

National and Local Policy Update

27 July 2022

The ONS has released the first data from the 2021 Census

The five published datasets contain population and household estimates for England and for Wales, rounded to the nearest 100, at local authority level.

These are:

- usual resident population by sex
- usual resident population by 5-year age group
- usual resident population by sex and 5-year age group
- usual resident population density
- number of households

The following slides contains key headlines and graphics taken from the ONS's interactive page on the Census - [How the population changed in Slough, Census 2021 - ONS](#)



Resident population & households

Slough population: 158,500



Females
80,000



Males
78,500



52,400 Households

3 people per Household

Slough's population at the time of the Census was 158,500 – an increase of 13.0%, from around 140,200 in 2011. This growth is markedly higher than the national average of 6.6%.

This confirms our assumption that there are a greater number of residents in the borough than has previously been included in recent ONS estimates (149,577 as of mid 2020).

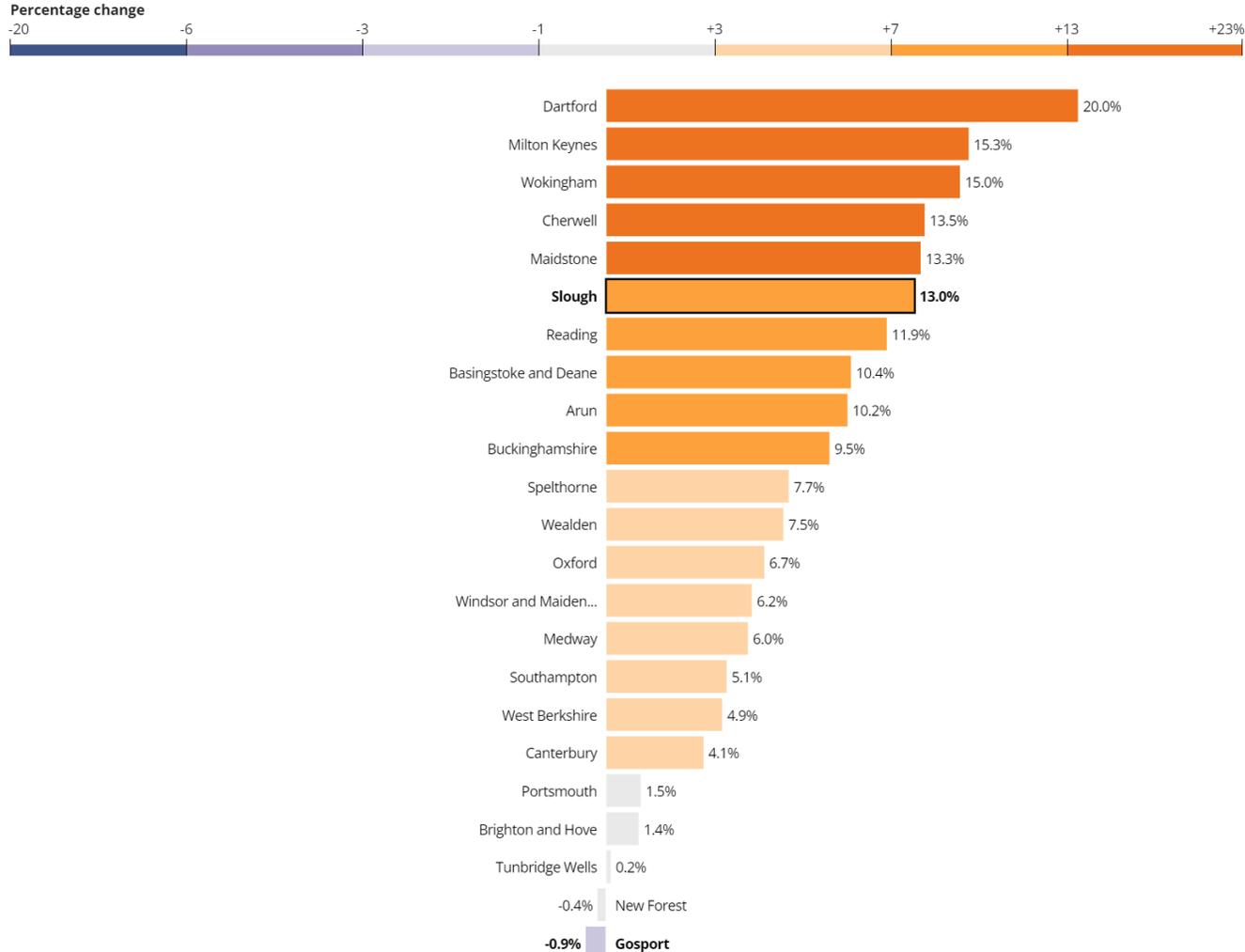
There are now an estimated 52,400 households in Slough containing at least one person – a growth of only 3.2% on 2011, compared to 6.1% in England and Wales.

