www.slough.gov.uk
Slough Borough Council

Taking pride in our communities and town

Date of issue: 23rd January 2014

MEETING	**SLOUGH WELLBEING BOARD** Councillor Rob Anderson, Leader Ruth Bagley, Chief Executive Superintendent Simon Bowden, Thames Valley Police Ramesh Kukar, Slough CVS Lise Llewellyn, Strategic Director of Public Health Dr Jim O'Donnell, Slough Clinical Commissioning Group Colin Pill, Healthwatch Representative Paul Southern, Assistant Chief Fire Officer Matthew Tait, NHS Commissioning Board Councillor James Walsh, Health & Wellbeing Commissioner Jane Wood, Strategic Director of Wellbeing
DATE AND TIME:	WEDNESDAY, 29TH JANUARY, 2014 AT 5.00 PM
VENUE:	SAPPHIRE SUITE 5, THE CENTRE, FARNHAM ROAD, SLOUGH, SL1 4UT
DEMOCRATIC SERVICES OFFICER: **(for all enquiries)**	GREG O'BRIEN 01753 875013

SUPPLEMENTARY PAPERS

The following Papers have been added to the agenda for the above meeting:-

* Items 7 and 10 were not available for publication with the rest of the agenda.

PART 1

AGENDA ITEM	REPORT TITLE	PAGE	WARD
7.	Childhood Immunisation Update *To consider update (Lise Llewellyn) (5.55 – 6.05 pm approx.)*	1 - 10	
10.	JSNA Update *To receive update (Angela Snowling) (6.30 – 6.40 pm approx.)*	11 - 28	

sustainable forest


sustainable
forest

SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board

DATE: 29th January 2014

CONTACT OFFICER: Angela Snowling, Consultant in Public Health, SBC
Nisha Jayatilleke (Consultant – Screening and Immunisation) NHS England – Thames Valley
Ravikumar Balakrishnan, Consultant in Public Health, Public Health Berkshire

Tel (01753) 875142

WARD(S): All wards in Slough

FOR INFORMATION & CONSIDERATION

Childhood immunisations - update

1.Purpose of Report

This report is to provide an update on childhood immunisation coverage in Slough and the action that is being taken to improve coverage. The report will:

- Provide an update on childhood immunisation coverage in children under 5 years
- Outline the challenges and issues related to low uptake
- Highlights the actions underway to improve uptake
- Consider how GP practices, Clinical Commissioning Groups, Public Health and Local Authorities can work with Public Health England and NHS England Thames Valley Area Team to improve immunisation uptake in Slough

2. Recommendation(s)/Proposed Action

The Board is advised to:

- To make a note of the past and current performance in childhood immunisations
- To be aware of the changes in national immunisation schedule and the changes in the roles and responsibilities with regards to commissioning and monitoring from 1st April 2013.
- To explore opportunities for local support to develop the action plan with partners and to get resources to develop and implement the action plan to improve the uptake and reduce the inequalities.

3.The Slough Wellbeing Strategy, the JSNA and the Corporate Plan

The issues of childhood immunisations identified in the JSNA 2013 must inform the Health and Wellbeing strategies as stated in the guidance on building Joint Health and Wellbeing strategies (DH 2011).

Slough Wellbeing Strategy Priorities

The Healthy Lives Healthy People specifically mentions the uptake of childhood immunisation as a priority.

Corporate Plan

There are five themes within the corporate plan including a theme on new ways of working which this report supports

Other Implications

(a) Financial

- The costs of the Thames Valley Primary Care Child Health System are funded by the area team of NHS England
- The costs of PH staff time to monitor and support local practices and undertake outreach via health activists is covered within existing PH grant resources.
- The costs of SMS texting software are covered by the clinical commissioning group
- The pilot is being funded by NHS England.

(b) Risk Management

Risk	Mitigating action	Opportunities
That a multiagency approach is required	A joint action plan has been agreed with Thames Valley Primary Care Agency	A working group has been established which links TVPCA/PH/NHS England, GPS and the CSU
That the JSNA does not reflect the latest immunisation data	The data will be uploaded quarterly	PH information team to work with local PH team
Staff capacity to run the extracts for catch up programmes is limited in local practices	Fund CHART queries and automated feeds	Drop in clinics are offered and will be further promoted

4. Supporting Information

4.1 Background

Vaccination / Immunisation is one of the most powerful and cost-effective of all health interventions. Plotkin et al in his book "Vaccines" states that "With the exception of safe water, no other modality, not even antibiotics, has had such a major effect on mortality reduction…"

Children in England are protected through immunisation against many serious infectious diseases. Vaccination programmes aim both to protect the individual and to prevent the spread of these illnesses within the population. As a public health measure, immunisations have been hugely effective in reducing the burden of disease. It is of public health concern when immunisation rates fall, as this increases the possibility of disease transmission, and hence complications arising from outbreaks of infectious diseases.

The UK Childhood Immunisation Schedule covers the recommended immunisations for children and young people (aged 0 to 18 years). The schedule (appendix 1) comprises the recommended universal or routine immunisations which are offered to all children and young people, as well as selective immunisations which are targeted to children at higher risk from certain diseases. The target of the national immunisation programme is for 95% of children to complete courses of the routine childhood immunisations at appropriate ages.

4.2 Changes in Childhood Immunisation Schedule for 2013/14

A number of changes to the national immunisation programme are being made during 2013-14 to reflect the planned and phased implementation of a series of recommendations by the Joint Committee on Vaccination and Immunisation (JCVI) to improve the overall level of protection against preventable diseases. They are:

- **Meningitis C:** From June 2013, changes to the current schedule for administering the MenC vaccine. The second priming dose currently given at four months will be replaced by a booster dose given in adolescence. The change has occurred with the four month dose ceasing in June 2013.

- **Rotavirus:** From July 2013, the introduction into the childhood immunisation schedule of a vaccine to protect babies against rotavirus.

- **Shingles:** From September 2013, the introduction of a shingles vaccine for people aged 70 years (routine cohort) and 79 years (catch-up cohort) to protect against herpes zoster.

- **Childhood Flu:** The existing flu immunisation programme will be extended over a number of years to include all children aged two to 16

inclusive. In autumn 2013, immunisation will be offered to a limited age range of pre-school-aged children.

From April 2013 the commissioning and monitoring arrangements for the Screening and Immunisation service have changed, these changes include:

- NHS England Thames Valley Area team is responsible for commissioning the immunisation programme in England.
- Public Health England along with NHS England Thames Valley Area team is responsible for surveillance and monitoring of the immunisation programme in England.
- GP Practices are the main providers of childhood immunisation for children under 5 years old commissioned by NHS England and with a quality duty in CCGs.
- Currently, School Nurses in BHFT are the primary provider for school based immunisations in Berkshire. School Nursing Service is commissioned by Local Authority Public Health, but the school based immunisation service is commissioned by NHS Thames valley Area Team.
- Public Health England covers the previous HPA functions related to childhood immunisation, health protection reactive work, outbreak management etc.

