



TRI-BOROUGH PUBLIC HEALTH REPORT

2013-14



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EXECUTIVE SUMMARY

This is the Annual Public Health Report for the boroughs of Westminster, Kensington and Chelsea and Hammersmith and Fulham (collectively known as Tri-borough). It is the first report to be published since local councils took back responsibility for public health, after 40 years in the NHS.

Health isn't just something we get in the doctor's surgery. It's something that starts in our families and homes, in our schools and workplaces, in our playgrounds and parks, on our high streets and in the air we breathe, the food we eat and the water we drink.

LOCAL HEALTH OVERVIEW

The full report provides a snapshot of the health of the people who live in our boroughs, identifies some of the local public health priorities and describes some of the current projects designed to improve the health and well-being of local people.

Compared to the rest of the country, people living in the Tri-borough area are relatively healthy. Overall life expectancy is at, or higher than, the national average for both men and women but there are big differences between different communities. For example, men

in more affluent areas of Westminster are expected to live 16.9 years longer than those in more deprived areas and this gap is growing. For women the difference is 9.7 years. These inequalities are unfair and unacceptable.

We need to make sure people are supported to make healthy choices, protected against risks to their health and, working with NHS, equal access to health care services.

LOCAL RISK FACTORS

The major causes of death and disease locally are the same as those across the country. The biggest killers in our area are cancer, heart disease and respiratory disease.

There are other causes of death and disease locally that are bigger problems here than in other parts of the country. These include poor air quality, tuberculosis and people living with HIV/AIDS. We've worked closely over the

last year with local GPs to improve the early detection of HIV/AIDS so people can get access to the health and social care services they need.

OUR FOCUS FOR PUBLIC HEALTH FOR THE NEXT YEAR

Over the next year, we intend to focus our efforts on the things that we believe will make the biggest difference to the health and well-being of our residents, and the things that will improve the health of the people who need it the most the fastest.

The areas of focus are:

1. People living in more deprived areas suffer more health problems and die earlier than the rest of our residents. These health inequalities can only be reduced if there is a focused effort across all services that affect health and wellbeing. These services include leisure, education and employment, housing and planning.
2. Giving every child the best start in life is crucial to reducing health inequalities. Children who live in poverty are at greater risk of health and social problems later in life – from obesity, heart disease and poor mental health, to educational achievement and employment status.
3. Unhealthy lifestyle choices tend to cluster together. So people who smoke are more likely to drink too much alcohol or to use other drugs and are also more likely to have poor diets and live inactive lives. We need to consider how we can help people address multiple rather than individual unhealthy behaviours.

4. The number of 10 and 11 year old children who are obese in our schools is almost 40%. This matters, as they have a much higher risk of growing up to be overweight or obese as adults and of getting diabetes, heart disease, stroke and some cancers as they grow older.
5. Our population is ageing and this means we will need to support growing numbers of people living with multiple conditions including dementia, cardiovascular disease, respiratory disease and frailty. These conditions are often linked with factors like social isolation and poor housing which can make care more complicated.

By focusing on these priorities and actions we believe that we can make a difference through working with partners, like residents, council departments, NHS commissioners and providers, community and voluntary organisations and businesses, and improve the health and well-being of people who live, work and visit our three boroughs.





FOREWORD FROM CLLR ROBATHAN, CLLR WEALE AND CLLR GINN

In 2013 Public Health was transferred from the NHS to Local Government. As the cabinet members who hold the health brief in Westminster City Council, the Royal Borough of Kensington and Chelsea, and Hammersmith and Fulham (together known as Tri-borough), we are delighted to welcome the Public Health function and its professional, talented and committed staff.

Health and wellbeing matter to human, social and economic development. Poor health wastes potential, causes despair and depletes resources. There remains an urgent need to promote and protect health, especially for the most vulnerable segments of the population.

This is the first Annual Public Health Report to be produced within Tri-borough and it gives us baseline information about the people who live in the area and provides vignettes of some of the Public Health activities this year that are starting to make a difference. It also shows how we are prioritising the issues that still need to be addressed such as the wide health inequalities that exist in our communities.

Our aim in promoting this Annual Public Health Report is to generate interest in the health and wellbeing of communities and in public health as a new way for us locally to make a real difference to the quality of life in our communities in partnership with other local organisations. This is both our opportunity and our challenge.

Councillor Rachael Robathan

Westminster City Council
Cabinet Member for Adults and Public Health

Councillor Mary Weale

Royal Borough of Kensington and Chelsea
Cabinet Member for Adult Social Care and Public Health

Councillor Marcus Ginn

London Borough of Hammersmith and Fulham
Cabinet Member for Community Care



MESSAGE FROM DIRECTOR OF PUBLIC HEALTH

This is a report of firsts. It is the first Annual Public Health Report that has been published by Tri-borough Public Health on behalf of our three boroughs. It is also the first report to be published since the Health and Social Care Act (2012) returned public health to Local Government after an almost forty year stay in the NHS.

I'm confident that public health has found its rightful home. That's because health isn't just something we get in the doctor's surgery. It's something that starts in our families and homes, in our schools and workplaces, in our playgrounds and parks, on our high streets and in the air we breathe, the food we eat and the water we drink. These are all things where local council services have some influence and the opportunity is now here for health and wellbeing to be at the centre of how we plan and deliver services.

In doing so, I am mindful that we are standing on the shoulders of some of the giants in public health history. Our three boroughs have played a part in some of the most remarkable achievements in public health over the last two hundred years. From John Snow and the Broad Street Pump to Joseph Bazalgette and Sewers and Michael Marmot's Whitehall studies on work, status and health inequalities. We are both humbled and inspired by these events and are committed to working closely with our council colleagues, as well as local NHS commissioners,

business, community organisations and, most of all, residents to ensure that we continue the tradition of improving health and reducing health inequalities in our boroughs.

