	London Borough of Hammersmith & Fulham **HEALTH AND WELLBEING BOARD** **9 September 2015**

JSNA Update and Impact Review
Report of the Acting Director of Public Health
Open Report
Classification - For Information (delete as appropriate) **Key Decision: No**
Wards Affected: All
Accountable Executive Director: Liz Bruce, Executive Director of Adult Social Care

Report Author: Jessica Nyman, JSNA Manager Colin Brodie, Public Health Knowledge Manager	**Contact Details:** Tel: 020 7641 8461 E-mail: jnyman@westminster.gov.uk

AUTHORISED BY: .... ………………………………………………. DATE: …………………………………..

1. EXECUTIVE SUMMARY

1.1. This paper provides a short update on the current stage of delivery of the Joint Strategic Needs Assessment (JSNA) products agreed by the Health and Wellbeing Board for the 2014/15 work programme.

1.2. The report includes a demonstration of the proof of concept developed for the online interactive JSNA ("Evidence Hub") discussed at the previous meeting to provide an insight into the work to date, visualise how the online tool might look and to help show the value that it might add.

1.3. This report also includes progress made to date against evidence set out in deep dive JSNAs published in 2013-2014 (as an appendix), and considers how the future JSNA work programme can support the Health and Wellbeing Board priorities and Joint Health and Wellbeing Strategy.

2. RECOMMENDATIONS

2.1. The Health and Wellbeing Board are asked to consider progress on the scope and development of the Evidence Hub/online JSNA Highlights Report.

2.2. The Health and Wellbeing Board is invited to consider how the JSNA can best support the priorities and work programme of the Health and Wellbeing Board?

2.3. The Health and Wellbeing Board is invited to consider the report on progress made from the JSNA Work Programme 2013/14 (i.e. Physical Activity JSNA; Employment Support JSNA; Learning Disabilities JSNA; Child Poverty JSNA; and Tuberculosis JSNA

2.4. The JSNA Programme Team recommend that future JSNA Leads, and appropriate commissioners, report to the Health and Wellbeing Board on (1) how JSNA findings and recommendations will be taken forward when the JSNA is completed, and (2) progress made on implementation one year after completion.

3. REASONS FOR DECISION

3.1. The Health and Wellbeing Board are invited to comment on progress with the JSNA work programme.

4. INTRODUCTION AND BACKGROUND

4.1. JSNAs provide a detailed picture of the health and wellbeing needs of the local population. They are developed jointly by local NHS and council partners and identify actions that local commissioning organisations will need to take to improve the design, delivery and effectiveness of services that improve the health and wellbeing of individuals and communities, and reduce health inequalities. Other partners are also involved in the process, including service providers, voluntary organisations and Healthwatch

4.2. Local authorities and Clinical Commissioning Groups (CCGs), through the Health and Wellbeing Board, have a legal duty to prepare a JSNA.

4.3. The Hammersmith and Fulham Health and Wellbeing Board has delegated the prioritisation of the JSNA workplan and the day-to-day management of the programme to a sub-group of the Health and Wellbeing Board, the JSNA Steering Group. This group consists of representatives from the CCGs, Public Health, Children's Services, Adult Social Care, Community and Voluntary Sector, and Healthwatch. The Health and Wellbeing Board remain accountable for the JSNA and are required to agree and sign-off the JSNA work programme and the final JSNA products, and monitor delivery of the programme.

4.4. The JSNA work programme currently contains two main workstreams:

(a) highlight reports for each borough, and
(b) 'deep dive' JSNAs which produce topic-specific needs assessments to inform particular commissioning questions.

4.5. There are currently four deep dive JSNAs in progress covering the following topics – Dementia, Childhood Obesity, End of Life Care and Housing.

4.6. In addition, the development of an Evidence Hub has been added to the future JSNA work programme. The Evidence Hub will provide a tool which brings together a broad base of information and which will allow access to a range of data and evidence. The aim is for this to be easy to use and understand and so will facilitate and inform the refresh of the borough-specific JSNA Highlight reports.

5. Current JSNA Work Programme

5.1. An update on the 4 current deep dive JSNAs was brought to the previous meeting in July 2015 and so a very brief progress report is provided below.

