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Royal Borough of Kingston

JOINT LOCAL HEALTH AND WELLBEING STRATEGY 2025-2028

1. Foreword (The Kingston Partnership Board, which includes the Borough's statutory Health and Wellbeing Board)

[Will be added following the public engagement period]

1. Introduction

Our new strategy structure and vision:

A Joint Local Health and Wellbeing Strategy (JLHWS) is a strategy for meeting the needs identified in the Joint Strategic Needs Assessment ('JSNA'). The JSNA is an assessment of the local health and care needs. Kingston's JSNA was completed at the end of 2023 and was used to inform this strategy[1]. A JLHWS should explain what priorities the Health and Wellbeing Board has set in order to tackle the needs identified in the JSNA. Every area must have a Joint Local Health and Wellbeing Strategy, a document led and owned by the Health and Wellbeing Board[2]. The purpose of the JSNA and the JLHWS is to improve the health and wellbeing of the local community and reduce inequalities for all ages.

The strategy does not set out all the many important areas of work that Health and Wellbeing Board member organisations[3] do on a day to day basis or specific priorities set out in their own plans, but rather sets out a small number of key strategic priorities for action that they agree to work together on. These priorities are issues where the Kingston data shows that many people are affected and where we have differences or 'inequalities' between residents in our borough - and where joint action by Board organisations could bring about improvements. As a strategy with an agreed set of priorities, it should be used to inform and guide planning and commissioning across Health and Wellbeing Board member organisations.

What we are aiming to achieve, through Kingston's Joint Local Health and Wellbeing Strategy, and the agreed priorities it contains, is to:

Increase time in good health for Kingston residents, and reduce health inequalities through taking a particular focus on those residents and parts of Kingston where time in good health is lowest

Our strategy is organised across three life stages: Start Well, Live Well and Age Well, with priorities for joint action by Board member organisations set out for each stage. For each priority, we are trying to improve the health of those at highest risk, or with the poorest health, to reduce health inequalities in Kingston. We also set out four 'golden threads', themes that are woven through all priority areas and a series of 'ways of working' (or 'enablers'), that will help us take forward the priority areas.

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[1] https://data.kingston.gov.uk/needs-assessments/

[2] https://assets.publishing.service.gov.uk/media/6304e6fdd3bf7f3664b65b35/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-2013.pdf

[3] See Appendix 1 for the current Kingston Partnership Board which includes the borough's statutory Health and Wellbeing Board membership list)

The new national government has begun to identify, including through the NHS consultations[4] and a Commission on Social Care[5], what it expects from public services. These expectations will make their way into law and policy over the next few years. While our strategy focuses on Kingston, it will also align with any new national guidance. The focus of our strategy also aligns with some of the thinking of the recently commissioned 'Darzi Report'[6] which particularly highlighted factors that put pressure on the health and care system and proposed '3 shifts' for the NHS: moving care from hospitals to the community, embracing digital transformation, and shifting from treatment to prevention. Some of the pressures that Lord Darzi has identified are directly health related, such as low uptake of vaccinations. Others demonstrate the strong links between our health and wellbeing and what are called the 'wider determinants of health' - these are the things that have a demonstrable impact on our health outcomes, such as housing, food quality, income and economic growth. Amongst the many recommendations Lord Darzi makes, is the need to 'tilt' funding so that more can be delivered in the community, at home or nearer to where people live. There is also a call for a greater focus on preventing ill health, and reducing the health inequalities experienced by vulnerable groups. Our strategy reflects Lord Darzi's '3 shifts' and the key factors that impact health and wellbeing nationally (and locally) and has translated them into focused local priority action areas which can be tackled as a partnership.

The strategy, our chosen priority areas and actions, also align with the NHS Core20 PLUS5[7], a national NHS England and NHS Improvement approach to reducing health inequalities. In this, there is a requirement for local specific action, where it is needed, to tackle and reverse the widening health inequalities caused by deprivation and exacerbated by the COVID-19 pandemic. Within this, one of the five key areas is a requirement for improving heart health (on high blood pressure detection and management), also a focus in this strategy.

We acknowledge in our Strategy, and in the make up of the group charged with its development, the vital role played by the Voluntary and Community Sector and the thousands of unpaid carers who support others in our community. Carers are part of the bedrock of supporting the health of residents, with over 11,500 unpaid carers in Kingston supporting others, including 3,000 such residents caring for fifty or more hours per week. Kingston's Community Strategy 'Empowering People, Supporting Communities (2023-2027)[8]' sets out how, through partnership, residents will be supported to thrive.

We are developing this strategy at a time of great change and also of financial pressure and increasing needs for all our member organisations serving local communities. The COVID-19 pandemic has had a lasting influence across many aspects of health and wellbeing, including school attendance and waiting times for some services. Nationally, increased numbers of people are not working due to health concerns[9]. The associated welfare bill costs of people not working are outweighing health costs and are predicted to rise, unless health patterns improve. The high and increasing welfare and health costs are leading to a potentially

[4] Change NHS, https://change.nhs.uk/en-GB/
[5] New reforms and independent commission to transform social care, https://www.gov.uk/government/news/new-reforms-and-independent-commission-to-transform-social-care
[6] Independent report: Summary letter from Lord Darzi to the Secretary of State for Health and Social Care, https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england/summary-letter-from-lord-darzi-to-the-secretary-of-state-for-health-and-social-care
[7] NHS, Core20PLUS5 (adults), https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/
[8] RBK, https://moderngov.kingston.gov.uk/documents/s100569/Annex%201%20-%20Empowering%20People%20Strengthening%20Communities%20Strategy.pdf
[9] ONS, https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/labourproductivity/articles/sicknessabsenceinthelabourmarket/2022#groups-with-highest-sickness-absence-rates

unsustainable financial situation nationally and locally in the short, medium and longer term. In this strategy, we outline actions we can take together locally to help reverse these trends.

This strategy also places inclusivity at the heart of our approach to the provision of services and community offers. As an 'Age Friendly' borough, we know that there are ways to make local offers more accessible to all our communities, including our older residents, but also residents whose health can be detrimentally impacted due to accessibility of provision. For example: residents with Autism and ADHD, new arrivals to the borough or those who may be homeless or threatened with homelessness or those who move frequently[10]. Our borough is also changing in its ethnic make up, and alongside this, we need to ensure that our planning reflects and addresses differing levels of risk factors in our resident population.

Financial pressures are increasing for all Board partner organisations. In addressing our priorities, we will therefore need to work ever more closely and use evidence-based cost effective interventions in our services to achieve best outcomes for the available resources we have. We need to consider where shifting resources towards preventing ill health can bring overall benefits. We also need to do better in reaching those residents currently not benefiting from our preventive services and care.

Many things contribute positively (or negatively) to our health – our economic circumstances, our education, our living conditions, active transport opportunities, access to green space and others, in addition to our access to care. Our Health and Wellbeing Board member organisations need to use the wider influences or levers that we have in Kingston to improve health across these areas. We need to think creatively about local planning and provision across our wider environment to ensure that this investment also brings health benefits.

Throughout our strategic priority areas, a 'preventative' approach is taken - helping people stay well for longer at all ages. As organisations, we can also lead by example by modelling in our own premises, ways of working and through our commissioned services what we would like to see across the borough for our priority areas.

How we prepared this strategy

The Kingston Health and Wellbeing Board asked a Steering Group representing all Board member organisations to prepare this new strategy on behalf of the Board. The Steering Group met between September and December 2024 to review the local evidence, and to draft the structure, priorities and outcomes. The Kingston Health and Wellbeing Board approved this draft strategy in January 2025 to go out for public consultation. The final strategy document will be prepared following the consultation, with the aim of approving the strategy in March 2025.

