

JSNA 2023 Recommendations

Climate:

1. Communicate clearly the benefits of climate action for **reducing health inequalities**.
2. Continue to promote health and lifestyle advice to residents to encourage increased use of greenspace, active travel and in the continued development of the social prescribing offer in Kingston, ensure 'green' social prescribing offers are promoted and embedded in our offers for residents.
3. Review existing and upcoming **health & care strategies and plans** to reflect the importance of climate change as a health & wellbeing issue
4. Ensure the climate change agenda and the most recent knowledge on health & care related impacts are represented by at least **one designated member of the Health & Wellbeing Board** with a specialist knowledge.
5. Review existing climate change mitigation plans across healthcare providers (e.g. NHS Green Plan) and consider models for whole system coordination.
6. Review current adaptation plans, and enhance as required, to tackle each predicted health impact of climate change locally (e.g. [Under the Weather](#))
7. Review processes and design frameworks for joint working of Public Health, Social Care, Health colleagues and VCS with emergency response & emergency planning to ensure the most vulnerable will be protected during extreme weather events.

Obesity Recommendations:

1. Continue to develop local breastfeeding support and building on good progress with the Baby Friendly Initiative in Kingston
2. Further promotion of the 'Healthy Start' scheme as part of future communication and engagement and more targeted work to increase the uptake. Review best practice in other areas that have higher take up.
3. Carry out targeted work promoting physical activity and healthy diet to reduce increasing levels of overweight in schools (and surrounding areas) with high levels of increasing overweight between Reception and Year 6
4. Schools – all schools to support to implement 30 minute daily physical activity for all children as per the National Plan of Action on Child Obesity¹ and further encourage uptake of the Daily Mile where not already adopted
5. Continue to expand the 'Play Streets' initiative to increase physical activity opportunities while supporting social cohesion
6. Expand oral health promotion offer in Kingston Schools and Early Years settings to reduce levels of dental caries hospital admissions
7. Expand borough level physical activity offer for early years and school age children with a focus on areas on higher deprivation
8. Ensure all new developments have adequate and easily accessible green play space for both young children and teenagers
9. Review levels of mental wellbeing support in schools in relation to need regarding healthy weight and body dysmorphia and possible eating disorders
10. Work with Transport planners to ensure that safe ways to actively travel are available in areas of high overweight
11. Review eating and drink offers for staff and residents/ patients in all local government and NHS facilities in Kingston to lead by example with 'healthy eating' promotion

¹ <https://www.gov.uk/government/publications/childhood-obesity-a-plan-for-action/childhood-obesity-a-plan-for-action>

12. Work in partnership across the borough to support people identified at high risk of diabetes in accessing and taking up healthy lifestyle measures and activities (including reviewing acceptability and access to these offers to ensure that they match local need)
13. Increase promotion and uptake of the 'Diabetes 9 checks' to improve health of people with diabetes in Kingston
14. Work with RBK Waste Services and other teams in partnership to reduce food waste and food associated carbon emissions while promoting healthy eating
15. Promote physical activity related activities and volunteering opportunities to maximise wellbeing and community, and support local green areas (and link these opportunities to physical activity promotion) - with a focus in areas of higher overweight and areas of premature mortality
16. Work in partnership with Parks and Green Spaces Teams and Kingston partners to try and get a daily offer physical activity offer in all Kingston green spaces - consider piloting in highest weight/ deprivation areas to start
17. Back pain: undertake a review of the Kingston offer of back pain services and local support to ensure that the offer meets the local need and are linked to the available preventive offers where appropriate (Back Pain having been identified as the highest cause of ill health in adults in Kingston)
18. Consider implementing evidence based 'brief interventions;' in General practice to provide healthy weight advice. See example from Oxford ².
19. Continue improving safety on roads and implement segregated cycle ways, where possible, for active travel.
20. Review data on who does/ doesn't use Kingston's existing lifestyle and healthy weight services e.g. by geographical area/ age/ sex/ condition (where possible, eg severe mental illness) etc and consider reorienting offer to meet local needs (ie check offers are available in high overweight areas)
21. Review existing lifestyle and healthy weight services on the outcomes of service users and against best practice outlined in the NICE guideline on Obesity: identification, assessment and management³.
22. Include in all new strategies, such as Leisure, Transport and others, ways to make it easier for people to be more physically active in Kingston.
23. Build on signposting by all council, NHS, pharmacies and other services to local exercise opportunities and advice on healthy eating. As part of this, consider building on GP Physical Activity Champion training
24. Consider linking campaign messaging on alcohol with messaging on healthy weight (ie calorie content of alcoholic drinks)
25. Healthy Active Ageing for Older people: ensure that appropriate offers for older people are available in all parts of Kingston, with a focus in areas in places with poorer health in older people, to stay active. Consider timing and location of offers and other considerations to make it attractive and also possibly linking to volunteering. Consider suggestions related to the 'Age Friendly Communities' guidance⁴.
26. Improve assets using available development investment and other resources to allow free or low-cost exercise in the borough: parks, heritage sites (include specific exercise promotion components eg guided walks/ runs/ distance markings etc), targeting investment to the areas of highest need and consider both small and large green spaces within close reach of target residential housing
27. Ensure all new developments have adequate and easily accessible green outdoor space for adults of all ages and health status. Service areas (Council and partners) should ensure that their offers meet the standards as set out in guidance from the National Institute for Health and Clinical Excellence (NICE) in relation to obesity and