It is still early days and this first annual report takes a closer look at some of the projects we have been involved in this year and pays particular attention to some of the ways that the move of public health into our local authorities has encouraged new ways of working with all sectors that have a role in improving residents' health – the councils, NHS, Voluntary Sector and communities. However there is still much to be done and much for us to learn together. This report is meant to be read in conjunction with the Joint Strategic Needs Assessment (JSNA) Highlight Reports for the three boroughs which provide a picture of the key public health challenges and opportunities facing our boroughs.

Meradin Peachy

Director of Public Health
Tri-borough Public Health



OUR POPULATION

The next two sections provide a brief summary of the Tri-borough population as well as a description of some of the key public health challenges and opportunities for those living in, working or visiting the three boroughs.

It does not cover all aspects of the local population in detail, but draws on the existing programme of JSNA work. For further information on our JSNA visit **www.jsna.info**.

The aim of the JSNA is to describe current and future health and wellbeing needs of the local population and describe local assets to build community resilience. It is important because it gives a baseline picture about the characteristics of people who live here and helps us and partners to identify local priorities and know what needs to be done.

The JNSA is produced in collaboration with other people who know about the topic or who will need to use the information as well as people in public health who are experts on where to find and how to use the data and information available to assess the baseline, and what is needed by the people who live in the Tri-borough. It may be about the whole population or about a specific group of people. It will also look at what should be done to make things better and what evidence is available for what works in planning these changes.

Three overall JSNAs have been developed – one for each of the boroughs of Westminster, Kensington and Chelsea and Hammersmith and Fulham. The JSNAs show that on the whole all three boroughs have relatively young populations compared with the average for England, and that in general people who live here are relatively healthy. The main causes of death, like elsewhere in London and England, are cancer, heart disease and stroke, and respiratory disease but, like elsewhere in

London we have higher rates than expected of HIV and other sexually transmitted diseases, mental illness and tuberculosis.

Westminster is the largest borough with 219,400 residents, followed by Hammersmith and Fulham with 182,500 residents, and Kensington and Chelsea with a resident population of 158,700. The population increases significantly during the day, presenting unique challenges, particularly in Westminster where the daytime population is almost a million people.

LOCAL AUTHORITY	LOCAL AUTHORITY RESIDENT POPULATION	LOCAL AUTHORITY DAYTIME POPULATION
Hammersmith and Fulham	182,500	257,916
Kensington and Chelsea	158,700	281,956
Westminster	219,400	986,774
Total	560,600	1,526,349

TABLE 1: TRI-BOROUGH RESIDENT AND DAYTIME POPULATION

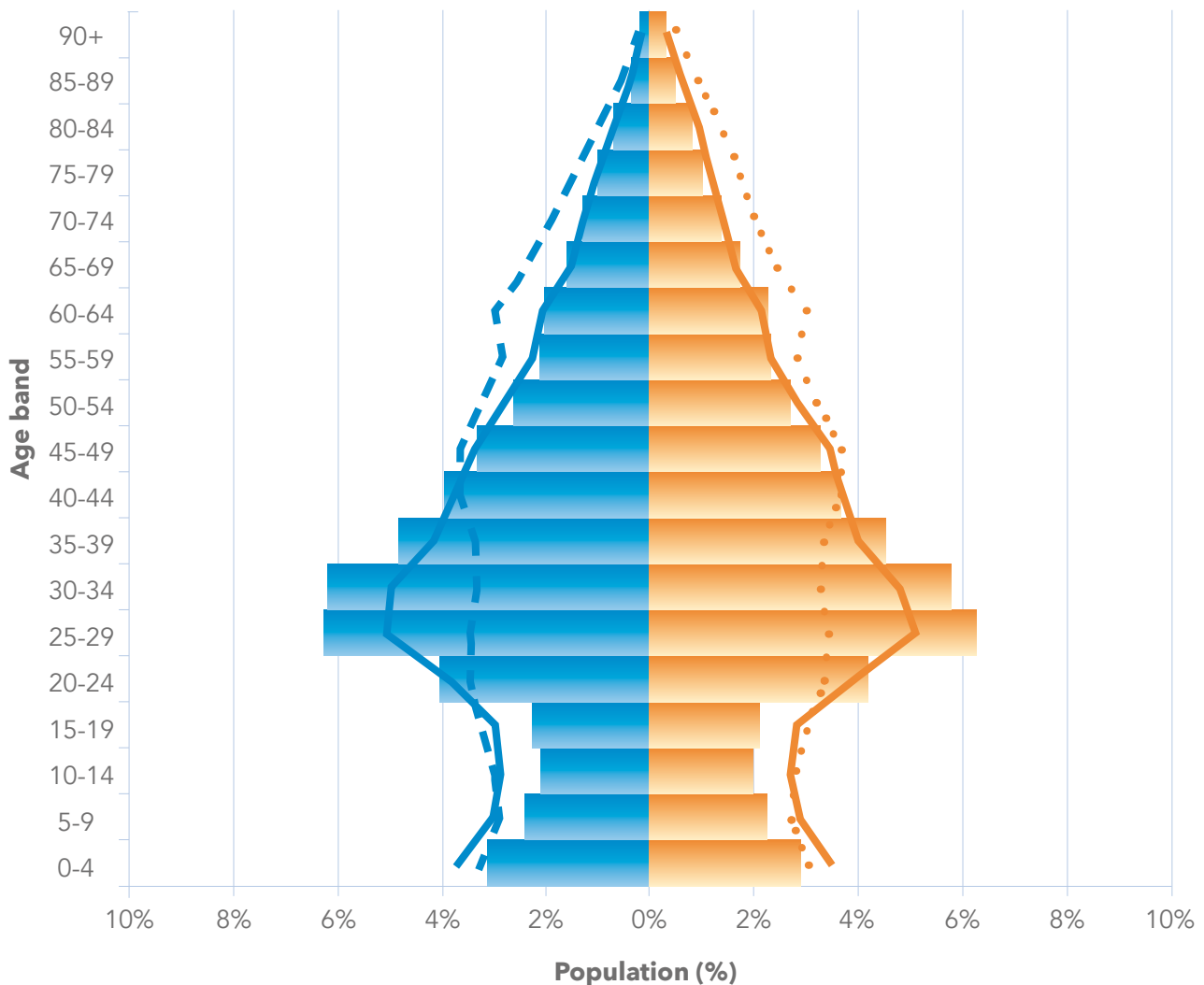
Health services for the local population are commissioned by the Clinical Commissioning Groups (CCGs) of which there are three operating across the Tri-borough area:

