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Date of issue: Wednesday, 13 November 2013

MEETING:	**HEALTH SCRUTINY PANEL** (Councillors S K Dhaliwal (Chair), Chohan, Davis, Grewal, Mittal, Plimmer, Sandhu, Small and Strutton) **NON-VOTING CO-OPTED MEMBER** Healthwatch Representative
DATE AND TIME:	THURSDAY, 21ST NOVEMBER, 2013 AT 6.30 PM
VENUE:	MEETING ROOM 3, CHALVEY COMMUNITY CENTRE, THE GREEN, CHALVEY, SLOUGH, SL1 2SP
DEMOCRATIC SERVICES OFFICER: **(for all enquiries)**	GREG O'BRIEN 01753 875013

NOTICE OF MEETING

You are requested to attend the above Meeting at the time and date indicated to deal with the business set out in the following agenda.

RUTH BAGLEY
Chief Executive

AGENDA

PART I

AGENDA ITEM	REPORT TITLE	PAGE	WARD
	Apologies for absence.		

sustainable forest

AGENDA ITEM	REPORT TITLE	PAGE	WARD

APOLOGIES FOR ABSENCE

CONSTITUTIONAL MATTERS

1. Declarations of Interest

   All Members who believe they have a Disclosable Pecuniary or other Pecuniary or non pecuniary Interest in any matter to be considered at the meeting must declare that interest and, having regard to the circumstances described in Section 3 paragraphs 3.25 – 3.27 of the Councillors' Code of Conduct, leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with Paragraph 3.28 of the Code.

   The Chair will ask Members to confirm that they do not have a declarable interest.

   All Members making a declaration will be required to complete a Declaration of Interests at Meetings form detailing the nature of their interest.

SCRUTINY ISSUES

3. Member Questions

   (An opportunity for Panel Members to ask questions of the relevant Director/ Assistant Director, relating to pertinent, topical issues affecting their Directorate – maximum of 10 minutes allocated).

AGENDA ITEM	REPORT TITLE	PAGE	WARD

9. Future Meetings

The next meeting of the Panel is due to be held on 13th January 2014.

An additional meeting of the Panel will be required to conduct all the business set out in the work programme. To confirm the date of the additional meeting as:

Thursday, 6th March 2014

Press and Public

You are welcome to attend this meeting which is open to the press and public, as an observer. You will however be asked to leave before the Committee considers any items in the Part II agenda. Special facilities may be made available for disabled or non-English speaking persons. Please contact the Democratic Services Officer shown above for furthers details.

Minicom Number for the hard of hearing – (01753) 875030

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Health Scrutiny Panel – Meeting held on Tuesday, 17th September, 2013.

Present:- Councillors S K Dhaliwal (Chair), Chohan, Davis, Grewal, Mittal, Plimmer, Sandhu (arrived at 6.45pm) and Small.

Non-Voting Co-optee - Slough Healthwatch representative, Colin Pill

Apologies for Absence:- Councillor Strutton

PART I

21. Declarations of Interest

None were declared.

22. Minutes of the Last Meeting held on 24th July 2013

Resolved - That the minutes of the last meeting held on 24th July 2013 were approved as a correct record.

23. Member Questions

There were no questions received from members.

24. Adult Safeguarding Annual Report 2012/13

The Committee considered a report presenting the draft Annual Report of the Slough Safeguarding Adults Partnership Board that set out the work of the Board between April 2012 and March 2013.

The Board was now in its fifth year, and in accordance with the Department of Health Guidance document 'No Secrets', had produced its Annual Report for endorsement by each statutory agency. The report began by acknowledging the publication of the draft Care and Support Bill, which was due to establish the first statutory framework. It was disappointing to note that following consultation, the Government had decided not to introduce a specific power of entry (for a social worker and police officer) to speak to someone who they think could be at risk of abuse or neglect, in support of the duty to make enquiries.

Under the reorganised structure of the health service now in place, a Nurse Director had been appointed who would act as the safeguarding lead for the Slough CCG and represent the CCG on the Slough Safeguarding Adults Partnership Board. The new Disclosure and Barring Service had come into force in March 2013, merging the Criminal Records Bureau and the Independent Safeguarding Authority, and work was being undertaken to ensure all partners were aware of their responsibilities in the management of their staff. Events at Winterbourne View and Stafford Hospital had highlighted

the importance of effective multi-agency safeguarding arrangements and the 'lessons learned ' have informed the work carried out locally.

In 2012/13, the Board commissioned a Peer Review Challenge into all aspects of Safeguarding Adults in the Borough. The review team confirmed that Policies and Procedures were in place, complete and up to date and found much evidence of good practice taking place. A number of areas had been identified for development and using information gained from the Peer Review, the Board had developed its Safeguarding Adults Strategy for 2013 – 2016.

The Committee noted that there had been 499 alerts made to the safeguarding team in 2012/3, an 8% increase over the previous year. There was a changing pattern to nature of alleged abuse for safeguarding referrals, whereby neglect was now the most common reason for referrals at 43% of the total, compared to the position two years ago when physical abuse had been the primary reason.

From answers to questions, the Panel noted that while it was difficult to show how effective the Safeguarding Board had been, attention was drawn to the following points:

- A strong training agenda for staff was in place aimed at improving the identification of abuse, with simple and effective means of making referrals.
- A lot of emphasis was placed on getting the message across and a communications strategy aimed at delivering wider safeguarding messages to Slough residents had been made a priority for 2013/14.
- Health care workers in care homes and providing domiciliary care were subject to strict disciplinary measures and any incidents that occurred were dealt with promptly.
- All providers were required to ensure their staff were given the DBS check.

Resolved - That the report be noted.

25. Public Local Account

Consideration was given to a report presenting the draft Adult Social Care Local Account 2012 – 2013 and priorities for 2013-14. The Local Account was a measure of how well care services were being provided in Slough and contained a summary of the position and details of the key achievements over the last year.

Looking ahead to 2013-14, the recommended priorities were set out under four headings:

- Delaying and reducing the need for care and support
- Enhancing quality of life for people with care and support needs
- Ensuring people have a positive experience of care and support
- Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm

The Panel noted that the number care beds bought in by the Council was falling but overall the number of people receiving care was going up. The focus was on supporting people at home, which was not only substantially cheaper than residential care, but also generally preferred by people since it enabled them to remain independent at home. It was the aim of the Council to increase the numbers of people taking more control of their lives through self-directed support; the target for 2012/13 had not been reached and this had been made a priority for 2013/14, although it remained a challenge.

People were now in a position to choose personal assistance and/or domiciliary care from a range of 12 providers. The Safe Place Scheme had been successfully extended and 48 local businesses had signed up to it. Setting clear standards for the care services provided and asking those who received the service for their views were seen as key to achieving the improvements sought, in conjunction with better management of the resources available through early interventions and developing preventative services.

Resolved - That the Local Account be received and approved for wider publication.

26. Older People's Strategy

The Panel considered a report introducing the refreshed Slough Commissioning Strategy for Older People 2013 – 2018, for comment and approval.

A presentation for the Panel set out the issues and main points of the Commissioning Strategy, which had to be considered against a Slough over 65 population which was projected to rise from 13,800 in 2014 to 16,200 in 2020. The largest rise was expected in 65 to 69 age group, although the greatest cost was associated with care for the over 85 age group. The spend on older people services in 2012/13 totalled approximately £10m, of which £4.5m was for nursing and residential care. The Council currently supported 1013 older people in the community through a variety of care services, 182 people in residential care and 237 in nursing care.

Extensive consultation had been carried out with older people about their circumstances and their views on the services provided. Figures on the outcomes were based on a return of 463 questionnaires and showed that among older people there was generally a good measure of satisfaction with access to community services, access to transport, choice and control over care and support, and that their privacy, dignity and choices were respected. There was an awareness of safeguarding against abuse and a good level of confidence around reporting it. The responses had also highlighted a number of areas where improvements were desirable:

- 75% of carers were not in receipt of respite care
- 57% of respondents felt they were not consulted about local decisions
- 34% felt their personal care needs were not being met

- People wanted improved access to specialist services and increased access to wellbeing and prevention services
- There were concerns about future provision for transport facilities

This pointed to a lack of information and communication about services in the Borough, since many of the services requested in the consultation were already being provided but were not known about. In conclusion, the areas for focus of the commissioning strategy had been placed into four key themes:

- Theme 1 – promoting and sustaining health and wellbeing for older people including prevention
- Theme 2 – increased support to enable independence in the community and improving quality of life
- Theme 3 – Managing long-term conditions
- Theme 4 – supporting people at the end of their lives

Having received answers to a number of questions, Panel members welcomed the refreshed Strategy, together with the Action Plan, as important steps to assist the Council in developing a more comprehensive range of support for older people in the Borough.

Resolved -

(a) That Alan Sinclair, Assistant Director Adult Social Care, be thanked for his presentation to the Panel.

(b) That the draft Commissioning Strategy be approved for wider publication.

27. Heatherwood and Wexham Park Hospitals

The Panel received the following papers for consideration:

- CQC Inspection Report on Wexham Park Hospital – July 2013
- CQC Inspection Report on Heatherwood Park Hospital – July 2013
- Monitor Enforcement Undertaking Notice
- CQC Statement

The Panel also received (updated at September 2013) Heatherwood and Wexham Park Hospitals Action Plans in response to the Care Quality Commission Inspection and Philippa Slinger, Chief Executive of the Trust, was in attendance to report on them. A great deal of progress had been made in relation to the improvements required; the action set out in the warning notice to meet the essential standards of quality and safety had been completed by the due date of 12 August. Re-inspection by the CQC was awaited. The Trust was now working through all the areas which were, in the judgment of CQC, of moderate concern, and the Action Plans detailed the progress made on each. In a number of areas, changes had been made to systems and processes which, though successful, would take some months to become firmly embedded within the organisation. This would then allow the number and frequency of the daily checks and inspections that had been introduced to be decreased.

In relation to volume and capacity issues, work was ongoing in the A&E department where a new modular waiting area had been brought in and the former waiting area was being converted to provide 18 additional bays (due for completion by October 2013). The refurbishment of Ward 17 would provide 28 additional beds by mid October and the refurbishment of Ward 10 (vacated by Mental Health) would provide a further 28 beds by February 2014. A modelling exercise had shown that if volumes were no worse than last winter, then patients could be accommodated and demand for services met.

Philippa Slinger also reported on, and covered in answers to questions, the following matters:

- A surge escalation plan was in place to come in to operation at times of peak demand on A&E.
- Staffing was an ongoing challenge: the Trust was currently advertising for 12 consultants but applicants were difficult to attract. Nurse recruitment had been assisted by some successful recruitment campaigns in Europe.
- Feedback from patients was very important. In addition to data from the 'Friends and family' test and the National Patient Survey, the Trust was looking to collect data from electronic patient feedback.
- From November, A&E would have the benefit of a new computer system which would assist with the logging and tracking of patients.
- Cleanliness was being tackled through two deep cleans (over a six month period) for the whole of the premises. Also, a system was being introduced to provide for a Matron and the domestic supervisor to be required to jointly sign-off work.
- The Trust was one of a number selected by the Department of Health for special financial support. £3.9m revenue funding had been allocated for additional staffing in A&E, for staffing the newly refurbished wards due to be opened (including the full year costs), for staff for new diagnostic services and for buying planned surgical services from elsewhere.