² <https://pubmed.ncbi.nlm.nih.gov/27789061/>

³ <https://www.nice.org.uk/guidance/cg189/chapter/Recommendations>

⁴ <https://ageing-better.org.uk/age-friendly-communities/eight-domains>

physical activity. The NICE recommendations include some of the following areas: identification and management of obesity,⁵ physical activity and the environment,⁶ physical activity, walking and cycling,⁷ physical activity in the workplace,⁸ and physical activity for children and young people⁹.

Smoking Recommendations:

1. RBK Public Health to commission the Smoking Cessation service to target the groups identified in the Health Inequalities section where the smoking prevalence is high compared to the rest of the smoking population in Kingston. These include those who work in routine and manual occupations, who are pregnant, who have mental health conditions, who live in social housing and who are dealing with substance misuse.
2. RBK Public Health to follow any updated guidance with regard to the safety of e-cigarettes in regard to commissioning of local support for smoking cessation for those trying to quit smoking.
3. RBK Public Health to continue to have a Smoking Cessation Service in Kingston because stop smoking support is a highly cost effective measure to improve health
4. RBK Public Health to commission the Smoking Cessation service to review the primary care offer and look at ways to increase patient uptake.
5. RBK Public Health and the Smoking Cessation service to work with Kingston Hospital on the smoking part of the NHS Long Term Plan.
6. The Kingston Smoking Cessation service to work with Health Visiting, Maternity, Housing, Mental Health Services and Adult Social Care.

Alcohol

1. There is a strong evidence base for local population-wide prevention interventions for alcohol. Kingston's Public Health team facilitate the following interventions, which we recommend continue to be prioritised and disseminated out:
 - a. exercising full licensing powers to manage the availability and accessibility of alcohol, and
 - b. rolling out Alcohol Identification and Brief Advice (Alcohol IBA) training to key partners (such as Adult Social Care, GPs, Housing and Voluntary Sector agencies) to help individuals reduce their alcohol consumption and reduce the risks of ill health and deaths.
2. There is a need to use existing and new channels of communication and engagement to maximise the benefit of existing alcohol harm prevention and treatment services (particularly the e-drink check tool and Kingston Wellbeing Service), to residents in Kingston. This will include developing messages for different target populations to channel people to existing services. Also to collaborate with the signposted services to assess changes in access or contacts resulting from any campaigns.

⁵ National Institute for Health and Clinical Excellence (NICE) Guidance, "Obesity: identification, assessment and management". Published, November 2014; last updated: July 2023. Online: [link](#).

Guidance <https://www.nice.org.uk/guidance/cg189/chapter/Recommendations#generic-principles-of-care>

⁶ NICE Guidance, "Physical Activity and the Environment". Published: March 2018. Online: [link](#).
<https://www.nice.org.uk/guidance/ng90> NICE guideline [NG90] Published: 22 March 2018.