2. About Kingston

a. Places and people

The Royal Borough of Kingston upon Thames is located in south west London and shares borders with the London Boroughs of Wandsworth, Richmond, Sutton, Merton and the county of Surrey. It has the third smallest population of any borough in London (after the City of

[10] Draft RBK 'Kingston's Autism and ADHD Strategy, 2025 - 2030' (awaiting sign off and publication).

London, and Kensington and Chelsea), is the seventh smallest borough in terms of geographical area and has the eighth lowest population density[11].

Based on short-term projections, the current 2024 estimated resident population of the borough is 171,170[12]. Kingston has a broader ethnic group split than much of south west London and Surrey. 68% of its population is of White ethnicity (as of the 2021 Census), which is similar to Sutton and Wandsworth, and lower than Richmond and Surrey[13]. Kingston has become more ethnically diverse in recent years, and this trend is set to continue. 40% of Kingston's under 16s are from minority ethnic groups, and 46% of Kingston's women who gave birth in 2023 were not born in the UK[14] Over the next 15 years, Kingston's population is estimated to grow by 11.5% (to approximately 191,000), which is almost double the estimated London-wide growth of 6.1% over the same time frame[15]. The majority of Kingston's future population growth is predicted to be in older residents, with an extra 6,000 older people due to be living in the borough in 10 years' time. Birth rates are estimated to continue to fall in the borough, with the number of young people in Kingston set to fall by around 10% (3,000 fewer individuals) in the next decade.

b. Assets and challenges

Kingston's assets include that it is a small and relatively compact borough, with many green assets and good transport links. Overall, as a borough, our residents enjoy better health than the national average for most measures throughout the life course. Kingston is the second least deprived local authority in London, although some areas in the borough do have high and relatively high levels of deprivation (as measured using the Index of Multiple Deprivation). However, our Kingston data mirrors new national data[16] regarding differences in the health of those in more deprived areas compared to less deprived. The 2023 Chief Medical Officer report showed that many more people who live in the most deprived areas start to have poor health at a younger age, and spend a longer period of their life in poor health. This situation is also found in Kingston[17].

In terms of health and care assets, we have a strong network of partners in the health sphere and across our wider Kingston Partnership Board (which includes Kingston's Health and Wellbeing Board). This Partnership is committed to tackling the Wider Determinants of Health, and has the three goals of a i. Home, ii. Skills, Employment and Learning and iii. Wellbeing for Kingston's Residents. Statutory and non-statuatory partners, including those from employment, education, health, culture and the voluntary sector are focused on taking action to deliver these ambitions for Kingston.

[11] GLA, land area and population density, adapted from https://data.ubdc.ac.uk/datasets/land-area-and-population-density-ward-and-borough/resource/6db31688-ddf7-4f08-8958-4db46a7c4e70

[12] GLA, population projections, central fertility and housing, 2022 base https://data.london.gov.uk/blog/gla-2022-based-population-projections/

[13] ONS, Census 2021, https://www.ons.gov.uk/census/maps/choropleth/identity/ethnic-group/ethnic-group-tb-6a/white?lad=E09000021

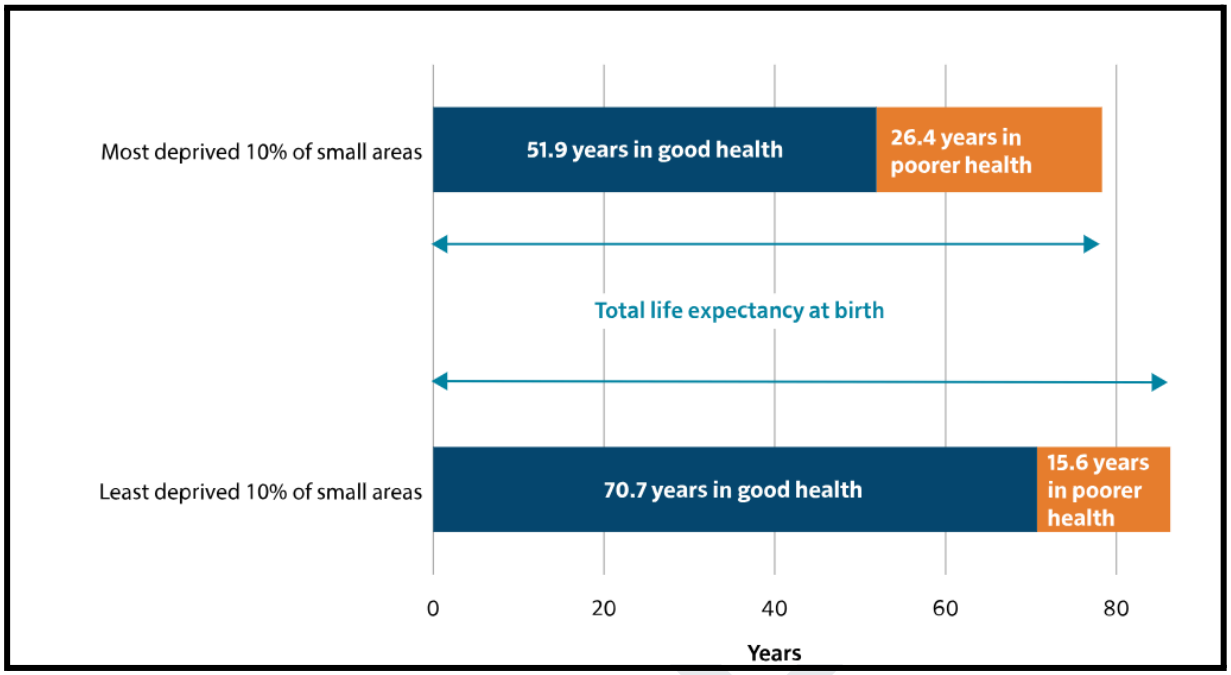
[14] ONS, births by parents' country of birth, 2023, https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/bulletins/parentscountryofbirthenglandandwales/2023

[15] GLA, population projections, central fertility and housing, 2022 base https://data.london.gov.uk/blog/gla-2022-based-population-projections/

[16] Executive summary and recommendations - GOV.UK

[17] Ageing Well in Kingston - Director of Public Health Report 2023

Figure 1: *Inequality in life expectancy and healthy life expectancy at birth for females in the most and least deprived areas in England, 2018 to 2020*[18]



c. Prosperity, opportunity and challenges

Kingston is an affluent borough, with above average levels of income[19] and a relatively well-educated[20] and engaged population. A thriving town centre and other local high streets bring business opportunities.

The high cost of living in the borough is a considerable challenge, being above the Outer London average in terms of rent and housing costs[21]. Even though Kingston is not very deprived overall, when we look at the 'barriers to housing and services' and 'living environment' measures within the Index of Multiple Deprivation, it is in the most deprived 25% of English local authorities[22]. The shortage of affordable housing, and increasing homelessness, is a challenge for our residents' health and wellbeing.

d. Our biggest health challenges and inequities

Our overall greatest threat to health in Kingston is that posed by climate change. Climate-sensitive health risks are felt more, by the most vulnerable and disadvantaged in communities[23]. In the longer-term, failure to act successfully to reduce emissions and avoid dangerous temperature increases will increase the health risks for our population, especially the elderly and vulnerable. [24]. According to UK Government guidance[25], the climate crisis affects our efforts to safeguard the health of the population and therefore tackling it as a

[18] Chief Medical Officer's annual report 2023: health in an ageing society https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2023-health-in-an-ageing-society/executive-summary-and-recommendations

[19] ONS, earnings by place of residence, https://data.london.gov.uk/dataset/earnings-place-residence-borough

[20] ONS, Census 2021, qualifications, https://www.ons.gov.uk/datasets/TS067/editions/2021/versions/1

[21] GLA, London rents map, https://www.london.gov.uk/programmes-strategies/housing-and-land/improving-private-rented-sector/london-rents-map

[22] MHCLG, Indices of Deprivation, 2019, https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019

[23] https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health

[24] https://www.carbonbrief.org/explainer-nine-tipping-points-that-could-be-triggered-by-climate-change/

[25] https://www.gov.uk/government/publications/climate-change-applying-all-our-health/climate-and-health-applying-all-our-health

determinant of health is a crucial aspect of health and care professionals' roles. We need to work in an integrated way with others in our community to tackle climate change risks with a focus on protecting the most vulnerable and carbon reduction in areas where it brings additional health co-benefits. Such examples include air quality improvement and health benefits of active travel and improved access to nature. Our strategy priority areas align with this guidance.

