

## Westminster Health & Wellbeing Board

**Date:**

15th September 2022

**Classification:**

**General Release**

**Title:**

Health and Wellbeing Strategy and Joint  
Strategic Needs Assessment

**Report of:**

Rachel Soni – Bi-Borough Director of  
Health Partnerships  
Anna Raleigh – Bi-Borough Director of  
Public Health

**Policy Context:**

Health and Wellbeing

**Wards Involved:**

All

**Report Author and**

Grant Aitken, Head of Health Partnerships

**Contact Details:**

[Grant.aitken@rbkc.gov.uk](mailto:Grant.aitken@rbkc.gov.uk)

## 1. Executive Summary

- 1.1 This report is to provide an update to the Health and Wellbeing Board (HWB) on the development of the Joint Strategic Needs Assessment (JSNA) borough stories and the joint Health and Wellbeing strategy 2022-2032.
- 1.2 To support the continual delivery of the actions this paper and a workshop will be held during the meeting to seek HWB member engagement on the following areas:
  1. Joint Strategic Needs Assessment borough stories
  2. Draft HWB vision statements
  3. Draft Ambitions and area of focus

## **2. Key Matters for the Board**

- 2.1 Health and Wellbeing Boards (HWB), as per the earlier paper have a statutory duty to produce a Joint Strategic Needs Assessment (JSNA) and a health and wellbeing strategy for their local population to address health inequalities within communities.
- 2.2 Last year the HWB, with support from the Local Government Association (LGA) looked at the work of the Joint HWB and agreed to take forward a refresh of the Health and Wellbeing strategy. The clear direction was for the strategy to have a strong focus on working with local people and communities to reduce the inequalities across our communities. There was also recognition that residents had already been involved in various conversations throughout the Covid period therefore the first phase of work should be to reflect on these conversations. Finally, any strategy needs to be underpinned by evidence of need and impact and therefore having an agreed JSNA is critical to this (see section 4).

## **3. Health and Wellbeing Strategy**

- 3.1 Westminster and Kensington and Chelsea currently have single borough HWB strategies and in 2021 it was agreed that these would be rolled forward whilst a refresh of them was undertaken to reflect learning from Covid and the new JSNA. Given the boroughs' shared HWB priorities and the new Integrated Care Partnerships across North West London and locally, it was agreed to develop a joint HWB strategy covering the next 10 years.
- 3.2 The emerging strategy has at its core, an acknowledgement that health starts at home and inequalities, driven in large part by wider socio-economic determinants, is a reason why inequalities exist. This means across our communities there is variability in outcomes, especially between the north and south of both boroughs and specific communities. To address these inequalities requires a whole system response with people and communities having greater control and responsibility, and having a more active role, in their own health.
- 3.3 By adopting a system approach, underpinned by neighbourhood working, the HWB strategy aims to ensure there is a more visible and active role of public sector and partners in improving health by working closer with residents to transform, not just the lives of people and families, but also the culture and function of how public sector and others work. In effect it is about building an effective bridge into local communities, building trust, connecting up services and seeing communities and peoples as assets to improve health inequalities.

## **Methodology**

- 3.4 The HWB strategy is being led by a working group with representatives from the HWB and wider partners. The first phase of the work, as agreed with the HWB, was to undertake a review of existing strategies across partners and also to understand what residents have already told us about what is important to them. In addition, over the summer period there has been various engagement activities undertaken with residents and other stakeholders to start informing and shaping the HWB strategy. Appendix A provides a summary of this work and also the present and future engagement activities.

- 3.5 Underpinning the development of the HWB strategy priorities is also the Joint Strategic Needs Analysis (JSNA) for both boroughs (see next section). Shifting many of the metrics within the JSNA will be a key outcome for the HWB and HWB strategy.
- 3.6 To further inform the development of the strategy wider engagement with residents, local organisations and wider system partners, including business, is being planned and undertaken.

### Initial Findings

- 3.7 The broad outcomes, previously agreed by the HWB in January have helped to inform the development of the strategy and also areas of engagement. These included:
- To reduce inequalities across our boroughs by ensuring local people have opportunities to improve their lives through improving life expectancy and quality of life by narrowing the gap in terms of housing, employment, air quality and other key areas.
  - Models of care to be more sustainable to continuously improve individual outcomes.
  - Residents have greater control over their own health and well being
  - People will live in active and supportive communities with access to support that their family and they need and able to establish and build on local and personal assets
  - People can access quality services that are created with them and their families in mind.
- 3.8 Based on the initial phase of the HWB strategy, two potential vision statements have emerged, supported by 10 areas of ambition in five pillars (See appendix B). As engagement with residents and wider stakeholders is rolled out these will be shaped and refined through a series of activities, including 121 conversations, events, surveys etc. The HWB is welcome to comment on both elements.

## **4. JSNA**

- 4.1 The Joint Strategic Needs Assessment (JSNA) is the process by which we understand local need and develop local evidence-based strategies and initiatives which will improve residents' health and wellbeing, and reduce inequalities.
- 4.2 The production and publication of a JSNA is a joint statutory requirement on Local Authorities and NHS, with the process being overseen by the Health and Wellbeing Board.
- 4.3 The JSNA is not a single product. It includes a suite of resources which makes local data and intelligence accessible to a range of stakeholders, including the council, health partners, voluntary organisations and residents.
- 4.4 The latest draft of our borough stories have been summarised in Appendix C. These stories provide a collective summary of the health and wellbeing needs of our residents. It is the action derived from this local understanding, which informs procurement and strategic

development, including the Health and Wellbeing Strategy, and will ensure we deliver the right services and activities for our residents.

## **5. Legal Implications**

- 5.1. Health and Wellbeing Boards are required to prepare a Joint Strategic Needs Assessment (JSNA) under s116A of the Local Government and Public Involvement in Health Act 2007. Work is presently underway and the evidence collated will inform the drafting of the HWB strategy.

## **6. Financial Implications**

- 6.1 There are no financial implications arising as a result of this report.

## **7. Carbon Impact**

- 7.1 The Health and Wellbeing strategy would aim to proactively support the climate action plan.

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

Grant Aitken, Head of Health Partnerships, Royal Borough of Kensington and Chelsea and Westminster City Council

**Email:** [grant.aitken@rbkc.gov.uk](mailto:grant.aitken@rbkc.gov.uk)

## Appendix A Health and Wellbeing Strategy

### Summary of Phase one

---

The following is a list of activities undertaken to inform the development of the draft vision statements and focus areas and ambitions.

#### Desk Top Review

Strategies	Reports	Insight and Engagement
Autism Strategy RBKC Council Plan WCC Emerging Corporate Strategy Cultural Strategy Best practice Health and Wellbeing Strategy Examples ICS Priorities Active Westminster Strategy Air Quality Action Plan RBKC and WCC SEND Strategies	Active Westminster Active Communities Report Church Street Youth Voices Project Report Bi-Borough Vaccine Sentiment Paper CP Summary Review SWIM Covid-19 Assertive Outreach Report SWIM Project Closure Report Mosaic Vaccine Hesitancy Report BMEHF Vaccine Report Fuller Report	Virtual Wallet User Findings Persona Profiles and Findings Youth Wellbeing Feedback Young People Covid Concerns My Care My Way City For All – Resident Engagement Findings Youth Outreach British Red Cross – Bi-Borough Covid Sentiment Survey 2020 & 2021 North Kensington Health and Wellbeing Survey Older People's Day Services consultation Grenfell EHW Adults Consultation WCC City Survey Citizens' Panel

#### Further Engagement

The aim of the HWB strategy engagement is to gather wider views of residents and partners on their priorities for the health and wellbeing of Westminster and Kensington & Chelsea. This will build on the findings from the desk top review.