⁷ NICE Guidelines, "Physical activity, walking and cycling". Published: November 2012. Online: [link](#) "<https://www.nice.org.uk/guidance/ph41/chapter/recommendations#:~:text=This%20guidance%20considers%20walking%20and%20exploring%20parks%20or%20the%20countryside>.

⁸ NICE Guidelines, "Physical activity in the workplace". Published: May 2008. Online: [link](#).
Public health guideline [PH13] Published: 28 May 2008 <https://www.nice.org.uk/guidance/ph13>

⁹ NICE Guideline, "Physical activity for children and young people". Published: January 2009. Online: [link](#). Public health guideline [PH17] Published: 28 January 2009 <https://www.nice.org.uk/guidance/ph17/chapter/1-Recommendations#recommendation-6-responding-to-children-and-young-people>

3. Hospital based Alcohol Care Teams (ACT) also have a strong evidence base. They identify inpatients and A&E attendees with alcohol problems and provide specialist care. These services save money by reducing length of stay, re-admissions, A&E attendances, and ambulance callouts. Kingston is one of the few London boroughs that does not have an ACT in its hospital as the threshold for need is not felt high enough. A new review and business case to develop this service is scheduled for 2023 and it is recommended that this business case is considered.
4. Protect funding that invests in substance misuse harm reduction and treatment. [Part Two of Dame Carol Black's independent review](#) of England's drug & alcohol systems highlights the strong Return on Investment (ROI) for continued substance misuse funding (without disinvestment) by the Local Authority. Evidence suggests that for: *Every £1 currently spent on harm reduction and treatment gives a combined health and justice return on investment of £4*. Failure to invest will inevitably lead to increased future pressures on the criminal justice system, health services, employment services and the welfare system.
5. The requirement for areas to establish a 'Combating Drugs Partnership' has been set out in the current [Drug Strategy](#) published in 2021. In Kingston this is known as the Strategic Partnership for Alcohol and Drugs (SPAD). It is recommended that the SPAD ensures that there is collective leadership across all relevant partners to establish, promote and embed a clear vision to reduce drug and alcohol related harm in Kingston and ensure there is a clear strategy and delivery model owned by all key agencies.
6. There is a need for further exploration of the potential link between obesity and alcohol use in Kingston.
7. Implement the recommendations relating to alcohol in the Substance Misuse Needs Assessment including: Strengthening partnership with schools and Addressing Co-occurring/ Dual diagnosis

Geographies

1. Prioritise an urgent focus on the key poor health 'hotspot' of the Cambridge Road Estate: Work with Cambridge Road Estate (CRE) residents and other local partners to address residents' top priorities for improving their health and wellbeing - reducing crime and anti-social behaviour, improving mental health, having more support with long-term health conditions (including cardiac health), having improved estate facilities, and having help with increasing their levels of physical activity and exercise. Consider similar work for Alpha Road estate.
2. High levels of obesity in Chessington PCN and depressive disorders in Surbiton PCN are the two stand-out disparities in the PCN 'top 5' analysis. Further analysis on the reasons behind these figures should be undertaken, and a review of current related services and uptake, with a view to enhance service provision.
3. Encourage local services in Surbiton to become Be Well hubs¹⁰ and to become places for people to turn to when they feel their mental health is low or simply to feel more connected with their local community
4. A more general look into the South of the Borough could be beneficial, can any factors be established that might link in with residents' poorer health overall? Are there sufficient local services and facilities? Is distance or limited / lack of transport a barrier?
5. Norbiton and Berrylands wards have the highest levels of several morbidities, risk factors, and causes of death in the borough. Furthermore the health-related local improvements identified in the CRE Health Needs Assessment resident survey were 'to improve and support residents to manage their long-term conditions' and 'support with mental health', 'reducing crime and anti-social behaviour', having improved Estate facilities, and having help with increasing their levels of physical activity and exercise.

¹⁰ The [South London Listens action plan](#) includes establishing 120 'Be Well' hubs for people to turn to when they feel their mental health is low or simply to feel more connected with their local community.

