

Report of the

Joint Strategic Needs Assessment for Slough

June 2008

Dr Tom Porter
Specialist Registrar in Public Health
Berkshire East Primary Care Trust

*on behalf of Slough Borough Council
and Berkshire East PCT*

Executive summary

Introduction

Joint Strategic Needs Assessment (JSNA) is a new statutory process for which Primary Care Trusts (PCTs) and Local Authorities are responsible. The purpose of JSNA is to identify current and future health and wellbeing 'needs' of the local population, and to use this information to help plan local services. The JSNA process is not intended to highlight where current services are succeeding, but rather to discover how the local population could benefit from improvements in future.

Methods

Collection of data for the JSNA took place between October 2007 and May 2008. National guidance on performing JSNA was followed where applicable and possible. The 'core dataset' was collected based on national guidelines, with further needs identified through a group set up by Berkshire East PCT and Slough Borough Council. This group identified areas of need, with written evidence of each need sought to support each claim. An iterative (repeating) process was used to identify needs, with draft tables circulated in the Council and PCT for consultation and subsequent revision.

A number of areas were identified in which the JSNA process could be improved. These included improving public and professional consultation; and improving 'quality assurance' of evidence sources.

Along with this report of the process to date, electronic resources will be made available both internally and to the public, detailing the core dataset, and other references used in the JSNA.

Next steps

A strategy is given which suggests how the JSNA process can develop over the next few months and years, to take advantage of the opportunity it offers to improve sharing of knowledge between relevant organisations, and subsequently improve local health and wellbeing.

Proposals include: maintaining a Berkshire East 'data hub'; appointing 'Needs Co-ordinators' in each locality within East Berkshire; improving the link between JSNA and the Local Area Agreement; providing a mechanism for end users of JSNA information to influence the development of the JSNA process; improving the quality of evidence used; and ensuring appropriate leadership.

Full details of the strategy are given.

Needs identified

An extensive list of needs is given in the full report, categorised by health and wellbeing determinant (e.g. education, housing); population group (e.g. older people, carers); and disease/illness (e.g. mental health, cancers). References to supporting evidence is given for all needs, along with an indication of which needs are based on future projections or likely to become worse over time.

Needs in a population are never static, so this report gives a 'snapshot' of some of the major needs in the area. As the JSNA process develops it is likely further needs will be identified, both by recognising where existing needs have been omitted, and by describing new needs. Therefore the list presented here is a guide only, which should improve in accuracy over the coming months and years.

Contents

Introduction.....	4
Methods.....	6
Next steps.....	8
How to use this report.....	11
Education.....	12
Housing.....	13
Transport.....	14
Social & cultural factors.....	15
Physical environment.....	16
Employment and deprivation.....	17
Air, water, land, food & sanitation.....	18
Health and social care services.....	19
Occupational health.....	20
Tobacco use.....	21
Drug misuse.....	22
Alcohol misuse.....	23
Obesity, diet and exercise.....	24
Children & young people.....	25
Older people.....	26
Black and minority ethnic (BME) communities.....	27
Long-term illness.....	28
Physically disabled.....	29
Learning disabled and autistic spectrum disorder.....	30
Carers.....	31
Children in care (looked-after children) and care leavers.....	32
Offender population.....	33
Mental health.....	34
Endocrine (hormonal) diseases.....	35
Circulatory diseases.....	36
Falls.....	37
Sexual and reproductive health.....	38
Infectious diseases.....	39
Cancers.....	40
Respiratory illness.....	41
Haemoglobinopathies.....	42
Oral health.....	43
References.....	44
Acknowledgements.....	48

Introduction

What is a Joint Strategic Needs Assessment (JSNA)?

Joint Strategic Needs Assessment (JSNA) is a new process being carried out by local government (Slough Borough Council) and the local health service (Berkshire East Primary Care Trust) to identify health and well-being 'needs' – areas where improvements can be made – among local residents. These may be existing needs or needs which are predicted to occur in the future over, say, the next 5 or 20 years.

Why is it being done?

When planning services (for example, those provided by the local authority, Primary Care Trust, or charities) for a local community it is important that these are matched, as far as possible, to the actual problems which exist in the area – rather than a 'one size fits all' approach across the country. For example, by identifying what improvements to the local area residents would like; and what illnesses are common in the local area, we get a better picture of how to use local taxpayers' money to best effect, to improve health and wellbeing.

The Local Government and Public Involvement in Health Bill (2007) made carrying out a JSNA a legal requirement for local authorities and Primary Care Trusts (PCTs) from 1 April 2008.

What does the JSNA do which is new?

Local services have always been planned, as far as possible, to meet the needs of local residents. However, despite the best efforts of those planning services, in the past it has often been difficult to access in one place all the information collected locally on the wider range of factors which contribute to health and wellbeing. For example, someone planning a new outpatient service may not always have had easy access to information on local transport to the new service; or how the population size was predicted to change over the next 15 years, both of which may be important in providing that service.

Local people have also always been consulted on a wide range of decisions made in local government and by the health service. Although these consultations are very useful they are often on narrow topics, or concentrate on one aspect of life in the area. Over time, the JSNA process should make sure that the public are consulted on much broader plans for how taxpayers' money is spent locally; and that results of consultations are widely and easily available by anyone who is planning services in the area.

How will the JSNA affect how local services are provided?

The 'snapshot' of local needs provided by this JSNA report should be useful background reading for people who provide services for local residents. In particular, it will be of interest to those who 'commission' local services (commissioning is the process of specifying what a local service should achieve, then buying an appropriate and cost-effective service to meet that specification); and those involved in writing the Sustainable Community Strategy – a local plan explaining the overall aims for local services over the next few years. The Sustainable Community Strategy and the JSNA will also influence the Local Area Agreement, an agreement between local government, health and other organisations, with regional Government, to provide services which meet locally agreed targets.

Is everything really so bad locally?

No! A quick glance through the main section of this report may make you think that everything in Slough is going badly – it's not.

When reading this report it is very important to remember that the whole purpose of the JSNA is to identify where there are gaps in current services and how things could be improved; that's the first step to making services better than they already are. This report *doesn't* list where everything is going right – that information is not only available elsewhere, but would no doubt be much longer than the list of needs given here.

How was the JSNA carried out?

Please see the Methods section (p6).

How do I use this report?

Please see the section entitled How to use this report (p11).

What happens next?

This report, and the work which has gone into it, is just the start of the JSNA process. JSNA gives Slough an opportunity for the future to understand much better the needs of the local residents, and for that knowledge to be not only very broad across a wide range of issues, but also up-to-date. This knowledge will be used to improve services for local residents.

How this can be achieved is detailed in Next steps (p8).

Can I get involved?

Yes. Consultations already take place with local residents over many decisions made by the Council and the Primary Care Trust. These consultations all help improve our understanding of local needs and will contribute to the JSNA data hub (see Next steps, p8). If you would like to take part in any future consultations, please contact Slough Borough Council or Berkshire East Primary Care Trust.

Methods

Co-ordinators and assessment period

Collection of data for this JSNA report took place between October 2007 and May 2008 and was co-ordinated by the following people:

Berkshire East co-ordination

Dr Tom Porter	Specialist Registrar in Public Health, Berkshire East PCT
Sid Beauchant	Information Advisor, Berkshire Public Health Network

Berkshire East PCT (Slough locality) co-ordination

Viki Wadd	Assistant Director, Slough locality, Berkshire East PCT
Dr Sadhana Bose	Consultant in Public Health for Slough locality, Berkshire East PCT

Slough Borough Council co-ordination

Mike Boyle	Interim Corporate Director of Community and Wellbeing, Slough Borough Council
Sandra Storey	Policy and Performance Manager, Community and Cultural Services, SBC

In order to enable continuity and efficiency of approach, a similar method was used for the JSNA in all three local authority areas in East Berkshire (Bracknell Forest, Slough, and Windsor and Maidenhead). However, this did not prejudice the identification of needs in each area, which in many cases were very different in each locality.

Guidance on JSNA

National government guidance on the JSNA process was followed, where applicable and possible, in carrying out this assessment. The two main documents used were the Commissioning Framework for Health and Wellbeing (March 2007), and the guidance which superseded this, JSNA Guidance (December 2007).

Both these guidance documents give a large degree of freedom on how information on local needs is collected; the main component which is specified is a 'core dataset', consisting mainly of numerical ('quantitative') data which describes the local population. It is clear, however, that this core dataset must be supplemented with other information on local needs – not only other relevant quantitative data collected locally, but also information from consultations, surveys and interviews with local residents and people providing services (generally non-numerical, 'qualitative' data).

The JSNA report (this document) should be a non-technical document, providing an overview of local health and wellbeing needs. It will be made available on the Council and PCT websites.

Collecting the core dataset

Data which are required to be collected as part of the Core dataset are specified in JSNA Guidance (December 2007).

Information was assembled into a structured Microsoft Excel spreadsheet with the assistance of the Information Advisor from the Berkshire Public Health Network, containing references to local and national data sources (where available), to enable information to be updated rapidly in future. This spreadsheet will be made available on the Council and PCT websites.

Relevant information from the Core dataset is given in the appropriate section of the main report. In most instances, only significant deviations from local, regional or national averages are considered here as 'needs'.

Identifying further needs and internal consultation

A JSNA group was set up containing representatives of key Council and PCT departments, and other local 'stakeholders' (interested parties), to identify broad needs in the Borough. 'Brainstorming' took place early in the process around 12 questions JSNAs should be able to answer (given in the Commissioning Framework for Health and Wellbeing, March 2007). Later, needs were collated under a broad range of

headings based on the Whitehead and Dahlgren classification, as well as for specific population groups and illnesses.

Numerous plans, strategies, needs assessments, equity audits and other reports produced locally already contained information on needs which would be relevant to the JSNA and, in many cases, had involved consultation with the public or professional groups. In order that all needs listed in the JSNA be based on attributable and authoritative sources, any needs mentioned verbally in group meetings, or in emails, were required to be backed up with evidence from a report or quantitative (numerical) dataset. In this way, the JSNA can be more easily updated with new and revised evidence, and the sources of all statements are made clear.

A summary table of needs for the Borough, with sources for each need, was circulated and presented to the group in February 2008, with further revisions made to the table in an iterative (repeating) process after this, following telephone and email correspondence, and presentations to further interested groups. This table was used as the basis for the current document, which was also circulated for comments prior to publication.

References

The references for the needs listed have been compiled into a simple Excel spreadsheet, with links to internet versions of documents where available; and to individuals who provided the documents. A version of this spreadsheet will be available on the Council and PCT websites.

Improving the process

National guidance makes it clear that JSNA should be a continuous process; not only of gradually improving our understanding of local health and wellbeing needs, but also of developing the processes in local organisations to do this – for example, improving the way data are shared between and within organisations. Therefore this report is a statement of the ‘status quo’ (what we currently know) – and in many respects the most important part of this document is the section stating how the JSNA process will be developed so that the information here is frequently updated and influences local service planning. There are likely to be a number of needs which have not been identified in this initial process, either because there is currently no evidence of their existence; or because the evidence which exists was not discovered during the research for this report. In both cases it is important that, over time, the description of needs in the area is updated to include these.

Furthermore, although public and professional consultation has occurred as part of many of the assessments used in evidence for this JSNA (indicated by the ● symbol), these did not occur as part of the JSNA *per se*, and in due course consultations should be co-ordinated within the JSNA process to ensure questions which broaden our understanding of need most are asked, and their results are used and shared widely.

The quality of the information behind the needs listed is important; although all the reports and datasets referenced here come from reputable sources, their quality will vary (for example, how many people were involved in a particular survey – just a few, or hundreds?). A process should be developed to directly take into account the quality of different data sources when they are interpreted.

At this stage the JSNA has not prioritised the health and wellbeing needs identified; national guidance suggests the Local Strategic Partnership could, in part, assist with this process when setting targets for the Local Area Agreement. It may be decided in future that the prioritisation process should be fully incorporated into the JSNA process.

The strategy for further developing the JSNA process is given in Next steps, p8, and is the result of consultation with relevant members of the PCT and Borough Council.

Next steps

As mentioned above, this document represents the start of the JSNA process, and should lay the foundation for development of the process, so that information on health and wellbeing needs in the Borough and across East Berkshire is: regularly and routinely updated; readily available to planners and influences policies and planning; and based on reliable evidence and consultation. This process will require strong leadership.