We will work with and through existing structures across our communities, such as RBKC Council Plan consultation and the Future of Westminster Commission, to “test” the draft vision and ambitions with people to inform wider priorities over the coming years.

As we are about ensuring a collaborative and participatory approach to inform a comprehensive, coherent and relevant HWB strategy. This means having a whole public sector, whole sector approach to the design and delivery services informed and influenced through meaningful community engagement. There is a commitment that our citizens' voices are heard as part of developing the Health and Wellbeing Strategy, to ensure it reflects local needs and is built up from the needs and aspirations of local communities.

#### Objectives

We aim for this to be a dynamic process of dialogue between individuals and groups, based upon a genuine exchange of views with the objective of influencing the Health and Wellbeing Strategy and its subsequent programmes of action.

Thus, for our engagement to be successful, we have outlined exactly what it is for:

- **Information sharing** – We will explain what is happening across the place-based partnership and be transparent about the work still to be done
- **Consultation** – We want to know if we have identified the right priorities and if they resonate with residents
- **Resident Voice** – People will be able to input and influence the direction of the strategy
- **Communities at the centre** – this is only the start of a longer term involvement in how the HWB strategy meets its ambition and we will continue to work in collaboration with our communities through the HWBB new ways of working.

## Audiences

The key audiences for the engagement strategy are:

- **Residents**
  - We want to know what most impacts residents health and wellbeing and how they want to see those issues addressed. We want to make sure that the Health and Wellbeing Strategy is engaging for residents and resonates with them.
- **Organisations in Health and Social Care System**
  - We want to make sure that the expertise within the Health and Social Care system is utilised to ensure that the most impactful solutions to ill-health and wellbeing and health inequalities are included in the strategy. We want to make sure that those within the system are inspired by the strategy.
- **Stakeholders that impact upon the wider determinants of health**
  - We want to make sure that the strategy reflects bi-borough as a place and that all partners within our boroughs are aware of and bought in to how they can improve health and wellbeing on Westminster and Kensington & Chelsea.

## Summary of Engagement Activity To date

### Engagement Update – September 2022

Existing Events	Existing Forums	Workshops
<ul style="list-style-type: none"> <li>Spring and summer events as part of inequalities programme               <ul style="list-style-type: none"> <li>450 events</li> <li>11,691 people engaged</li> </ul> </li> <li>Citizen Panel Market Stall</li> <li>Youth Action Alliance</li> <li>CYP Plan Engagement</li> <li>Mosaic</li> <li>Active Westminster Weekend</li> <li>Portobello Business Centre</li> </ul>	<ul style="list-style-type: none"> <li>Youth Parliament</li> <li>Open Age</li> <li>MH Board</li> <li>Youth Council</li> <li>Children in Care Council</li> <li>OneWestminster</li> <li>KCSC</li> </ul>	<ul style="list-style-type: none"> <li>NHS led workshops sessions</li> <li>NWL ICB strategy engagement</li> <li>Young Westminster/Kensington and Chelsea Foundations</li> <li>Age UK</li> <li>Abbey Centre</li> <li>ADKC</li> </ul>
Focus Groups	1-1 Sessions	Surveys
<ul style="list-style-type: none"> <li>Public Health Champions</li> </ul>	<ul style="list-style-type: none"> <li>WCC/RBKC/NHS Officers</li> <li>RBKC/WCC Youth Hubs</li> <li>Healthwatch</li> </ul>	<ul style="list-style-type: none"> <li>Creating survey for Resident societies, amenity societies, and wider stakeholders to supplement consultation events</li> <li>Formal consultation will have a full survey for respondents to complete</li> </ul>

Activity over the summer has had two aims:

- 1: Ensure wide engagement with groups and organisations to plan future conversations
- 2: Utilise existing events/groups to get feedback

**Main headlines to date emerging and being reinforced in how the HWB strategy develops includes:**

- Access to GPs health care – development of neighbourhood teams and wider community led health interventions needed
- Support for families with young children
- Demand for more group social activities
- Assistance with physical fitness/health
- Help with loneliness and mental health issues
- Cost of living (mostly referring to access to healthy food)
- Sense of community, or a general awareness of the events and activities happening in their area

## Draft Vision/Mission Statement Options – Iteration 2

*Still being developed through community led engagement with residents and local organisations etc.*

### Vision 1

Our boroughs are safe, green, vibrant places that support all local people to live happy and healthy lives, supporting both their physical and mental health needs.

### Vision 2

We will work closely with our communities to tackle inequalities across Westminster and Kensington and Chelsea. We will help communities to build strength and resilience so that together, we can support all people to have good mental and physical health.



## Focus areas and ambitions – iteration 2

### Physical Wellbeing

Our children have the best start in their lives so they can feel safe and happy.

People and Communities can work together for a healthier and more equal society, supporting residents to live healthy lives.

### Mental Wellbeing

All people are supported to look after their mental wellbeing.

### Healthy Places

Everyone has access to a good quality home.

Our boroughs are healthy places to live, with opportunities for people to have a healthy lifestyle.

Everyone is part of a community and feels safe in the places they live, work, study and visit.

### Healthy Partnerships

All people are treated fairly and are able to shape the decisions that affect them.

All people are cared for by the people and services that best meet their needs, in the right place, and at the right time.