4.3 Childhood Immunisation Statistics (COVER stats)

The COVER (Cover of Vaccination Evaluated Rapidly) programme evaluates childhood immunisation in England. Public Health England (PHE) in collaboration with other agencies collates UK immunisation coverage data from child health systems for children aged one, two and five years of age. The COVER programme monitors immunisation coverage data for children in the United Kingdom who reach their first, second or fifth birthday during each evaluation quarter. This information is promptly fed back to local level, creating the opportunity to improve coverage and to detect changes in vaccine coverage quickly.

Current Performance

The quarterly immunisation coverage in Slough for Q1 (Apr-Jun 2013) and Q2 (Jul-Sept 2013) is shown in the table 1 and table 2 below compared to other East local authorities and to national averages.

Table 1: Childhood Immunisation uptake by Local Authority in Slough compared to other UAs and England, Q1 (Apr – June 2013).

Source: NHS Thames Valley.

Area	1 year		2 years				5 years		
	Total	All 3 doses DTaP/IPV/Hib (%)	Total	PCV booster (%)	HibMen C booster (%)	MMR1 (%)	Total	MMR2 (%)	Pre-school booster (%)
Slough	**580**	**94.5%**	**565**	**91.9%**	**91.9%**	**91.9%**	**559**	**80.3%**	**80.7%**
Bracknell-Forest	332	96.4%	367	92.1%	92.4%	91.6%	376	86.7%	88.0%
Royal Borough	487	96.7%	447	91.9%	92.2%	91.5%	523	88.5%	90.1%
Berkshire East	1399	94.3%	1379	89.8%	89.8%	89.7%	1458	81.1%	81.3%
Berkshire West		94.8%		92.6%	93.6%	94.5%		91.1%	91.7%
England		94.7%		92.8%	92.9%	92.6%		89.3%	90.2%

Key:	≤85%	85% - 94.9%	≥95%	Source: COVER stats, PHE, 2013.

-
- Children aged 1 year: 580 children reached one year of age this quarter. Only 548 (94.5%) children were fully immunised with all 3 doses DTaP/IPV/Hib and the remaining 32 children were either unimmunised or partially immunised at the end of this quarter.
- Children aged 2 years: 565 children reached two years of age this quarter. Only 519 (91.9%) children were fully immunised with PCV / Hib Men C boosters and MMR 1. The remaining 46 children were not immunised get these jabs at the end of this quarter.
- Children aged 5 years: 559 children reached five years of age this quarter. Among them, 449 (80.3%) had their MMR 2nd dose and 451 (80.7%) had their pre-school booster jab. 110 children did not have their MMR 2nd dose and 108 children missed their pre-school booster at the end of this quarter.
- Most GP surgeries performed well among children aged 1 and 2 years.
- Poor performance (<85%) was seen in 6 GP practices among children aged 5 years. One practice with relatively high number of children, had poor uptake (<85%) for both MMR 1st and 2nd dose.
- As some numbers are relatively small, these performance figures should be interpreted with caution and needs to be compared with the past performance and followed up in future.

Table 2: Childhood Immunisation uptake in Slough compared to other UAs in East Berkshire and England, Q2 (July – Sep 2013). Source: NHS Thames Valley.

Area	1 year		2 years				5 years		
	Total	All 3 doses DTaP/IPV/Hib (%)	Total	PCV booster (%)	HibMen C booster (%)	MMR1 (%)	Total	MMR2 (%)	Pre-school booster (%)
Slough	**671**	**94.04%**	**677**	**88.04%**	**87.00%**	**88.33%**	**652**	**75.61%**	**75.31%**
Bracknell-Forest	426	92.96%	483	90.48%	90.48%	89.86%	508	80.91%	82.28%
Royal Borough	440	93.41%	456	91.45%	92.11%	92.11%	460	86.52%	87.17%
Berkshire East	866	93.19%	939	90.95%	91.27%	90.95%	968	83.57%	84.61%
Berkshire West		93.71%		92.93%	93.32%	94.91%		89.68%	90.92%
England		94.34%		92.67%	92.72%	92.68%		88.47%	89.02%

The uptake figures dropped in Q2 in Slough especially among children aged 2 and 5 years of age. Some of the reasons contributing to drop in performance figures are:

Changes to the Child Health Information System

- The child health information system used in Berkshire East changed in March 2011 from McKesson to Rio. This involved cleansing data and migrating data between the systems. There are differences in data coding and storage, which we believe has had a negative impact on coverage data for Q2.
- In March 2013, the Child Health Information Team previously employed by Berkshire East PCT moved to Reading and merged with the team from Berkshire West. This move resulted in high staff turnover and change in processes, which could have had some impact on data processing and quality.

GP Practices call / recall system

- There is no agreed call recall system in GP practices to identify the children when they are due, invite them for immunisation, re-invite them if they default and have alternative ways to deal with repeat defaulters.

4.4 Actions already being taken to improve performance in the MMR catch up programme :

MMR catch-up project (measles, mumps and rubella) in Slough

The Department of Health, Public Health England and NHS England jointly launched a campaign aiming to drive up demand for MMR vaccination. This was in response to an increase in the number of measles cases in England over the last two years with an annual total of 1,920 confirmed cases in 2012, the highest annual figure since 1994. There is a high rate of measles cases

among teenagers, which has not been experienced in previous years. The 10 to 16 year old age group are mostly affected by the adverse publicity relating to MMR vaccine between 1998 and 2003 and therefore there are larger numbers of children of this age unimmunised or partially immunised against measles. This creates the potential for school based outbreaks as seen in Swansea and the north east of England.

Although there has not been an increase in confirmed cases in Slough, there is still the potential for outbreaks particularly in those areas where coverage of MMR immunisation has been low in the past. One dose on MMR vaccine is 90-95% effective at protecting against measles infection. Two doses will protect 99% of those immunised. There is a national target to immunise 95% of children with one dose of vaccine by the age of 2 years and 2 doses of vaccine by the age of 5 years.

Nationally it is estimated that as a result of the campaign the number of 10-16 year olds immunised against measles has increased by 1%. This data is not available at local level. It has been recognised nationally that obtaining accurate information on the coverage of MMR immunisation in 10-16 year olds is very difficult.

