Report title: Update on Respiratory Diseases, Air Quality and Smoking Cessation deep dive

Priority report relates to: Respiratory Health

Report to: Health and Wellbeing Board, 20 March 2019

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1. Purpose of the paper

This paper provides an update following the deep dive into respiratory diseases, air quality and smoking cessation presented to the Board in September 2018. The Board is asked to review progress and provide further comment.

2. Background

The Board carried out a deep dive into respiratory health at its meeting in September and received three reports covering:

- respiratory care pathways
- air quality
- smoking cessation

Specific actions arising from this discussion were:

- creation of an Air Quality Task & Finish group to continue work to improve air quality
- training and support to schools and Children and Family Centres to help children and young people with asthma to improve their self-management of the condition, and to help improve diagnosis
- support to improve uptake of children’s flu vaccination locally
- improved public awareness of the need for personalised individual asthma management plans and for promotion of less polluting types of travel
- creation of links between health services, pharmacies, housing and social services to improve respiratory health
- consider how stop smoking services can help to improve children’s respiratory health by supporting parental quits and by addressing smoking in families
- stop smoking services should continue to engage with GP practices and pharmacies

An update on progress against each of these three areas is provided in Appendix 1 of this report.

Integrated Respiratory Group

The Board asked the partners to work more collaboratively on all areas discussed. Consequently it was agreed to:

- expand the existing Respiratory Partnership Board to include a wider group of stakeholders
- review the terms of reference to give a broader remit around respiratory health and the associated risk factors including air quality

The revised draft terms of reference and membership is attached at Appendix 2.
JSNA Chapter Respiratory Diseases

To strengthen a partnership approach it was agreed to prioritise the respiratory disease JSNA chapter and this is currently being developed. The scope for this work was recently agreed at the JSNA Steering Group. A draft version is due by June 2019.

The revised Respiratory Partnership Board will be responsible for implementing its recommendations and for maintaining overview across respiratory diseases, inequalities, care pathways and prevention around risk factors.

The JSNA chapter will consider a wide range of respiratory health data relating to residents of Waltham Forest, including the prevalence of long term respiratory health conditions and risk factors. It considers the level of need, service delivery and evidenced based best practise, and current community inequalities, and finally makes recommendations to improve the respiratory health in the Borough. The agreed scope is at Appendix 3.

Supporting Asthma Care in Waltham Forest Schools

A report was presented to the Children’s Health and Wellbeing Subcommittee on 7 February 2019 relating to supporting asthma care in Waltham Forest Schools.

The report was based on a survey to improve the understanding of how schools currently manage asthma and to identify the support needed to improve this. 27 schools responded to the survey including nursery schools, primary and secondary.

The report provides recommendations to improve the care and oversight of children and young people with asthma. Expected outputs from this work are that:

- schools will be offered asthma awareness sessions so school staff feel confident in identifying and supporting students with asthma
- increasing numbers of children have personal asthma action plans that provide consistent information.

Initial findings from the JSNA Respiratory Disease Chapter

A review of all data and risk factors is underway and the information below provides initial insight about the respiratory health of residents. Information regarding risk factors will also be mapped against trends in respiratory diseases such as COPD and asthma. The Board is asked to consider this initial information and provide direction for the work.
Waltham Forest currently has higher levels of mortality due to respiratory disease than is seen both nationally and regionally, with almost 40 deaths per 100,000 population per year in 2015-17 (Figure 1). Rates in the borough had been falling in line with national averages until 2009-11; however, since then rates have increased gradually, with the most recent figure being the highest since 2006-08. The reasons for this are not yet understood and need to be investigated as part of the JSNA.

Waltham Forest has slightly higher recorded asthma prevalence than the London average with 4.6% of registered patients having an asthma diagnosis (Figure 2). All London boroughs have a lower recorded prevalence than the national average. This may be due to under-diagnosis in London (as is known to be the case in Waltham Forest), or possibly, because this data is not corrected for age distribution, it might also partly result from lower levels of disease in the London population which is comparatively young compared to that of England.
The recorded prevalence of COPD in Waltham Forest is significantly lower than that seen in London and England as a whole, with 0.9% of patients having a COPD diagnosis (Figure 3). Under-diagnosis of respiratory diseases is known to be an issue in the borough.