To these ends, the following strategy is proposed:

Keeping data up-to-date

- An East Berkshire data 'hub' should be established. This needn't be particularly complex, and at its simplest could consist of a spreadsheet of current needs correlated with the relevant data source; this spreadsheet has been completed for all information in the current report and could be kept up-to-date and adapted over time as necessary. Maintenance of the spreadsheet should be a relatively simple administrative task – with most changes made by the respective JSNA Needs Co-ordinator (see below) – but may still require a small amount of central information management, which would need to be appropriately resourced. The data 'hub' could potentially be located within Berkshire Shared Services, although access to the spreadsheet should be made easily available to those in all relevant organisations. Other non-health hosted options may also be suitable;
- For each locality in East Berkshire (Bracknell Forest, Slough, and Windsor and Maidenhead) there should be a single JSNA Needs Co-ordinator. Their role would be to act as a local 'champion' of the JSNA process, and accept all new data relevant to the JSNA and signpost any data currently held in the JSNA. This post could be part-time or full-time, within the Council or PCT, and would require a suitable information, managerial or public health background, depending on local arrangements. The Needs Co-ordinator would link with the East Berkshire Strategic Co-ordinator, to ensure data which is relevant across all three areas is promptly shared; and could act as a professional 'filter' to information entering the data 'hub' to ensure it is of reasonable quality. Maintenance of the relevant section of the data hub spreadsheet would lie with the Needs Co-ordinator; depending on their professional background and skills, local information analyst support may be required to assist with this role;
- Within each locality, a representative for each major interest group (e.g. Children's Trust) should be nominated to act as a link to the JSNA Needs Co-ordinator. Two possible approaches are suggested, although the exact method used should be determined within each locality: (a) Every major interest group has a named 'JSNA Link' individual, who collects any data relevant to the JSNA from his/her group, and makes available to the group any relevant data, both via the Needs Co-ordinator or directly with the East Berkshire data hub; (b) A permanent JSNA group is established in the locality consisting of representatives from major interest groups, which meets regularly, and liaises with – or is chaired by – the JSNA Needs Co-ordinator;
- A list of 'gaps' in data should be created and maintained. Before any new process of local data collection (e.g. a new consultation or needs assessment), the local JSNA Needs Co-ordinator should be contacted to ensure that the new information sought does not duplicate existing information or national indicators, and is a reasonable use of resources, and whether any gaps in existing data can be filled during the consultation. Gaps may also include the production of projections, forecasts, or suitable secondary analysis of data. Unmet gaps should be routinely reviewed to assess how and when these data needs will be met.

Ensuring data are readily available and used in service planning

- Up-to-date data should be always available to professionals via the JSNA Link and/or JSNA Needs Co-ordinator (as outlined above); in due course it should also be available electronically directly from the data hub;
- A 'snapshot' of data should be reported from time to time (e.g. every year), and made available to the public, for example in a formal report such as this. Over time, more creative and interactive

ways of displaying data to the public may be considered, such as interactive websites. A publication scheme should be developed detailing how and when JSNA data will be made available;

- Information held in the data hub and from JSNA reports such as this one should be used by the Local Strategic Partnership (LSP) to prioritise local needs, including for the Local Area Agreement, and to inform the Sustainable Community Strategy. The LSP may decide to have a JSNA Link individual (as above), or sit on any JSNA group. Over time, it may be decided that the prioritisation process should be directly incorporated into the JSNA – this could be achieved, for example, through a regular review of existing needs by each JSNA group, or by the East Berkshire-wide Board, with the results of the process widely disseminated;
- Commissioners of population-level services in the PCT and local authority should be able to easily access information in the data hub;
- End users of information in the JSNA, particularly the LSP and commissioners, should feed back any gaps in the dataset, and any suggested improvements to the JSNA process to make it as useful as possible to them, to their local JSNA Needs Co-ordinator; suggested process improvements should then be communicated from the Needs Co-ordinator to the East Berkshire Strategic Co-ordinator. A mechanism for collecting feedback from the public about previous JSNA reports should be developed, to inform future JSNAs.

Ensuring data are evidence-based and take local opinion into account

- All information entering the data hub should be based on solid, written evidence which accompanies the submission. The date and proposed refresh date for all reports and datasets should be available, along with contact details for the author or post. Confidential contact information should be withheld from any public database;
- Over time it would be desirable to build a 'quality assurance' function into the JSNA process to ensure that data are of a reasonable quality, and are objectively interpreted. This could either be a central function at the data hub level, or done on a locality basis by the Needs Co-ordinator acting as a filter for all information entering or leaving the hub. In either case the appropriate skills to interpret data objectively would be required;
- With further development of the JSNA process, local public and professional opinion (including practice-based commissioning needs) should be sought routinely both in identifying and confirming needs, and in prioritising needs. In many cases mechanisms already exist to garner these opinions, and it may well be that the JSNA can use these existing processes. A separate list of consultation processes undertaken and planned in the Borough may be helpful.

Leadership

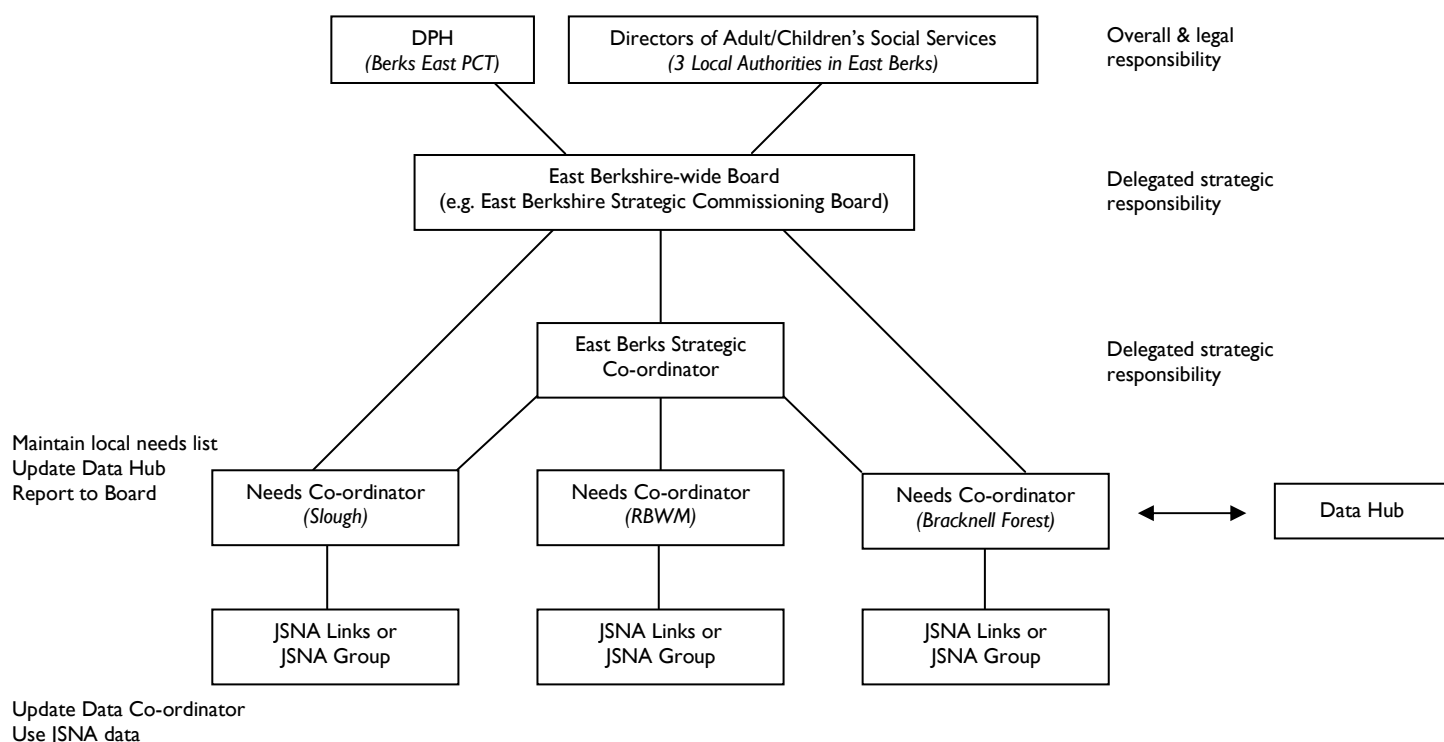
- JSNA is a statutory process which all professionals in the local authority and PCT should be made aware of; widening awareness of JSNA within these organisations is an important role and should be undertaken by the JSNA Links, Needs Co-ordinators and East Berkshire Strategic Co-ordinator. All relevant members of staff should be made aware it is their responsibility to log any population-level data collected about needs with the JSNA Link;
- Ultimately, responsibility for the JSNA rests with the Director of Public Health in the PCT and the Directors of Adult and Children's Social Services in the Council; they must have a central role in raising awareness and championing the importance of the JSNA both as a statutory requirement and invaluable opportunity for improving knowledge about our local community and, hence, improving local health and wellbeing. The Board of the PCT also has a responsibility through the World Class Commissioning programme to develop and maintain the JSNA process;
- Day-to-day it would be appropriate for the Directors of Public Health and Social Services to delegate their authority to an East Berkshire-wide Board of senior members of local organisations which would be responsible for overseeing the JSNA process. Since JSNA should link intimately with commissioning, it would seem appropriate that the current East Berkshire Strategic Commissioning Board could take on this role. However, whether this body – or a new body – should take on this function should be decided by the Directors with statutory responsibility; in

either case a clear central drive and purpose is required, with representative membership, including the Needs Co-ordinators. Convening this Board should be an early action;

- Day-to-day strategic-level tasks concerning the JSNA should be carried out by the East Berkshire Strategic Co-ordinator, who would report to the East Berkshire-wide Board described above;
- Although many of the recommendations listed here could be undertaken using existing resources, where necessary additional resource should be made available to ensure JSNA is properly supported and the opportunities it presents, grasped.

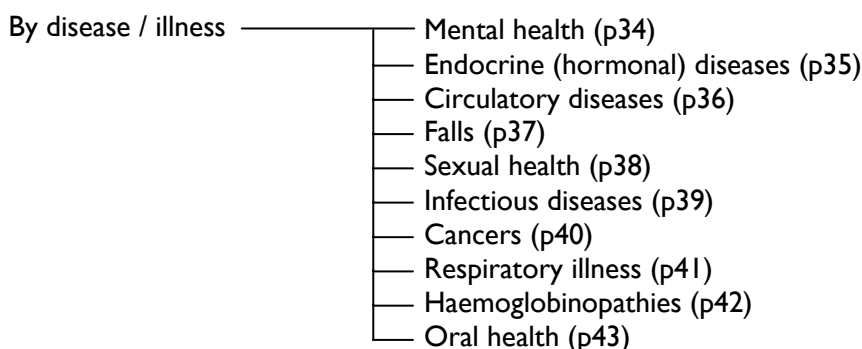
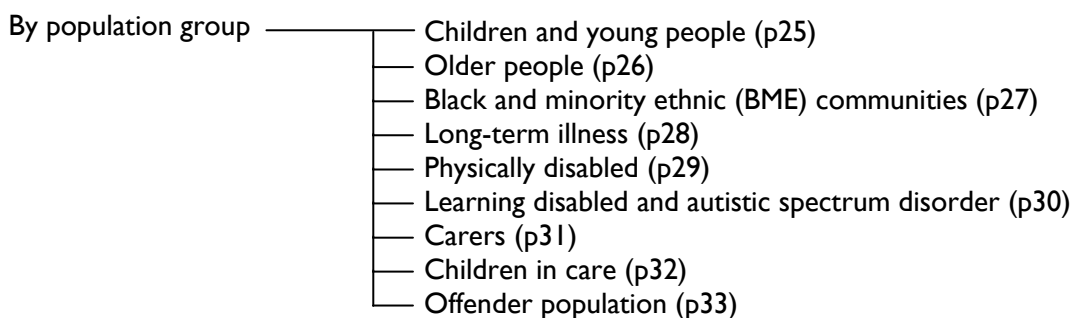
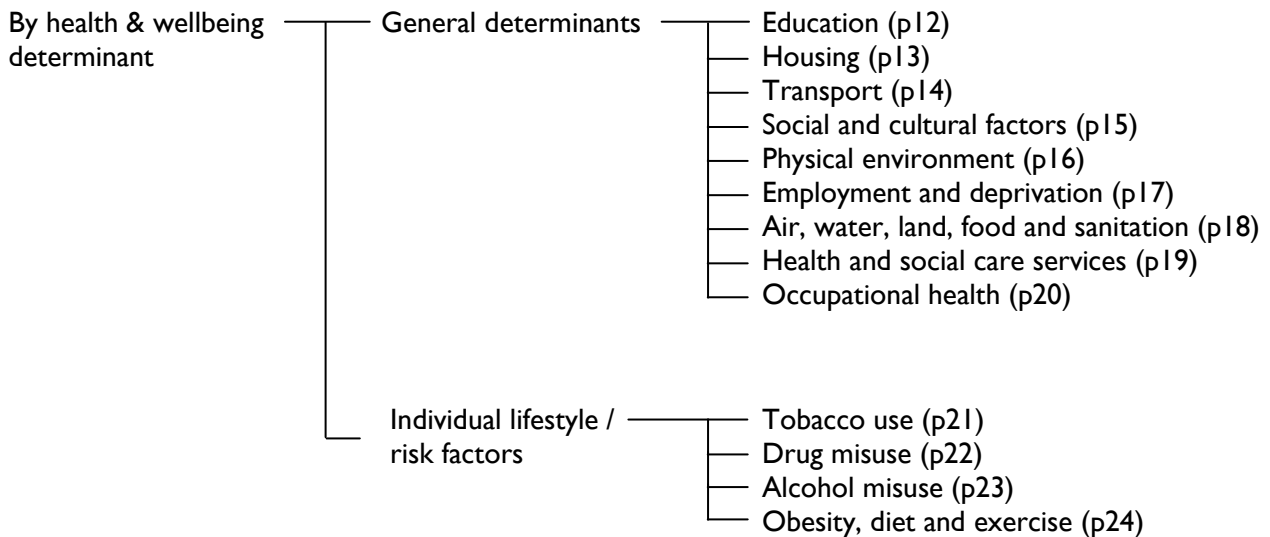
A diagram of the proposed interactions is given below.