Action to deal with issues related to data quality

MMR vaccination- audit findings

In order to investigate the level of and potential reasons for under-recording, an audit of a small number of practices was undertaken with the aim of evaluating the records of 80 children (aged 10-16yrs) who are coded as unvaccinated at 4 GP practices (2 in Reading and 2 in Slough) with low MMR uptake.

For the two Slough practices, 55% and 75% of 10-16 year olds audited, actually had a record of MMR vaccination in their electronic notes. The proportion of parents / guardians who had been sent a previous MMR letter was 67% in one practice and over 93% in the other. The main reason for the discrepancy in both Slough practices was a software issue. The clinical audit system (software) cannot currently capture electronic coding of MMR accurately from electronic clinical records. Work is in progress to upgrade the system within the next few months.

- Enhanced Phase 2 MMR catch up: A project to improve uptake in lowest performing practices has recently been signed off. The project will provide clinical resources to a number of practices so that they can review all children (10-16 year olds) with zero or one dose of MMR to explore the reason(s) and to take action to get them immunised. The NHS England Area Team has provided funding for this project and it will be delivered by the LA Public Health Team and CCG. The project is expected to report on its work and outcomes in March 2014.

4.5 Proposed actions for Q3 and onwards to increase routine coverage

There are a number of options to improve this situation working with the Area Team:

- Continue to deliver on the existing work plan including:

Improve data quality

a) Updating Software in all GP practices and in Child Health Information System
b) Standardising Read codes in all GP practices
c) Implementing electronic data flow system in Berkshire East
d) Implementing electronic upload from GP practices on to Rio i.e. Child Health Information System
e) Data cleaning in both GP Practices and Rio i.e. Child Health Information System including removing all ghost patients.
f) Promoting practices conduct monthly electronic upload of childhood immunisation activity to CHART data warehouse to expedite updating on to Rio
g) Encouraging practices to schedule their own primary immunisations to maximise resources and ensure timely vaccination

Improving the primary care immunisation services

a) Standardising the call / recall to invite children for jabs across all GP practices.
b) Improving access to jab services e.g. walk-in-immunisation clinics, evening / Saturday clinics, more clinics during school holidays etc.
c) Commissioning alternative providers to offer immunisation services e.g. pharmacies, health visitors etc.
d) Opportunistic offer of childhood immunisations at all settings e.g. GP surgeries, hospital appointments etc.

- A project is underway to work with GP practices to roll out the electronic upload of immunisation data which has shown promising results in other areas to help improve coverage. The idea is to encourage practices to undertake scheduling of primary immunisations to ensure efficiency in immunisation clinics and smooth flow of data.
- General awareness raising through health promotions / campaigns in the community to increase awareness and improve uptake.

a) Promotion has occurred through use of health activists within the Gurdwara, Mosques, early years teams and schools. This work is on going.
b) A pilot campaign is underway to change the way in which invitations are sent for the MMR catch up – via SMS text – this will commence in February. It is being led by the GP lead for the CCG and will be linked to software upgrades for all practices with the aim to improve uptake of all childhood immunisations in future.
c) General Campaigns through various settings e.g. children's centres, nurseries, play groups/ other settings
d) Targeted campaigns to hard-to-reach and vulnerable groups including travellers.

e) Targeted campaigns at the time of school applications / admissions, council applications for benefits etc.

5. Comments of Other Committees / Priority Delivery Groups (PDGs)

This paper will be presented initially to the Wellbeing Board, then to each of the partnership boards to ensure that the gaps identified are costed and a plan brought back to the Wellebing board for endorsement. The findings will also be discussed with the community during the consultation phase and a final version discussed with the Health Overview and Scrutiny Panel.

6. Conclusion

- Immunisation uptake is reasonably good among one and two year old children, but needs to improve to achieve the required 95% target.
- Wide variations in the childhood vaccination uptake within Slough
- Poor uptake among children at 5 years especially 2nd dose of MMR.
- The number of changes this year both in immunisation schedule and in the roles and responsibilities in regards to commissioning and monitoring from 1st April 2013.
- LA public health needs to closely work with NHS Thames valley, CCG, PHE to develop an action plan to improve the uptake this year and reduce the variations.

7. Appendices attached

None

8.Background Papers

1. Slough JSNA 2013 available at www.slough.gov.uk/council-strategies-plans-and-policies/joint-strategic-needs-assessment-jnsa.aspx

2. Public Health outcomes framework available at http://www.phoutcomes.info/

3. NHS outcomes framework available at http://www.ccgtools.england.nhs.uk/ccgoutcomes/flash/atlas.html

4. Adult Social Care Outcomes framework available at http://ascof.hscic.gov.uk/Outcome/617/

5. Childrens Outcomes Framework available at http://fingertips.phe.org.uk/profile/cyphof/data#gid/8000025/pat/43/ati/102/page/0/par/X25004AF/are/E06000036

6. Buck and Gregory (2013). *Improving the publics health*. Kings Fund available at http://www.kingsfund.org.uk/publications/improving-publics-health

7. Health Protection Priorities in the Thames Valley 2013-14. PHE England available at http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=1&ved=0CDIQFjAA&url=http%3A%2F%2Fwww.hpa.org.uk%2Fwebc%2FHPAwebFile%2FHPAweb_C%2F1317135862125&ei=3uPTUpLIK5GVhQf_x4HwBQ&usg=AFQjCNErayXEi-tQcnlxJpkPu3kUsnZOAw&sig2=mTXTiTemqgWlBhaTzbQCig

SLOUGH BOROUGH COUNCIL

REPORT TO: Wellbeing Board

DATE: 29th January 2014

CONTACT OFFICER: Dr Angela Snowling, Consultant in Public Health

Tel (01753) 875142

WARD(S): All wards in Slough

FOR INFORMATION & CONSIDERATION

JSNA 2013, outcomes and priorities for the Wellbeing strategy

1.Purpose of Report

The purpose of this report is to

- describe the structure and outputs from the Slough Joint Strategic Needs Assessment 2013 (JSNA)
- outline emerging issues from national benchmarked outcomes data
- present headlines from the JSNA within a Kings Fund framework for assessing whether the most effective and cost effective interventions are being delivered in Slough

2. Recommendation(s)/Proposed Action

This paper draws together new information from recently published outcomes indicators, from the JSNA and presents these under the nine headings set out in the evidence based cost effectiveness framework provided by the Kings Fund (2013). This information has been presented in this way to illustrate how the board, the agencies they represent, providers, local businesses and voluntary agencies can work effectively and cost effectively to improve the publics health and wellbeing.

It is recommended that the board consider whether the current priorities in the 2013-2016 Wellbeing Strategy are still fit for purpose given the results in the national outcomes data shown in section 4.2, the Census and JSNA results and the Kings Fund guidance.