Resolved - That the report be noted and Philippa Slinger be thanked for attending to report progress.

28. Forward Work Programme

The Panel considered the work programme for 2013/14, setting out the priorities and topics for the year. Any slippage occurring would be used to help achieve a more even programme.

Resolved - That the work programme be noted.

29. Attendance Record

Resolved - That the attendance record be noted.

30. Date of Next Meeting

The date of the next meeting was confirmed as 21st November 2013.

Chair

(Note: The Meeting opened at 6.30 pm and closed at 8.26 pm)

Health and Social Care Act 2012

- The Health and Social Care Act 2012 sets out that local Healthwatch will be established in April 2013
- A local Healthwatch will be an independent organisation, able to employ its own staff and involve volunteers, so it can become the influential and effective voice of the public. It will have to keep accounts and make its annual reports available to the public
- Building on the LINK Local Involvement Networks legacy

What is Healthwatch Slough ?

New independent consumer champion for health and social care services.

Exist in 2 forms – Local Healthwatch and Healthwatch England

SBC commissioned partnership between citizens advice bureau help&care

The aim of Healthwatch is to provide a service to individuals – giving advice or signpost people to information to help them make choices about health and care services.

It will give citizens a stronger voice to influence and challenge how health and social care services are provided locally & provide information to be used at a national level to inform policy and strategy

What will Healthwatch Slough do?

- Enable people to share views and concerns about local health and social care services
- Provide evidence-based feedback to commissioners and providers, to influence and to challenge
- Provide, or signpost to, information about local services and how to access them
- Have a seat on the Health and Wellbeing Board
- Alert Healthwatch England and CQC to concerns about services
- Promote Consumer Rights in Health and Social Care

The Healthwatch Slough Team

Marianne Storey – Executive Director Help and Care

Malcolm Rigg – Executive Director, Citizens Advice Slough

Colin Pill – Chair, Non Executive Director

Sarah Brown – Governance & Compliance Non Executive Director

Arvind Sharma – Diversity & Inclusion Non Executive Director

Vacant –
Recruiting now – Finance and Improvement Performance Non Executive Director
Lay Members – Non Voting, Reserved seat CCG, Young Person, Volunteering and Projects to be appointed in 2014

Staff Team – Caris Thomas (FT), Manvinder Sagoo (PT) & Arunjot Mushiana (PT)
Regional Managers – Peter Munns & Janice Haynes

What have Healthwatch Slough achieved

•Induction, training and team building

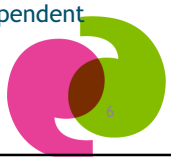
•Established effective Governance – Strategy, Service delivery and monitoring Contract & Service Level Agreements SLA

•Strengthened regional partnership with neighbouring Healthwatch organisations

•Taking part in regional and national Healthwatch England Conferences

•Establishing robust terms and reference and governance

•Develop our strategy on how we can become Slough's independent consumer champion, Being Credible and a Critical Friend

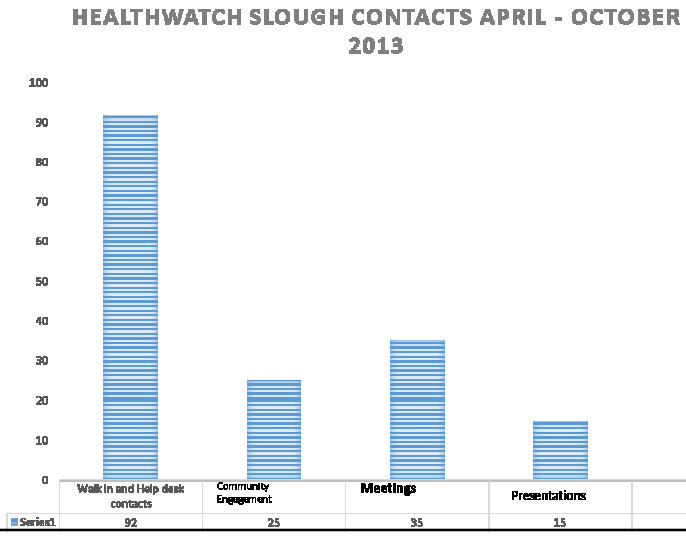


Meetings with Key Providers

•Wexham Park Hospital
•Care Quality Commission (CQC)
•Slough Service Guide
•P3
•Creative Support,
•Patient Experience Panel Meeting
•Berkshire Healthcare Foundation Trust Meeting
•SEAP
•Discharge Processes Group
•Stroke Association
•Slough Volunteer Centre
•Public Health

•Slough Wellbeing Board
•Slough Clinical Commissioning Group (CCG)
•Slough Children's partnership Board
•Quality Surveillance Group (QSG)

The Healthwatch Voice - Contacts, Meetings & Presentations



The local voice “Consumer Comments”

- I have made a complaint to my local hospital, I have not received an acknowledgement please can you help me on the steps on what to do next?
- My mother has had a very unhelpful diagnoses with her GP, she has lost all confidence and will not go back what can I do?
- I have just been informed that my son will no longer receive the services from (CAMHS) Children and Adolescent Mental Health Service, he still needs this service what can I do?
- I need to complain about social services, I have been left in a situation and no one is telling me anything, please can you help.
- Where do I go to get help I am blind and need further support.?

Healthwatch Current Projects & activities

- **Healthwatch Projects**
- Mapping access to GP appointments in Slough
- Sensory needs
- Wexham park hospital

- **Healthwatch Reports and findings**
- The LINK legacy document*
- Launch of the Consumer Champion*

* Reports are available on the HWS website.

The Healthwatch Plan 2014

- Community Champions recruitment **Jan 2014**
- The Healthwatch Slough Launch **Feb 2014**
- Appointment of Lay members
- Establishing and sharing the Healthwatch Slough key priorities
- Embedding the Board and governance
- Learning from the LINKs legacy
- Connecting and engaging with community organisations and individuals
- Representing and championing our local community
- Create an up-to-date resource directory for the signposting function
- Building effective relationships with key stakeholders
- Recruiting and training volunteers
- Establishing an effective communication and promotion strategy
- **Always operate with integrity, independence and transparency**

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 21st November 2013

CONTACT OFFICER: Alan Sinclair
Assistant Director Adult Social Care, Commissioning and Partnerships
01753 875752

Sangeeta Saran
Head of Operations, Slough CCG
01753 636572

Susanna Yeoman
Head of Mental Health Services (SBC) / Deputy Locality Director (BHFT)
01753 635663

WARD(S): All

DEMENTIA CARE STRATEGY: A PROGRESS UPDATE

PART I

FOR INFORMATION

1. **Purpose of Report**

To provide an update to the Committee on the implementation of the Dementia Strategy for Slough.

2. **Recommendation(s)/Proposed Action**

The Committee is requested to note the report.

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

This update report on Dementia Care Strategy in Slough links directly to the Health priority contained within the Joint Wellbeing Strategy 2013-16:

> 'A growing number of older people will suffer from dementia in Slough. Slough's demand for dementia services is growing, and will continue to do so for the foreseeable future'.

A priority action of Slough's Joint Wellbeing Strategy is to implement the National Dementia Challenge.

The themes in this report also link to the Wellbeing Strategy 'Safer Slough' priority, with multi-agency partners working together and with patients and families, to ensure that people with dementia are effectively safeguarded and treated with dignity and respect.

Cross cutting themes

Residents can take up offers of health screening and support family members in high risk groups to do so. Residents can also benefit from opportunities described in this report, to learn how to manage dementia related conditions, and access support available.

The image of Slough can be improved and the experience of residents and carers with dementia can be enhanced, by the developments aiming to promote 'dementia friendly communities' which are described in this report.

Slough JSNA 2013 identifies increasing projected incidence of dementia, both in under 65 years and older 65 years age groups. The JSNA identifies opportunities to extend the work of dementia advisers across East Berkshire, and describes an opportunity to develop a psychiatric liaison project following the exemplar RAID model (Rapid Assessment, Interface and Discharge) to improve outcomes and reduce length of stay for patients with dementia and mental health problems admitted to acute hospitals.

4. Other Implications

(a) Financial

An increase in numbers of people with dementia living in Slough will give rise to a financial impact, which will need to be managed by Slough Borough Council and Slough Clinical Commissioning Group. During 2012 and 2013, additional investment was made through the Slough Clinical Commissioning Group and South East England Innovation fund, and has been used to improve the pathway for early diagnosis, and for targeted projects.

(b) Risk Management

Recommendation	Risk/Threat/Opportunity	Mitigation(s)
Implementation of the National Dementia Strategy in Slough	Increasing prevalence and demand could result in insufficient capacity within services. Council and health service budget constraints could result in services being under–resourced.	Services have received investment from CCG to increase memory clinic capacity. Options to extend Liaison service are being explored. Joint working with multi-agency partnerships including voluntary and third sector are being pursued to implement the strategy.

	Dementia adviser post has only been funded on fixed term until March 2014	Options are being explored to create a permanent funded post.

(c) Human Rights Act and Other Legal Implications

There are no Human Rights Act or other legal implications associated with this report.

(d) Equalities Impact Assessment

There is no Equalities Impact Assessment as this update does not include new or revised policy, procedure or function. Equalities information (gender, age ethnicity) is included within the report for information.

(e) Workforce

Workforce implications relate to training of Council and other workers within Slough, including 'awareness raising' for local businesses.

5. Supporting Information

5.1 Key National Documents

National Dementia Strategy 2009-2014

The 5 year national strategy 'Living Well with Dementia' was published in 2009 and contains a vision for transforming dementia services, in order to achieve better awareness of dementia, early diagnosis and high quality treatment at whatever stage of the illness and in whatever setting. The strategy contains 17 objectives which are summarised in Appendix A.

Prime Ministers Dementia Challenge 2012

The Dementia Challenge was launched in March 2012, by Prime Minister David Cameron, identifying dementia as 'one of the most important issues we face as the population ages'. It is a programme designed to make a qualitative difference to the lives of people with dementia and their families and carers, building on progress made through the National Dementia Strategy. There are 3 main areas for action: driving improvements in health and care (improve rates of diagnosis, diagnosis pathway, experience of people receiving a diagnosis and post-diagnosis support), create dementia friendly communities and improve dementia research.

5.2 Slough's Dementia Strategy Implementation plan.

A multi-agency group was formed in Slough, following publication of the National Dementia Strategy 2009. The purpose was to oversee implementation of the 17 strategy objectives in line with East Berkshire Joint Commissioning Dementia Plan and Joint Strategic Needs Assessment.

During 2012, an exercise was undertaken to compare Slough's performance against each of the National Dementia Strategy objectives. From this exercise, achievements and gaps were highlighted (summarised in Appendix A).

