City of Westminster

Westminster Health & Wellbeing Board

Date:	9th July 2015
Classification:	**General Release**
Title:	Joint Strategic Needs Assessment (JSNA) Update
Report of:	Acting Director of Public Health
Wards Involved:	All
Policy Context:	To support the Health and Wellbeing Board statutory duty to deliver a Joint Strategic Needs Assessment
Financial Summary:	N/A
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1. Executive Summary

1.1 This paper reports on the progress made on the specific Joint Strategic Needs Assessment (JSNA) products since the last Health and Wellbeing Board meeting on the 21 May, and includes a presentation on the development of the Evidence Hub.

1.2 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. Key Matters for the Board

2.1 The Health and Wellbeing Board are invited to consider progress on the current work programme and the Evidence Hub.

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

2.3 The Health and Wellbeing Board are invited to consider the proposal to incorporate a refresh of the data contained in the Carers JSNA 2012, into the Evidence Hub and whether there are any further information gaps which require an application for a new deep-dive Carers JSNA?

2.4 The Health and Wellbeing Board are 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

2.5 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. Background

3.1 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

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

3.3 The City of Westminster 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.

3.4 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.

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

3.6 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.

4. Current work programme

Dementia JSNA

4.1 The Dementia JSNA Task & Finish Group received a large volume and range of feedback from the consultation with key stakeholders on the JSNA. These comments have been reviewed and appropriate changes are currently being made to the final version of the report.

4.2 A revised timetable for the publication of the JSNA has been scheduled, which allows sufficient time for full consideration of the comments received and for council and CCG leads to develop a joint approach to local implementation within the context of the North West London Dementia Strategy. These will be presented together at the September meeting of the Health and Wellbeing Board.

Childhood Obesity JSNA

4.3 This JSNA describes the prevalence of childhood obesity in Westminster, Hammersmith and Fulham, and Kensington and Chelsea, and examines the factors which are known to influence levels of obesity in our population.

4.4 A first draft has been circulated to the Tackling Childhood Obesity Team (TCOT) for review and feedback. Following any necessary revisions a second draft will then be circulated to a wider group of stakeholders for engagement and comment. The JSNA will inform and support the next phase of the Childhood Obesity Programme, and the final draft report will be presented to the Health and Wellbeing Board in November 2015 alongside Year 2 plans for the Childhood Obesity Programme.

End of Life Care JSNA

4.5 A first draft of the JSNA report and supplementary Technical Document has been circulated to the three borough End of Life Steering Group to consider at their meeting on the 8th July and to assist with gaps in data and information.

4.6 The views of key stakeholders currently are being sought through a combination of interviews (e.g. with commissioners and clinicians) and workshop events (e.g. BME Health Forum).

4.7 Following this consultation and engagement period a final draft is expected to be completed at the end of September 2015.

Housing JSNA

4.8 The Housing JSNA is being developed alongside key stakeholders to support their key business needs, and to support the new duties for local authorities around prevention contained within the Care Act. In Westminster, the JSNA will support the delivery of a coordinated approach, as outlined in the Westminster Housing Strategy, to address the housing needs and preferences of vulnerable people and inform the effective delivery of services to meet that need.

4.9 Since the last meeting of the Health and Wellbeing Board work has progressed on engagement with key stakeholders in Housing and Adult Social Care across

the three Boroughs to build capacity around the Task and Finish Group and identify specific outputs from the work.

Evidence Hub

4.10 The aim of this Evidence Hub will be to present information drawn from a range of national and local data and evidence sources, and provide a toolkit for users to interrogate in a more interactive and flexible way. One function of the Evidence Hub will be to inform a refresh of the JSNA Highlights Report.

4.11 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.

4.12 A demonstration of the Evidence Hub proof of concept is presented at the meeting today to provide an insight into the work to date, visualise how the Evidence Hub might look and to help show the value that it might add.

4.13 **The Health and Wellbeing Board are invited to consider progress on the current work programme and the Evidence Hub.**

5. Considerations for the JSNA work programme

5.1 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 meeting on the 4 June. The Steering Group noted that the Westminster Joint Health and Wellbeing Strategy (JHWS) is due to be updated in the near future. The JSNA will inform this process and presents an opportunity for close alignment.

5.2 The JSNA Steering Group also requires appropriate senior representation and membership to ensure that it can be fully aligned to the Health and Wellbeing Board priorities.

5.3 **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?**

5.4 A number of topics for deep dive JSNAs were suggested by the HWB on 21 May including carers (incl. young carers), mental health of children and young people, and the personalisation agenda. To date no further applications have been submitted to the JSNA Steering Group for consideration. Having reviewed these topics, it is proposed that the Evidence Hub will incorporate updated information on carers and young carers (last Carers JSNA was published 2012). An application for a Children's and Adolescents Mental Health Services JSNA is currently being scoped and is expected in the near future (last CAMHS JSNA published 2013). Where appropriate, the personalisation agenda will be included within the scope of future deep dive JSNAs, and the potential for further work on this topic will be given due consideration by the JSNA programme team.

5.5 **The Health and Wellbeing Board are invited to consider the proposal to incorporate a refresh of the data contained in the Carers JSNA 2012, into the Evidence Hub and whether there are any further information gaps which require an application for a new deep-dive Carers JSNA?** .

5.6 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**.

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

5.8 **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**.

5.9 Please see attached report at Appendix 1.

6. Legal Implications

6.1 The Joint Strategic Needs Assessment (JSNA) was introduced in the Local Government and Public Involvement in Health Act 2007

6.2 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)

7. Financial Implications

7.1 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.

7.2 The projects set out above could be progressed within existing resources. Although, 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.