It is recommended that each agency undertakes a review with their staff to ensure they are aware of the new outcomes for Slough, can access the JSNA, can take part in the consultation on the content and can

demonstrate the golden thread linking the JSNA priorities with their own actions.

For the board to note that

- the ward profiles will be reviewed with the community in Phase 2 to assess whether any local assets can be built on in future planning
- the results of the Phase 2 consultation will be included in the refreshed Slough Story
- that opportunities exist for joint working on new themes as part of the Better Care and PM Challenge fund

3.The Slough Wellbeing Strategy, the JSNA and the Corporate Plan

The issues identified in the JSNA 2013 must inform the Health and Wellbeing strategies as stated in the guidance on building Joint Health and Wellbeing strategies (DH 2011).

Slough Wellbeing Strategy Priorities

The current Wellbeing priority themes include actions under the headings

Health – *to be healthier, with reduced inequalities and improved wellbeing*
Economy and Skills – *to encourage a sustainable economy and a skilled workforce*
Housing – *to possess a strong, attractive and balanced housing market*
Regeneration and Environment – *to create an attractive local environment*
Safer Communities – *to ensure communities feel safe*

The report has identified nine themes from the evidence based Kings Fund report with actions already underway. However there are some specific themes which are currently not represented i.e healthy schools, safe and warm homes (as the existing housing theme does not yet tackle these aspects as recommended by the Kings Fund), health and spatial planning and these areas together with building community resilience should be considered by the board when the strategy is refreshed.

Corporate Plan

There are five themes within the corporate plan including the following themes which this report addresses; delivering services and facilities to meet local needs, developing new ways of working, delivering local and national change and providing value for money.
The Kings Fund report to which this paper refers provides references to ready reckoners for the selection of cost effective interventions.

If the board endorse its use this will enable partners and council staff to ensure they can see their role in promoting health and wellbeing and will signpost best value for subsequent business cases.

Other Implications

(a) Financial

The costs of producing the JSNA ward profiles have been covered within existing resources by the central public health information team funded from the public health grant.
The costs of local staff time to refresh the JSNA and load the content onto the SBC website have been within existing resources.
For phase two any additional costs associated with the routine updating of the data will require additional web master capacity as JSNA renewal should now be part of a rolling programme.

(b) Risk Management

Risk	Mitigating action	Opportunities
That stakeholders and the public cannot influence the priorities set for the next Wellbeing strategy refresh	A consultation will commence now that the ward profiles and themed templates are published.	Develop a rolling programme of online consultation to feedback community priorities based on the ward profiles. Use social media to generate feedback and conduct face to face outreach sessions as part of other consultations
That the JSNA does not reflect the latest national benchmark data	Provide links to ASCOF, PHOF, NHS and Childrens Outcomes Frameworks on the JSNA on line pages	See Appendices 1a-1d in this report and review the outcomes changes through the performance dashboard
That the level of updating required for the electronic version of the JSNA exceeds capacity of local staff to achieve	Risk share the responsibility for updating the JSNA chapters by commissioning additional web updating support and continue to receive updates from the central Public Health team	There will be a rolling programme of renewal commencing after the production of the Slough Story

4. Supporting Information

4.1 The structure of the JSNA

The JSNA is a collection of 5000+ data lines, 52 chapters, the Slough Story and the one page summary as shown in Figure 1 overleaf. It was refreshed with the aid of a wide partnership between June and November 2013. The chapter headings are; starting well, developing well, working well, ageing well, wider determinants and vulnerable groups.

Each chapter takes into account; lifestyle and service data from local and national sources, information on trends in outcomes, a description of the evidence base, national and local strategies to which the issue relates, current services, successes and gaps. The 2013 JSNA is now web based and accessible to all residents, partners and providers.

Figure 1: The structure of the JSNA 2013

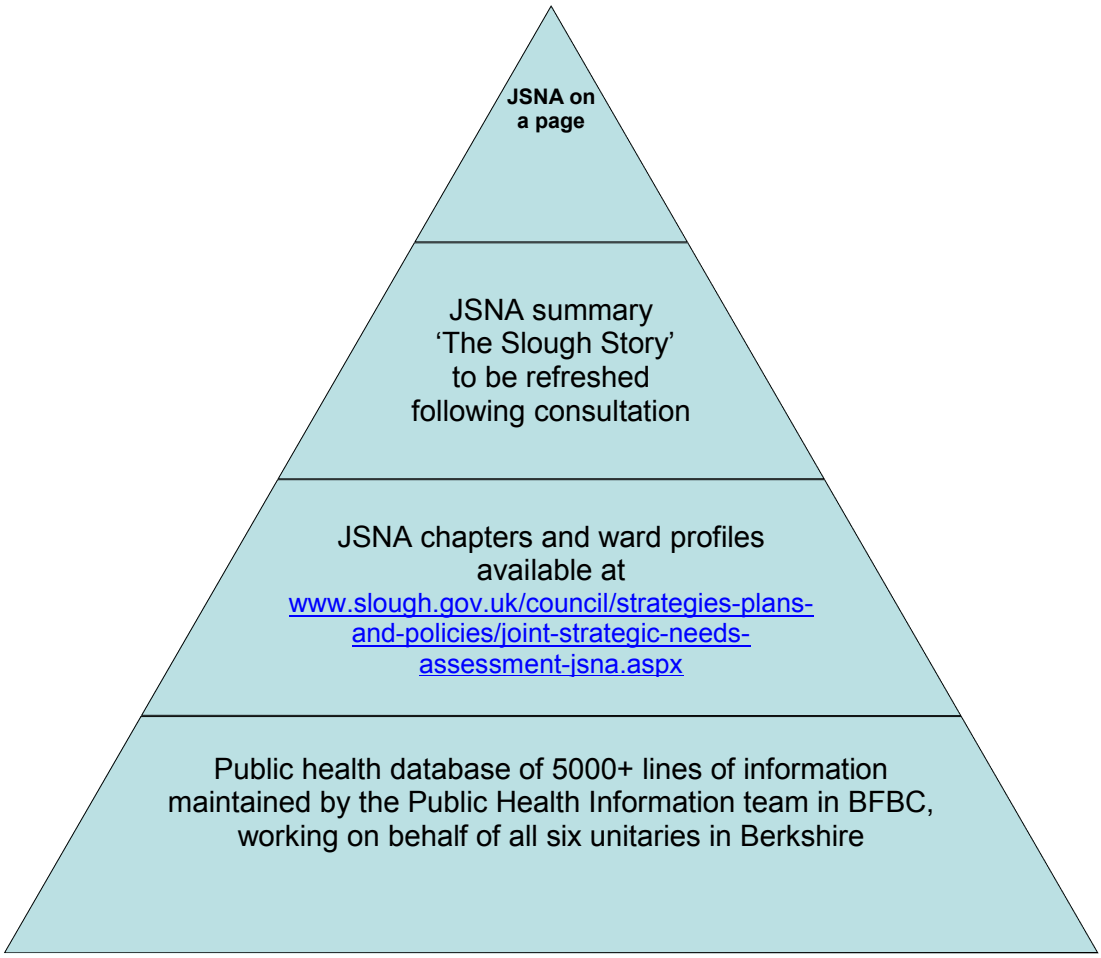

Figure 1 shows the products already available at the end of phase 1 and a consultation period will follow, to ensure that local people and providers can contribute to refining the Slough Story as part of a rolling programme of renewal of the Wellbeing Strategy.