### Opportunities

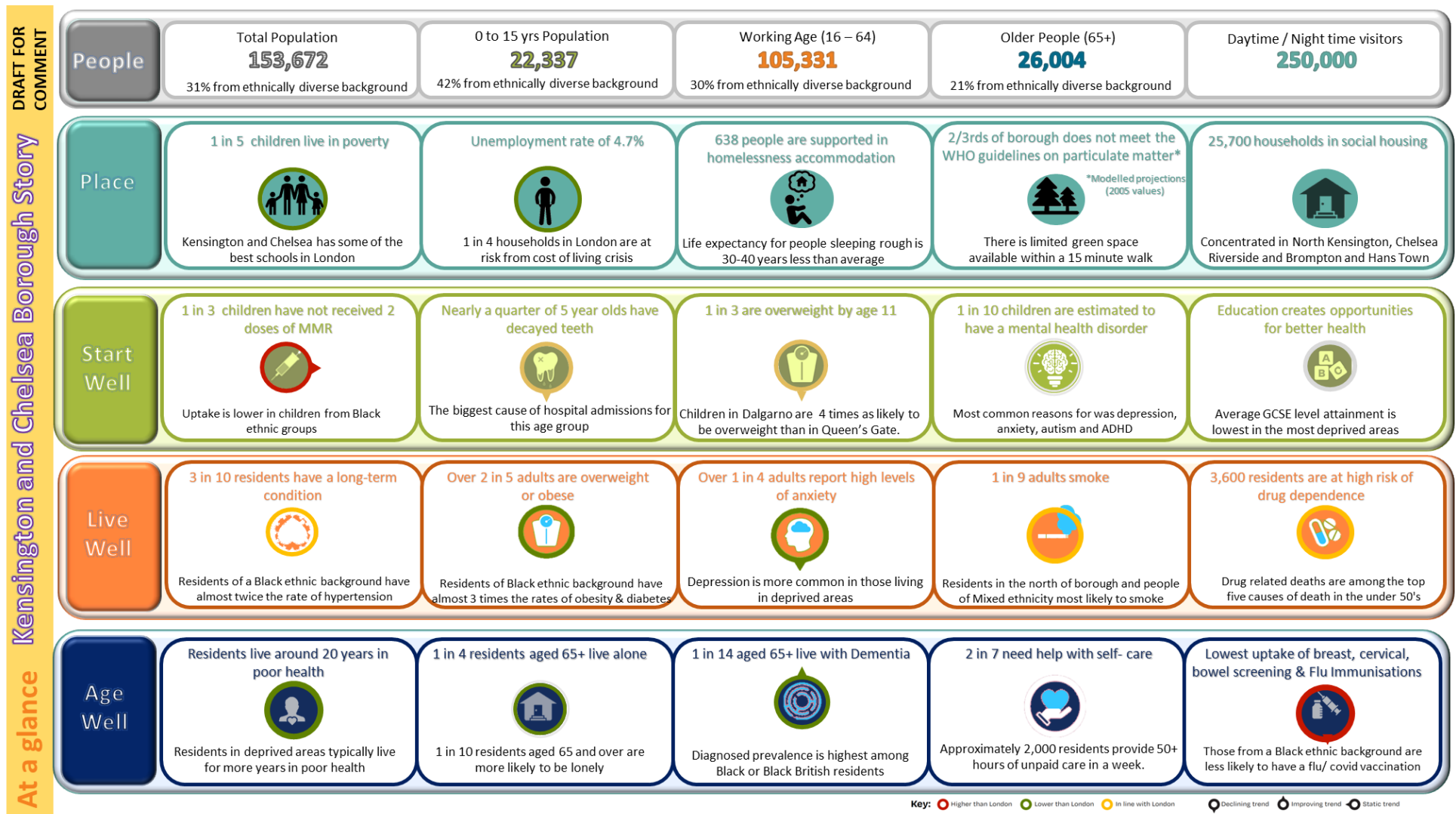
All people are financially stable and have access to good jobs if they are looking for work.

All people are supported to live as independently as possible.



## Appendix C Draft Borough Stories Joint Strategic Needs Assessment

Kensington and Chelsea Draft Borough Story – Design still to be completed. Please send any comments to [publichealthdepartment@westminster.gov.uk](mailto:publichealthdepartment@westminster.gov.uk)





**DRAFT FOR COMMENT**

*By developing a borough story, outlining our collective understanding of local need, we can identify priorities for action and ensure that initiatives and services are delivered in a way that is proportionate to the needs of our communities.*

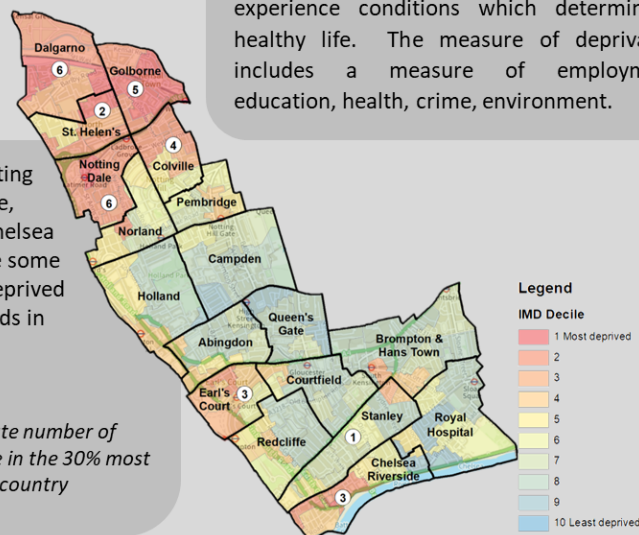
## People

Kensington and Chelsea is a small but densely populated and vibrant central London borough. The population is unusual in that it has a large proportion of older working age residents and very few children, as well as high levels of international migration and cultural diversity. Rich and poor live side by side, particularly in the north of the borough.

### Areas of deprivation

Dalgarno, Notting Dale, Golborne, Colville and Chelsea Riverside have some of the most deprived neighbourhoods in the country.

Numbers indicate number of areas which are in the 30% most deprived in the country



Health is closely associated with deprivation. Deprivation is a way to assess the extent to which people living in an area experience conditions which determine a healthy life. The measure of deprivation includes a measure of employment, education, health, crime, environment.

### Residents

Kensington and Chelsea is the **smallest** London Borough both in terms of size and population. It is densely populated with a high proportion of single households. Despite it's size there is great diversity.



1,612 births

Our borough is home to **153,672 residents**, 31% identify themselves as from a Black, Asian or other non-white ethnic background. 21% of residents do not have English as their main language. Although **Arabic is the most commonly spoken language after English**, there is great variation across all wards.



917 deaths

Whilst the number of children living in the borough is expected to decline, the number of **people aged 65 or over is expected to double** in the next 20 years. There are 105,331 residents of working age (69%)

From April to March 2022, the unemployment rate in Kensington and Chelsea was 4.7%, lower than London (5.5%) with rates varying by area. Average annual income in the most deprived wards is £41,425 compared to £69,235 in more affluent areas around South Kensington. 1 in 4 homes in London are at risk of the cost of living crisis.



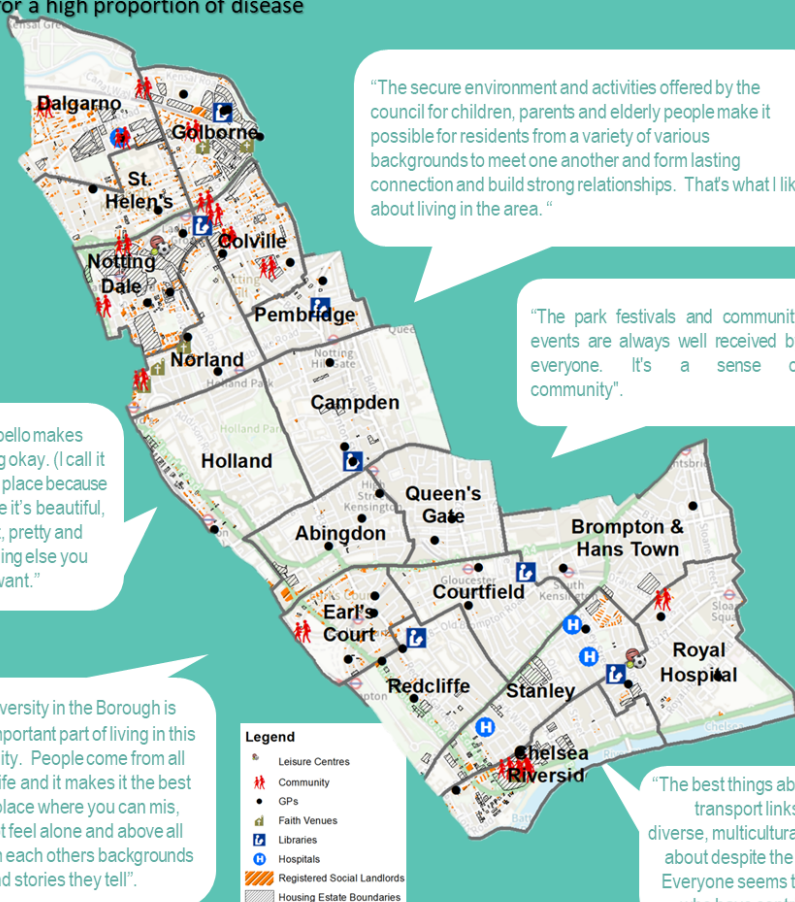
Life expectancy in our borough overall is **high** with the average man living to 84 years and the average woman living to 87 years. This average disguises the variation in how long and how well residents across the borough live. **Men can expect to live 18 years longer** in Courtfield ward than in Notting Dale. Women in Holland ward live 15 years longer than those in Notting Dale.



