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Borough Council

Public Health

Slough Wellbeing Board

Away Day – 3 Oct 2019

Dr Liz Brutus – Service Lead Public Health

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Health inequalities

- Health inequalities are **systematic, avoidable and unjust differences** in health and wellbeing between groups of people
- For example:
 - Socioeconomic (SE) status
 - Ethnicity
 - Mental health vs Physical health diagnoses
 - Gender
 - Sexuality
 - Disability
 - Age



Tackling health inequalities – Priority setting

Marmot Review

The **Marmot Review** :

- 1) Improve health and well-being for all
- 2) Reduce health inequalities.

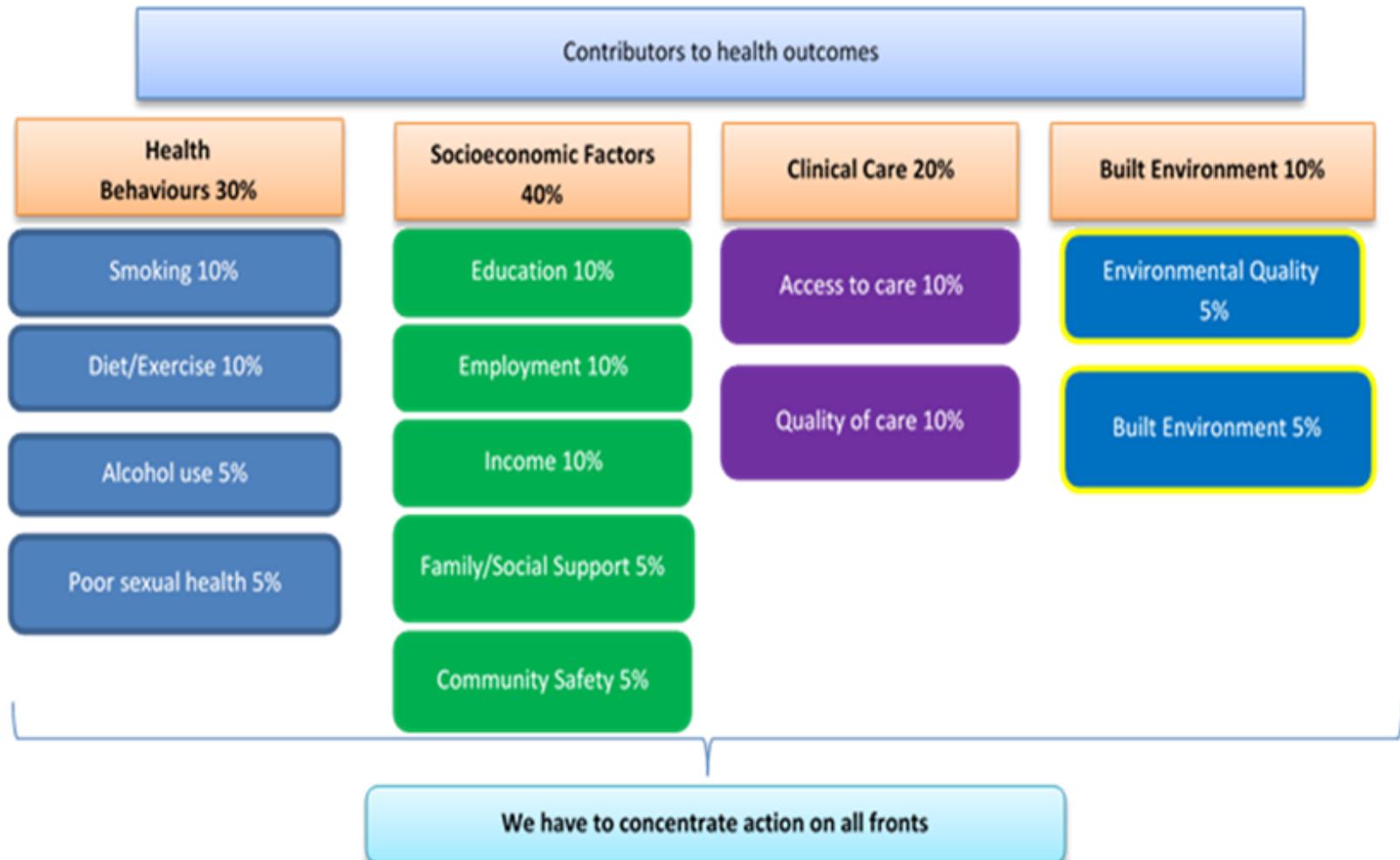
Reducing health inequalities requires action on six policy objectives:

- A. Give every child the best start in life
- B. Enable all children young people and adults to maximise their capabilities and have control over their lives
- C. Create fair employment and good work for all
- D. Ensure healthy standard of living for all
- E. Create and develop healthy and sustainable places and communities
- F. Strengthen the role and impact of ill health prevention

Actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage.