Ward profiles have been created for the old ward boundaries and these will be upgraded to the new boundaries in phase 2. The next steps will include consultation with the community, deciding the priorities for action and mapping the assets and areas for development to the new ward boundaries – the 'JSNA on a page' shown in figure 1.

4.2. National outcomes data

Each agency in the Wellbeing board works to a different set of outcomes which are drawn together in the Public Health Outcomes Framework (PHOF). PHOF consists of four key areas as shown below;

- Wider determinants of health
- Health Improvement
- Health protection
- Healthcare public health

It is important to note that PHOF draws together indicators from the NHS Outcomes Framework, from the Adult Social Care Framework and from the Childrens Outcomes Framework (see Appendices 1a-1d).

Whenever the JSNA chapters are changed and individual outcomes change *significantly* then an update of the Slough Story will need to be considered. Consideration should then be given to whether the priorities within the Wellbeing strategy and other strategies should also change.

The top ten priorities selected from the JSNA in 2011-12 were;

- Wider determinants: housing, employment and skills, violent crime
- Health improvement - mental health, childhood and adult obesity, physical activity
- Health protection - HIV and Tuberculosis
- Healthcare and prevention of premature mortality; diabetes, heart disease, sexual and reproductive health

As a result of the Census, the findings from the 2013 JSNA and the new outcomes frameworks some new outcomes now need to be considered by the board. These are;

- Overarching indicators – healthy life expectancy at birth - females
- Wider determinants: housing (with a greater focus on safer and warmer homes), employment and skills, violent crime and domestic abuse, child poverty (although not statistically different

to England), % of adult social care users who have as much social contact as they would like, utilisation of outdoor space for exercise and health reasons

- Health improvement – tooth decay in under fives, building resilience in local communities to improve wellbeing (as more adults in Slough are reportedly anxious than expected), childhood and adult obesity, % inactive adults, diabetes, low uptake of diabetic retinopathy, health check offered and take up of the Health Check, self reported wellbeing – people with a low happiness score, injuries due to falls in people aged 65 and over 80.
- Health protection – fraction of mortality attributable to air quality, under reporting of Chlamydia diagnoses (now addressed), population vaccination coverage of PCV, flu vaccination uptake in 65+ and vulnerable groups, population vaccination coverage of MMR, late diagnoses of HIV, Tuberculosis incidence, falls and fractures
- Healthcare and prevention of premature mortality; years of life lost from conditions amenable to healthcare, under 75 mortality from cardiovascular disease considered preventable, mortality from liver disease considered preventable, mortality from communicable diseases, emergency readmissions within 30 days of discharge from hospital, preventable sight loss; age related macular degeneration and hip fractures in those aged 65+, excess winter deaths, emergency admissions of children for lower respiratory tract infections.

The following section provides a framework for selecting evidence based interventions to improve outcomes that are also cost effective

4.3 Using an evidence based and cost effective framework

It is vital for good governance that a 'golden thread' links each of the Wellbeing board partners in their work to improve outcomes. This is now possible by adopting the recommendations within the Kings Fund 2013 report called 'Improving the Public's Health'.

The Kings Fund report sets out the evidence base for cost effective actions to improve the public's health under nine key themes which can be used as a checklist by all partners to ensure that future joint work is optimised. The nine themes are;

- The best start in life
- Healthy schools and pupils
- Helping people find good jobs and stay in work
- Active and safe travel
- Warmer and safer homes
- Access to green and open spaces, and the role of leisure services
- Strong communities, wellbeing and resilience

- Public protection and regulatory services (including takeaway/fast food, air pollution, and fire safety)
- Health and spatial planning.

These are different headings to those presented in the JSNA 2013. This is because the JSNA 2013 was based on life course themes identified in the Marmot report Fairer Lives, Fairer Society (2010) and on the Local Government Association JSNA data inventory (LGA, 2010). The Kings Fund 2013 report was published *after* the JSNA was completed and it contains themes for which comparable chapters can be found within the JSNA. However issues such as spatial planning, healthy schools, safer and warmer homes, building community resilience are new and should be considered by the board.

Table 1 sets out the impact of each theme on short and long term health outcomes and reducing inequalities.

Table 1 Direct impacts on health and wellbeing for each theme

Area	Scale of problem in relation to public health	Strength of evidence of actions	Impact on health	Speed of impact on health	Contribution to reducing inequalities
Best start in life	Highest	Highest	Highest	Longest	Highest
Healthy schools and pupils	Highest	Highest	Highest	Longer	Highest
Jobs and work	Highest	Highest	Highest	Quicker	Highest
Active and safe travel	High	High	High	Quicker	Lower
Warmer and safer homes	Highest	Highest	High	Longer	High
Access to green spaces and leisure services	High	Highest	High	Longer	Highest
Strong communities, wellbeing and resilience	Highest	High	Highest	Longer	High
Public protection	High	High	High	Quicker	High
Health and spatial planning	Highest	High	Highest	Longest	Highest

Source Kings Fund Improving the Public's Health 2013

The Kings Fund report enables partners to self assess the work they are doing and is vital for the selection of priorities going forward. A rapid gap analysis follows in section 4.3 and this demonstrates that a considerable proportion of the recommendations are already being delivered in Slough. Where there are apparent gaps it is suggested that the council and its partners should explore these during the JSNA consultation stage to support a refresh of the priorities within the Slough Story.

4.3 Improving outcomes in a cost effective, evidence based way

The following recommendations are taken directly from the Slough JSNA mapped across to the nine Kings Fund priority themes.

