SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 18th January 2018

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WARD(S): All

PART I

FOR INFORMATION

UPDATE ON PUBLIC HEALTH PROGRAMME

1. Purpose of Report

This report provides an update to the Panel on the Public Health Programme. This includes an update on health checks.

2. Recommendation(s)/Proposed Action

Members of the panel are requested to note the report.

3. The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan

3a. Slough Joint Wellbeing Strategy Priorities

The Public Health Programme supports the following priorities of the strategy:

1. Protecting vulnerable children
2. Increasing life expectancy by focusing on inequalities
3. Improving mental health and wellbeing

There is high-level commitment to the NHS Health Check programme. Our Slough Joint Wellbeing Strategy states the ambition Slough has to improve uptake of health checks under our Priority 2 “Increasing life expectancy by focussing on inequalities”.

3b. Five Year Plan Outcomes

The Public Health Programme impacts on the following Five Year Plan outcomes:

- Our children and young people will have the best start in life and opportunities to give them positive lives.
- Our people will become healthier and will manage their own health, care and support needs.

Specifically, in the Councils’ 5 year plan 2017-2021, under Outcome 2 “Our people will become healthier and will manage their own health, care and support needs”

one of the key actions is to target those individuals most at risk of poor health and wellbeing outcomes to take up health checks.

4. Other Implications

(a) Financial

The public health programme is funded through the ring fenced Public Health Grant from central government. The public health grant has been, and continues to be, reduced year on year and additionally has previously been subject to in-year cuts. In 2015/16 the grant was £8,143,000, £7,959,000 in 2016/17, £7,763,000 in 2017/18 and it will be £7,563,000 in 2018/19: a reduction of £580,000 (7%) over three years. In Slough, these cuts have been shared across public health services, including for example, significant reductions in Drug and Alcohol Treatment services budget. The government aims to end the ring fence and grant for public health and move to funding public health through Business Rate Retention from 2020/21.

(b) Risk Management

Risk/Threat/Opportunity	*Mitigation(s)*
Further decreases in funding	Ensure that public health is prioritised in Slough to protect budget when move to funding through business rate retention.
Health and wellbeing indicators for Slough do not improve	Ensure clear links between KPIs and activities with outcomes. Work with partners to address health and wellbeing outcomes from wider determinants of health.
Inequalities increase and the needs of the most vulnerable are not prioritised	Ensure clear links between KPIs and activities with outcomes and reducing inequalities. Work with partners to address health and wellbeing outcomes from wider determinants of health.
Public health best practice	Maintain professional links across Berkshire and wider networks. Support staff with development. Ensure effective leadership.

(c) Human Rights Act and Other Legal Implications

There are no Human Rights Act implications.

Local authorities have a duty to take appropriate steps to improve the health of people living in their areas. Certain activities are mandated, including weighing an measuring of children, health check assessment, conduct of health checks, sexual health services, public health advice service, protecting the health of the local population, certain visits in relation to the health visiting service and oral health surveys. The public health grant is ring-fenced to support improvement of the Public Health Outcomes Framework.

(d) Equalities Impact Assessment

Not applicable for update.

(e) Workforce

The Slough Public Health team consists of the Public Health Consultant, Programme Manager, two Programme Officers, the Child Death Overview Panel (for Berkshire) co-ordinator and the administrator. There has been a change in service lead (PH Consultant) over the last year following the retirement in April of Angela Snowling. The post has been temporarily filled by Rebecca Howell-Jones, a Consultant in Public Health (Acting up). We plan to appoint an interim from February and advertise and appoint to the substantive post as soon as possible.

5. Supporting Information

5.1. This section outlines the current health and wellbeing profile for Slough, the breadth of the public health programme and key outcomes and outputs.

Overview of Health and Wellbeing Outcomes in Slough

5.2. The Public Health Outcomes Framework (PHOF) provides an overview of health and wellbeing in Slough. The full, interactive tool can be found here: https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0 In addition to the overaching indicators, there are four categories, i) wider determinants of health, ii) health improvement, iii) health protection and iv) healthcare and premature mortality.

5.3. For the vast majority of PHOF indicators Slough are either similar to, or worse than, the England average. For example, Slough achieves poor outcomes with regards to life expectancy and particularly healthy life expectancy; mortality rates from causes considered preventable; many indicators around weight, healthy eating and physical activity for adults; smoking prevalence in adults; cancer screening; health check offer; uptake of many childhood and adult vaccinations; and antibiotic prescribing. For many employment and school readiness indicators Slough is similar to England average. There are however a few indicators where Slough achieves better than England average, for example, around breastfeeding; successful completion of drug and alcohol treatment; stable and appropriate accommodation for those with learning disabilities and those in contact with secondary mental health services; prevalence of smoking amongst 15 year olds; and treatment completion for TB. This is not a comprehensive list in any particular group but is intended to give an overview of Slough and the range of indicators. It should also be noted that the data used for these indicators, whilst updated frequently, are often a couple of years old.