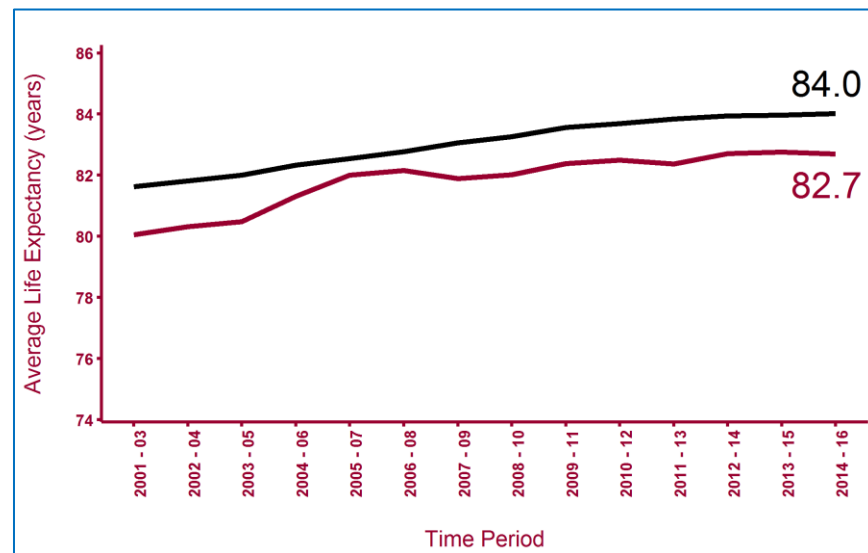
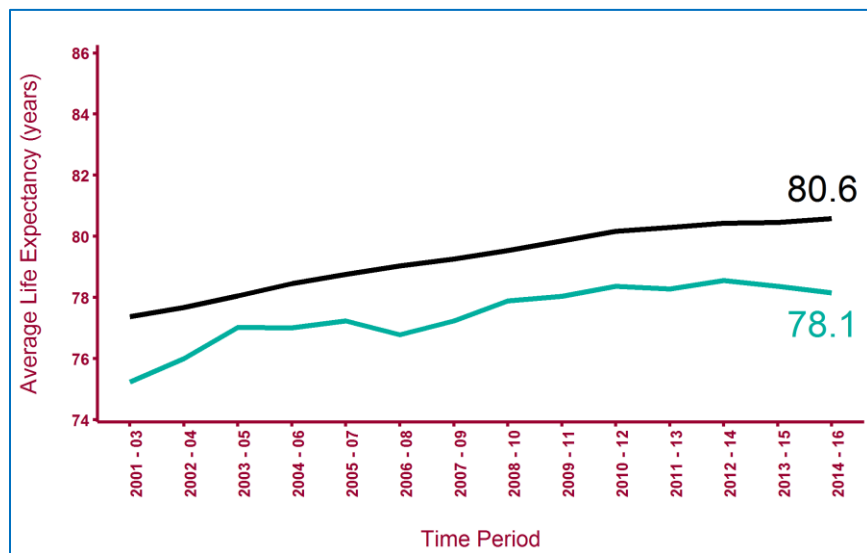
The estimated contribution of the factors affecting health is the so-called 'wider determinants of health'



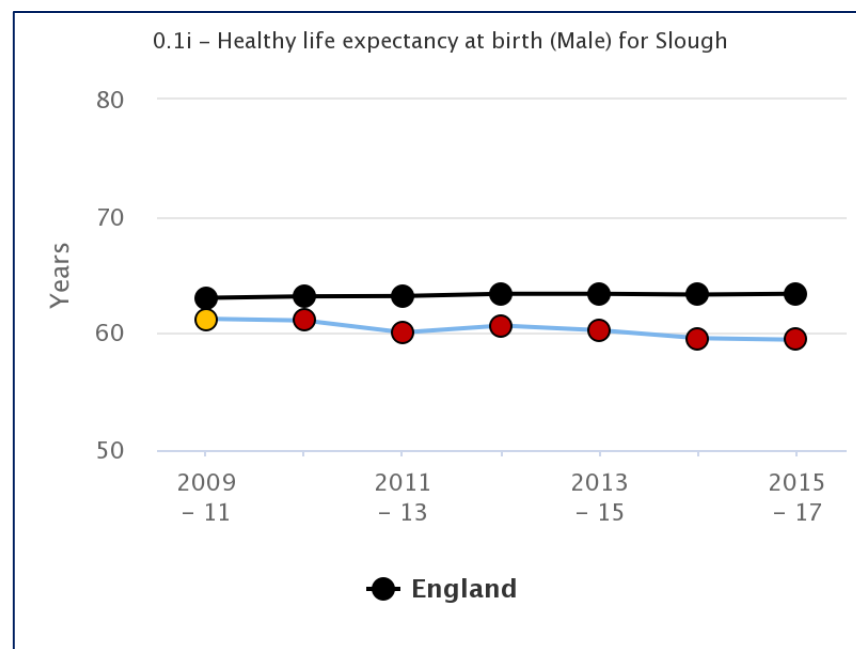
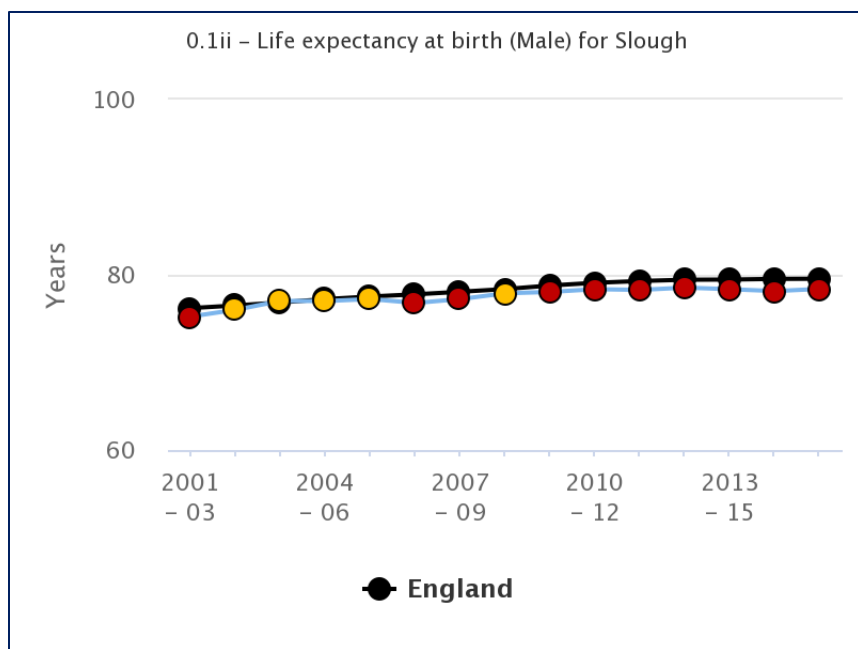
Average life expectancy at birth by gender (2001 – 2016)

