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# Choosing Good Health Together

The Kensington and Chelsea  
Joint Public Health Strategy  
2007 to 2012

## **FOREWORD**

Welcome to Choosing Health Together - the Kensington and Chelsea Public Strategy - a joint collaboration between the Royal Borough Council and the Primary Care Trust (PCT).

There is a strong history of local public health work by the council and the health service. This will not be our first joint public health strategy but builds upon the successful achievements from Action for Good Health (1994) and Partners for Good Health (1998).

In 2004 a subgroup of the council's Overview and Scrutiny Committee conducted an in depth study of health inequalities in the borough. The study described the extent of health inequalities locally and produced 20 recommendations to address them. Progress on the recommendations has included, for example, an improvement by the PCT in the quality of primary care services with a reduction in inequality in access, and increased investment in the healthy schools programme by the Council.

Recognition by partners of the wide-ranging determinants of health informed the Community Strategy in 2005. This identified health as a cross cutting theme and contained many objectives that will contribute to improving and protecting health.

In 2006 the Kensington and Chelsea Partnership agreed a Local Area Agreement (LAA) with the Government. This agreement reflects the importance placed on health by the Partnership, with 5 of the 15 agreed targets having a direct impact on health.

It remains the case that no single organisation is able to take full responsibility for tackling the broader determinants of health as they cross many organisational boundaries. Improving well-being requires the NHS, local authority and others to work together across traditional organisational boundaries and develop a joint approach.

This Public Health Strategy aims to build a public health movement that will improve health in the borough over the next 5 years and beyond. It will be challenging and dynamic and it will develop as we continue to listen to our communities about what works best for them.

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## **Introduction**

Health in the Borough is good. We have the highest life expectancy of any Borough in England and Wales. However there are differences between the most disadvantaged people and communities and the rest of the population. There is a difference in life expectancy of 10 years and a three-fold difference in age-adjusted limiting long-term illness between wards. There are emerging threats to health such as childhood obesity and increasing rates of sexually transmitted infections. Significant challenges remain.

Housing densities are the highest in Europe, public open space and public leisure facilities are limited and demand for affordable housing and secondary school places outstrips supply. Whilst our local crime figures paint a generally good and improving picture there are some who do not feel this. The Borough is busy, noisy and the pace of life for some is very frenetic.

This could look like a recipe for poor physical and mental health and well being. But for many, the excitement and dynamism of the city, the quality of life, amenity and the diversity of experience is invigorating and refreshing, and contributes to both their health and well being.

This strategy must aim to achieve that experience for all. We must address the fact that within the borough there are considerable inequalities between our healthiest and unhealthiest wards. If housing densities are high then we should pursue the highest quality housing possible for all residents; if open space is limited then what we have must be presented to the best possible standards and configured to serve the needs of young and old, rich and poor; if sport and leisure facilities are not accessible enough for all then opportunities must be sought; and if fear of crime persists then we must redouble our efforts to knit together our street based staff with those of our contractors, the Police and other agencies to persuade those who commit crimes and behave in an anti-social way that Kensington and Chelsea is not the place for them.

This strategy sets its sights on integrating strategies and actions on economic, housing and environmental agendas in pursuit of a healthy and sustainable community. On average the residents living in the Borough's social housing stock have the worst health but there is growing evidence these families are retaining their tenancies for longer. Investment now in their public health will pay long term dividends. This pursuit of a healthy and sustainable community is not easy but we have made a good start. This strategy will help everyone - staff, residents and businesses in the Borough - to understand their contribution to health and well-being and to consider it routinely when developing and delivering services.

## **Policy Framework**

There are three recent white papers that provide a new impetus to address public health.

1. *Choosing Health* emphasises the importance of informed choice, of “personalisation” to tailor interventions, and of partnerships.
2. *Our Health, Our Care, Our Say* stresses the importance of the prevention of ill health and the greater involvement of people in the management of their own health.
3. The Local Government White Paper, *Stronger and Prosperous Communities*, complements this by making it clear how agencies across the Borough are expected ‘to work together in tackling the wider causes of social exclusion, and vulnerability.’ It aims ‘to ensure that the priorities, reporting systems and performance management arrangements for public health and social care are joined up.’