Achievements were noted as follows:

- There is good engagement in the group from multi-agency partners, including statutory health and social care services, housing, and voluntary sector, with a nominated GP representative.
- Memory services are well established and have been enhanced through Berkshire Healthcare NHS Foundation Trust (BHFT) re-organisation. In 2012/13 and 2013/14 additional CCG investment in memory services has allowed further expansion of Slough's memory services.
- Information and advice sessions, and Alzheimer cafes for public, service users and carers have been established in partnership between statutory and secondary care services.
- An East Berkshire Older Persons Mental Health Liaison service has been commissioned since 2012 and this service was further enhanced with a part time psychiatrist from 2013. Heatherwood and Wexham Park Hospitals (HWPH) have created a team of three registered mental health nurses to work with in- patients with mental health needs, largely dementia.
- A national dementia CQUIN (Commissioning for Quality and Innovation) payment was introduced in 2012 within HWPH and BHFT (in-patients) to aid early detection of dementia.
- Funding was identified through Winter Pressure resources for a Dementia Adviser post for one year from September 2012 and this has now been extended to March 2014.
- End of Life services are engaged as part of the multi-agency partnership considering dementia care.
- Information regarding training and information materials has been shared between all agencies.
- In 2012 Slough was successful in partnership with Royal Borough of Windsor and Maidenhead and Bracknell Forest Council, in securing funding for two projects through the South of England Innovation Fund. The projects are for Dementia Directories and Dementia Friendly Communities

Areas for further action were noted as follows:

- Diagnosis pathway required 'refresh', in particular referral routes and the interface between primary and secondary care.
- Data projections for Slough needed to be better understood.
- Diagnosis rates: data for Slough showed that we have a significant 'dementia gap' with only one-third of the expected numbers of people in Slough having a formal diagnosis of dementia. Data showing numbers diagnosed in Slough was believed to be inaccurate and incomplete.
- We did not have data indicating numbers of people from Black, Asian and Minority ethnic groups diagnosed or engaging with services.
- People with learning disability who may be at particular risk of developing dementia were not being identified.

- Access to information and support for carers and service users could be inconsistent.
- Public awareness needed to be increased.
- Access to suitable housing and assistive technology (telecare) options for people to remain in their own homes was not well established.

As a result an action plan was identified to address gaps against each of the above areas. The following sections describe each area and associated actions in more detail.

5.3 Diagnosis and treatment pathway

Benefits of early and accurate diagnosis are well documented. These can include greater benefit from anti dementia treatments and psychological therapy, as well as opportunities to plan for the future, consider advance decisions and gather information about the condition.

The diagnosis pathway in Slough has now been refreshed and includes the following elements:

- Primary care screening
- Referral to memory clinic
- Memory clinic treatment and interventions
- Onward referral to appropriate services (social care, voluntary and third sector services)
- Carer assessment and support

<u>Anti-psychotic medication</u>

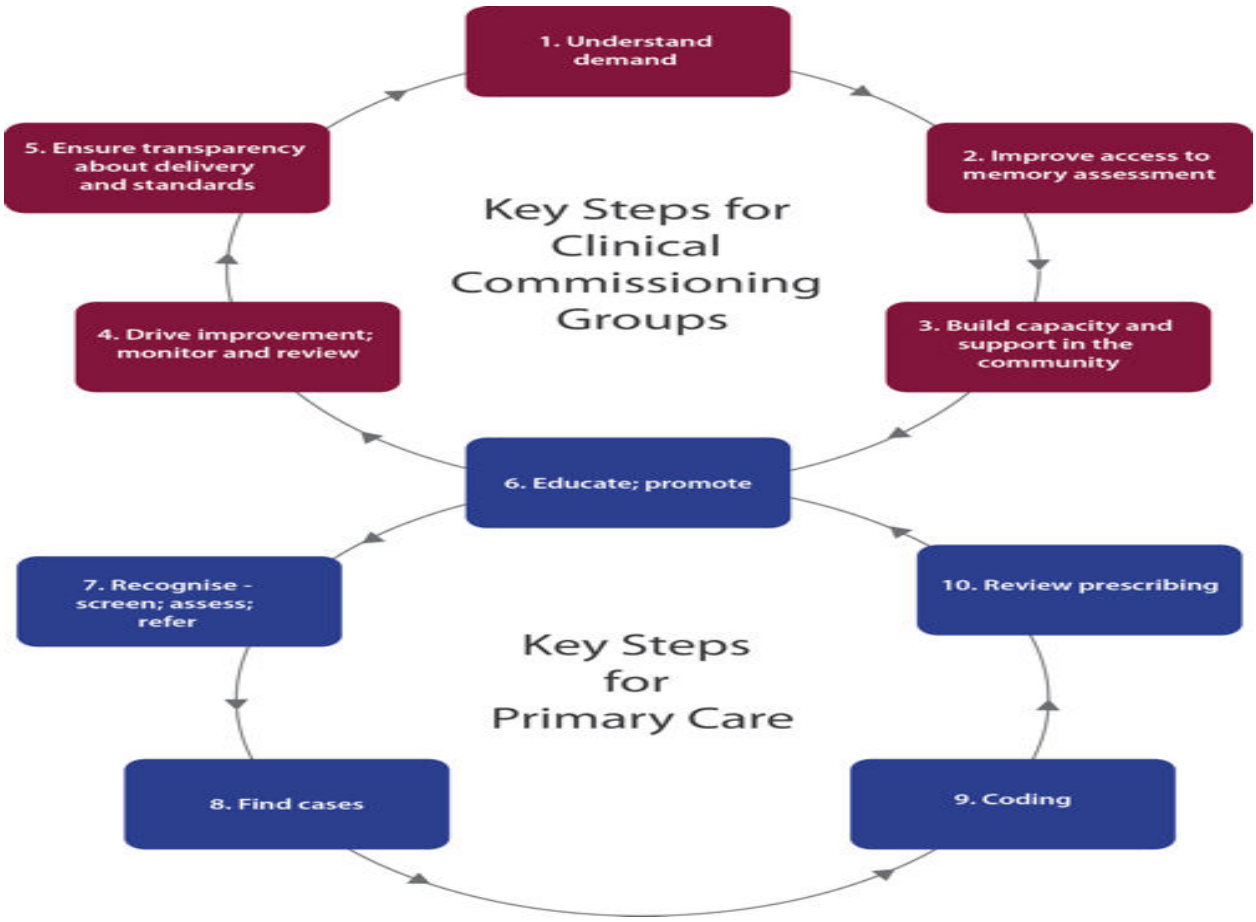
Over-prescribing of anti-psychotic medication for people with dementia is a national concern. A local register is maintained by BHFT memory service, of known dementia patients who are being prescribed anti-psychotics, and their treatment is regularly reviewed. GPs and care homes are supported to consider alternatives to medication for people with dementia who may have challenging behaviours, in line with guidance produced by the Alzheimer's Society.

<u>Patients of Heatherwood and Wexham Park Hospital</u>

Patients under acute hospital care (HWPH) are identified for memory screening and referral. This is done via the Acute Trust, whereby the mental health nurses offer a screening for patients age 75+ with memory problems, undertake a risk assessment and referral to GP or liaison team.

The BHFT mental health liaison psychiatry service undertake full assessment, make diagnosis and advise acute trust colleagues on dementia treatments whilst the patient is under acute trust care.

Key steps for CCG commissioning groups and Primary Care in the dementia pathway are summarised below:



5.4 Data projections for Slough

A review of data projections has been undertaken, aiming to establish current prevalence data and projections, and triangulate data from POPPI, (Projecting Older People Population Information), Slough memory clinic, and GP dementia registers. Gathering this information will enable us to assess the extent to which current services are meeting our local projected demand. Accurate data projections will be used to inform service reviews and planning, and commissioning strategies.

Across the whole of the UK, records indicate that there is a low rate of dementia diagnosis compared to expected numbers. The percentage of people with dementia who have a diagnosis, rose from 43% in 2010, to 46% in 2012. Diagnosis rates in South of England are the lowest in the country.

The data for Berkshire East shows that in 2011, 34.6% of people with dementia had a diagnosis, rising to 39.9% in 2012.

(Mapping the Dementia Gap, Alzheimers Society).

Figures for Slough Clinical Commissioning Group 2011-12 are available from the National Dementia Prevalence Calculator, and indicate that based on adjusted national prevalence figures (GP population profile), 919 people in Slough would be expected to have a diagnosis of dementia. Of these, 233 will be in care homes.

POPPI data projections show a similar picture. In 2012, the total number of people age over 65 years in Slough with dementia is expected to be 963, rising to 1221 in 2020. Detailed tables with breakdown by age group and gender are provided at Appendix B.

The prevalence of dementia is set to increase steadily between now and 2030. Because of our younger population profile in Slough, numbers are increasing less rapidly than in neighbouring authorities.

Additional investment has been made by Slough CCG in 2012/13 and 2013/14, to increase capacity in memory services in line with increasing demand.

5.5. Numbers of Slough Residents with a Dementia Diagnosis

Ascertaining the actual number of people diagnosed with dementia in Slough is problematic. The number of cases on General Practice Quality and Outcomes Framework (QOF) dementia registers is usually taken as the measure. For 2011-12, the QOF register indicates 329 named individuals for Slough with a diagnosis of dementia.

Using modelled projections described above, this suggests a diagnosis rate of around 36.6%, and a shortfall of approximately 570 undiagnosed Slough residents. This compares with 43% in WAM and 37.8% in Bracknell and Ascot CCG areas, and suggests that Slough has the lowest diagnosis rate in East Berkshire.

However, we now know that GP registers may not be reliable for the following reasons:

- The registers are dependent on General practices entering the patients diagnosis onto the register.
- QOF figures have not been refreshed since 2011-12.
- Quality and Outcomes Framework data has moved across to a new system (Calculating Quality Reporting Service) which is not yet 'live'. There is therefore currently no means to ascertain whether the figure of 329 for 11-12 has increased.

Slough memory service delivers a monthly report on current numbers of open cases. For August 2013, the 'snapshot' figure was 381. RIO (the NHS database system) data indicates at least 465 Slough patients have been diagnosed in the past two years.

Dementia Diagnosed Qtr2 Month 5										
Age Band	Under 65		65-75		76-85		Over 85		Grand Total	% Dementia /Caseload
Locality	F	M	F	M	F	M	F	M		
Slough	4	8	26	34	104	70	95	40	**381**	**62.15%**

This demonstrates that the GP dementia registers are inaccurate, under-representing the total numbers diagnosed. However it is not clear what the total numbers and 'dementia gap' are for Slough.

In order to address this, GPs have been asked to ensure registers are fully updated, and all correspondence from memory services prompts them to do so.

As a result of these efforts, the percentage of people recorded as having a diagnosis should have increased significantly when the new system begins reporting (scheduled for January). The target set by the Dementia Challenge 2012 is to increase diagnosis rate to 60% by 2014/15 of the estimated local prevalence.