Waltham Forest has lower than average smoking rates, and lower than average asthma and COPD recorded prevalence, yet has higher than average mortality from respiratory diseases.
This probably partly reflects the known under-diagnosis of respiratory diseases in the borough, and the historic effects of past risks on current patterns of mortality. Differences in population age structure between London boroughs and England may also account for some of these observed differences, because the asthma and COPD disease prevalence data is not corrected for the effects of population age structure.

![Figure 4: Annual concentration of fine particulate matter adjusted for population exposure, 2016](image)

Waltham Forest has the second highest annual concentration of PM2.5 fine particulate matter of all London boroughs. This is significantly higher than both the national and regional average. Poor air quality has been shown to be a significant contributory factor in both respiratory and cardiovascular diseases. Clearly a great deal of work is underway in the borough and elsewhere in London to reduce levels of pollution from transport. Schemes such as mini Holland, changes to public transport and providing the public with better information are all helping to improve air quality and reducing risks to respiratory health in the long term.

In addition analysis of emergency admissions data shows a reduction in admissions in August and a significant increase in admission in September for children. This is not only a local phenomenon but is widely reported from other northern hemisphere countries and is thought to relate to social mixing of children and seasonal environmental effects.

Further analysis is underway to better understand this information and the implications for schools, services and residents.
3. Summary

This update shows progress against all the three areas explored by the board during the deep dive into respiratory diseases. The terms of reference for integrated respiratory group have been refreshed to establish a more collaborative approach to improving respiratory health in the Borough during 19/20. A chapter of the JSNA relating to Respiratory Diseases in Waltham Forest is currently being developed, and early data is presented in this report.

4. Recommendations

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<thead>
<tr>
<th>Recommendations</th>
<th>Lead agency</th>
<th>Evidence base for recommendation</th>
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<tr>
<td>1. Note progress across each area</td>
<td>WFCCG/LBWF/NELFT</td>
<td>Appendix 1 Reports</td>
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<td>2. Agree refreshed Integrated Respiratory Group Terms of reference</td>
<td>WFCCG/LBWF/NELFT</td>
<td>Appendix 2 Reports</td>
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<td>3. Note the scope of Respiratory Disease Chapter of the JSNA</td>
<td>Public Health</td>
<td>Appendix 3</td>
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<td>4. Consider strategic direction for the work</td>
<td>Health and Wellbeing Board</td>
<td>Respiratory Diseases JSNA Chapter (draft)</td>
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5. Appendices

Appendix 1: Respiratory Disease Care Pathway Update

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Lead agency</th>
<th>Evidence base for recommendation</th>
<th>Progress Update</th>
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</table>
| 1 Work with primary care providers to reduce the estimated to recorded prevalence gap for COPD by: | CCG         | Waltham Forest has one of the highest modelled prevalence gaps in England for COPD. An extra 1,500 patients could be diagnosed. | The CCG has devised a local indicator, which has been added to Quality Premium / Quality Gateway. The aim of this is two-fold:  
  - encourage practices to refer to the spirometry service in order to confirm a suspected COPD diagnosis  
  - ensure patients receive the correct diagnosis and hence are managed effectively. |
|   • increasing new case findings                                             |             | Waltham Forest has a higher than average spend on emergency admissions, which could be reduced through earlier diagnosis and management of COPD. |
|   • ensuring patients with a suspected diagnosis, receive an assured spirometry test to confirm diagnosis |             |                                                                                                                                 |
|   • ensure clinicians are accurately recording the diagnosis on the PMR       |             |                                                                                                                                 |
| 2 Work with all primary care stakeholders to ensure patients understand the importance of adhering to prescribed medication and are able to take their medicines correctly and as intended by the prescriber | CCG         | Waltham Forest spending significantly more on prescribing on respiratory programmes compared to the average of its lowest 5 peers. | • The CCG hosted an event in January 2019 to support primary care with the management of paediatric asthma. The event was led by a local consultant and primary care stakeholders were provided with information on the importance of compliance to medication and advice on correct inhaler technique.  
  - The CCG has invested in a joint project with Barts Health to support patients who have recently been discharged from hospital with their medicine.  
  The CCG has procured the IT system that will facilitate referrals from the Trust to the patient’s local community. |
|                                                                                 |             | Non-adherence to prescribed medication or inaccurate inhaler technique contributes to medicines waste. |
|                                                                                 |             | Additionally, in Waltham Forest spending on emergency admissions for COPD is higher than the average of its lowest 5 peers. |
average of 5 similar CCGs.  

| pharmacist who will undertake a Medicine Use Review or New Medicine Service to support the patient to take their medicine as intended by the prescriber.  

