

LONDON BOROUGH OF CAMDEN	WARDS: All
REPORT TITLE Camden Annual Public Health Report 2023: Context, Summary and Launch Plan	
REPORT OF The Director of Public Health	
FOR SUBMISSION TO Health and Wellbeing Board	DATE 20 th September 2023
<p>SUMMARY OF REPORT</p> <p>Directors of Public Health in England have a statutory duty to write an Annual Public Health Report (APHR) to consider the state of health within their communities. Camden's 2023 APHR focuses on adolescent health and wellbeing.</p> <p>Appendix A contains the full APHR 2023, whilst appendix B contains a summary slide deck prepared for the Health and Wellbeing Board to help present on the context, summary of content and describe the launch plan for the APHR 2023 report.</p> <p>Local Government Act 1972 – Access to Information</p> <p>No documents that require listing have been used in the preparation of this report.</p> <p>Contact Officer: Dr Manuj Sharma PhD Consultant in Public Health for Children and Young People London Borough of Camden 5 Pancras Square, London N1C 4AG manuj.sharma@camden.gov.uk</p>	
<p>RECOMMENDATIONS</p> <p>The Health and Wellbeing Board are asked to:</p> <ol style="list-style-type: none"> 1. Consider the content of the APHR report and proposed dissemination plan 2. Consider and support the wider recommendations of the APHR report 2023 	



Signed:

Kirsten Watters
Director of Public Health, London Borough of Camden

Date: 11/09/23

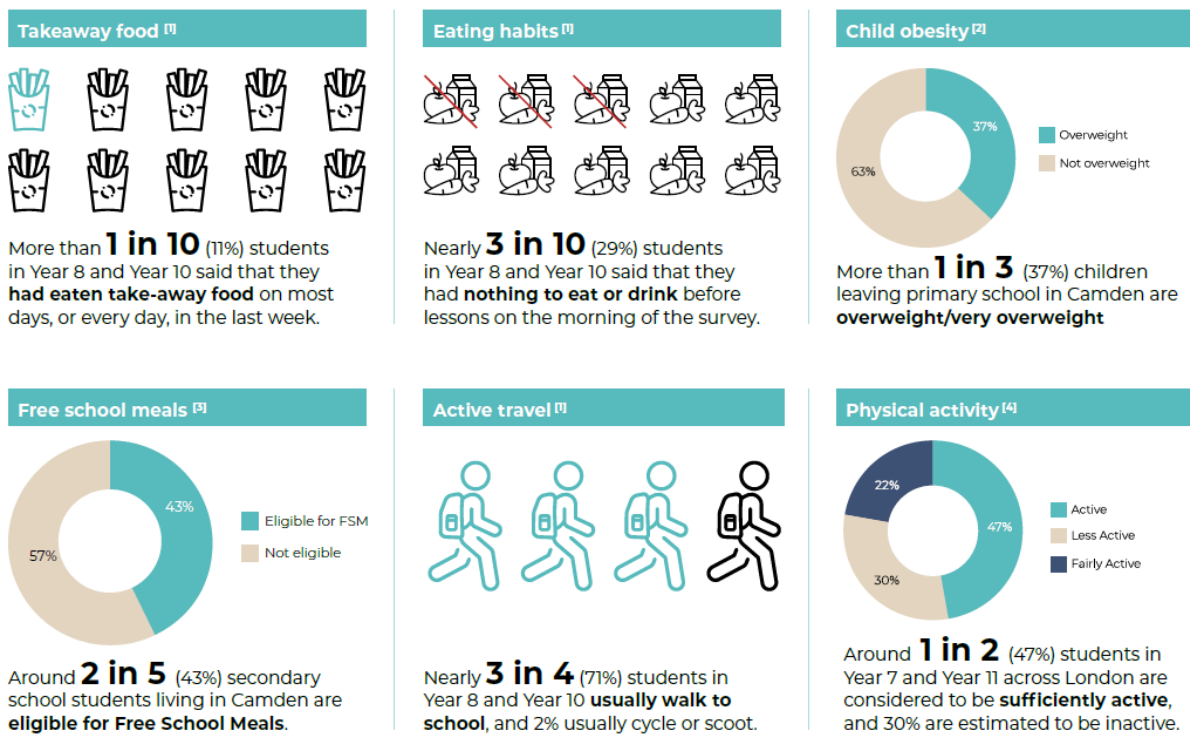
1. Background, Context and Purpose for Report