Figure. Proposed JSNA process management structure (DPH = Director of Public Health)



How to use this report

Health and well-being needs have been presented here in a number of different categories, which are illustrated below. Because the factors giving rise to health and well-being are often intimately related to one another, on each page where needs are explained, a section headed 'See also' directs you to other relevant pages. Besides this categorisation, needs are not presented in any particular order on the page – i.e. no order of priority is implied.



Needs which are based on projections for the future, or likely to become worse over time, are marked with a clock (🕒).

The sources of evidence used for each topic are given at the foot of the page, with full references on p44. Where these are marked with a speech bubble (🗨️) the source cited involved public consultation.

Needs by health and wellbeing determinant

General determinants

Education

See also FURTHER NEEDS LISTED UNDER Housing (p13), Employment and deprivation (p17), Children & young people (p25), Children in care (p32), Social and cultural factors (p15), Transport (p14), Drug misuse (p22), Alcohol misuse (p23), Obesity, diet and exercise (p24), Offender population (p33), Sexual and reproductive health (p38), Learning disabled (p30)
OTHER RELEVANT AREAS BME communities (p27), Older people (p26), Carers (p31), Mental health (p34), Physically disabled (p29)

Raise achievement in poor-performing groups

The level of success in pupils from some backgrounds falls significantly below the average; in particular, Key Stage 3 (KS3) achievement is lower, on average, in those from Pakistani, Black Caribbean and Black African backgrounds, the latter especially so. Those from an Indian background have above-average success rates. Overall attainment among all pupils is generally above the national average, except for Foundation and Key Stage 2.

Improve primary school attendance

Whilst secondary school attendance in the Borough is generally good, primary school attendance although steadily improving, could still be better.

Improve education access and support for ethnic minority communities

The Travelling community would benefit from better access to education, for example through increased school capacity; and support once in education.

New migrants, including those in the Somali community, would benefit from improved educational support, due to potential difficulties with parental support and speaking English.

Help children plan their careers

Nearly two-thirds (62%) of schoolchildren in Slough would like more help in planning their future careers, above the national average (55%).

Help low-skilled adults

Recent consultation with local residents found that many felt low-skilled adults could benefit from more opportunities to improve their skills, through education and training, to improve their ability to gain work. It is estimated that over a quarter (27%) of Slough residents have poor literacy or numeracy, above the regional and national averages.

Where does the evidence come from?

Children & young people's plan 🗨️ / Ethnicity attainment data / Slough Focus 🗨️ / Travellers' needs assessment 🗨️ / TellUs2 🗨️ / Core strategy

Where are these needs reflected in existing commissioning strategies?

Children & young people's plan / Core strategy

Needs by health and wellbeing determinant

General determinants

Housing

See also FURTHER NEEDS LISTED UNDER Physical environment (p16), Employment and deprivation (p17), Drug misuse (p22), Alcohol misuse (p23), Falls (p37), Learning disabled (p30), Offender population (p33), OTHER RELEVANT AREAS Education (p12), Social and cultural factors (p15), Physical environment (p16), Learning disabled (p30), Mental health (p34), BME communities (p27)

Increase availability of affordable and family housing 🕒

The house price to income ratio in Slough (4.68) is above the England average (4.21), meaning it is relatively more expensive to buy or privately rent in Slough – although two-thirds (67%) of people in Slough are owner-occupiers, this is below the rest of South East England (74%). There have also recently been high levels of housing demand, leading to a lack of choice in the market, and homelessness. Although the rate of homelessness is below the national average, adults sleeping rough is perceived to be a problem locally, with nearly half of Slough residents (48%) citing this in a recent survey.

The number of planned new housing units each year in the area (~280) is estimated to be below the number necessary (~330) to meet demand, and the proportion of buildings which accommodate 1 or 2 beds is increasing, potentially limiting the flexibility of the housing stock to accommodate families in the future. New housing developments should be environmentally 'sustainable'.

Although official projections of Slough's population shows a modest drop in the next 10 years (from 117,500 in 2008 to 116,600 in 2018), it is thought that the more likely situation, when local housing demand and migration are taken into account, is a significant rise, from 119,700 to 125,900, especially among 40-64 year olds. The birth rate in Slough is also projected to rise in the near future. School places will need to expand in areas of new housing.

Ensure access to housing is fair

Ensuring local authority housing allocation favours those in highest need, for example through keeping a more detailed housing register, would be beneficial locally. People with learning disabilities, mental health issues, and those from some black and minority ethnic (BME) backgrounds, would benefit from better access to housing. Information available to those seeking accommodation could also be improved.

Improve housing condition including thermal efficiency

A high proportion (over 50%) of houses in some areas of the Borough are estimated to not meet the 'Decent Homes' standard; this includes parts of Chalvey, Haymill and Farnham wards. Poor housing, such as cold, damp, thermally inefficient buildings, can directly cause ill health, and preventable deaths during winter.

Overcrowding and poor-quality housing is a particular issue among new migrants, with overcrowding worst in Baylis and Stoke, Central, Wexham Lea and Farnham.

Provide more pitches for Travellers 🕒

It is forecast that the number of permanent pitches required for accommodation for Travellers will need to increase by 9 over the next 5 years. This forecast excludes the needs of travelling show people, so may be conservative.

Where does the evidence come from?

Housing strategy / Housing in poor condition indicator / Core strategy / Slough Focus 📍 / Housing tenure / Health profile / Berkshire Strategic Housing Market Assessment / Audit Commission summary / Slough migrant study / Census 2001 / Joint Commissioning Strategy / ONS population projections / SEERA population projections / Projected birth rates / Travellers' needs assessment 📍 / Polish and Somali experiences report

Where are these needs reflected in existing commissioning strategies?

Housing strategy / Core strategy / Joint commissioning strategy

Needs by health and wellbeing determinant

General determinants

Transport

See also FURTHER NEEDS LISTED UNDER Social and cultural factors (p15), Physical environment (p16), Employment and deprivation (p17), Occupational health (p20)
OTHER RELEVANT AREAS Air, water, land, food & sanitation (p18), Occupational health (p20), Obesity, diet and exercise (p24), BME communities (p27), Health and social care services (p19), Physically disabled (p29), Falls (p37)

Improve access to services by public transport

Access to Wexham Park Hospital and St Mark's Hospital can be difficult without a car, and the proportion of households without access to a car (23.2%) is above the South East England (19.4%) average, but below that for England (26.8%). The cost, routes, reliability and disabled access, on buses serving the hospital have been criticised. Public transport is also important for commuting to work, in particular for new migrants to Slough.

Set taxi pick-up and drop-off points at Wexham Park hospital may be beneficial for patient access.

General transport facilities for the physically disabled in Slough should also be improved.

Encourage sustainable and healthy transport 🕒

More could be done to ensure that the local environment is suitable and safe for walking and cycling. With obesity a growing problem in the whole of England, encouraging healthy transport is very important.

Peak time traffic congestion in Slough is also high, with consequent air pollution.

Where does the evidence come from?

Transport plan / Joint Commissioning Strategy / Census 2001 / Berkshire East Obesity Strategy / Slough Focus 🗨️ / Slough migrant study / PPI forum NHS access report / Berkshire East PCT Commissioning Strategy 🗨️

Where are these needs reflected in existing commissioning strategies?

Transport plan / Joint Commissioning Strategy / Berks East Obesity strategy / Berkshire East PCT Commissioning Strategy

Needs by health and wellbeing determinant

General determinants

Social & cultural factors

See also FURTHER NEEDS LISTED UNDER Employment and deprivation (p17), Health and social care services (p19), Drug misuse (p22), BME communities (p27), Children in care (p32)
OTHER RELEVANT AREAS Alcohol misuse (p23), Obesity, diet and exercise (p24), Children and young people (p25), Education (p12), Transport (p14), Occupational health (p20), Mental health (p34), Cancers (p40)

Reduce crime, antisocial behaviour and fear of crime

Rates of violent crime (24.5 per 1000) are above the England average (19.8), along with those for burglary, violent offences, vehicle theft and sexual offences. Resident surveys suggest that vandalism, drug use and dealing, and public drunkenness are particular concerns locally, along with litter, fire-setting, and teenagers hanging around on the streets. Some also cited the presence of street sex workers. There is a poor perception of safety in Slough after dark, with more people feeling unsafe (43%) than safe (32%). Among children, more feel unsafe in Slough on public transport (34%) than nationally (27%), and over half (54%) would like to live in a safer area. Reported crime is highest in Chalvey, Upton, Colnbrook with Poyle, and Foxborough, although Britwell and Stoke were the only two wards with rates increasing in the last year. Over half (55%) of drug dealers in East Berkshire are thought to be from Slough, and a number of crack houses have been raided locally. New migrants to Slough (including the Polish and Somali communities) should be encouraged to report crimes which affect them.

Domestic violence can have a significant impact on individuals' mental health, and specific programmes to address this have been recommended. In Slough, it is the commonest type of assault, and rates are increasing.

Promote racial harmony 🕒

4400 non-UK citizens were registered with National Insurance numbers in Slough in 2006/7, with the majority from Poland (2,180), Pakistan (570) or India (430). There is also a significant asylum seeker population, especially from Somalia and Romania, although the numbers of asylum seekers seen by the New Entrant nurse at the PCT is currently falling (161 in 2002 to 33 in 2007). The nurse sees roughly 1000 general migrants each year. 'Hate' crime peaked in 2006/7 and appears to be falling now, although the threat of extremism and racial violence remains a concern. Over 50% of victims of hate crimes were from an Asian background. Among pupils at schools in Slough, 106 different languages are spoken currently, with English, Punjabi and Urdu the commonest.

Improve support for new migrants 🕒

The English language skills of new migrants could be improved, for example through language courses; and many would benefit from further advice on living in the UK and associated rights and responsibilities, such as through the provision of a 'welcome pack'.

Work with community to promote healthy food and physical activity 🕒

It is projected that, without any active intervention, there will be a significant rise in the number of overweight and obese adults and children. Although many approaches will be needed to tackle this problem, working with the community and local businesses is an important component, to encourage the uptake of healthier diets, and promote physical activity.

Where does the evidence come from?

Slough Focus 🗨️ / Children & young people's plan / Index of multiple deprivation 2007 / Berkshire East obesity strategy / TellUs2 🗨️ / Slough Annual Attitude survey / Health profile / Audit Commission summaries / Crime levels in Slough / Strategic Assessment / Joint Commissioning Strategy / New Entrant Nurse figures / Slough health scrutiny panel / Slough migrant study / Pupils' first language data / Polish and Somali experiences report

Where are these needs reflected in existing commissioning strategies?

Children & young people's plan / Berkshire East obesity strategy / Joint Commissioning Strategy

Needs by health and wellbeing determinant

General determinants

Physical environment

See also FURTHER NEEDS LISTED UNDER Housing (p13), Transport (p14), Air, water, land, food and sanitation (p18)
OTHER RELEVANT AREAS Obesity, diet and exercise (p24), Older people (p26), Physically disabled (p29)

Promote sustainable lifestyles 🕒

Household recycling and composting rates are below the national averages, and a larger proportion of waste goes to landfill in Slough (81.2%) than average (62.3%). There is now significant evidence that climate change is occurring due to human activity, and the developed countries in particular need to reduce greenhouse gas emissions which are associated with this. This includes making major changes to transport and energy use. Locally, it is felt that Slough would benefit from easier access to recycling facilities.