Overall, according to available data, Kingston's health is generally currently good, at a borough level, compared with other areas. However we do face challenges. The previous rise in life expectancy, and healthy life expectancy, has plateaued in the past few years. At age 65 years, healthy life expectancy for men in Kingston has actually decreased over the last decade[26]. Some long term conditions, for example diabetes, chronic kidney disease and dementia, have been rising in prevalence in recent years[27], partly, but not wholly, due to the ageing population. Over half of Kingston adult residents are overweight[28]. Some groups and areas in Kingston have poorer health than others. Gaps start early, with more overweight children in deprived areas[29], for example, and some adult resident groups have higher levels of overweight, diabetes and other such conditions than others. In adulthood, much higher levels of poor health are found in people in more deprived areas at an earlier age, with a longer overall time of life spent in poor health. When compared to the least deprived areas, our most deprived areas have around twice the levels of childhood obesity, cancer and cardiovascular disease prevalence in adults[30], and premature death (before 75 years)[31].

Further details about the health picture of health in Kingston are set out in the Kingston Joint Strategic Needs Assessment 2023 (JSNA 2023)[32]. This data was reviewed to develop the priorities set out in this new strategy.

4. Our priorities for joint action

A. Start well

What we mean by 'Start Well' and who is covered.
Start Well covers children and young people from birth to 19 years.

What and where are the main challenges this strategy seeks to address
The main challenges that children and young people in Kingston are facing to having the best possible start to life were identified using the available local evidence base. Data for this life stage was recorded in two age groups: 0 to 4 years (under 5s) and 5 to 19 years (over 5s).

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26 https://fingertips.phe.org.uk/search/healthy%20life%20expectancy#page/4/gid/1/pat/15/par/E92000001/ati/502/are/E09000021/iid/93505/age/94/sex/1/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1/page-options/car-do-0

27 NHS England, Quality Outcomes Framework (QoF), via https://fingertips.phe.org.uk/search/QoF#page/1/gid/1/pat/6/ati/502/are/E09000021/iid/200/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

28 Department of Health and Social Care, https://fingertips.phe.org.uk/search/overweight#page/4/gid/1/pat/15/par/E92000001/ati/502/are/E09000021/iid/93088/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0

29 ONS Local Health, https://www.localhealth.org.uk/#bbox=506179,173899,26668,15540&c=indicator&i=t2.y6_xw_v&view=map12

30 ONS Local Health https://www.localhealth.org.uk/#bbox=506179,173899,26668,15540&c=indicator&i=t3.inc_all_cancer&view=map12

31 ONS Local Health https://www.localhealth.org.uk/#bbox=506179,173899,26668,15540&c=indicator&i=t4.under75_allcause&view=map12

32 https://data.kingston.gov.uk/needs-assessments/

Mental health appeared as a key indicator for ill-health for over 5s with anxiety and depressive disorders being the second and fourth most common causes of ill-health respectively. Children and young people also experienced ill-health attributed to risk factors which are known to be closely linked to mental health, including drug use (second), bullying and child sexual abuse (third) and alcohol use (fourth).

Malnutrition, meaning too few or too many calories or a deficit of micronutrients, was also highlighted as a key indicator for ill-health. Child and maternal malnutrition was the first most common risk factor of ill-health for children and young people in both age groups. Other common risk factors related to malnutrition seen in over 5s include high fasting plasma glucose (an indicator of a higher risk to diabetes - the fifth most common risk factor for ill-health) and dental caries (first most common cause of hospital admission).

Asthma and respiratory illnesses appeared strongly in the data with lower respiratory infections being the fifth most common cause of ill-health for under 5s and asthma being the third most common cause of ill-health for over 5s. Asthma and other respiratory illnesses were also the first most common long term condition and fourth most common cause of hospital admission for over 5s. Environmental factors that impact respiratory health were also highlighted as a challenge for children and young people in Kingston. This included the most common risk factors for under 5s: air pollution (second), tobacco (third) and non-optimal temperature (fourth).

Our chosen priorities

Priority 1: Supporting children and young people to achieve good mental health and wellbeing

To achieve this, we aim to focus on

- Improving mental health and wellbeing
- Reducing substance use, offering universal advice and information with increased targeted and easily accessible offers to young people currently at risk
- Supporting children and young people inclusively (including those who are neurodiverse)

Outcomes we aim for:

- Addressing the risk factors for poor mental health and enhancing the protective factors for good mental health in line with the needs identified in the Better Mental Health Needs Assessment 2022 and the Kingston Child and Young People's Needs Assessment (CYPNA) 2024
- Increased reported wellbeing of young people
- Increased social engagement, including school attendance
- Reduced substance misuse and increased engagement with support services
- Reduction in proportion of pupils who are concerned about bullying and enhanced mental health support for young people, which may include Peer to Peer support or other evidence based interventions
- Increased proportion of secondary school pupils who report that they are happy with their emotional health.
- Increase percentage of children with Free School Meal status achieving a good level of development at the end of Reception.
- Increased uptake of key Health Visiting checks for babies and young children at 6-8

weeks, one year and 2.5 years
- Increased uptake of physical activity
- Reduced percentage of children reporting harm from Social media use (SHEU)

Priority 2: Supporting and encouraging children and young people and their families to engage in a healthy lifestyle

To achieve this, we aim to focus on:

- Increasing levels of physical activity of children and young people
- Supporting Healthy Weight and Supporting healthy eating/ nutrition, reducing the burden of food-related ill-health
- Improving Oral health (and reducing tooth decay)
- Reducing Smoking and vaping amongst children and young people

Outcomes we aim for:

- A supportive environment for healthy eating, beginning with breastfeeding (meeting UNICEF highest Baby Friendly standard across the borough)
- Premises of Health and Wellbeing Board partners that are visited by children and young people provide a healthy eating environment
- Improved oral health for children through support for healthy eating, toothbrushing promotion and available dental care (reduce hospitalisations due to tooth decay 'dental caries')
- Improvement to the local physical activity offer for our young people, with a focus on areas where there is a higher incidence of overweight
- Improved local active travel environment and increased active travel levels
- All children in Kingston to meet at least the minimum recommended physical activity levels
- Reduced overweight and obesity in children and young people
- Reduced smoking and vaping levels in children and young people through advice and support and cracking down on any local illegal tobacco and vaping sales
- Improved healthy eating outcomes, including eating five portions of fruits and vegetables a day.
- Increased number of children participating in a sports, arts, cultural or other group (increase in associational life) (SHEU)

Priority 3: Creating an environment that supports good respiratory health

Good respiratory health for all requires a holistic view of the 'environment' which includes healthcare settings, the home and the indoor and outdoor places and spaces in the community. To achieve this, we aim to focus on

- Improving respiratory health, including asthma, by focussing on air quality in places where children are (e.g. areas surrounding and within early years locations, schools and youth clubs, areas of deprivation) by promoting ventilation and climate friendly practices including active travel[33].
- Awareness raising on the environmental factors that impact respiratory health (e.g. air pollution, room temperature and exposure to tobacco).
- Support and care options in the community and services to increase uptake of flu and

[33] To note that acting on ventilation will also support reducing COVID-19 transmission and associated health risks

other childhood vaccinations, with a focus on populations who are known to have low uptake.