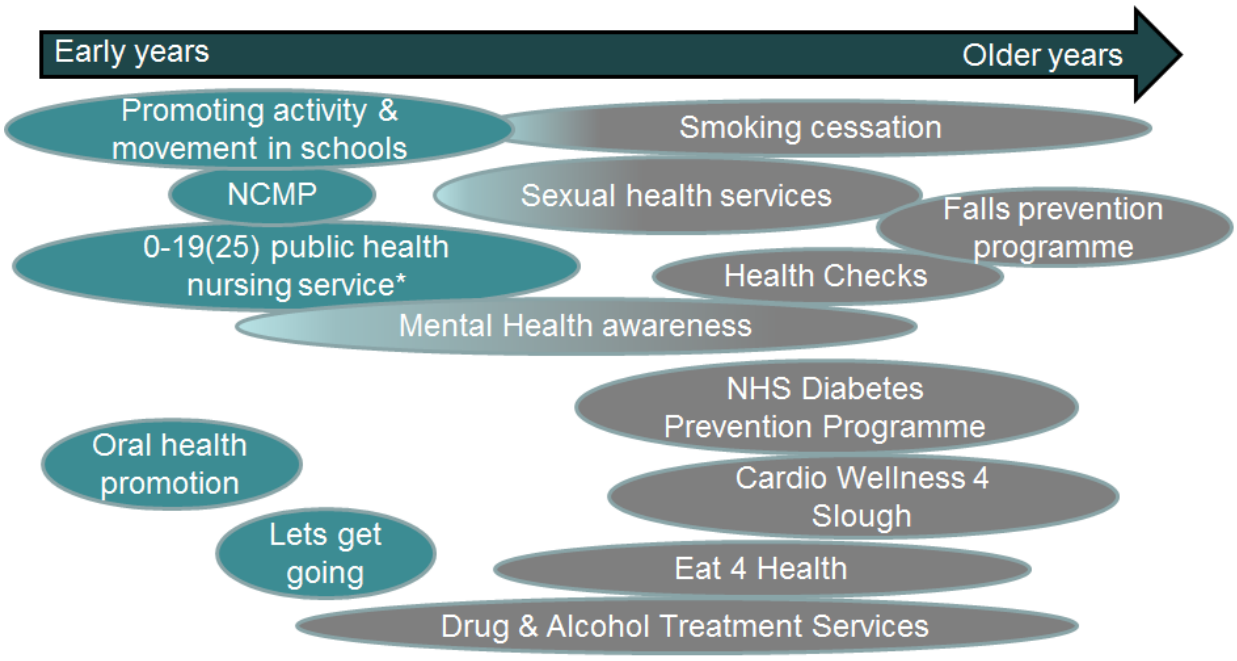
Overview of Public Health Programme in Slough

5.4. The public health programme in Slough includes mandated activities (for example health checks) as well as other activities which are not mandated but impact on public health, for example smoking cessation services. We commission some key services, including sexual health services and health visiting and school nursing. The public health grant funds the drug and alcohol treatment (DAAT) services. Furthermore, there are services which are funded from outside the public health grant but co-ordinated or commissioned through the public health team (i.e. Falls Prevention Programme funded by the Better Care Fund and NHS Diabetes Prevention Programme funded by NHS England). Figure 1 outlines the public health programme in Slough and the different activities undertaken.

5.5. In this report, we focus on the programme offered by public health, their outputs and potential impact of these services. The following areas are focused upon:

- Health checks
- Integrated Cardiovascular Disease Prevention Programme (CardioWellness4Slough)
- Smoking cessation
- Activity and healthy weight
- NHS Diabetes Prevention Programme
- Falls Prevention Programme
- Oral health promotion
- 0-19(25) public health nursing
- Sexual health services
- Campaigns and communication

Figure 1. Overview of public health programme in Slough



NCMP: National child measurement programme
* Health visiting and school nursing service

Health checks

5.6. Since 2013, 20,858 Slough residents have been offered a health check: 58% of all those eligible. 12,204 (59% of those offered) have taken up the offer of a health check (Figure 2). Whilst the percentage of the eligible population offered an NHS health check is lower than England average, uptake by those offered is better than England average.

Figure 2. NHS Health Check 5-year cumulative statistics for Slough, NHS Health Check http://www.healthcheck.nhs.uk/commissioners_and_providers/data/south_of_england/south_east/?la=Slough&laid=150