South East

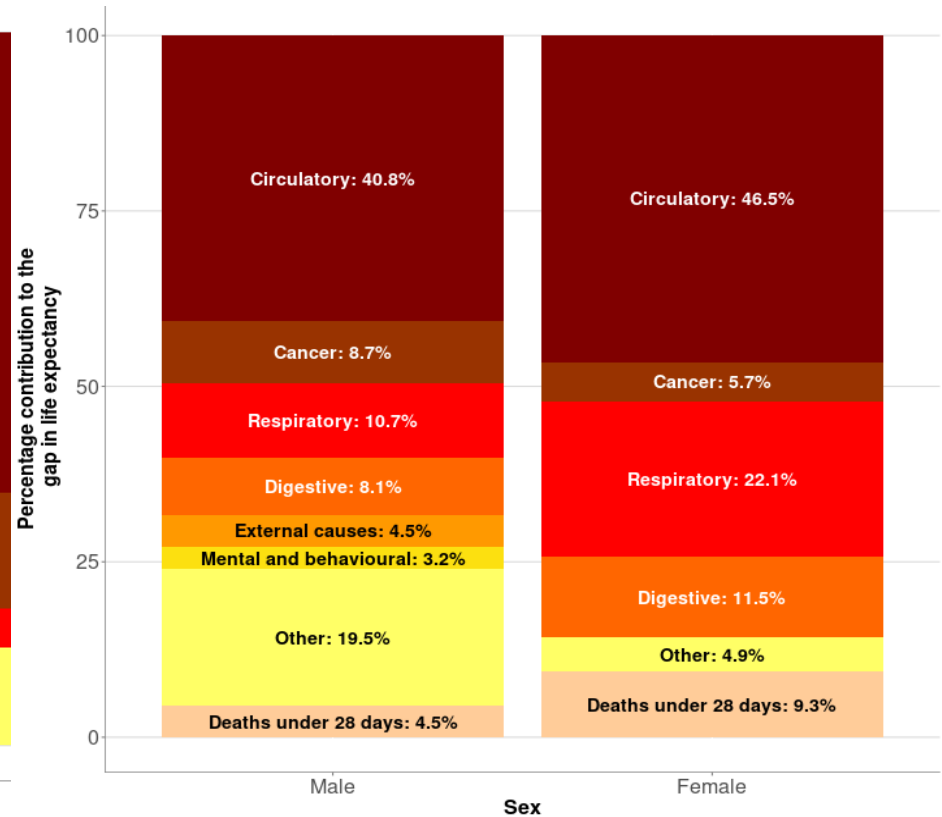
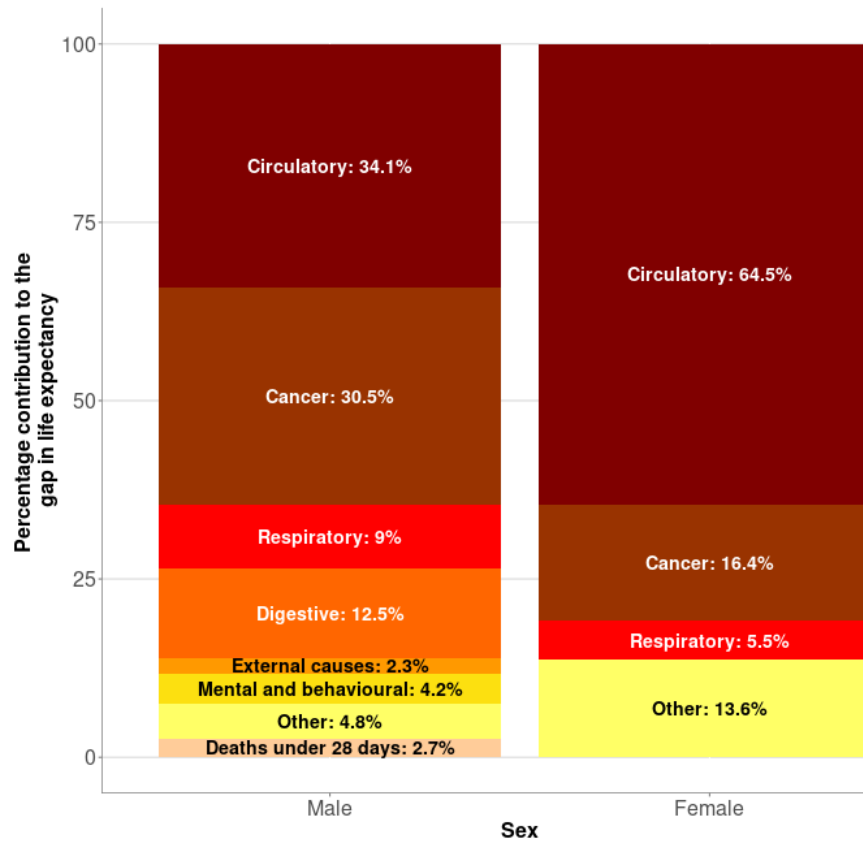
Slough



Like England, Slough's gains in male life expectancy stall but our healthy life expectancy is worsening



Causes of Slough's life expectancy gap – 'Sarf charts'



Breakdown of life expectancy gap by broad cause of death

1) Within Slough

(Between the most and least deprived quintiles in Slough in 2015-17.)