This would imply a mean size of 3 people per household, compared to an average of 2.4 in England and Wales, and would constitute the second largest proportion nationally. It will be important to review future census data releases to fully understand the context behind this headline.



Resident population

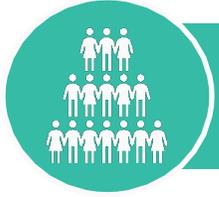
Population change of selected local authority areas in the South East between 2011 and 2021



This 13% population growth is also higher than the South East average of 7.5% and than our immediate neighbouring authorities:

- Buckinghamshire - 9.5%
- Hillingdon – 11.7%
- Spelthorne – 7.7%
- Windsor & Maidenhead – 6.2%

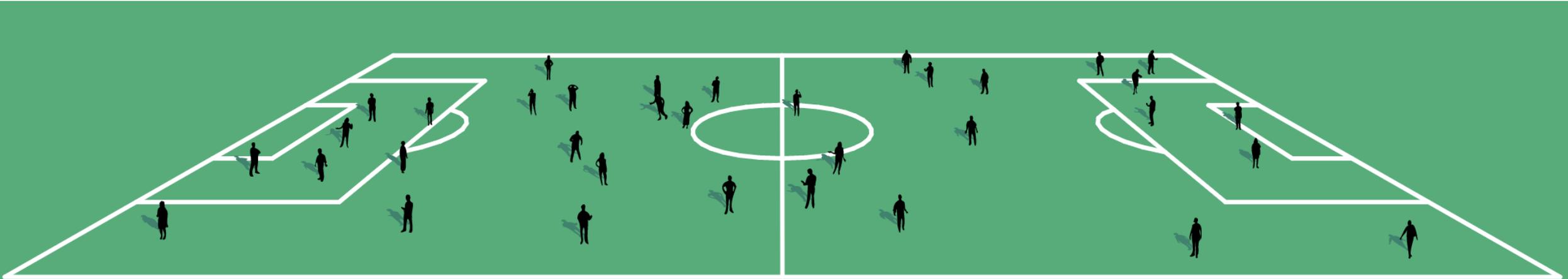
Slough is now the 127th largest local authority by population size, up 13 places from 2011.



Population density

Slough is the third most densely populated LA in the South east, with 4,871 usual residents per square kilometre (48.7 per hectare compared to 45.8 in 2011).

This is the equivalent of 35 people living on each football pitch-sized area of land.