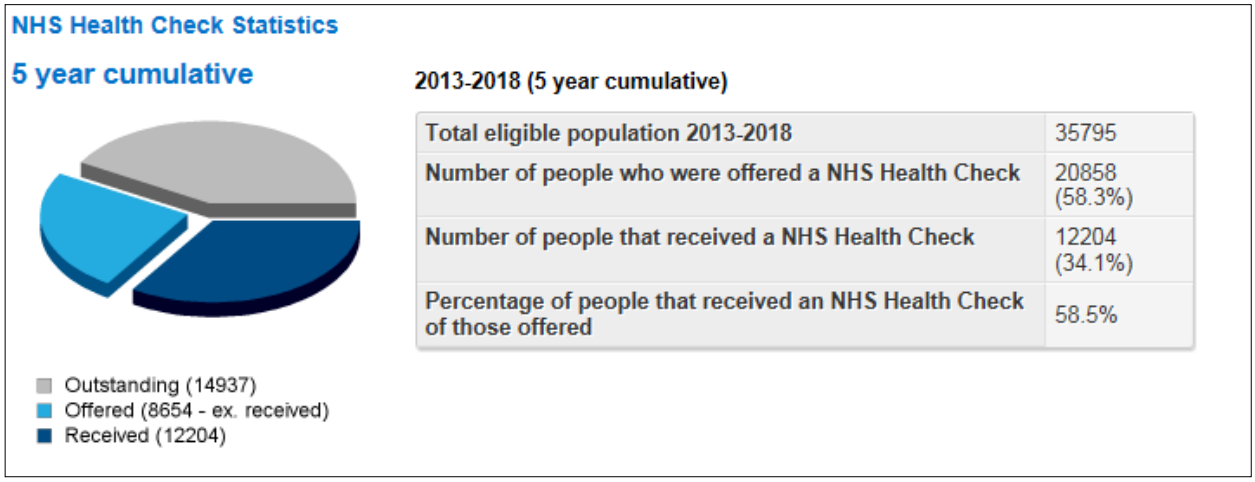
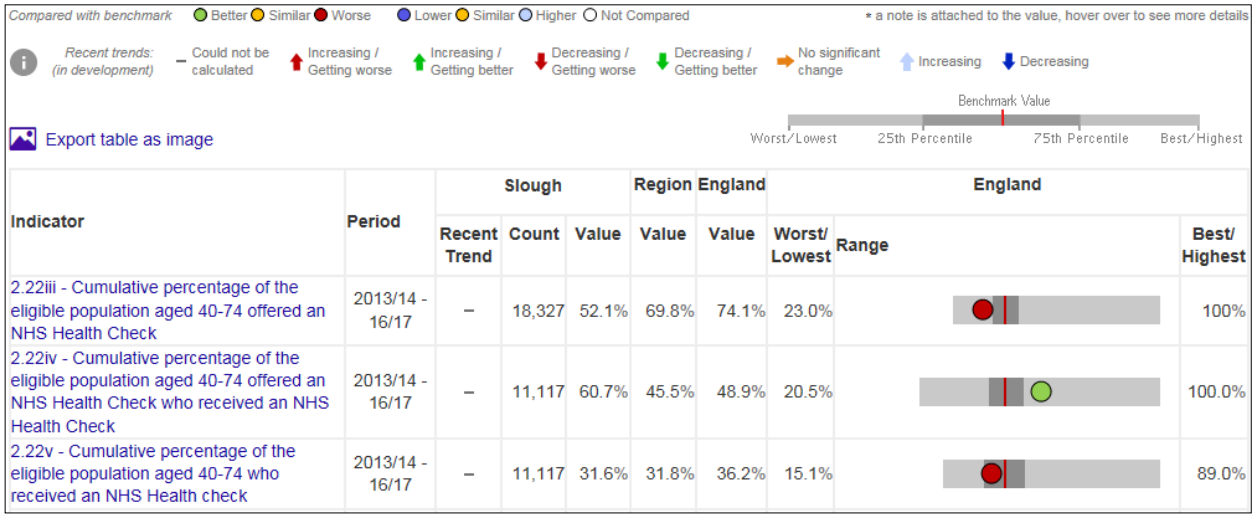


Figure 3. Offer and uptake of NHS health checks in Slough compared to England (2013/14 to 16/17). Public Health England https://fingertips.phe.org.uk/

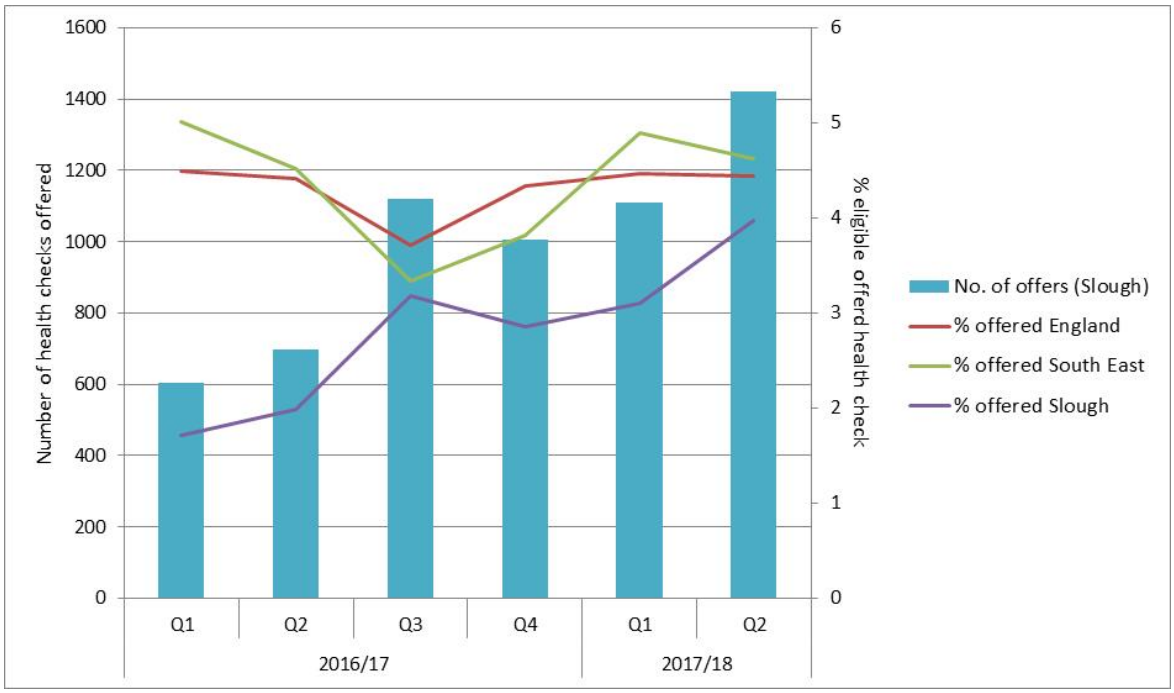


Indicator	Period	Slough			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
2.22iii - Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check	2013/14 - 16/17	–	18,327	52.1%	69.8%	74.1%	23.0%		100%
2.22iv - Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check	2013/14 - 16/17	–	11,117	60.7%	45.5%	48.9%	20.5%		100.0%
2.22v - Cumulative percentage of the eligible population aged 40-74 who received an NHS Health check	2013/14 - 16/17	–	11,117	31.6%	31.8%	36.2%	15.1%		89.0%