The strategy has been created to knit together the contributions to health and well-being that so many other plans, strategies and services from both within the Council and from partner agencies and the voluntary sector offer. Local priorities have also been identified by the consultations on the Community Strategy and the health inequalities work of the Overview and Scrutiny Committee. The Local Area Agreement continues to reflect local health issues.

The time is now right to take public health forward to a new level. One firmly based on existing work but one that is different in that it will seek to really engage all those with a contribution to make. This means not only those with a specific remit for public health but also other professional and technical staff whose work, whilst not specific to public health, is nevertheless highly relevant. It also means we must involve local communities better in improving their own health. This approach will serve to develop the public health capability and capacity of the Royal Borough and the PCT and provide a solid foundation for the future of the Borough’s health.

### **What have we done so far?**

We have been building a new public health movement with the engagement and input of a wide range of interests, organisations, professionals and decision makers.

This approach will increase public health knowledge and skills within local communities, across the wider workforce, amongst public health practitioners and specialists and in the leadership of the Council, PCT and other local organisations. This has resulted so far in:

- identification and recruitment of over 100 Public Health Champions from across the Council, PCT, voluntary and community sectors. These are people who will put energy and effort into improving public health;

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- a high profile public health conference for decision makers, professionals and other stakeholders which focused on the potential for the Council, the PCT and partners to improve public health and well-being, making clear why it is the business of all agencies and what the impacts of poor health are on the community and its vitality;
- workshops to create positive action to deliver the health and well being aims of the Community Strategy that had been developed with the involvement of local communities and service users.
- use of an evidence-based toolkit for different health issues to highlighted best practice approaches to improving health in a range of settings such as the home, workplace, schools, community, primary care, business and using local media.

### **What is public health?**

When we talk of public health we are concerned with improving the health of populations rather than treating the illnesses and diseases of individuals. We have taken our definition of public health as:

“the science and art of preventing disease, prolonging life and promoting health through the organised efforts and informed choices of society, organisations, public and private, communities and individuals.”<sup>1</sup>

It is far more than the prevention or treatment of specific diseases on an individual basis. The wider determinants of health such as environment or employment must also be recognised.

### **How can we improve public health?**

Everyone’s health is dependent upon a wide range of interrelated factors. These can be grouped into:

- *Who we are:* “fixed” factors including our age, sex and genetic makeup.
- *How we, as individuals, live our lives:* a range of “lifestyle” behaviours or choices affect our health positively or negatively – including smoking, nutrition, physical activity etc.
- *The circumstances in which we live:* a wide range of influences on our health ranging from the environment, housing, employment to less tangible but influential factors such as community spirit.
- *The services we access* – including health services.

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<sup>1</sup> Sir Donald Acheson

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It is clear that choosing a healthy lifestyle can help to tackle the major risk factors associated with coronary heart disease, strokes and cancers (the major killers in the UK).

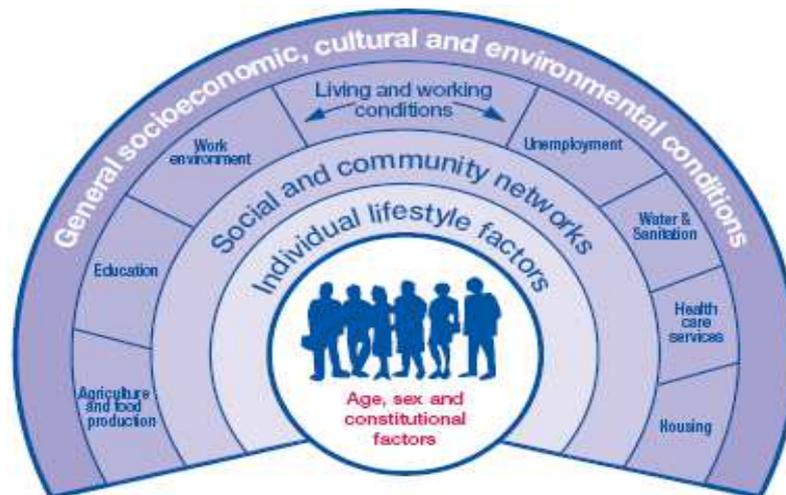
The White Paper *Our Health, Our Care, Our Say* stresses the importance of prevention and the “move towards fitting services round people, not people round services”. It outlines an enhanced role for local authorities, shifting resources into prevention and the seamless integration of health and social care provision to meet local community needs, with better and more innovative ways of joining up services at a local level. “*The key to success will be effective local partnerships led by local government and the NHS working to a common purpose and reflecting local needs.*”

### **What are the wider determinants of health?**

Our strategy is formulated around the ideas in these White Papers and the model set out in the Independent Inquiry into Inequalities in Health Chaired by Sir Donald Acheson.