If you have any queries about this Report or wish to inspect any of the Background Papers please contact:

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APPENDICES:
Appendix 1: JSNA Deep Dive update and Progress Review, June 2015

BACKGROUND PAPERS:
N/A

Appendix 1 - JSNA Deep Dive Update and Progress Review June2015

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 (published 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, £250 million in K&C and £350 million in Westminster. 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. • Paid employment rates for clients with severe mental illness in Kensington and Chelsea (K&C) and Westminster, [*at time of JSNA reporting*], were below the London and England averages. This was despite the fact that nationally up to 90% of all mental health service users want to work (3) and at least a third of those currently unemployed due to SMI would like to find work. • 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 Tri-borough area, 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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<tr>
<td>Progress to date</td>
<td>The JSNA outlined elements of good practice to be considered by local commissioners, please see below some examples with summary of progress to date:-
<table>
<tr><th>Elements of good practice</th><th>Progress to date</th></tr>
<tr><td>• 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</td><td>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; Supported Employment Broker (WCC); Central London Forward Working Capital (Westminster and Kensington and Chelsea)</td></tr>
<tr><td>• 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</td><td>• Co-location pilot CNWL Vocational Services and Job Centre Plus in Westminster</td></tr>
<tr><td>• 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</td><td>• Public Health Investment Fund: Supported Employment Broker programme in Westminster
• Public Health Investment Fund: London Healthy Workplace Charter -Environmental Health Teams working with local businesses to support healthy workplace practice and work</td></tr>
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<tr><td>• Provision of early intervention support for job retention supporting employees and employers</td><td>towards achieving Charter accreditation

• Commissioning of Social Enterprise, designed to form part of the new model of employment support 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).</td></tr>
<tr><td>• The local Councils and CCGs leading by example as employers.</td><td>• Supported Employment Broker (WCC) includes creation of work related opportunities within the Council and facilitating access to these</td></tr>
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<tr><td>Future delivery</td><td>Commissioning of Supported Employment service (ASC): (Tri-B)- The new service is expected into place in December 2015.</td></tr>
<tr><td>Risks and issues</td><td>None identified</td></tr>
<tr><td>Actions for Health and Wellbeing Board</td><td>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</td></tr>
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2. Learning Disabilities JSNA (published 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 Tri-borough services 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 Tri-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 tri-borough

	Adult Social Care departments keep people in the community rather than placing them in residential care. Examine residential care placement costs in Kensington and Chelsea and Westminster, 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%, the model is currently being explored in Westminster and Kensington and Chelsea. 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. Too **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. Plans have been produced in Westminster to **address the drop in existing clients receiving a review**, Kensington and Chelsea continue to provide 100% of people with Learning Disabilities with a review and 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	None identified
Actions for Health and Wellbeing Board	None identified

3. Tuberculosis JSNA (published March 2014)	
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 Tri-borough 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 tri-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 tri-borough could be re-instated for monitoring services. There is an opportunity for Public Health to lead on coordinating TB services across council departments, CCGs and hospitals.
Actions for Health and Wellbeing Board	None identified

4. Child Poverty JSNA (published April 2014)	
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	Westminster 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. *Priority 1- Supporting families to engage with services* • Development of Family Information Service (FIS) is underway • City for All will ensure that 50% of families on the Troubled Families programme will have resolved their re-offending, anti-social behaviour and poor school attendance. • The Your Choice programme worked with over 100 gang members and at-risk young people to help them access support and

	mentoring, get into employment and training, and exit gangs. *Priority 2 - Promoting parental employment* • The Public Health Investment Fund is supporting the continuation and extension of the Welfare Reform Team which works with households in housing need who are affected by welfare reform, to support access to employment and prevent homelessness • Westminster's Families and Communities Employment Service (FACES) was designed in partnership between the council, local job centres and key partners to help provide a solution. *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. *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 Tri-borough 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. • The Community Champions project is piloting the first 'Maternity Champions' in Westminster to increase access to maternity and postnatal services to improve outcomes for women and children, particularly for BME women. • Keep Smiling oral health improvement programme for 3-7 year olds has been delivered in 15 schools in Westminster. The Community Champions have 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* • Westminster's draft Housing Strategy sets out a commitment to reduce overcrowding through the increased supply of affordable family sized housing, and to work with the most vulnerable council tenants to reduce poor housing conditions. This includes £12m investment to address structural damp and cold in over 5,800 properties. The Strategy references the importance of sustaining programmes supporting residents into work highlighting the Families and Communities Employment Service (FACES). • An award from the PHIF is being used to add capacity to enable the residential environmental health teams in all three boroughs to enable a focus on whole systems approaches to the provision of advice and support for vulnerable residents living in poor housing conditions, working in partnership with health and social care professionals and other front line providers. • A separate PHIF award is being used to pilot a mechanism to ensure a similar service is systematically available for vulnerable council tenants in Westminster.
Future delivery	• In July the Play Service will be circulating 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. • An innovative programme of initiatives has been approved by cabinet members in Westminster, and the detail is currently being worked up for sign off at the beginning of July. The programme comprises of a childcare academy, flexible childcare solutions and work to improve the numbers of employment opportunities with family friendly terms and conditions. Additionally, council staff are working with employment brokers to support them to improve their offer of employment for parents seeking work.
Risks and issues	None identified
Actions for Health and Wellbeing Board	None identified

5. Physical Activity JSNA (published May 2014)	
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' 3. 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. 4. 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. 5. 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**. 6. 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. 7. 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 Tri-borough, 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). The **physical activity asset mapping pilot** as part of 'Active Communities' in Westminster has been carried out in South Westminster, and is currently being undertaken in the North of Westminster and the asset mapping tool developed. 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.