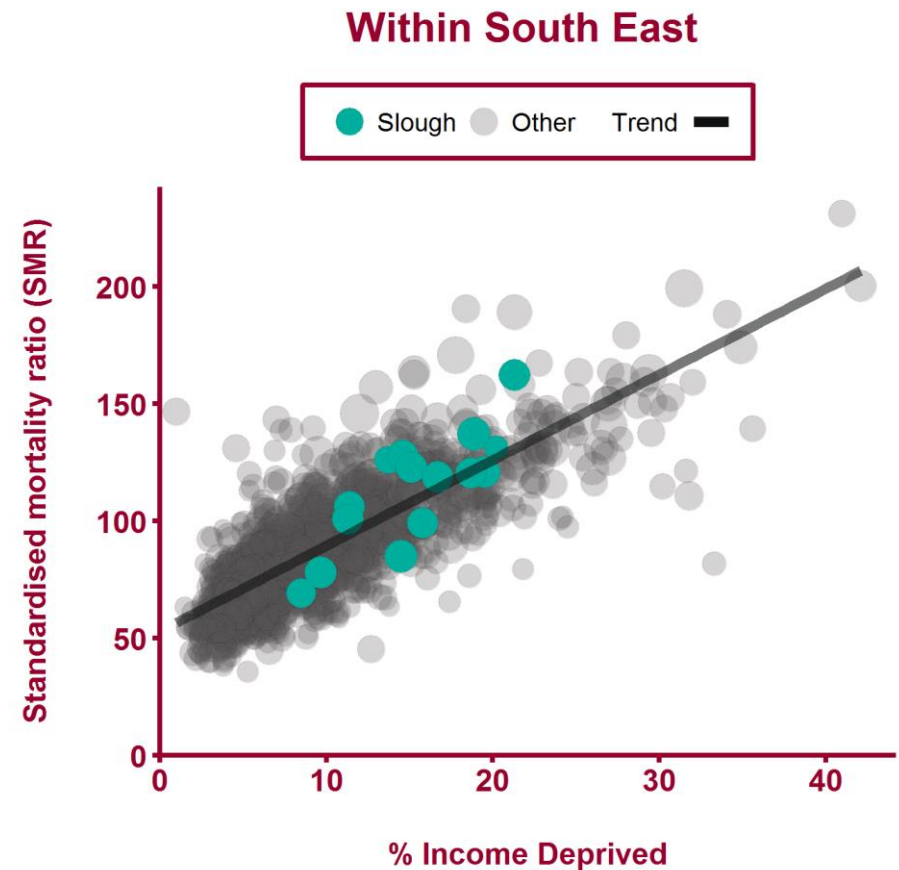
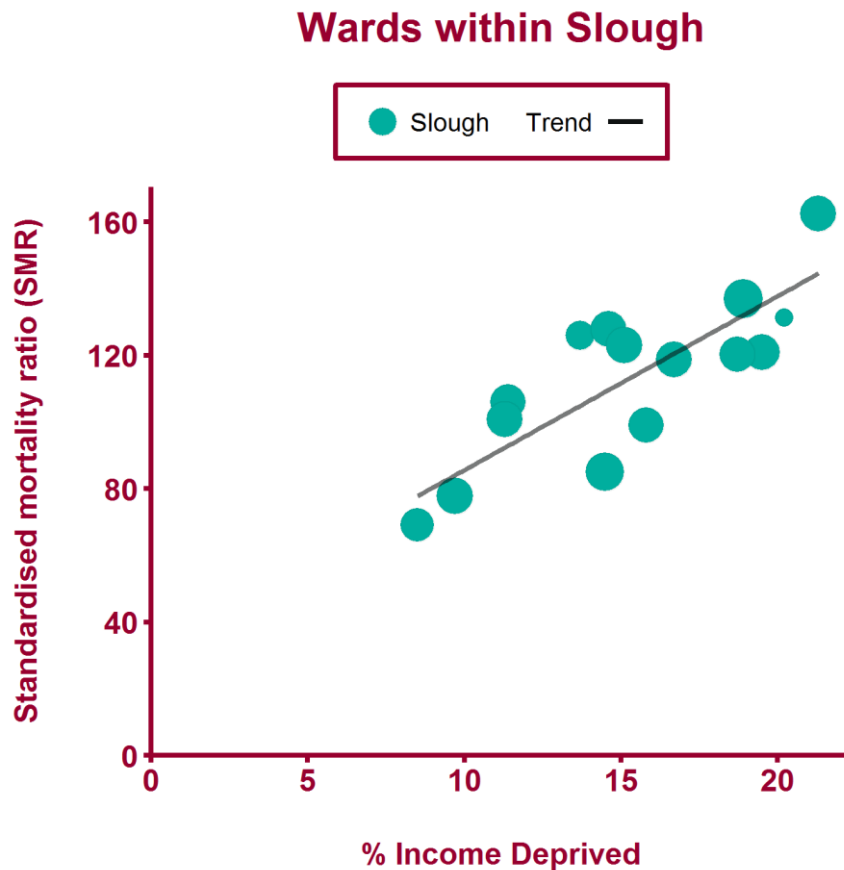
2) Between Slough and England as a whole (2015-17)