Improve access to green spaces

Slough suffers from a shortage of space, both for housing and green spaces. Overcrowding, traffic congestion and noise from Heathrow airport, are problems. Over a quarter (27%) of local residents cited noise from the airport as a problem locally.

Where does the evidence come from?

Core strategy / Housing strategy / Defra noise maps / Slough annual attitude survey 🗨 / Slough Focus 🗨 / Audit Commission summary / International Panel on Climate Change report

Where are these needs reflected in existing commissioning strategies?

Core strategy / Housing strategy

Needs by health and wellbeing determinant

General determinants

Employment and deprivation

See also FURTHER NEEDS LISTED UNDER Education (p12), Offender population (p33), Tobacco use (p21), Drug misuse (p22), Alcohol misuse (p23), Children and young people (p25), Long-term illness (p28), Carers (p31), Children in care (p32), Learning disabled (p30), Mental health (p34)
OTHER RELEVANT AREAS Housing (p13), Transport (p14), Social and cultural factors (p15), Health and social care services (p19), BME communities (p27), Endocrine (hormonal) diseases (p35), Respiratory illness (p41)

Reduce deprivation and inequalities in health

There is a strong link between material deprivation and ill health. By one measure, the most deprived wards in Borough are Chalvey, Britwell, and Baylis & Stoke. Reducing poverty is likely to improve the health of local residents. Individuals in Britwell, Upton and Chalvey are more likely to die early from treatable conditions than residents elsewhere. Life expectancy is also significantly lower among males in lower-income groups in the Borough, and areas of deprivation across East Berkshire have higher rates of emergency admission to hospital, especially for respiratory and endocrine diseases.

Reduce inequalities in employment

The number of people receiving out-of-work benefits in Slough is similar to the England average (2.1%), but significantly above that for the rest of the South East (1.3%), with all wards in Slough except for Langley St Mary's above the South East figure. The working-age unemployment rate locally (6.7%) is above that for both the region (4.5%) and the country (5.4%), although the latter may only be a random finding. The number of people out of work and claiming the job seekers' allowance for over a year is also above the England average. It is estimated that residents from Britwell, Chalvey and Baylis & Stoke have the lowest incomes, on average, in Slough. Obviously employment and income have a direct impact on household deprivation, and therefore also on health and well-being.

Further support should be made available to people with autistic spectrum disorder in accessing employment and training.

Improve infrastructure to support employment



Access to Heathrow, a major local employer, can be difficult without a car, and buses there are infrequent in the evenings and weekends. The same is true of Slough Trading Estate. Difficulties in obtaining housing also has an impact on the ability to attract and retain staff, including 'key workers'. It has also been projected that the percentage of the population in the workforce will decline over the next 10-20 years in Slough, also increasing the need to attract outside employees.

Improvements to the town centre and other major employment areas have been suggested in order to enhance the image of Slough, attracting more local and outside visitors to the town.

Ensure new migrants treated fairly

New migrants should have National Insurance registration, and be paid a reasonable wage. It is estimated that 1 in 10 migrants in Slough are currently paid below the statutory minimum wage.

Where does the evidence come from?

Index of Multiple Deprivation 2007 / Out of work benefit data / Average income data / Core Strategy / Slough Focus  / Transport plan / Housing strategy / Years of potential life lost data / Health profile / Thames Valley Emergency Admission analysis / Joint Commissioning Strategy / Slough migrant study  / Employment statistics / Polish and Somali experiences report / Taking responsibility

Where are these needs reflected in existing commissioning strategies?

Core Strategy / Transport plan / Housing strategy / Joint Commissioning strategy

Needs by health and wellbeing determinant

General determinants

Air, water, land, food & sanitation

See also FURTHER NEEDS LISTED UNDER Health and social care services (p19), Transport (p14)
OTHER RELEVANT AREAS Physical environment (p16)

Continue to monitor air quality 🕒

Two 'air quality management' areas (adjacent to the M4, and the A4 at Brands Hill) have been designated in Slough due to air pollution exceeding recommended levels. If traffic levels increase in Slough, pollution could also worsen.

Monitor flood risk 🕒

Parts of Slough, including the Colnbrooke & Poyle area, are at risk of flooding, although no new development is expected in any high risk areas. Areas at 'high' risk (defined as likely to flood at least once in a century) include under a tenth (8.2%) of properties in Slough, numbering some 3,865.

Where does the evidence come from?

Strategic flood risk assessment / Core strategy / Transport plan 🗨️ / Slough Focus 🗨️

Where are these needs reflected in existing commissioning strategies?

Transport plan / Core strategy

Needs by health and wellbeing determinant

General determinants

Health and social care services

See also FURTHER NEEDS LISTED UNDER Transport (p14), Employment and deprivation (p17), Alcohol misuse (p23), Obesity, diet and exercise (p24), Children and young people (p25), Older people (p26), BME communities (p27), Long-term illness (p28), Physically disabled (p29), Learning disabled (p30), Children in care (p32), Offender population (p33), Mental health (p34), Endocrine (hormonal) diseases (p35), Circulatory diseases (p36), Falls (p37), Cancers (p40), Respiratory illness (p41)

OTHER RELEVANT AREAS Air, water, land, food and sanitation (p18), Social and cultural factors (p15), Infectious diseases (p39), Physical environment (p16), Housing (p13)

Improve satisfaction with hospital and social care

Patient satisfaction surveys have found scores for hospital food, waiting times for hospital beds, and general satisfaction, below average for Wexham Park Hospital. Satisfaction scores for recipients of home social services in Slough (53%) are below the national average (59%).

Improve access to health care by travelling community and new migrants

In the Thames Valley area it is estimated that nearly a fifth (18%) of travellers are not registered with a GP, mirroring a national report which found 16% were not registered. Over half (55%) are not registered with a dentist. For new migrants in Slough, increasing availability of services in their own language, and improving registration with GPs, are needs.

Continue to plan for major emergencies 🕒

Slough Borough Council and Berkshire East Primary Care Trust are 'Category 1 Responders' under the Civil Contingencies Act (2004). It is the responsibility of both organisations, along with other members of the Local Resilience Forum, to continue to plan for civil and health emergencies in the Borough. These include major accidents, acts of terrorism, flooding and pandemic influenza. Particularly vulnerable groups in such incidents include the young and old, those with disabilities, individuals in closed communities (such as prisons), and those living near sites of potential danger.

Ensure hospital services used appropriately

In Slough Borough, there are higher rates of admission to Wexham Park Hospital among those who live closest to the Hospital, even after taking into account the ethnic and income mix of the local population. Although this could be a problem with the recording of data, it could also signal that Accident & Emergency is sometimes attended when a GP may have been more appropriate. It is important that the underlying cause of these results is understood, so services can be provided effectively where needed.

Plan to provide services for a larger population 🕒

The population of Slough is likely to rise over the next 10 years, which means health and social care services, such as GP surgeries, will need to be able to cope with more residents using their services.

Although the standard population projection for the area actually estimates a slight drop between 2008 and 2018, a different estimate which takes planning applications for housing into account suggests the population could rise by 5.2%, from 119,700 to 125,900 over the same period.

Where does the evidence come from?

Travellers' needs assessment 🗨️ / Social care users' experience 🗨️ / National Patients' survey 🗨️ / Emergency planning summary / ONS projections / SEERA projections / Thames Valley emergency admissions analysis / Slough migrant study / Berkshire East PCT Commissioning Strategy 🗨️

Where are these needs reflected in existing commissioning strategies?

Berkshire East PCT Commissioning Strategy

Needs by health and wellbeing determinant

General determinants

Occupational health

See also FURTHER NEEDS LISTED UNDER Transport (p14), Social and cultural factors (p15), Physically disabled (p29)
OTHER RELEVANT AREAS Obesity, diet and exercise (p24), Mental health (p34)

Increase opportunities for healthy eating and exercise at work 🕒

In order to address a projected rise in the number of individuals who are overweight or obese, healthy eating and exercise should be encouraged in work places, and when travelling to and from work.

Continue to address workplace stress

Workplace-related stress is the second commonest work-related illness in England, after muscle and bone pains. On average, 30.2 working days are lost for each case of stress each year. Stress has been found to occur more frequently in South East England (710 cases per 100,000 per year) compared with the rest of the country (680). Although reported stress fell during the middle of the current decade, rates have now levelled off again.

Reduce work-place accidents

Although the figures are small, the number of workplace accidents notified to the local Food & Safety team in Slough increased by over half (57%) in the period 2000 to 2006, from around 150 to nearly 250 a year.

Where does the evidence come from?

Berkshire East obesity strategy / Health & Safety Executive data / Health & safety service plan

Where are these needs reflected in existing commissioning strategies?

Berkshire East obesity strategy / Health & safety service plan

Needs by health and wellbeing determinant
Individual lifestyle / risk factors

Tobacco use

See also FURTHER NEEDS LISTED UNDER Children and young people (p25), BME communities (p27), Learning disabled (p30), Children in care (p32), Mental health (p34), Cancers (p40)
OTHER RELEVANT AREAS Employment and deprivation (p17), Circulatory diseases (p36), Respiratory illness (p41)

Continue to encourage people to quit smoking

Smoking remains a major public health problem responsible for a significant amount of illness and death in the Borough – a quarter (25.2%) of people in Slough are estimated to smoke, and it is estimated that one in six (16.5%) of all deaths in South East England result from tobacco use, especially from lung cancer and heart disease. A recent survey also found that local residents thought smoking is still a big problem.

Target particular groups of smokers

A recent review of NHS Stop Smoking Services in the area found that those aged 16-34, and those from an Indian background, didn't seem to use the service as much as the rest of the population, so preventative and smoking cessation services should target these groups.

Smoking among pregnant women is particularly damaging, since not only the mother but also the baby may be affected, and efforts need to continue to reduce the number of pregnant women smoking.

It is known that deprivation and manual employment are both associated with higher rates of smoking, and individuals in these groups should also receive particular attention. Baylis & Stoke, Central and Chalvey all have above average rates within the Borough for hospital admission for conditions due to smoking.

Extra support should be made available to local mental health facilities, which will be required to go smoke-free in July 2008.

Address illegal tobacco sales

Efforts should continue to reduce tobacco smuggling and sales of tobacco to minors, including test purchases at local retailers, and enforcing the recently raised minimum age for tobacco sales (increased from 16 to 18 in October 2007).

Where does the evidence come from?

Berkshire East smoking cessation health equity audit / Deaths due to smoking data / Hospital admissions due to smoking data / Right Care Right Place / Smoke-free Berkshire Alliance Strategic Action Plan

Where are these needs reflected in existing commissioning strategies?

Smoke-free Berkshire Alliance Strategic Action Plan / East Berks PCT Commissioning Strategy

Needs by health and wellbeing determinant

Individual lifestyle / risk factors

Drug misuse

See also FURTHER NEEDS LISTED UNDER Social and cultural factors (p15), Children and young people (p25), Children in care (p32), Offender population (p33)
OTHER RELEVANT AREAS Education (p12), Housing (p13), Employment and deprivation (p17), BME communities (p27), Carers (p31), Sexual and reproductive health (p38), Infectious diseases (p39)

Increase number of drug users accessing treatment services

The number of people misusing drugs in Slough (14.5 per 1000) is above the national average (9.9). Of the 1163 'problem drug users' (those using opiates, like heroin; or crack cocaine) in Slough, over 4 in 10 (43.7%) were estimated not to be in treatment. Once in treatment, the number who stayed in treatment for at least 12 weeks was 67%, below the national benchmark of 77%; and the proportion who did not complete their treatment course ('unplanned discharges', 69%) was above the South East England (62%) and national (61%) averages.

Target particular populations

In Slough, female and BME drug users should be targeted in particular to encourage treatment. The needs of local sex-workers and new communities, such as the Polish community, should also be assessed with respect to drug misuse.

Improve information available on drug misuse

Recent evidence suggests that substance users in Slough would benefit from more information and advice, such as information on safe injecting practices and disposal of injecting equipment, and preventing accidental overdose. Young people should also be offered more information – although the proportion of children claiming to have used illicit drugs in the month before a recent survey was below the national average of 15%, 1 in 10 (10%) of children had.

The quality and timeliness of data collected on substance misuse in East Berkshire should also be improved, making it easier to understand the needs of drug users.

