Appendix 1

‘Sitting is the new smoking’

Report of the Director of Public Health 2015-2016

h&f hammersmith & fulham

THE ROYAL BOROUGH OF KENSINGTON AND CHELSEA

City of Westminster

Foreword

It's my pleasure to introduce the annual public health report covering the three boroughs of Hammersmith & Fulham, Kensington and Chelsea, and Westminster.

This report is an independent evidence based statement about the health of local communities. Its function is to highlight important issues that affect our population, and aims to:

- Contribute to improving the health and wellbeing of local people
- Reduce health inequalities
- Promote better health through measuring progress towards health targets
- Support better planning and monitoring of local programmes and services

The report complements the Joint Strategic Needs Assessment (JSNA) work programme which identifies the current and future health and wellbeing needs of the population.

This year's report explores physical inactivity across Hammersmith & Fulham, Kensington and Chelsea, and Westminster. Promoting physical activity is a public health priority and the report builds on the Physical Activity JSNA published in 2014. It shows what we can do to encourage the least active to be more physically active, with suggestions how we can make physical activity a part of daily life.

We know…

- Physical activity is good for both your mental and physical health and wellbeing
- Any physical activity is better than none
- Simple, daily physical activity as part of everyday life is what we should aim for

Being active is good for our health and wellbeing, need not cost anything and is fun. I hope this report gives our readers some ideas and inspiration for how we can all make simple, positive changes.

Together, let's move more, every day

Mike Robinson

Director of Public Health for
Hammersmith & Fulham, Kensington and Chelsea,
and Westminster

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Introduction

> **"If medication existed which had a similar effect to physical activity it would be regarded as a wonder drug or miracle cure."**
>
> Chief Medical Officer, 2010

Being active matters at every age.

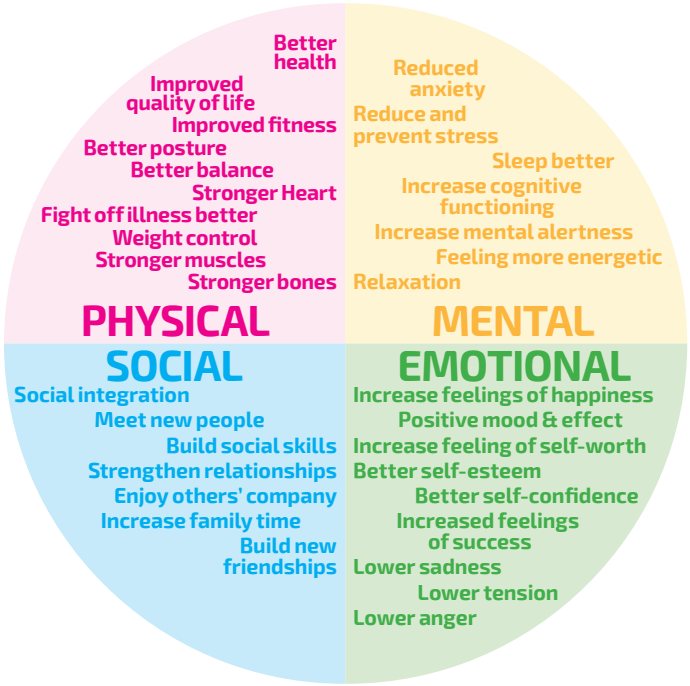
The more we move, the greater the benefit. Encouraging those who are inactive to embrace a significant level of activity would have the greatest benefit, but any shift helps.

Nationally, it's becoming increasingly recognised that physical activity as part of a wider wellbeing strategy can be integrated wherever we are: at work, school, home, and community settings. The Government funded Five Ways to Wellbeing draws particular focus to actions that can improve people's wellbeing. *Connect, Be Active, Take Notice, Keep Learning and Give are simple ways* that, when incorporated into our daily living, can have huge impact on our wellbeing.

In this report, we focus on the second of these – Be Active – but it's clear that moving and being physically active, especially when done in community, overlaps with other elements of the Five Ways to Wellbeing.

Research shows there is a three year difference in life expectancy between people who are inactive and people who are minimally active. Regular physical activity can reduce the risk of over 20 chronic conditions including coronary heart disease, stroke, type 2 diabetes, cancer, obesity, mental health and musculoskeletal conditions.

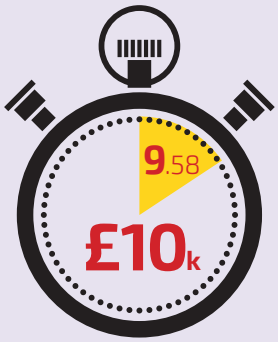
The benefits don't stop there. The figure below shows a wide range of health and wellbeing benefits to individuals.



Source: http://www.activegrand.ca/healthy-living-tips/benefits-regular-activity

Physical inactivity and sedentary behaviour have a considerable negative impact and cost for the individual, local communities and society.

In the time that Usain Bolt runs 100 meters (9.58 seconds) the **NHS spends around £10,000** on tackling preventable ill health. (Obesity £1,548, Diabetes £2,740, CVD £4,370, Depression and Anxiety Disorders £880 and Dementia £571).