Source: Public Health England Segment Tool

8 https://connect.healthdatainsight.org.uk/health_inequalities/segment_tool/

Premature mortality for Slough wards by % income deprived

Deaths from all causes, under 75 years (2011-2015)

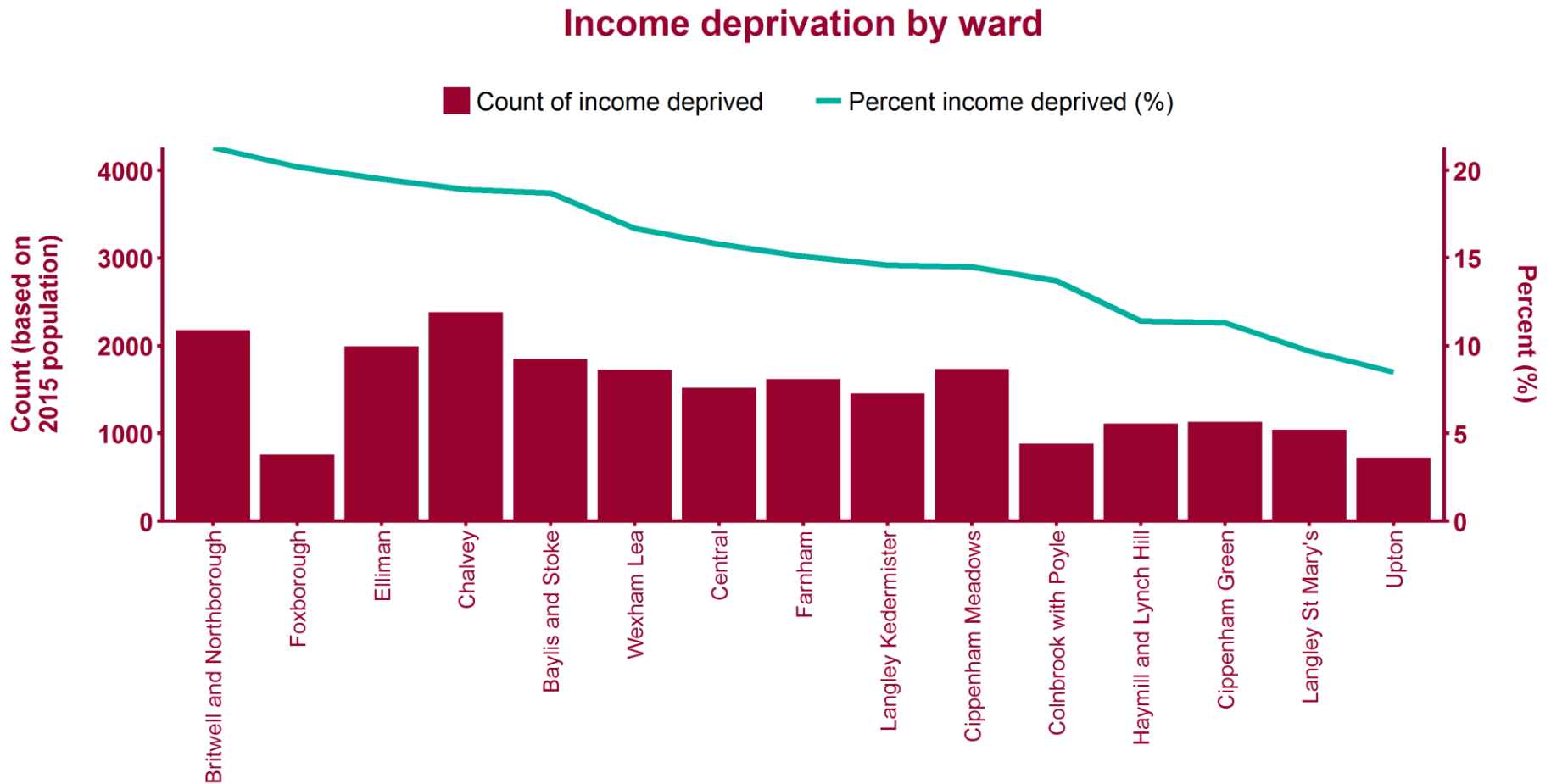


All cause under 75 mortality across Frimley ICS – Worst 20% of wards in ICS

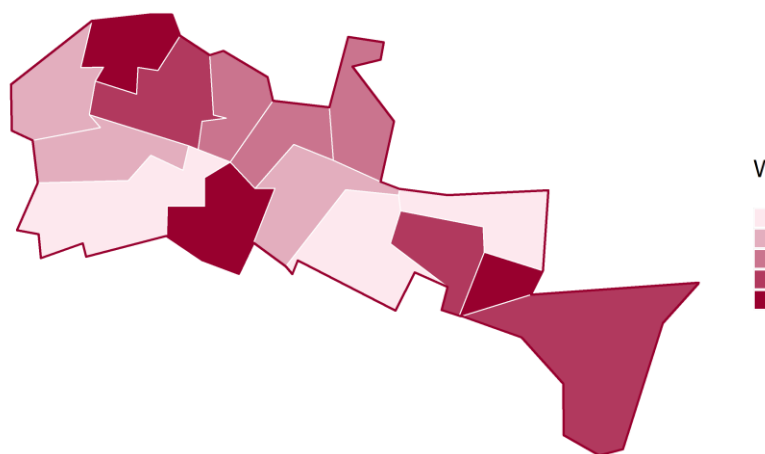
- Ranges higher in Slough wards (160 to 75); both SH and BF have a wider range (120 to 40) than WAM (120 to 60).
- Across the ICS the ward with the highest standard mortality rate (SMR) is **Britwell & Northborough** (Slough) (162.4) and lowest is **Warfield Harvest Ride** (BF) (41.4) – a **four-fold** variation.
- Of the 21 wards with an SMR over 100 - Slough has 10, NEHF has 4, WAM has 3, and BF and SH have 2 each.