Improve general advice available to drug users

Drug users would benefit from access to advice and services in housing, education, employment and training.


Reduce the spread of blood-borne viruses in drug users

Viral hepatitis and HIV are very serious illnesses which can be transmitted via the bloodstream, so injecting drug users are at particular risk. National guidance should be followed on preventing the risk of blood-borne viruses in drug users, including maintaining needle exchange facilities; ensuring hepatitis B vaccination is available; improving access to general health checks, and hepatitis C and HIV counselling, testing, and treatment.

Increase involvement of drug users in service planning

Individuals who misuse drugs should be more involved in planning treatment services locally.

Where does the evidence come from?

Drug misuse health needs assessment / Slough drugs needs assessment / TellUs2  / Health profile

Where are these needs reflected in existing commissioning strategies?

No specific plans identified to date

Needs by health and wellbeing determinant
Individual lifestyle / risk factors

Alcohol misuse

See also FURTHER NEEDS LISTED UNDER Social and cultural factors (p15), Children and young people (p25), Children in care (p32), Offender population (p33), Mental health (p34)
OTHER RELEVANT AREAS Education (p12), Housing (p13), Employment and deprivation (p17), Health and social care services (p19),

Tackle social and health problems associated with alcohol

The number of men admitted to hospital due to alcohol in Slough each year (960.1 per 100,000 residents) is above the regional (761.5) and national averages (909), and local residents would like under-age and binge drinking reduced in the area. Interestingly, less than 1 in 10 children (8%) in the Borough had been drunk on at least one occasion in the month prior to a recent survey, below the national figure (19%).

Improve services for people who abuse alcohol

Recent assessments of alcohol services across East Berkshire have found that particular groups in the population had problems accessing appropriate services for alcohol misuse, especially women and young adults, and that better information should be made available to children on alcohol misuse. It has also been noted that a standard care pathway and improvements in identifying and referring people with alcohol problems would be beneficial. Sales to underage individuals should also be reduced.

Improve general advice available to alcohol users

People with chronic alcohol problems would benefit from access to advice and services in housing, education, employment and training.

Where does the evidence come from?

East Berkshire alcohol misuse health needs assessment 🗨 / TellUs2 🗨 / Slough Focus 🗨 / Hospital admissions due to alcohol

Where are these needs reflected in existing commissioning strategies?

No specific plans identified to date

Needs by health and wellbeing determinant

Individual lifestyle / risk factors

Obesity, diet and exercise

See also FURTHER NEEDS LISTED UNDER Social and cultural factors (p15), Endocrine (hormonal) diseases (p35), Occupational health (p20), Learning disabled (p30), OTHER RELEVANT AREAS Education (p12), Physical environment (p16), Air, water, land, food and sanitation (p18), Health and social care services (p19), Children and young people (p25), Children in care (p32), Mental health (p34), Circulatory diseases (p36), Sexual and reproductive health (p38)

Improve our knowledge about obesity in Slough 🕒

Obesity is known to be associated with a wide variety of illnesses, including heart disease, diabetes, high blood pressure, depression and infertility. Over a quarter (26.1%) of adults in Slough are estimated to be obese, and there is a significant problem among schoolchildren also – a quarter (24.5%) of boys and 1 in 5 (19.7%) of girls in year 6 (usually aged about 11) are obese. Nearly 1 in 10 girls (9.7%), and a higher proportion of boys (13.2%), are obese by the time they enter school for the first time (reception year, aged about 4). Many local residents agree that obesity is a major health issue for the area, and would like it reduced. It is thought that obesity is likely to be most common in areas such as Britwell, Baylis & Stoke, and Wexham Lea, although the data behind these estimates is not particularly accurate when looking at such small areas. In order to get a better understanding of the problem, more data are needed, including better recording and monitoring of weight among children and adults.

Encourage healthy eating in adults and children 🕒

Obesity is known to be intimately linked to people's diets, so it is important that children understand the benefits of healthy eating; in a recent survey nearly one in five (18%) of secondary school pupils in the Borough wanted more information on healthy eating. Adults also need to know how to choose a healthy diet so they can make healthy choices for themselves and their children. Schools can help by maintaining their 'National Healthy Schools' status and training staff about how to stay a healthy weight. A healthy diet includes regular fruit and vegetables, but 72% of local children and 67% of adults eat less than the recommended 5 portions each day in Slough. School meals in Slough are much more likely to be 'balanced' from a dietary point of view (93%) than packed lunches (31%), suggesting parental education and monitoring of children's food remain important needs.

Promote exercise in adults and children 🕒

Exercise is the other major factor influencing people's weight. Only 1 in 9 (11.1%) adults in Slough currently do the recommended minimum level of exercise each week (30 minutes of moderate activity on 5 days), whereas (75%) of children tell us they exercise at least 3 days a week, above the national average (73%). As with diet, more information should be available to adults (including parents) and children about the benefits of regular exercise.

By one measure, access to recreational facilities is worse than the England average, and a half (48%) of schoolchildren would like better sports facilities locally.

Improve access to obesity services 🕒

For people who are obese, it should be easier to access advice on how to manage their weight and, if appropriate, be given options for further medical or surgical treatment.

Where does the evidence come from?

Synthetic lifestyle figures / Right care right place consultation 🗨️ / Obesity school nurse figures / Berkshire East obesity strategy / TellUs2 🗨️ / Sport England figures / Health poverty index / Slough Focus 🗨️ / Children & young people's plan / School Food Survey Report

Where are these needs reflected in existing commissioning strategies?

Berkshire East obesity strategy / Children & young people's plan / East Berks PCT Commissioning Strategy

Needs by population group

Children & young people

See also FURTHER NEEDS LISTED UNDER Education (p12), Transport (p14), Social and cultural factors (p15), Health and social care services (p19), Tobacco use (p21), Drug misuse (p22), Alcohol misuse (p23), Obesity, diet and exercise (p24), Children in care (p32), Offender population (p33), Mental health (p34), Sexual and reproductive health (p38), Infectious diseases (p39), Oral health (p43)
OTHER RELEVANT AREAS Physical environment (p16), Employment and deprivation (p17), Health and social care services (p19), BME communities (p27), Carers (p31)

Reduce material and social inequalities

Eleven of the 14 wards in Slough have a larger proportion of children living in relative poverty than the South East (19%) and England (21%) averages; the wards with the most children in poverty are Chalvey (41%), Baylis and Stoke (34%), Britwell (33%) and Central (33%). Free school meal eligibility in nursery, primary and secondary schools, markers of deprivation, are also above the South East and England averages.

Monitor infant deaths

The 'infant mortality rate', a measure of deaths in children under the age of one year, is apparently above the rates for the South East and England as a whole (5.1 per 1000 live births per year in Slough, compared with 4.0 in the South East, and 5.0 in England); however because of the relatively small numbers involved, neither of these figures are currently considered 'significant' – i.e. they could be due to random variation. It would certainly be worth continuing to monitor infant deaths to ensure these do not rise further.

Provide more health information for children

In a recent survey of schoolchildren in Slough, 4 in 10 (40%) said they would like more information on alcohol, a similar proportion (38%) information on drugs, over a third (35%) information on smoking, and nearly half (48%) information on sex and relationships. These figures were all above the England average.

Continue to meet needs of vulnerable children

A high number of children in Slough are on the child protection register, and local residents consider children and young people to be a 'vulnerable' group in local society. Efforts should continue to reduce to reduce the number of children in care placed outside the Borough.

Increase children's ability to influence council work

Although children already make a significant contribution to local authority decisions, their representation could be further developed.

Continue to support families under stress

The emotional health of all members of families in crisis or under stress – including parents – should continue to be addressed, for example through the HomeStart programme.

Where does the evidence come from?

Income deprivation affecting children index (IDACI) / Free school meals entitlements / Health profile / TellUs2 / Children & young people's plan / Slough Focus / Infant mortality figures / Annual performance assessment / HomeStart Annual Report

Where are these needs reflected in existing commissioning strategies?

Children & young people's plan

Needs by population group

Older people

See also FURTHER NEEDS LISTED UNDER Health and social care services (p19), Mental health (p34), Falls (p37)
OTHER RELEVANT AREAS Long-term illness (p28), Physically disabled (p29), Circulatory diseases (p36),
Infectious diseases (p39), Cancers (p40), Respiratory illness (p41)

Plan for anticipated rise in social care needs 🕒

With a small projected rise in the elderly population in Slough – an increase of between 200 and 500 people (depending on the method used) over the age of 75 between 2008 and 2018 – this will have an impact on the number of people needing outside help in their daily lives. Currently over 2,000 elderly people receive social care services in the Borough, the majority in their own home. There may also be increased pressure on providing NHS ‘Continuing care’ – care paid for by the NHS rather than means-tested local authority provision, and the number of nursing home places funded publicly.

Provide better information and support for older people 🕒

The uptake of information and advocacy services for older people in the Borough could be improved, along with the number accessing ‘Direct Payments’ – the ability for an individual to choose how money is spent on their social care.

Encourage older people to be independent 🕒

Day care provision for older people could be improved, along with further help for those living at home. The role of telecare in enabling this should be assessed.

Increasing the number of home fire risk checks may also help older people to live safely at home.

Improve flu jab uptake

Although over three quarters (75.8%) of the local elderly population is currently receiving the annual influenza immunisation, this rate is slightly below the regional average (77.4% for South Central area). The higher the rate, the better the population is protected against influenza which, in the elderly and other risk groups, can sometimes be life-threatening.

Improve availability of dedicated ‘end of life’ care

In a recent review, nearly three times as many people died in hospital (57%) in East Berkshire compared with their home (19%), and in one survey it was found that two thirds (66%) of people wished to die at home, but only 1 in 16 (6%) ended up doing so. Improvements have been suggested for availability of dedicated support for ‘end of life’ care, including improving training opportunities for staff, information for carers, and better access to designated palliative care beds.

Where does the evidence come from?

Joint commissioning strategy / RAP PI / ONS population projections / SEERA projections / Immunisation uptake data / Slough Focus 🗨️ / East Berks end of life review

Where are these needs reflected in existing commissioning strategies?

Joint commissioning strategy / Slough annual PBC plan

Needs by population group

Black and minority ethnic (BME) communities

See also FURTHER NEEDS LISTED UNDER Education (p12), Housing (p13), Transport (p14), Social and cultural factors (p15), Employment and deprivation (p17), Health and social care services (p19), Tobacco use (p21), Drug misuse (p22), Physically disabled (p29), Learning disabled (p30), Children in care (p32), Mental health (p34), Infectious diseases (p39), Haemoglobinopathies (p42)
OTHER RELEVANT AREAS Sexual and reproductive health (p38)

Ensure health and council services available regardless of ethnicity

Slough has one of the largest non-white populations in England, making up over a third of the Borough's population (36.3%), compared with much smaller averages for the South East (4.9%) and England as a whole (9.1%).

It is known that Traveller communities have significantly poorer health status than other minority groups. Particular causes of this are levels of smoking, and access to education and GP services.

Primary care services should also be more accessible to local asylum seekers.

Reduce HIV spread in BME communities

Individuals of Black African descent make up a disproportionate number of new HIV diagnoses in Slough (over 60% of all new diagnoses) and the rest of East Berkshire, so efforts to reduce HIV spread should actively involve this community.

Where does the evidence come from?

Census / East Berkshire Sexual Health needs assessment 📍 / Travellers' needs assessment 📍 / Health status of Gypsies and Travellers in England 📍 / Joint Commissioning Strategy

Where are these needs reflected in existing commissioning strategies?

Joint Commissioning Strategy

Needs by population group

Long-term illness

See also FURTHER NEEDS LISTED UNDER Older people (p26), Older people (p26)
OTHER RELEVANT AREAS Housing (p13), Employment and deprivation (p17), Health and social care services (p19), Physically disabled (p29), Carers (p31), Endocrine (hormonal) diseases (p35), Circulatory diseases (p36), Cancers (p40), Respiratory illness (p41)

Plan for increase in people with long-term conditions

The number of people with long-term illnesses in the Borough such as coronary heart disease (CHD) and diabetes is projected to increase significantly – by a nearly a sixth (15.3%) in the next 10 years, from 37,379 to 43,115 people – and health and social services will need to have the capacity to meet the needs of these people. It is felt that current support for people with long-term conditions could also be improved.

Reduce inequalities for those with long-term illness

Although fewer residents in the Borough generally considered themselves to have a 'limiting long-term illness' (14.3%) than the South East (15.5%) or England average (17.9%), the wards with the highest number affected in the working-age population were Foxborough, Baylis & Stoke, and Chalvey, which are also some of the most deprived.