5.2. The **Dementia JSNA** is presented for approval at this meeting of the Health and Wellbeing Board in a separate report.

5.3. Following initial comments on an initial draft of the **Childhood Obesity JSNA** from the Tackling Childhood Obesity Team (TCOT) a revised draft is being completed which will be sent to a wider group of stakeholders for comment and feedback. A final draft is expected to be ready for consideration by the Health and Wellbeing Board in November 2015.

5.4. Work to capture the views of clinicians, commissioners, patients and their families/carers is well underway for the **End of Life Care JSNA**. This will be incorporated into the current draft report for review by the End of Life Care Steering Group at the end of September 2015. The Steering Group will take on responsibility for developing the recommendations based on the evidence from the JSNA.

5.5. A template report for the **Housing JSNA** has been developed which will describe levels of need for vulnerable residents; services to support people in their own homes; the supply of housing for vulnerable residents; and identify gaps in provision and potential solutions.

Evidence Hub

5.6. An initial proposal to develop an online JSNA data observatory, or Evidence Hub, was first raised at the JSNA Steering Group in January 2015. Since then work has progressed to develop the scope of the Evidence Hub in more detail, how it may look in practice, and the benefits of this project.

5.7. The aim of the Evidence Hub will be to present information drawn from a range of national and local data and evidence sources, and provide an online toolkit for users to interrogate in a more interactive and flexible way.

5.8. Building on consultation with a range of stakeholders, a proof of concept has been developed which has been presented to a number of forums such as the Public Health Integration and Transformation Board, the Public Health Leadership Forum and the JSNA Steering Group.

5.9. Following a presentation at the Shared Services Board in August 2015 it was proposed that the scope of the Evidence Hub is expanded to incorporate intelligence from across the local authority and close linking with the Business Intelligence function. This project has yet to be scoped in detail.

5.10. In the meantime the JSNA work programme will focus on the development of the proof of concept and refreshing the JSNA Highlights report as an online tool.

5.11. The Health and Wellbeing Board are asked to consider progress on the scope and development of the Evidence Hub/online JSNA Highlights Report.

6. Future JSNA Work Programme

6.1. In order to support the Health and Wellbeing Board work programme, the JSNA Steering Group discussed alignment between the JSNA work programme and Health and Wellbeing Board priorities at their meetings on the 4 June and 27 July 2015. The Steering Group have identified a number of actions to improve closer alignment with the Board and key stakeholders:

- Provide minutes of the JSNA Steering Group to Health and Wellbeing Board members
- Rotate Chair of the JSNA Steering Group (traditionally Chaired by Director of Public Health, currently chaired by CCG representative)
- Review Terms of Reference and membership of JSNA Steering Group
- Presentations to CCG governing bodies (or similar)

Potential topics for future deep dive JSNAs

6.2. To date no further applications have been submitted to the JSNA Steering Group for consideration.

6.3. **The Health and Wellbeing Board is invited to consider how the JSNA can best support the priorities and work programme of the Health and Wellbeing Board?**

6.4. To inform the future JSNA work programme it is worth considering how previous JSNAs have informed commissioning, strategy and service development. The report attached at Appendix 1 has been provided by the JSNA Steering Group and JSNA Project Leads. It provides a summary of progress on the findings/recommendations of the deep dive JSNAs published in the 2013/14 work programme. These were Physical Activity; Child Poverty; Tuberculosis; Learning Disabilities and Employment Support.

6.5. **The Health and Wellbeing Board are invited to consider the report on progress made from the JSNA Work Programme 2013/14**

6.6. The JSNA Programme Team recommend that future JSNA Leads, and appropriate commissioners, report to the Health and Wellbeing Board on (1) how JSNA findings and recommendations will be taken forward when the JSNA is completed, and (2) progress made on implementation one year after completion.

6.7. Please see attached report at Appendix 1.

7. EQUALITY IMPLICATIONS

7.1. JSNAs must consider the health, wellbeing and social care needs for the local area addressing the whole local population from pre-conception to end of life.