1	Britwell & Northborough 162.4 SL	6	Colnbrook with Poyle 126.0 SL	11	Old Dean 119.7 SH	16	Rowhill 111.3 NEHF
2	Chalvey 137.0 SL	7	Aldershot Park 123.3 NEHF	12	Wexham Lea 118.7 SL	17	Eton Wick 110.0 RBWM
3	St. Michaels 132.3 SH	8	Farnham 123.0 SL	13	Clewer North 116.1 RBWM	18	Cherrywood 107.0 NEHF
4	Foxborough 131.3 SL	9	Elliman 120.9 SL	14	Priestwood & Garth 116.1 BF	19	Haymill & Lynch Hill 106.0 SL
5	Langley Kederminster 127.9 SL	10	Baylis & Stoke 120.3 SL	15	St. Mark's 113.7 NEHF	20	Clewer East 105.9 RBWM
						21	Bullbrook 101.5 BF

Distribution of income deprivation across Slough

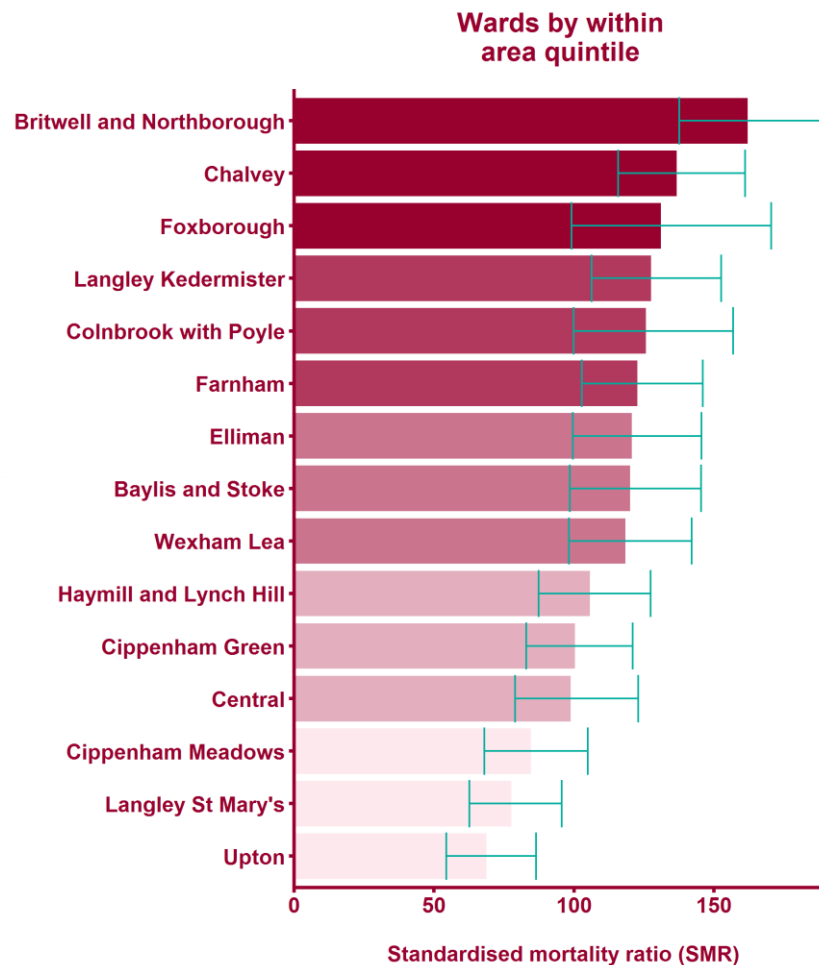
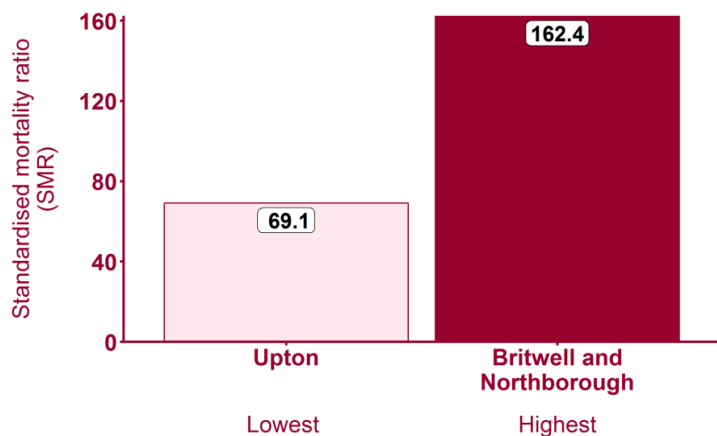


Slough: Deaths from all causes, under 75 years (2011-2015)