- NHS Hammersmith and Fulham CCG which has the same boundary of the London Borough of Hammersmith and Fulham.
- NHS West London CCG which covers the Royal Borough of Kensington and Chelsea and also the Queen’s Park and Paddington area of the City of Westminster.
- NHS Central London CCG covers the City of Westminster but excludes Queen’s Park and Paddington.

AGE

The age structure in each of the three boroughs is very different to England, with a much larger working age population and a much smaller proportion of children and older people.

- Hammersmith and Fulham have the largest young working-age population of the three boroughs and a smaller proportion of older people than England.
- Kensington and Chelsea have a large proportion of 25 to 44 working-age population and a smaller proportion of older people than England.
- Westminster has a much smaller proportion of children and young people than England, and a smaller proportion of older people than England. However, there is large proportion of 25-44 population compared with England.



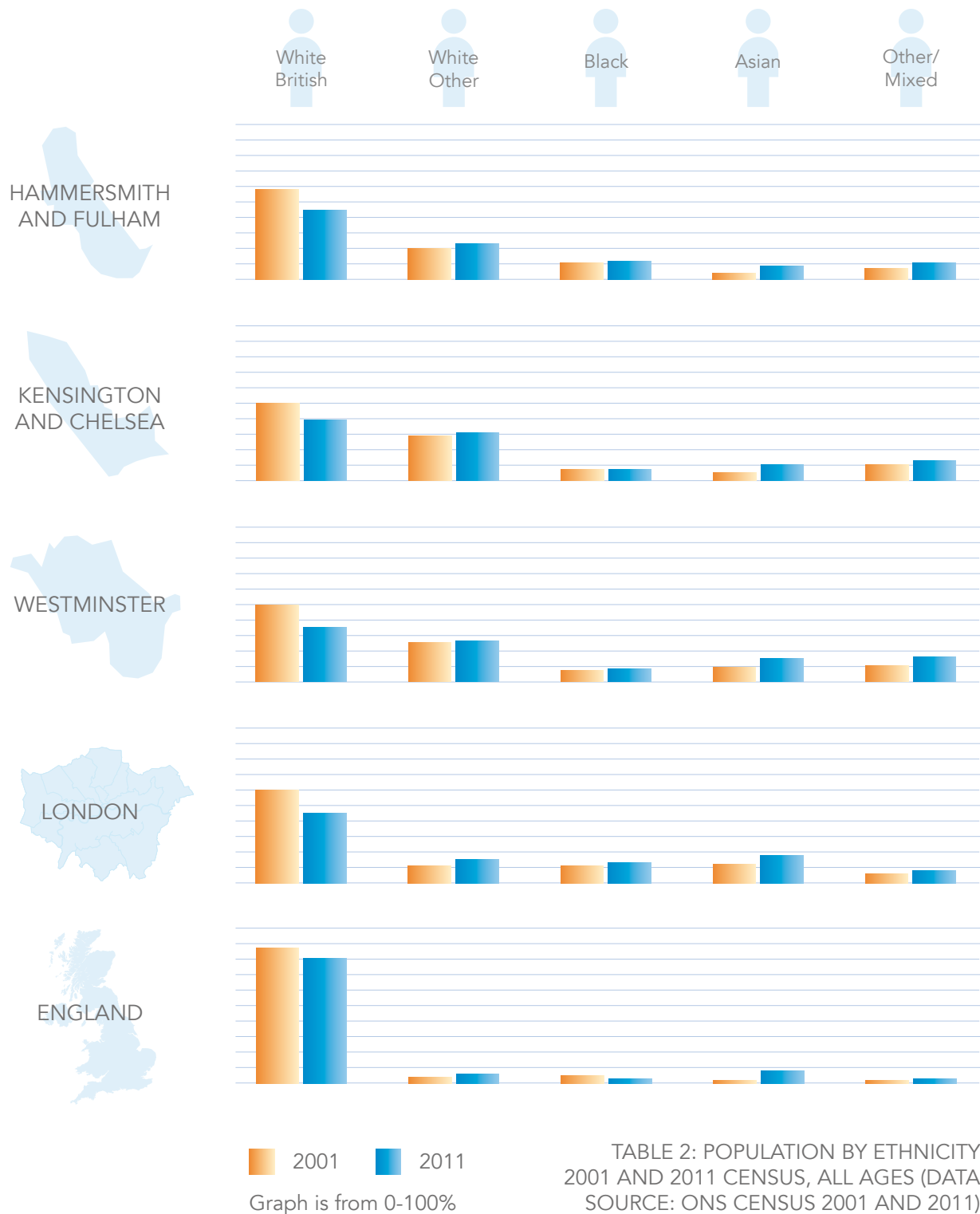
- Tri-borough Men
- Tri-borough Women
- London Men
- London Women
- - England Men
- • • England Women

FIGURE 1: PROPORTION OF RESIDENT POPULATION BY AGE-BAND, 2011, TRI-BOROUGH (DATA SOURCE, ONS CENSUS 2011)

ETHNICITY

Recent estimates suggest that 23% of the resident Tri-borough population belong to BME groups – this is equivalent to 139,185 people.

This number is expected to increase in the future, partly due to an increase in international migration.