7.2. The “local area” is that of the borough, and the population living in or accessing services within the area, and those people residing out of the area for whom CCGs and the local authority are responsible for commissioning services

7.3. The “whole local population” includes people in the most vulnerable circumstances or at risk of social exclusion (for example carers, disabled people, offenders, homeless people, people with mental health needs etc.)

8. LEGAL IMPLICATIONS

8.1. The JSNA was introduced in the Local Government and Public Involvement in Health Act 2007

8.2. The Health and Social Care Act 2012 placed the duty to prepare a JSNA equally and explicitly on local authorities (LAs), Clinical Commissioning Groups (CCGs) and the Health and Wellbeing Boards (HWB)

8.3. Implications verified/completed by: (Name, title and telephone of Legal Officer)

9. FINANCIAL AND RESOURCES IMPLICATIONS

9.1. The current JSNA projects are scoped and progressed within existing resources and capacity. The individual JSNAs largely draw on existing staff capacity from across the key departments and stakeholders involved, and from the JSNA team within the Public Health department.

9.2. The refresh of the JSNA Highlights Report as an online tool (see Evidence Hub) as set out above could be progressed within existing resources. However, the expansion of the Evidence Hub project will require further resource and capacity appropriate to the scope of the project (to be determined). The Health and Wellbeing Board may wish to consider these projects more fully at a future meeting alongside other potential draws on the Joint Strategic Needs Assessment resource.

9.3. Implications verified/completed by: (Name, title and telephone of Finance Officer).

11. IMPLICATIONS FOR BUSINESS

11.1 None identified in this update.

12. RISK MANAGEMENT

12.1 None identified in this update

21.1 Implications verified/completed by: (Name, title and telephone of Risk Officer).

13. PROCUREMENT AND IT STRATEGY IMPLICATIONS

13.1 None identified in this update

13.2 Implications verified/completed by: (name, title and telephone of Procurement Officer).

LOCAL GOVERNMENT ACT 2000
LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.	JSNA Steering Group Minutes 27072015	Colin Brodie/02076414632	Public Health

*[**Note:** Please list only those that are not already in the public domain, i.e. you do not need to include Government publications, previous public reports etc.] Do not list exempt documents. Background Papers must be retained for public inspection for four years after the date of the meeting.*

LIST OF APPENDICES:

(Please submit appendices with the main report. Appendices should be numbered clearly and consecutively on the top right hand corner of the page, i.e. Appendix 1, Appendix 2, etc. There needs to be a clear reference to the appendix in the body of the report.)

Appendix 1- JSNA Deep Dive Update and Progress Review June 2015

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COMPLETED JSNA DEEP DIVES PRODUCTS 2013/14– Update on Progress

The following deep-dive JSNAs were completed and published in 2013/14. Below is a reminder of the summary of the key findings for each JSNA, and an update on progress since they were published.

1. Employment Support – August 2013
2. Learning Disabilities – January 2014
3. Tuberculosis – March 2014
4. Child Poverty – April 2014
5. Physical Activity – May 2014

1. Supported Employment JSNA August 2013	
Summary	Unemployed individuals have a higher risk of poor physical and mental health compared with those in employment. The health and social impacts of a long period of unemployment can last for years. Some key findings reported in the JSNA:- • Unemployed people have higher levels of GP consultations and longer in-patient stays. Extrapolating from national figures, the cost of mental illness locally is approximately £300 million in H&F. Over a third of this is due to loss of economic output (over £80million per borough) and a fifth due to health and social care costs (over £5million per borough). These figures are probably underestimates due to high local prevalence of severe mental illness and a larger working age population than the national average. • Clients with learning disabilities were noted to have worse employment prospects than other disability groups. The employment rate [*at time of JSNA reporting*] for disabled people nationally had risen to 48% overall but remained only 10% for those with learning disabilities. The report also noted that 65% of people with learning disabilities nationally would like a paid job . • Sickness absence and presenteeism (reduced productivity at work related to ill health) are also likely to have major impacts in the three boroughs, based on what we know nationally. Mental illness is the number one cause of long-term sickness absence, closely

