

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 Organisation³ 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 Wellbeing⁵ and Core⁶ strategies, the Housing strategy⁷, the Childrens and Young Peoples Plan⁸, the Adult Social Care Commissioning Strategy⁹ 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 Group¹⁰ 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.

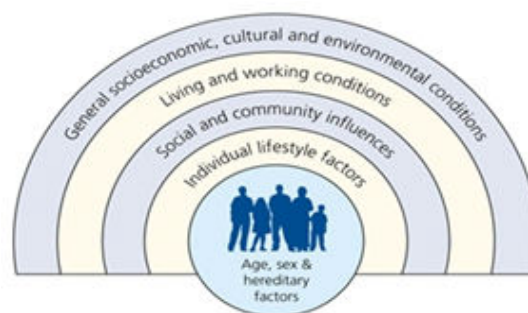
This strategy therefore covers the additional public health programmes, identified as high priorities in the Joint Strategic Needs Assessment¹¹, not dealt with through other strategies and plans.

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 report² 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.

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.

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 London¹²

- 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

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
5 th for fertility
12 th for knee replacements
21st for all circulatory disease deaths <75yrs
26 th for childhood obesity in reception

29 th for emergency heart attack treatments
36 th for low birth weights among term babies
54 th for childhood obesity in year 6
55 th for all circulatory death deaths - all ages
66 th for emergency admissions for children
75 th 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 11 th 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 process¹⁵. 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 model¹⁶. 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 assessment¹⁵.
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 programme³⁰, 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 study¹⁸. 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 health 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 actions¹⁹. 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 diseases²⁰ 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 activity²¹ 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 consumption²². 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 schedule²³ 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. Tuberculosis²⁴ 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 guidance²⁵ 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 babies²⁶, for Chlamydia²⁷, in those aged 16-24, for cancer²⁸ in adults and the detection of large aneurysms²⁸ which might rupture. Targeted screening is undertaken for the detection of eye problems in diabetes²⁸

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 programme²⁹.

Screening for circulatory disease

We want to promote access to the NHS Health checks programme³⁰, 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 can be referred to; a weight management or 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 strategy³². Recent guidance on the detection of conduct disorders in primary care is an important step towards improved action on antisocial behaviour disorders³³.

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 therapies³⁵ 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 Challenge⁴⁰

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 unnecessary 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 average¹¹ 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 75¹¹ 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 Slough¹¹ 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 averages⁴³ 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)

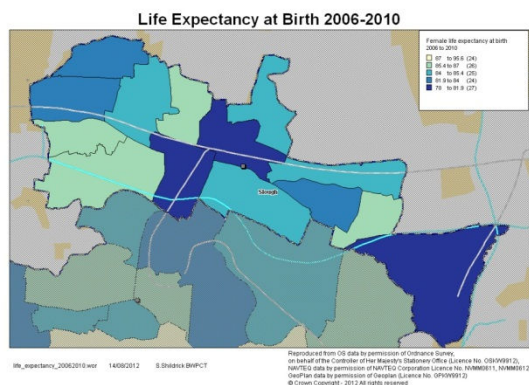
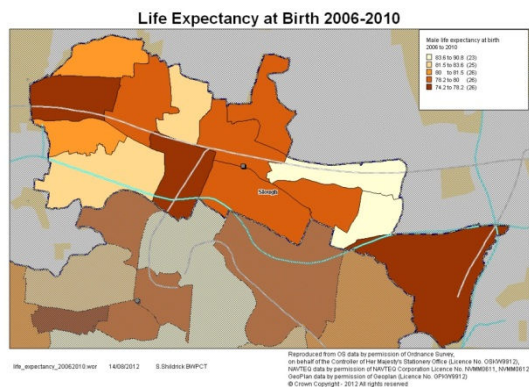
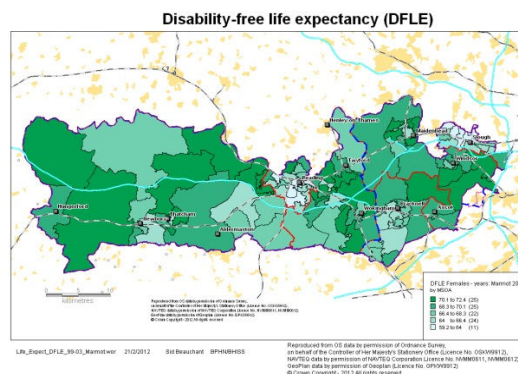


Figure 3 Life expectancy for males (2008-10)



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 through 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 site⁴³

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
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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
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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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