## Place

### DRAFT FOR COMMENT

The impact of a person's social and environmental surroundings including employment, housing and factors such as size and quality of social network influence health behaviours. Unhealthy behaviours and exposures go on to account for a high proportion of disease



"The secure environment and activities offered by the council for children, parents and elderly people make it possible for residents from a variety of various backgrounds to meet one another and form lasting connection and build strong relationships. That's what I like about living in the area."

"The park festivals and community events are always well received by everyone. It's a sense of community".

"Portobello makes everything okay. (I call it my happy place because believe me it's beautiful, vibrant, pretty and everything else you want."

"The diversity in the Borough is another important part of living in this community. People come from all walks of life and it makes it the best livable place where you can mis, enjoy not feel alone and above all learn from each others backgrounds and stories they tell".

"The best things about living in the area is the great transport links, it's absolutely beautifully diverse, multicultural. You feel relaxed when walking about despite the troubles with the youth gangs. Everyone seems to be open. It's rich with people who have contributed to their communities."



### At a glance....

Kensington & Chelsea is the centre of London culture and hosts many nationally and internationally recognised cultural attractions. The Natural History, Science, and Victoria and Albert museums welcome over 10 million visitors each year between them.

- Holland Park lies at the centre of the borough but there is limited green space available for physical activity and mental wellbeing within a 15 minute walk in the North and South of the borough.
- There is a busy road network within the borough and air quality is a risk to health for all, most particularly for children and those with underlying health conditions. Based on modelled projections, two thirds of the borough does not meet the World Health Organisation 2005 guidelines on levels of particulate matter (PM2.5).
- There are 25,700 households living in social housing. These are mostly concentrated in the five wards in North Kensington, Chelsea Riverside the Sutton Estate and in Brompton and Hans Town.
- The life expectancy for someone sleeping on the streets is 30-40 years less than average. Kensington and Chelsea has very few street homeless but 638 people are being supported by the Council in homelessness accommodation.
- We have some of the best schools in London but with a fifth of children living in poverty, there is significant disadvantage for families to overcome in order to ensure that children have the best start.
- The food environment influences whether healthy choices are the easiest choice. Residents living in more deprived areas report challenges accessing healthy, affordable food.

## Start well

DRAFT FOR COMMENT

What happens in pregnancy, childhood and adolescence impacts on physical and emotional health all the way through to adulthood.

Where our children live, their household income and how they are cared for all impact on the health and wellbeing of our children.

There are 22,337 children under 16 living in our borough, 42% from a Black, Asian or other ethnic minority background. In contrast to the older population, the younger population is expected to reduce by a fifth over the next 20 years.

In Kensington and Chelsea 1 in 5 children are living in poverty, 1 in 3 are overweight by the time they leave primary school and 1 in 10 are affected by mental health problems. Working with our communities to codesign activities to embed prevention and healthy lifestyles is key to ensuring we give our children the best start in life.

*"It's good for us to socialise as communities, our kids have become too used to using their screens during lockdown, they are more isolated. We need more group and physical activities for kids."*

### 1 in 3 children have not received 2 doses of MMR

For all types of childhood vaccinations **uptake is significantly below** the London and England average and below the 95% target to stop the spread and protect the community. For example, only 66% have received 2 doses of measles, mumps and rubella (MMR) immunisation at or before the age of five. Uptake varies within the borough, ranging from 55% in Earl's Court to 83% in South Kensington. **Uptake is lower in children from Black ethnic groups.**



### Nearly a quarter of 5 year olds have decayed teeth

By the age of 5, almost a quarter of 5 year olds have one or more decayed, filled or missing teeth. It is the biggest cause of hospital admission and time missed at school. 1 in 4 children have seen a dentist in the past 2 years. While the majority of child dentist appointments are check up only, 1 in 3 include a mid range treatment such as fillings, and 1 in 17 are urgent treatments.



### 1 in 10 children have mental health needs

In 2020 an NHS survey estimated that 10% of 5-19 year olds in London have a mental, behavioural or emotional health disorder – 1,987 children and young people in Kensington and Chelsea. They are almost twice as likely to live in a household that has fallen behind with payments. About 1,000 children are in contact with mental health services. Following the pandemic, **service activity has increased by 33%** and **GP activity for mental health has doubled**. The most common reasons for presentation to a GP was depression, anxiety, and autism followed by Attention Deficit Hyperactivity Disorder.

### 1 in 3 are overweight by age 11

The proportion of children entering primary school aged 4-5 who were overweight or obese was 20%. This rises to 37% of children aged 10-11 leaving primary school. This varies by ward, for example those in year 6 living in Dalgarno are **four times as likely to be overweight** than those living in Queen's Gate. Children whose parents are obese are more likely to themselves be obese. This highlights the complexity of supporting families to maintain or reach a healthy weight. Being an unhealthy weight is more likely in children from **other ethnic groups** at ages 4-5 and in children of **Black or Black British origin** at age 10-11.



### Education creates opportunities for better health

**1 in 5 children** live in poverty and over 4,400 children are **eligible for free school meals**. Education can trigger healthier futures and protect against disadvantage in later life. **70%** of children had a good level of development at the end of reception year and 29% of children achieving 5 GCSEs at Grade 5+. Average GCSE level attainment is lowest in the most deprived areas. 3% of children have educational health care plans and 12% children have special educational needs support.

Compared to  
London

Lower

Comparable

Higher

Improving  
trend

Declining  
trend



DRAFT FOR COMMENT

## Live well

The impact of a person's social and environmental surroundings, including employment and housing, and factors such as loneliness and isolation influence healthy behaviours and outcomes.

Differences in the lived experience of these wider determinants of health drive inequalities in health and wellbeing across and within the borough.

There are 105,331 residents of a working age (69%) in our borough. 30% of the working age population are from a Black, Asian, or other ethnic minority background

1 in 9 smoke, over 2 in 5 adults are overweight or obese and 1 in 7 have a mental health condition. As well as health disparities between different locations in the borough, we see different health outcomes among residents from different ethnic backgrounds, with people from Black, Asian and other minority groups more likely to have diabetes, be overweight, impacted by mental health and suffer from hypertension.

We must address the needs of the high proportion of residents living in temporary accommodation, improve employment rates, as well as the rising cost of living.