	followed by musculoskeletal problems. • There is substantial evidence that specialist employment support, tailored to the needs of clients with mental illness or disabilities, can deliver jobs. The most cost effective models of support include Individual Placement and Support (IPS) for mental health clients and Supported Employment (SE) in the disabilities field. • There is also evidence to support a role for 'Very Supported' employment opportunities (such as social enterprises) for clients with very complex needs. • In addition, Government policy advocates early intervention in-work support to help individuals to retain employment, to prevent the 'revolving door' of sickness absence and to avoid the negative health impacts of unemployment. • Evidence shows that these approaches to employment support can deliver: Improved individual health and wellbeing Increased personal income Reduced use of health and social care services • Evidence-based employment support is, at least, cost neutral. At best it can generate significant cost savings to local commissioners.
Purpose	To implement a needs assessment to inform Adult Social Care and CCG planned commissioning and to implement a recommended JSNA approach advocated by the London Mental Health and Employment Group. The JSNA profiled prevalence of mental illness, physical disabilities and learning disabilities; employment rates; mapped service provision, outlined evidence base and made recommendations for evidence based future service provision.
Recommendations	See 'Progress to date' section for synopsis.
Lead responsibility	Public Health; Adult Social Care; CCG Mental Health Commissioning Support

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The JSNA outlined elements of good practice to be considered by local commissioners, please see below some examples with summary of progress to date:-
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Evidence-based approaches to employment support. For example IPS in the mental health field and SE in the disabilities field
Regular review of progress to ensure that clients progress towards paid employment and do not get stuck at earlier stages along the pathway to work
A single point of referral into the system and clear pathways within it

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JSNA has informed:-
- ASC service design and specification for new supported employment service for individuals with learning disabilities/disabilities to be commissioned
-Public Health Investment Fund Employability Programmes including Supported Employment Service as noted above (JSNA identified need for provision in LBHF)
-recent discussions relating to West London Mental Health Trailblazer (LBHF)

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Partnership work and effective communication between employment support providers, care managers, health care and benefits advisors
Co-location of employment support within social and health services (e.g. IAPT). This can improve the effectiveness of support for clients and may be cost saving

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Employer engagement so that more high quality job opportunities are available to clients. Fewer people will fall out of employment when employers know what to expect when they employ individuals with mental illness or disabilities.
High quality work opportunities

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Public Health Investment Fund: London Healthy Workplace Charter -Environmental Health Teams working with local businesses to support healthy workplace practice and work towards achieving Charter accreditation
Commissioning of Social Enterprise, designed to form part of the new model of employment support

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	• **Provision of early intervention support for job retention supporting employees and employers**	provision and offering supported work opportunities for individuals with disabilities and learning disabilities. • One year Fit for Work Service (2013-2014), following on from DWP & DH funded 3 year pilot (2010-2013).
	• **The local Councils and CCGs leading by example** as employers.	
Future delivery	Commissioning of Supported Employment service (ASC 3 boroughs): The new service is expected into place in December 2015.	
Risks and issues	None identified	
Actions for Health and Wellbeing Board	**The local Councils and CCGs leading by example** as employers Raise awareness and encourage Health and Wellbeing Board representative's organisations to:- -Identify and facilitate work related opportunities within the organisation and additional opportunities that could be offered via commissioning (i.e. providers/contractors) for identified target groups -Participate in the London Healthy Workplace Charter	