Where does the evidence come from?

Limiting long-term illness data / Long-term conditions projections / Joint Commissioning Strategy

Where are these needs reflected in existing commissioning strategies?

Joint Commissioning Strategy

Needs by population group

Physically disabled

See also FURTHER NEEDS LISTED UNDER Transport (p14), Health and social care services (p19)
OTHER RELEVANT AREAS Physical environment (p16), Occupational health (p20), Children and young people (p25), Older people (p26), BME communities (p27), Long-term illness (p28), Carers (p31), Circulatory diseases (p36), Falls (p37)

Improve access for disabled people in public buildings

All premises open to the public, including shops and other businesses, are also under an obligation to make adjustments for those with disabilities.

Disabled parking should be more clearly sign posted at Wexham Park hospital.

Continue to provide care where needed for physically disabled

In 2006/7, 391 physically disabled people under the age of 65 were receiving social care services, the majority in their own homes. Over 1900 (1907) people over 65 were in receipt of care.

Improve information and support for physically disabled

'Accessible' information, along with advocacy and advice services for physically disabled people, could be further developed in Slough. Language interpreting services should be provided for physically disabled people from BME communities, where necessary.

Ensure those with sight and hearing problems able to access support

Although the Royal National Institutes of the Deaf and Blind estimate that around 15% and 1.8% of the population have hearing and sight problems respectively, only 315 people in Slough are registered as deaf or hard of hearing, and only 529 as visually impaired or blind, suggesting many more people may not be aware or receiving services which could be of use to them.

Roughly 265 are currently registered as having dual sensory loss, i.e. sight and hearing problems. A recent review of services for the 'deafblind' in Berkshire recommended many changes to the way services are organised; that information should be provided in appropriate formats (e.g. Braille, large print etc.); and that carers of deafblind people are offered Carers' Assessments.

Where does the evidence come from?

Joint Commissioning Strategy / Council registers / RAP PI / Disability Discrimination Act / PPI forum NHS access report / You know it makes sense

Where are these needs reflected in existing commissioning strategies?

Joint Commissioning Strategy / Slough annual PBC plan

Needs by population group

Learning disabled and autistic spectrum disorder

See also FURTHER NEEDS LISTED UNDER Housing (p13), Mental health (p34)
 OTHER RELEVANT AREAS Education (p12), Employment and deprivation (p17), Health and social care services (p19), Tobacco use (p21), Obesity, diet and exercise (p24), Children and young people (p25), BME communities (p27), Carers (p31), Offender population (p33), Endocrine (hormonal) diseases (p35), Circulatory diseases (p36), Cancers (p40), Respiratory illness (p41)

Reduce health inequalities for those with learning disabilities

It has been found that as a group, people with learning disabilities suffer from higher rates of obesity, smoking, heart disease, high blood pressure, respiratory disease, diabetes, breast cancer, and stroke, than the general population. Their life expectancy is also lower than the local population as a whole.

It is thought that inequalities in being able to access health care, and the quality of the care received, may underlie this. In particular, cervical and breast cancer screening rates are below the average, and there is some evidence that illnesses may go undiagnosed in people with learning disabilities, the symptoms being erroneously attributed to the learning disability.

Provide more support for particular groups with learning disabilities

Locally it is felt that those with learning disabilities and from a BME background, or with complex needs, are less likely to receive sufficient support for their condition. Additionally, for some female service users it was felt that one-to-one (or segregated) care would be beneficial. A broader range of languages and modes of communication could help some users.

For teenagers with learning disabilities it was thought that more could be done to enable a smooth transition in care between Children's services to Adult social services.

Make learning disabled service more representative

The Borough learning disabled team could be more culturally and ethnically representative of the clients it serves; and the 'voice' of learning disabled people could be used more when taking policy decisions.

Improve opportunities for employment

The opportunities open to individuals with learning disabilities after leaving school are narrower than for other school-leavers, and this is reflected in the low employment rate. Only 9% of those with learning disabilities in Slough are employed, compared with 10% for South East England and England as a whole. These rates are obviously well below the population without learning disabilities – the comparable figure for the general Slough population is 75%.

Improve access to services for people with Asperger syndrome

People with some forms of autistic spectrum disorder (ASD), such as Asperger syndrome, do not always qualify for statutory learning disability or mental health services, despite significant needs. Adults with Asperger syndrome can sometimes experience problems accessing education, housing and employment opportunities because of this. Access to health and social services, and awareness of ASD among professionals, could also be improved.

Where does the evidence come from?

Joint Commissioning Strategy / Equal treatment: closing the gap / Cabinet Office social exclusion data / Taking Responsibility / Slough learning disability report

Where are these needs reflected in existing commissioning strategies?

Joint Commissioning Strategy / Slough annual PBC plan

Needs by population group

Carers

See also FURTHER NEEDS LISTED UNDER Physically disabled (p29)
OTHER RELEVANT AREAS Employment and deprivation (p17), Children and young people (p25), Older people (p26), BME communities (p27), Long-term illness (p28), Physically disabled (p29), Learning disabled (p30), Children in care (p32), Mental health (p34), Respiratory illness (p41)

Reduce health and social inequalities for carers

Nationally, it is known that people caring for others suffer from poorer health than the rest of the population (roughly 1 in 5 class themselves as being in poor health). In addition, many carers have to forfeit their work in order to continue their caring role, and roughly a third face financial difficulties as a result of caring.

Improve support for carers

Among those caring for people with learning disabilities, it was felt more could be done to support carers, for example with respite care and transport help.

Where does the evidence come from?

Joint Commissioning Strategy / Carers UK / Slough learning disability report

Where are these needs reflected in existing commissioning strategies?

Joint Commissioning Strategy

Needs by population group

Children in care (looked-after children) and care leavers

See also FURTHER NEEDS LISTED UNDER Children and young people (p25), Offender population (p33), Mental health (p34)
 OTHER RELEVANT AREAS Education (p12), Social and cultural factors (p15), Employment and deprivation (p17), Health and social care services (p19), Tobacco use (p21), Drug misuse (p22), Alcohol misuse (p23), Obesity, diet and exercise (p24), BME communities (p27), Offender population (p33), Mental health (p34), Sexual and reproductive health (p38)

Improve health and education opportunities for children in care

Children in care are more likely to have mental health problems than those not in care (nearly 1 in 2 – 45% – compared with around 1 in 10 of the general population), and may also have problems accessing health services. Educational achievement is below the average for their age, and as a group a high proportion will not go into training, education or employment after age 16 – a third (33%) of care leavers in the Borough in 2004/5 were in education, employment or training on leaving care, compared with 75% for the general Slough population, and 61% for those leaving care in South East England, and 62% for England. There are currently 164 children in care in the Borough. Young women aged 15 to 17 who have been in care are three times more likely to become teenage mothers than their peers.

Improve access to ‘positive activities’ for children in care

It is recognised nationally that access to leisure activities such as sport or music can be difficult for children in care, and needs to be improved. Children in care are currently more likely to be involved in criminal activity on average than their peers.

Identify needs of care leavers

It is thought that gains made to children’s health during the period they are in care are at risk of being lost once they leave care. In particular, problems with tobacco, drugs, alcohol, diet and teenage pregnancy, are suspected to be common. However, little formal work has been done to date to identify the needs of this group of children, in order to provide appropriate services to maintain their health and wellbeing after leaving care.

Identify needs of children of asylum seekers

Children of asylum seekers are likely to need culturally-sensitive health information, and advice on how to access and use NHS health services; but these needs should be formally assessed to ensure services are appropriate.

Where does the evidence come from?

Care matters: time for change / Promoting the health of looked-after children / Looked-after children report / Cabinet Office social exclusion data

Where are these needs reflected in existing commissioning strategies?

No specific plans identified to date

Needs by population group

Offender population

See also FURTHER NEEDS LISTED UNDER Health and social care services (p19), Children in care (p32), Mental health (p34)
 OTHER RELEVANT AREAS Education (p12), Housing (p13), Social and cultural factors (p15), Employment and deprivation (p17), Health and social care services (p19), Tobacco use (p21), Drug misuse (p22), Alcohol misuse (p23), Children and young people (p25), Learning disabled (p30), Sexual and reproductive health (p38)

Reduce health inequalities in offenders

It is known that people in contact with the criminal justice system, in particular children, are more likely to have problems with mental health, substance misuse, sexual health and physical well-being than their peers. In young people, roughly 1 in 3 have mental health issues and 1 in 4 learning disabilities. In addition, the majority (roughly two-thirds) come from difficult family backgrounds, with 1 in 3 having been in care at some point in their lives. Maintaining links with family while in custody is desirable.

Among youth offenders, there is a disproportionate number of white and mixed-race individuals, compared with the general Slough population. Around 350 (365) young offenders work with the Youth Offending Team over the course of a year, with about 100-150 involved at any one time, the majority aged over 13.

Improve access to health care in community

Offenders in the community may have difficulties accessing primary and secondary care (such as registering with GPs or attending hospital), or problems getting important medications after they are released from institutions.

Improve access to education, employment and training

Re-offending rates are closely linked to the employment status of ex-offenders; by increasing the number of offenders who are able to participate in education, employment or training, re-offending should be reduced. The proportion of offenders on probation in employment in Slough (31%) is below the regional (40%) and English (36%) averages.

Of adult 'prolific offenders' in Slough, a higher proportion (between 75-85%) are in prison at any time, compared with an average for the Thames Valley of 58%.

Advice on housing should also be more readily available for offenders.

Where does the evidence come from?

Youth Justice Board health report / Improving health, supporting justice / Cabinet Office social exclusion data / Strategic Assessment / YOT figures

Where are these needs reflected in existing commissioning strategies?

No specific plans identified to date

Needs by disease / illness

Mental health

See also FURTHER NEEDS LISTED UNDER Housing (p13), Social and cultural factors (p15), Tobacco use (p21), Children in care (p32), OTHER RELEVANT AREAS Employment and deprivation (p17), Health and social care services (p19), Occupational health (p20), Alcohol misuse (p23), Obesity, diet and exercise (p24), Children and young people (p25), Older people (p26), BME communities (p27), Long-term illness (p28), Learning disabled (p30), Offender population (p33)

Improve mental health support for children and young people

Over 1700 children in the Borough (1727 5-16 year olds) have mental health problems. A recent review of the Child and Adolescent Mental Health Service (CAMHS) across East Berkshire suggested some improvements in how CAMHS is organised locally, including how professional support is provided within the service, ensuring good note-keeping, and consistent care pathways; over time, access to cognitive behavioural therapy should be improved.

Provide specialist support for vulnerable young people

Young people who have learning disabilities, are in care, and those from BME communities, do not currently use CAMHS as much as would be expected, suggesting these groups are unable to access the service adequately. Children in or leaving care, with learning disabilities, or in the criminal justice system also require more specialist support than is currently available.

Plan for rise in people with mental health problems 🕒

Mental health problems in adults is thought to be a major public health problem by residents of the Borough. Around 630 people (635) under the age of 65 currently receive social services support for mental health problems. Over the next 10 years it is estimated that the number of people with a severe mental health problem in the Borough will rise, by around 7%.

Plan for increase in people with dementia 🕒

The number of older men and women with dementia in the Borough is projected to rise slightly, from around 1,018 people over the age of 65 in 2008, to 1,141 in 2020, a rise of 12%; health and social services will need to meet the needs of this growing population.

Reduce social exclusion and discrimination, and tackle bullying

People with mental health problems can be subject to discrimination, and end up socially isolated; mental health promotion initiatives can help reduce this. Nearly a quarter (24%) of children in the Borough say they worry about being bullied, in line with the national average (25%). Employment rates for those with mental illness in Slough (17%) is significantly below that for the local population as a whole (74%) are below the average, and below that of the South East (24%) and England (20%).

Address physical health problems

People with mental health issues have higher rates of long-term illness and alcohol dependence, and are more likely to smoke and have a poor diet, than their peers. It is therefore important that physical health needs are met in people with mental illness.

Where does the evidence come from?

East Berkshire mental health needs assessment / Children and young people's plan 🗨️ / CAMHS needs assessment / TellUs2 🗨️ / Right Care Right Place 🗨️ / RAP PI / POPPI projections / Joint Commissioning Strategy / Cabinet Office social exclusion data / Slough Focus 🗨️

Where are these needs reflected in existing commissioning strategies?