Young onset dementia

Projecting Adult Needs and Service Information (PANSI) figures show the following projection for Slough of numbers expected to have 'young onset' dementia (aged under 65 years):

	2012	2014	2016	2018	2020
Total males age 30-64 predicted to have early onset dementia	17	18	18	19	20
Total females age 30-64 predicted to have early onset dementia	12	12	13	13	14

Pansi.org.uk November 2013

Younger people with dementia and their carers can be at risk of 'falling through the net' of health and social care services. Research shows they can be subject to delays in diagnosis, poor after-care and a lack of age-appropriate services. The National Dementia Strategy outlines that the needs of younger people with dementia may be different from the majority of the population with dementia, and require specifically tailored approaches. Younger people with dementia are generally referred and supported by community mental health services, and a business case is being developed for proposed specialist service delivery across Berkshire.

The above caseload snapshot for Slough shows only 12 people under age 65 diagnosed with dementia and currently open to memory services. PANSI projections suggest that there could be a 'gap' in the region of 17 people in Slough undiagnosed in this age group.

5.6 Dementia and Ethnicity

Numbers of people with dementia from Black, Asian and Minority Ethnic (BAME) groups in England and Wales are likely to rise significantly faster than the rest of

the population, as people who moved here between the 1950s and 1970s are reaching their 70s and 80s. Despite this increase, Black, Asian and Minority Ethnic people are generally under-represented in dementia services

However, snapshot data indicates that this is not the case in Slough, and that BAME populations have engaged with dementia services.

Snapshot data (Jan- March 2013) of memory clinic patients with dementia diagnosis compared with population figures for over 65years:

	Asian	**Black**	**Mixed**	**White (British, Irish) and white other**	**Other ethnic group**	**Not stated**	**Total**
Slough memory clinic caseload	17%	3%	1%	67%	3%	9%	100%
Slough over 65's general population *(POPPI)*	16%	5%	0%	79%	0%		100%

The needs of BAME patients can be complex and can require specialist interpreting and a culturally sensitive approach. Slough mental health service is due to employ a BAME Support Worker as a pilot project which will be evaluated in March 2014.

5.7 Dementia services for people with learning disability

People with learning disability, and in particular, people with Downs Syndrome, are at higher risk of developing younger onset dementia. There are particular difficulties in achieving accurate dementia diagnosis and early treatment with this group.

Numbers of people with Down's syndrome who have Alzheimer's disease are approximately:

- 1 in 50 of those aged 30 to 39 years
- 1 in 10 of those aged 40 to 49 years
- 1 in 3 of those aged 50 to 59 years
- More than half of those who live to 60 or over.

(Alzheimers society website)

Studies also indicate that the numbers of people with learning disabilities other than Down's Syndrome who have dementia, are approximately three to four times higher than in the general population.

Actions have been undertaken in Slough

- to create a streamlined pathway for people with a learning disability to access diagnosis and treatment
- to enable those at high risk of early onset dementia to be identified and provided appropriate screening
- to ensure appropriate information and support is available

A local database has been established to identify those at particular risk. This includes people over age 30years with Downs Syndrome, and people over age 60 years with other learning disability.

The register records 41 service users age 30+ in Slough with Downs Syndrome, and 12 service users with other learning disability age over 60years. Effective diagnosis of dementia depends upon baseline measures being carried out, and the database has enabled this to be undertaken in a proportion of cases, with plans for screening to be undertaken in all new cases.

Currently 5 Slough residents with Downs Syndrome have been diagnosed with dementia and are being provided with treatment.

5.8 Information, Advice and Support for Service Users and Carers

The National Dementia Strategy highlights the importance of appropriate information being made available to service users and carers, in particular for appropriate information to be made available at different stages of the patient's journey.

Actions are in train to achieve this in Slough. The two key areas of development in this area are as follows:

<u>Dementia advisor</u>

This is a new role introduced in Slough in September 2012. The function of the dementia advisor is to provide a consistent relationship, offering personalised and responsive practical support. The focus is on individual empowerment to access the information and support needed, promoting independence, self-help, well-being, choice and control.

The National Dementia Challenge recognises the enormity of the impact on carers and recommends that carers' needs should be given parity with those of the person diagnosed with dementia. The dementia advisor also has a role as carer champion, ensuring that carers receive timely flexible advice, information, and personalised support to undertake caring roles.

Within the first 6 months, 62 referrals were made to the dementia adviser through the Slough memory clinic. Feedback from service users and families is that the worker has made a significant impact in easing the stress of dealing with the diagnosis and signposting to appropriate support.

Dementia Directories

In 2012, in partnership with Bracknell Forest Council and the Royal Borough of Windsor and Maidenhead, Slough Borough Council submitted a bid for 'Dementia Challenge' funding released through the South of England Innovation fund.

The East Berkshire partnership was successful in its bid, and was awarded funding to develop Dementia Directories. The Slough bid included funding to address issues of the diverse and multi-lingual population as well as general directory information. The project is focussing on updating and improving Slough Borough Council's web based directory.

5.9 Raising Public Awareness: 'Dementia Friendly Communities'

A 'Dementia Friendly Community' is a 'city, town or village where people with dementia are understood, respected, supported, and confident they can contribute to community life' (Prime Ministers Dementia Challenge, 2012). The approach promotes the involvement of local businesses, charities, independent, voluntary and community services, as well as the statutory sector.

In Slough, a further sum awarded through the Dementia Challenge fund is being used to commission a training supplier to deliver a programme of training. This has been tailored to different audiences, including the health and social care workforce, statutory and voluntary sector, and local businesses. A list of 100 target businesses and services is being drawn up, including Slough Borough Council 'public facing' services such as leisure centres, and business such as Tesco and Mars. Safeguarding adults information is being included alongside dementia awareness information, and the training will be delivered between November 2013 and January 2014.

The anticipated outcomes will be to raise awareness in local communities, and challenge stigma, as well as to inform services and local organisations of the small things they can do to make their services 'dementia friendly'. This workstream builds on a previous project to establish a 'safe place' scheme in Slough.

The concept of 'Dementia Friendly Communities' extends to acute and community hospitals. Wexham Park Hospital has invested in improving the environment for patients with dementia, with a dedicated 'Sunflower lounge', and undertaken extensive training for clinical and support staff.

5.10 Housing and Assistive Technology

The Department of Communities and Local Governments *'More Choice, Greater Voice'* publication provides a toolkit as an aid for strategies in calculating the provision of accommodation and care for older people.

		Suggested levels of provision per 1,000 of the population aged 75+	Provision for Slough based on population demographics at 2012	Currently in Slough	Suggested provision by 2020	Suggested provision by 2030
Extra Care Housing	For rent	12.5	79	106	91	128
	For sale	12.5	79	20	91	128
Housing based on provision for dementia		10	63	?	73	102

Slough Borough Council is developing an Extra Care Housing strategy to take account of the needs of people with dementia. In addition, the Older Persons Commissioning Strategy identifies as a priority, the development of appropriate housing and telecare, and includes investment in telecare, including assistive technology solutions for dementia.

8. Appendices Attached

'A' National Dementia Strategy 2009-2014: a summary of the strategy objectives.

'B' POPPI projections November 2013
(Projecting Older People Population Information)

9. Background Papers

None

APPENDIX A

National Dementia Strategy 2009-2014

Summary of Objectives

	Objectives	Outcomes	Slough Actions and Update November 2013
1	Raise awareness of dementia and encourage people to seek help	Greater Public and professional understanding Remove stigma and reduce misunderstanding	Dementia Friendly Communities project: training for 100 local organisations; series of radio and publicity events for dementia awareness week; professional awareness through presentations including GP STEPs event
2.	Good quality early diagnosis, support and treatment for people with dementia and carers	Early and prompt high quality specialist assessment Accurate diagnosis Treatment and care	Expanded memory clinic; refreshed diagnosis pathway.
3	Good quality information for people with dementia and carers	Information given at diagnosis and throughout their care	Dementia challenge project: dementia directory. Project to identify suitable information materials for each phase of the dementia 'pathway'
4	Easy access to care, support and advice after diagnosis	Access to a dementia adviser for practical advice and support	Appointment of dementia adviser Sept 2012 dementia directory;
5	Develop structured peer support networks	Access to support from local people with experience of dementia Patient and carer involvement in local services	Carer and service users peer support through Alzheimers cafes, dementia information groups, carers support group
6	Improve community personal support services for people living at home	Flexible and individualised support services	Application of self directed support processes for people with dementia and carers
7	Implement carers strategy for people with dementia	Carers will have needs assessed and supports provided including short breaks	Carer assessment, services and supports provided
8	Improve quality of care in general hospitals	Identified person(s) responsible for dementia, and close working between acute and older peoples' mental health services.	Acute Trust has employed mental health nurses and improved environment; expansion of OPMH liaison service in 2013 with part time consultant psychiatrist

9	Improve intermediate care	More care for people who need help to stay at home	Intermediate care service and reablement service in place; dementia training for Jubilee ward staff
10	Promote Housing support, housing related services, technology and telecare	People supported to stay at home for longer	Telecare relaunched 2013 and training rolled out; SBC developing Extra Care Housing strategy
11	Improve quality of care for people with dementia in care homes	Better care Clear responsibility Specialist mental health input Better checking of care homes	Anti psychotics register in development; training provided to provider organisations; dementia specialist advice available
12	Improved end of life care	People with dementia have more involvement in planning end of life care and their needs are considered in developing services	Support within End of Life services for dementia patients including for dementia patients to make advance decisions re- End of Life care options;
13	Informed and effective workforce	Health and social care staff have the right skills and training	Ongoing training programmes, reviewed annually thro' training needs assessment
14	Joint commissioning strategy	Health and social care services work together to identify needs and best meet the needs	SBC Recommissioning programme 2012. CCG commissioning included additional investment in memory services. Joint commissioning and integration strategies under development
15	Improve assessment and regulation of care services and systems	Better checks on care homes and related services	CQC action
16	Increased research	Research findings will be applied; Research will increase to address gaps in understanding	Promoted under Dementia challenge.
17	Effective national and regional support to implement the strategy	Government advice and support Good quality information	Dementria Challenge: Innovation Fund; CCG and local mental health leads

APPENDIX B

Dementia: SLOUGH

People aged 65 and over predicted to have dementia, by age and gender, projected to 2020

Dementia by gender	2012	2014	2016	2018	2020
Males aged 65-69 predicted to have dementia	27	30	35	38	39
Males aged 70-74 predicted to have dementia	47	47	47	53	59
Males aged 75-79 predicted to have dementia	61	61	61	61	66
Males aged 80-84 predicted to have dementia	82	82	92	92	102
Males aged 85-89 predicted to have dementia	67	67	84	84	100
Males aged 90 and over predicted to have dementia	56	84	84	112	140
Total males aged 65 and over predicted to have dementia	**339**	**370**	**401**	**438**	**506**
Females aged 65-69 predicted to have dementia	20	22	23	23	24
Females aged 70-74 predicted to have dementia	38	38	38	46	48
Females aged 75-79 predicted to have dementia	98	91	91	91	91
Females aged 80-84 predicted to have dementia	160	160	160	160	160
Females aged 85-89 predicted to have dementia	155	155	178	178	178
Females aged 90 and over predicted to have dementia	154	154	184	184	215
Total females aged 65 and over predicted to have dementia	**624**	**620**	**674**	**681**	**715**
Total population aged 65 and over predicted to have dementia	**963**	**990**	**1,075**	**1,119**	**1,221**

Poppi.org.uk, accessed November 2013

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SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny **DATE: 11 November 2013**

CONTACT OFFICER: Dr Angela Snowling, Consultant in Public Health.