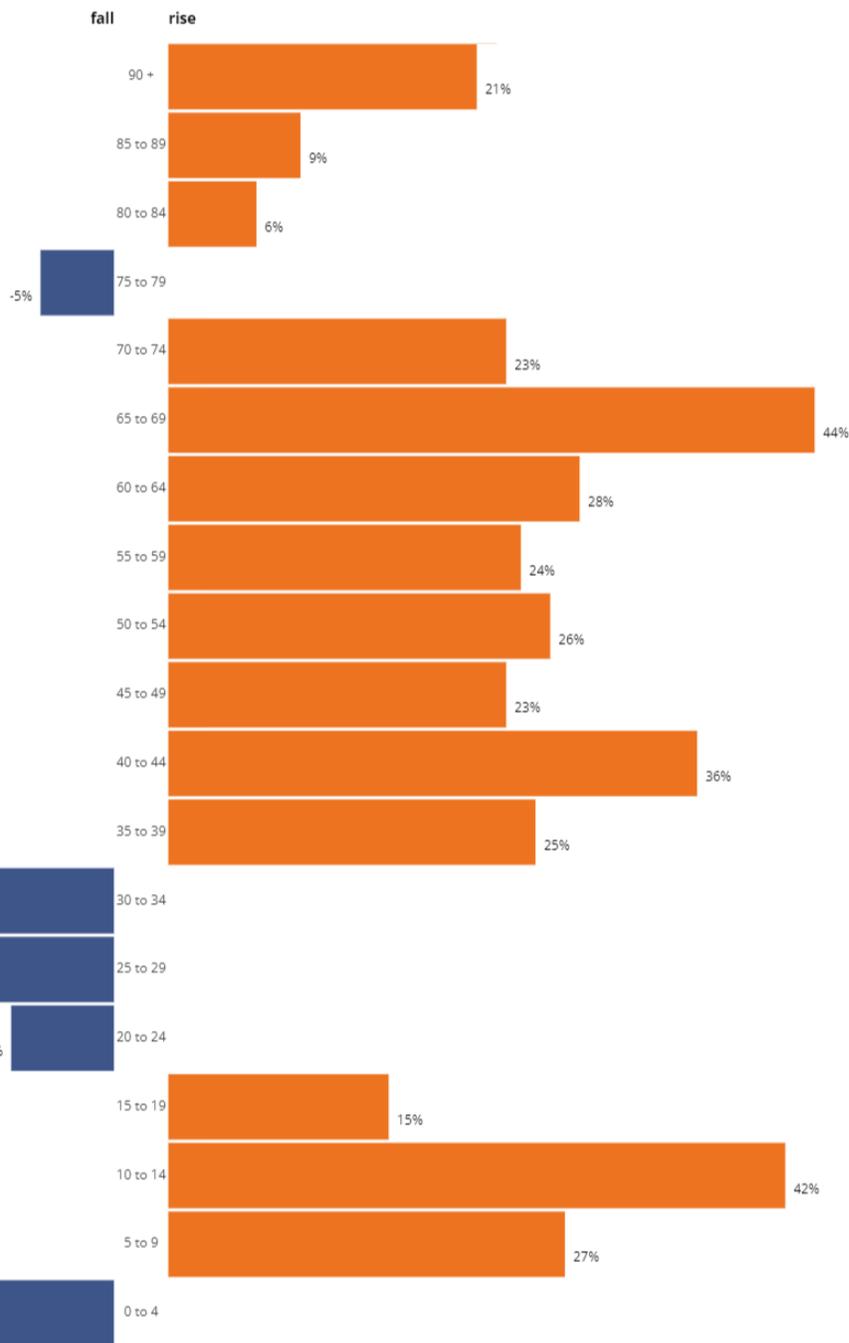
Resident population by age

The census has confirmed our understanding of the youthful nature of Slough's population. 23.5% of Slough's residents are aged under 15.

This is the second highest proportion in England and Wales behind only Barking and Dagenham

There has been an increase of:

- 19.3% in people aged 65 years and over
- 10.7% in people aged 15 to 64 years
- 17.3% in children aged under 15 years.





0-19 Population

Slough's 0-19 population has increased from 40,379 (2011) to 47,200 (2021) – this is a 16.9% increase – the fourth highest growth of all Unitary Authorities.

Many places across the country have seen a decrease in those aged 0 to 4. However Slough has seen substantial increases in older age groups, with the 10 to 14 year olds showing an increase of just over 40%, whilst 5 to 9 year olds have seen a 27% percentage change and 15 to 19 year olds have seen a percentage increase of 15.5%.

All three of these cohorts have experienced almost twice as much change as that of Statistical Neighbours and are considerably above that of the South East and England average.

2021 v 2011 change	Slough	SN	SE	ENG
Age 0 to 4	-7.6%	-7.8%	-7.3%	-7.3%
Age 5 to 9	27.1%	14.1%	13.1%	12.6%
Age 10 to 14	41.7%	19.4%	10.9%	10.8%
Age 15 to 19	15.5%	8.7%	-3.3%	-3.6%
Age 0 to 19	16.9%	7.9%	3.1%	2.7%



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2021 v 2011 change	Slough	SN	SE	ENG
Age 0 to 4	-7.60%	-7.80%	-7.30%	-7.30%
Age 5 to 9	27.10%	14.10%	13.10%	12.60%
Age 10 to 14	41.70%	19.40%	10.90%	10.80%
Age 15 to 19	15.50%	8.70%	-3.30%	-3.60%
Age 0 to 19	16.90%	7.90%	3.10%	2.70%

The next data sets are due to be released by the ONS between October and the end of 2022, and are expected to cover:

- demography and migration
- ethnic group, national identity, language, and religion
- UK armed forces veterans
- housing
- labour market and travel to work
- sexual orientation and gender identity
- education
- health, disability, and unpaid care



Making Smoking Obsolete

This government commissioned review into stopping smoking in England, led by Javed Khan, concluded that without action the government would miss its 2030 smokefree target by at least seven years with the poorest people not meeting it until 2044. To have any chance of meeting the target, and the associated healthy life expectancy target, the decline in people who smoke needs to be accelerated by 40%. Recommendations include:

- An additional £125m per year in smokefree policies to fund high quality support to help them quit, including £70m ring-fenced. If the government cannot fund this, they should introduce a tobacco industry levy or additional corporation tax.
- Increase the age of sale by one year every year, until no one can buy a tobacco product.
- Promote vaping as a tool to quit, while preventing young people from vaping.
- Improve prevention in the NHS by delivering on the commitments in the Long Term Plan and going further by offering quitting advice in every interaction and investing to save.
- A license for tobacco retailers; changing the appearance of packs and cigarettes to make them less attractive; a mass media campaign; substantially raising the cost of duties across all tobacco products. ICSs to do more to meet cessation targets, particularly in deprived areas and groups.