*"Many of my neighbours report challenges with confidence and isolation, I would like to see opportunities for meeting up with other people to do meaningful creative activities such as repairing old clothes, art, music, photography trips, cooking and crafts; and having a person of reference to talk to when things get tricky. Is it that difficult?"*

*"Relaxing activities for kids, coffee mornings for isolated people, and more group activities for those with diabetes and for older people such as swimming will support all of our health and wellbeing."*

### 2 in 5 residents drink more than is recommended

The causes of long-term conditions are complex. Unhealthy behaviours and exposures go on to account for a **high proportion of disease**. Someone in mid-life who smokes, drinks too much, exercises too little and eats poorly is **four times as likely to die** over the next 10 years than someone who does none of these things. **2 in 5 drink more than is recommended** and 4,370 residents aged 18 or over have a high risk of alcohol related health issues. The borough has the lowest alcohol related hospital admissions in London.



### Over 2 in 5 adults are overweight or obese

Obesity is associated with **reduced life expectancy** and can impact on our mental health and wellbeing. 7,300 of adults are diagnosed obese. 1 in 5 residents are inactive. There are a wide range of drivers of obesity including access to healthy food, physical activity as well as social and psychological factors. **Residents from a Black ethnic background have almost 3 times the rates of obesity** than those from a White background.



### Opiate and Non-opiate dependence

3,600 residents aged over 18 have a high risk of drug dependence. Drug related deaths are among the top five causes of death in the under 50's.



### 1 in 9 smoke

**1 in 9** residents aged over 18 smoke. Most likely to smoke are those in manual occupations, those living in the north of borough and those of mixed ethnicity. The **smoking quit rate** is among the highest in London (65%).



### Over 1 in 4 report feeling anxious

Over 1 in 4 residents (29%) reported that they felt high levels of anxiety the day before, the highest proportion in London. 1 in 7 have a mental health condition and 1 in 12 have a GP diagnosis of depression; this is more common among those from **Black and Mixed ethnic groups** and those living in more **deprived areas**. Although rates of suicide in the borough are below those for England, on average 13 residents take their lives each year.



### 3 in 10 residents have a long term condition

**Almost 30% of residents** have one or more long term conditions in our borough. The proportion of conditions increases with age and is higher among those living in more **deprived areas**. Residents from a Black ethnic background have **double the rate of hypertension**, and three times the rates of diabetes than those from a White background. Uptake of **health checks** is among the highest in London, with 57% of residents taking up the offer.

## Age well

DRAFT FOR COMMENT

Whilst people are living longer, this has not been matched by a similar increase in the length of time people live in good health. As a result, people tend to live for longer in poor health, and with a diminished quality of life.

The number of people in Kensington and Chelsea aged 65 or over is 26,004, this is expected to double in the next 20 years. 21% are from a Black, Asian, or other ethnic minority background.

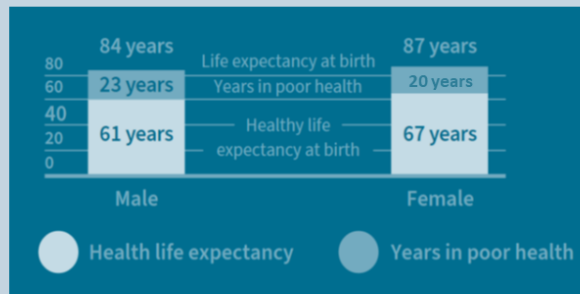
In 2020 there were 759 adults over 65 living in a care home.

1 in 14 of our older population are living with dementia, and our diagnosis rates are below the London average. Early identification of health conditions, quality of care and support of carers helps to maintain the health and wellbeing of residents and ensure they maintain independence for as long as possible.

*"The community around me is very special to me. As an old lady living alone, when my local support services check in on me and take time to listen, I get the feeling that 'somebody cares for me', and that is very special."*

### Residents live around 20 years in poor health

The lifestyles choices we make can have a significant impact on our health in later life. On average males are living 23 years in poor health and females 20 years. Residents in deprived areas typically live for more years in poor health.



### Nearly a quarter of residents aged 65 and over live alone

It is estimated that 8,198 people over 65 are living alone in Kensington and Chelsea. Nationally, it is estimated that around **10% of the population** aged over 65 are lonely. There are **four life events associated with social isolation among older people: retirement, falling ill, a spouse dying, and going into care.**

### Lowest uptake of Screening & Immunisations

Cancer screening, particularly breast, cervical and bowel cancer, is among the **lowest in the country**, with those with **mental health needs the least likely to access services**. Uptake of the flu vaccination in winter, by people who are at greater risk of developing serious complications if they catch flu, is low. Those from a Black background are less likely to have a flu/ covid vaccination.



### 1 in 14 residents aged over 65 live with Dementia

Dementia is probably the **biggest health care challenge** we face and is now one of the most **common causes of death** in London and our borough. There are an estimated 1,766 patients living with dementia in our borough, with only 916 with a formal diagnosis from their GP. Diagnosed prevalence is highest among **Black or Black British** residents. Leading a **healthy and active lifestyle can delay the onset of dementia**



### 2 in 7 need help with self- caring

7,200 adults over 65 were estimated to need help with at least one self-care activity e.g. getting in and out of bed. Looking after an adult with a disability or health problem can be tiring, stressful and isolating. Our borough now has approximately 2,000 residents providing 50+ hours of **unpaid care in a week.**