(For all Enquiries) 01753 875142

WARD(S): Al l wards in Slough.

PART II

FOR DECISION & CONSIDERATION

Healthy Lives, Healthy People, Healthy Slough

1. **Purpose of Report**

To update the Panel on the strategic themes and objectives identified in the attached Health Strategy for 2013-16.

Health strategies and wellbeing strategies should be based on the key priorities identified in the JSNA which is part of an ongoing cycle of consultation. This strategy is based on the priorities in 2011-12 JSNA and has been reviewed and signed off by the Health Priority Development group.

The strategy must be available to accompany the JSNA 2013 consultation which is due to commence on the web in December. The panel is asked to approve this version, with the intention that the cycle of consultation in 2013-14 will generate additional themes that can be incorporated in any further refresh of the strategy.

2. **Recommendation(s)/Proposed Action**

The Committee is requested to note the report, comment on the themes and approve the development of the final version to accompany the JSNA consultation in 2014.

3. **The Slough Joint Wellbeing Strategy, the JSNA and the corporate plan**

This report will inform emerging wellbeing priorities in the Slough Joint Wellbeing Strategy and will be available on line for local residents to comment on as part of the JSNA and Joint Health and Wellbeing strategic cycle.

4. **Other Implications**

(a) Financial

All funding sources required to implement the strategy have been identified in the attached action plan and agreed with the relevant agencies. The main sources of funding are itemised under each key action.

(b) Risk Management

Recommendation	Risk/Threat/Opportunity	Mitigation(s)
Engagement must take place to ensure that the community owns the strategy	Community engagement is based on perceptions rather than on fact	A two month consultation with a wide range of community groups was undertaken in July and August of 2013. This has informed this version of the strategy as well as the most recent version of the JSNA. This strategy will be reviewed in a continuous cycle alongside the JSNA, which will go live on the web from December 2013.
Financial constraints to implementing the strategy must be identified	The public health grant, CCG funding and Big Lottery funding are key sources for implementing this strategy	The Public Health budget, winter pressures funding and the commissioning plan are aligned to this strategy.
Proxy indicators have been identified for this strategy, which are collected by the commissioned services or interventions. These will be monitored by the Health Development Priority Development Group.	It is not possible to measure the impact of this strategy in terms of the long term public health outcomes due to the multiple influences of other strategies on the wider determinants of health	Other strategies will monitor detailed outcomes for diabetes, physical activity, leisure etc. Public Health outcomes indicators are monitored quarterly by the Wellbeing board.

(c) Human Rights Act and Other Legal Implications

There are no Human Rights Act implications.

(d) Equalities Impact Assessment

The JSNA on which this strategy is based is a full assessment of the impact of the strategy on different age, gender and ethnic groups as well as those with protected characteristics.

(e) Workforce

There are no new workforce implications as all the services identified are already commissioned. Champions will be voluntary although expenses can be paid.

5. Supporting Information

The aim of the Slough Health Strategy is to improve health and wellbeing outcomes and reduce inequalities through the following key objectives i.e:

1. Review and update the needs and priorities in this strategy based on evidence in the Joint Strategic Needs assessment.
2. Use a partnership approach to identify local actions, in areas of need.
3. Develop local mental and physical wellbeing champions and measure the wider impact of joint work on local communities.
4. Promote oral health, healthy eating and physical activity throughout life
5. Increase prevention of, early identification of and management of obesity and diabetes
6. Increase the uptake of the NHS Health checks programme, aimed at people aged 40-74 (to identify people at risk of; heart disease, stroke, diabetes, kidney problems, alcohol problems or dementia).
7. Increase access to health reviews for carers and for those with mental health problems or learning disabilities
8. Reduce the numbers of people smoking and consuming harmful tobacco products.
9. Increase access to high quality self care programmes for people with long-term conditions at risk of poor outcomes.
10. Reduce the rates of hospital admissions for respiratory conditions among young children which can be managed at home.
11. Develop innovative ways of improving information and care pathways to prevent unnecessary hospital admissions and discharge people early - linking health and social care with the voluntary sector.
12. Prevent the spread of active TB and other communicable diseases.
13. Increase access to family planning services and reduce the late diagnosis of HIV.
14. To support local actions led by NHS England to influence uptake of immunisation, screening and other programmes

The evidenced based actions are organised under strategic themes as follows;

- Prevention
- Early Intervention
- Targeted provision
- Hospital avoidance

6. **Comments of Other Committees**

The Health Priority Development Group has worked collaboratively and approved the content and actions within this strategy.

Local councillors were involved in the community outreach sessions to obtain local views on the wider determinants of health

7. **Conclusion**

The panel is requested to approve the strategy to enable the consultation cycle to commence

8. **Appendices Attached**

Healthy Lives Healthy People; a public health strategy for Slough 2013-16.

‘

9. **Background Papers**

Not applicable as these are referenced fully in the strategy

Appendix 1

Statistics on Chalvey based on data collected over four years by a selection of APHO indicators.

Note: All of the statistics below are based on data collected and collated over four years (2006-2010), reflecting long-term outcomes and endpoints.

Some of these are graphically presented below in several types of Standardised Ratios (SR), which are compared to the England average, which is presented as '100'. The Standardised Mortality Ratio (SMR) quantifies the increase or decrease in mortality of a selected population group with respect to the general population. This is where the SMR = observed/expected x 100

Similarly, the SAR (Standardised Admission Ratio) quantifies the increase or decrease of hospital admissions in a selected population group with respect to the general population.

All Slough Ward Matrix – Rankings by a Selection of APHO Indicators

Ward	Deaths all causes - all ages	Deaths all causes - <75	Deaths from CVD – All ages	Deaths from CVD - <75 years	Emerg-ency MI	Deaths from stroke	Deaths from resp-iratory causes	Child proverty	Fertility	Low birth weights	Obesity – Year R	Obesity – Year 6	GCSE	Child develop-ment age 5	Elective admit – all causes	Emerg-ency admit children	Emerg-ency admit – all causes	Emerg-ency admit - CHD	Alcohol admit	Knee replace-ment
Britwell	8	9	13	1	10	13	3	2	10	3	10	10	13	6	1	2	2	5	2	2
Farnham	5	3	4	11	5	2	9	11	7	11	5	14	8	10	11	9	9	9	9	9
Haymill	4	8	12	2	14	5	13	9	8	13	6	13	4	2	7	5	12	12	10	7
Baylis and Stoke	7	4	7	8	4	4	5	4	3	1	7	7	11	12	8	14	5	3	7	6
Wexham	6	11	6	9	9	6	6	8	9	2	2	5	12	7	5	11	3	6	4	4
Cippenham Green	13	14	9	14	12	9	8	14	13	9	14	10	6	3	9	10	14	14	14	12
Central	3	2	1	13	1	3	7	3	3	5	7	1	10	11	12	13	4	2	8	8
Cippenham Meadows	9	7	10	12	6	14	10	7	2	7	9	8	5	9	13	8	11	4	11	3
Chalvey	1	1	2	4	2	1	1	1	1	6	11	1	14	14	10	3	1	1	3	5
Langley St Marys	14	13	14	7	13	10	12	13	11	10	13	4	2	1	3	7	10	11	12	13
Upton	10	5	8	10	8	11	11	12	12	13	4	6	1	5	14	12	13	13	13	14
Kedermister	11	12	11	5	11	12	4	10	14	12	3	12	9	4	6	6	8	10	6	11
Foxborough	12	6	5	6	7	7	14	6	6	3	12	8	3	8	2	4	6	7	1	10
Colnbrook & Poyle	2	10	3	3	3	8	2	5	5	7	1	3	7	13	4	1	7	8	5	1

Slough Wards with the Poorest Outcomes

Several wards feature repeatedly at the top of the tables for the indicators in which Slough is generally worse than England average:

Ward	Features in top 3	Ranked 1st	Ranked 2nd	Ranked 3rd
Chalvey	15	11	3	1
Colnbrook and Poyle	8	4	3	1
Britwell	8	1	6	1
Central	8	3	2	3
Foxborough	5	1	1	2
Wexham	5		2	3
Baylis and Stoke	5	1		4

Below are more specific indicators, with the top three ward's statistics shown:

All Cause Deaths, All Ages

Rank	Ward	Actual no. of deaths	Expected no. of deaths	Indicator value - SMR (England avg = 100)	Lower CI	Upper CI
1	Chalvey	384	250	153.5	138.6	169.7
2	Colnbrook and Poyle	146	114	127.8	107.9	150.3
3	Central	306	284	107.8	96.1	120.6

Deaths from Cardiovascular Disease in the Population of <75 Years of Age

Rank	Ward	Actual no. of deaths	Expected no. of deaths	Indicator value - SMR (England avg = 100)	Lower CI	Upper CI
1	Chalvey	28	14	203.4	135.2	294
2	Central	29	15	194.2	130	278.9
3	Farnham	30	16	191.3	129.1	273.1

Child Poverty

Rank	Ward	Actual no =numerator	Expected no = denominator	Indicator value - SR (England avg = 100)	Lower CI	Upper CI
1	Chalvey	835	2180	38.2	36,2	40.3
7	Britwell	718	2253	31.9	30	33.8
3	Central	790	2612	30.2	28.5	32

Obesity Year 6 Children

Rank	Ward	Actual no = numerator	Total measured per ward	Indicator value - SR (England avg = 100)	Lower CI	Upper CI
1	Central	93	355	26.2	21.9	31.0
2	Chalvey	74	282	26.2	21.5	31.7
3	Colnbrook and Poyle	38	160	23.8	17.8	30.9

Emergency Hospital Admissions – All Causes

Rank	Ward	Actual no. of admissions	Expected no. of admissions	Indicator value - SAR (England avg = 100)	Lower CI	Upper CI
1	Chalvey	5357	4003	133.8	130.3	137.5
2	Britwell	5413	4452	121.6	118.4	124.9
3	Wexham	5498	4691	117.2	114.1	120.3

Alcohol-Related Hospital Admissions

Rank	Ward	Actual no. of admissions	Expected no. of admissions	Indicator value - SAR (England avg = 100)	Lower CI	Upper CI
1	Foxborough	767	588	130.4	121.4	140
2	Britwell	950	773	122.8	115.1	130.9
3	Chalvey	801	677	118.3	110.3	126.8

Appendix 2

Chalvey health register data compared to both national average and Slough average

Chalvey Data Compared to National Average

Register	Actual Number of Patient	Expected Number of Patients	Difference in Numbers of Patients	Percentage of Expected Number Reached
CHD	69	144	75	47.92%
Diabetes	199	281	82	70.82%
Stroke	41	60	19	68.33%
CKD	50	55	5	90.90%
Hypertension	456	849	393	53.71%

Chalvey Data Compared to Slough Average

Register	Actual Number of Patient	Expected Number of Patients	Difference in Numbers of Patients	Percentage of Expected Number Reached
CHD	69	173	104	39.88%
Diabetes	199	314	115	63.38%
Stroke	41	71	30	57.75%
CKD	50	249	199	20.08%
Hypertension	456	TBC	TBC	TBC

Healthy Lives, Healthy People, Healthy Slough

Slough's public health strategy (2013-2016)

INTRODUCTION

Definition of health

Individuals, communities, professional groups and individuals hold different views about health. The definition of 'health' used in this strategy is that of the World Health Organisation[3] i.e

'A state of complete physical, mental and social wellbeing not merely the presence or absence of disease'.