DEPRIVATION

Many wards in the north of the three boroughs score highly on the Index of Multiple Deprivation, with some parts of the northern areas being among the most deprived in England.

In all three boroughs areas of great affluence sit alongside pockets of deprivation. These areas of deprivation correlate with social housing and poor health. Job seekers allowance, while overall low in the boroughs, is double the national rate in those areas of deprivation.

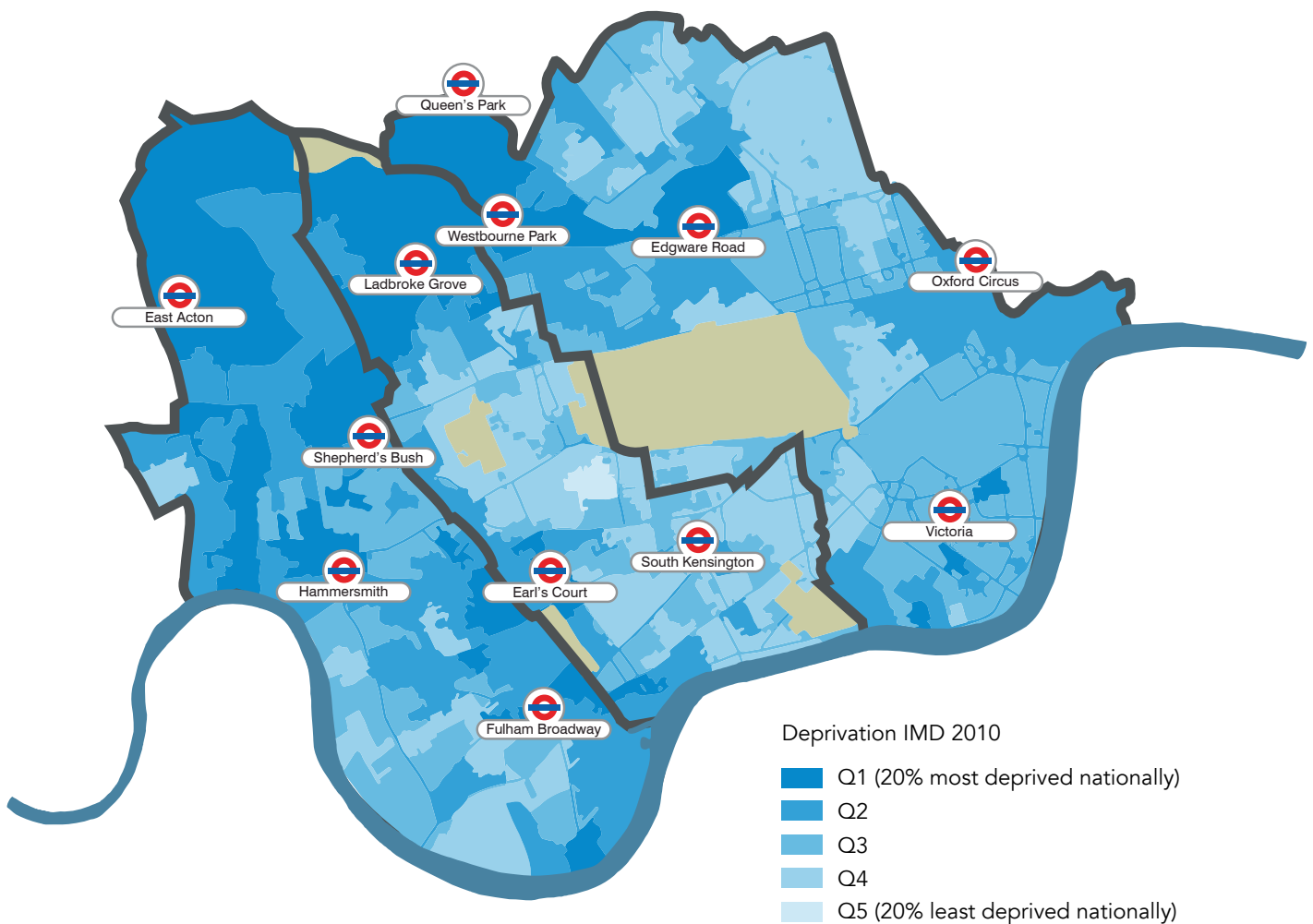


FIGURE 2: MAP SHOWING HIGHLY DEPRIVED AREAS (DATA SOURCE, INDEX OF MULTIPLE DEPRIVATION AT LSOA LEVEL, ONS 2010)



HEALTH IN THE **TRI-BOROUGH**

All three boroughs present a similar picture in terms of public health priorities. Principle causes of premature death in the boroughs are cancer, followed by heart disease and stroke and respiratory disease or similar long term conditions. This is broadly similar to the rest of the country. Accidents and injury are the most common cause of premature death in the young.

OVERVIEW


Kensington and Chelsea and Westminster both have better than average life expectancies compared to the rest of the country. However average life expectancy in Hammersmith and Fulham is slightly lower. The Tri-borough area has the country's highest gap in life expectancy between residents in deprived and affluent areas. For example, the difference in life expectancy for men between affluent and deprived areas in Westminster is 16.9 years and growing. For women the difference is 9.7 years.

EARLY START

Babies generally receive a good start in life: there is good breastfeeding uptake, low numbers of underweight babies born, low numbers of women who are smokers at the time of birth, and low numbers of under 18 year olds giving birth. However, there is still room for improvement.

WORKING AND OLDER AGE

Preventing chronic disease requires a range of interventions such as screening and vaccinations. Overall there is good uptake of NHS Health Checks (apart from Kensington



and Chelsea where figures are lower than national) and diabetic screening, good flu vaccination uptake, low number of hip fractures and low excess winter deaths (apart from Kensington and Chelsea where figures are lower than national).