The CCG is working to launching the new project in early Spring 2019  

- The CCG has incentivised practices to complete an asthma action plan for all patients over the age of 5 with a confirmed diagnosis of asthma. This local scheme will facilitate the discussion in relation to medication and compliance to medication with the patient, and empower the patient to take more control of his or her condition.  

- The CCG is currently in the process of devising, for 2019/20, a local scheme to incentivise practices to review patients who are over-ordering short acting $\beta$ agonist medication, with the aim of ensuring patients understand how and when to take their medication via an asthma action plan.  

- The CCG has commissioned a respiratory consultant pharmacist from Barts Health to improve outcomes for patients with COPD. The pharmacist will prioritise practices with the highest number of patient admissions due to COPD, with the aim of optimising patient management and hence keep the patient well in Primary Care. As part of the role, the pharmacist will also upskill healthcare professionals on the management of COPD and hence leave a legacy that in turn will improve the standard of care at the practice.  

- The CCG has commissioned a
A respiratory pharmacist to undertake reviews of COPD patients in primary care. The pharmacist will focus on ensuring practices with the highest non-elective admissions undertake holistic reviews for patients with the aim to optimise treatment and other non-pharmacological interventions.

| 3 | Work collaboratively to increase flu/pneumococcal vaccination rates among patients with respiratory diseases, through communications and promotion at GP practices. | CCG, Public Health | London flu vaccination uptake rate of only 46.9% for among patients with respiratory diseases. Non-elective spend for flu/pneumonia is nearly £0.5m in Waltham Forest; this is significantly higher than the average for England. | • The CCG monitors practices’ vaccination rates on a monthly basis and makes contact with those practices that are below the threshold. This data is regularly discussed at localities and local GP education events. The CCG has hosted a series of education forums to support community pharmacists with CCG developments and key priority areas. The issue of vaccines, and the importance of ensuring high risk patients are vaccinated, has been highlighted at these events.

| 4 | Work in collaboration with primary care to increase the number of patients with COPD who receive an annual review and record the Forced Expiratory Volume in the first second (FEV1) | CCG | As identified by Right Care 2016-17, there are opportunities to reduce the spend on emergency admissions for lower chronic lower respiratory conditions by over £280k, when compared to our average best performing 5 similar CCGs | • The new proposed incentive scheme for practices aims to encourage practices to undertake a face-to-face review with the patient and complete a COPD Care Plan for the patient. • There is a possibility that FeV1 Quality and Outcomes Framework (QOF) target will be removed from the list of 19/20 indicators. However, the CCG will still continue to monitor lung function as part of the patients annual review.

| 5 | Work with primary care clinicians to ensure patients with an asthma diagnosis have an asthma action plan | CCG | Waltham Forest has a significant opportunity to reduce emergency admission rates for children with asthma. | As specified above. Waltham Forest CCG agreed to a local quality indicator specifically related to asthma action plans to be included in the performance score card for 2018/19.
Additionally, non-elective spend for respiratory conditions in Waltham Forest could potentially be reduced by over £0.75m.

Target - to increase the number of personalised asthma action plans issued to patients aged 5 and over with a confirmed diagnosis of asthma.

Local target set - 75.44% of all patients with a confirmed diagnosis of asthma.

This translates to 6,166 patients receiving an asthma action plan over the course of the year (1Apr 18 to 31 Mar 19).

Current data indicates that, as of December 2018, the CCG is on track for this target, as 74.6% of asthma patients have an asthma action plan.

Work continues to support primary care to issue action plans to facilitate the early detection and treatment of an asthma exacerbation and improve patient outcomes.

Smoking Cessation Update

Smoking cessation performance was discussed at the Respiratory Board in March 2019. The provider (Everyone Health) continues to be closely performance managed. This has resulted in a substantial increase in referrals for smoking cessation:

<table>
<thead>
<tr>
<th>Period</th>
<th>Quarter 1</th>
<th>Quarter 2</th>
<th>Quarter 3</th>
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<tbody>
<tr>
<td>Referrals</td>
<td>330</td>
<td>362</td>
<td>408</td>
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*Table 1:* Number of referrals to the smoking cessation service (18/19).