Public health is defined as [4]

The science and art of promoting and protecting health and well-being, preventing ill-health and prolonging life through the organised efforts of society.

It requires policies and practice to be aligned and evidence based across the following domains of public health

- Wider determinants of health
- Health improvement
- Healthcare services
- Health protection

Slough has already developed a range of strategies and plans which affect the wider determinants of health and wellbeing. These include; the Employment and Transport strategies within the Wellbeing[5] and Core[6] strategies, the Housing strategy[7], the Childrens and Young Peoples Plan[8], the Adult Social Care Commissioning Strategy[9] and the emerging Mental Health Strategy as well as the plans of the Safer Slough Partnership.

Quality, innovation, performance and prevention plans devised by the Slough Clinical Commissioning Group[10] include actions which will influence public health outcomes, the quality of healthcare services and of health protection outcomes shown in Tables 1 and 2 overleaf.

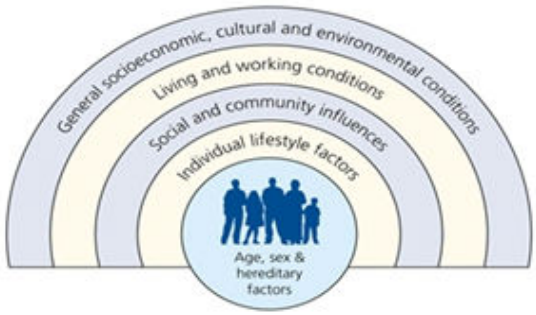
This strategy therefore covers the additional public health programmes, identified as high priorities in the Joint Strategic Needs Assessment[11], not dealt with through other strategies and plans.

What influences health and wellbeing outcomes?

Many social and economic factors influence our health and wellbeing during our lives.

Whilst we cannot influence our age or hereditary factors we are strongly influenced by our education, housing and living conditions as well as by our families, friends and communities.

Figure 1 The determinants of health and wellbeing (Source Dalgren and Whitehead 1992)[1]



Each of the determinants interact at key stages in a person's life; when they are born, in the critical first few years of life, as they go to school, enter into further education or work and at retirement. The Marmot report[2] recommended that action is required at each life stage to reduce or prevent poor health and wellbeing outcomes.

Health and wellbeing outcomes take a long time to develop and for many Slough residents this will not reflect their time living in Slough, nor in the UK. Slough's main challenge therefore is to recognise the diversity of experience, personal needs and cultural and faith perceptions that influence health and wellbeing, This strategy therefore adopts an inclusive approach which can be used by partnerships working within early years, schools, or with different faith groups or employers.

What does the Census say about Slough's population?

The results of the 2011 Census show that Slough is now ranked the most diverse population outside of London[12]

- 35.7% of residents are white British although overall 45.7% are white
- 39.7% are Asian or Asian British in origin (17.7% are Pakistani, 15.6% are Indian).
- 67.7% of pupils in Slough primary schools are non white
- 68.8% of pupils in Slough secondary schools are non white
- 50% have English as a second language
- 15.5% of households have no one who can speak English and Slough now has the second highest population in England where Polish is the first language.

Slough's population is also highly mobile

- 60% of residents were born in Slough
- 10% were born in the European Union
- 20% have been resident in Slough for less than 10 years

By 2021, the total population of Slough is estimated to increase by 18,154 people with the largest increase being among those aged 85 plus. However the actual proportion of those aged over 65 at the time of the Census was much smaller than the UK average. Slough is predominantly a younger population than the England average especially in the age ranges 0-9 and 25-39 years.

PUBLIC HEALTH STRATEGY: 2013-2016

Vision

Communities and individuals become champions for their own health and wellbeing, experience fewer health inequalities and have improved wellbeing at each life stage. When help is needed services are evidence based and accessible – every contact counts

What are the health and wellbeing outcomes that need to improve?

The Slough Wellbeing Board is the overarching body with responsibility for the health and wellbeing of local residents. The Wellbeing Strategy has identified major programmes of; regeneration, improving air quality, reducing traffic problems and reducing crime. Local transport, health and planning services are already working together to improve access to services in community hubs, close to the people who need them, to achieve long term health gain.

The long term health outcomes that need to improve are shown in Table 1 where Slough is ranked statistically worse compared to other local authorities in England.

Table 1 Rank of Slough's health outcomes compared to 326 local authorities (APHO, 2013)[13]

2nd for emergency heart disease admissions
5th for fertility
12th for knee replacements
21st for all circulatory disease deaths <75yrs
26th for childhood obesity in reception
29th for emergency heart attack treatments
36th for low birth weights among term babies
54th for childhood obesity in year 6
55th for all circulatory death deaths - all ages
66th for emergency admissions for children
75th for emergency admissions for all causes

Table 2. Wellbeing outcomes for Slough

The Census showed that Slough is rated 11th for overcrowded households with 20.8% of families living in housing with one room less than needed. Slough is also ranked second in England for overall household size.
Slough was rated 11th highest in England for young people gaining an A*-C at GCSE in 2012-13. 50.1% of children achieved a good level of development at the early years foundation stage (2012-13)
One quarter of children (8953) were estimated to be living in poverty (Child Poverty Action Group 2012)
20.6% of the adult population hold no qualifications
There has been a three year fall in crime rates in Slough although violent crime against the person remains above the England average
In the second national wellbeing survey Slough residents were more anxious than the Southeast and England average (2012/13)
184 children and young people were looked after at the end of March 2013 and 2177 children in need
There are four air quality zones and reducing traffic congestion is a key priority.

Most of these outcomes have developed over a long time and the challenge for Slough is to choose indicators that will tell us whether we are building on community assets now, to prevent or reduce poor outcomes in future.

Cycle of engagement with local communities and stakeholders

National guidance on the Joint Strategic Needs assessment cycle states that needs and outcomes should be reviewed in a cyclical process[15]. These should lead to a review of the health and wellbeing priorities in this strategy.

A local consultation with councillors and local community groups has identified key areas for action on the wider determinants of health; encouraging the uptake of parks and cycle paths, improving the health of those in homes of multiple occupancy, improving transport to school for children living in temporary accommodation, providing guidance on transferring skills from overseas to gain employment, use of planning frameworks to limit the numbers outlets selling fast food or alcohol near to schools. Specific information needs expressed were around information on conditions such as diabetes and better information on how to access services in the community especially general practices.

This strategy will be reviewed in line with findings from the Joint Strategic Needs Assessment (JSNA). A web based JSNA will allow residents, schools, local businesses and healthcare providers to identify their views on what outcomes are improving and which could be improved.

This strategy is supported by a detailed commissioning plan which describes not only the services we commission through the public health grant but also the wider work of partner organisations that contribute to improving outcomes.

Place shaping

Slough has been designated a Wellbeing Hub within the Southeast. In the lifetime of the strategy we will train local volunteers using a community asset building model[16]. Slough already has a core group of health trainers and the aim is to develop further health champions and to measure the wider impact of that training. Health champions will be trained in the recognition of mental health problems and how to prevent them getting worse, in cooking skills and how to promote healthy eating and how to lead health walks and other activities to improve wellbeing.

In addition we will promote behavioural change programmes with a strong evidence base. These programmes will be promoted within partner organisations to ensure that brief advice made by frontline staff is evidence based.

AIMS AND OBJECTIVES

The aim of the Slough Health Strategy is to improve health and wellbeing outcomes and reduce inequalities through the following key objectives i.e:

1. Review and update the needs and priorities in this strategy based on evidence in the Joint Strategic Needs assessment[15].
2. Use a partnership approach to identify local actions, in areas of need.
3. Develop local mental and physical wellbeing champions and measure the wider impact of joint work on local communities.
4. Promote oral health, healthy eating and physical activity throughout life

5. Increase prevention of, early identification of and management of obesity and diabetes

6. Increase the uptake of the NHS Health checks programme[30], aimed at people aged 40-74 (to identify people at risk of; heart disease, stroke, diabetes, kidney problems, alcohol problems or dementia).

7. Increase access to health reviews for carers and for those with mental health problems or learning disabilities

8. Reduce the numbers of people smoking and consuming harmful tobacco products.

9. Increase access to high quality self care programmes for people with long-term conditions at risk of poor outcomes.

10. Reduce the rates of hospital admissions for respiratory conditions among young children which can be managed at home.

11. Develop innovative ways of Improving information and care pathways to prevent unnecessary hospital admissions and discharge people early - linking health and social care with the voluntary sector.

12. Prevent the spread of active TB and other communicable diseases.

13. Increase access to family planning services and reduce the late diagnosis of HIV.

14. To support local actions led by NHS England to influence uptake of immunisation, screening and other programmes

EVIDENCE UNDERPINNING KEY THEMES

There are four themes to the strategy: prevention, early intervention, targeted provision and the reduction of unnecessary demand on local health and wellbeing services.

Theme 1 - Prevention

What is the evidence for reducing circulatory diseases?

Guidance for assessing the risk of circulatory diseases is based on the Interheart study[18]. Estimates vary as to the proportion of modifiable risk factors that can be influenced at a population level. The following factors were identified

49% of people with type 2 diabetes, 36% of those who smoke, 32% of those with mental heath problems, 18% of those with high blood pressure, 18% of those who do not consume the recommended levels of fruit and vegetables daily, 20% of those who are obese, 12% of those who do not undertake regular daily physical activity and 7% of those who regularly drink alcohol.

Prevention of diabetes

NICE guidance exists for a range of preventative actions[19]. A diabetes network has been established in Slough and has developed a diabetes strategy. A key work stream within this is dedicated to improved education (of staff and patients).

Prevention of smoking related diseases

Guidance for the prevention of smoking related diseases[20] is very clear that controlling access to tobacco products at an early age to

prevent addiction is even more important than smoking cessation.

Slough is part of a countywide group working on tobacco control, starting in the early years of life.

Promotion of physical activity

Guidance on the appropriate levels of physical activity[21] required to prevent a range of diseases has been referenced in the Slough sport and physical activity strategy.

Prevention of obesity

Actions to prevent obesity are set out in the diabetes strategy and in the sections below on healthy eating and physical activity. Detailed plans are described in the public health commissioning plan. This work will be closely linked to the sport and physical activity strategy for Slough and to active travel plans, as many children are driven to school over short distances contributing to obesity and poor air quality.