Within Area Quintile

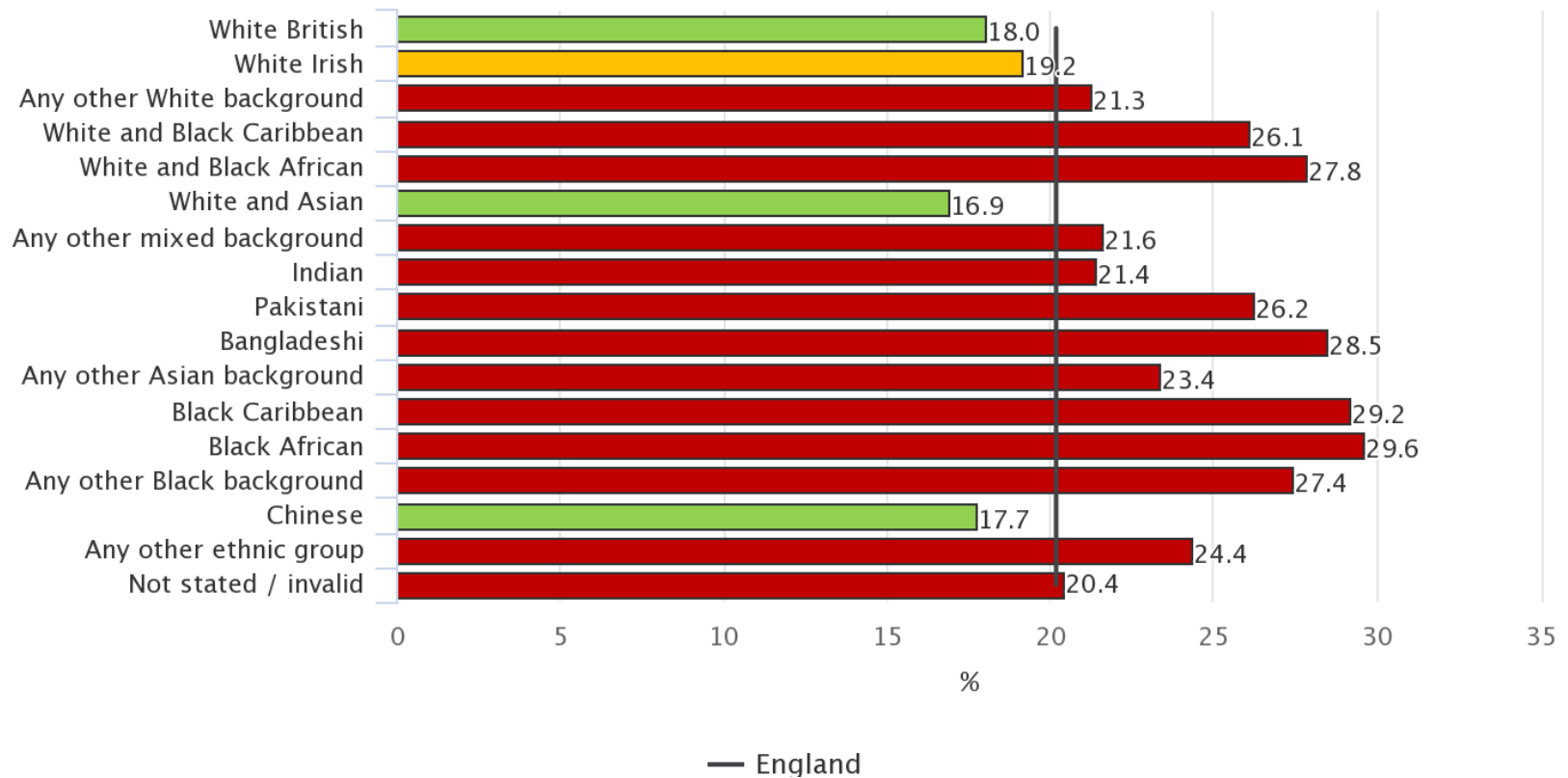
- 1 - Lowest
- 2
- 3
- 4
- 5 - Highest



Some health issues are also strongly driven by ethnicity as well as deprivation levels eg Childhood obesity

In Slough, we need to do more to understand our local ethnic and cultural differences in health. At present, these differences are mainly understood at a national level.

Year 6: Prevalence of obesity (including severe obesity) (2017/18) – England Ethnic groups

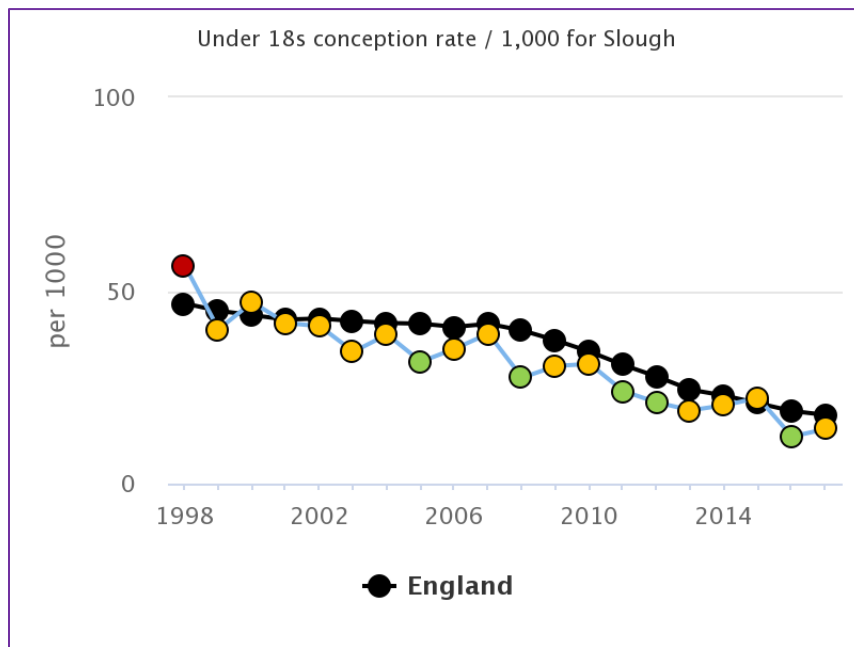


Note: Public Health Slough plan to commission a Health Needs Assessment of Black & Minority Ethnic Residents in 2019/20