2. Learning Disabilities JSNA January 2014	
Summary	This report assesses and develops local strategy around support for people with learning disabilities, alongside a range of other information, such as other specific needs assessments, strategies, action plans and routine monitoring. Some detail has been provided in this report on services in the three Boroughs and how they are responding to local needs, but it is envisaged that this detail will predominantly be captured in resulting action plans and strategies, which will ensure that issues from this report are addressed.
Purpose	Describe the needs of people with learning disabilities locally and be used to assess and develop local strategy around support for people with learning disabilities.
Recommendations	• Ensure that cross-organisational systems are in place to **identify those with learning disabilities**, in order to tackle potential under-diagnosis in the local population, and do early assessments of those with learning disabilities likely to be transitioning into adult services, to ensure that referrals are received in a timely fashion. This will also support professionals to better plan for the young people who are assessed as not eligible and therefore will not receive a service. • **Ensure that local services plan** for expected increases in numbers of complex clients in transition, as well as numbers reaching old age, and the specific requirements that these groups have, such as planning for more and more varied models of accommodation and support. • To work with housing, leisure services and care providers around issues relating to the promotion of leisure facilities and the **tackling of obesity for** people with learning disabilities • Continue working with GPs and hospitals to **ensure reasonable adjustments are made to enable people to access services** easily for those with learning disabilities and autistic spectrum disorders. A three borough inpatient audit into service users' experiences is currently being carried out which will help to improve the quality of the service. Work with dentistry services in the community and secondary services to make further adjustments to enable service users with complex and challenging behaviour to access the service e.g. designated slots when there are fewer patients and minimise waiting time • To **address data quality issues,** around numbers attending cervical and breast screening and develop actions to improve uptake where necessary, reporting causes of death of those with learning disabilities, to give indications of possible preventability (e.g. lung problems /

	epilepsy). Need to improve systems around health checks to address the recent drop in uptake. • There needs to be access to **high quality care and support services and suitable accessible housing** in order to ensure that Adult Social Care departments keep people in the community rather than placing them in residential care. Examine residential care placement costs in Hammersmith and Fulham, which routine data suggests are high. Extra Care Sheltered (ECS) placements, and more accessible accommodation is likely to be needed across all the boroughs. In accordance with the Winterbourne View Concordat, those in hospital placements should be moved out of hospitals by June 2014, unless being actively treated in hospital • The recent drop in existing clients **receiving a review** needs to be examined and addressed • Ensure that work with general practice and hospital trusts is **addressing issues raised by local families** and review current local strategies and action plans around **carers**
Lead responsibility	Adult Social Care, The Joint Commissioning Team
Progress to date	In response to the findings from the JSNA the following information has been provided: Work is well underway in both local acute trusts on **identification of people with Learning Disabilities.** Work has been undertaken to identify the numbers of people with learning disability coming through transition, each team is aware of the numbers expected and is currently mapping out specific levels of need. There has been a significant increase in primary care identification of people with learning disabilities in Hammersmith and Fulham to more than 80%. Work to **tackle obesity** is being completed through primary care and the local community learning disability teams in conjunction with local leisure providers. The Health Action Plan from the annual health check identifies specific area of health need including obesity and this will drive opportunities for exercise. A Secondary care Referral addendum has been developed to link flagging and identification of **reasonable adjustments** between primary and secondary care for people with learning disabilities. To **address data quality issues** around numbers attending cervical and breast screening, data is collected via SystmOne reports, so there is a systematic approach, CCGs are looking at further validating this data in the coming year through the LD SAF action plan.

	Those people that are safe to move out of inpatient hospital services have been moved. A recent report to the Adult Safeguarding Board has provided assurance. Independent care and treatment reviews (CTR) have been completed for those without discharge dates and this is now due to be used for the wider cohort of people still in these settings. Quantitative and qualitative information is reported back to CCG Quality patient Safety and Risk Committees on a quarterly basis. Hammersmith and Fulham achieved more than 80% of reviews in 2014/15. **Carers** attend local hospital learning disability steering groups and people that use services and carers regularly attend and contribute to the Learning Disability Health Steering Group across the three local authority and CCG areas. This is starting to address issues raised by local families including accessible information (including appointment letters), employment, reasonable adjustments and housing. Carer primary care navigators have been piloted across the three local authority areas to help identify **carers** early vis NHS routes, putting in place systems and support to support GP practice staff to identify, signpost and support carers.
Future delivery	Review and recomissioning of Carer services. Learning Disability housing options such as Extra Care.
Risks and issues	N/A
Actions for Health and Wellbeing Board	N/A