Compared to London

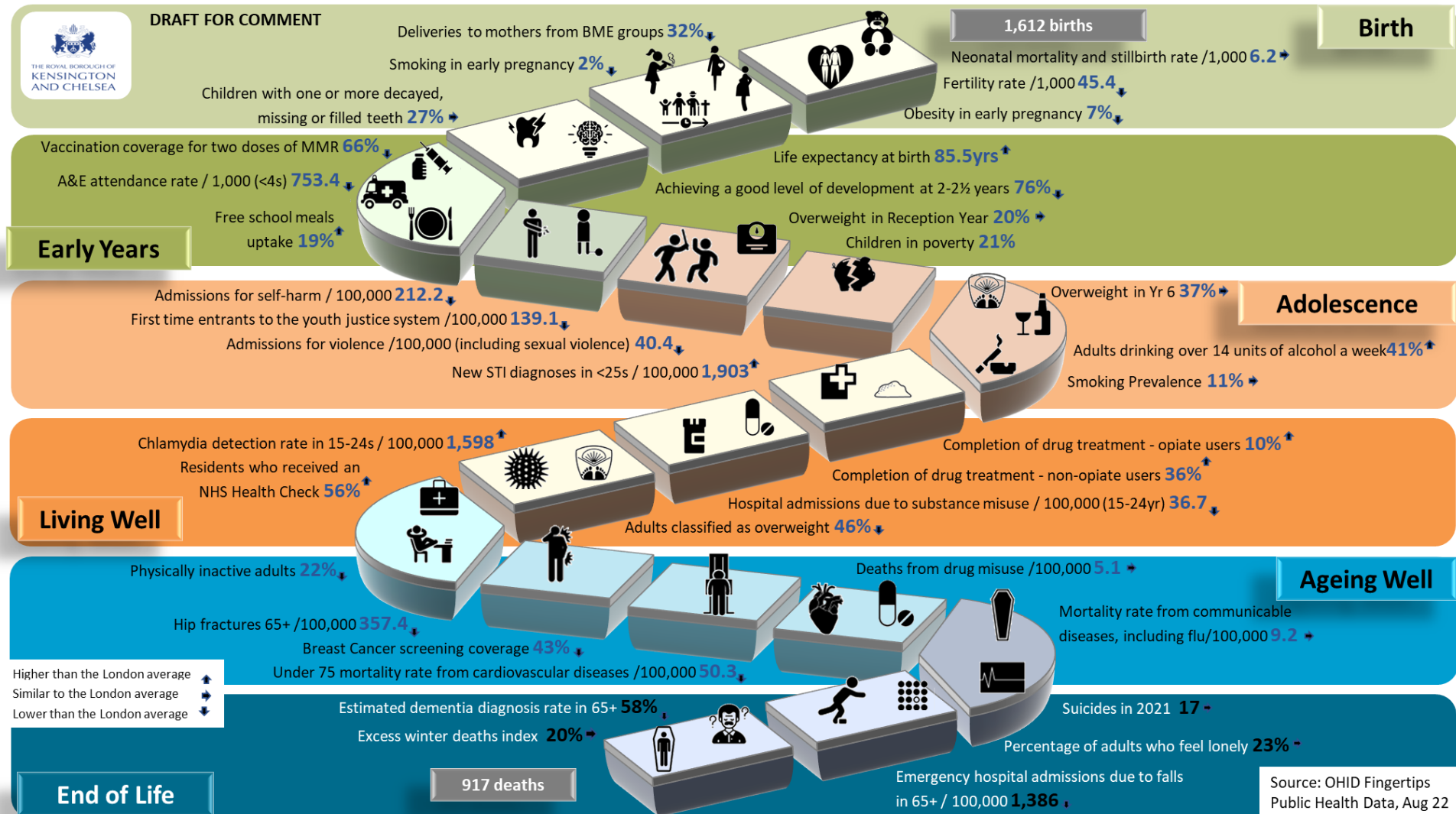
Lower

Comparable

Higher

Improving trend

Declining trend

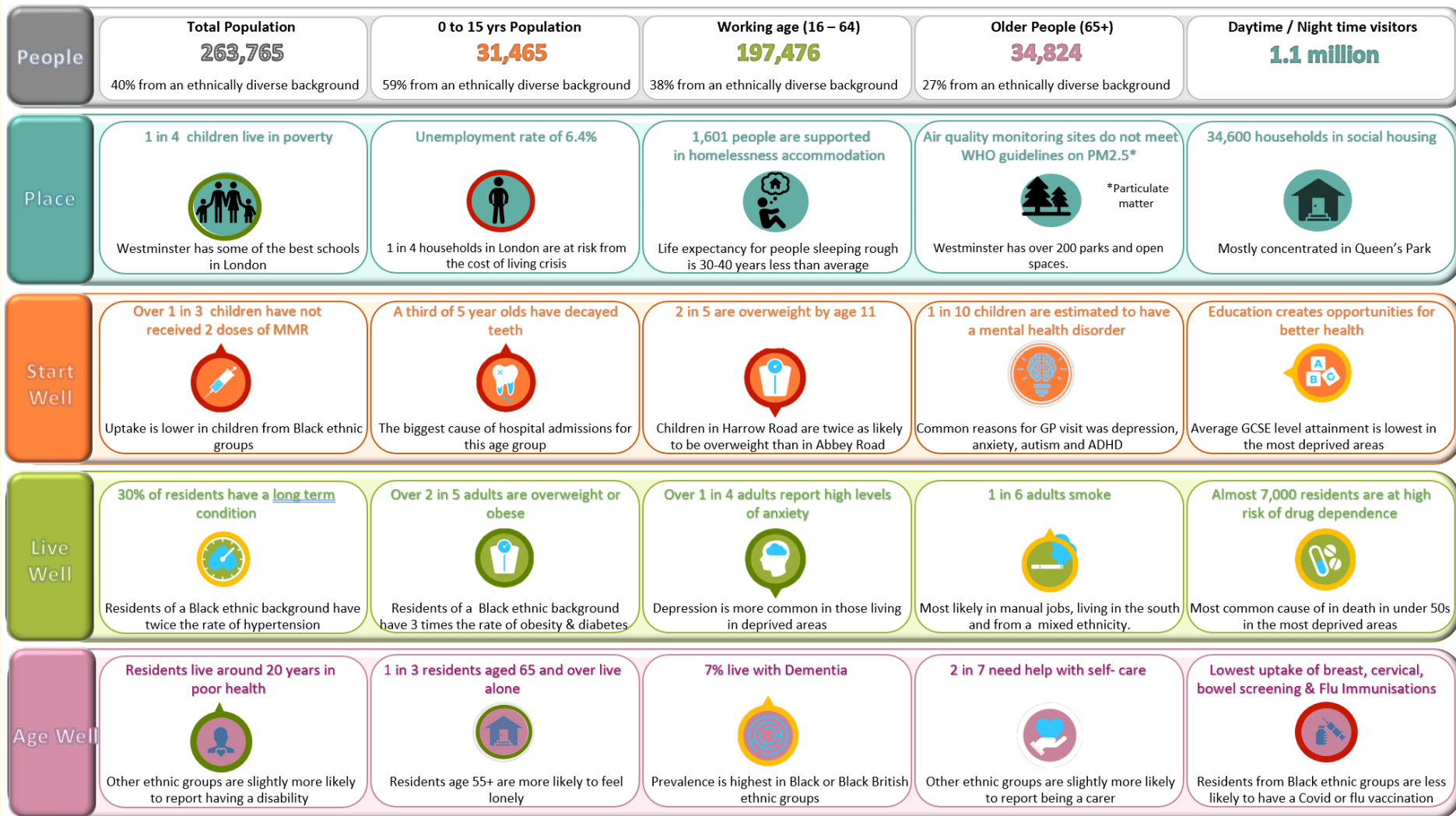








Westminster Draft Borough Story – Please send any comments to [publichealthdepartment@westminster.gov.uk](mailto:publichealthdepartment@westminster.gov.uk)

DRAFT FOR COMMENT

Westminster Borough Story

At a glance



Key:  Higher than London  Lower than London  In line with London  Declining trend  Improving trend  Static trend



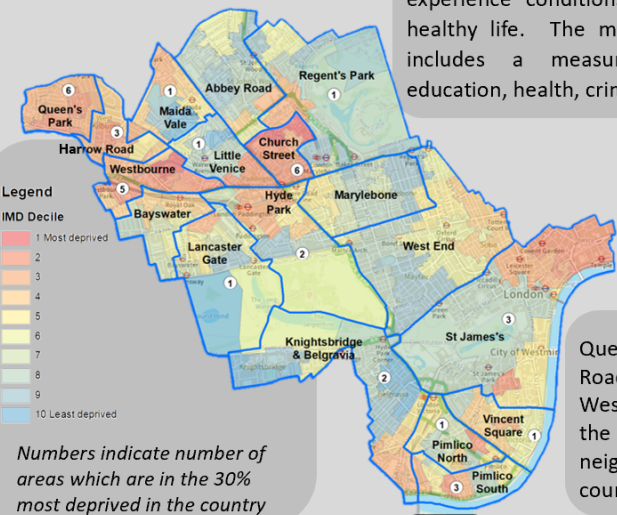
DRAFT FOR COMMENT

By developing this borough story, outlining our collective understanding of local need, we can identify priorities for action and ensure that initiatives and services are delivered in a way that is proportionate to the needs of our communities.

# People

Westminster is a densely populated and vibrant central London borough, with a daytime population four times the size of the resident population. The area has a large proportion of young working age residents, as well as high levels of international migration and cultural diversity, with rich and poor living side by side.