There are however significant challenges across the Tri-borough area: suicide rates are high, there is a large homeless population, high levels of drug misuse and smoking, low uptake of breast and cervical cancer screening, and a high prevalence of mental ill-health. There are a larger proportion of people infected with HIV and high proportion of sexually transmitted disease. Although the older population is smaller than average, more people in our boroughs report feeling social isolation. Further information on older people can be found in appendix 1.

YOUNG PEOPLE

Young people in the Tri-borough face particular challenges. There are a significant number of children living in poverty and many young people are out of work or education. Child obesity rates are high, there is poor child vaccination coverage and high levels of tooth decay in children. Further information on this group appears in appendix 1.

AT RISK GROUPS

Although the prevalence of tuberculosis (TB) is lower than the London average, it is higher than the national average and there are some particular challenges in the Tri-borough area to managing incidents and screening e.g. high levels of homeless population and a densely populated area. The recent TB JSNA identified a need to strengthen the clinical and community services, improve early identification in primary care, and support vulnerable individuals and groups. Recommendations include moving to a centralised service model, pooling resources where appropriate, reviewing contractual arrangements and creating a discrete TB pathway.

Further information on the prison population, rough sleepers and the homeless population and the lesbian, gay, bisexual and transgender population can be found in appendix 1.

CASE STUDIES

These case studies illustrate just some of the work that Tri-borough Public Health has done with its partners over the last year. They have been carefully selected to both demonstrate the importance of taking a life course approach to public health issues and to convey the opportunities provided to us by the move of public health into local authority.

CREATING HEALTHY ENVIRONMENTS FOR SCHOOL CHILDREN



Our Healthy Schools Partnership capitalises on the important role schools can play in forming or changing health behaviours that can last a lifetime. Supporting and challenging schools to focus on social and emotional health provides substantial paybacks to individuals, society and local authorities. The overall benefits of good education have been estimated to provide returns of up to £7.20 for every £1 invested¹.

The Tri-borough Healthy Schools Partnership (HSP) was launched in October 2012 and provides schools with support, advice and inspiration to improve the health and wellbeing. Over half of state schools across

the three boroughs are now engaged with healthy schools (74). Twenty-one have achieved the new HSP bronze award and six have achieved the HSP Silver Award, which means focusing on mental health, oral health and healthy weights - this final issue is of particular concern in our boroughs where the percentage of Year 6 children who are overweight or obese (over 40%) is higher than the national average. In 2014 this programme will be piloted in early years settings such as nurseries and childrens centers.

WHAT THE SCHOOL SAYS

When asked to identify any meaningful outcomes for pupils, staff or parents through being involved in the Healthy Schools process St Stephen's Primary School said: "Being made aware of the various schemes that take place under the Healthy Schools umbrella, many of which I plan on pursuing."

"Also, the auditing process involved in preparing my application for the Bronze Award allowed me to highlight areas of strength and pinpoint areas of improvement."



DETECTING DISEASE EARLIER

The known prevalence of HIV infection in our three boroughs is among the highest nationally (4th highest in Kensington and Chelsea, 5th highest in Westminster, and 11th highest in Hammersmith and Fulham). In addition to those known to the service, there may be an additional 30% of people locally with the virus who are undiagnosed. Although there is no cure for HIV, there are treatments that enable most people with the virus to live long and healthy lives. Late diagnosis of HIV reduces response to treatment and increases the risk of onward transmission.

Opportunities for earlier diagnosis of HIV are often missed in both primary and secondary care. In order to increase early detection, an HIV testing pilot was initiated in 14 practices, in addition to testing in the community by a voluntary sector organisation. From July 2013 to Jan 2014, 2800 HIV tests have been offered and almost 1000 HIV tests were carried out in

both general practice and in the community. A total of seven people have been identified through both settings and linked into care. These newly diagnosed people would otherwise have not been identified and linked into care.

WHAT A PATIENT SAYS

"I have been having unprotected sex since I became sexually active at 17. I am now 19 and today was the first time I had an HIV test. I was scared anxious of the result. I had heard about HIV when I went to an education session six months ago and got worried that I had HIV. I plucked up the courage to get tested because I trusted a community worker. Luckily the result was negative and it taught me never to take risks again and I am planning to test regularly. I am more likely to use the service again because I felt very safe. The process is explained and I felt a sense of care. My hand was held by someone I trust and I don't think I'll get that anywhere else."



SUPPORTING PEOPLE WITH MENTAL ILLNESS BACK INTO WORK

Unemployment has negative impacts on health and wellbeing that can last for years. Some population groups face additional barriers to work, for example a recent report states that despite many wanting to work, people living with mental illness are significantly less likely to gain or remain in workⁱⁱ.

Tri-borough Public Health provides data on local needs and evidence base in addition to keeping relevant policy and commissioning leads aware of national and pan-London developments in the field of employment and health. A specific joint strategic needs assessment (JSNA) on Employment Support for People with Mental Illness, Physical Disability and Learning Disability is being used to shape future services in order to help support individuals get back into and stay in work.

WHAT A COUNCIL OFFICER SAYS

A Senior Commissioner from Adult Social Care said: “Public Health provided a very comprehensive needs assessment for the Tri-borough review of supported employment commissioned services. This fed into and supported the redesign of services and the strategic direction for supported employment for the next three to four years. Adult Social Care would not have the capacity to conduct a needs assessment on this scale, which really does make a difference to future commissioning intentions.”



MAKING PHYSICAL ACTIVITY PART OF EVERYDAY LIFE

The health and wellbeing benefits of physical activity are well established. Regular physical activity can reduce the risk of many chronic conditions including coronary heart disease, stroke, type 2 diabetes, cancer, obesity, mental health problems and musculoskeletal conditions. Recent evidence indicates that, globally, physical inactivity causes 9% premature mortality.