3. **Tuberculosis JSNA**	
Summary	The main concern with regards to TB strategy and management is the lack of clarity surrounding the strategic planning of services. The TB Action group, which used to bring together commissioners and service providers is no longer in existence and there is no obvious successor. The commissioning of TB services across the three boroughs now falls to the Clinical Commissioning Groups (CCGs) with input from the Health and Wellbeing Boards. This new arrangement provides opportunities for Adult Social Care, CCGs and Public Health to join up thinking and provide a TB service which addresses current issues around provision of housing for TB patients without recourse to public funds and operate across boundaries. However, currently there is no clear arrangement with regards to the TB strategy. A London TB Control Board (LTBCB) has been set up by Public Health England London and NHS England (London Region) in order to provide strategic oversight and direction and a whole systems approach.
Purpose	This TB needs assessment supports the development of a three borough strategy and Clinical Commissioning Group (CCG) commissioning intentions.
Recommendations	Recommendation 1: Pool staff, clinics and resources where appropriate Recommendation 2: Consider how hospital and community services can be provided more effectively and efficiently. Strengthen the community aspect of TB management

	Recommendation 3: Review current commissioning arrangements and establish specific service specification and service level agreements for TB - Unbundle the components of TB service costs and establish clear service specifications and service level agreements - Unify services under one provider - Consider joint TB funding across regions Recommendation 4: Establish a local pathway and programme for the management of latent and active TB - Establish a latent TB screening programme - Establish a clear pathway for the management of acute and latent TB in the community involving all stakeholders
Lead responsibility	Connie Junghans, Public Health Analyst
Progress to date	In response to the findings from the JSNA, the following changes have been implemented in cooperation with the CCGs and Imperial and NHS England: (1) The tertiary service has been reorganised – the JSNA found that the arrangement of providing the tertiary service via the CLCH service in particular caused concerns in terms of clinical safety as well as efficiency. Analysis showed that providing TB clinics from St Mary's was the most advantageous for patients as well as staff and substantially reduced travel time for some patients. All services have now been reconfigured to provide TB clinics out of St Mary's as well as Chelsea and Westminster hospital, with increased cooperation between the two sites to provide economy of scale in terms of specialty clinic provisions. (2) A primary care Latent Tuberculosis Infection (LTBI) pathway has been implemented and started running in April to systematically identify those at highest risk of having LTBI and developing active TB in the future.
Future delivery	Monitoring demand and supply, particularly with regards to patients with LTBI picked up in the community by the LTBI screening programme.
Risks and issues	It remains to be seen how the detailed funding structure of the tertiary service will meet the challenges of community service provision such as TB incident management, contact tracing and DOT provision. Additional community service capacity may be needed in the future. The TB Action group for the three Boroughs could be re-instated for monitoring services.

	There is little involvement at present from Public Health, so the opportunity for Public Health to lead on coordinating TB services across council departments, CCGs and hospitals could be missed.
Actions for Health and Wellbeing Board	N/A

4. Child Poverty JSNA	
Summary	Evidence has shown that the foundations for virtually every aspect of human development are laid in early childhood, and that this has a lifelong impact on health and wellbeing, from obesity, heart disease and mental health through to educational achievement and economic status. National research has found that child poverty in the UK results in additional public spending of £12 billion a year, 60% of which is spent on personal social services, school education, the police and criminal justice. The report identified several key priorities for tackling child poverty: Priority 1- Supporting families to engage with services Priority 2 – Promoting parental employment Priority 3 – Access to quality/affordable childcare, for all families Priority 4 – Supporting the role of the school community Priority 5 – Appropriate healthcare, at the right time Priority 6 – All families have access to housing of a reasonable standard
Purpose	Discover what causes child poverty, what works in tackling child poverty, what is being done locally to alleviate the effects of it and what