Draft Mental Health Bill

The draft Mental Health Bill, issued for pre-legislative scrutiny aims to update the Mental Health Act 1983 with a shift towards greater control over treatment, dignity and respect.

Based on the 2019 independent review and the government's 2021 white paper, it includes measures to improve how people with a learning disability and autistic people are treated in law.



Draft Mental Health Bill

The extensive changes include:

- Tighter detention criteria and ending inappropriate admission of people with learning disabilities and autism to mental health hospitals.
- Replacing the nearest relative with a new statutory role of nominated person.
- Reforms to compulsory medical treatment.
- A right to statutory care and treatment plans which would aid speedy discharge.
- Extended access to independent mental health advocates.
- Shortened detention periods.
- Greater access to Mental health tribunals.
- Tightened criteria for community treatment orders.
- Reforms for people with a learning disability and autism such as a duty on ICBs to maintain a risk register.
- Changes to section 117 services on ordinary residence.
- Speeding transfer for patients in the criminal justice system.



National Food strategy

The Government has published a Food Strategy in response to the government commissioned independent review of the food system by Henry Dimbleby.

This includes:

- a suite of measures to improve school food;
- a consultation on public sector food procurement;
- a programme of research to develop evidence based and value for money interventions to encourage healthier and sustainable diets



Women's Health Strategy for England

The government has announced a new [Women's Health Strategy for England](#)

The strategy includes key commitments around:

- new research and data gathering
- the expansion of women's health-focused education and training for incoming doctor
- improvements to fertility services
- ensuring women have access to high-quality health information
- updating guidance for female-specific health conditions like endometriosis to ensure the latest evidence and advice is being used in treatment



Women's Health Strategy for England

The strategy aims to:

- provide a new investment of £10 million for a breast screening programme, which will provide 25 new mobile breast screening units to be targeted at areas with the greatest challenges in uptake and coverage.

This will:

- provide extra capacity for services to recover from the impact of the coronavirus (COVID-19) pandemic
- boost uptake of screening in areas where attendance is low
- tackle health disparities
- contribute towards higher early diagnosis rates in line with the NHS Long Term Plan
- remove additional barriers to IVF for female same-sex couples
- improve transparency on provision and availability of IVF so prospective parents can see how their local area performs to tackle the 'postcode lottery' in access to IVF treatment
- recognise parents who have lost a child before 24 weeks through the introduction of a pregnancy loss certificate in England
- ensure specialist endometriosis services have the most up-to-date evidence and advice by updating the service specification for severe endometriosis, which defines the standards of care patients can expect. This sits alongside the National Institute for Health and Care Excellence (NICE) review of its guideline on



PM candidate commitments on health & wellbeing

Liz Truss

- Proposes reversing the planned increase in national insurance contributions – which is supposed to fund health and social care expenditure
- Has also proposed reinstating “the existing manifesto commitment to building 40 ‘new’ hospitals” and expanding GP services

Rishi Sunak

- Has said that tackling the backlog in the NHS is the biggest public services emergency
- Has pledged to put the NHS on a ‘war footing’, create a “vaccines style” taskforce dedicated to tackling NHS backlogs and eliminate one-year waiting times by September 2024 and get overall numbers falling by next year
- Has also outlined plans to increase the number of diagnostic hubs from 160 to 200



Funding opportunities

Media Literacy Taskforce Fund

DCMS, £250,000. 30th August 22

Grants are available to support projects carried out by non-profit organisations, private organisations and public bodies piloting new methods of delivering media literacy interventions to 'hard to reach' citizens across England.

Youth Endowment Fund

Home Office, Discretionary. 30th November 22

Funding is available for organisations in England and Wales to support interventions to prevent children and young people who are at risk of being drawn into crime and violence, and to build up knowledge of what works to prevent this happening. It is particularly interested in trauma-informed practice delivered in criminal justice, education and child protection services.