- 1.1. Directors of Public Health in England have a statutory duty to write an Annual Public Health Report (APHR) to consider the state of health within their communities and provide evidence-based recommendations for improving health and wellbeing.
- 1.2. The Camden 2023 APHR report is the first APHR being launched by the new Camden Health and Wellbeing Department following the demerger with Islington.
- 1.3. Camden's 2023 APHR focuses on adolescent health and wellbeing. Adolescence is a critical developmental period marked by significant biological, social, psychological and behavioural changes with long-term implications for health and wellbeing. This cohort has also been affected by the impact of the Covid-19 pandemic, highlighting and deepening inequalities.
- 1.4. It focuses in particular on the needs of adolescents and uses intelligence from young people aged 11-19 and up to 25 in certain instances. The use of this wider age range at points, is to reflect the fact that the needs of adolescents continue into adulthood, while ensuring the needs of our more vulnerable population groups including our Looked After children (LAC) and Special Education Needs and Disabilities (SEND) are better considered.
- 1.5. The purpose of the report is to:
 1. Provide an assessment of the health and wellbeing needs of young people in Camden.
 2. Provide a detailed compendium of health and wellbeing data for internal departments, external stakeholders and VCS (voluntary and community sector) organisations.
 3. Provide a baseline of population health data to track progress.
 4. To provide health system priorities across NCL.
 5. To demonstrate to residents and other key stakeholders the Council's commitment to reducing health inequalities in the borough and ensuring that every child has the best start in life.
 6. To start a conversation with key stakeholders including young people about improving adolescent health in Camden, including setting out a road map for achieving it.
 7. For young people's voices to be heard in decisions made about their health and wellbeing.
- 1.6. The report is not intended to be a comprehensive review of all health and wellbeing issues affecting young people, but explores how young people are affected by five important areas, alongside some key recommendations for the future.
 1. Physical activity, food and healthy weight
 2. Mental Health
 3. Safety and violence
 4. Education, employment and training
 5. Long term conditions.

2. Summary of Content

2.1. Chapter 1 on 'Physical activity, food and healthy weight' describes how behaviours established during adolescence and young adulthood influence a person's health throughout their life. However, healthy eating and physical activity become less common as young people move through adolescence.

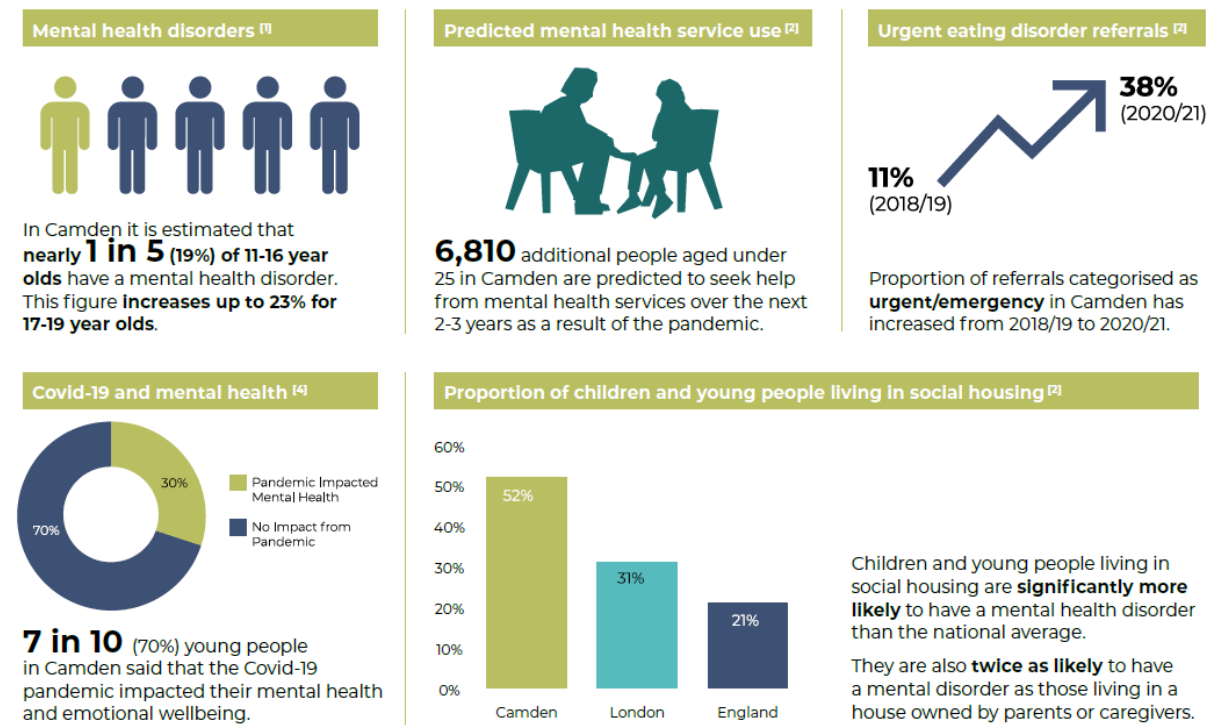
2.2. One of the biggest preventable causes of early ill health and death in Camden is obesity. Obesity has important roots in youth and early experience of inequality and disadvantage. Obesity is a cause of many early and preventable conditions that impact on physical and psychological health and increase the risk of disability, and is one of the most important, preventable causes of premature deaths. Adolescence therefore represents a crucial period for prevention and early intervention to support good health for young people, promote the chances of a long and healthy life, and reduce the risks of ill health and premature mortality.