Outcomes we aim for:

- Increased active travel by children and young people
- Demonstrated improvements to air quality
- Increased awareness, through communications of the links between air quality and respiratory health, as part of work to encourage active travel
- Reduced numbers of preventable respiratory infections for children, parents and teachers
- Improve access to primary and outpatient healthcare for asthma among vulnerable groups
- Reduce hospital admissions due to respiratory illnesses through focused primary care and community-based interventions
- Reduced smoking in pregnancy and parental smoking rates, with a focus on areas of higher deprivation
- Meeting of national targets for flu and other childhood vaccinations

B. Live Well

What we mean by 'Live Well' and who is covered.
Live Well covers working age adults[34].

What and where are the main challenges this strategy seeks to address
The main challenges that working age adults in Kingston are facing to living well were identified using the available local evidence base.

Three of the most common five risk factors for mortality in Kingston adults are attributed to factors related to excess weight and malnutrition which are high body mass index (BMI) (third), poor diet (fourth) and high systolic blood pressure (fifth). Excess weight is known to be a risk factor for other causes of mortality and ill-health, including ischemic heart disease which was the first most common cause of mortality and fifth most common cause of ill-health, diabetes mellitus which is the fourth most common cause of ill-health and low back pain which is the first most common cause of ill-health.

Although Kingston has one of the lowest overall rates of smoking in London, amongst certain resident groups smoking rates are high. For example, over a quarter of people in Kingston with a long term mental health condition smoke[35]. For Kingston residents who work in 'routine and manual' types of work, about 1 in every 4 smoke[36]. Tobacco appeared as the first most common risk factor for both ill-health and mortality. Smoking related cancers such as tracheal, bronchus and lung also appeared as the second most common cause of mortality for working age adults. In national data, smokers have been found to need care with everyday tasks 10 years earlier than non smokers, on average - at age 63 years[37].

[34] Local data reviewed in the Kingston JSNA 2023 for 'Live Well' generally covered those aged from 20 to 69 years
[35] https://fingertips.phe.org.uk/search/smoking%20mental
[36] https://fingertips.phe.org.uk/search/routine%20and%20manual#page/4/gid/1/pat/15/par/E92000001/ati/502/are/E09000021/iid/92445/age/183/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0
[37] https://ash.org.uk/media-centre/news/press-releases/over-1-5-million-people-need-social-care-because-of-smoking

Alcohol was also highlighted as the second most common risk factor for mortality and third most common risk factor for ill-health. Alcohol related illnesses such as cirrhosis and chronic liver diseases were the third most common cause of mortality for working age adults. Alcohol related hospital admissions for women have risen in Kingston in recent years[38].

Mental ill health is another contributor to poor health, with depressive disorders being the second most common cause of ill-health for this life stage.

Our chosen priorities

Priority 1: Creating an environment that supports a healthy weight and promotes physical health for working age adults

Addressing excess weight and related ill-health requires a multi-faceted approach that acknowledges the wider determinants of health. We have identified a need for us as a partnership to recognise how the environment in which someone lives and works can either facilitate or inhibit a healthy lifestyle. To achieve this, we aim to focus on

- Increasing physical activity
- Supporting Healthy Weight and reducing the burden of food-related ill-health
- Improving cardiovascular health
- Supporting inclusivity in our work and services

Outcomes we aim for:

- Increased local opportunities for active travel and increased active travel by adults
- High uptake of NHS Health Checks (the mid life 'MOT') and associated increased identification of people at risk of Long Term Conditions (LTCs) and linkages of these residents to local stay well opportunities
- Increase in the percentage of physically active adults, with a particular focus on increasing the accessibility of our green spaces for physical activity for adults
- Increased physical activity uptake in areas of poorer health
- Ensure that our physical activity offers are available to all, including ensuring that those who are housebound can access advice or home based programmes
- Provision of accessible and appropriate local offers for physical activity in areas of highest need and current low existing offers
- Enhanced and targeted attractive communications across local organisations and voluntary sector with residents about local opportunities to support a healthy weight and physical activity
- A healthy food environment in Kingston, demonstrated in all Health and Wellbeing Board partner premises and commissioned services
- Increased Percentage of adults meeting the '5-a-day' fruit and vegetable consumption recommendations
- Heart health in Kingston improved through a concerted focus on primary prevention[39] and increased uptake of secondary prevention offers[40] in target areas/ groups in

[38] https://fingertips.phe.org.uk/search/alcohol%20admissions#page/4/gid/1938132833/pat/15/par/E92000001/ati/502/are/E09000021/iid/93764/age/1/sex/2/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0, https://fingertips.phe.org.uk/search/alcohol%20admissions#page/4/gid/1938132833/pat/15/par/E92000001/ati/502/are/E09000021/iid/93765/age/1/sex/2/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0

[39] Primary measures including: smoking reduction, increased physical activity, alcohol reduction and improved diet

[40] Secondary prevention offers: including regular blood pressure checks, recommended medication etc secondary prevention offers (eg regular blood pressure checks, recommended medication etc)

Kingston where there are current poorer outcomes (noting that 'what is good for heart is good for the head' and can help reduce some risks of dementia)

Priority 2: Taking a harm reduction approach[41] to tobacco, alcohol and other substance misuse

Harm reduction is an approach that aims to mitigate the negative health impacts associated with using substances such as tobacco and alcohol. As a partnership, we can work together to implement harm reduction strategies across the borough to improve health outcomes and reduce health inequalities. To achieve this, we aim to focus on

- Tackling stigma about seeking help for smoking, alcohol dependence and substance misuse
- Signposting for residents across our partnership to local offers and deliver harm reduction advice and support in accessible locations
- Offering universal support, with increased targeting and easily accessible offers to those currently at the highest risk

Outcomes we aim for:

- Decrease in smoking, with a focus on residents who are pregnant, those with 'routine and manual' jobs and those with long term mental health conditions
- Decrease in alcohol related hospital admissions, with a focus on women
- Increased uptake of drug and alcohol treatment, resulting in increased numbers in treatment
- Increased successful completions in drug and alcohol treatment
- Heart health in Kingston improved through a concerted focus on primary prevention and increased uptake of secondary prevention offers

Priority 3: Promoting good mental health and wellbeing for working age adults

Our mental health can be impacted by various aspects of our lives, including our housing, working conditions, finances, education, family life, social life, local community or neighbourhood and other causes of stress. To address this and achieve better mental health for working age adults in Kingston, we aim to focus on

- Addressing the risk factors for poor mental health and enhancing the protective factors for good mental health in line with the needs identified in the Kingston Better Mental Health Needs Assessment 2022[42]
- Identifying signs of poor mental health and signposting to groups, organisations and services that are appropriate for the individual
- Tackling stigma, particularly among groups who have historically low levels of engagement with mental health support systems
- Working as a system to reduce poverty

Outcomes we aim for:

- Ensure the use of living wage pay for staff in our own and commissioned services and

[41] minimise the negative impacts of
[42] https://data.kingston.gov.uk/wp-content/uploads/2024/07/mental-health-needs-assessment-2022.pdf

promote more widely in the borough
- Reduce the gap in the employment rate between those who are in contact with secondary mental health services and the overall employment rate
- Increased referrals to the Domestic Abuse & Violence Against Women and Girls ('VAWG') Services and Kingston Domestic Abuse Multi-Agency Risk Assessment Conference ('MARAC') by mental health services
- Reduced excess under 75 years mortality rate in adults with severe mental illness
- Increase the promotion of, and access to, psychological therapies in a wider variety of locations, particularly those used by groups at higher risk of mental illness
- Build the capacity for supported and safe self-care e.g. further development of peer support

C. Age Well

What we mean by 'Age Well' and who is covered.
In 'Age Well', we refer to our older residents in Kingston[43]. Data reviewed started at the age of 60 for some sets, others considered people aged over 65 years and some data referred to people aged 70 and above.