This data suggests there may be a need for targeted local services in these areas to reduce wider inequalities (e.g. targeted comms, pop up services etc), which should be considered.

6. The difference in incidence of colorectal cancers is very broad at ward level, with some areas seeing 2.5 times as many cases as others, given resident age profiles. Kingston's screening uptake at borough level is increasing and one of the highest (better) in London. Where possible, it would be useful to review data to ensure that uptake is consistently high across the borough and, if any low uptake areas or groups, consider further work to encourage uptake.
7. Are the higher incidence wards simply a result of more local screening, or could this be an area for promotion of preventative services around bowel health, healthy eating and / or screening? National data shows bowel cancer screening is lower in areas of higher deprivation.
8. Target health promotion work with older people in those areas with the highest proportion of older residents in poor health or with a life-limiting disability including developing the offer of physical activity opportunities
9. Review the existing falls prevention pathway and improve engagement of all relevant services in promotion of falls prevention services and advice.
10. Undertake targeted health and wellbeing promotion with older people related to/ linked to Pension Credit, the Warm Homes Better Health scheme and other financial support, as well as promoting the new package of support to help over 50s jobseekers back into work¹¹ and the Age Friendly Employers' Pledge¹².
11. *Undertake a further cross topic and deep dive analysis (drawing together expertise across all sectors and partners) to bring health, poverty and deprivation data together to identify and target multi agency action and initiate new or enhanced support, where health outcomes are poor. The aim being to reduce the rising health inequality gap locally.*
12. *Consider a further analysis of populations at particular exposure to climate related risks eg floods, heats*

Suggested areas for more in-depth consideration:

- a. Further analysis on the reasons behind higher levels of obesity in the Chessington PCN and depressive disorders in the Surbiton PCN should be undertaken, and a review of current related services and uptake, with a view to enhance service provision.
- b. Further consideration of the South of the Borough area, in terms of factors that might relate to residents' poorer health overall. Are there sufficient local services and facilities? Is distance or limited / lack of transport a barrier?
- c. Norbiton and Berrylands wards have the highest levels of several morbidities, risk factors, and causes of death in the borough. As referenced in the CRE 2021 review, residents have asked for local services that improve their health and wellbeing and improve how they manage long-term conditions. With the CRE development team, Housing partners and other colleagues, look at how local services in these areas can support residents and reduce wider inequalities (e.g. targeted comms, pop up services etc).
- d. The difference in incidence of colorectal cancers is very broad at ward level. More information could be gathered on local screening, and where there are these significant

¹¹ <https://www.gov.uk/government/news/new-package-of-support-to-help-over-50s-jobseekers-back-into-work>

¹² <https://ageing-better.org.uk/age-friendly-employer-pledge>

geographical differences, targeted promotion of prevention activity and advice and the importance of screening should be prioritised.

Mental Health and Co-existing Conditions

1. Cross reference the analysis of the data sets undertaken as part of the preparatory work for this JSNA to update and implement the recommendations of the mental health and wellbeing JSNA.

Some key recommendations drawn from this JSNA and the Mental Health JSNA (see the MH JSNA for the full list of these recommendations):

2. Review access to supported employment by people with low level mental health issues, homelessness and drug and alcohol issues and people with autism who don't meet the RBK Adult Social Care (ASC) criteria and how these could be better promoted and coordinated and potentially increased in a future supported employment contract.
3. Improve the identification of the mental health needs of victims of domestic violence to ensure they receive the support they need and, as part of the forthcoming Kingston 'Violence against Women and Girls' Strategy, ensure that women and girls' mental health is assessed and that all agencies in this area are trained in MHFA.
4. Encourage local organisations in Kingston to become 'be well hubs' , and members of these communities to become mental health champions particularly those in areas with higher levels of mental health problems e.g. Surbiton and those working with groups at higher risk of mental health problems.
5. Improve access to support for children and young people with neurodiverse conditions and their families, in particular access to support with their mental health.
6. Improve joint working between substance (drug or alcohol) misuse and mental health services to strengthen delivery, treatment pathways, inter-agency working and workforce skills / development. Particularly target work with young and working aged men and in Norbiton and Berrylands.
7. Increase the ways of identifying people who are lonely and supporting them to access local services and local volunteering opportunities - consider any opportunities to link people to the local offers (including any relevant offers through Kingston Adult Education and volunteering structures) through the Social Prescribing arrangements in GP surgeries and other locations.
8. Work with older people, particularly those who are not accessing existing services, to develop ways for them to build social connections.
9. Widely promote the new Perinatal Trauma and Loss Service and monitor the uptake of this service by Kingston mothers.