Trends are not encouraging

If current trends continue, by 2030 the average number of hours we are sedentary each week will increase from 48 hours to 52 hours. There is an overall decline in physical activity, whether it is related to leisure, travel, domestic or occupation.

The challenge is how can we reduce that trend and be more active.

Sitting is the new smoking

So, how did we get here? One of the biggest challenges of sedentary behaviour and physical inactivity is that opportunities to be active are being designed out of our lives.

We drive more and further than ever, we sit for longer periods at our desks, and spend leisure on increasingly sedentary pastimes. The wonders of technology mean that even the simplest of tasks for daily living are becoming automated. Multiple car ownership has increased from 17% to 32% in the last 20 years and the number of journeys walked has declined by a third since 1995.

Physical inactivity – a cost too large to ignore

Physical inactivity presents an enormous and growing burden to society. The costs to the broader health and social care system are significant and there is a considerable impact on the economy as well as other public services. Physical inactivity is a cost we are all paying for nationally and in the three boroughs.

> **"Whatever our age, there is good scientific evidence that being physically active can help us lead healthier and even happier lives. We also know that inactivity is a silent killer."**
>
> Chief Medical Officer, 2011

Cost to the health service

- Physical inactivity causes 11% of chronic heart disease, 19% of colon cancer, 18% of breast cancer, 13% of type 2 diabetes. It causes 17% of premature deaths
- The estimated cost to the NHS of physical inactivity is £1.06 billion

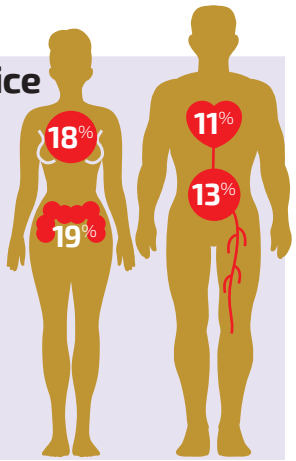


Table 1: Estimated costs to health care services attributable to physical inactivity [7]

Borough	Cost per year	Cost per 100,000 population
Hammersmith & Fulham	£2,331,126	£1,346,641
Kensington and Chelsea	£3,891,230	£1,933,313
Westminster	£6,270,360	£2,487,423

Cost to the local economy

- The local economy across the three boroughs loses £84million each year due to sickness absence, and associated employer, health and social costs and welfare
- Mental health problems and musculoskeletal problems are the two largest causes of sickness days, and physical activity has been proven to prevent both conditions.

Cost to Adult social care

£15.5 billion is spent nationally by local authorities on adult social care each year. Many of the conditions that affect mobility and functioning, such as dementia, depression, stroke, and falls, could be modified by greater levels of physical activity.

Cost to local authority

- A wide variety of issues can result from physical inactivity such as reduced readiness for school, lower educational achievement among school children and increased school sickness absence
- Greater car dependency contributes to air pollution which has an impact on people's health.

Meeting the challenge

The best opportunities for being active exist in all areas of daily life, whether in the workplace, at home, in neighbourhoods, in education or health settings. Physical activity need not cost anything; more importantly it can be a lot of fun and give us a sense of wellbeing.

Cost benefits of increasing physical activity

So, is there a business case for the councils to invest in encouraging physical activity? Yes, the cost benefits achieved through an increase of physical activity are substantial. The National Institute for Health and Care Excellence (NICE) established that a brief intervention for physical activity in primary care costs between £20 and £440 per quality-adjusted life year (QALY) with net costs saved per QALY between £750 and £3,150.

For Hammersmith & Fulham, Kensington and Chelsea, and Westminster savings of over £5 million could be achieved if 100% of the resident population achieved just the minimum recommended levels of physical activity. However, this is likely to be an underestimate as it does not take into account mental illness or dementia for example and only considers health care costs. If we add in costs to the council or society through improved work attendance, productivity and savings for social care or benefits, the savings could be far higher.

The King's Fund published useful guidance on interventions to increase physical activity. Their recommendations focus on two themes:

- reduction of car travel by improving cycling and walking provision and improving the urban realm, therefore encouraging active travel and
- improving access to green spaces which are associated with increased physical activity.

Here we explore the recommendations which could make an impact in the three boroughs:

Every pound spent on cycling provision recoups £4 in health care costs. **35p profit to the economy** is made with every mile travelled by bike instead of car.

Getting just one more person to **walk to school could recoup £768 a year** in terms of health benefits, productivity gains and reductions in air pollution and congestion.

Increasing use of parks and open spaces could reduce NHS costs of treating obesity by more than **£2 billion**.

Up to £23 is recouped for every £1 spent on leisure facilities in parks and public gardens in terms of better quality of life, reduced NHS use, productivity gains and more.

Free swimming initiatives attract a high proportion of people from disadvantaged backgrounds, thereby addressing health inequalities.

The solution - what should we be aiming for?

So, what do we mean by physical activity? Physical activity refers to all forms of activity. Everyday walking or cycling, active play, work-related activity, taking the stairs rather than the lift, working out in a gym, dancing, or gardening as well as organised and competitive sport – it all counts.

In 2011 new guidelines on the amount of activity recommended for health were published by the Chief Medical Officers of the four UK countries.

However, even small increases in physical activity have demonstrated health benefits, and so any activity is better than none.