What and where are the main challenges this strategy seeks to address
Kingston has an ageing population with a growing number of older adults. The main challenges for this life stage in Kingston were identified using the available local evidence base.

Four of the five most common risk factors for mortality in Kingston adults were attributed to factors related to excess weight, inactivity and/or malnutrition (using the WHO definition[44], to include under- or over-calorification, or micronutrient deficiency) which included high systolic blood pressure (second), high fasting plasma glucose (an indicator of a higher risk to diabetes - third), poor diet (fourth) and high body mass index (BMI) (fifth). Excess weight, inactivity and malnutrition are also associated with other poor health outcomes, including ischemic heart disease which is the first most common cause of mortality and ill-health and diabetes mellitus which is the fifth most common cause of ill-health. Three of the five most common 'Long Term Conditions' ('LTCs') were also related to these risk factors: hypertension (first), cardiovascular disease (third) and diabetes (fifth).

Respiratory health also contributed to poor health outcomes for older adults with lower respiratory infections (second) and chronic obstructive pulmonary disease (COPD) (fifth) appearing in the most common five causes of mortality. Tobacco use, which was a risk factor for Chronic Obstructive Pulmonary Disorder (COPD), also appeared as the first most common risk for ill-health and mortality. Data indicated that respiratory illness contributed to high rates of hospital admissions with lobar pneumonia being the second most common cause.

Brain health was also attributed to poor health outcomes for older adults with Alzheimer's disease and other types of dementia being the third most common cause of ill-health and mortality and stroke being the fourth most common cause of mortality.

[43] In our data for this age group, we mainly looked at the data for those aged over 69 years, although some data sets used looked at data for those aged 60 and above, and some sets look at data for those aged 65 years and older.
[44] WHO, malnutrition, https://www.who.int/health-topics/malnutrition#tab=tab_1

Bone health was highlighted as a contributor to poor health for this life stage. Musculoskeletal disorders were the second most common Long Term Condition and repeated falls was the fifth most common cause of hospital admission.

Social isolation was also noted as a concern for older adults. This was especially true for older unpaid carers in Kingston who were self-reported to be less likely to have as much social contact as they would like compared to the London and England averages.

Our chosen priorities

Priority 1: Supporting people to keep active and promote physical health in older age

As a partnership, we aim to support older people to have as much time in good health as possible by focusing on:

- Ensuring that older residents meet nationally recommended physical activity targets and are supported in this through accessing appropriate and affordable local activity offers, including green space offers
- Reducing falls in residents aged 60 and over through a coordinated partner approach and following an evidence based accessible 'falls prevention pathway'
- Supporting the uptake of evidence based good heart health interventions, with a focus on those with higher risks
- Improving the outcomes of those with diabetes by increasing uptake of the '8 care processes'
- Providing timely information, support, and practical tools to people with dementia or mild cognitive impairment, as well as their unpaid carers, while also raising dementia awareness in the community.
- Improving respiratory health by increasing uptake of flu, COVID-19 and pneumococcal vaccinations and reducing smoking.
- Reduce cold homes through the provision of fuel poverty alleviation/ insulation measures.
- Promote healthy food advice and link those in need, to available healthy food support

Outcomes we aim for:

- Increase local exercise opportunities, awareness and accessibility of physical activity offers for older adults. Learn from the Age Friendly 'Move Well, Live Well' active ageing campaign in 2024 and continue to develop and enhance the offer on Connected Kingston as well as other accessible communications methods targeting older adults.
- Utilise, where needed, non-digital communications channels and targeted messaging to digitally excluded people in areas of poorer health.
- Optimise the environment for older adults to feel safe and confident to utilise green spaces for social and physical activities. Implement recommendations from the Kingston Greens Spaces strategy engagement and improve communication and awareness of accessible and 'age friendly' green spaces (e.g. walking routes, cycling routes, toilet, bench and refreshment facilities)
- Look at opportunities to reduce inequalities in knowledge and access to nutritious meals and nutritional advice amongst older people
- Vaccination targets for older people met, including across all target groups
- Improve cardiovascular health through increasing uptake of wider health improvement interventions - physical activity, reducing smoking, and excessive alcohol consumption. Increase uptake of secondary care interventions to improve heart

health for those in need. Work with partners to support and promote local and regional healthy hearts ambitions
- Increase opportunities for people with a diagnosis of dementia to engage with the local community and increase social inclusion with the aim to achieve positive wellbeing and physical outcomes.

Priority 2: Creating a connected community that supports good mental health and wellbeing

As we age, our risk of becoming socially isolated increases which can cause feelings of loneliness and anxiety. Staying connected to our community is an important way to prevent social isolation and associated poor health outcomes. To support older residents to stay connected and achieve good mental health, we aim to focus on:

- Supporting good mental health in older age
- Support for unpaid carers to stay socially connected
- Support for people with Alzheimer's/ dementia

Outcomes we aim for:

- Support offers to be available for unpaid carers to help them maintain good health and wellbeing and to be socially connected in ways that they wish
- Accessible community offers of activities and support for people in older age, including intergenerational activities, shared through Connected Kingston and other non-digital methods
- Increased awareness and access to volunteering opportunities, including intergenerational opportunities
- Increase local social participation, through increasing local opportunities (exercise, arts, cultural, social groups) and the promotion of these groups through Connected Kingston and other mechanisms
- Work with older residents and Age Friendly Ambassadors to identify and promote community spaces, Community Hubs and Be Well Hubs with a focus on creating social participation opportunities for older adults
- Reduce social isolation for people with dementia or Mild Cognitive Impairment, including opportunities to meet other people with similar lived experiences.
- increase access to information, advice and support for unpaid carers.

Priority 3: Supporting people to stay in their homes for longer

To support older people in Kingston to stay in their homes, we aim to focus on

- Preventing falls and hospital admissions due to falls, through helping people stay active, including regular sight and medicine reviews, housing adaptations and Warm Home support and other evidence based falls prevention interventions
- Support for unpaid carers as needed
- Increase local coordinated reablement support following an illness or hospital stay to help people regain as much physical good health and mental wellbeing as possible
- Supporting residents to make informed decisions about their housing

Outcomes we aim for:

- Sustain the reduction in falls admissions to hospital

- Increased reablement offer and uptake
- Increased carer satisfaction and desired levels of social contact as measured in annual carer survey (ASCOF)

Our priorities for Ageing Well align with Kingston's commitment to becoming an 'Age Friendly'[45] borough. This is an approach that requires council and statutory services, leaders, businesses, local groups, and older residents to all take action to improve the healthy life expectancy of the local population. The partnership aims to help achieve this by creating an environment that supports and promotes active, healthy ageing which will prevent, reduce and delay the need for care and support in older years.

5. Golden Threads

The 'Golden Threads' are uniting key strands that run through all the priority areas.