4.3.2 A better start in life

Relevant chapters of the JSNA include; early years, child poverty, smoking, alcohol, maternity, drugs and domestic abuse (within the crime section) and maternal mental health

Actions recommended for improving outcomes are;

- Addressing the causes of low birth weights which have lifelong health outcomes requires multiagency action. *The rate of babies being born with low birth weights in Slough is higher than the England average and subgroups are working on identifying which risk factors can be addressed.*
- A child's early development at 22 months is a predictor of educational outcomes at age 26. *This outcome cannot yet be measured across Slough using the Ages and Stages indicator, as is being recommended in 2015 when local authority's take the lead role for the health visiting function. NHS England are leading the transition board for Health Visiting and the Family Nurse Partnership.*
- The Kings Fund recommends ensuring uptake of early school places for vulnerable two, three and four year olds and this is consistent with the recommendation in the JSNA section on early years. *Ensuring the uptake of the two year health check is increased is also a health priority as it remains low although all are offered this service.*
- Early life experiences affect adult health behaviours such as smoking and obesity also have a direct impact on health outcomes for children. *The report recommends improved evaluation of coaching sessions for parents and this will need to be undertaken locally as part of Place Shaping work.*
- Excess exposure to alcohol and cocaine use (pre birth) and neglect lead to poor development. *These risk factors (together with domestic abuse and adult mental health problems) appear throughout the JSNA in the sections on Children in Need and Looked After Children and in the drug and alcohol sections*
- Reducing the repeat rates of domestic abuse have been a priority in Slough for some years and much has been done to research the underlying issues and commission services to support victims and train perpetrators. In 2013 domestic abuse and violent crime became the subject of a wider research programme led by the Police Foundation. An external review has been conducted and a strategic approach is being developed to tackle multiple triggers in different communities. Scope exists to adopt a public health framework.
- The rise in Looked After Children is a key priority for Slough and the recommendations include increasing the numbers of local foster carers, which will also reduce the burden of out of area placements for looked after children

Actions recommended for effective early years support that are already in place are

- Outreach by local charities, specialist midwives, health visitors, Family Nurses, and the Family Intensive Engagement Service provide intensive support to the most vulnerable families
- The provision of 10-15 hours of early education for the most disadvantaged two year olds – this outcome is monitored by the Children and Young People Partnership

- The delivery and uptake of 15 hours a week free early education for 3 and 4 year olds is also a key indicator.

Actions recommended that will need to be monitored are

- child poverty rates for Slough overall are estimated to be now in line with the England average although there are variations at ward level. A child poverty strategy is being developed and will highlight early recognition of families and support from a wide range of partners.
- the extent to which the 0-5 Healthy Child Pathway is met locally
- Behaviour focused evidence based lifestyle improvement interventions e.g coaching parents during play sessions
- integrated support programmes for women in pregnancy (such as smoking cessation, weight management and mental health support)
- staff training to provide specialist intensive support e.g via the early help offer, as foster carers, as community champions to reduce the stigma of mental ill health or for domestic abuse
- reducing emergency admissions for respiratory conditions in children. (The fever pathway has been promoted and the following pathways are awaited; bronchiolitis, asthma, head injury and gastroenteritis).

Key outcomes to improve are;

- numbers of children in care or looked after
- oral health at age 5
- childhood obesity in reception
- respiratory admissions in children under the age of 2 years
- school readiness at age 5.
- The uptake of childhood immunisations in Slough

This is a partnership issues that brings together NHS England, GP services, public health, early years teams and community nursing. It addresses issues such as; communication preferences in a multiethnic community, expectations of and access for working parents, low school nursing capacity and low reporting through GP systems to the child health system.

4.3.3 Healthy Schools and Pupils

Relevant chapters of the JSNA include; school attainment, childhood obesity, physical activity, alcohol and smoking in young people, child and adolescent mental health, childhood diabetes, respiratory conditions, Chlamydia screening and sexual health.

Actions recommended for effective healthy schools to achieve healthy school status are

- Evidence based emotional resilience and antibullying training.
- School based physical activity programmes within and outside the curriculum
- Healthy eating support as a whole school approach and for vulnerable groups such as those on free school meals

- Personal, social and emotional education training for staff and peer educators

Local actions recommended in the JSNA for further development are

- Evidence of how social and emotional skills and life skills such as problem solving are developed. CAMHS tier 1 training programmes for school staff and tier 2 1 to 1 support
- Actions taken to reduce bullying
- Support for schools wishing to self assess using the Healthy Schools Toolkit
- Ensuring there is an evidence based pathway in place to reduce childhood obesity
- Developing an educational programme that enables young people to investigate the impact of genetics and lifestyle on the health of their future children
- Integrated health and social care working across the transition between young people and adult services

Key outcomes that can be monitored across agencies are

- Healthy schools status
- Attainment in the most vulnerable young people
- The prevalence and impact of conduct disorders
- Access to and uptake of physical activity programmes
- Fruit and vegetable consumption at lunch
- Childhood obesity, diabetes and asthma
- Chlamydia screening
- Teenage pregnancy
- Emergency admissions for long term conditions such as asthma, diabetes, epilepsy and for self harm and accidents

4.3.4 How employment can affect health

Relevant chapters of the JSNA are employment and skills, NEET, school achievement, cardiovascular disease, diabetes, mental health. Actions recommended for effective outcomes are

- Employment for those who are not in education, employment or training, for carers and for young mothers to sustain the low rates of NEET and teenage pregnancies are ongoing priorities for the employment and skills group, which has also identified the need to review the capacity of local services to offer support to the long term unemployed
- For adults increasing the offer and uptake of the 40-74 healthcheck for all and in particular groups such as carers and those with mental health problems

Actions recommended that are not yet evidenced systematically are

- Fit for Work programmes
- Support for local businesses to use NICE guidance in developing healthy workplaces
- Support for local businesses to sign up to the Responsibility Deal's Health at Work network

Key outcomes that can be monitored across agencies are

- NEET
- Teenage conceptions
- Employment of protected groups, the long term unemployed and those with long term conditions

4.3.5 Active and safe travel

Relevant chapters of the JSNA include; physical activity, air quality, transport, heart disease, diabetes, obesity

The actions recommended below are underway

- Promotion of cycle to work schemes
- Policies to promote cycling and walking

Actions recommended where further action is needed

- Changing public perceptions of the safety of cycling
- Increasing perceptions of public safety to encourage walking
- 20 mph zones where appropriate*
- Promote safer routes to school to reduce accidents, improve air quality and reduce traffic congestion on local roads
- (*) Maximise community engagement in 'sign only' areas

Key outcomes that can be monitored across agencies are shown in Tables 1-7 of Planning Healthier Places (TCPA/PHE 2013)

4.3.6 Warmer and safer homes

Relevant chapters of the JSNA are housing, child poverty, early years, cardiovascular disease, respiratory conditions, falls and fractures, infectious diseases, dementia, independence in old age, physical disability, mental health, delayed transfers of care