Promotion of healthy eating

The range of advice available for the prevention of cardiovascular disease at a population level includes the NICE guidance on salt and fat consumption[22]. Healthy eating advice is also available through schools engaged in the enhanced Healthy Schools programme and through services which improve cooking skills within vulnerable groups. The development of cooking skills among those who are more likely to become obese also addresses key skills for employment.

Prevention of infectious disease transmission

Immunisation is a key public health strategy and the childhood immunisation schedule[23] is being updated. Screening and immunisation programmes will continue to be a priority as many groups in Slough do not access this free care for a range of reasons. The uptake of flu vaccinations in older people, pregnant women and among people with long term conditions that make them vulnerable continues to be a priority.

Housing is the most challenging determinant of wellbeing to improve as the housing supply is limited and the population density is very high. High housing density aids disease transmission.

Housing and environmental health teams are working with landlords to improve the quality of housing, especially with regard to prevention of damp homes and respiratory disease transmission. Tuberculosis[24]rates are higher than England reflecting the highly diverse population from countries in which TB is endemic. We aim to prevent the spread of active TB through joint work with the new entrant service and national research teams.

The council has many teams with roles that span prevention, regulatory, enforcement facilitation and place shaping functions. Local environmental health teams, community safety wardens and trading standards officers and others have a major part to play in the early detection of health risks from poor quality food production, cheap and illegal cigarettes and alcohol. The teams play a key role in preventing access to underage sales and in promoting healthy food choices. Intelligence from these sources will inform wider action to reduce obesity.

Promotion of sexual and reproductive health

Increasing access to high quality sexual health promotion and services is identified in the latest guidance[25] for local authorities who are now responsible for commissioning evidence based sexual health interventions. The

guidance on HIV prevention highlights that action is required in high prevalence areas. Slough's rate is considerably above the national rate for action (3.4 per 1000 compared to 2.0 per 1000).

The results of a sexual health needs assessment and consultation with young people has also informed local priorities.

The first is to promote good relationships through high quality personal and social health education in schools.

The second is to make access to contraception simpler for young adults and families who need to use it and the third is to improve access to self testing kits for Chlamydia and for Human Immunodeficiency Virus.

The promotion of condoms and of HIV and viral hepatitis screening is a key priority based on a community pilot and the experience of two local studies.

Theme 2 - Early intervention

Screening babies and adults for a range of avoidable health problems

Traditional public health interventions also include screening. Screening is the identification of risk factors in the otherwise well population to find and alter the outcomes through early treatment.

The national screening programmes include the provision of screening programmes for; pregnant women and newborn babies[26,] for Chlamydia[27], in those aged 16-24, for cancer[28] in adults and the detection of large aneurysms[28] which might rupture. Targeted screening is undertaken for the detection of eye problems in diabetes[28]

Making sure people are aware of these screening programmes, how important they are and how to access them, will build on the evidence base in the national awareness and early intervention programme[29].

Screening for circulatory disease

We want to promote access to the NHS Health checks programme[30], which is aimed at people aged 40-74 who do not yet have any of the six conditions the programme is looking for. Following a check if a person is found to be at risk of heart disease, stroke, diabetes, kidney disease, alcohol problems or dementia in future they canl be referred to; a weight management on referral programme, to smoking cessation or alcohol harm reduction services. All have the aim of reducing high blood pressure, physical inactivity and alcohol consumption to recommended levels.

Screening for HIV

Human immunodeficiency virus rates are higher in Slough than in comparator councils. The aim is to reduce the rate of late diagnosis which has risen to 65%[31]

Theme 3 - Targeted interventions

Recognising mental health problems early and aiding recovery

Guidance on the early identification of mental health problems was first published in the national strategy[32]. Recent guidance on the detection of conduct disorders in primary care is an important step towards improved action on antisocial behaviour disorders[33].

The population level actions that are useful for the community include; having the confidence to help families and friends of people with a mental illness and signposting to brief psychological therapies[35] if required.

Promoting self care programmes for patients with long term conditions

Where high risks are identified for people with long term conditions at risk of poor outcomes then the provision of high quality self care programmes and improved care pathways linking health and social care with the voluntary sector is essential. Local practices are designing their own innovative self care programmes relevant to their local populations.

Family support programmes

A quarter of Slough's children are living in poverty. Children living in the most deprived families now have access to more school places from the age of 2 years.

A range of targeted provision has been commissioned to address high needs among families of children at risk of become looked after. These programmes address safeguarding issues, antisocial behaviour, drug and alcohol problems and mental health problems where they are modifiable. These programmes are successful in reducing pressures on the local community and developing coping strategies and confidence in families to enable them to resolve their own difficulties and improve their health.

Effective early interventions are vital and enabling early years services to work on improving outcomes requires a strategic response to tackling alcohol and substance misuse in families.

Ongoing support is required for children and young people in vulnerable groups such as those with learning disability, carers (including young carers), those with physical or sensory disabilities to access the support they need. Over the long term we wish to increase the uptake of annual health checks among those with learning disability and for carers health reviews.

National Dementia Challenge[40]

Memory clinics and training for a range of professionals and carers is underway to diagnose dementia earlier and to ensure signposting to support services.

Support for those in work and those not in education, employment or training (NEET)

Work led by the Department of Health is promoting best practice in behaviour change in local workplaces. This includes ensuring more employers are offering screening and health improvement plans to their workforce.

The Raising Participation strategy has a key focus of enabling young people who are just starting their career, who would otherwise be unemployed, to gain skills to work.

Assisted travel to interviews and low cost travel are some examples of how to overcome barriers to employment. The promotion of cooking skills among those likely to become NEET are also based on evidence.

Theme 4 – Avoiding uneccesary admissions to hospital

Avoiding unnecessary admissions requires clear pathways between the community and acute teams, integrated care teams, urgent care and discharge planning groups. This work is described elsewhere in CCG and adult social care plans. This strategy focuses on four public health elements.

Improving diabetes care

Diabetes prevalence in Slough exceeds the national average[11] and trends show it is set to increase. The Slough clinical commissioning group has chosen improving access to the 'nine key care processes' as a priority for

patients with diabetes. In the long term uptake of podiatry services, diabetic eye checks and psychological therapies for those with depression will need to improve.

Improving stroke care in the community

Rates of cardiovascular disease deaths under the age of 75[11] are falling yet remain higher than England. Work is underway within the cardiology group to develop plans to further reduce them. Deaths from stroke, though small in number, are an important subset of these and above what is expected for Slough's generally younger population.

Chronic Obstructive Airways Disease

Rates of long term conditions vary across Slough[11] and in one area rates of chronic obstructive pulmonary disease (COPD) exceed national averages. Whilst smoking remains the greatest risk factor, lack of exercise is common in people with COPD.

Reducing demands through alcohol and substance misuse services

The work of the drug and alcohol team (DAAT) is now funded through the Public Health Grant. A strategic assessment is conducted annually and informs the Safer Slough strategy.

Although alcohol services are available funded through the grant there is a need for evidence based prevention programmes to reduce levels of harmful drinking at home.

Local research into the reasons for over use of hospitals locally

The Clinical Commissioning Group and the Local Involvement Network (LINk) have both investigated the causes of poor patient satisfaction with access to local primary care services. (Slough patients were reported as having the lowest satisfaction in access to primary care services in the 2011-12 Ipsos Mori Survey)[41]. The results have led to clear action plans and improved communication about the services available.

Variations in attendances also reflect customs and perceptions of health services in other countries. Work is underway to; ensure people are aware of the range of services available in the community, to improve access to primary care services and to ensure services are more attuned to peoples needs.

In an emergency not all children require hospital services and local fever pathways, bronchiolitis and asthma care pathways have been developed by the clinical commissioning group. These will be publicised through early years teams and schools. The aim is to reduce the rates of attendance for respiratory conditions which can be managed at home with better education and self care programmes.

Long term Public Health Goals

The Health and Social Care Act (2012)[42] sets out two long term public health goals

- Increasing the number of years people live (life expectancy)
- Reducing differences in life expectancy and healthy life expectancy (years lived in good health) between communities

For Slough as a whole, life expectancy has increased to above England averages[43] but when comparing the most deprived wards with the most affluent, there is a significant gap, with males living on average 7.3 years less and females living on average 6.6 years less.

Healthy life expectancy varies across the wards of Slough as Figures 2 and 3 show.

Darker areas on the maps show where life expectancy to date has been lower *and this strategy adopts a 'place shaping' approach to tackle the wider determinants in these areas.*

Figure 2 Life expectancy for females (2008-10)

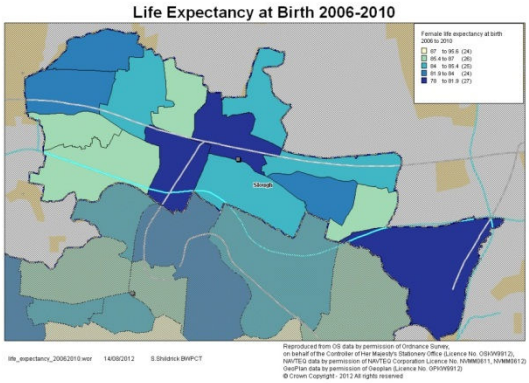
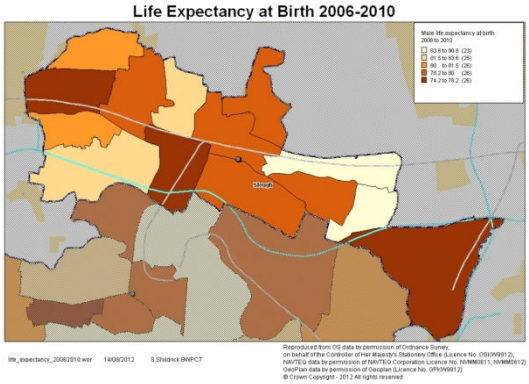
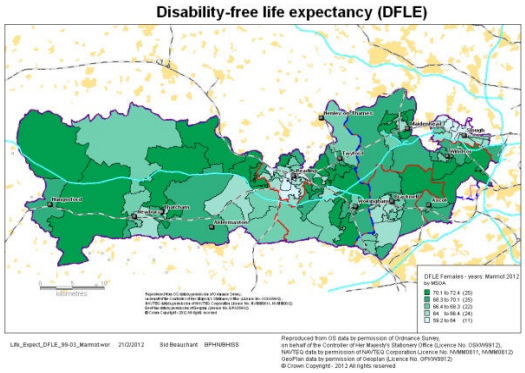


Figure 3 Life expectancy for males (2008-10)



The average number of years a person lives in good health is also important. Wards where people to date have lived fewer years in good health are shown in Figure 4.

Figure 4 Disability free life expectancy



Commissioning priorities

The key areas listed below were derived from the Joint Strategic Needs Assessment (JSNA)[11] and incorporated into the Slough Wellbeing strategy. The commissioning framework is designed to tackle the following priorities;

- Enhancing positive health and wellbeing throughout life
- Ensuring widespread community engagement in improving the wellbeing of Slough residents
- Increase early diagnosis of all types of diabetes and deliver care to national standards
- Increase access to TB screening for earlier diagnosis, by raising awareness of signs and symptoms for TB working with housing and wider partners
- Increase the levels of physical activity undertaken by residents of all ages and encourage healthier eating
- Improve emotional and physical health from birth throughout childhood through integrated action
- Improve the sexual health of adults and young people
- Implement CVD prevention programmes and develop integrated pathways to support those identified with cardiovascular disease
- Reduce drug and alcohol misuse and their impact on domestic abuse and violent crime
- Increasing access to self care programmes and to effective services for people with long term conditions and mental health problems

(*) These priorities will be subject to a cycle of review. They will also be integrated into the renewal of the Slough Story, the Children and Young Peoples Plan and the Slough Wellbeing strategy.