5.7. The universal provision of NHS health checks is through GPs and this is where the vast majority of NHS health checks have been performed. Figure 4 shows the number, and percentage of eligible population, offered health checks by quarter. This shows that the number of health checks, and therefore the proportion of Slough eligible patients offered a health check has increased over the 18 months.

5.8. We have recently completed an audit with practices. We found all practices are working hard to ensure eligible patients are invited to the programme on a monthly basis. All practices invite patients using multiple methods of communication. A key finding from the audit is that there may be recording issues with the number of invites. This issue is currently being further explored and addressed by our lead Public Health Officer.

Figure 4. Number (%) NHS health checks offered to eligible population by quarter (data from NHS Health Check http://www.healthcheck.nhs.uk/commissioners_and_providers/data/)



5.9. During 2017, opportunistic health checks have also been offered as part of the Integrated Cardiac Disease Prevention (ICDP) programme (see below). Solutions4Health have been commissioned to undertake these health checks in community settings with the key target groups: men, routine and manual workers and people from minority ethnic groups. As at October 2017 this service had completed 573 Health Checks (in those aged 35y and over) of which 44% were men and 90% from BME groups. 245 health checks (and 266 offered) were in those aged 40-75y (and therefore are included in the NHS health check programme data).

5.10. We are therefore fulfilling our 5-year Plan commitment to increase uptake of health checks by those most at risk of poor health and wellbeing outcomes.

Integrated Cardiac Disease Prevention programme: CardioWellness4Slough (CW4S)

5.11. CW4S began in January 2017 and aims to reduce early deaths from cardiovascular disease through the provision of an integrated cardiac prevention programme bringing together a range of community services. A single point of access will make the service accessible to a wide range of people:

5.12. The specific objectives are to:

- Create a single point lifestyle assessment and referral hub to lifestyle services – Physical activity, DAAT, Smoking cessation, Weight management, NHS Health Checks, NHS Diabetes Prevention Programme and Mental health and wellbeing services.
- Triage a minimum of 1500 referrals annually and refer to behaviour change programmes

- Reduce modifiable risk factors of cardiovascular diseases in at least 800 people annually
- Increase the invitation and uptake of opportunistic NHS Health Checks by completing 800 NHS Health Checks per annum
- Reduce health inequalities

5.13. This service reaches out to the community and engages them in locations across Slough. For example, offering CW4S service (providing information, advice and guidance as well as general assessments and health checks) from a large supermarket, pharmacies, community events and local business, such as a butchers shop.

5.14. In addition to the health check data reported above, the ICDP programme has referred 1,114 people to behaviour change services.

Smoking cessation

5.15. Stop smoking service is provided by Solutions 4 Health, SmokeFreeLife Berkshire, and is available to all Slough residents, with outreach delivering the service to hard to reach communities.

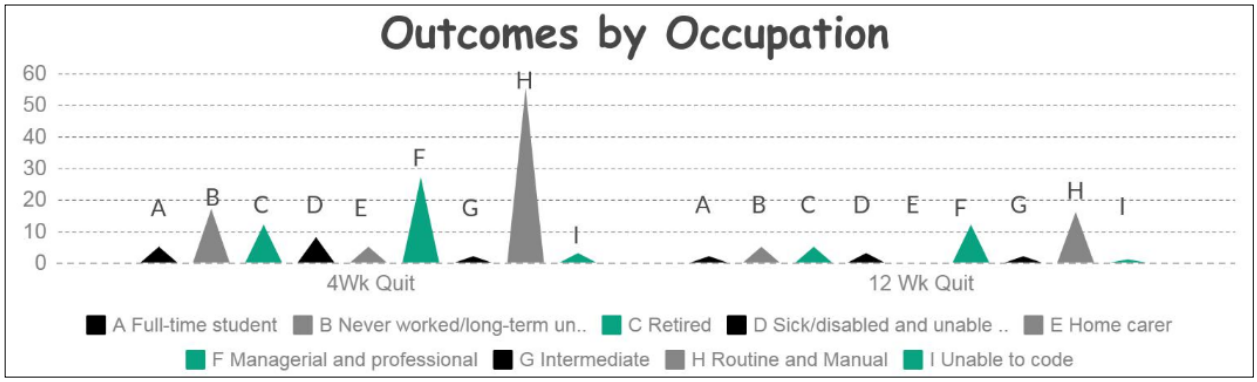
5.16. In 2016/17, 741 people quit smoking using the smoking cessation service. The latest data for 17/18, up to June 2017, shows that 142 people had quit at 4 weeks. The proportion of people who set a success date who successfully quit was 71% in 16/17 and, data thus far for 2017, is 81%. This is much higher than the South East and England average quit rates, which were 52% and 51% respectively in 2016/17.