Early Childhood (under 5 years)

1. Safe floor-based play and water-based activities from birth.
2. At least 3 hours of activity spread throughout the day for toddlers who can walk unaided.
3. Minimum amount of time being sedentary (being restrained or sitting) for extended periods (except time spent sleeping) in ALL children under 5

Adults (19 – 64)

1. Aim to be active daily. Over a week, activity should add up to at least 2½ hours of moderate intensity activity in bouts of 10 minutes or more – one way to approach this is to - for example do 30 minutes on at least 5 days a week.
2. Or 1 hour and 15 min of vigorous intensity activity spread across the week or a combination of moderate and vigorous intensity activity.
3. Undertake physical activity to improve muscle strength on at least two days a week.
4. Minimum amount of time spent being sedentary (sitting).

Children and Young People (5 – 18 years)

1. Moderate to vigorous intensity physical activity for at least one hour and up to several hours every day.
2. Vigorous intensity activities, including those that strengthen muscle and bone, at least three days a week.
3. Minimum amount of time spent being sedentary (sitting).

Older Adults (65 and over)

1. Minimum recommended activity is the same as in younger adults.
2. Any amount of physical activity in older adults will bring health benefits. Some is better than none, and more physical activity provides greater health benefits.
3. One hour and 15 minutes of vigorous intensity activity spread across the week or a combination of moderate and vigorous activity for those who are already regularly active.
4. Physical activity to improve muscle strength on at least two days a week is particularly important in the elderly.
5. Those at risk of falls should incorporate physical activity to improve balance and co-ordination on at least two days a week.
6. Minimum amount of time spent being sedentary.

How increased physical activity helps us all

High levels of physical activity benefit people, communities and society. When people move more, crime, pollution and traffic go down. Productivity, school performance, property values and health and wellbeing improve drastically.

Below we highlight how physical activity has a positive impact across the work and priorities of local government.

Health and wellbeing

Worldwide, physical inactivity is the direct cause of 10% of premature mortality. If inactivity could be reduced by only 10% it would prevent 1.3 million deaths every year globally

There is a **three-year difference in life expectancy** between people who are inactive and people who are minimally active.

Importantly, the length of time we are sedentary is also associated with ill-health. Even people who meet or exceed the recommended requirements for physical activity, but who sit for long periods of time, experience ill health.

Adult social care

Physically active residents can stay independent longer.

Older adults who are regularly active have a 30-50% lower risk of developing functional limitations

Physical activity can help to increase social interaction and tackle isolation and loneliness.

Children and family services

Physical activity can contribute to an increase in academic performance and attainment.

Sport and recreation can help to raise people's self-esteem and determination, both useful skills for learning and passing exams.

Employment and economic productivity

High levels of physical fitness are viewed favourably by employers, who associate fitness with greater productivity, potential to work longer hours and taking less sick leave.

Playing sport can help people build valuable skills like problem solving, communication and teamwork.

Climate change and air quality

Walking and cycling are pollutant free activities, and so increasing active travel can lower carbon emissions and reduce pollution. 75% of transport related emissions are from road traffic.

Planning, transport and the built environment

Getting the borough moving by tackling congestion, parking and traffic enforcement and developing road / cycle path capacity to support growth and regeneration

Increasing physical activity and active travel can help to lower carbon emissions.

Making walking and cycling safer and more enjoyable can contribute to fewer road traffic accidents.

Community safety

Physical activity can help to increase people's self-esteem and enable them to develop relationships and school skills, foster discipline and teach commitment. Cycling and walking have been shown to build a sense of community and belonging.

Social inclusion

Physical activity can foster community spirit and help to improve risk factors relating to crime and antisocial behaviour.

Active leisure can be used to reach out to at risk groups in society and the wider community and can play a role in promoting gender and disability equality.

Economic prosperity

Excessive dependence on motorised road transport has significant economic costs on society such as congestion; road casualties; physical inactivity; pollution and damage to the climate.

The average economic benefit-to-cost ratio of investing in cycling & walking schemes is 13:1.

Retail sales with a high quality cycle lane can increase footfall by up to 49%.

Physical Activity in the three Boroughs

In this next section, we explore what the local picture is, based on the national picture and incorporating local data where it is available.

Children

The national picture

In England, less than a quarter of children are classed as physically active. Overall, boys are more active than girls with 21% of 5-15 year old boys completing at least 1 hour of moderate intensity activity each day, compared to 16% of girls.

There is a decline in physical activity for both boys and girls as they get older. For boys, the numbers meeting the recommended levels of activity decline from 24% in 5 to 7 years olds to 14% in 13 to 15 year olds. For girls the decrease was from 23% to 8% respectively.

However, 41% of boys and 44% of girls do walk to and from school every day, and in school, most children participate in some type of physical activity (93% of boys and 92% of girls)

Children spent on average 3.3 hours each weekday on sedentary pursuits such as watching TV, reading etc. outside of school. This rises to around 4 hours on the weekend.

Children in the three Boroughs

Generally, children in the three boroughs have lower participation rates in high quality PE and school sport compared with their peers in London and England. For Hammersmith & Fulham this is 70% of pupils, Westminster is 75%, and 77% in Kensington and Chelsea.