Golden Thread #1: *Prioritise those living in deprivation to increase their access to services and reduce their health inequalities, reduce poverty and target healthy living environmental measures (e.g. cycle lanes etc.)*

Deprivation impacts health in a multi-faceted way. In Kingston, we have higher rates of poor health in our more deprived areas, starting at an early age. People in these areas have a longer time in poor health in adulthood and older age. To reduce health inequalities in Kingston, we need to ensure that our efforts target those most in need, which includes those living in our most deprived areas. We need to support a healthy living environment in these areas through our planning and make sure that our offers are communicated clearly, are attractive and accessible.

Golden Thread #2: *Ensuring health and care and community offers are inclusive*

As demonstrated in our Joint Strategic Needs Assessment (JSNA) and other reports, the population of Kingston experiences a range of disparities in health outcomes. This is in part due to structural barriers that create additional challenges in accessing services or community offers for certain groups. To help address this, the strategy calls for an 'inclusive approach' to the provision of services and community offers. We know that there are ways to make local offers more accessible, which includes taking an 'Age Friendly' approach for our older residents, being 'neuroinclusive' for residents who are neurodiverse and taking, where possible, an open approach to welcome new arrivals to the borough or those who may be experiencing homelessness or move frequently. For those with severe mental ill health, we want to also help support physical health through access to regular checks and support. We also aim to support the health and wellbeing of carers, a group who face unique challenges when attempting to access services. As Kingston becomes more ethnically diverse, we aim to ensure our health and care and community offers reflect changing health risk patterns in our communities and ensure our offers of support meet these changing needs and are appropriate, attractive and accessible.

Golden Thread #3: *Consider the impact of climate on health and protect vulnerable residents. Support health and wellbeing interventions that are climate friendly and support*

[45] https://www.kingston.gov.uk/neighbourhood-community-safety/age-friendly-kingston

our carbon emissions reduction goals. Adapt and protect vulnerable residents from climate extremes.

Reducing carbon emissions and preventing health impacts of adverse climate patterns (such as direct impacts from extreme weather) are top priorities for Kingston, as we aim to achieve Carbon Net Zero by 2035[46]. Climate related impacts affect us all but those living in deprivation are disproportionately affected. As a partnership, we will aim to support our carbon emission goals and plans by adapting existing and creating new health interventions to be more climate friendly. Our priorities for increased physical activity using active travel and home insulation to reduce cold related illness in older and vulnerable people also support our carbon emission reduction goals. For those who are vulnerable to extreme heat, cold and other climatic impacts, we need to consider support and messaging.

Golden Thread #4: *Work with our local community and voluntary sector to increase connectivity and reduce health inequalities*

In Kingston, we are fortunate to have a vibrant and diverse voluntary and community sector which offer many opportunities for residents to meet and support one another. Participating in these groups or benefitting from their support can play a key role in the health and wellbeing of Kingston residents. Community support can enable us to alleviate demands on health and care services and reduce health inequalities by addressing residents' needs before they require specialised interventions. A community that is connected is healthier and more resilient. We will look for opportunities in our priority focus areas to join up community support with other health and care offers to benefit our residents.

6. Ways of working

Enabling Theme #1: Focus on prevention at all levels and in all approaches to increase time in good health for our residents: Deliver the best outcomes for the best value

- **Build prevention into all major NHS and council services**: build in 'prevention' both digitally and in analogue so all patients/residents are always being given information or referral to improve their health or step down the service they are in
- **Local data:** Use data to identify rising risks (using population health management data for pre-emptive intervention). Use the population health management data, joined service data and the JSNA and other sources, including stakeholder views, to inform service planning and delivery targeting those most at risk/ need, follow up with residents and target appropriate and accessible health related messaging to target groups in the community.
- **Evidence based commissioning:** Embed priorities into evidence based commissioning models and coordinate with other services for best outcomes.
- **Resources:** Ensure that resources are allocated where the greatest benefit to residents can be found (e.g. through investing in prevention, where possible and appropriate, ensuring that additional focus is made on target groups with the greatest need).
- **'Health in All Policies' approach to** maximise the opportunity to achieve positive health outcomes in the borough and create a supportive environment for health and

[46] "Climate Action Strategy 2024-2030." link. Accessed 6 Dec 2024.

wellbeing. This will be evident in our borough planning (eg Local Plan) and in all the services that contribute to health outcomes such as transport, planning and housing.

- **Health Protection, immunisations and screening:** Work together to improve uptake of health protection, immunisations and screening offers by reaching vulnerable and high risk residents, ensuring they are made aware of all vaccination offers and have easy access to vaccination and addressing vaccine hesitancy.
- **Secondary prevention:** Increase uptake of secondary prevention care processes (e.g. 8 care processes for diabetes, hypertension care targets), with a focus on residents in, or at risk of, the poorest health residents.
- **Accessibility of services:** Ensure services are provided and promoted inclusively (e.g. in accessible locations, signposted in an accessible way to vulnerable communities and flexible to needs).
- **Local assets:** Use local assets in service development and commissioning where this offers best value, and work with Healthwatch Kingston and the Kingston voluntary and community sector and existing facilities to identify local strengths and assets, which may enable local groups to provide preventative or early help services.
- **Service planning:** Take into account local needs and additional targeting of those with, or at risk of, the poorest health should be made accordingly during service planning.

<u>Enabling Theme #2: Communicate clearly and Create a connected community through effective communications</u>

- **Connected Kingston (digital platform):** Ensure that all groups/organisations /services have a page on our Connected Kingston (social prescribing) website and use Connected Kingston to signpost service users/patients.
- **Accessibility of information:** Ensure that information is available across organisations and touchpoints that residents use, in various media in accordance with local needs (e.g. social media, print, digital, in-person), in Plain English (where possible), consider national accreditation standards and other accessibility software. Information should be accessible to both residents and the workforce, including incorporating new technologies and joining up IT systems, where possible and good value.
- **Make Every Contact Count (MECC):** Take a MECC approach across all of our work. Work with local health professionals, community leaders and other trusted sources to communicate health information in the appropriate format for the target population. Strengthen links between NHS Health Check results and connect residents aged 40-74 years of age having a check with relevant local opportunities to improve or maintain health.
- **Social prescribing:** Ensure the strategy priorities are embedded in our social prescribing approach, including our digital platform (Connected Kingston), our paid social prescribing workforce (GP Practices and Staywell) and our volunteers. Increase the ways of identifying people who are lonely and supporting them to access local services and local volunteering opportunities, and consider any opportunities to link people to the local offers (including any relevant offers through Kingston Adult Education and volunteering structures) through the Social Prescribing arrangements in GP surgeries and other locations.
- **Healthwatch Kingston and Voluntary, community and social enterprise (VCSE) groups/organisations:** Work with Healthwatch Kingston and Kingston Voluntary Action (KVA) and other local VCSEs to support residents to access community and

VCSE groups and services that support priority goals. Work together to understand the changing needs of local communities and how we can better promote and flexibly offer services.

Enabling Theme #3: Work in partnership to ensure services are well coordinated within and between partners

- **Care pathways:** Ensure care pathways work as seamlessly as possible across the partnership from community care to targeted care to improve outcomes for residents. Consider evidence based alternative interventions to support people during waiting times for secondary and tertiary services.
- **Place shaping:** Improve health outcomes and reduce health inequalities by considering health and wellbeing in all developments and opportunities to change environments/spaces/neighbourhoods (e.g. access and use of green spaces). Model an environment that supports good health in our buildings and commissioning (e.g. that promote healthy eating, support active travel) across the partnership.
- **Cross borough working:** Working across borough boundaries, within the existing networks/opportunities (e.g. South West London, pan-London), to improve health outcomes and meet our priorities (e.g. Age Friendly, Borough of Sanctuary).
- **Joined up working:** Work creatively and collaboratively to best use resources and meet our priorities, including working through the Integrated Neighbourhood Team (INT) to coordinate promotion of supported and safe self care opportunities and care for residents.
- **Funding:** Identify funding and grants that support strategy aims, and for partners to work collaboratively to maximise health and wellbeing benefits to residents through utilising such funding and grants most effectively.
- **Parity of esteem:** Take a holistic view of health that considers mental and physical health needs with the same level of importance

7. How we will measure progress

We will use published measures to monitor our progress. These outcome measures reflect both the health outcomes we seek to improve or maintain and the changes to the local environment that we would like to influence to have a long lasting impact on the wider determinants of health. A report on outcome measures will be presented to the Kingston Health and Wellbeing Board on an annual basis.