COVID-19

1. Residents are advised to follow the relevant guidance and stakeholders should keep up to date with setting specific guidelines to minimise the risk of spread of respiratory infections including COVID-19.
2. There are simple actions that can be taken to help reduce the spread of COVID-19 and other respiratory infections and protect those at highest risk. These include:
3. Get vaccinated
4. Let fresh air in if meeting others indoors
5. Practise good hygiene:
 - i. wash your hands
 - ii. cover your coughs and sneezes
 - iii. clean your surroundings frequently
6. Wear a face covering or a face mask
7. Those who have symptoms of a respiratory infection, including COVID-19, and with a high temperature or not feeling well enough to go to work or carry out normal activities, are advised to try to stay at home and avoid contact with other people especially those who are at high risk of becoming seriously unwell if they are infected with COVID-19¹³.
8. Those [who have been informed by the NHS that they are at highest risk](#) of becoming seriously unwell might be eligible for testing and COVID-19 treatments¹⁴
9. Ensure adults and families with children who are overweight have access to weight management support to minimise the risks of ill-health related to overweight and obesity. Borough-wide initiatives should promote and facilitate a healthy lifestyle, active travel and physical activity with not only a focus on reducing overweight, but also prevention of overweight.
10. Those with diabetes need to take steps to avoid complications to live well. They should have regular reviews with health professionals and personal care plans with targets for HbA1c (glucose control), blood pressure and serum cholesterol and regular checks set out in the '8 care processes' (plus diabetic eye screening, the '9th process'). In addition, they should have access to structured health education shortly after diagnosis and diabetes technology, emotional and psychological support and guidance on weight management.
11. All stakeholders should ensure emergency preparedness and that plans are in place to maintain resilience against significant resurgences or future variants that risk putting unsustainable pressure on the NHS and local services.
12. Consider reviewing and implementing the recommendations from the Healthwatch Kingston report on 'Living with Long Covid in the Royal Borough of Kingston upon Thames' (2022). Create a comprehensive screening process with seamless referral pathways to care and support: Ensure a multi-disciplinary team approach to care and support based on needs, supported by education and training. Develop self-help support groups (peer-led) inclusive of those that have missed an opportunity for a diagnosis. Improve integrated and coordinated care and support in the community, particularly post discharge from hospital.
13. Key stakeholders should continue to work together to reach our vulnerable and high risk residents and ensure they are made aware of all vaccination offers and have easy access to vaccination
14. Continue data collection and analysis to better understand the longer-term impact of COVID-19 on the Kingston population.
15. Continue to promote services to support people suffering with the long-term effects of COVID-19, with specific health needs, as well as more holistic support offers.

¹³ <https://www.gov.uk/guidance/people-with-symptoms-of-a-respiratory-infection-including-covid-19>

¹⁴ <https://www.gov.uk/government/publications/covid-19-guidance-for-people-whose-immune-system-means-they-are-at-higher-risk>

16. Continue to work with Regulatory Services to promote businesses and organisations to ensure good ventilation in enclosed spaces.