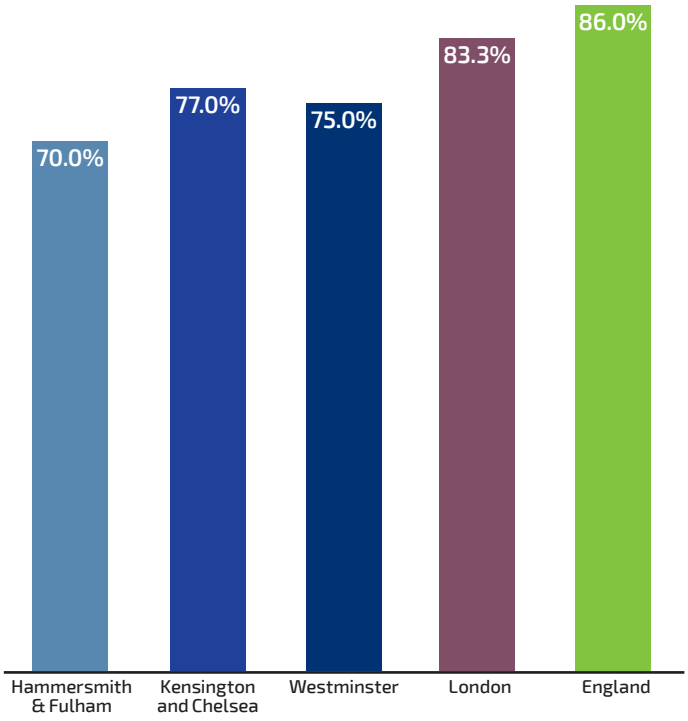


Figure 1: The percentage of state school children in Year 1-11 participating in at least two hours of high quality PE or school sport in a typical week (TNS Social Research, Annual Survey of School Sports Partnerships 2009/2010)

While participation in school PE has increased nationally, schools in deprived areas with a higher proportion of ethnic minority pupils, and pupils with special educational needs have the lowest level of participation in sports in and outside the school environment.

Unfortunately data on PE activity is no longer routinely available for all our Boroughs since the School Sport Partnerships came to an end. In order to monitor physical activity levels in children it is essential that data is collected across the three Boroughs.

Adults

The Active People Survey 2014/15 shows the most up to date data available nationally and locally on physical activity for people aged 16 and over.

The national picture

Nationally 67% of men and 55% of women aged 16 and over are classed as physically active. Over one in five men (20%) and one in four women (25%) are classified as inactive.

However, **over half of men and women spent four or more hours in sedentary time per day**, with men more likely than women to average six or more hours of total sedentary time on both weekdays (31% and 29% respectively) and at the weekends (40% and 35% respectively).

Activity decreases with age for men, from 83% in 16 to 24 year olds to 11% in those 85 years and over. The same is true for women, although activity levels peaks among 35 to 44 year old women (66%) before declining. After the age of 74 levels of decline in activity are similar in both sexes.

There is a link between physical activity and household income. 76% of men and 63% of women in the highest income group met the UK recommended levels of activity compared to 55% and 47% respectively in the lowest income group.

Physical activity rates are lower among those with a greater body mass index (BMI). 75% of men who are of healthy weight met physical activity guidelines, compared with 71% of overweight and 59% of obese men. Corresponding figures for women were 64%, 58% and 48%, respectively.

Adults in our three boroughs

The number of physically active people (aged 16+) stayed broadly similar from 2014 to 2015, with 56% in Kensington and Chelsea, 64% in Hammersmith & Fulham, and 62% in Westminster.

This appears to confirm a trend towards increasing inactivity, with the number of completely inactive people increasing in two boroughs and staying level in the other borough. Westminster and Hammersmith & Fulham are in line with the national average of 28% (27% in both) while Kensington and Chelsea has a higher level of inactivity (31%). Where data exists, the three boroughs are following national trends across sex, age, socio economic status, disability and employment status.