## Areas of deprivation



Health is closely associated with deprivation. Deprivation is a way to assess the extent to which people living in an area experience conditions which determine a healthy life. The measure of deprivation includes a measure of employment, education, health, crime, environment.

Queen's Park, Harrow Road, Church Street and Westbourne have some of the most deprived neighbourhoods in the country.

## Residents

Westminster is home to **263,765 people**, 40% from a Black, Asian or other non-white ethnic background. 30% of residents do not have English as their main language. **Arabic is the most commonly spoken language after English** but there is great variation across all wards.



2,089 births

Whilst the number of children living in the borough is expected to decline in the next 20 years, the number of **people aged 65 or over is expected increase**. There are 197,476 residents of working age (75%)



1,094 deaths

Westminster's population turnover is huge, around 25-30% of the population leave or arrive each year. Population change is driven by significant internal and international migration enabled by a sizeable private rental sector.

From April to March 2022, Westminster's unemployment rate was 6.4%, higher than London at 5.5% and the UK at 3.9%. The average annual income in the most deprived wards is £34,800 (Church Street) compared to £61,700 in more affluent areas around Marylebone. Even within the same neighbourhood, rich and poor households live in close proximity. 1 in 4 homes in London are at risk of the cost of living crisis.



Life expectancy in our borough is **high** with the average man living to 84 years and the average woman living to 87 years. This average disguises the variation in how long and how well residents across the borough live. In Westbourne ward a man is expected to live to the age of 76 while in Knightsbridge and Belgravia ward a man is expected to live to 94. A woman in the same wards is expected to live to 82 and 91 respectively





# Place

DRAFT FOR COMMENT

Westminster is a global city at the heart of the nation's capital. The daytime population including tourists is approximately 1.1 million which is the highest daytime population of any London Borough, including residents, employees and visitors.

"It's a real sense of community. People do still say hello. I know most of the people who live on my street" Emma, Queens Park"

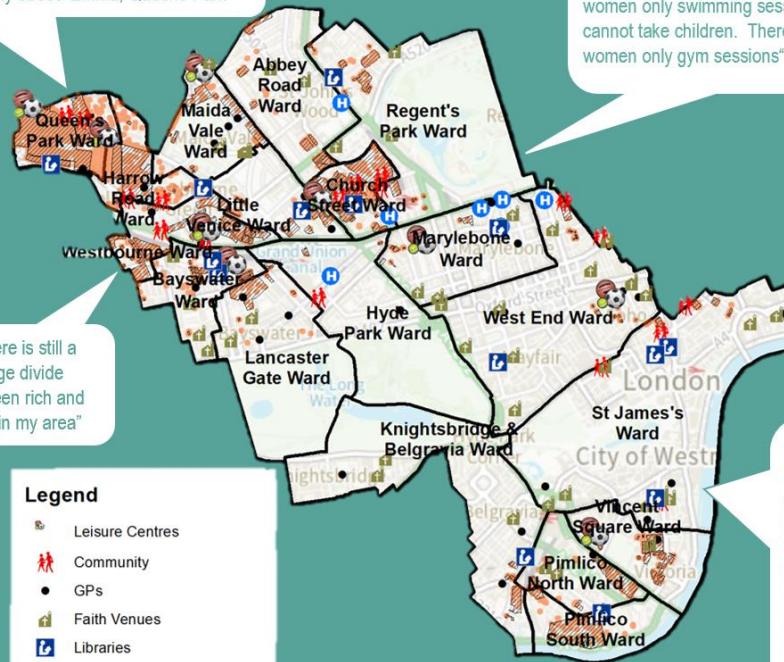
"The local leisure centre is expensive and people can't afford to go. They have women only swimming sessions but you cannot take children. There are also no women only gym sessions"

"There is still a huge divide between rich and poor in my area"

"A lot going on now, energy crisis this crisis, that crisis. How are we meant to focus on our health, when there's all these other things going on? Poverty's coming to hit a lot of us hard and it's scary, more needs to be done to help us through this."

## Legend

- Leisure Centres
- Community
- GPs
- Faith Venues
- Libraries
- Hospitals
- Registered Social Landlords
- Housing Estate Boundaries



## At a glance....

- Westminster has over 200 identified parks and open spaces ranging from large multifunctional areas to small ornamental garden squares and pocket parks.
- There is a busy road network within the borough and air quality is a risk to health for all, most particularly for children and those with underlying health conditions. All **11 air quality monitoring sites do not meet World Health Organisation guidelines for levels of particulate matter.**
- We estimate **24% (30,000) of Westminster households are particularly at risk from cost of living pressures** because they have low incomes and, in some cases, limited savings to insulate them against price rises.
- There are **34,600 households living in social housing.** These are mostly concentrated in Queen's Park.
- The **life expectancy for someone sleeping on the street is 30-40 years less than average.** 1,601 people are being supported by the Council in homelessness accommodation.
- We have some of the best schools in London but with a **quarter of children living in poverty**, there is significant disadvantage for families to overcome in order to ensure that children have the best start.

DRAFT FOR COMMENT

# Start well

What happens in pregnancy, childhood and adolescence impacts on physical and emotional health all the way through to adulthood.

Where our children live, their household income and how they are cared for all impact on the health and wellbeing of our children.

There are 31,465 children under 16 living in our borough, 59% from a Black, Asian or other ethnic minority background. In contrast to the older population, the younger population is expected to decrease over the next 20 years.

In Westminster nearly 1 in 4 children are living in poverty, 2 in 5 are overweight by the time they leave primary school and 1 in 10 are affected by mental health problems. Working with our communities to codesign activities to embed prevention and healthy lifestyles is key to ensuring we give our children the best start in life.

*"I like Westminster for the city life atmosphere it sets, there are many new builds across Westminster. I also enjoy the many green spaces around. However, I feel there should be more places like youth clubs, more help with youth getting into employment as there seems to be a lot of anti social behaviour issues around. There should be more family hubs, places to go for people to receive help they need."*

## Over 1 in 3 children have not received 2 doses of MMR

For all types of childhood vaccinations, **uptake is significantly lower** the London and England average and below the 95% target to stop the spread and protect the community. For example, **only 64% have received 2 doses of measles, mumps and rubella (MMR) immunisation** at or before the age of five. **Uptake varies** within the borough, ranging from 54% in Bryanston & Dorset Square to 84% in Knightsbridge, Belgravia & Hyde Park. Uptake is **lower in children from Black ethnic groups**.



## A third of 5 year olds have decayed teeth

By the age of 5, almost a third of children have one or more decayed, filled or missing teeth (**32%**). It is the biggest cause of hospital admission and time missed at school. **1 in 4 Westminster children have seen a dentist in the past 2 years**. While the majority of Westminster child dentist appointments are check-up only, 1 in 3 include a mid-range treatment such as fillings, and 1 in 12 are urgent treatments.



## 1 in 10 have a mental health disorder

A 2020 NHS survey estimated that 10% of **5-19 year olds** in London have a mental, **behavioural** or emotional health disorder – 4,268 people in Westminster. They are almost twice as likely to live a household that has fallen behind with payments. About 1,000 children are in contact with mental health services. Following the pandemic, **service activity has increased by 33%** and **GP activity for mental health has doubled**. The most common reasons for GP presentation was **depression, anxiety, autism and Attention Deficit Hyperactivity Disorder**.