Sexual Health

1. Continue to monitor and utilise local data to undertake targeted social media online testing promotion to those groups most at risk of STI's and/or areas of lower uptake.
2. Continue to support the London Sexual Health Programme in recommissioning of the Sexual Health London (SHL) online STI and remove contraception service.
3. Consider recent Public Health analysis of the challenges and needs of young people, particularly vulnerable groups, in accessing local services since the COVID-19 pandemic and make changes necessary to improve access. This could include providing walk-in clinics for young people and/or alternative clinic locations across the borough.
4. Consider a borough wide Sexual Health Board to help coordinate and take forward work to improve sexual health in Kingston

The basics of health: immunisation and education

1. Consider the JSNA data on the school readiness and achievement gap of children eligible for FSM. Work in partnership with related stakeholders (AfC, RBK, RBK Schools, and voluntary sector) to provide further targeted support for children.
2. Review recommendations from the new Women's Health Strategy 2023, as well as the toolkit and resources available to support the set up and growth of Women's Health Hubs.
3. Consider the role of businesses in reducing the gender pay gap and ensuring this is considered as part of the development of the Economic Development Strategy (to be published in early 2024).

Immunisation

1. Immunisation should be part of health conversations across the life course using a 'Making every contact count' approach across settings and organisations in Kingston.
2. Ensuring that all staff are trained and encouraged to have these supportive conversations needs to be developed further, including discussion around vaccine hesitancy and reluctance where feasible.
3. Translated and easy read immunisation resources should be readily available to support all immunisation conversations, as well as access to translators.
4. Colleagues across RBK (including housing and Adult Social Care), Achieving for Children (Kingston's Children's Services), the voluntary sector (including those working with new arrivals), and trusted community and group leaders should be aware of where to signpost parents and carers to immunisation information for all ages and how to register with a GP if not already registered.
5. At specific educational stages, health visitors, school nursing teams, GPs and educational staff should check vaccination history for gaps, and the importance of receiving the outstanding vaccinations should be discussed with the child or young

person and/or their parents or carers. They can also be signposted to the relevant organisation.

6. The School Health team can help to raise awareness of immunisation during Early Help Assessments.
7. Where possible, those working with parents and carers of children who are Electively Home Educated and Children Looked After should promote the offer of childhood immunisations and how to register with a GP if not already registered so these children do not miss out.
8. Offering vaccinations in a more diverse range of locations including the use of Children's Centres, should continue and reminder services to be improved by using innovative methods such as social media pop-ups.
9. The benefits of the schools based immunisation programmes should be promoted and parents and carers be encouraged to take up the offer of vaccination in the school setting. Schools should be encouraged to continue to support school based vaccination sessions.
10. Details of any additional community catch up clinics where vaccinations that have been missed, including flu (seasonal), HPV, pre-school and teenage boosters, MenACWY and MMR, can be received, should be shared widely. Access to these offers should also be available to looked after children and those who are home educated.
11. Encourage education on the value and importance of vaccination and immunisation in schools in the science and PSHE curriculum through existing lesson plans and resources.
12. All partners and those who have contact with families should check and encourage families and carers to ensure they are registered with a GP and share details of how to register if not.
13. Through data analysis from Childhood Health Information Services (CHIS), identify wards and groups with low GP registrations and work with partners to promote GP registration.

Education:

1. Carry out a short review of interventions that the highest performing boroughs are using to support education for children eligible for FSM and consider possible use in Kingston
2. Undertake a review to understand why performance of Black boys is lower than other children at Attainment 8 - and consider any interventions used in higher performing areas for local use
3. Based on the national findings of poor educational outcomes nationally, review educational outcomes for Children Looked After and children from the Gypsy, Roma and Traveller (GRT) community against borough average and assess whether further any interventions are required to support this group
4. Review Kingston data for 'Children Looked After' and compare with data for other groups in Kingston. If outcomes are low, consider reviewing approaches from areas with higher levels of outcomes for this group of children.

Communication and Navigation

1. Optimise the council's main website and Connected Kingston, as access channels for health messaging, for use on smartphones as well as web browsers, due to the prevalence of smartphone-only internet access in the general population.
2. Use the health data contained in this JSNA document to target appropriate health related messaging to target groups in the community.
3. Ensure all communications developed internally, and with partners, uses plain language and is available in accessible formats to ensure messages are easy to understand and accessible for everyone. Always consider whether there is a need to translate messages into different languages to reach non-English speakers.
4. Work with local health professionals, community leaders and other trusted sources to communicate health information in the appropriate format for the target population.
5. Share best practice internally and with partners, in terms of learning from targeted communication methods, to ensure future communications is effective and appropriate.