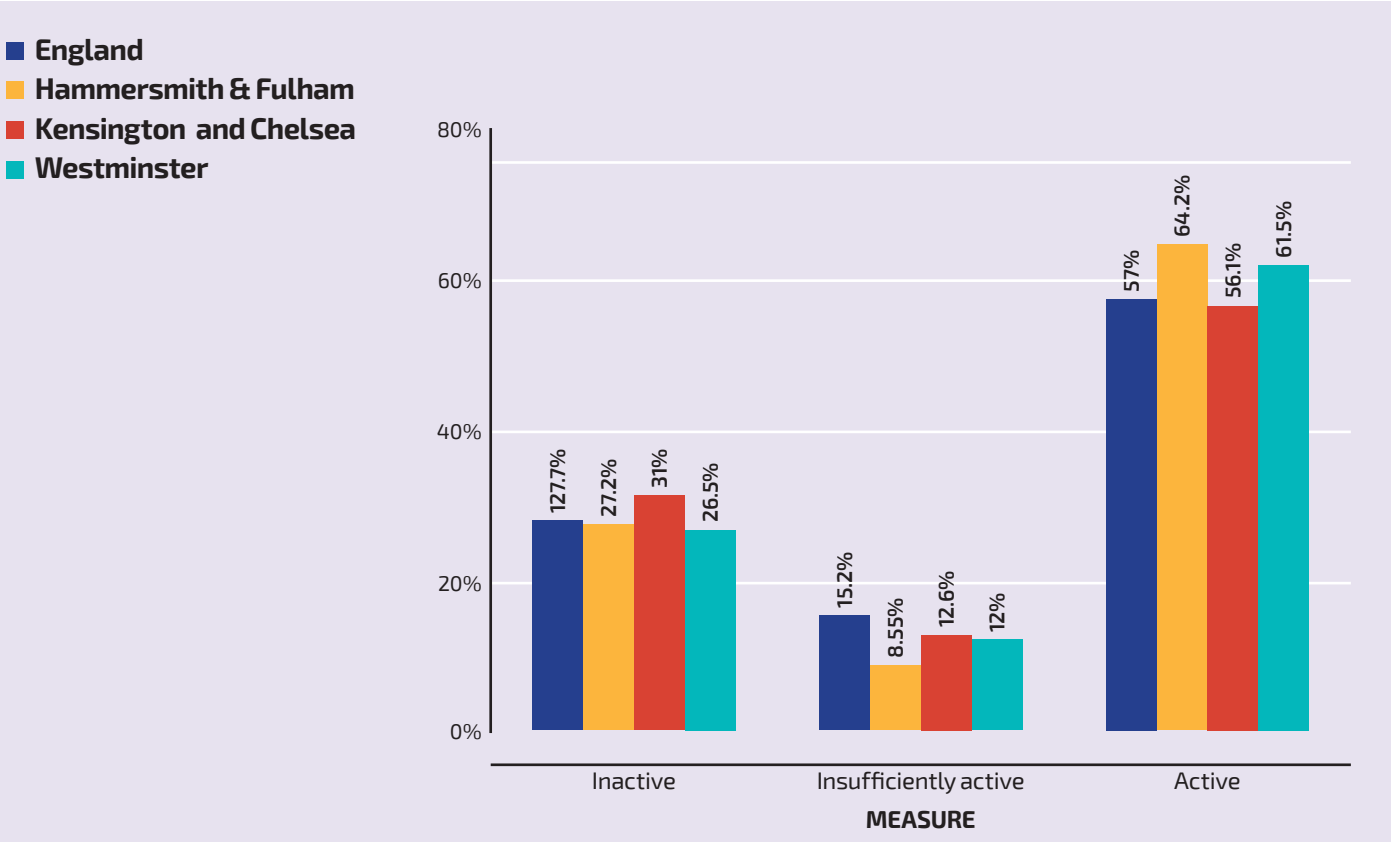


Figure 2: The percentage of adults (aged 16+) in the three Boroughs classed as Active, Insufficiently Active, and Inactive, compared with England (Source: Active People's Survey 2014/15)

Success stories

The best opportunities for keeping active exist in all areas of daily life, whether in the workplace, at home, in neighbourhoods, in education or health settings. Physical activity need not cost anything; more importantly it can be a lot of fun and give us a sense of wellbeing.

So how are we doing in the three boroughs when it comes to encouraging residents to get active? Below are some of our success stories.

London Borough of Hammersmith & Fulham - Bikeit Programme

Before April 2010, Tigist Negash, a 34-year old student and mum of three had never cycled in her life. For years Tigist spent the school run chasing after her two sons who liked to cycle to their primary school as their mum walked behind. Tigist was struggling to get to college on time in between dropping her sons at school and her daughter at nursery and couldn't rely on the bus or walk the distance quickly enough.

When Sustrans began working with her son's school to encourage more children to cycle, Tigist decided to take part in a cycling course, sponsored by the Council's Bikeit Programme. The course was created especially for parents and carers, to prove just how easy it is to cycle for short local journeys.

"Every morning, I cycle with them to school, then I go on to college in Hammersmith, about a mile away. I have to be there at 9.30am, and if I took the bus or walked I wouldn't be able to get there in time. Without being able to cycle, I wouldn't be able to go to college."

She now cycles every day and uses her bike to accompany her two sons to school and carry her daughter to nursery before going on to college to study English.

Royal Borough of Kensington and Chelsea: Charles Falope

Charles, a young man in his twenties, is a regular attendee at the weekly disability multi-sport session at Kensington Leisure Centre and he enjoys the activities that are on offer in the main sports hall like table tennis, volleyball, basketball, boccia and polybat. Charles has autism and can sometimes find it hard to play with others. This stops him from fully partaking in as many of the activities as he would like.

After discussions with Charles and with the support of Public Health funding and the Activate! Programme, it was decided he would benefit from attending a Disability Sports Coaching UK course, (a one day Adapted Sports Course). Charles had previously shown great interest in helping the coaches and the training has helped him engage more fully in the sessions. To make sure Charles continued to learn and develop into a proficient assistant coach, he received six weeks of mentoring.

Since Charles attended the course in November 2015 his progress has been amazing. Now he is helping the other coaches by setting up and setting down activities. By far the biggest change for him is that he now helps others take part in the activities. For example, at his last session he played Polybat with another participant, who has very little mobility and cannot communicate very well. Charles praised her every time she hit the ball back and this was very heartening to see. After this he invited her and another person to play bowls. Finally, the Head Coach made Charles responsible for the boccia match. He handed out the boccia balls and refereed the game in his referee's kit.