Priority	Outcome measure	Published data
Start Well		

Supporting children and young people to achieve good mental health and wellbeing	Addressing the risk factors for poor mental health and enhancing the protective factors for good mental health in line with the needs identified in the Better Mental health needs assessment 2022 and the Kingston Child and Young People's Needs Assessment (CYPNA) 2024	Child and Maternal Health - School Readiness - Data | Fingertips | Department of Health and Social Care Child and Maternal Health - Hospital admissions for mental health - Data | Fingertips | Department of Health and Social Care Child and Maternal Health - Hospital admissions for self-harm - Data | Fingertips | Department of Health and Social Care
	Increased reported wellbeing of young people	SHEU Questionnaire (#38-39)
	Increased social engagement, including school attendance	SHEU Questionnaire (#40-42) 16-17 year olds in school/employment - Data | Fingertips | Department of Health and Social Care
	Reduced substance misuse and increased engagement with support services	SHEU Questionnaire (#18-26, 39) Child and Maternal Health - Alcohol-specific hospital admissions - Data | Fingertips | Department of Health and Social Care Child and Maternal Health - Hospital admissions due to substance misuse - Data | Fingertips | Department of Health and Social Care
	Reduction in proportion of pupils who are concerned about bullying and enhanced mental health support for young people, which may include Peer to Peer support or other evidence based interventions	SHEU Questionnaire (#27-37)
	Increased proportion of secondary school pupils who report that they are happy with their emotional health.	SHEU Questionnaire (#38)
	Increase percentage of children with free school meal status achieving a good level of development at the end of Reception.	Average Attainment 8 score among children eligible for FSM | Fingertips | Department of Health and Social Care School Readiness: percentage of children with free school meal status achieving a good level of development at the end of Reception | fingertips | Department of Health and Social Care School readiness: percentage of children with free school meal status achieving the expected level in the phonics screening check in Year 1 | Fingertips | Department of Health and Social Care
	Increased uptake of key Health Visiting checks for babies and young children at 6-8 weeks, one year and 2.5 years	Proportition of New Birth Visits completed within 14 days | Fingertips | Department of Health and Social Care Proportion of infants receiving a 6 to 8 week review | Fingertips | Department of Health and Social Care Proportion of children receiving a 12-month review | Fingertips | Department of Health and Social Care

		Proportion of children who have received a 2-2½ year review | Fingertips | Department of Health and Social Care
	Reduced number of children experiencing harm from social media use	SHEU questionnaire
	Reduced school sickness absence rates for Mental Health and infectious diseases	AFC/school absence tracker data
	Increase uptake of physical activity, particularly among young people at risk of mental health problems. Increased number of young people taking part in local sports, arts and culture groups	SHEU Questionnaire (#40-42) Physical Activity - Data | Fingertips | Department of Health and Social Care SHEU arts, sports and culture participation (SHEU questionnaire)
	Support schools to build a supportive environment for resilience in young people	Increased numbers of /Kingston schools who have signed up to the DfE's senior Mental Health lead training[47]
Supporting and encouraging children and young people and their families to engage in a healthy lifestyle	A supportive environment for healthy eating, beginning with breastfeeding (meeting UNICEF highest Baby Friendly standard across the borough)	SHEU Questionnaire (#5, 6, 9) Child and Maternal Health - Baby's first feed breastmilk - Data | Fingertips | Department of Health and Social Care Child and Maternal Health - Breastfeeding prevalence at 6-8 weeks - Data | Fingertips | Department of Health and Social Care
	Premises of Health and Wellbeing Board partners that are visited by children and young people provide a healthy eating environment	
	Improved oral health for children through support for healthy eating, toothbrushing promotion and available dental care (reduce hospitalisations due to tooth decay 'dental caries')	Dental services | Fingertips | Department of Health and Social Care
	Improvement to the local physical activity offer for our young people, with a focus on areas of higher levels of overweight	Obesity Profile - Data | Fingertips | Department of Health and Social Care
	Improved local active travel environment and increased active travel levels	SHEU Questionnaire (#10)
	All children in Kingston to meet at least the minimum recommended physical activity levels and reduced overweight and obesity in children and young people	Physical Activity - Data | Fingertips | Department of Health and Social Care SHEU Questionnaire (#11)
	Reduced smoking and vaping levels in children and young people through advice and support and cracking down on any local illegal tobacco and vaping sales	SHEU Questionnaire (#12-17)
Creating an environment	Increased active travel by children and young people	SHEU Questionnaire (#10)

[47] https://www.gov.uk/guidance/senior-mental-health-lead-training

that supports good respiratory health	Demonstrated improvements to air quality	Wider Determinants of Health - Air pollution - Data | Fingertips | Department of Health and Social Care
	Increased awareness through communications of the links between air quality and respiratory health, as part of work to encourage active travel	To be agreed
	Improve access to primary and outpatient healthcare for asthma among vulnerable groups	Proportion of GP practices in the most deprived 20% of Kingston achieving QoF indicators AST001/002/003
	Reduce hospital admissions due to respiratory illnesses through focused primary care and community-based interventions	Child and Maternal Health - Hospital admissions for asthma - Data | Fingertips | Department of Health and Social Care
	Reduced smoking in pregnancy and parental smoking rates, with a focus on areas of higher deprivation	SHEU Questionnaire (#15) Child and Maternal Health - Smoking status at time of delivery - Data | Fingertips | Department of Health and Social Care
	Meeting of national targets for flu and other childhood vaccinations	Child and Maternal Health - MMR for one dose (2 year olds) - Data | Fingertips | Department of Health and Social Care Child and Maternal Health - Dtap IPV Hib Hep B (2 years old)- Data | Fingertips | Department of Health and Social Care Child and Maternal Health - Children in care immunisations - Data | Fingertips | Department of Health and Social Care
Live Well		
Creating an environment that supports a healthy weight and promotes physical health for working age adults	Increased local opportunities for active travel and increased active travel by adults	Physical Activity - Adults who walk for travel - Data | Fingertips | Department of Health and Social Care Physical Activity - Adults who cycle for travel - Data | Fingertips | Department of Health and Social Care
	High uptake of NHS Health Checks (the mid life 'MOT') and associated increased identification of people at risk of Long Term Conditions (LTCs) and linkages of these residents to local stay well opportunities	NHS Health Checks | Fingertips | Department of Health and Social Care
	Increase in the percentage of physically active adults, with a particular focus on increasing the accessibility of our green spaces for physical activity for adults	Physical Activity - Data | Fingertips | Department of Health and Social Care
	Increased physical activity uptake in areas of poorer health	
	Percentage of adults meeting the '5-a-day' fruit and vegetable consumption recommendations	https://fingertips.phe.org.uk/search/vegetables#page/4/gid/1/pat/15/ati/502/are/E09000021/iid/93982/age/164/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