This model makes clear that the local authority and its partners must deliver on a whole range of initiatives and our strategy is fully grounded in the strengths we have already achieved through the provision of excellent services and the development of the Community Strategy.

These influences on health are illustrated diagrammatically below:



Source: Independent Inquiry into Inequalities in Health: Report (Chairman: Sir Donald Acheson) (TSD, 1998)

The figure emphasises interactions between different layers. For example, individual lifestyles are embedded in social and community networks and in living and working conditions, which in turn are related to the wider cultural and socio-economic environment.

Recognition of the influences on health leads to a recognition that improving public health requires a broad range of action. In the Community Strategy we have identified the contribution to health of:

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- Environment and Transport
- Homes and Housing
- Safer Communities
- Work and Business
- Learning
- Culture, Arts and Leisure
- Community, Equality and Inclusivity
- Health and social care

### **Choice and health**

We believe that people should be able to make choices about issues which affect their health: from the lifestyles they adopt, to the services they receive.

We recognise that these choices can be constrained by the circumstances in which people find themselves, by the skills and knowledge they possess and by the willingness and ability of service providers to respond to choice.

We know that local people want involvement in health related decisions; that they value and want services to prevent ill health and not just to treat it; that they identify, and are concerned about, a wide range of influences on their health (including transport, housing, pollution); and that they know that there are barriers to making healthy choices.

Barriers identified by local people include the absence of consistent, credible health related advice; limited access to services and facilities, for example to allow people to be more physically active; and low income.

### **Our Vision**

Kensington and Chelsea will be '*a borough where everyone has the opportunity to lead a healthy and independent life and can access good quality health and social care services when they need them.*'

The borough is home to a diverse set of communities and we recognise that everybody has different needs.

Our vision is a borough where:

- Residents, those who work in the borough and organisations in the borough value the local environment and its contribution to health and well-being.
- Residents and those who work in the borough feel confident and able to make positive choices about their health, including their use of alcohol and tobacco, their diet and physical activity and their sexual health.

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- The Council, PCT and our partners and allies give due consideration to the impacts on health and health inequalities of all major strategies and plans.
- Staff of the Council and NHS understand the importance of their work to public health and look for opportunities to contribute to health improvement.
- There is a strong vibrant “public health movement” to which all those with a contribution to health improvement feel they belong.
- Employers in the borough provide healthier environments and encourage healthy lifestyles amongst their employees.
- Businesses in the borough acknowledge their social responsibilities and pursue opportunities to contribute to the health and well-being of the communities they operate within. The NHS and the Council support them (where most appropriate) to contribute to health improvement.
- Our efforts to improve public health are evidence-based, tailored to local circumstances (e.g. targeted at those most in need), and continually renewed to ensure successful implementation.
- NHS and local authority facilities relevant to the protection and promotion of health are of high quality and accessible to all.

### **Where are we now?**

Kensington and Chelsea is an excellent place to live. It has a thriving economic and cultural life that is reflected in the strong mix of communities that make up the borough.

Everyone in the borough needs to benefit from these opportunities but they are not shared by all. There are deprived areas across the borough that experience poorer health. This inequality is reflected in:

- Higher rates of infant mortality
- Higher incidence of teenage pregnancy
- A higher proportion of people smoking
- Higher prevalence of obesity
- Higher incidence of chronic illness
- Higher rates of mortality from coronary heart disease

In addition there are several key local issues:

- Poverty in parts of the Borough
- Poor housing conditions
- Higher levels of crime
- Transport problems
- Mental health and well-being problems
- Sexual health problems

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- Alcohol and Drug misuse

This strategy sets a framework of priorities to address these health differences, ranging from tackling the wider determinants of health to health and social care services. Working with the Police, Fire Brigade, voluntary sector, and community groups will facilitate the joining together of different initiatives so that they complement each other, develop best practice and avoid duplication. In particular the voluntary and community sector has a key and growing part to play in:

- The delivery of services
- Involvement in planning and decision making
- Community development and capacity building
- Tackling stigma and discrimination.