In addition the provider has taken the following steps to improve the service performance:

- removed eligibility criteria from the referral form which caused confusion and reduced the number of referrals. The referral process is now in line with the contract.
- continued to expand the service provision and service awareness across the borough. This includes continued engagement with GP practices and Fednet regarding the referral pathway and also possibilities of hosting further clinics.
• developed materials such as posters, cards and banners to reflect Stoptober and the general stop smoking service to further awareness and footfall into our clinics
• working more closely with our substance misuse provider CGL and intend to link in with job centres
• provided training of the staff (NCSCT training) to ensuring those attending our service have the best chance of quitting
• employed a new practitioner who will work full time
• contacted those who were lost to follow up and non-quitters and reengaged into the service
• the clinical contact centre at head office has also expanded the team by two members to ensure out of hours telephone support

Next Steps for improvement

• Close contract monitoring of the provider will continue.
• The provider must continue to engage with GPs and pharmacies and other partners/stakeholders in order to increase awareness of the service and to increase referrals.
• The number of service users setting a quit date and quitting remains low. The Provider must take steps to improve outcomes going forward.
• The Respiratory Board agreed that the provider must engage more closely with Whipps Cross services to increase referrals and support smokers in hospital to quit.
• Clinicians at Whipps Cross should refer smokers to the service.

Air Quality Update

We know that air quality is a huge concern for our residents. In 2018 we consulted on and published an ambitious five year Air Quality Action Plan.

Last year we:

• Held “Clean Air Day” events in June where we invited our Air Quality Ambassadors to the Council Chamber for air quality lessons which they delivered to their fellow pupils back at school.
- Published evidence that the number of households exposed exceedances of Nitrogen Dioxide has dropped dramatically, from 58,000 in 2007 to just 6,300 in 2017
- Worked with the experts at King’s College London to demonstrate that air quality improvements in the borough are providing our children with an extra six weeks of life expectancy.
- Installed a green wall at Woodside Primary Academy School.
• Installed electric vehicle charging points at the Town Hall to support the staff electric car pool club
• Expanded our AQ monitoring network with further diffusion tube locations and we have started monitoring PM 2.5.

This year we will:

• Continue to hold fortnightly anti-idling operations outside the borough’s primary schools and in town centres to encourage motorists to turn off their engine while stationary, and work in partnership with other London Councils to produce a pan-London strategy for tackling idling
• Work in partnership with Whipps Cross Hospital to produce a “Clean Air Hospital” Framework (Outline report attached).
• Work in partnership with other London Councils to produce a pan-London strategy for Non Road Mobile Machinery
• Help our residents to access the Mayors “Diesel Scrappage Scheme”
• Work with Public Health colleagues to improve health outcomes for asthma sufferers in the borough through a new working group
• Increase the network of Electric Vehicle rapid and on street charging points in the borough.

https://walthamforest.livingmap.com/?zoom=13&lon=-0.021725120238130866&lat=51.58446901263144&overlay=&interest=&interestTypes=&floor=0&gid=#
Appendix 2: Draft Integrated Respiratory Group Terms of Reference

*Suggested amendments are shown in italics*

**Introduction**

The Integrated Respiratory Group has been established to ensure that there is a collaborative approach to improving respiratory health in Waltham Forest and it is responsible for developing a strategic approach across respiratory diseases, inequalities, care pathways and prevention around the risk factors such as air quality, housing standards, deprivation etc.

The aim of the Integrated Respiratory Group is to:

- Reduce mortality and morbidity from respiratory disease through integrated partnership working
- The Integrated Respiratory Group has been developed to ensure that the provision of respiratory services commissioned across NHS Waltham Forest CCG are delivered to a high quality, is patient centred and seamless across the interface.
- Improve quality, address unwarranted variation in care and make efficiency savings when compared to national data for the management of patients
- The terms of reference shall be reviewed on an annual basis at the beginning of each financial year.