Figure 5. Number and percentage of residents setting a quit date and outcome, 16-17 and Apr17-Jun17

	Setting a quit date	Successful quitters (self-reported)		Not quit	Lost to follow up	Successful quitters (self-reported), confirmed by CO validation	
Q1 2017	176	142	(80.7%)	31	3	120	(84.5%)
2016/17	1049	741	(70.6%)	273	35	450	(60.7%)

5.17. The service has successfully supported pregnant smokers (with 23 out of 24 pregnant women setting a quit date in 2016/17 successfully quitting. It has successfully targeted routine and manual workers. In 16/17, 43% of those setting a quit date being routine and manual workers. Data on 4 week and 12 week quit numbers by occupation for Q1 2017 are shown in Figure 6.

Figure 6. Four and 12 week quit numbers for Q1 2017/18 by Occupation.

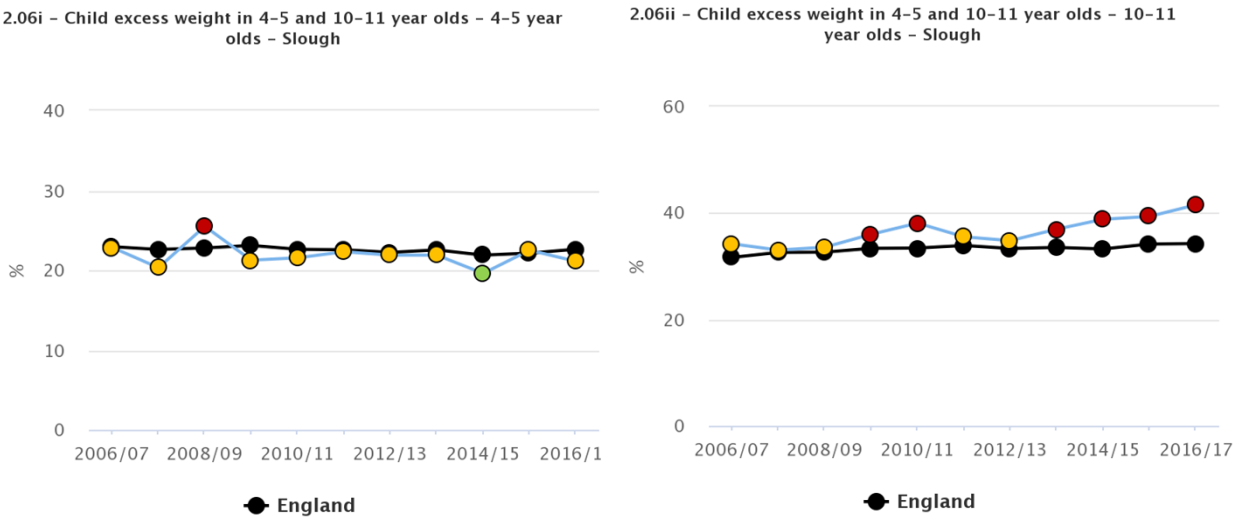


Activity and healthy weight

5.18. Healthy weight and physical activity are promoted through a range of activities, including commissioned weight loss programmes, co-ordination and promotion work with schools and children's centres and campaign-type promotion.

5.19. Data on childhood obesity is gathered through the National Childhood Measurement Programme (NCMP). Figure 7 shows the trend in excess weight of 4-5 year olds and 10-11 year olds in Slough and England.

Figure 7. Excess weight in 4-5 and 10-11 year olds in Slough and England, 2006/07-2016/17 (Public Health England, https://fingertips.phe.org.uk/)



5.20. A series of work has been implemented this year which aims to reduce the prevalence of excess weight in children. This includes:

5.20.1 Role out of the daily mile: nine Slough primary schools are now undertaking The Daily Mile which means 4,500 children are now running for 15min a day.

5.20.2 Introduction of Active Movement programme to reduce sedentary behaviour at four primary schools, two secondary schools and one children's centre are now doing Active Movement and as such 4,000+ students and staff are now reducing their levels of sedentary behaviour on a daily basis. This is a pilot programme and will be evaluated through measurements at a one participating and one control school.

5.20.3 Weight loss courses for children: There are two healthy lifestyle programmes available in Slough: Let's Get Going (a healthy lifestyle programme for 7-11 year olds) provided by Solutions 4 Health which will run at three primary schools and one community programme between now and May. In addition, the leisure team will also be running a Tier 1 intervention at three primary schools. The total capacity in 2017/18 is for ~108 children in total. In addition, the 'Family Activity' pilot in Cippenham Primary School, funded by Active Communities team, is an after school activity sessions for children considered overweight and their families, including healthy eating ideas.

5.21 66% of adults in Slough are classified as overweight or obese. This prevalence is higher than England and South East averages (Figure 8) (note these data are not as robust as childhood data as these are self-reported data from a sample of the population).