## **Priorities and Programmes**

The borough has 6 priority issues reflecting the local health needs identified above. They also match the priorities in the Public Health White Paper, *Choosing Health*.

However some issues – reducing crime, improving the well-being of children, better transport, improving housing conditions and action to tackle income poverty – are also being driven by other strategies. This strategy therefore does not attempt to reproduce everything going on elsewhere (although it will work with those different strategies and approaches) but concentrates on issues within them that have a very direct impact on people's health.

The exception to this is the attention the strategy gives to social housing where such a large proportion of our residents experience poor health. A summary of local work to address these "wider determinants" is described on page 19.

The following summarises our priorities:-

### **1. Smoking**

Smoking is the biggest preventable cause of ill health in the borough. We aim to ensure the smooth implementation of the workplace smoking ban in July 2007 and to capitalise on the opportunity it offers to support people, particularly those from deprived areas and groups to stop smoking.

### **2. Nutrition**

We aim to increase awareness of the benefits gained through healthy food choices and to promote access to healthy and affordable food for all. We

will work with local markets and communities to achieve this and help people to improve their knowledge and skills about food preparation and cooking.

### **3. Physical Activity**

Using existing leisure and sports facilities and open spaces we will work to increase the levels of physical activity among all ages and abilities to make physical activity a part of routine daily life for residents. School-aged children and others in deprived parts of the borough will be a key target for improvement.

### **4. Sexual Health**

The sexual health strategy of the borough will be developed further. We need to ensure that culturally-sensitive sex education and advice is available. We also need to ensure that the prevention of teenage and unwanted pregnancies is maintained. We will also aim to slow the rise of sexually transmitted diseases (including HIV/AIDS) with timely and appropriate prevention and treatment.

### **5. Alcohol and Drugs**

Alcohol and drug misuse have enormous health and social costs and lead to increased inequalities in health. We aim to work with schools, businesses and communities to limit the damage caused by misuse.

### **6. Mental Health and Well-Being**

We want to ensure that everyone can play as full a part in society as they want by encouraging respect and social cohesion, and by reducing the barriers which prevent people from being involved in everyday life.

An important part of health is being able to feel in control of your life. We want to make it as easy as possible for people to become involved in their local community and be successful and healthy in the workplace.

## **PRIORITY 1: SMOKING**

Smoking is the biggest preventable cause of ill health in the borough. It is also the biggest single cause of inequality in health.

The long downward trend in smoking since the 1960s may now be levelling out. Increasing numbers of young people (particularly young women) are starting to smoke and smoking is more prevalent in lower income groups. By direct damage to health and by reducing disposable income, smoking can widen health inequalities.

### **Prevalence**

- Girls aged 11-15 are more likely to be regular smokers (at least one cigarette a week) than boys of the same age – 11% compared with 7%.
- GP registers suggest that 29% of the adult population in Kensington and Chelsea smoke. This figure is 3% higher than the London average in 2005/06.

### **Attitudes**

- Nationally, seven out of ten smokers say they want to stop and 4 in 5 wish they'd never started.
- In London, most people (72%) strongly support a smoking ban in the workplace, with only a small proportion of the public as a whole opposed to the ban (12%).
- Even among smokers, a clear majority are in favour of the ban (64%).

### **Local Issues**

- *Communication* – There needs to be better sharing of information that is culturally appropriate. We should develop innovation such as opportunities for social marketing.
- *Businesses* – Small businesses are concerned about costs and bureaucracy. A central point of contact for information and support would be helpful. Many small businesses are not represented collectively so approaches from other businesses may be more successful than from the Council or health service.

### **Actions**

The Tobacco Control Implementation Group leads our local response with representatives from the community and private sector. We will:

- ensure the smooth implementation of the nationwide workplace smoking ban in July 2007 through systematic advertising and education;
- support people from deprived areas and groups to prevent and stop smoking by working with local schools and businesses;
- we will develop the use of social marketing to make the maximum impact those smokers who are hardest to influence.

## **PRIORITY 2: NUTRITION**

We aim to promote access to healthy and affordable food for all and offer good advice on healthy eating and food preparation.

A good balanced diet is an important way of protecting health. The amount of fruit and vegetables that people eat is an important influence on health. Unhealthy diets that include too much sugar, salt and fats, are linked to cancer, heart disease and stroke as well as tooth decay. Research suggests that a third of all cancers are the result of a poor diet.