At the end of every session Charles asks the Head Coach 'How did I do?', 'How can I improve?' and each week the reply is 'You've done well Charles, keep up the good work'.

Active Westminster Walks for Health Scheme - Regents Park Walk Group

A Health Promotion Nurse from the Health Improvement Team leads a 60 minute health walk in Regents Park. The group, which has been running for several years, meets at the Clarence Gate, every Wednesday at 1.30pm. Adults of all ages, genders, abilities and backgrounds join in with the weekly walk. Some of the walkers have long standing mental health or social issues.

A female walker said that she feels secure in the group as the nurse is able to monitor the different health conditions the group participants may have and take action if needed. Especially concerned about her memory loss, she wanted to remain physically active without fear of getting lost. The group gives her a reason and confidence to get out of her flat, meet people and talk about different topics and interests such as gardening and dogs.

Group members are encouraged to choose a route as they enjoy walking varied routes and seeing beautiful locations within the park. The walking group provides support to socially isolated adults, with complex social, mental and physical health conditions, to participate in physical activity and connect with others. Next steps include plans to support some group members to complete Walk Leader training organised by the Health Improvement Team.

Looking forward

In the 5 year Forward View of the NHS, there is a clear emphasis on prevention and public health, as "...the health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on [it]". National action on obesity, smoking, alcohol, physical inactivity and other major health risks will now be in the spotlight.

Prevention starts at the earliest possible opportunity. Being physically active over the lifecourse means that we can enjoy a better quality of life through every age and stage. The solution to addressing these challenges – the miracle cure – is here.

We can meet the challenges, many of which are set out in this report, if we have the will and enthusiasm to do so.

Our hope is that the examples of good practice in our three boroughs, and the realities of what we face if we don't take action, will help to inspire us.

Together, let's move more, every day

Useful contacts

For information on ideas on how to be more active, and to access opportunities in your local area here are some helpful contacts and websites.

One You

One You is a national campaign to encourage us to move more, eat well, drink less and be smoke free. The website include ideas on how to include physical activity into our daily lives.

W www.nhs.uk/oneyou/moving

Get Active London

The Get Active London website provides a one stop shop for activities, clubs and venues across London.

W www.getactivelondon.com/

NHS Choices Live Well

The NHS Choices Live Well provides suggestions on how to build more physical activity into our daily lives for busy parents, families, young people, office workers, older people, and disabled people.

W www.nhs.uk/Livewell/fitness/Pages/Activelifestyle.aspx

People First

People First provides a wealth of information and resources covering the three boroughs, with a focus on older people, people living with disabilities, and those who look after others.

W www.peoplefirstinfo.org.uk/health-and-well-being/taking-care-of-yourself/exercise-and-sport.aspx -.

Hammersmith & Fulham

Community Sports Team

The Community Sports Team provides information on activities and facilities in Hammersmith & Fulham.

W www.lbhf.gov.uk/sport

E sportsdevelopment@lbhf.gov.uk

T 020 8753 3838

Get Going

The Get Going campaign brings together a range of free and low cost physical activity opportunities which help prevent long term illness and ageing.

W www.lbhf.gov.uk/getgoing

Kensington and Chelsea

Sports Development Team

The Sports Development Team provides information on activities and facilities in Kensington and Chelsea.

W www.rbkc.gov.uk/leisure-and-culture/sports-and-leisure

E SportandLeisure@rbkc.gov.uk

T 020 7938 8182

Go Golborne

Go Golborne is a new local campaign led by the Council that is all about supporting children and families to eat well, keep active and feel good.

W www.rbkc.gov.uk/subsites/citylivinglocallife/gogolborne/move.aspx

Westminster

Westminster Sports Unit

Westminster Sports Unit provides information on activities and facilities in Westminster.

W www.westminster.gov.uk/sports

E sport@westminster.gov.uk

T 020 7641 2012

Daily Mile

The Daily Mile is a simple and inclusive initiative to introduce daily physical activity into children's lives as part of everyday school life. Westminster is committed to rolling out this initiative to all schools within the city.