Figure 8. Percentage of adults in Slough and the South East classified as overweight or obese (Public Health England, https://fingertips.phe.org.uk/)

2.12 - Percentage of adults (aged 18+) classified as overweight or obese - current method 2015/16 Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	-	61.3	61.1	61.5
South East region	–	-	59.7	59.1	60.3
Isle of Wight	–	-	69.2	63.6	75.0
Medway	–	-	67.8	63.3	72.5
Slough	–	-	65.6	62.4	69.0
Portsmouth	–	-	65.3	61.9	68.5
Hampshire	–	-	62.2	60.8	63.8
Milton Keynes	–	-	62.1	58.8	65.2
Kent	–	-	61.4	60.1	62.9
West Sussex	–	-	61.3	59.3	63.3
Southampton	–	-	60.8	57.6	64.0
Buckinghamshire	–	-	60.2	57.5	62.7
West Berkshire	–	-	59.2	54.2	64.1
Surrey	–	-	57.8	56.2	59.3
Bracknell Forest	–	-	57.4	52.8	61.9
East Sussex	–	-	57.0	54.6	59.3
Reading	–	-	55.3	52.1	58.5
Oxfordshire	–	-	54.5	52.6	56.4
Wokingham	–	-	53.0	47.9	58.2
Windsor and Maidenhead	–	-	52.2	47.3	57.2
Brighton and Hove	–	-	50.3	45.8	55.3

Source: Public Health England (based on Active Lives survey, Sport England)

5.22 Weight management services (Eat 4 Health) for adults are provided by Solutions 4 Health. In 2017/18, there are 240 places available, and we are piloting an adolescent course with capacity for 24 16-18 year olds.

5.23 We continue to work closely with colleagues from across the council and external partners to support and maximise the opportunity from the range of work undertaken to address physical activity and obesity, for example with the leisure team, Slough School Sports Network, GPs and voluntary sector colleagues on exercise referral.

5.24 Weight management services continue to be an effective and necessary service for Slough residents and provide residents with the skills to look after their own health and wellbeing.

5.25 We are in the process of developing an Obesity Strategy for Slough. This has included running workshops to gain the views of officers, partners and members.

The strategy focusses around three areas: i) cross-Slough ambition; ii) an exemplar Council and Public Health Intervention Programme.

5.26 A report was taken to the Overview and Scrutiny Panel (14th Sep 2017) which provided an update on the activities and progress since the 2013 Obesity Strategy. As a result of this discussion, the O&S Panel set up, and have been progressing, a Task and Finish group to look at the how Slough could become an exemplar council with regards to healthy lifestyles.

NHS Diabetes Prevention Programme (NHS DPP)

5.27 The NHS DPP is designed to reduce the risk of developing type 2 diabetes, in at-risk individuals. Funded nationally, it is a joint commitment by NHS England, Public Health England and Diabetes UK. It is a nine-month, community-based behaviour change programme ('Healthier You') with the primary aim of preventing the onset of Type 2 diabetes.

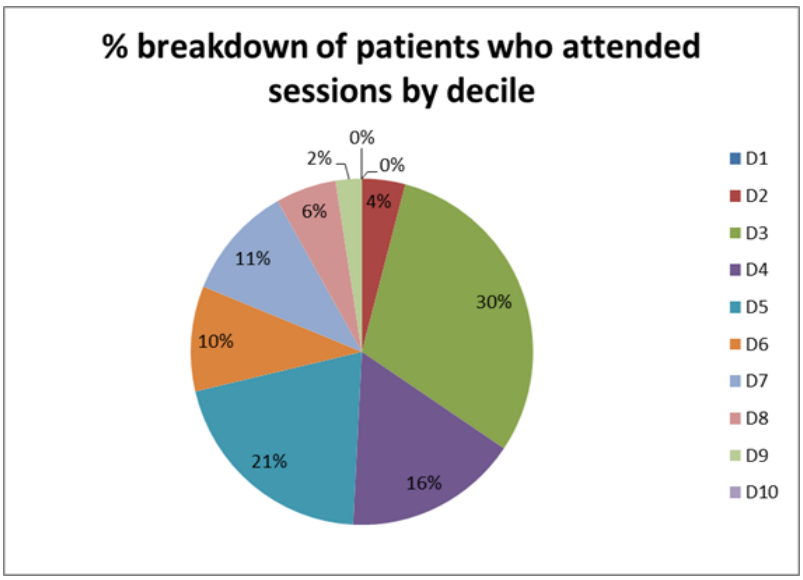
5.28 East Berkshire's programme was launched using a phased approach, starting with Slough in September 2016. Slough was chosen as the first area due to its high prevalence of Type 2 Diabetes and readiness to use the iPLATO (invitation) system.

5.29 During Year 1 of the programme, 1611 invitations were sent to at-risk individuals identified from Slough GP records. Of these, 451 (28%) contacted the programme (referrals) of whom 292 (65%) have attended an initial assessment. Out of the 292 that attended the initial assessment, 167 (57%) are so far booked on to the programme. The Provider has improved the provision of courses in Slough over recent months to meet the demand generated.

5.30 Across Berkshire, Slough has had the greatest number of referrals to the programme. This is expected due to the demography and high prevalence of risk factors in Slough residents.

5.31 Analysis shows that approximately 50% of those from Slough referred to the programme, attending an initial assessment, booking on and attending a course (Figure 9) are from the most deprived quintile. This suggests that the programme could help tackle health inequalities.

Figure 9. Breakdown of Slough patients attending the NHS DPP by deprivation decile



Falls Prevention Programme

5.32 A Falls Prevention Programme is commissioned by Public Health and funded through the Better Care Fund. The aim of this service is to prevent falls in those aged 60y and above in Slough.

5.33 The programme reaches out into the community to identify those that may be at a medium risk of falling but who are often unaware of their risk. Individuals are signposted to the service via Slough Services guide, Cardiowellness4Slough, GPs and the voluntary sector using a range of promotional materials eg website, leaflets, promotional adverts in the Citizen and demonstrations in community settings.