**Membership**

- Assistant Director Medicines Optimisation (Chair) Waltham Forest Clinical Commissioning Group (CCG)
- Director of Public Health, London Borough of Waltham Forest
- Public Health Consultant, London Borough of Waltham Forest
- Clinical Lead for Respiratory Waltham Forest Waltham Forest Clinical Commissioning Group (CCG)
- Senior Prescribing Advisor, Waltham Forest Waltham Forest Clinical Commissioning Group (CCG)
- Senior Commissioning Manager, Waltham Forest Clinical Commissioning Group CCG
- Respiratory Consultant, Barts Health NHS Trusts
- Respiratory Nurse, Barts Health NHS Trusts
- Divisional Manager planned care – Barts Health
- Deputy Chief Pharmacist, North East London Foundation Trusts (NELFT) Community Health Services
- Adult Respiratory Nurse, North East London Foundation Trusts (NELFT)
- Community Respiratory Nurse, North East London Foundation Trusts (NELFT)
- Operational Lead – Planned Care (Integrated Community Services) - North East London Foundation Trusts (NELFT)
- Head of Integrated Community Services, North East London Foundation Trusts (NELFT)
- Senior Public Health Strategist, London Borough of Waltham Forest
- Housing Services Manager
- Environmental Protection Manager
- Health Watch
- Representatives from schools/children’s centres
- Voluntary Sector Bodies representing COPD, Asthma etc.
- Smoking Cessation Provider as required?

This list is not exhaustive and other professionals may be invited as the need arises.

**Secretary/Support**

- The Waltham Forest Senior Prescribing Advisor shall be Secretary to the Group and shall ensure that a minute of the meeting is taken and provide appropriate support to the Chair and Group members.
- These arrangements will support the Chairperson in the management of the business conducted by the Group and for drawing the Groups attention to best practice, national guidance and other relevant documents as appropriate.

**Quorum**

- No business shall be transacted at a meeting unless at least one-third of the appointed members are present
- In the event of the Chair of the Group being unable to attend all or part of the meeting, s/he will nominate a replacement from within the membership to deputise for that meeting.
- Generally it is expected that decisions will be reached by consensus. Should this not be possible then a vote of members will be required. In the case of an equal vote, the person presiding (i.e. the Chair of the meeting) will have a second, and casting vote.

**Frequency of meetings**

- Meetings of the Group shall be held on alternate months.

**Remit and responsibilities of the Committee**

The Group will:

- Take responsibility for working on the strategic recommendations from the respiratory chapter of the Joint Strategic Needs Assessment including maintaining the overview across the prevalence of long term respiratory health conditions and the trends and risk factors.
- Develop an overarching action plan picking up the recommendations from the JSNA on respiratory health and the JSNA relating to Air Quality
- Provide expert input into local strategies.
• Deliver on relevant national guidance and policies
• Identify, oversee implementation and maintenance of NICE guidance and other standards for best practice across services
• Develop, co-ordinate and monitor services for respiratory patients in Waltham Forest
• Oversee and support the implementation of primary care and secondary care programmes for prevention of deaths from respiratory disease
• Oversee the implementation, monitoring and audit of clinical pathways
• Develop and co-ordinate educational programmes for health care professionals as appropriate
• Influence the commissioning of secondary care respiratory services
• Co-ordinate and support the development of Palliative Care services in Waltham Forest in relation to respiratory patients
• Identify and access funding streams for new services
• Ensure that policies, strategies and service pathways developed by the Group comply with equality legislation by considering the impact on race equality, disability and other and other equality areas such as gender, age, religion, sexuality, social class, etc.
• Receive relevant NHS and social care guidance and policies.
• The Group will review guidance and monitor patient activity
• The Group will review initiatives applicable to both primary care and secondary care and shall take into account the needs of the local population, clinical evidence and available resources
• Its focus will be on how to continue to maximise improvements to air quality and ensure effective health promotion messages across the borough
• Review and implement recommendations from report re supporting asthma care in Waltham forest schools
• Need to develop services to focus on early detection in communities to raise awareness i.e. season impacts, uptake of flu vaccinations
• Use evidence to ensure the targeting of smoking cessation services,
• Link to air quality action plan and in particular those to work with partners to improve air quality.
• Improve information relation to the smoke control areas and improve Air Quality information i.e. living streets map etc., coordinate actions in national clean air week, promotion of Air Text

**Conduct of business**

- The agenda and any related papers will be circulated to all members seven days before the meeting
- Items and papers for the meetings should be submitted to the Medicines Optimisation Team two weeks before the meeting.
- Members will be expected to bring copies of their papers and to have read them in advance of the meeting so that they can contribute effectively to discussions
- Members are required to make a declaration of interest to any relevant items on the agenda. If any member has a financial or personal interest whether pecuniary or otherwise related to any matter that is subject of consideration, he or she shall declare such an interest as appropriate. The Chairperson will have the power to request that member to withdraw until the Committee’s consideration has been completed.
• Members unable to attend a meeting will provide comments to the Group on the business of the meeting and where possible send a representative.