Recommended actions underway include

- Green Deal, the Energy Companies obligation, Affordable Warmth solutions

Recommended actions which should be considered include

- Installing better insulation – focussing on the private rented sector and owner occupied homes where people are at greater risk from cold
- Advice on saving energy
- Collective switching schemes to reduce energy bills
- Introducing the Safe at Home scheme (NICE)

- Prioritise children under five, those in rented or overcrowded accommodation, those on low incomes
- Integrated actions to reduce the rate of falls included targeted risk assessments, support for older people to remain independent, handyperson schemes, hospital discharge schemes

Key outcomes that can be monitored across agencies are shown in Tables 1-7 of Planning Healthier Places (TCPA/PHE 2013)

4.3.7 Access to green and open spaces, and the role of leisure services

Relevant chapters of the JSNA are; physical activity, obesity, deprivation, child poverty, crime

Recommended actions underway include

- Increasing use of green space (as set out in the parks strategy)
- Increasing physical activity (physical activity strategy)

Recommended actions that would need further support include

- Working with communities to integrating increased green space use into neighbourhood plans
- Working with the third sector to maintain the health benefits of parks
- Maintain parks and ensure that antisocial behaviour does not limit the use of parks for health gain
- Actively involve community groups in the maintenance of green spaces (as used in the Herschel model)
- Offer free use of leisure centres during working hours and at weekends
- NB It is vital to target promotion based on needs to prevent the health inequalities gap widening

Key outcomes that can be monitored across agencies are shown in Tables 1-7 of Planning Healthier Places (TCPA/PHE 2013)

4.3.8 Strong communities, wellbeing and resilience

Relevant chapters of the JSNA are; mental health, life expectancy, smoking, deprivation, cardiovascular health, carers, independence in old age

Recommended actions include

- Supporting volunteering – health champions (as underway with the Chances4Change programme), befriending programmes, developing social networks
- Developing an asset based community development approach by mapping community assets, developing health and wellbeing hubs, targeted work such as the Singing for Life programme, underway in care homes in Slough, and the recent place shaping in Chalvey and Foxborough.
- Other work on building community resilience is issue specific such as; the DEFRA work with communities to reduce the impact of flooding and the Chances4Change Walk and Talk programme.

4.3.9 Public protection and regulatory services (including takeaway/fast food, air pollution, and fire safety)

Relevant chapters of the JSNA are; public protection, obesity, diabetes, air quality, transport, accidents, smoking

Recommended actions already underway include

- Food safety inspections, training and award schemes to improve catering standards in local restaurants and take-aways
- Work with schools on school food audits to reduce the amount of salt, fat and sugar consumed and increase consumption of fruit and vegetables
- Reducing traffic congestion and accidents
- Improving air quality through business engagement e.g car clubs, last mile emission delivery targets, eco driving, reducing idling at taxi ranks
- Investment in longer term approaches to improving air quality e.g vertical roof exhausts and diesel filters, boiler replacements, new building control, promotion of cycling networks
- Incentivising fire alarms in homes
- Regulating the flow of traffic and the development of low emission zones

Recommended actions that could be considered by overview and scrutiny in future include

- Regulation of fast food outlets through planning permission
- Use of class orders to address disease prevention
- Support the development of wider public health interventions by fire crews

Key outcomes that can be monitored across agencies are shown in Tables 1-7 of Planning Healthier Places (TCPA/PHE 2013)

4.3.10 **Health and spatial planning**

Relevant chapters of the JSNA are; transport, physical activity and active travel, obesity, road safety, cardiovascular disease, respiratory conditions, mental health, accident prevention. (See parallel paper).

Recommended actions include

- Actions to lower the risk of flooding (e.g. DEFRA community development work in Chalvey)
- Increasing access to green space (as set out in the Parks Strategy)
- Increasing local knowledge of planning issues
- Use of the Spatial Planning and Health Groups checklist when scrutinising plans and proposals
- Implement the recommendations set out in Planning Healthier Places
- Consider accessibility criteria in planning policy
- Increase awareness of how planning decisions increase uptake of services through health impact assessments

Key outcomes that can be monitored across agencies are shown in Tables 1-7 of Planning Healthier Places (TCPA/PHE 2013)

5.Comments of Other Committees / Priority Delivery Groups (PDGs)

This paper will be presented initially to the Wellbeing Board, with a plan to cascade to all priority development groups. The findings will also be discussed with the community during the consultation phase to inform the changes to the Slough Story

6. Conclusion

The JSNA is now freely available for residents, partners and staff to use. There are over 50 templates of detailed evidence under a range of headings along the life course.

There is also a very valuable collection of demographic, deprivation and ethnicity data that will be of use in planning services and for identifying priorities especially for vulnerable groups.

It is not possible to cover all of these in this report. What this report has done is start to scope the issues that are evidence based and for which cost effectiveness information is available. This will allow partners to develop robust plans for improving the health and wellbeing of Slough residents in the future.

The overarching message from the Public Health and CCG outcome indicators is that of reducing the years of life lost due to conditions amenable to healthcare. This reaffirms work on reducing early deaths from cardiovascular disease although a full audit of the underlying reasons is now underway. This outcome will not change significantly in under five years and a five year plan has been submitted by the CCG. Many of the themes identified in the Kings Fund report contribute to this outcome as do important public health programmes such as Healthchecks and smoking cessation. More needs to be done to tackle the impact of air quality and to identify people with high blood pressure and high cholesterol to ensure they receive the treatment needed as peer estimates show that Slough rates are lower than expected even accounting for the younger population.

This report has identified key areas that require further development; health and spatial planning, employment and health, building community resilience and healthy schools that are not yet mentioned in the Wellbeing Strategy. The board is asked to note the importance of the JSNA as an in depth resource and move now to a consideration of whether the outcomes should drive a refresh of all or part of the Wellbeing Strategy. Suggestions are made based on the Kings Fund mapping exercise which is not exhaustive and could be refined by each

agency taking time to share this with their staff to ensure that a transparent 'golden thread' links strategy with actions.