	Ensure that our physical activity offers are available to all, including ensuring that those who are housebound can access advice or home based programmes	Written report from Connected Kingston and partner organisations (annual)
	Provision of accessible and appropriate local offers for physical activity in areas of highest need and current low existing offers	Annual Report
	Enhanced and targeted attractive communications across local organisations and voluntary sector with residents about local opportunities to support a healthy weight and physical activity	Annual Report
	A healthy food environment in Kingston, demonstrated in all Health and Wellbeing Board partner premises and commissioned services	Proportion of adults who eat 5 portions of fruit and vegetables - Data | Fingertips | Department of Health and Social Care
	Food insecurity index score by borough area	Food insecurity index
	Heart health in Kingston improved through a concerted focus on primary prevention (smoking reduction, physical activity, alcohol and diet) and increased uptake of secondary prevention offers (eg regular blood pressure checks, recommended medication etc) in target areas/ groups in Kingston where there are current poorer outcomes - noting that 'what is good for heart is good for the head' and can help reduce some risks of dementia Related QoF targets: - The percentage of patients with coronary heart disease, Peripheral Arterial Disease, Stroke or Chronic Kidney Disease taking an anticoagulant or statin (as appropriate - The percentage of patients with coronary heart disease and diabetes who have achieved hypertension control	Cardiovascular Disease - Data | Fingertips | Department of Health and Social Care Diabetes 8 care processes: people with diabetes who have received all 8 care processes (and any Kingston data available)
	Support those with severe mental ill health to achieve good physical health through access to annual health checks	Physical Health Checks for People with Severe Mental Illness - NHS England Digital
Taking a harm reduction approach to tobacco, alcohol and other substances	Decrease in smoking, with a focus on residents who are pregnant, those with 'routine and manual' jobs and those with long term mental health conditions	Smoking Profile - Data | Fingertips | Department of Health and Social Care

	Decrease in alcohol related hospital admissions, with a focus on women	Alcohol Profile - Data | Fingertips | Department of Health and Social Care Liver disease profile | Fingertips | Department of Health and Social Care Breast cancer screening | Fingertips | Department of Health and Social Care (most common code for alcohol-related hospital admissions in Kingston is breast cancer)
	Increased uptake of drug and alcohol treatment, resulting in increased numbers in treatment	NDTMS data from Kingston's commissioned drug and alcohol service
	Increased successful completions in drug and alcohol treatment	NDTMS data from Kingston's commissioned drug and alcohol service
Promoting good mental health and wellbeing for working age adults	Support the use of living wage pay for staff in our own and commissioned services and promote more widely in the borough	Annual written updates from each HWB organisation
	Increased employment rate for people who are in contact with secondary mental health services	Severe Mental Illness - Long term claimants of Jobseeker's Allowance | Fingertips | Department of Health and Social Care Severe Mental Illness - Unemployment | Fingertips | Department of Health and Social Care Gap in employment for people in contact with secondary mental health services | Fingertips | Department of Health and Social Care
	Increased referrals to Domestic Violence Hub by the Mental Health service and to Mental Health Services by those attending the Domestic Violence Hub	Severe Mental Illness - Domestic abuse related incidents and crimes | Fingertips | Department of Health and Social Care
	Reduced Smoking prevalence in adults with long term mental health conditions	Smoking Profile - Smoking prevalence in adults with long term mental health conditions - Data | Fingertips | Department of Health and Social Care
	Reduced excess under 75 years mortality rate in adults with severe mental illness	Excess mortality under 75 | Fingertips | Department of Health and Social Care
	Increase the promotion of, and access to, psychological therapies using a wider variety of locations, particularly those used by groups at higher risk of mental illness	Common Mental Disorders | Fingertips | Department of Health and Social Care
	Build the capacity for self-care e.g. further development of peer support Continue to enhance accessibility standards on Kingston's self-care and social prescribing platform, Connected Kingston - supporting more residents to self-serve and use across council and NHS and other local services.	Written Report (Annual)
Age Well		

Supporting people to keep active and promote physical health in older age	Increase the opportunities, awareness and accessibility of physical activity offers for older adults. Learn from the Age Friendly 'Move Well, Live Well' active ageing campaign in 2024 and continue to develop and enhance the offer on Connected Kingston and communications methods targeting older adults. In particular, considering the importance of non-digital communications channels and targeted messaging in areas of poorer health.	Written report (Connected Kingston): annual
	Optimise the environment for older adults to feel safe and confident to utilise green spaces for social and physical activities. Implement recommendations from the Kingston Greens Spaces strategy engagement and improve communication and awareness of accessible and 'age friendly' green spaces (eg. walking routes, cycling routes, toilet, bench and refreshment facilities)	Written report (Annual, Green Spaces team, Connected Kingston)
	Vaccination targets for older people met, including across all target groups	Mortality rate for deaths involving influenza and pneumonia, all ages (Persons) Population vaccination coverage: Flu (at risk individuals) COVID-19 mortality Population vaccination coverage: Flu (aged 65 and over) Population vaccination coverage: shingles vaccination coverage (71 years)
	Look at opportunities to reduce inequalities in knowledge and access to nutritious meals and nutritional advice amongst older people	(Measure to be suggested)
	Improve cardiovascular health through increasing uptake of wider health improvement interventions - physical activity, reducing smoking, and excessive alcohol consumption. Increase uptake of secondary care interventions to improve heart health for those in need. Work with partners to support and promote local and regional healthy hearts ambitions	Local data from KickIt on uptake and outcomes for older people
	Increase opportunities for people with a diagnosis of dementia to engage with the local community and increase social inclusion with the aim to achieve positive wellbeing and physical outcomes.	Dementia Profile - Data | Fingertips | Department of Health and Social Care Written Report on Dementia Friendly and Connected Kingston (annual)
Creating a connected community that supports good mental health and wellbeing	Support offers to be available for carers to help them main good health and wellbeing and to be socially connected in ways they they wish *(Promote the existing Carers Connected Kingston Collection with Kingston's Carers' Network, RBK Adult Social Care front line teams, and Customer Fulfillment staff)*	Percentage of adult carers who have as much social contact as they would like | Fingertips | Department of Health and Social Care
	Accessible community offers of activities and support for people in older age, including intergenerational activities, shared through Connected Kingston and other methods	Expand the existing Move Well, Live Well Collection on Connected Kingston to include intergenerational activities - and promote widely, including promotion of the Events feature.

	Improved awareness and access to volunteering opportunities, including intergenerational opportunities	GroundWork annual report
	Work undertaken with older residents and Age Friendly Ambassadors to identify and promote community spaces, Community Hubs and Be Well Hubs with a focus on creating social participation opportunities for older adults	Annual Written Report
	Improve access to information, support, and practical tools to people with dementia or mild cognitive impairment, as well as their unpaid carers, while also raising dementia awareness in the community.	Dementia Profile - Data | Fingertips | Department of Health and Social Care
Supporting older people to stay in their homes longer	Reduced falls admissions to hospital	Musculoskeletal health: local profiles - Data | Fingertips | Department of Health and Social Care
	Increased reablement offer and uptake	Reablement | Fingertips | Department of Health and Social Care
	Increased carer satisfaction measures in annual carer survey (ASCOF)	ASCOF Survey results (annual)

Appendix 1: Member Organisations of the Kingston Partnership Board, which includes the Borough's statutory Health and Wellbeing Board

[Websites and contact details for member organisations will be added in the final document]

Royal Borough of Kingston Upon Thames Council

Healthwatch Kingston

Kingston Hospital

Kingston Voluntary Action

South Thames Colleges Group

South West London and St George's Mental Health NHS Trust

Achieving for Children

Department of Work and Pensions

Kingston Chamber of Commerce

Kingston First

Kingston University

London Fire Brigade

Metropolitan Police

Your Healthcare CIC

Community Brain

Kingston Race and Equalities Council

MIND in Kingston

Richmond & Kingston Accessible Transport (RaKAT CT)

South West London Integrated Care Board