## 2 in 5 are overweight by age 11

21% of children are overweight or obese when they enter primary school aged 4-5 years old. This rises to **41% of children aged 10-11** leaving primary school. This varies by ward, for example those living in **Harrow Road are twice as likely to be overweight than those living in Abbey Road**. Children whose parents are obese are more likely to themselves be obese. This highlights the complexity of supporting families to maintain or reach a healthy weight. Levels of unhealthy weight in children is highest in Black or Black British in Reception and among 'other ethnic groups' in Year 6.



## Education creates opportunities for better health

A quarter of our children live in poverty and **over 7,895 children are eligible for free school meals**. Education can trigger healthier futures and protect against disadvantage in later life. **71% of children had a good level of development** at the end of Reception Year, and 37% of children are achieving 5 GCSEs at Grade 5+. Average GCSE level attainment is lowest in the most deprived areas. **3% of children have educational health care plans** and 12% children have special educational needs support.



Key: ● Higher than London ● Lower than London ● In line with London

○ Declining trend

○ Improving trend

○ Static trend

# Live well

DRAFT FOR COMMENT

The impact of a person's social and environmental surroundings, including employment and housing, and factors such as loneliness and isolation influence the uptake of unhealthy behaviours.

Differences in the lived experience of these wider determinants of health drive inequalities in health and wellbeing across and within the borough.

There are 197,476 residents of a working age (75%) in our borough, 38% are from an ethnic minority background.

1 in 6 smoke, 2 in 5 adults are overweight and 1 in 5 have a mental health condition. As well as health disparities between different locations in the borough, we see different health outcomes among residents from different ethnic backgrounds, with some Black, Asian and other minority groups more likely to have diabetes, be overweight, impacted by mental health and suffer from hypertension.

We must address the needs of the high proportion of residents living in temporary accommodation, our high unemployment rates, as well as the rising cost of living.

*"Being outside in nature and the sun with the activity has been great and relaxing and more of these would help me manage my weight, mood and chronic pain."*

## 1 in 4 drink more than is recommended

Someone in mid-life who smokes, drinks too much, exercises too little and eats poorly is **four times as likely to die** over the next 10 years than someone who does none of these things. **1 in 4 residents drink more than is recommended and 7,500 residents** aged 18 or over have a **high risk of alcohol related health issues**. The borough has the eighth lowest **alcohol** related hospital admissions in London.



## 1 in 6 adults smoke

**1 in 6 (17%)** residents aged over 18 smoke. Most likely to smoke are those in manual occupations, those living in the south of borough and those of mixed ethnicity. The **smoking quit rate** is among the highest in London (65%).



## Premature mortality and drug dependence

**Almost 7,000** residents aged 18 or over have a high risk of drug dependence. This is the most common cause of death in under 50s in the most deprived areas. There are more deaths at younger ages in more deprived areas. The **mortality rate in the 45-49 years age group in the most deprived area is 11 times the rate in least deprived**.



## Over 2 in 5 adults are overweight or obese

Obesity is associated with **reduced life expectancy** and can impact on our mental health and wellbeing. 12,200 of adults are diagnosed obese. There are a wide range of drivers of obesity including access to healthy food, physical activity, social and psychological factors. **1 in 5 residents are inactive**. Residents from a Black ethnic background have 3 times the rates of obesity than those from a white background.



## Over 1 in 4 report feeling anxious

Over 1 in 4 (around 28%) residents reported feeling high levels of anxiety the day before. 17,578 residents have depression diagnosed by a GP (which is 1 in 16). Depression is more common among those from **Black and Mixed ethnic groups** and those living in more **deprived areas**. Although rates of suicide in the borough are below those for England, on average 18 residents take their lives each year.



## Health Checks

The uptake of NHS health checks is among the **top 10** boroughs in London, with 62% of residents taking up the offer.

Over **70,000** residents aged 16+ have one or more long term conditions in our borough. The proportion of conditions increases with age and is higher among those living in more **deprived areas**. Residents from a Black ethnic background have almost **double the rate of hypertension**, and almost **3 times the rates of diabetes** than those from a White background.



Key: Higher than London Lower than London In line with London

Declining trend Improving trend Static trend



# Age well

DRAFT FOR COMMENT

Whilst people are living longer, this has not been matched by a similar increase in the length of time people live in good health. As a result, people tend to live for longer in poor health, and with a diminished quality of life.

The number of people in Westminster aged 65 or over is 34,824, this is expected to increase to 58,723 in the next 20 years. 27% are from an ethnic minority background.

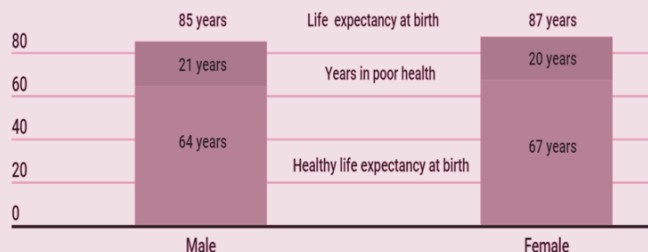
In 2020 there were 449 adults over 65 living in a care home.

7% of our older population are living with dementia, and our diagnosis rates are below the London average. Early identification of health conditions, quality of care and support of carers helps to maintain the health and wellbeing of residents and ensure they maintain independence for as long as possible.

*Many elderly people, like those with language and digital barriers, are now living in financial crises and it's causing them both physical and mental health issues. It clouds their ability to get vaccinated, prevent other health issues or keep up with their appointments"*

## Residents live 20 years in poor health

The lifestyles choices we make can have a significant impact on our health in later life. On average men are living 21 years in poor health and females 20 years. **Other ethnic groups are slightly more likely to report having a disability.**



## Lowest uptake of Screening & Immunisations

Cancer screening, particularly breast, cervical and bowel cancer, is among the **lowest in the country**, with those with **mental health needs least likely to access**. Uptake of the flu vaccination in winter by people who are at greater risk of developing serious complications if they catch flu is low. **Residents from a Black background are least likely to have a flu or Covid-19 vaccination.** And residents from **more deprived areas are less likely to have had a flu vaccination.**

## 2 in 7 need help with self-care

**9,500 adults** over 65 were estimated to need help with at least one self-care activity e.g. getting in and out of bed. Looking after an adult with a disability or health problem can be tiring, stressful and isolating. Our borough now has approximately 1,070 residents providing 50+ hours of **unpaid care in a week**. Those from **other ethnic groups are slightly more likely to report being a carer.**



## 1 in 3 residents aged 65 and over live alone

It is estimated that 10,704 people over 65 are living alone in Westminster. In the City survey residents aged 55 years+ were more likely to be lonely, with 1 in 5 reporting this. There are **four life events associated with social isolation among older people: retirement, falling ill, a spouse dying, and going into care.**



## 7% of older residents live with dementia

Dementia is probably the **biggest health care challenge** we face and is now one of the most **common causes of death** in London and our borough. There are an estimated 2,343 patients living with dementia in our borough, with only 1,154 with a formal diagnosis from their GP. Prevalence is **highest in Black or Black British ethnic groups**. Leading a **healthy and active lifestyle can delay** the onset of dementia.



Key: ● Higher than London ● Lower than London ● In line with London

○ Declining trend

○ Improving trend

○ Static trend

