SLOUGH BOROUGH COUNCIL

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

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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.

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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