7. Appendices attached

1. (1a-1d) Public Health, Adult Social Care, NHS and Childrens outcomes that are statistically higher or lower than England

8.Background Papers

1. Slough JSNA 2013 available at www.slough.gov.uk/council-strategies-plans-and-policies/joint-strategic-needs-assessment-jnsa.aspx

2. Public Health outcomes framework available at http://www.phoutcomes.info/

3. NHS outcomes framework available at http://www.ccgtools.england.nhs.uk/ccgoutcomes/flash/atlas.html

4. Adult Social Care Outcomes framework available at http://ascof.hscic.gov.uk/Outcome/617/

5. Childrens Outcomes Framework available at http://fingertips.phe.org.uk/profile/cyphof/data#gid/8000025/pat/43/ati/102/page/0/par/X25004AF/are/E06000036

6. Buck and Gregory (2013). *Improving the publics health*. Kings Fund available at http://www.kingsfund.org.uk/publications/improving-publics-health

7. Health Protection Priorities in the Thames Valley 2013-14. PHE England available at http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=1&ved=0CDIQFjAA&url=http%3A%2F%2Fwww.hpa.org.uk%2Fwebc%2FHPAwebFile%2FHPAweb_C%2F1317135862125&ei=3uPTUpLIK5GVhQf_x4HwBQ&usg=AFQjCNErayXEi-tQcnlxJpkPu3kUsnZOAw&sig2=mTXTiTemqgWlBhaTzbQCig

8. Marmot (2010) Fairer Lives Fairer Society available at http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review

9. TCPA/PHE (2013). Planning Healthy Places available at http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=1&ved=0CDIQFjAA&url=http%3A%2F%2Fwww.tcpa.org.uk%2Fdata%2Ffiles%2FPlanning_Healthier_Places.pdf&ei=6JbfUryfK8OQhQfloYDoAg&usg=AFQjCNHokQb_X51k--wZqAceHsa5AACsAQ&sig2=Zgi-YJ1RXSRkf6rffGvOxQ

10. LGA (2011) Joint Strategic Needs Assessment data inventory available at http://www.local.gov.uk/health/-/journal_content/56/10180/3511127/ARTICLE

APPENDIX 1 National benchmarked outcomes

1A PUBLIC HEALTH OUTCOME DATA

DOMAIN 1 – WIDER DETERMINANTS (YEAR REPORTED)

Statistically lower than average

- Pupil absence (2011/12)
- Those not in education, employment or training - NEET (2012)
- Killed and seriously injured on England's roads (2010-12)
- The numbers of complaints about noise (2011-12)
- Statutory homelessness (2011-12)
- Fuel poverty (2011).

Statistically higher than average

- Violent crime (including sexual exploitation)(2012/13)
- Utilisation of outdoor space for exercise and health reasons (2012-13)
- Percentage of adult social care users who have as much contact as they would like (2011/12)
- Re-offending levels (NB data are from 2010).
- Overarching indicators – healthy life expectancy at birth - females

DOMAIN 2 – HEALTH IMPROVEMENT

Statistically lower than average

- Smoking status at time of delivery (2011/12)
- Under 18 conceptions (2011)
- Percentage of active adults
- Access to diabetic retinopathy screening programme
- Take up of NHS Healthcheck among those eligible
- Self reported wellbeing - people with a low happiness score

Statistically higher than average

- Low birth weight of term babies (2011)
- Excess weight in 10-11 year olds (2011/12)
- Percentage of physically inactive adults (2012)
- Smoking prevalence (adults)
- Recorded diabetes (2011/12)
- Breast and cervical cancer screening coverage (2013)
- Access to diabetic retinopathy screening (2011/12)
- Health checks offered (2012-13)
- Injuries due to falls in people aged 65+ (2011-12)
- Self reported wellbeing - people with a low satisfaction score and high anxiety score

DOMAIN 3 – HEALTH PROTECTION

Statistically higher than average.

- Fraction of mortality attributable to particulate air pollution
- TB treatment completion rates
- Slough's incidence of TB has risen to a rate of 56.7 per 100,000 compared to 15.1 in England (Public Health Outcomes Framework 2010-2012)

Statistically lower than average

- Chlamydia diagnoses (NB the JSNA notes that data from the laboratory was not uploaded fully in 2012 so this underreports the true value which was reported as).
- Population vaccination coverage for flu (at risk individuals), for MMR one dose (5 year olds) and for HPV.

DOMAIN 4 – HEALTHCARE AND PREMATURE MORTALITY
Statistically lower than average - none
Statistically higher than average –

- tooth decay in under 5's
- Under 75 mortality rate from all cardiovascular diseases and those considered preventable (2009-11)
- mortality from communicable diseases (2009-11)
- emergency readmissions within 30 days of discharge from hospital
- preventable sight loss age related macular degeneration and preventable sight loss from diabetic eye disease (2011-12)
- hip fractures in people aged 65 and over aged 65-79 (2011/12)
- excess winter deaths (single year 2010 -11 aged 85+)

1B. NHS DOMAIN DATA

DOMAIN 1 – PREVENTING PEOPLE FROM DYING EARLY

Statistically higher than peer and England average

- cardiovascular disease mortality under 75 (2012)
- years of life lost through conditions amenable to healthcare (2012)

DOMAIN 2 – ENHANCING QUALITY OF LIFE FOR PEOPLE WITH LONG TERM CONDITIONS – SEE OVERLAP WITH ASCOF
None were statistically higher or lower than peer and England average

DOMAIN 3 – HELPING PEOPLE TO RECOVER FROM EPISODES OF ILL HEALTH AND INJURY

Statistically higher than peer and England average

- Emergency admissions after 30 days

None were statistically lower than peer and England average

DOMAIN 4 – ENSURING THAT PEOPLE HAVE A POSITIVE EXPERIENCE OF CARE
None were statistically higher or lower than peer and England average

DOMAIN 5 – TREATING AND CARING FOR PEOPLE IN A SAFE ENVIRONMENT AND PROTECTING THEM FROM AVOIDABLE HARM
Statistically lower than average

- Healthcare acquired infections MRSA

1C. ADULT SOCIAL CARE DOMAIN DATA (2012-13)
NB outcomes where the numbers reported are low and therefore the confidence intervals are wide are not reported here.

Slough's ASC results that were higher than comparators for

- People receiving self directed support
- Adults in contact with mental health services in employment
- Adults with learning disability in stable accommodation
- Adults with mental health conditions in stable accommodation
- People who use services and carers who find it easy to find information

Slough's ASC results that were lower than comparators were

- People receiving direct payments
- Service users with control over their daily life
- Adults with a learning disability in employment
- Permanent admissions to care homes
- People offered reablement following discharge from hospital
- Delayed transfers of care (NB Slough ASC performs better than average for DTOC attributable to social care)
- Client satisfaction with care and support

1D. CHILDRENS OUTCOMES FRAMEWORK DATA
Many of the indicators shown that are above the England average are also reported in the main PH Outcomes framework age i.e child poverty, excess weight for 10-11 year olds, population coverage of PCV vaccinations, for MMR1 and 2 doses at age 5, for HPV coverage and tooth decay. A single additional indicator is shown for 'hospital admissions for unintentional injuries in young people' and the Chlamydia screening data is even older than in the PHOF report. This information will be revised within a few months. Until that happens the data should be viewed with caution.