Children & young people's plan / Joint Commissioning Strategy / Berkshire East PCT Commissioning Strategy / Slough annual PBC plan

Needs by disease / illness

Endocrine (hormonal) diseases

See also FURTHER NEEDS LISTED UNDER Employment and deprivation (p17), Obesity, diet and exercise (p24), Long-term illness (p28), Learning disabled (p30)
OTHER RELEVANT AREAS Social and cultural factors (p15), Health and social care services (p19), BME communities (p27)

Plan for increase in people with diabetes

Slough has a higher proportion of people living with diabetes (4.9%) than the England average (3.7%), and a higher number of hospital admissions due to diabetes than the rest of East Berkshire. It is projected that the number of people with diabetes will rise over the next few years. Since obesity is a major risk factor for adult-onset (Type 2) diabetes, how much diabetes will rise depends in part upon whether obesity levels rise. If obesity in the Borough rises, the percentage of the population with diabetes is estimated to be 5.55% by 2010 - this is equivalent to a relative increase of roughly one tenth (13.3%) between 2001 and 2010. If the number of people with obesity remains static, the number with diabetes may only rise modestly, to 5.07%.

The high fertility rate in Slough suggests that diabetes in childhood and during pregnancy may rise in future.

Estimating the number of people with diabetes is important for planning adequate community (primary) and hospital (secondary) health services.

Access to screening for diabetic eye disease (retinopathy) could be improved in Slough.

Where does the evidence come from?

East Berkshire diabetes needs assessment / Diabetes prevalence projections / Health profile / Slough annual PBC plan

Where are these needs reflected in existing commissioning strategies?

Slough annual PBC plan / East Berks PCT Commissioning Strategy

Needs by disease / illness

Circulatory diseases

See also FURTHER NEEDS LISTED UNDER Tobacco use (p21), Obesity, diet and exercise (p24), Long-term illness (p28), Learning disabled (p30)
OTHER RELEVANT AREAS Health and social care services (p19), Older people (p26), BME communities (p27)

Plan for increase in people with circulatory diseases 🕒

Due to a combination of an ageing, and larger, population in the Borough over the next 10 years, the number of people diagnosed with coronary heart disease (CHD), heart failure, stroke (also classified as a neurological disorder) and high blood pressure, are all estimated to increase.

Rises of between roughly a seventh and a third are projected for each condition – coronary heart disease (18.1%), heart failure (33.3%), stroke (17.0%), high blood pressure (15.6%).

The probability of dying from circulatory diseases is higher in Slough (213 per 100,000 per year) than the rest of South East England (198); for heart disease and stroke the chance of dying early – measured by the rate of deaths in the under 75s – is above the average for England.

Pick up and treat more people with heart disease

The number of people in East Berkshire who are listed by their GP as having heart disease (2.71%) is below the number which would be expected (3.09%), suggesting some people with the condition have not yet been diagnosed, and are therefore unlikely to be receiving the correct treatment. (The possibility that it is simply GP registers which are not up-to-date should also be investigated.)

Within Slough, the hospital admission rate for heart disease (827.9 per 100,000 per year) is above the East Berkshire average (558.2).

Treat more people with high blood pressure

A large number of people in the Borough – over 13,000 – have high blood pressure (13,240 estimate). It is estimated that less than two in five (39.2%) are currently receiving treatment for their condition. This is below the national average of 41.2%, although this latter figure should not be seen as a 'target', since the majority of those with high blood pressure should be offered treatment.

Where does the evidence come from?

Long term conditions projections / APHO CHD model / APHO hypertension model / CHD hospital admissions / Mortality data / Health profile

Where are these needs reflected in existing commissioning strategies?

East Berks PCT Commissioning Strategy

Needs by disease / illness

Falls

See also OTHER RELEVANT AREAS Housing (p13), Transport (p14), Health and social care services (p19), Older people (p26), Long-term illness (p28), Physically disabled (p29)

Reduce risk of falling among elderly 🕒

It is estimated that each year in East Berkshire over 10,000 residents over the age of 65 sustain an injury after falling. Hip fracture is a common and dangerous consequence of falling, with 535 per 100,000 residents affected by this each year; although this is below the national figure of 565.3. However, the elderly population is projected to rise in the area over the next 10-20 years, so the number of people at risk of falls will also increase.

Preventing falls (for example by making sure a patient's medication is optimal; checking bone density for osteoporosis; or checking a house for loose carpets or trip hazards) in the first place is the best way of preventing this type of fracture.

Improve access to falls support services 🕒

Access to the falls service can be limited by transport; and provision of occupational therapy (OT) following a fall may also be limited. Uptake of preventative programmes following falls, and seated exercise programmes, should also be encouraged. There is a waiting list for scans to measure bone density (DXA scans): it is estimated that roughly threefold the number of scans which are required can currently be carried out routinely. .

Health professionals, such as doctors and nurses, are not routinely given specialist training in looking after people with falls, knowledge which could help prevent further falls in patients.

Where does the evidence come from?

Berkshire East Falls Strategy / Berkshire East Falls service annual report / Health profile / Joint Commissioning strategy / Slough Falls clinic report

Where are these needs reflected in existing commissioning strategies?

Berkshire East Falls Strategy / Joint Commissioning strategy

Needs by disease / illness

Sexual and reproductive health

See also FURTHER NEEDS LISTED UNDER Drug misuse (p22), Obesity, diet and exercise (p24), Children and young people (p25), BME communities (p27), Children in care (p32), Offender population (p33)
OTHER RELEVANT AREAS Education (p12), Health and social care services (p19), Infectious diseases (p39), Alcohol misuse (p23), Cancers (p40)

Improve prevention of sexually transmitted infections including HIV

More resources need to be put into preventing sexually transmitted infections (STIs), including HIV and chlamydia. In particular nearly half (48%) of local schoolchildren would like more information about sex and relationships. Screening for chlamydia among young people should also continue to be supported and developed.

The number of people being diagnosed with HIV in the South Central area has stayed roughly the same over the last four years, although Slough has three times as many individuals with HIV as anywhere else in the Thames Valley. Sexual health promotion needs to continue, to maintain public awareness of the risks, and try to bring the rate down.

Continue to offer advice on reproduction, especially for young people

Although the number of teenagers becoming pregnant continues to fall in Slough, this is dependent on continuing to offer support and advice to all sexually active people, including advice on contraception. The rate in Slough (37.2 per 1000 15-17 year olds per year) remains higher than the South East England average (33.5), but is below that for the rest of England (41.7), and the reduction in the rate locally – over a fifth (21.9%) between 1998 and 2006 – is significantly better than that seen in the region (8.6%) or nationally (8.7%).

Maintain rapid access to sexual health clinics

The number of people able to access genitourinary medicine (GUM) clinics rapidly (within 48 hours) for advice and support with sexual health issues, is generally very good (96% for the East Berkshire as a whole, compared with 85% for England and 91% for the South Central area).

Where does the evidence come from?

East Berkshire Sexual health needs assessment / Children & young people's plan / TellUs2 / HPA national audit / HPA HIV rates / Joint Commissioning strategy / Conception rates / ONS teenage pregnancy rates

Where are these needs reflected in existing commissioning strategies?

Joint Commissioning strategy / East Berks PCT Commissioning Strategy

Needs by disease / illness

Infectious diseases

See also FURTHER NEEDS LISTED UNDER Health and social care services (p19), Drug misuse (p22), Older people (p26), BME communities (p27), Sexual and reproductive health (p38)
OTHER RELEVANT AREAS Children and young people (p25), BME communities (p27), Respiratory illness (p41)

Increase the number of children receiving pre-school immunisations

The number of children in East Berkshire who receive their pre-school boosters at around three and a half years old, is relatively low. The DTP (diphtheria, tetanus and pertussis) booster is received by around three-quarters (74%) of local children, compared with 79% for the rest of England and 81% for South Central as a whole. The second dose of MMR (measles, mumps and rubella) is received by 68% compared with 73% in the region and nationally.

In Slough, the pre-school booster is not received by as many girls as would be expected; and rates for the preschool booster and second MMR dose are low for those with Black ethnicity; from a Traveller background; and for children living in Chalvey, and Colnbrook & Poyle.

High levels of immunisation in the population are important to reduce the transmission of these potentially serious infections between people, including un-immunised adults. In Slough, the quality of some of the data held by health services on childhood immunisations, could be improved.

Continue to address tuberculosis

Slough has a very high rate of the lung disease tuberculosis (TB) – with notifications (68.95 per 100,000 per year) significantly above the regional (7.96) and national (14.3) average.

It is important to continue to identify cases of tuberculosis, since it can usually be treated successfully, and secondary cases (those where someone has caught it from someone else) can in most instances also be prevented. Without treatment, tuberculosis is a serious and potentially deadly disease.

Investigate pneumonia and gastric ulcer reporting locally

Superficially, it would appear that the rates of death due to pneumonia (lung infection) are significantly higher in Slough than the rest of the region or the country as a whole, even when the age and sex-profile of the area is taken into account (the South East generally has a relatively elderly population, so without correction for this it might be expected to see more pneumonia cases). Death due to pneumonia is recorded as 49.1 per 100,000 people per year in Slough, compared with 30.22 in the South East, and 31.02 for England.

Although this may be a genuine rise, it is most likely that it is due to variation in how death certificates are filled in across the country, but this should be confirmed.

At first glance, the chance of dying from ulcers in the stomach or small intestine in Slough (7.3 per 100,000 per year) is above both the regional (3.7) and national (3.9) averages. Many gastric ulcers are due to an infection called *H pylori*, and it would be worth investigating whether the apparently high death rate locally is indeed true (or whether there are local variations in how these ulcers are reported) and, if so, the reasons for this.

Where does the evidence come from?

Mortality data / Immunisation uptake data / TB notifications / Health equity audit MMR & preschool boosters

Where are these needs reflected in existing commissioning strategies?

No specific plans identified to date

Needs by disease / illness

Cancers

See also FURTHER NEEDS LISTED UNDER Tobacco use (p21), Learning disabled (p30)
OTHER RELEVANT AREAS Social and cultural factors (p15), Health and social care services (p19), Long-term illness (p28)

Plan for rise in cancer cases and investigate lung cancer rates 🕒

The number of people diagnosed with cancer is expected to rise significantly (by 16.1%) over the next 10 years, in part due to an ageing population. Health and social care services will need to take this into account when planning community (primary) and hospital (secondary and tertiary) care.

The number of new cases of lung cancer each year in Slough in women (41.5 per 100,000 per year) is significantly above the South East average (28.3), and may reflect a higher local rate of smoking among women than elsewhere in the region.

Improve cervical screening information and monitoring

Cervical screening – taking smears to look for the possibility of cervical cancer – should be more rigorously monitored in Slough, for example to ensure as many of the women eligible for screening receive it. Information about screening for the public should also be available in more languages relevant to the local community.

Where does the evidence come from?

Long-term condition projections / Lung cancer incidence rates / Cervical cancer screening audit

Where are these needs reflected in existing commissioning strategies?

East Berks PCT Commissioning Strategy

Needs by disease / illness

Respiratory illness

See also FURTHER NEEDS LISTED UNDER Employment and deprivation (p17), Health and social care services (p19), Tobacco use (p21), Older people (p26), Learning disabled (p30), Infectious diseases (p39)
OTHER RELEVANT AREAS Long-term illness (p28),

Plan for rise in people with respiratory illness

The number of people diagnosed with long-term breathing (respiratory) problems is expected to rise significantly over the next 10 years. Asthma is projected to rise by 7.3%, and chronic obstructive pulmonary disease (COPD), a diagnosis which includes bronchitis and emphysema, to rise by nearly a third (29.0%). Health and social care services will need to take this into account when planning community (primary) and hospital (secondary and tertiary) care.

The chance of dying from COPD in Slough (32 per 100,000 per year) is above the rest of the region (23).

Where does the evidence come from?

Long-term condition projections / Mortality data

Where are these needs reflected in existing commissioning strategies?

No specific plans identified to date

Needs by disease / illness

Haemoglobinopathies

See also OTHER RELEVANT AREAS Health and social care services (p19), BME communities (p27)

Continue to provide local maternity screening for haemoglobinopathies

Screening pregnant women for haemoglobinopathies (variations in the shape of part of the red blood cell, which can cause diseases such as sickle cell anaemia and thalassaemia) is carried out routinely in Heatherwood and Wexham Park Hospitals, because it is common in people from BME communities. Of women screened, just under 1 in 20 (4.4%) had a haemoglobinopathy of some sort, and 1 in 40 (2.5%) had significant disease.

Detecting these conditions is important because changes can be made to the way the mother and baby are treated, to reduce any risk to them associated with haemoglobinopathies.

Where does the evidence come from?

Haemoglobinopathy data

Where are these needs reflected in existing commissioning strategies?