Three recommendations from the 'Physical activity, food and healthy weight' chapter are to:

1. Support girls, boys from black ethnic groups and young people living in areas of deprivation to return to sport and physical activity.
2. Work in partnership with the school catering provider and schools to provide a quality food offer and support families to take up their eligibility for Free School Meals.
3. Explore local levers for promoting the availability of healthy and affordable food on high streets.

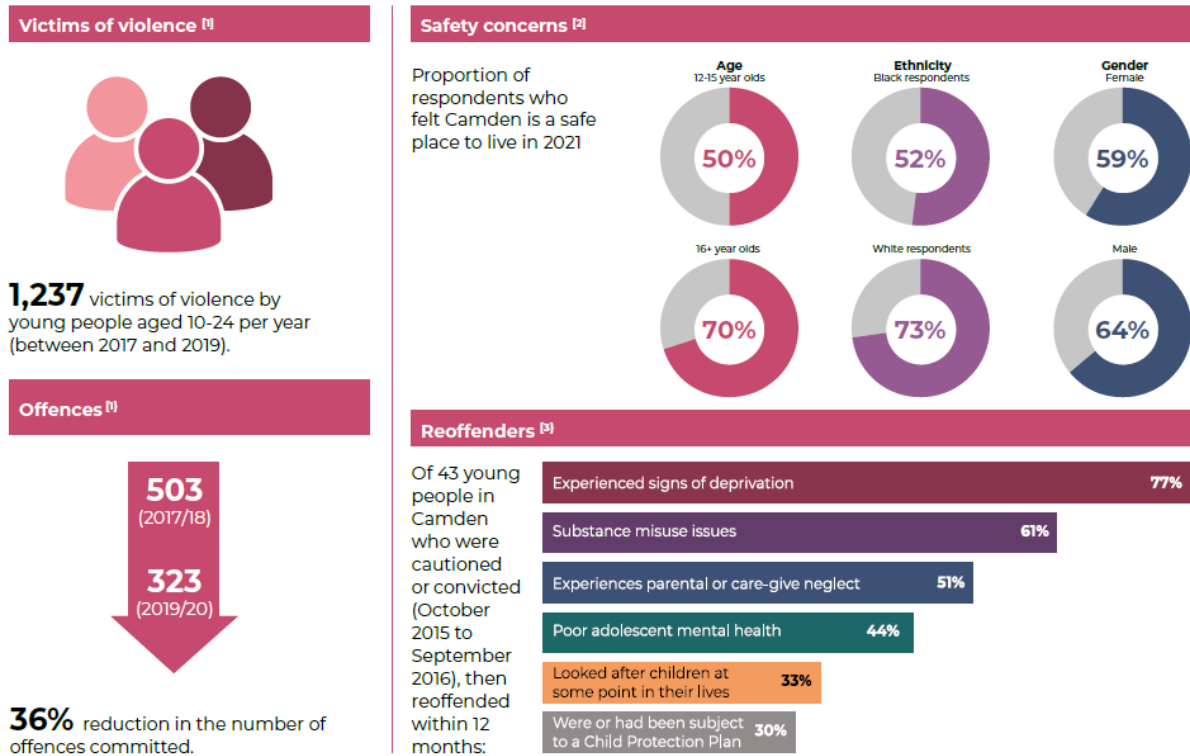
- 2.3. Chapter 2 on 'Mental Health' describes how adolescence is a formative period for immediate and long-term mental health and wellbeing. It marks a period of major educational, social and psychological transition, all severely disrupted during the pandemic.
- 2.4. Mental health conditions are common in almost all groups of young people, but rise strongly in groups experiencing deprivation, disadvantage and discrimination, and are markedly higher in young people living in the most deprived areas of the borough, in Black communities, LGBTQ+ groups and other vulnerable groups.