	further opportunities there are to support those affected, beyond what is already being done.
Recommendations	All recommendations are linked to above priorities.
Lead responsibility	Children's Services with Public Health, Economic Development and Housing
Progress to date	Hammersmith and Fulham council is working to incorporate the findings of the JSNA into existing policy and strategy to ensure that addressing the needs of children in low incomes families is appropriately woven throughout. A Child Poverty Strategy is currently under development in Hammersmith & Fulham HWB to ensure that actions in different sections of the council and its partners are drawn together to provide an overview and ensure cohesion. Reducing the health inequalities associated with childhood poverty is a key strategic priority for Hammersmith and Fulham in the Public Health Strategy. Priority 1- Supporting families to engage with services • Development of Family Information Service (FIS) is underway • Public Health are contributing over £1m during the coming three year period to support the continued provision of targeted activity in children centres ensuring that vulnerable families are able to access a range of health promoting and preventative services. Priority 2 - Promoting parental employment • The Public Health Investment Fund is funding an initiative that will target employers within the borough area to promote the London Healthy Workplace Charter and engage with businesses to support them to achieve recommended standards. It is intended that one area of focus will be family friendly terms and conditions. Priority 3 - Access to quality/affordable childcare, for all families • The council is working to increase availability of the national entitlement to free childcare for up to 15 hours a week for all 3-4 year olds, and for those 2 year olds from eligible families (parents on low incomes). • The national entitlement of 30 hours of childcare a week once a child reaches their 3rd birthday will begin in September for working parents. • The Family Information Service are planning for the take-up of tax free childcare which will be launched in Autumn 2015, targeted

	at working families with children under the age of 12 or with children with disabilities under the age of 17. • In July the Play Service circulated a newsletter to all parents and service users to advise on how they will be able to access the tax-free childcare scheme that is being launched in September. We will be working in partnership with the FIS to ensure consistency in communications. • The Play Service is currently developing a Summer Holiday Childcare and Play programme that will provide flexible childcare for working parents or parents seeking employment to use the service either for shorter or extended days. Priority 4 – Supporting the role of the school community • The Play Service is working with Head Teachers to ensure greater access to the targeted places scheme for children in need. • The Early Help Strategy has been agreed across all three boroughs and is informing the development and recommissioning of the new school health service • The On Track programme is using predictive modelling to identify children (older primary and early teens) who are at risk of poor outcomes and on the cusp of care, and putting in school and family based interventions • As part of the School Food Plan, funding was allocated to Magic Breakfast to pilot and evaluate a number of models of school breakfast club provision. Public Health worked with Magic Breakfast to identify and contact eligible schools. 12 schools with high Free School Meal eligibility across the three boroughs have taken the opportunity to take part in this 2 year pilot, including four primary schools, six secondary schools and one Pupil Referral Unit. It will significantly expand the number of free breakfasts available to pupils. Priority 5 – Appropriate healthcare, at the right time • The CCGs launched a programme called Connected Care for Children promoting and facilitating paediatricians to share knowledge with GPs. • Action is underway to improve the maternal and child health outcomes of the most disadvantaged groups. Maternity champions for Old Oak have been recruited and are currently being trained. This initiative has a particular emphasis on improving access to services and enhancing the support available to BME and other families who find it difficult to access mainstream provision.

	Implementation of the maternity champions initiative is being supported by community midwives, who are also now operating out of children's centres in areas of the highest deprivation across all three borough. This enables earlier and more timely access to maternity services and the provision of a more integrated maternity care pathway. • The Community Champions in Hammersmith and Fulham delivered health events including oral health reaching over 700 people. • Keep Smiling oral health improvement programme for 3-7 year olds has been delivered in 5 schools in Hammersmith and Fulham. The Community Champions have The Community Champions have delivered 12 public health campaigns including oral health reaching 2016 residents. The provided training around oral health including sign posting residents to the dentist, and Health Visitors give Brushing for Life packs at 8/9 months and 2 ½ years and encourage the positive messages around oral health and attending a dentist. Priority 6 – All families have access to housing of a reasonable standard • An award from the Public Health Investment Fund is being used to add capacity to the residential environmental health team to specifically target those residents whose health and wellbeing is vulnerable to poor housing conditions, undertaking home visits to identify and address any housing issues that might compromised their health and wellbeing / put them at risk and developing and implementing an action plan to address these issues.. There is a specific focus in this work on households with young children. • The recently published *Delivering the Change we need in Housing*, Hammersmith and Fulham's Housing Strategy makes a number of commitment which will improve housing conditions for families with low incomes, these include a reviewing of housing allocations criteria and working to improve standards in the private rented sector. • In Hammersmith and Fulham the PHIF is supporting 'In Situ housing solutions', an initiative which alleviates the impact of living in overcrowded housing conditions while families await rehousing.
Future delivery	
Risks and issues	N/A
Actions for Health and Wellbeing Board	N/A