No specific plans identified to date

Needs by disease / illness

Oral health

See also OTHER RELEVANT AREAS Children and young people (p25)

Improve oral health in children

Nearly half of 5 year olds in Slough have active tooth decay (46.5%), significantly above the rates for the region (29.5%) and England (34.3%).

Where does the evidence come from?

Active decay figures / Children & young people's plan

Where are these needs reflected in existing commissioning strategies?

Children & young people's plan

References

In the electronic version of this document, where weblinks are available these can be accessed by clicking directly on the text.

- Active decay figures (Full title: Oral health in children - active dental decay). NCHOD (2003/4)
- Annual performance assessment (Full title: 2007 Annual performance assessment of services for children and young people in Slough Borough Council). Ofsted (2007)
- APHO CHD model (Full title: Coronary heart disease projection). Association of Public Health Observatories (APHO) (2006)
- APHO hypertension model. Association of Public Health Observatories (APHO) (2007/8)
- Audit Commission summaries. Audit Commission (2008)
- Average income data (Full title: Model-based estimates of incomes for wards). Berkshire Shared Services (2001/2)
- Berks East Falls Service Annual Report (Full title: Falls service annual activity report). Berkshire East PCT (2006-7)
- Berks East PCT Commissioning Strategy. Berks East PCT (2007-2011)
- Berkshire East Falls Strategy (Full title: Falls strategy for East Berkshire: creating an integrated falls service). Anya Ryan, Graham Box, Berkshire East PCT (2007)
- Berkshire East obesity strategy (draft) (Full title: Fitter & healthier futures: an obesity strategy for East Berkshire 2008-2012). Berkshire East Obesity Network (2007)
- Berkshire East PPI annual report (Full title: Berkshire East Patient & Public Involvement Forum annual report). Berkshire East Patient & Public Involvement Forum (2006/7)
- Berkshire East smoking cessation health equity audit (Full title: A health equity audit of smoking cessation services in East Berkshire). Dr Tom Porter / Berkshire East PCT (2006)
- Berkshire strategic housing market assessment. DTZ Consulting & Research (2007)
- Cabinet Office Social Exclusion data (Full title: Socially excluded adults PSA: Indicator data for the South East). Cabinet Office Social Exclusion Task Force (2006/7)
- CAMHS needs assessment (draft) (Full title: Berkshire East CAMHS needs assessment 2007). Dr Angela Snowling / Berkshire East PCT (2007/8)
- Care matters: time for change. Department for Education and Skills (2007)
- Carers UK. Carers UK (2007)
- Census. Office of National Statistics (2001)
- Cervical cancer screening audit (Full title: Audit of cervical cancer screening provision in GP surgeries in Slough). Dr Ravikumar Balakrishnan, Berkshire East PCT (2006)
- CHD hospital admissions. Berkshire Shared Services (2004/5-2006/7)
- Children & young people's plan (Full title: Slough Children & young people's plan 2006-8). Slough Borough Council (2006)
- Commissioning Framework for Health and Wellbeing. Department of Health (2007)
- Conception rates (Full title: Rate of under 18 conceptions per 1000 15-17). National Clinical and Health Outcomes Database (2003-5)
- Core Strategy (Full title: Slough Local Development Framework: Core strategy 2006-2026). Slough Borough Council (2006)
- Council registers. Slough Borough Council (2008)
- Crime levels in Slough. Slough Borough Council (2007/8)

- Deaths due to smoking data (Full title: Choosing health in the South East: Smoking). SEPHO (2005)
- Defra noise maps (Full title: Environmental Noise Regulations (England) 2006 - London Heathrow Airport EGLL Lden/Lnight). Defra (2006)
- Delivering our armed' forces healthcare needs (Full title: Delivering our armed' forces healthcare needs: a concordat between the UK Departments of Health and the Ministry of Defence). Department of Health et al (2005)
- Diabetes prevalence projections. Yorkshire & Humber Public Health Observatory (2005)
- Disability Discrimination Act. HM Government (1995)
- Drug misuse health needs assessment (Full title: Health needs assessment of drugs misuse across Berkshire East). Dr Kriel Ramcharitar / Berkshire East PCT (2007)
- East Berks end of life review (Full title: Berks East PCT Baseline review of services for end of life care). Berks East PCT (2008)
- East Berkshire alcohol misuse health needs assessment (Full title: Needs assessment and proposals for future service developments for people who misuse alcohol in East Berkshire 2006-7). Dr Ravikumar Balakrishnan, Berkshire East PCT (2006/7)
- East Berkshire diabetes needs assessment (Full title: Health needs assessment for people with diabetes). Dr Ravikumar Balakrishnan / Berkshire East PCT (2007)
- East Berkshire Mental Health needs assessment (draft). Berkshire East PCT (2007)
- East Berkshire sexual health needs assessment (Full title: Sexual health needs assessment for East Berkshire). Rutuja Kulkarni / Berkshire East PCT (2006/7)
- Emergency planning summary (Full title: JSNA Emergency Planning). Fairfield Consulting / Brian Mackness (2008)
- Employment statistics (Full title: Unemployment rate - working age). Nomis (2007)
- Equal treatment: closing the gap. Disability Rights Commission (2006)
- Ethnicity attainment data (Full title: Attainment by ethnicity). Slough Borough Council (2007)
- Free school meals entitlements. Department for Education and Skills (2007)
- Haemoglobinopathy data. Heatherwood & Wexham Park Hospital (2006/7)
- Health & Safety Executive data. Health & Safety Executive (2004-6)
- Health & safety service plan (Full title: Health & safety service delivery plan 2007/8). Slough Borough Council (2007)
- Health equity audit MMR & preschool boosters (Full title: Health equity audit of Measles, Mumps and Rubella (MMR) and preschool booster immunisation uptake in Slough). Dr Ravikumar Balakrishnan, Berkshire East PCT (2006)
- Health poverty index. Information Centre (2003)
- Health profile (Full title: Health profile 2007). Association of Public Health Observatories (APHO) (2007)
- Health status of Gypsies and Travellers in England. University of Sheffield (2004)
- HomeStart Annual Report (Full title: HomeStart Slough Annual Report 2006-7). HomeStart Slough (2007)
- Hospital admissions due to alcohol (Full title: Alcohol-harm related hospital admission rates). North West Public Health Observatory (2005/6)
- Hospital admissions due to smoking data (Full title: Smoking attributable fractions by ward for hospital admissions ASRs). Berkshire Shared Services (2004/5-2006/7)
- Housing in poor condition indicator. Department for Communities & Local Government (2001 (collated for IMD in 2004))
- Housing Strategy (Full title: Housing Strategy 2005-2010). Slough Borough Council (2005)

Housing tenure. Office of National Statistics (2001)

HPA HIV rates (Full title: HIV diagnoses surveillance tables: South Central). Health Protection Agency (2007)

HPA national audit (Full title: GUM waiting times audit: a national audit of access to Genitourinary Medicine clinics). Health Protection Agency (2007)

Immigration data (Full title: National Insurance Registrations). Department for Work and Pensions (2006/7)

Immunisation uptake data. Information Centre (2006/7)

Improving health, supporting justice. Department of Health (2007)

Income deprivation affecting children index (IDACI). Department for Communities & Local Government (2007)

Index of multiple deprivation (IMD). Department for Communities & Local Government (2007)

Infant mortality figures. NCHOD (2004-6)

International Panel on Climate Change report (Full title: Climate Change 2007: Synthesis Report. Summary for Policymakers). International Panel on Climate Change (2007)

Joint Commissioning Strategy (Draft) (Full title: Facing the future with the strength of our past: The Joint Commissioning Strategy for Slough 2007-2020). Slough Borough Council (2007)

JSNA Guidance. Department of Health (2007)

Limiting long-term illness data. Office of National Statistics (2001)

Long-term conditions projections. Berkshire Shared Services (2008)

Looked after children report. Sharon Hickson (2008)

Lung cancer incidence rates (Full title: Age standardised incidence rate for Lung cancer). NCHOD (2002-4)

Mortality data (Full title: Directly age-standardized mortality rates). NCHOD (2004-6)

Mortality data. NCHOD (2004-6)

National Patients' survey (Full title: National Patients Survey Programme). Healthcare Commission (2004)

New Entrant Nurse figures. New Entrant Nurse, PCT (2007)

Obesity school nurse figures (Full title: Childhood obesity in East Berkshire schools: Geographical display and comparative classification, 2004-2006). Berkshire Public Health Network (2004-6)

ONS population projections. Berkshire Shared Services (2006)

ONS teenage pregnancy rates (Full title: Under 18s conception data). Office of National Statistics (1998-2006)

Out of work benefit data (Full title: Working-age people on out-of-work benefits). Nomis (2007)

PCT PALS data (Full title: PALS four monthly report). Carolyn Finlay, Berkshire East PCT (2008)

Polish and Somali experiences report (Full title: Polish and Somali migrant experiences of living in Slough.). Avtar Maan, Safer Slough Partnership (2007)

POPPI projections (Full title: Projecting Older People Population Information System). Care Services Improvement Partnership (2008)

PPI forum NHS access report (Full title: Slough Patient and Public NHS Access Report 2004 to 2005). Slough PCT Patient and Public Involvement Forum (2005)

Projected birth rates. Berkshire Shared Services (2008)

Promoting the health of looked-after children. Department of Health (2002)

Pupils' first language data. Slough Borough Council (2008)

RAP PI/C2 (Full title: Referrals, assessments and packages of care (RAP) project). Local authorities (2006/7)

- Right care right place (Full title: Right Care Right Place Public Consultation Appendix 5). Berkshire East PCT (2007)
- Road accident data (Full title: Road Casualties English Local Authorities tables). Department for Transport (2006)
- School food survey report. Slough Catering Strategy Group (2007/8)
- SEERA population projections. South East England Regional Assembly (2006)
- Slough Annual Attitude Survey (Full title: Slough Borough Annual Attitude Survey 2006: How are opinions changing?). Slough Borough Council (2006)
- Slough annual PBC plan (Full title: Slough locality practice based commissioning plan 2008-9). East Berkshire General Practice Collective (2008/9)
- Slough drugs needs assessment. Slough Drug & Alcohol Action Team (2007)
- Slough Focus. Slough Borough Council (2007)
- Slough health scrutiny panel. Slough Borough Council (2007)
- Slough learning disability report (Full title: Slough Learning Disabilities Partnership Board: Key themes and observations). Slough Learning Disabilities Partnership Board (2006)
- Slough Migrant Study. Slough Borough Council (2006)
- Smoke-free Berkshire Alliance Strategic Action Plan. Smoke-free Berkshire Alliance (2008)
- Social care users' experience (Full title: Self-reported experience of social care users). Information Centre (2005/6)
- Sport England figures (Full title: % adults physically active (30 mins moderate activity 5 days per week)). Sport England (2005/6)
- Strategic Assessment (Full title: Strategic Assessment 2008/9). Safer Slough Partnership (2008)
- Strategic flood risk assessment. Slough Borough Council (2007)
- Synthetic lifestyle figures. Office of National Statistics (2003/5)
- Taking Responsibility (Full title: Taking Responsibility: Good practice guidelines for services - adults with Asperger syndrome). National Autistic Society (2002)
- TB notifications (Full title: Incidence of tuberculosis). NCHOD (2005)
- TellUs2 (Full title: TellUs2 questionnaire summary sheet). Ofsted (2007)
- Thames Valley Emergency Admission Analysis (Full title: Benchmarking of Emergency Admissions with LOS > 0 days in Thames Valley). NHS South Central / Dr Rod Jones (2006)
- Transport plan (Full title: Slough Local Transport Plan 2006-2011). Slough Borough Council (2006)
- Travellers' needs assessment (Full title: Gypsy and traveller accommodation needs assessment for the Thames Valley region). Tribal on behalf of Association of Councils of the Thames Valley region (2006)
- Whitehead and Dahlgren classification (Full title: Policies and strategies to promote social equity in health). Whitehead and Dahlgren (1991)
- Years of potential life lost data. Office of National Statistics (2000-2003)
- YOT figures (Full title: Youth Offending Team figures). Melanie Reid, Slough Borough Council (2007/8)
- You know it makes sense (Full title: You know it makes sense: improving the lives of deafblind people in Berkshire). Christopher Davies (2006)
- Youth Justice Board health report. Youth Justice Board (2007)

Acknowledgements

A sincere thank you to everyone who has helped contribute time, patience and knowledge to the JSNA process. Thanks, in particular, to Mike Boyle, Sandra Storey, Frank Toner, Dr Sadhana Bose and Sid Beauchant; and to my wife, Fleur, for putting up with the extra hours to get this first iteration of the JSNA process into a usable shape for future evolution and development.