While physical activity levels in our three boroughs are higher than the national average, the vast majority of residents remain well below the recommended levels of 30 minutes of activity at least five days a week. In addition, there is evidence that particular groups, including people from in BME communities, women, people with long term conditions and those living in the most deprived areas, have low participation rates.

This year, Tri-borough Public Health coordinated a Physical Activity needs assessment. This report collated both local and national data and evidence in order to inform local strategies and pathways designed to promote physical activity across the Tri-borough area. This includes the implementation of the Government programme 'Let's Get Moving - the Physical Activity Care Pathway' as a pilot for Westminster.

The report found that there continues to be a limited understanding of what physical activity is within the Tri-borough area. Emphasis continues to be on sport and gym use rather than physical activity as part of everyday life that includes active play and active transport such as cycling, walking or even using public transport which in itself encourages walking.

WHAT A COUNCIL OFFICER SAYS

Westminster City Council's Sports, Leisure and Wellbeing Team works in partnership with Tri-borough Public Health through the Active Westminster Partnership. The Head of the Team, says that the Partnership has led to the successful development of an exercise referral programme across eight sites across the City. "This provides local people, who have been referred to us by their GP, with an evidence based exercise referral programme that supports them into more active lifestyles. Our next challenge is to pioneer an Active Communities Programme which will recruit volunteers to improve the access to physical activity, particularly for inactive groups."



SUPPORTING LOCAL COMMUNITIES IN HEALTHY BEHAVIOUR CHANGE

Poor lifestyles tend to be more common in areas of deprivation. Residents in these parts of our boroughs are not only twice as likely to report that their health is poor but they are also around twice as likely to die early from potentially avoidable conditions. Healthy lifestyle changes take time and can be tough, and change is often most successful when people are supported by peers, family members and friends. This is the essence of our community champions approach.

The Community Champions Programme builds on the skills and knowledge of local communities to promote health and wellbeing. Six community champion hubs are currently running in our three boroughs with over 120 volunteers. These volunteers identify the local needs and then create local projects to address them. Events over the last year include health-themed street parties and family fun days, sessions on healthy eating on a budget and managing debt as well as a number of physical activity sessions including zumba, pilates, aerobic classes and guided walks.

An evaluation of 15 specific community health champion projects found that they delivered a social return on investment of between around £1 and up to £112 for every £1 investedⁱⁱⁱ. Locally in the first group of community champions 80% went on to employment. This project has had international attention as an effective model that can be replicated on other cities.

WHAT A COMMUNITY CHAMPION SAYS

“I enjoy being a community champion because I get work experience. Community champions can make a difference because they teach people how to improve their health. I have friends in Queen's Park, and I can tell them the things to do to improve their health. Being a community champion is good for me because it helps my English. I hope to teach people about how to get good health and I hope to find a job.”



TREATING ADDICTION

Substance misuse impacts on individuals, their family and wider society. It is estimated that there are over 14,000 adult residents in our three boroughs who are dependent on drugs and almost 25,000 who are dependent on alcohol, with many more who misuse.

A broad range of services are commissioned to respond to this need and treatment packages are tailored accordingly. Services commissioned range from harm reduction initiatives such as needle exchange and brief intervention to more intensive structured support such as counselling, prescribing substitute medication and detoxification. For those most in need, inpatient and resident treatment is available. Approximately 4,000 Tri-borough residents engage in structured care planned treatment annually with many more benefiting from less intensive support.

Treatment is cost effective and we continue to review opportunities to provide greater value for money through re-commissioning, contract negotiations and ensuring capacity is utilised.

WHAT THE SERVICE USERS SAY

A core component of the local performance management framework is the inclusion of service user experience. In order to quantify this and utilise a broad range of experience, the commissioners undertake an annual satisfaction survey. The findings of the 2013 questionnaire included the views of over 300 residents and identified that:

- 87% of our survey users agreed that the service meets their needs.
- 90% said they were satisfied with the service they received.

“I like the fact I’m not judged and treated equally. The Centre has helped me on my way to leaving my heroin problem behind and move on. I couldn’t have got back into work and held down a job without the help of the centre.”



REDUCING THE RISK OF CARDIOVASCULAR DISEASE

Hundreds of Westminster families have taken part in a programme to reduce their risk of heart attack and stroke. Commissioned by Tri-borough Public Health and run by Imperial College Healthcare Trust, MyAction is available to all Westminster residents who have a cardiovascular condition and to those with a one-in-five chance of developing one. A unique aspect of the programme is that it is also open to participants' family members. Although progress has been made in identifying and treating cardiovascular disease over the last decade, it is the second most common cause of early death in the local population, after cancer.

An independent evaluation of over 2,000 referrals since the programme started in 2009 revealed that participants have made significant improvements in their diet, physical activity levels and ability to control their blood pressure. What's more, researchers estimated that every £1 invested in MyAction generates £6 in savings over a lifetime.

WHAT COURSE PARTICIPANTS SAY

Bob and Barbara Sargeant from Queen's Park, have been on the MyAction programme since January. The programme has been helping them get more active, eat healthier as well as manage their medication. Bob was referred to the programme by his Consultant Cardiologist after suffering a heart attack and Barbara was invited to attend with him. "Going with Barbara means that we are making the changes to our lifestyle together. It helps motivate you, especially with walking."

For Barbara, the support from other participants has been key: "We got to know one another, motivated and look out for each other. This was the best thing about it, it meant you didn't feel so isolated and there were other people their like you, I know this helped Bob as well."

TACKLING SOCIAL ISOLATION AMONGST OLDER PEOPLE



New research has found that social isolation and loneliness has double the effect on early mortality than that of obesity and can also lead to early onset of dementia and heart disease^{iv}. This evidence is significant in our three boroughs where the percentage of older people living on their own is amongst the highest in the country (over 50%).

Based in South Kensington, New Horizons is a centre for all local residents who are aged 50 and over. The centre promotes active lifestyles and independence and is funded by a three-way partnership between the Voluntary Sector, Adult Social Care and Public Health. Activities include arts and crafts, physical activity classes, languages, I.T. and social media. More than half of its regular attendees live on their own.