Three recommendations from the 'Mental Health' chapter are to:

- Align current service provision with the THRIVE framework for delivering services, helping to reduce the gap between need and access to services.
 - Maintain the reduced waiting times for specialist eating disorder services. Develop wider prevention and promotion work including increasing the awareness and understanding of eating disorders and body image issues.
 - Improve ethnicity data on access and outcomes in all mental health and wellbeing services in order to address inequalities in mental health.
- 2.5. Chapter 3 on 'Safety and Violence' describes how violence is driven by, and contributes to inequality, and perpetuates cycles of trauma for individuals and communities. In Camden, we believe that by continuing to take a public health approach focusing on root causes and prevention, we can break this cycle and empower young people to thrive.
- 2.6. Serious youth violence causes significant and often lasting physical and psychological injury and trauma. About 1% of serious youth violence results in homicide. It exerts much wider concerns and fears affecting young people and

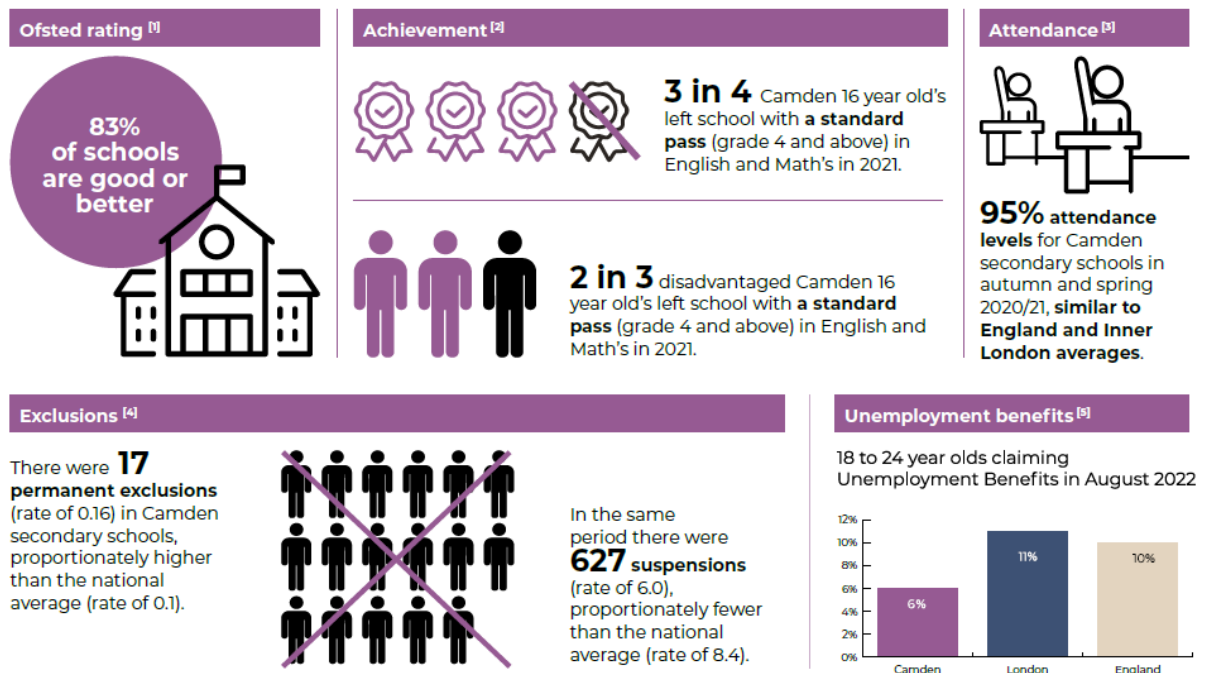
their families and the community. Deep inequalities are experienced by victims and also by offenders, closely correlated with high levels of deprivation, other social and economic stressors such as long-term worklessness, and levels of mental health need, among other factors.