There have been achievements in improving health outcomes – For example:

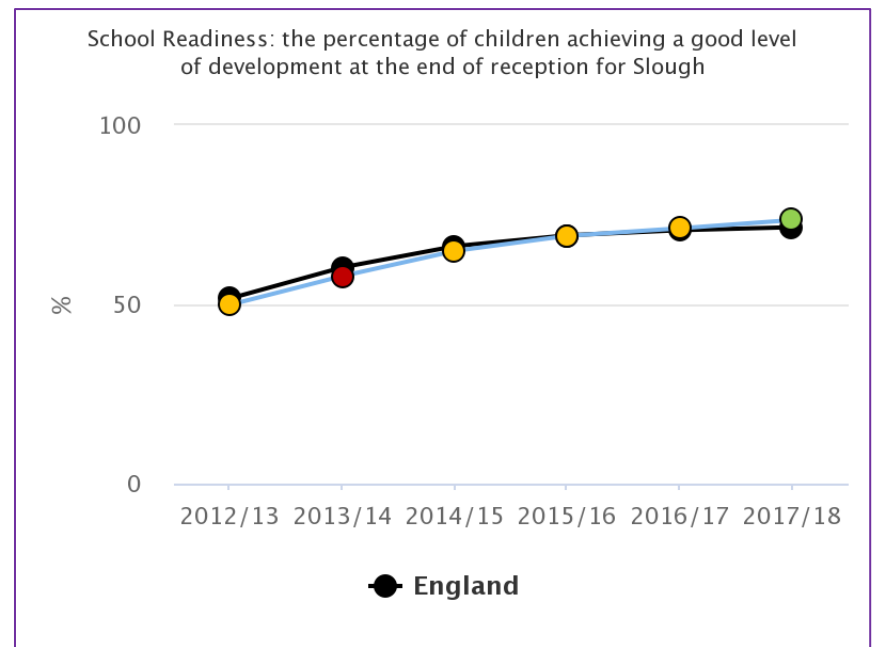
Teenage pregnancy

- Concerted multi-agency effort over time



School readiness

- With significantly greater equity for children on free school meals than some of our neighbours (see next slide)



Summary of key health and wellbeing challenges in Slough

Children, young people and families	Working age adults	Older people
<ul style="list-style-type: none">• Maternal ill health & perinatal mortality• High Year 6 obesity*• Low physical activity*• Poor oral health*• Low immunisations	<ul style="list-style-type: none">• High obesity• Low physical activity• High smoking* – especially manual workers• High TB rates*• High substance misuse• Poor mental health	<ul style="list-style-type: none">• High cardiovascular disease & associated premature mortality• High diabetes• Falls• Low uptake of cancer screening• Social isolation• Lower <i>healthy</i> life expectancy - 59 yr*

* In worst 3 in South East

Source: PHE Fingertips Profiles (including General, Child Health, Tobacco Control) 2018



Long list of suggested SWB priority areas

Slough headline area of need	Possible elements	Comments	Alignment with Marmot's 6
Starting Well	<ul style="list-style-type: none"> School readiness ie 0-5 focus Childhood obesity Specific groups eg Looked after children, SEND General health eg Oral health & Immunisation 	Important to choose elements that require cross-partner 'unblocking'	A. Give every child the best start in life
Tackling poverty	<ul style="list-style-type: none"> Poverty strategy 	Poverty impacts all partners & would benefit from multi-agency response	D. Ensure healthy standard of living for all
Built environment	<ul style="list-style-type: none"> Regeneration (including Heathrow) & health Homelessness 	Is there sufficient multi-agency interest / need or is this an SBC / SBC-CCG issue?	E. Create and develop healthy and sustainable places and communities
Violence	<ul style="list-style-type: none"> Youth violence including gangs All-age violence 	Risk of duplication with SSP	E. Create and develop healthy and sustainable places and communities
Cardiovascular health	<ul style="list-style-type: none"> Smoking cessation Diabetes awareness Physical activity & inactivity Obesity Workplace health 	Obesity is all-system response Does CVD need a partnership response?	F. Strengthen the role and impact of ill health prevention
Mental health & wellbeing	<ul style="list-style-type: none"> CYP Mental Health Social isolation Workplace mental wellbeing 	<ul style="list-style-type: none"> Important priority to address 'parity of esteem' Care with duplicating CYP MH Transformation work 	F. Strengthen the role and impact of ill health prevention
Workplace health	<ul style="list-style-type: none"> Mental health Cardiovascular health General health promotion including PA & obesity 	All SWB partners can engage for organisational & borough benefits	C. Create fair employment and good work for all
Health & Care System integration	<ul style="list-style-type: none"> Residents with complex needs (eg People with 2 or more of mental ill health, substance misuse, domestic abuse, homeless) 		D. Ensure healthy standard of living for all

Acknowledgements

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