The centre's programme also includes activities specifically tailored for vulnerable people such as those at high risk of falls, stroke survivors

and carers whilst the cafe provides catering and hospitality training, experience and qualifications for people not in employment, education or training and people with learning difficulties.

WHAT A FAMILY MEMBER SAYS

With her daughter's encouragement, Mrs P started going to New Horizons in the summer of 2013. Mrs P's daughter explained that, after her dad died, her mother was lacking in confidence and overwhelmed with everyday household affairs. "For 35 years they did everything together and Mom found it difficult to go out and socialise."

On Mrs P's first visit to the Centre she was introduced to a needlework group and after spending the next three weeks sitting quietly with her daughter and observing, Mrs. P started attending the centre under her own steam. She has flourished and regularly talks about her beloved husband and engages with the other members. She is also very proud of the items she has produced.

For her daughter, the change has been dramatic and she feels that her mum is almost back to her bubbly, confident, funny self. "My mother recently told me that she had invited some of her new friends back to her house for lunch. New Horizons has literally saved her from a black hole that was all consuming. Both of us will be forever thankful that New Horizons exists. It has not just welcomed Mom but also wrapped its arms around her and helped her to heal and rediscover who she was."



CREATING HEALTHIER HOMES

Living in cold, damp houses can have profound negative impacts on residents' lives. Not only can it exacerbate existing conditions like respiratory disease and heart disease, but it can also lead to mental health problems, social isolation and, for children, poor academic performance. Poor housing costs the NHS at least £2.5 billion a year in treating people with illnesses directly linked to living in cold, damp and dangerous homes⁵. In our three boroughs, fuel poverty is likely to be a particular issue for older people living in private rental accommodation.

Healthy Homes is a collaboration between the Environmental Health service in Kensington and Chelsea and Hammersmith and Fulham, Tri-borough Public Health and local voluntary groups. It provides a range of services for local residents including energy efficiency advice and tips on keeping warm; help to access appropriate benefits, discounts and grants, free draught proofing.

It also offers free fuel poverty training for front line workers, such as council staff and volunteers. This provides up-to-date information on fuel poverty, with advice on how to spot the signs, and how to assist service users access the help they need.

WHAT A RESIDENT SAYS

A visually impaired elderly gentleman on benefits was referred to Healthy Homes by the local branch of Age UK. His flat had no fixed heating or hot water and he lived in one room with a portable heater. Not long after the initial referral the client was hospitalised for a cold-related illness. On his return from hospital, Healthy Homes arranged for some additional portable emergency heating and removed an existing one that was in a dangerous state.

The client qualified for a grant to install central heating however this could not take place until the flat was decluttered. While Age UK worked with the client to de-clutter, Healthy Homes worked with him to arrange for the installation of a boiler and a couple of radiators. The new boiler meant that the client could have a hot bath at home for the first time in years. The property has now been substantially cleared and referred back to contractors to extend the heating system into the remaining rooms in the flat.



CONCLUSION

This report highlights some of the ways our boroughs are responding to opportunities to promote the health and well-being of residents, visitors and people who work in the area. But there is much more work to be done.

Our three boroughs are unique but they share some common challenges that give us opportunities to work across traditional council boundaries and service lines to improve health and reduce inequalities:

1. People living in deprived areas suffer more health problems and die earlier than the rest of our residents. These health inequalities can only be tackled through focused efforts across all services that address the determinants of health including leisure, education and employment, housing and planning.
2. Giving every child the best start in life is crucial to reducing health inequalities across the life course. Children who live in poverty are at greater risk of a range of health and social problems later in life – from obesity, heart disease and mental health, to educational achievement and economic status.
3. Unhealthy lifestyle choices tend to cluster together. So people who smoke are more likely to drink too much alcohol and use other drugs and are also more likely to have poor diets and live inactive lives. We need to consider more holistic interventions that tackle multiple rather than individual unhealthy behaviours.
4. The number of children who are overweight or obese remains high and if the trend doesn't reverse, this will be the norm in our schools. Overweight and obese children matter, not just because they may find it more difficult to join in with children's activities – and they are often teased and stigmatized at school - but they have much higher risk of growing up to be overweight or obese as adults and of getting diabetes, heart disease, stroke and some cancers as they grow older.

5. Our population is ageing and this means we will need to cope with growing numbers of people living with multiple conditions including dementia, cardiovascular disease, respiratory disease and frailty. These conditions can interact with social factors like social isolation and poor housing to increase the complexity of care.

Despite these challenges, we are optimistic about the future. As the public health issues are increasingly picked up by councils, we can expect to see new and innovative approaches with our partners to tackling health inequalities and improving health and well-being. Approaches that simply would not have been possible before public health moved into local authority. Where once public health was seen as the domain of a handful of specialists working in Public Health Departments, we can now call on the resources of over 6,000 officers in our three councils who are all part of the wider public health workforce.

What's more, our three Clinical Commissioning Groups are increasingly realising that a sustainable health care system is impossible without taking every opportunity to prevent disease and support communities and people to be healthy, independent and self-manage conditions. Their involvement, as well as that of the community and voluntary sector and residents themselves, will be crucial factors in any successes in the years to come.

There are a number of specific steps that Tri-borough Public Health will be taking over the next year to support innovative public health initiatives in our three boroughs:

- Build on the current JSNAs to make sure the actions needed by both public health services and our partners are starting to be put into place
- Identify what further JSNAs or related work needs to be done. This will achieve two things. The first is to inform the commissioning of services to meet the Public Health needs of the people living, working and visiting our boroughs – for example to reduce smoking and hence improve heart disease and cancer and to improve and reduce sexual health problems. Secondly it will inform other services delivered by and with our partners both within the local authorities and within CCGs and local voluntary and community providers
- Review and recommission the public health services delivered to people living in our three boroughs, and in particular to do this in conjunction with our partners across the local authorities so that we can use public health resources to best effect

These actions will help ensure that this remarkable opportunity to enable all partners – councils, NHS commissioners and providers, community and voluntary organisations and businesses - are working together to improve health and wellbeing is embraced.