• In the event of a disagreement on any matter, the Group shall decide by a two-thirds majority of members present entitled to vote.

• The terms of reference and conduct of business will be reviewed annually.

• The Medicines Optimisation team will support the management of the Groups' business and for drawing the attention of the committee to best practice, national guidance and other relevant documents as appropriate

• **Integrated Governance, Risk Management and Internal Control**
  The Integrated Respiratory Group will be ultimately accountable to their respective organisations via the existing internal governance arrangements.

• **Counter Fraud and Bribery**
  The Group shall have adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work.

• **Conflicts of Interest Management**
  The Group shall have adequate arrangements in place for the management of conflicts of interest and to meet the requirements of statutory guidance. The Audit Committee Chair shall be the CCGs Conflicts of Interest Guardian.

• **Management**
  The Group shall request and review reports and positive assurances from the senior managers of the CCG and the Health and Wellbeing Board on the overall arrangements for governance, risk management and internal control.
  They may also request specific reports from individual functions within the organisation as they may be appropriate to the overall arrangements.

**Relationship with the Governing Body**

• The minutes of the Group will be shared with the Medicines Optimisation Committee who is ultimately accountable to the Governing Body, and the Joint Strategic Needs Assessment Steering Group the Health and Wellbeing Board Business Management Group.

**Policy and best practice**

• The Integrated Respiratory Group apply best practice in its processes.
The Integrated Respiratory Group is authorised by the Governing Body and the Health and Wellbeing Board to investigate any activity within its terms of reference.

The Integrated Respiratory Group is authorised to seek any information it requires from any CCG Member practice, provider of commissioning support services or CCG employee and all employees are directed to cooperate with any request made by the Committee.

The Group is authorised by the Governing Body to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

**Conduct of the Integrated Respiratory Group**

- The Group will conduct its business in accordance with relevant national guidance and relevant codes of practice.
- If the Chairperson has a conflict of interest then an alternative Chairperson will be nominated from the membership of the Committee.
- The Group will review its own performance, membership and Terms of Reference at least annually. Any resulting changes to the Terms of Reference or membership shall be approved by the Governing Body/Health and Wellbeing Board.
- The Medicines Optimisation Committee can make any amendments, deletions or additions and even review the Terms of Reference for this Group.
Appendix 3: JSNA Respiratory diseases chapter scope

i. Background
At its meeting on 12 September 2018 the Health and Wellbeing Board carried out a ‘deep dive’ exercise looking across respiratory disease pathways, air quality and smoking cessation. COPD was identified as one of the main mortality causes for men and women, and the group particularly discussed asthma in children in Waltham Forest. The Board agreed that consideration of respiratory health is a key priority for them and requested further consideration across partners of the health challenges, pathways, and risk factors.

ii. Scope of work
1. Historic trend and expected future trend in respiratory health.
   - Trends in prescribing, hospital admissions and mortality for respiratory disease (ie asthma, COPD, flu, lung cancer)
2. Risk factors
   - Personal (smoking), indoor air quality, outdoor air quality
   - How are risk factors and wider determinants changing?
   - Identify and highlight inequalities across communities (place and population groups) in risk and disease outcome
   - Examine links between the risk factors and respiratory disease, eg examine association between environmental air quality and respiratory disease
3. Strategic links and recommendations to influence strategic and service delivery, wider determinants i.e. air quality planning, housing and wider planning policy.
   - Highlight the need to develop services to focus on early detection in communities and raising awareness i.e. seasonal impacts, uptake of flu vaccinations, targeting of smoking cessation services, reduction in hospital admissions, respiratory deaths in hospital

iii. Data Requirements and Timescales
- Respiratory mortality
- Hospital admission rates for respiratory disease by practice & ward / LSOA
- Respiratory prescribing data
- Stop smoking service use, community profiles & areas
- Air quality: pollution hot spots and different pollutants
- Link across to Air Quality Action Plan and Review, redefine zones etc.
- Work to be completed by end March 2019

iv. Stakeholders
v. Other related work

Supporting Asthma Care in Waltham Forest Schools

A report is due to be presented to the Children’s Health and Wellbeing Subcommittee on 7 February relating to asthma. The JSNA respiratory work needs to include this detail and any recommendations arising.