5.34 The service provides individual and group falls prevention exercise sessions lasting for 12 weeks to reach at least 300 people at risk of falling within 6 months (Table 1 reports the latest performance data). It has clear criteria from the medicines management team to facilitate medication reviews through local pharmacies. Sit to stand blood pressure and mobile blood pressure are monitored. individual patient outcomes are reported to the person's GP at the end of the programme in terms of falls risk reduction and client satisfaction.

Table 1. Performance figures for Falls Prevention Programme (2017/18)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Total
Risk assessments performed	31	51	63	65	49	55	64	61	439
Referrals made (excluding well balanced classes referrals)	16	22	21	31	24	22	28	27	157
Current Well-Balanced class members	26	31	34	28	23	24	27	25	218

Number completed 12 week Well Balanced classes	3	2	7	6	3	3	4	1	38

Oral Health Promotion

5.35 Children in Slough have substantially worse oral health compared to England and South East averages (Figure 10), with only 41% of 5 year olds having dental decay.

Figure 10. Proportion of 5-year olds free from dental decay in Slough and the South East (Public Health England, https://fingertips.phe.org.uk/).

4.02 - Proportion of five year old children free from dental decay 2014/15 Proportion - %

Area	Count	Value	95% Lower CI	95% Upper CI
England	84,100	75.2	75.0	75.5
South East region	13,764	79.9	79.4	80.5
Slough	177	58.7	53.1	64.2
Southampton	764	66.3	63.6	68.9
Reading	214	71.9	66.9	77.0
Isle of Wight	360	73.6	69.7	77.5
Buckinghamshire	887	76.5	74.1	79.0
West Berkshire	191	76.9	70.8	82.9
Oxfordshire	1,139	77.3	75.1	79.5
Bracknell Forest	206	77.9	73.0	82.8
Milton Keynes	1,789	78.3	76.6	80.0
East Sussex	346	79.7	75.9	83.4
Medway	227	81.3	76.8	85.7
Surrey	1,061	81.3	79.2	83.4
Windsor and Maidenhead	210	81.5	76.9	86.2
Portsmouth	702	81.9	79.3	84.4
West Sussex	455	82.0	78.7	85.3
Brighton and Hove	138	82.4	76.6	88.2
Kent	2,722	83.4	82.1	84.7
Hampshire	1,971	85.0	83.5	86.4
Wokingham	205	85.2	80.8	89.7

Source: Dental Public Health Epidemiology Programme for England: oral health survey of five-year-old children 2015

5.36 Healthy Smiles Slough is the oral health promotion project provided Oxford Community Dental Service, part of Oxford Health NHS Foundation Trust. It began in March 2017.

5.37 The Project aims to co-ordinate, facilitate, support and provide a range of evidence-based interventions to improve oral health and reduce oral health inequalities in Slough.

5.38 The project will achieve these aims by delivering the following objectives:

- Deliver information and advice on oral health to children and adults
- Create environments that promote oral health (accreditation scheme in pre-school settings)
- Establish links with partners to ensure oral health is promoted as part of wider public health activities (offer oral health promotion training to health and non-health professionals who work with children and adults)

5.39 Delivery figures to date are shown in Table 2. The following geographical areas have been identified to focus activity during Year 1: Chalvey, Britwell, Wexham, Langley, Cippenham.

Table 2. Oral health promotion delivery, 2017/18

	Q1	Q2	Q3	Q4	To date	Target
Number of information sessions delivered	8	5	16		29	40
Hours of information sessions delivered	13.5	12.5	68		94	160
Number of events attended	8	1	3		12	
Number of Participants reached	169	119	376		664	N/A
Number of interactions at events	40	132	236		408	N/A

0-19(25) public health nursing (health visiting and school nursing)

5.40 The core purpose of the 0-19(25) health visiting and school nursing service is to lead the Healthy Child Programme giving every child the best start in life which is crucial to reducing health inequalities across the life course. The integrated 0-19(25) service is for children aged 0-19 years and up to 25 years for individuals with Special Educational Needs and Disability (SEND).

5.41 A good start to life is well recognised as a key determinant of intellectual, social and emotional health and wellbeing, and ultimately future life chances. The health visiting and school nursing services work to improve the health of 0-5 year olds and 5-19 year olds respectively mainly through delivery of the Healthy Child Programme. The Programme (0-19) aims, through prevention and early intervention, to:

- help parents develop and sustain a strong bond with children
- encourage care that keeps children healthy and safe
- protect children from serious disease, through screening and immunisation
- reduce childhood obesity by promoting healthy eating and physical activity
- identify health issues early, so support can be provided in a timely manner
- make sure children are prepared for and supported in all child care, early years and education settings and especially are supported to be ‘ready for to learn at two and ready for school by five’

5.42 Local authorities are mandated to provide five universal health visitor reviews. These are the antenatal, new baby, 6-8 week and 1 year and 2.5 year reviews. Evidence shows that these are key times to ensure that parents are supported to give their baby/child the best start in life, and to identify early, those families who need extra help (early interventions).

5.43 The health visiting and school nursing service was tendered over the summer and the award was made to Solutions 4 Health Ltd following a robust process. The contract started on 1st October 2017.