W http://thedailymile.co.uk/

Appendix 1: Health profiles

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

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

Appendix 1: Health summary for Hammersmith & Fulham

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

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

Domain		Indicator	Local No Per Year	Local value	Eng value	Eng worst	Regional average^ / England Average / England Worst / 25th Percentile / 75th Percentile / England Best / England Range	Eng best
Our communities	1	Deprivation	47,048	26.3	20.4	83.8		0.0
	2	Children in poverty (under 16s)	7,575	25.6	19.2	37.9		5.8
	3	Statutory homelessness	385	4.8	2.3	12.5		0.0
	4	GCSE achieved (5A*-C inc. Eng & Maths)†	720	65.6	56.8	35.4		79.9
	5	Violent crime (violence offences)	3,100	17.2	11.1	27.8		2.8
	6	Long term unemployment	1,168	8.9	7.1	23.5		0.9
Children's and young people's health	7	Smoking status at time of delivery	71	3.1	12.0	27.5		1.9
	8	Breastfeeding initiation	2,065	89.4	73.9			
	9	Obese children (Year 6)	253	22.4	19.1	27.1		9.4
	10	Alcohol-specific hospital stays (under 18)†	n/a	-	40.1	105.8		11.2
	11	Under 18 conceptions	47	21.3	24.3	44.0		7.6
Adults' health and lifestyle	12	Smoking prevalence	n/a	21.4	18.4	30.0		9.0
	13	Percentage of physically active adults	279	64.0	56.0	43.5		69.7
	14	Obese adults	n/a	13.3	23.0	35.2		11.2
	15	Excess weight in adults	227	49.7	63.8	75.9		45.9
Disease and poor health	16	Incidence of malignant melanoma†	14.0	11.1	18.4	38.0		4.8
	17	Hospital stays for self-harm	184	99.9	203.2	682.7		60.9
	18	Hospital stays for alcohol related harm†	938	657	645	1231		366
	19	Prevalence of opiate and/or crack use	1,390	10.1	8.4	25.0		1.4
	20	Recorded diabetes	7,376	4.4	6.2	9.0		3.4
	21	Incidence of TB†	54.0	29.9	14.8	113.7		0.0
	22	New STI (exc Chlamydia aged under 25)	2,949	2195	832	3269		172
	23	Hip fractures in people aged 65 and over	99	591	580	838		354
Life expectancy and causes of death	24	Excess winter deaths (three year)	52.0	18.4	17.4	34.3		3.9
	25	Life expectancy at birth (Male)	n/a	79.1	79.4	74.3		83.0
	26	Life expectancy at birth (Female)	n/a	83.5	83.1	80.0		86.4
	27	Infant mortality	12	4.4	4.0	7.6		1.1
	28	Smoking related deaths	191	350.0	288.7	471.6		167.4
	29	Suicide rate	16	9.7	8.8			
	30	Under 75 mortality rate: cardiovascular	90	95.5	78.2	137.0		37.1
	31	Under 75 mortality rate: cancer	145	151.6	144.4	202.9		104.0
	32	Killed and seriously injured on roads	70	38.9	39.7	119.6		7.8

Indicator notes are included on page 15.

Appendix 2: Health summary for Kensington and Chelsea

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

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

Regional average^ England Average

England Worst 25th Percentile 75th Percentile England Best

Domain		Indicator	Local No Per Year	Local value	Eng value	Eng worst	England Range	Eng best
Our communities	1	Deprivation	36,584	23.5	20.4	83.8		0.0
	2	Children in poverty (under 16s)	4,090	20.9	19.2	37.9		5.8
	3	Statutory homelessness	539	6.9	2.3	12.5		0.0
	4	GCSE achieved (5A*-C inc. Eng & Maths)†	552	74.4	56.8	35.4		79.9
	5	Violent crime (violence offences)	2,192	14.1	11.1	27.8		2.8
	6	Long term unemployment	629	5.7	7.1	23.5		0.9
Children's and young people's health	7	Smoking status at time of delivery	23	2.0	12.0	27.5		1.9
	8	Breastfeeding initiation	1,476	91.3	73.9			
	9	Obese children (Year 6)	187	21.3	19.1	27.1		9.4
	10	Alcohol-specific hospital stays (under 18)†	8.3	30.9	40.1	105.8		11.2
	11	Under 18 conceptions	33	19.0	24.3	44.0		7.6
Adults' health and lifestyle	12	Smoking prevalence	n/a	17.8	18.4	30.0		9.0
	13	Percentage of physically active adults	266	57.5	56.0	43.5		69.7
	14	Obese adults	n/a	11.2	23.0	35.2		11.2
	15	Excess weight in adults	192	45.9	63.8	75.9		45.9
Disease and poor health	16	Incidence of malignant melanoma†	12.7	9.9	18.4	38.0		4.8
	17	Hospital stays for self-harm	138	87.9	203.2	682.7		60.9
	18	Hospital stays for alcohol related harm†	607	433	645	1231		366
	19	Prevalence of opiate and/or crack use	1,065	9.2	8.4	25.0		1.4
	20	Recorded diabetes	6,422	4.2	6.2	9.0		3.4
	21	Incidence of TB†	38.3	24.5	14.8	113.7		0.0
	22	New STI (exc Chlamydia aged under 25)	2,107	1879	832	3269		172
	23	Hip fractures in people aged 65 and over	102	490	580	838		354
Life expectancy and causes of death	24	Excess winter deaths (three year)	45.8	17.7	17.4	34.3		3.9
	25	Life expectancy at birth (Male)	n/a	82.6	79.4	74.3		83.0
	26	Life expectancy at birth (Female)	n/a	86.2	83.1	80.0		86.4
	27	Infant mortality	6	2.8	4.0	7.6		1.1
	28	Smoking related deaths	159	252.4	288.7	471.6		167.4
	29	Suicide rate	11	7.5	8.8			
	30	Under 75 mortality rate: cardiovascular	60	54.9	78.2	137.0		37.1
	31	Under 75 mortality rate: cancer	127	116.3	144.4	202.9		104.0
	32	Killed and seriously injured on roads	80	51.3	39.7	119.6		7.8

Indicator notes are included on page 15.