Three recommendations from the 'Safety and Violence' chapter are to:

1. Ensure that there is a strong focus on early intervention and prevention and a persistent focus on addressing the experience of trauma in children and their family's lives to reduce offending and re-offending.
 2. Continue to deliver and promote accessible and engaging youth services, to provide a positive alternative to entry into gangs, crime or violence.
 3. Improve the relationship between communities and the police, including addressing the lack of trust that many young people have, especially those from Black communities.
- 2.7. Chapter 4 on 'Education, Employment and Training' describes how education is vital to preparing young people for life and equipping them with the knowledge and skills to thrive in the next stage of their development, whether they opt for further education, employment or training. Good secondary education sets the scene for further education and better jobs and training opportunities.
- 2.8. Inequalities in educational outcomes are an important contributory factor to health inequalities experienced by different groups. Young people and young adults in employment are much more likely to be in insecure or 'gig'-style jobs compared with older and more established workers. They will also be far more likely to change careers during their working lives. This highlights the importance of equipping young people with the right skills and abilities for the future, and the

importance of acting to create good, sustainable employment for local young people.

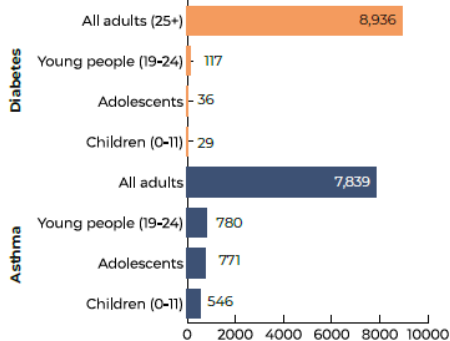


Three recommendations from the 'Education, Employment and Training' chapter are to:

1. Continue to support disadvantaged pupils with access to technology and study space so that inequalities in access to out-of-class study are reduced.
 2. Encourage more Camden businesses to provide young people with work experience across all employment sectors.
 3. Ensure that the young people furthest from the labour market, at risk of unemployment or unemployed, inactive or NEET (not in education, employment or training), are offered intensive support.
- 2.9. Chapter 5 on 'Long-term conditions' describes how there are multiple risk factors for the development of long-term conditions in adolescence, including genetics, prenatal exposures and environmental determinants and some of these factors are preventable. Accurate diagnoses, early treatment and effective management of long-term conditions are critical to minimise their impact on young people's lives.
- 2.10. Adolescence is generally a period when most young people enjoy good physical health, but this is not universal. The most common chronic physical health need in adolescence is asthma. Major physical long-term conditions in adults such as cardiovascular disease, diabetes and cancer are relatively uncommon in young people, although the long-term risks for developing these conditions in adults may become well-established in youth and already be affecting their general health and quality of life.

Camden: key long-term conditions ^[1]

The prevalence of **asthma** is highest among adolescents (**4.5%**, **771** adolescents) than children, young people and adults.



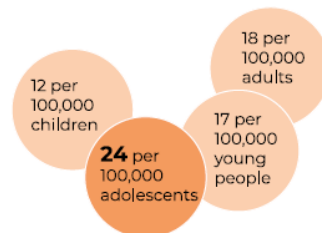
Source:

[1] Commissioning Support Unit GP primary care dataset, Dec 2021

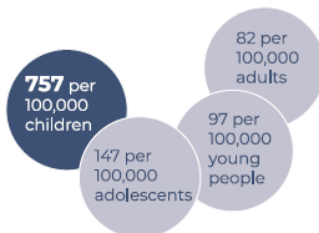
[2] Commissioning Support Unit Secondary Uses Service dataset, Dec 2020 - Dec 2021