“WHERE ONCE
IT WAS THE
PHYSICIAN WHO
WAGED THE WAR
AGAINST DISEASE,
NOW IT'S THE
WHOLE SOCIETY.”

Sontag, Susan (1989)

APPENDIX: KEY POPULATION GROUPS

CHILDREN AND YOUNG PEOPLE

There are an estimated 98,800 young people aged 15-24 resident in the Tri-borough area (ONS census, 2011). This number is expected to increase in the future. The 0-17 year-old population in the Tri-borough is extremely diverse: 36% of children and young people are from BME groups as compared to 30% of the Tri-borough population as a whole and 12% of the England population (ONS, 2011). This diversity is expected to increase in the future.

The level of childhood obesity is of international, national and local concern. Obese children are at increased risk of developing social, psychological and other health problems. They are also more likely to become obese adults with poor health outcomes. Childhood obesity costs the capital £7.1 million a year to treat and this bill could reach almost £111 million each year if today's Children remain obese into adulthood^{vi}.

Locally, the National Child Measurement Programme 2012/13 results show that over two in 10 (20-25%) children are already obese at age 4-5 years rising to four in 10 (33-39%) by age 10-11 years.

Around one in 10 children in reception year children in Hammersmith and Fulham, Kensington and Chelsea and Westminster are obese. In year 6 around one-fifth of children are obese in Hammersmith and Fulham, and Kensington and Chelsea however in Westminster a quarter of year 6 children are obese. This is higher than the national average.

There are a number of factors underlying the child obesity problem. Over the past decades our food and physical environments have changed. Sugary drinks, along with other high calorie dense foods are relatively cheap, often served in large portions are actively promoted. Physical activity has been designed out of our environment; fewer people engage in manual work, we use lifts and escalators instead of stairs, and much of our leisure time entertainment comes to us via the internet, television and games consoles. Tackling this requires action across a number of services.

OLDER PEOPLE

The proportion of people aged 65+ living in the three boroughs is comparable with London (11.1%), although Kensington and Chelsea has a slightly higher proportion (12%) while Hammersmith and Fulham is lower (9%). Older people are the greatest users of health and social care services and are also the most complex to treat, often needing support with multiple conditions. The management and treatment of chronic disease is paramount, and maintaining quality of life and providing joined up, high quality services are crucial. Ensuring that older people maintain their independence is important.

Improved life expectancy and the ageing of the baby boom generation will result in an expected increase in the number of older people (65+) in London by 16% (and 85+ by 35%) over the next decade. Locally, the growth is harder to predict with estimates of a 12% increase in over 65+ in Hammersmith and Fulham, 14%

in Westminster, and 23% in Kensington and Chelsea. The expected increase in demand, and longer periods of time spent with chronic and disabling conditions, means that services are shifting from hospital settings into a more coordinated, community-based approach covering both health and social care.

We expect there will be an increase in the number of people with dementia in the three boroughs. This increase is estimated at up to 40% for Kensington and Chelsea, 25% in Westminster, and 24% in Hammersmith and Fulham. Early diagnosis is paramount and appears to improve outcomes later in life.

There will be an increased need for the provision of care, including support for carers, and further demand for supported accommodation to enable older residents to live independently. Preventing sight loss is vital for maintaining independence and the provision of sight tests is lower than national figures in all three boroughs. Social isolation and loneliness is more common among older and vulnerable people, who are often providing care or in poor health themselves.

PRISON POPULATION

Wormwood Scrubs is located in Hammersmith and Fulham. The prevalence of infectious communicable diseases (particularly HIV and AIDS, hepatitis and tuberculosis) is often much higher in prisons than outside, often related to injecting drug use, men who have sex with men and other lifestyle behaviours. There are no direct estimates of prevalence of sexually transmitted infections (excluding Hep B, C and HIV / AIDS) in the UK prison population; however the incidence of sexually transmitted disease has continued to increase in the UK over the past decade, particularly among young people. Prisoners are therefore likely to have a higher incidence of these infections than the wider population.

ROUGH SLEEPERS AND HOMELESS POPULATION

Homelessness is a particular issue in London where half of England's rough sleepers are located. According to the CHAIN (Combined Homeless and Information Network) database 5,678 people slept rough at some point in London during 2012/13, an increase of 43% on the previous year total of 3975^{vii}. Of these, 60% (3450) were identified as sleeping rough in the Tri-borough area.

A recent JSNA on rough sleepers in the Tri-borough area found that this population made high use of hospital services, had a high proportion of co-morbidities, and faced a wide range of barriers to accessing healthcare.

LESBIAN, GAY, BISEXUAL AND TRANSGENDER (LGBT) PEOPLE

It is difficult to estimate the size of the local LGBT population. While national estimates put the figure at 5%^{viii}, we know that in London, LGBT people are concentrated in inner rather than outer boroughs. Inner London research^{ix} suggests that almost 9% of the male population have had a male sex partner in the last five years so using the 5% estimate is likely to be conservative. It also does not consider the large LGBT population who work or socialise in the area, particularly in the West End and Soho. For these reasons, it is likely that the health needs of LGBT population in our boroughs will be proportionately greater than in the rest of the UK. LGBT people are more likely to use alcohol and misuse substances later in life, and are more likely to self-harm and attempt suicide. LGBT people are more exposed to health inequalities, with access to appropriate health and social care facilities being problematic, a lack of awareness of LGBT needs, and stigmatisation that may lead to social exclusion and a higher likelihood of mental and physical health, educational underachievement and economic disadvantage.

END NOTES

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