5. **Physical Activity JSNA**	
Summary	The estimated direct cost of physical inactivity to the NHS across the UK is £1.06 billion. This is based upon five conditions specifically inked to inactivity – coronary heart disease, strokes, diabetes, colorectal cancer and breast cancer – and this is likely to be a conservative estimate, as it does not include a range of other health conditions likely to be accountable to physical inactivity. The data analysis indicates that although the percentage of people meeting the DH recommended levels of physical activity are higher in the three compared to England and London, there is evidence of inequalities in physical activity levels. In particular, BME groups, women, people with long term conditions and those living in the most deprived areas have low participation rates. Nearly 250 premature deaths and 3000 new cases of diabetes per year could be prevented if all the population of the three boroughs met the recommended levels of physical activity. This would have represented a saving of over £5m for healthcare costs in 2010/11.
Purpose of JSNA	Designed to inform the promotion of physical activity into policies and strategies and to guide local implementation of the government programme 'Let's Get Moving – the Physical Activity Care Pathway'.
Recommendations	1. In order to identify how existing community assets can be best utilised to improve participation in physical activity, an **asset mapping** approach/exercise should be undertaken in each of the boroughs to address specific or targeted needs . The community should be engaged in this exercise. 2. **Communications and messaging**. In order to promote physical activity participation effectively there is a need for consistent messaging pertaining to:

	a) The definition of physical activity b) Key messages regarding Department of Health recommended levels of physical activity for all age groups c) The promotion of physical activity as part of everyday life including active play and transport i.e. 'everyday activity' Local authorities, the NHS, and the Third Sector should take a lead in promoting participation in physical activity across the three boroughs. Physical activity messages should be embedded in all local statutory and voluntary sector strategies and policies that relate to health and wellbeing. To ensure consistency of messaging and to improve participation levels, GPs and other front-line health and social care workers should be offered training on giving advice on physical activity: what it is, the benefits of physical activity, recommended levels, and the promotion of physical activity as part of everyday life. There is strong evidence that school based strategies, particularly with a family or extracurricular component, are effective in improving physical activity uptake among children and young people. In order to best inform strategy development, target and evaluate interventions, and monitor trends over time, a process should be established to capture data in levels of physical activity and physical education in schools. Local analysis indicates that certain communities and population groups have low participation rates of physical activity, and do not meet the Department of Health recommendations. Specific communities and groups should be targeted around the promotion of physical activity, and access to opportunities for physical activity. National guidance endorses the delivery of brief interventions for physical activity in primary care as both clinically and cost effective in the long term. The implementation of the Lets Get Moving Physical Activity Care Pathway should be facilitated across the three boroughs, with the appropriate monitoring and evaluation.
Lead responsibility	Mary Russell, Public Health Commissioner
Progress to date	The Shared services physical activity action plan has been developed addressing the recommendations from the JSNA the implementation of which is overseen by the Shared Services Physical Activity Steering Group, and is also linked in with the work of each of the three local Community Sport and Physical Activity Networks (CSPANs).

	Physical activity promotion training has become an integral part of the specification for the re-commissioned Childhood Obesity Prevention Service. The 'f-activity' sheet with **key messages on physical activity** has been developed and there is ongoing work on a communications strategy in order to ensure consistent messaging and language pertaining to the promotion of physical activity as part of everyday life. **Physical activity promotion training** has become an integral part of the specification for the re-commissioned Childhood Obesity Prevention Service. Active Champions training to support the roll out of the Lets Get Moving (adapted from the Health Improvement Team's Making Every Contact Count Training) has been developed and the first cohort of Active Champions Trained. The Annual Public Health Report (Shared Services) 2014/15 has a focus on physical activity.
Future delivery	Progress will continue through the delivery of the Physical Activity Action Plan.
Risks and issues	Some departments or organisations may not yet see the relevance of physical activity promotion to their work. This can be mitigated through consistency in promoting the wide ranging benefits of physical activity, as per the action plan and communications plan.
Actions for Health and Wellbeing Board	Support the identification of a physical activity champion, or champions, for example and elected member or other member of the HWB to ensure physical activity is embedded in all strategies and policies that relate to health and wellbeing.