Appendix 3: Health profile for Westminster

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

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

Regional average^ | England Average | England Worst | England Best | 25th Percentile | 75th Percentile

Domain		Indicator	Local No Per Year	Local value	Eng value	Eng worst	England Range	Eng best
Our communities	1	Deprivation	53,263	23.5	20.4	83.8		0.0
	2	Children in poverty (under 16s)	9,120	30.7	19.2	37.9		5.8
	3	Statutory homelessness	716	6.5	2.3	12.5		0.0
	4	GCSE achieved (5A*-C inc. Eng & Maths)†	1,007	68.1	56.8	35.4		79.9
	5	Violent crime (violence offences)	5,871	26.2	11.1	27.8		2.8
	6	Long term unemployment	1,063	6.5	7.1	23.5		0.9
Children's and young people's health	7	Smoking status at time of delivery	50	1.9	12.0	27.5		1.9
	8	Breastfeeding initiation	n/a	-	73.9			
	9	Obese children (Year 6)	340	25.6	19.1	27.1		9.4
	10	Alcohol-specific hospital stays (under 18)†	10.0	28.4	40.1	105.8		11.2
	11	Under 18 conceptions	24	9.6	24.3	44.0		7.6
Adults' health and lifestyle	12	Smoking prevalence	n/a	18.5	18.4	30.0		9.0
	13	Percentage of physically active adults	262	57.4	56.0	43.5		69.7
	14	Obese adults	n/a	17.9	23.0	35.2		11.2
	15	Excess weight in adults	295	52.6	63.8	75.9		45.9
Disease and poor health	16	Incidence of malignant melanoma†	8.3	4.9	18.4	38.0		4.8
	17	Hospital stays for self-harm	161	71.2	203.2	682.7		60.9
	18	Hospital stays for alcohol related harm†	996	522	645	1231		366
	19	Prevalence of opiate and/or crack use	2,550	15.6	8.4	25.0		1.4
	20	Recorded diabetes	8,991	4.4	6.2	9.0		3.4
	21	Incidence of TB†	60.0	26.9	14.8	113.7		0.0
	22	New STI (exc Chlamydia aged under 25)	3,723	2246	832	3269		172
	23	Hip fractures in people aged 65 and over	118	438	580	838		354
Life expectancy and causes of death	24	Excess winter deaths (three year)	47.0	13.3	17.4	34.3		3.9
	25	Life expectancy at birth (Male)	n/a	81.7	79.4	74.3		83.0
	26	Life expectancy at birth (Female)	n/a	85.9	83.1	80.0		86.4
	27	Infant mortality	11	3.8	4.0	7.6		1.1
	28	Smoking related deaths	192	236.1	288.7	471.6		167.4
	29	Suicide rate	22	10.1	8.8			
	30	Under 75 mortality rate: cardiovascular	99	74.8	78.2	137.0		37.1
	31	Under 75 mortality rate: cancer	165	122.4	144.4	202.9		104.0
	32	Killed and seriously injured on roads	177	78.9	39.7	119.6		7.8

Indicator notes

1 % people in this area living in 20% most deprived areas in England, 2013 2 % children (under 16) in families receiving means-tested benefits & low income, 2012 3 Crude rate per 1,000 households, 2013/14 4 % key stage 4, 2013/14 5 Recorded violence against the person crimes, crude rate per 1,000 population, 2013/14 6 Crude rate per 1,000 population aged 16-64, 2014 7 % of women who smoke at time of delivery, 2013/14 8 % of all mothers who breastfeed their babies in the first 48hrs after delivery, 2013/14 9 % school children in Year 6 (age 10-11), 2013/14 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population, 2011/12 to 2013/14 (pooled) 11 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2013 12 % adults aged 18 and over who smoke, 2013 13 % adults achieving at least 150 mins physical activity per week, 2013 14 % adults classified as obese, Active People Survey 2012 15 % adults classified as overweight or obese, Active People Survey 2012 16 Directly age standardised rate per 100,000 population, aged under 75, 2010-12 17 Directly age sex standardised rate per 100,000 population, 2013/14 18 The number of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause, directly age standardised rate per 100,000 population, 2013/14 19 Estimated users of opiate and/or crack cocaine aged 15-64, crude rate per 1,000 population, 2011/12 20 % people on GP registers with a recorded diagnosis of diabetes 2013/14 21 Crude rate per 100,000 population, 2011-13, local number per year figure is the average count 22 All new STI diagnoses (excluding Chlamydia under age 25), crude rate per 100,000 population, 2013 23 Directly age and sex standardised rate of emergency admissions, per 100,000 population aged 65 and over, 2013/14 24 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 01.08.10-31.07.13 25, 26 At birth, 2011-13 27 Rate per 1,000 live births, 2011-13 28 Directly age standardised rate per 100,000 population aged 35 and over, 2011-13 29 Directly age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population, 2011-13 30 Directly age standardised rate per 100,000 population aged under 75, 2011-13 31 Directly age standardised rate per 100,000 population aged under 75, 2011-13 32 Rate per 100,000 population, 2011-13

† Indicator has had methodological changes so is not directly comparable with previously released values. ^ "Regional" refers to the former government regions.

More information is available at www.healthprofiles.info and http://fingertips.phe.org.uk/profile/health-profiles Please send any enquiries to healthprofiles@phe.gov.uk

h&f
hammersmith & fulham

THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA

City of Westminster

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