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Breastfeeding and good nutrition in the early years can also improve longer term health.

### ***Fruit and vegetable consumption***

- Most children and adults do not meet dietary recommendations.
- People in physical, manual jobs tend to eat around 50% less fruit and vegetables than people doing managerial, desk-based jobs.

### ***Local provision of healthy food***

- Local consultation with Kensington and Chelsea residents illustrated that improved access to healthy and affordable food was wanted in local areas.
- Consultation also showed a desire for residents who speak community languages to be trained to give culturally appropriate health advice and information to local people in a culturally sensitive way.

### ***Actions***

The borough has a history of innovative community projects that promote access to healthy food and cooking skills. The Council is currently working with local markets to promote healthy eating. Cook and Taste is another fine example of local work. We will:

- Establish a Nutrition subgroup to co-ordinate our activities across the borough.
- Continue to promote the Healthy Schools programme.
- Make use of social marketing to tailor messages to young people.
- Promote nutrition in young children through the Healthy Start Scheme.
- Promote nutrition with older people through the 'Cooking for 1' partnership with Waitrose.
- To ensure as far as reasonably practical that all food produced, prepared or sold in the borough is safe to eat and will not cause ill health.
- Raise awareness of the importance of nutrition and food safety through training interventions.

Work on nutrition goes hand in hand with our approach to physical activity.

## **PRIORITY 3: PHYSICAL ACTIVITY**

We will be working to increase the levels of physical activity among all ages and abilities with the aim of making physical activity part of routine daily life for as many people as possible. To achieve this we will work to

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reduce or remove accessibility or affordability barriers to our leisure services and open spaces particularly for school-aged children in deprived parts of the borough.

### ***Tackling Obesity***

Obesity is now a global health challenge and it is an increasing problem in England. One in five adults in England is obese, three times the level of 20 years ago. Both the human and financial cost of obesity is high. It is linked to health problems such as heart disease, diabetes, high blood pressure and osteoarthritis. The most likely reasons for the rapid increase in levels of obesity are changes in eating patterns and increasingly sedentary lifestyles.

- Obesity reduces life expectancy on average by 9 years.
- One in seven state primary school children in Kensington and Chelsea are classified as obese in 2006/07 (Reception and Year 6). This is similar to London and national rates.
- Kensington and Chelsea GP registers suggest that one in six of the adult population is obese. This is below the national proportion where 22% of men and 23.5% of women are now obese and well over half of all adults are either overweight or obese.
- The prevalence of obesity nationally has trebled since the 1980s.

### ***Activity levels***

- Nationally, six out of ten men and seven out of ten women are not active enough to benefit their health.
- Also, four out of ten boys and six out of ten girls are not meeting the recommended hour a day physical activity for children.

### ***Opportunities in the Borough***

- 84% of residents in the borough have no access to their own garden space. Access to public open space is an issue in deprived areas.
- Members of the Kensington and Chelsea Youth Forum state that there are lots of leisure facilities available in the borough, but they are often too expensive for young people.
- Older People want green open spaces, which are well lit and in which they can feel safe and more community centres to structure social and physical activity.
- Against national benchmarks the proportion of users of the Kensington Leisure Centre who are young people, elderly, from ethnic minority groups or disabled is relatively low. The same is broadly true of the

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Chelsea Sports Centre although usage by young people and the disabled is greater here. These figures are influenced by the characteristics of the population living close to these sports centres.

- Local consultation has suggested improved crèche facilities to enable parents to exercise and greater accessibility of leisure facilities for people with disabilities. Local people have also suggested that local employers can help by providing shower facilities to encourage walking and cycling to work and subsidising gym membership.
- Language and culture were identified as a barrier to choosing health. Individuals with English as a second language can be excluded from participating in health related information or activities and mixed gender physical activity sessions are unsuitable for some Black and Minority Ethnic Groups.
- Transport – Local people have asked for more initiatives to reduce car use and improve public transport

### ***Actions***

We will:

- Better co-ordinate and publicise physical activity opportunities and ensure evaluation of our activities across the Borough.
- Utilise the opportunities provided by local strategies such as the Local Development Plan.
- Promote walking through a concerted campaign involving schools, libraries and voluntary groups, and services in leisure, transport and environmental health. The Walking Alliance will lead on this.
- Maximise the opportunities to offer support and advice about physical activity in primary care, for example in GP surgeries and pharmacies.

