the health of people in this area compares with the rest of England. This area's value for each indicator is shown as a circle. The England average is shown by the red line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator. However, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- Not compared



	Indicator names	Period	Local count	Local value	Eng value	Eng worst		Eng best
Life expectancy and causes of death	1 Life expectancy at birth (Male)	2014 - 16	n/a	82.4	79.5	74.2		83.7
	2 Life expectancy at birth (Female)	2014 - 16	n/a	86.0	83.1	79.4		86.8
	3 Under 75 mortality rate: all causes	2014 - 16	1,280	272.8	333.8	545.7		215.2
	4 Under 75 mortality rate: cardiovascular	2014 - 16	283	63.6	73.5	141.3		42.3
	5 Under 75 mortality rate: cancer	2014 - 16	481	106.7	136.8	196.3		99.1
	6 Suicide rate	2014 - 16	51	8.7	9.9	18.3		4.6
Injuries and ill health	7 Killed and seriously injured on roads	2014 - 16	445	61.2	39.7	110.4		13.5
	8 Hospital stays for self-harm	2016/17	164	67.1	185.3	579.9		50.6
	9 Hip fractures in older people (aged 65+)	2016/17	135	459.1	575.0	854.2		364.7
	10 Cancer diagnosed at early stage	2016	234	44.7	52.6	39.3		61.9
	11 Diabetes diagnoses (aged 17+)	2017	n/a	60.9	77.1	54.3		96.3
	12 Dementia diagnoses (aged 65+)	2017	1,300	81.6	67.9	45.1		90.8
Behavioural risk factors	13 Alcohol-specific hospital stays (under 18s)	2014/15 - 16/17	22	17.3	34.2	100.0		6.5
	14 Alcohol-related harm hospital stays	2016/17	1,012	493.2	636.4	1,151.1		388.2
	15 Smoking prevalence in adults (aged 18+)	2017	27,922	14.1	14.9	24.8		4.6
	16 Physically active adults (aged 19+)	2016/17	n/a	66.7	66.0	53.3		78.8
	17 Excess weight in adults (aged 16+)	2016/17	n/a	48.0	61.3	74.9		40.5
Child health	18 Under 18 conceptions	2016	14	4.6 ¹⁹	18.8	36.7		3.3
	19 Smoking status at time of delivery	2016/17	131	6.0	10.7	28.1		2.3
	20 Breastfeeding initiation	2016/17	1,904	46 ²⁰	74.5	37.9		96.7
	21 Infant mortality rate	2014 - 16	21	2.6	3.9	7.9		0.0
	22 Obese children (aged 10-11)	2016/17	331	27.5	20.0	29.2		8.8
Inequalities	23 Deprivation score (IMD 2015)	2015	n/a	27.7	21.8	42.0		5.0
	24 Smoking prevalence: routine and manual occupations	2017	n/a	26.1	25.7	48.7		5.1
Wider determinants of health	25 Children in low income families (under 16s)	2015	6,875	27.3	16.8	30.5		5.7
	26 GCSEs achieved	2015/16	700	63.6	57.8	44.8		78.7
	27 Employment rate (aged 16-64)	2016/17	116,800	68.0	74.4	59.8		88.5
	28 Statutory homelessness	2016/17	105	0.5	0.8			
	29 Violent crime (violence offences)	2016/17	8,903	36.7	20.0	42.2		5.7
Health protection	30 Excess winter deaths	Aug 2013 - Jul 2016	167	15.8	17.9	30.3		6.3
	31 New sexually transmitted infections	2017	4,132	2,358.3	793.8	3,215.3		266.6
	32 New cases of tuberculosis	2014 - 16	131	18.1	10.9	69.0		0.0

For full details on each indicator, see the definitions tab of the Health Profiles online tool: www.healthprofiles.info

Health summary for Kensington and Chelsea

The chart below shows how the health of people in this area compares with the rest of England. This area's value for each indicator is shown as a circle. The England average is shown by the red line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England average. A green circle means that this area is significantly better than England average. However, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- Not compared



	Indicator names	Period	Local count	Local value	Eng value	Eng worst		Eng best
Life expectancy and causes of death	1 Life expectancy at birth (Male)	2014 - 16	n/a	83.7	79.5	74.2		83.7
	2 Life expectancy at birth (Female)	2014 - 16	n/a	86.4	83.1	79.4		86.8
	3 Under 75 mortality rate: all causes	2014 - 16	873	241.2	333.8	545.7		215.2
	4 Under 75 mortality rate: cardiovascular	2014 - 16	160	45.6	73.5	141.3		42.3
	5 Under 75 mortality rate: cancer	2014 - 16	388	109.8	136.8	195.3		99.1
	6 Suicide rate	2014 - 16	38	9.3	9.9	18.3		4.6
Injuries and ill health	7 Killed and seriously injured on roads	2014 - 16	190	40.2	39.7	110.4		13.5
	8 Hospital stays for self-harm	2016/17	93	59.2	185.3	578.9		50.6
	9 Hip fractures in older people (aged 65+)	2016/17	104	461.9	575.0	854.2		364.7
	10 Cancer diagnosed at early stage	2016	212	50.1	52.6	39.3		61.9
	11 Diabetes diagnoses (aged 17+)	2017	n/a	54.3	77.1	54.3		96.3
	12 Dementia diagnoses (aged 65+)	2017	1,036	72.8	67.9	45.1		90.8
Behavioural risk factors	13 Alcohol-specific hospital stays (under 18s)	2014/15 - 16/17	20	23.6	34.2	100.0		6.5
	14 Alcohol-related harm hospital stays	2016/17	686	476.8	636.4	1,151.1		388.2
	15 Smoking prevalence in adults (aged 18+)	2017	16,890	13.2	14.9	24.8		4.6
	16 Physically active adults (aged 19+)	2016/17	n/a	68.2	66.0	53.3		78.8
	17 Excess weight in adults (aged 18+)	2016/17	n/a	40.5	61.3	74.9		40.5
Child health	18 Under 18 conceptions	2016	22	11.3	18.8	36.7		3.3
	19 Smoking status at time of delivery	2016/17	32	2.3	10.7	28.1		2.3
	20 Breastfeeding initiation	2016/17	1,470	89.1	74.5	37.9		96.7
	21 Infant mortality rate	2014 - 16	13	2.4	3.9	7.9		0.0
Inequalities	22 Obese children (aged 10-11)	2016/17	119	18.9	20.0	29.2		8.8
	23 Deprivation score (IMD 2015)	2015	n/a	23.4	21.8	42.0		5.0
Wider determinants of health	24 Smoking prevalence: routine and manual occupations	2017	n/a	17.2	25.7	48.7		5.1
	25 Children in low income families (under 16s)	2015	3,195	19.4	16.8	30.5		5.7
	26 GCSEs achieved	2015/16	362	65.0	57.8	44.8		78.7
	27 Employment rate (aged 16-64)	2016/17	69,900	64.5	74.4	59.8		88.5
	28 Statutory homelessness	2016/17	123	1.6	0.8			
	29 Violent crime (violence offences)	2016/17	3,492	22.1	20.0	42.2		5.7
Health protection	30 Excess winter deaths	Aug 2013 - Jul 2016	76	9.9	17.9	30.3		6.3
	31 New sexually transmitted infections	2017	2,171	1,991.8	793.8	3,215.3		266.6
	32 New cases of tuberculosis	2014 - 16	77	16.4	10.9	69.0		0.0

For full details on each indicator, see the definitions tab of the Health Profiles online tool: www.healthprofiles.info