Sexual health services

5.44 The commissioning of Sexual Health services are a mandated function for Local Authorities. Locally, we commission an “integrated sexual health service”. This term describes a service that provides sexual and reproductive health and GUM services to patients in an integrated way, often within a single attendance. The

service provides open access sexual health services for everyone present in their area and includes:

- free sexually transmitted infections (STI) testing and treatment
- notification of sexual partners of infected persons
- free contraception, and reasonable access to all methods of contraception
- Some specialist sexual health services related to prevention and health promotion in various settings

5.45 Reproductive health

- All-age conception rates in Slough are higher than national and regional averages and have shown a slight increase in recent years.
- There has been a large percentage decrease (61%) in the rate of teenage pregnancies between 1998 and 2015. Current rates are comparable to national and regional averages. There has also been a steady decrease in the rates of conceptions to under 16 year olds.
- The birth rate in Slough is approximately 80 per 1,000 females aged 15 to 44 and is higher than national and regional averages.
- Over 20% of all conceptions amongst women of all ages living in Slough lead to abortion. The percentage of conceptions leading to abortion in Slough is higher than national and regional averages.

5.46 Sexually transmitted infections

- In 2016 rates of new STI diagnoses in Slough were lower than the national average and in line with the South East average. Prior to 2016, rates in Slough were higher than regional averages.
- Rates of newly diagnosis HIV in Slough are higher than they are for the South East. HIV prevalence rates in Slough are higher than national and regional averages. Although not significant, and upward trend can be seen in the prevalence rates indicating an improvement in HIV care and an increasing life expectancy for those with the condition.
- Types of diagnosis differ between males and females with males receiving more diagnoses of gonorrhoea, syphilis and genital warts and females receiving more diagnoses of chlamydia and herpes. Diagnoses are most common in younger age groups and peak in the 25 to 34 age band. More Gay and Bisexual men are diagnosed with an STI than would be expected given the relative population size. Lesbian, Gay, and Bisexual (LGB) women make up a very small proportion of diagnoses. People from ‘Black’ or ‘Other’ ethnic backgrounds are more likely to be diagnosed with an STI than would be expected given the relative population size.

5.47 Service access

- Slough residents have contact with sexual health services for Sexual and Reproductive Health (SRH) related care significantly more than the national and regional averages. This together with data on GP provision of LARC, indicate that residents are attending the sexual health services, rather than GPs, for contraceptive care.
- Only 6% of all contacts made by Slough residents are made by males. This is lower than the national and regional average of 12%.

- Gay and bi-sexual men are more likely to attend for STI-related care then would be expected given their relative population size. This is a similar pattern to that which we see in the numbers of new STI diagnoses. Also similar to the pattern in the diagnosis data is the fact that people from 'Black' and 'Other' ethnic backgrounds are overrepresented given the relative population sizes of these groups

Campaigns and Communication

5.48 This year, we have increased our campaign activity. We now have an annual calendar of key campaigns against which we plan a variety of actions, such as scheduled twitter messages, e-newsletter articles, paid Facebook adverts and hard copy posters, flyers and direct mails outs. On average, we promote 4-5 different campaigns every month through twitter and the e-newsletter. We ensure each campaign is relevant to the local population and includes links to local services/opportunities where relevant.

5.49 A key example of one of our campaigns was the #10minutes4Slough campaign that we ran which culminated on World Mental Health Day 2017. The campaign was based around the Active10 concept and the contribution of physical activity to both physical and mental wellbeing. Participants were encouraged to sign up to receive a bi-weekly physical activity reminders and suggestions. With this online campaign we engaged with 155 people (18% male. 82% female) ranging from 5 to 79 years old. 92% of the respondents to the evaluation survey reported as feeling more active and 80% reported feeling healthier in both physical and mental health.

5.50 Examples of upcoming campaigns that we will be actively promoting include:

- Wellbeing board campaign on obesity (Jan-Mar)
- Time to Talk day in February with direct links to local provision, social media posts and partner mails outs with support from Youth Services.
- World Oral Health day in March with tailored resources going out to schools and children centres, social media posts and e-newsletter articles.
- Immunisation week in April where we will work closely with external partners (CCG, BHFT, NHS) to promote various immunisations, key messages and local provision.

6 Comments of Other Committees

The overview report has not been to any other Committee. Individual programmes are reported through various routes, for example Obesity report to Overview and Scrutiny; NHS DPP to the Priorities Development Group and STP Diabetes Programme Board.

7 Conclusion

Public health commission, support, co-ordinate and promote a range of activities with the aim of improving the health and wellbeing of Slough residents, and decreasing inequalities. We continue to review our services, approach and priorities to ensure they are effective, good value for money and meet the needs of Slough. We work successfully with partners across the council and external, including health, education and voluntary sector colleagues.

8 **Background Papers**

‘1’ Guidance on the Ringfenced Public Health Grant Conditions and Mandated Functions in England. Public Health England and Association of Directors of Public Health. 2016 http://www.adph.org.uk/2016/09/guidance-on-the-ring-fenced-public-health-grant-conditions-and-mandated-functions-in-england-adph-phe-publication/

‘2’ Public Health Outcomes Framework, Public Health England https://fingertips.phe.org.uk/

‘3’ Review of Obesity in Slough, Overview and Scrutiny Committee, 14th Sep 2017. http://www.slough.gov.uk/moderngov/ieListDocuments.aspx?CId=105&MId=5730&Ver=4