## **PRIORITY 4: SEXUAL HEALTH**

The sexual health strategy of the borough is being developed. Its main aims will be:

- Culturally-sensitive sex education and advice.
- The prevention of teenage and unwanted pregnancies.
- The reduction of sexually transmitted diseases (including HIV/AIDS) together with timely and appropriate treatment.

Sexual health also encompasses how people feel about themselves and others.

### ***Sexually transmitted infections***

- Women, young people, gay men and black and minority ethnic communities are disproportionately affected by poor sexual health generally.

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- Chlamydia is the most common sexually transmitted infection, with as many as one in 10 young women infected. Nationally, new diagnoses of sexually transmitted infections have risen continually since 1995.
- Consultation within Kensington and Chelsea found that residents and service providers felt there was a need for more accessible and appropriate sexual health services for young people.

### ***HIV/AIDS***

- Compared to London, Kensington and Chelsea has three times the proportion of men with HIV/AIDS transmitted through sex with other men.
- The proportion of cases through heterosexual transmission is not increasing in Kensington and Chelsea as it is in London and nationally.

### ***Teenage conception***

- Kensington and Chelsea's under 18 conception rate is the 4<sup>th</sup> lowest in London. In numbers, this amounts to 68 conceptions, of which 24 went to term.
- Conceptions are focused in the north of the borough, in areas of social deprivation.

### ***Actions***

We will:

- Ensure that we are able to co-ordinate and evaluate all public health related activities across the borough against national guidance.
- Target groups with the highest need such as male sex workers, young offenders, and vulnerable teenagers.
- Ensure a full access to a variety of services in primary care from advice, to counselling and screening.

## **PRIORITY 5: ALCOHOL AND DRUGS**

Alcohol and drug misuse have enormous health and social costs and lead to increased inequalities in health. Not only do they cause physical and mental ill health, but they can also cause homelessness, poverty, unemployment and crime. Such problems are not likely to occur in isolation and are associated with other social and physical problems that influence misuse, such as unemployment, low self-esteem, perceived failure, relationship problems and psychological problems. The consequences of alcohol and drug misuse permeate homes, schools and workplaces.

### ***Social cost of Alcohol***

- Up to 1m children are affected by problems related to their parents alcohol use.
- Around one-third of all A&E attendances nationally are alcohol-related.
- 1.2m violent incidents are related to alcohol (around half of all violent crimes).

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- Up to 17m working days lost through alcohol-related absence.

### ***Prevalence of Alcohol Problems***

- 24% of children aged 11 – 15 years drink alcohol, and they drink an average of 10.5 units per week.
- There is a decline in all alcohol use disorders with age. In relation to ethnicity, black and minority ethnic groups have a considerably lower prevalence of hazardous/harmful alcohol use but a similar prevalence of alcohol dependence compared with the white population.
- 18% of men in London report binge drinking compared with 22% in England.
- 6% of women in London report binge drinking compared with 10% in England.

### ***Social costs of drugs***

- Drug misuse gives rise to between £10 billion and £18 billion a year in social and economic costs, 99% of which are accounted for by problematic drug users.
- There are strong links between problematic drug use and crime. Around three-quarters of crack and heroin users claim to be committing crime to feed their habit.

### ***Prevalence of Drug Problems***

- The home office estimate the number of problem drug users (PDUs), resident within the Royal Borough, to be in the region of 1300.
- This figure is likely to be an underestimate of the actual numbers of problem drug users resident in Kensington and Chelsea.

### ***Drug treatment***

- In a study of more than 1000 drug users in the UK, around 40 per cent of those who completed a comprehensive programme were drug free after five years.

### ***Local Issues***

- There are some important partnerships to be developed:
  - Schools – it is important to engage head teachers.
  - A&E – links with other partners could be strengthened.
  - Planning and licensing can be developed.
  - Alcohol services – help is perhaps not as readily available as for drugs.

### ***Actions***

The local Alcohol Strategy is currently being agreed. Key actions include working with licensed premises to promote safe drinking. The Drug and Alcohol Action Team leads on drug prevention and treatment. It is also a key priority for community safety. We will:

- Establish a social marketing campaign to promote reduction in the use of cannabis.