A partnership approach

The strategy brings together the work of many agencies working on improving outcomes across the four public health domains of health improvement, health protection, improving healthcare and work on the wider determinants. Action plans will be refreshed annually with

- Community and neighbourhood groups
- Councillors
- Drug and alcohol action teams
- Education and early years services
- Environmental health services
- Healthcare providers
- Housing services and local landlords
- Local businesses
- Local education and training board
- Planning and regeneration teams
- Slough Wellbeing Board
- Slough Council for Voluntary Services
- Thames Valley Police
- Thames Valley Probation
- Trading standards

The long term public health outcome measures to be used as a baseline for this strategy are set out on the APHO site[43]

Other sources of evidence will be provided through audits, surveys and commissioned services as described in the Public Health Commissioning strategy

OUTCOMES

The Slough Public Health Strategy will be measured by national and local indicators as shown below for each theme:

Theme 1 - Prevention

No.	Outcome	Measure	Lead commissioner and source of funding
1.1	Develop locally appropriate educational programmes for diabetes and ensure learning is shared between hospital services and community	Numbers of Health Care professionals completing advanced educational programmes Numbers of residents completing on line education programmes	Slough Clinical Commissioning Group Innovation Funding
1.2	Health care services will work in a range of accessible settings to help people to quit smoking and for longer.	Number of 4 week quits per quarter Number of 12 week quits per quarter Number of Carbon Monoxide validated quits.	Public health Public Health Grant
1.3	Work to reduce access of illegal imports of cheap tobacco products which pose additional risks.	Numbers of counterfeit tobacco products seized. Numbers of premises compliant with spot checks	Public health and trading standards Public Health Grant
1.4	Work towards preventing babies and childrens' exposure to secondhand smoke.	Percentage of women smoking at delivery Numbers of women quitting prior to delivery per quarter	Public health Public Health Grant
1.5	Produce a web-based directory of local physical activity services combining those available for the early years, for school aged	Childrens services directory , schools directory and community directory	Community services, Berkshire Get Active and Early Years Services

	children and for adults.		
1.6	Promote green gym approaches to improve physical and mental health	Numbers of schemes using green spaces	Community mental health team Sport England and other community funds
1.7	Promotion of healthy cooking	Numbers of attendees from vulnerable groups i.e young carers and those who are NEET	Public Health Big Lottery Chances for Change
1.8	Promotion of physical activity in all ages	Numbers participating in led walks	Public Health Big Lottery Chances for Change
1.9	Improve access to population wide screening and immunisation programmes.	Uptake of NHS Healthchecks programme Uptake of flu vaccination programme among local care home staff	Public Health Public Health Grant NHS England and Winter pressures funding
1.10	Ensure that 95% of the eligible population is covered by the mumps, measles and rubella vaccination.	Uptake of MMR2 vaccination by age	NHS England NHS England funding supported by campaigns funded through the public health grant
1.11	Ensure that people understand what they can do to prevent the spread of TB and ensure that vulnerable groups complete their treatment.	TB treatment completion rate (annual figure PHE)	Slough CCG
1.12	Support local schools to access the national training programme for personal and social health education.	Numbers of schools with PSHE accredited trainers	Slough schools forum with training from school and public health grants
1.13	Increase access to effective long-acting contraception.	Rates of LARC uptake through sexual health services and through community outreach	Public health Public health grant
1.14	Increase, awareness and	Numbers of services offering	Public health

	uptake of condoms in groups in which HIV prevalence is highest	condoms e.g GPs, schools and colleges, youth services	Public Health Grant

Theme 2 - Early intervention

No.	Outcome	Measure	Lead commissioner and source of funding
2.1	Use of practice champions and community campaigns to increase awareness of screening in at risk populations	Uptake of bowel, cervical and breast cancer screening in target practices	NHS England Area team funding
2.2	Ensure easy access to screening programmes for avoidable health problems.	Rate of positivity in Chlamydia screening among people aged 15-24 Uptake of diabetic eye screening	Public health Public health grant. NHS England regional funding
2.3	Increase awareness and measure uptake of the local screening programme for HIV in secondary care.	Numbers screened per quarter as a proportion of all admissions	Slough CCG CCG funding
2.4	Reduce the rate of childhood obesity	Numbers of champions trained to deliver an evidence based weaning programme Numbers of children participating in evidence based weight management programmes	Public health Public health grant
2.5	Increase access to the NHS Healthchecks programme	Offer and uptake of NHS Healthchecks	Public health Public health grant
2.6	Enable people to become aware of the signs and symptoms of mental ill health	Numbers of people completing mental health first aid and other awareness programmes	Public Health Big Lottery Chances for Change funding
2.7	Review programmes we commission to tackle alcohol	Develop an alcohol strategy and commissioning plan	DAAT

	and substance misuse to deliver the best outcomes.		Public Health Grant

Theme 3 - Targeted interventions

No.	Outcome	Measure	Lead commissioner and source of funding
3.1	Extend access to evidence based self care programmes for people with long term conditions	Numbers accessing self care applications by type of application	Slough CCG Innovations funding
3.2	Build on Every Child a Talker Programme[37] and on the Family Nurse Partnership[38] in promoting a range of health and wellbeing outcomes.	Numbers of families supported through each programme per annum	NHS England DH regional funding
3.3	Support vulnerable groups by mapping community assets through consultation for the JSNA.	Ward profiles to be consulted on and augmented in Phase 2.	Public health Public Health Grant
3.4	Extend the reach of dementia awareness training	Numbers of people trained as part of the National Dementia Challenge	Adult Social Care National grant
3.5	Work with local practices and groups to ensure they are trained to diagnose dementia earlier and to signpost to support services to prevent unnecessary hospital admissions. .	Numbers of people accessing training Rate of notification to local memory clinics	Adult social care National Dementia Challenge Funding
3.7	Identify barriers to employment and how to overcome these.	Numbers of NEETs accessing work, further education or training	Slough Economy and Skills priority group Core funding

Theme 4 - Hospital avoidance programmes

No.	Outcome	Measure	Lead Commissioner and source of funding
4.1	Ensure regular monitoring of blood sugars as key indicator to avoid unnecessary diabetes admissions.	Numbers of HbA1c registered patients that achieve a 1% reduction in HbA1c	Slough CCG Slough CCG Innovations funding
4.2	Ensure atrial fibrillation and stroke care are optimised in order to aid recovery and prevent readmissions.	Numbers of practices participating in the GRASP programme Numbers of practices engaged in a stroke audit action plan	Slough CCG Core funding
4.3	Ensure access for those assessed as at risk to a chronic obstructive pulmonary disease rehabilitation programme	Monitor quarterly uptake of COPD rehabilitation programme	Slough CCG Innovations Funding
4.4	Improve access to primary care facilities	Monitor outcomes defined in the Winter pressures programmes	Slough CCG DH winter pressures funding
4.5	Reduce reattendance at hospital by those who drink alcohol to harmful levels	Numbers of people by alcohol score readmitted to hospital following alcohol treatment in the community	Slough CCG Quality, Innovation, Prevention and Productivity funding
4.6	Reduce the numbers attending hospital who can be treated in the community	Numbers of people with long term conditions admitted to hospital from reablement and other local support services	Slough CCG and ASC Integrated Health and Social Care Funds

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SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 21 November 2013

CONTACT OFFICER: Sarah Forsyth – Scrutiny Officer
(For all Enquiries) (01753) 875657

WARDS: All

PART I

TO NOTE

HEALTH SCRUTINY – 2013/14 WORK PROGRAMME

1. **Purpose of Report**

1.1 For Members to review the current work programme for the Panel.

2. **Recommendations/Proposed Action**

2.1 That the Panel note its current work programme for the 2013/14 municipal year.

3. **Joint Slough Wellbeing Strategy Priorities**

- **Health and Wellbeing**

3.1 The Council's decision-making, and the effective scrutiny of it, underpins the delivery of all the Joint Slough Wellbeing Strategy priorities; however the Health Scrutiny Panel holds a specific remit to scrutinise and provide public transparency for health and wellbeing issues across Slough.

4. **Supporting Information**

4.1 The current work programme is based on the discussions of the Panel at its previous meetings, looking at requests for consideration of issues from officers and issues that have been brought to the attention of Members outside of the Panel's meetings.

4.2 The work programme is a flexible document which will be continually open to review throughout the municipal year.

5. **Conclusion**

5.1 The Health Scrutiny Panel plays a key role in ensuring the transparency and accountability of healthcare provision in the Borough.

5.2 This report is intended to provide the Panel with the opportunity to review its upcoming work programme and make any amendments it feels are required.

6. **Appendices Attached**

A - Work Programme for 2013/14 Municipal Year

7. **Background Papers**

None.

HEALTH SCRUTINY PANEL
WORK PROGRAMME 2013/14

Meeting Date
13 January 2014
Scrutiny Items • Social Care Bill and Health Integration • Carers Commissioning Strategy • Tuberculosis in Slough • Mental Health In-patient Services Transfer **For Information (time allocated 10 minutes)** • Autism Strategy • A&E Review Report – for endorsement
6 March 2014 (additional meeting/date tbc)
Scrutiny Items • Public Health Commissioning Strategy • CCG Commissioning Plans
24 March 2014

Scrutiny Items
• Quality and Improvement at Heatherwood and Wexham Park Trust
  • Implementation of Improvement Plans
  • Heatherwood and Wexham Park Hospitals NHS Foundation Trust Quality Account 2013/14
  • Impact of/Implementation of Shaping the Future

Meeting Date
• Progress on implementing Dr Foster recommendations • Berkshire Healthcare NHS Foundation Trust Quality Account 2013/14 • Winterbourne Action Plan Implementation

Additional:

- Workshop (all members) on Francis Recommendations – impact and implementation (date tbc)

Currently Un-programmed:

- Vascular Services – full details of proposals
- Drug and Alcohol Misuse
- Diabetes Strategy

MEMBERS' ATTENDANCE RECORD 2013/14

HEALTH SCRUTINY PANEL

COUNCILLOR	12/06	24/07	17/09	21/11	13/01	24/03
Chohan	P	P	P			
Davis	P	P	P			
S K Dhaliwal	P	Ap	P			
Grewal	Ap	Ap	P			
Mittal	P	P	P			
Plimmer	P	P	P			
Sandhu	Ab	Ap	P			
Small	Ap	P	P			
Strutton	P	P	Ap			

P = Present for whole meeting
P* = Present for part of meeting
Ap = Apologies given
Ab = Absent, no apologies given

(Ext*- Extraordinary)

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