Secondary care ^[2]

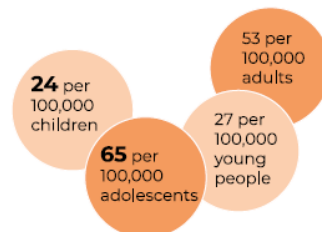
A&E attendance of diabetes



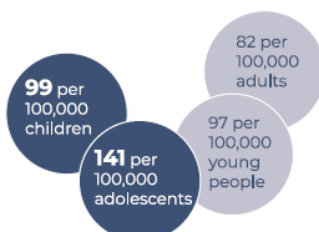
A&E attendance of asthma



Emergency hospital admissions of diabetes



Emergency hospital admissions of asthma



Three recommendations from the 'Long-term conditions' chapter are to:

1. Ensure a whole systems response: Services need to be commissioned in a seamless integrated fashion across the entire pathway from prevention and self-management to in hospital and out of hospital care.
2. Ensure increased support for young people from black, asian and other minority ethnic groups, and those living in areas of greater deprivation, who are generally at greater risk of developing long-term conditions and more likely to need urgent or emergency care than other groups.
3. Improve transition into adult services by following NICE (National Institute for Health and Care Excellence) guidance.

3. APHR Launch Plan

3.1. The report will be launched w/c 23 October 2023.

3.2. The main objectives of the launch plan are:

1. To share Camden's annual public health report with key stakeholders, including primary care, VCS (Voluntary and community sector) partners, key council teams, NCL, London Councils, ADPH, LGA (Local Government Association) and other relevant regional and national partners to inform their own work with young people.
2. To demonstrate to residents and other key stakeholders the Council's commitment to reducing health inequalities in the borough and ensuring that every child has the best start in life.

3. To start a conversation with key stakeholders including young people about improving adolescent health in Camden, including setting out a road map for achieving it.
 4. For young people's voices to be heard in decisions made about their health and wellbeing.
 5. To launch the annual public health report using young people's voices.
- 3.3. Key launch activity will include an event and communications materials co-created and co-delivered by young people in Camden aged 16 to 19.

This is to give young people a voice in health and wellbeing decisions in Camden, as well as to provide a training opportunity to some young people. Communications will also include three clear, measurable commitments developed and agreed with young people, as to how the Council and partners will address health inequalities for adolescents in Camden.

We will use the report and commitments to direct further communications and engagement on health inequalities for young people and other key audiences.

- 3.4. Break Comms, a communications agency specialising in communications to and with young people have been appointed to recruit young people into a working group and support them to cocreate and deliver a launch event for the APHR.

We will work with young people and Camden's creative services team to cocreate the APHR executive summary document and supporting communications. We will pay every member of the working group the London Living Wage for their time. Every member of the working group will receive an advanced project management qualification equal to a GCSE 9-6.

- 3.5. The main deliverables from the coproduction work are:

1. Design of executive summary of the report.
2. Co-development of three specific recommendations from the report
3. Social media for publication throughout launch week: 5x short film clips, 1x longer film, 5x graphic statics, 5x quote cards.
4. Event to launch the report with key local stakeholders in attendance including Leader of the Council.

- 3.6. The report will be promoted through council channels including social media, the Council's website, direct distribution to key stakeholders, engagement with youth MPs, youth parliament and youth VCS groups, press and internal communications.

4. Recommendations for the Committee

- 4.1 The report is an independent statutory report of the Director of Public Health. The Health and Wellbeing Board are asked to:

1. Consider the content of the APHR report and proposed dissemination plan.
2. Consider and support the wider recommendations of the APHR report 2023.

5. Finance Comments of the Executive Director Corporate Services

- 5.1. The Director of Finance has been consulted on the content of this report and has no comment to make.

6. Legal Comments of the Borough Solicitor

- 6.1. The Borough Solicitor has been consulted and has no comments to add to the report.

7. Environmental Implications

- 7.1. This report has no environmental implications.

8. Appendices

- Appendix A: Full Annual Public Health Report 2023
- Appendix B: Summary slide deck on the context, summary of content and describe the launch plan for the APHR 2023 report.

REPORT ENDS