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- Identify and ensure services meet the needs of children whose parents misuse alcohol and drugs.
- Review the Drug and Alcohol policy in the workplace for both the Council and PCT and provide support for our employees.
- Maximise the opportunities to offer support and advice in primary care, for example in GP surgeries and pharmacies.
- Implement the 'Best Bar None' Scheme - a national award scheme tackling violence, under- age drinking, security, and sensible drinking.

## **PRIORITY 6: MENTAL HEALTH AND WELL-BEING**

All of us experience anxiety and low mood from time to time. Such feelings can build to the point where a person's day to day ability to function in their work and relationships begin to diminish. At that point additional help may be needed.

We aim to promote those actions that will maintain mental well-being and prevent serious deterioration. An important part of health is being able to feel in control of one's life. We want to make it as easy as possible for people to become involved in their local community.

- One in six adults at any one time has a mental disorder and up to one in four consultations with a GP concern mental health issues.
- There is a strong link between mental and physical health: depression increases the risk of heart disease fourfold, even when other risk factors like smoking are taken into account.
- Poor mental health has been associated with poor socio-economic status, sub-standard housing, poor education, poor opportunities for employment and poor working conditions in particular. Data suggests it is more common in the more deprived north of the borough.
- Low level issues such as graffiti and litter can affect the respect for and well-being of our communities. There are links with stress. Children and older people may be reluctant to go out.

### ***Local Issues***

- As part of consultation for the Community Strategy, a group of Somali residents stated concern over the lack of community-based support for members of their community experiencing acute mental health problems. These individuals were often looked after by members of the immediate family who often did not know where to access mental health support agencies.
- Local people say that they want a better work-life balance.
- Pollution and air quality is identified as a major local concern along with congestion and crime.

## **Actions**

We will:

- Deliver key messages from the National Institute of Mental Health in an awareness raising campaign. This could be in the form of a Mental Health '5 a day'.
- Explore the role of 'friendly neighbour' agreements to reduce the impact of noise and neighbour disputes.
- Regenerate open spaces in the borough. We will capitalize on the Parks Strategy to ensure that residents and visitors can use parks for peaceful reflection as well as leisure and exercise. There are opportunities for local community forums to bid for further funding.
- Arts and health have a clear contribution to make and offer major opportunities in the delivery of better health and well-being. The Council and its partner organisations have an important role to play in promoting and supporting the development of the arts.
- The workplace is an important setting for health improvement and the Council and its partner organisations will continue to work with business to improve the health, safety and well-being of the borough's workforce and residents affected by work activities.
- The Council will continue to monitor ambient air quality and develop proposals to improve it. In addition we will identify sites which have potentially contaminated soils and oversee any necessary remediation work. We will continue to carry out research and offer advice into environmental issues that could impact on the health and well being of the borough's residents.
- The partnership organisations will strive to improve the health and well-being of residents living in social housing and private rented accommodation tackling issues like overcrowding, fuel poverty and regeneration.

## **THE WIDER-DETERMINANTS OF HEALTH**

Action taken on the wider determinants of ill health will help reduce anxiety, depression and improve general well-being.

### ***A healthy start to life***

The Children and Young People's Plan provides an excellent framework to meet the health needs of children from before birth, through school and into work. The **Healthy Schools Programme** will be promoted further as key method of addressing the borough's health priorities.

### ***Poverty***

Material deprivation is associated with poorer health, even after lifestyle behaviours are taken into account. The Community Strategy identifies key actions to reduce barriers to employment.

### ***Safer Communities***

Fear of crime remains an important issue for local residents. The Council has recently provided funding to increase the number of Police Community Support Officers patrolling our streets to reassure and tackle antisocial

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behaviour. Other actions across the wider determinants will also increase community cohesion.

### ***Transport***

Lack of transport has been identified as a cause of isolation and reduced opportunity to use local services in parts of the borough. The council is working to minimise the impact of the Congestion Charge and will be developing and consulting on its Transport Strategy.

### ***Social Housing***

The Council works with registered social landlords to improve conditions which affect health. The Council is working to improve the rate of urgent repairs. Advice is provided on indoor air quality and home security as well as energy efficiency.

**Supporting People** is an important initiative led by the Council's Housing Services to help people live independently in the community. In particular this helps support the health and independence of older people.

The Council's Overview and Scrutiny Committee sub-group has held workshops specifically to address the health inequalities experienced by those who live in social housing. Key issues include overcrowding, neighbour behaviour, regeneration and opportunities for physical activity. The actions are integrated with those for Well-Being in the Action Plan.

### ***Championing Public Interests***

The Overview and Scrutiny Committee sub-group for Health Inequalities will look at key services for mental health, maternal health and learning disabilities with their users. This will help focus on the needs of these key groups and the significant lack of opportunities for good health that some experience.

Local children's services are being integrated into the Children's Trust. Local Mental Health services continue to be integrated within the community with early intervention as a key priority. Services for people with physical, sensory and learning disabilities also focus on overcoming limitations in opportunity to take part in society.

The Expert Patient programme supports people with long-term conditions to draw from their experience and knowledge and help them and others take more control of their treatment and their lives.

## **Next Steps**

The Delivery Plans from this strategy can be found as an attachment to this document (*link*). This plan identifies:

- The actions chosen
- The Lead agency and partnerships
- Current and planned borough-wide action
- Future aspirations
- Measures of success

The action plan covers a one-year period from April 2007 through to March 2008. It will be evaluated and updated annually to refocus our work.

Working with local people will help us to meet local needs, to develop better plans, and to monitor the impact of those plans. And by working in this way we will provide ongoing feedback as to how we have addressed local people's views.

A programme of health events will be designed to raise awareness of the priority health issues and to provide a feedback process on the impact that the strategy and action plans are making. These will target decision makers, professionals and other stakeholders and also local communities and service users.

In addition will be the development of a programme of awareness training to embed public health approaches in the thinking of professional and technical staff who would not necessarily think of health and well-being as an outcome to their work.

One of the key vehicles for doing this will be the creation of a "Public Health A to Z" which will identify, from air pollution to the young person's website, the work that the Council, PCT and partners are engaged on which has the potential to contribute to improving and protecting health. It will be web-based and continually updated to make it a practical resource for all (*link*).

## **GOVERNANCE AND DELIVERY**

### **Effective partnerships**

A Public Health Steering Group will be formed to oversee delivery of the Strategy. It will be supported by existing management structures within the council and PCT such as the Public Health Executive Committee. Multi-agency priority groups involving the voluntary and community sectors will be maintained which address the six key priorities of this strategy. Partners need to be supported and public-health training will be made available.

## How will we measure success?

We will succeed in:

- Narrowing the gap in **life expectancy** between different areas of the borough. This can be measured annually using 3 year rolling averages.
- Reducing **premature mortality** (death rates in those aged under 75). This can also be measured annually using 3 year rolling averages.
- Making improvements in **resident's assessment of their own health**. This will be measured by asking people how they rate their own health, for example through the Residents' Panel. This will incorporate validated assessments of well-being.
- Reducing the **number of smokers** in the borough.
- Increasing how easy people find it to make healthy and informed **choices about smoking, nutrition and physical activity**. This could be measured through the Residents' Panel. A benchmark will be set using questions on lifestyle issues and then this exercise will be repeated after a set timeframe.

As well as these headline successes, each of the six priority areas will have outcome measures that are specific, measurable and achievable. These are detailed in the delivery plan.

## Glossary

Choosing Health	This government White Paper sets out the key principles for supporting the public to make healthier and more informed choices about their health.
Early Intervention Service	This is a targeted mental health service for young people before they develop serious mental health problems.
Kensington and Chelsea Partnership	This is a multi-agency partnership that serves to address a range of local issues including health. It has representation from the council, health services, police, fire brigade, voluntary sector and local communities.
Overview and Scrutiny Committee	This is a council body that has a statutory obligation to scrutinise the response of the council and health services to local issues.
Overweight versus Obese	We assess obesity in terms of whether someone weighs too much for their height. A Basal Metabolic Index (BMI) is measured by dividing weight (in kg) by height 'squared' (in cm). If your BMI is over 25, you are overweight. If your BMI is over 30, you are obese.
Primary Care Trust (PCT)	This is a statutory body responsible for commissioning health care for local people and reducing health inequalities. It funds local GPs and hospital services.
White Paper	A policy document issued by the Government to explain or discuss matters on a major issue. A Green Paper is a precursor to this and is a preliminary report on proposals for a new law to be discussed in parliament.