Slough Health & Wellbeing Board – Meeting held on Thursday, 23rd November, 2023.

Present:- Councillors Smith (Chair), Stephen Brown, Sue Butcher, Joanna Dixon,

Caroline Farrar, Marc Gadsby, Ramesh Kukar, Tessa Lindfield,

Luke Routhorn and Chris Stratford

Also present under Rule 30:- Councillors

Apologies for Absence:- Councillor Supt. Lee Barnham, Adrian Davies,

Caroline Hutton, Andrew Stockwell, Haddy Bojang and

Wright

PART 1

17. Declarations of Interest

No declarations were made.

18. Minutes of the last meeting held on 11 July 2023

Resolved – That the minutes of the meeting held on 11 July 2023 be approved as a correct record.

19. Appointment of Vice Chair

Resolved: That Dr Jim O'Donnell be appointed vice Chair for the 2023-2024 Municipal Year.

20. National & Local Policy

The SBC Strategy & Policy Lead gave a slide presentation regarding the Government's Tobacco & Vapes Bill, which sought to restrict the sale of tobacco products to those born on or after 1 January 2009. He advised that:

- The bill had been well received, had political support in the House of Commons and was likely to be passed;
- additional measures were proposed to discourage young children from vaping, by making the packaging less attractive and providing further enforcement powers to local authorities;
- the bill would be an opportunity to introduce preventive measures to create a smoke-free generation;
- data showed that stopping smoking at an earlier age had significant beneficial effects:
- the bill included measures to help Councils to take more effective enforcement action;
- it would raise the profile of the issue and provide additional funding to local authorities' stop smoking services;

- enforcement action was not intended to criminalise smoking, but rather control both legal and illegal tobacco sales;
- the effects of introducing similar measures in other countries such as New Zealand, (where the measures were more restrictive), had yet to be fully evaluated;
- there were discussions about how this law would be enforced on those who were smokers, arriving from overseas.

The Director of Public Health advised that a significant amount of work had been undertaken with regard to tobacco control in Slough. This included stop smoking services, a tobacco control network, focussed work with young people to identify the drivers and deterrents of smoking and vaping, a tobacco control needs assessment, and programmes to help smokers to switch to vaping or quitting.

Slough colleagues were collaborating closely with colleagues in East Berkshire to implement new measures following receipt of additional government funding. The funding would double the current budget for stop smoking services. She emphasised that the legislation was mainly focussed on legal and illegal tobacco sales and local authority enforcement.

Following questions and comments, it was advised that

- smoking areas at shisha bars were outside the premises;
- young people at schools were educated about the risks of vaping and smoking through PHSE (personal, health & social education);
- the swap to stop initiative was a national scheme designed to help heavy smokers switch to vaping;
- some illegal vaping products imported from overseas contained potentially harmful chemicals that had not been tested for safety;
- the environmental impact of smoking was also an important consideration;
- an integrated approach would be required to tackle the issue of smoking prevalence.

Resolved – That the verbal update be noted.

21. Update ICS & Place

The Director of Public Health, Berkshire East, provided a verbal update on ICS & Place. She stated that:

- the urgent care centre had opened at Priors Close. It offered walk-in appointments though pre- booking was encouraged in a bid to manage numbers;
- there were approximately four thousand appointments available across Slough practices daily. The centre had been designed to function as a pressure valve. It took calls from the NHS 111 service and re-directions from Wexham Park hospital. Patients were being encouraged to use

primary care first via all access routes, for example, online consultation, walk-ins, telephone consultations, etc;

- the new surgery at Chalvey was due to open in the new year;
- Work was underway with Frimley Heath Foundation Trust to develop a community diagnostic centre at the Upton hospital site;
- The December ICB meeting would take place at a local Slough mosque, and be attended by council officers and Slough CVS;
- Flu and Covid vaccination uptake rates were lower than at the height of the pandemic, both in Slough and nationally;
- uptake rates were 50% in care homes, 17% amongst healthcare workers and 12% among social care workers (these figures were based only on staff living in the town);
- work was underway with public health and Slough CVS on projects aimed at boosting immunisation rates;
- there was reasonable uptake of the MMR vaccine, and a number of different measures were being implemented to boost those immunisation figures and tackle vaccine hesitancy (use of community champions, community outreach etc). Each primary care network was also undertaking outreach work.

Following questions and comments it was advised that:

- Measles was on the increase, particularly in areas of deprivation, due in part to migrants from European countries where the MMR vaccine was not given in a single shot, but in multiple does;
- increasing the uptake in care homes by 25-35% would significantly increase the levels of protection for residents;
- the current strain of Covid was not leading to long hospital stays, and the covid death rate remained low, though the risk of long covid persisted;
- work was underway with Frimley comms on a targeted approach of at-risk groups to amplify the messages around the importance of vaccinations;
- Slough CVS was supporting all of the above initiatives and disseminating the message through their networks:
- the Urgent care centre would not be located at the Community Diagnostic centre.

Resolved – That the verbal update be noted.

22. Slough Wellbeing Strategy Action Plans

The Director of Public health, Berkshire East, advised that:

- The Slough Wellbeing Strategy continued to be relevant for Slough. Four new priority areas and associated ambitions and associated delivery action plans had been developed;
- a series of workshops with the Board and wider partnership had been completed;
- the Board's role within the actions plans had been further defined where it would sometimes take the lead on high profile actions, for example,

tackling substance misuse in tandem with the Community Safety Partnership, and at other times it would have more of a developing brief. There was a sponsorship role for a designated Board member for each action plan;

- the Starting Well priority had more complete work plans;
- the Strong, Healthy and Active Neighbourhoods plan would need further iteration once the Community Development team was fully staffed;
- Work and health priority plan had been re-worked to better align with the ambitions, with more emphasis on lifelong health & wellbeing;
- progress on the ambitions and actions plans would be regularly reported to the Board.

The Director of Children's Services and of SCF (Slough Children First) welcomed the report, stating that she was pleased with its content. She reiterated the importance of measurable targets that would demonstrate progress against the ambitions.

The SBC Executive Director of ASC (Adult Social Care) stated that there should be strong focus on prevention, and on the importance of empowering adults to be as independent as possible while using assistive technology. The markets for these would need to be managed to ensure access for local people. He was pleased to note that the strategy incorporated priority 2 of the Council's Corporate plan (a town where residents can live healthier, safer lives and more independent lives).

Resolved - That

- 1. the action plans be endorsed and implemented;
- 2. metrics and performance report templates be developed for the above.

23. JSNA presentation

The Director of Public health, Berkshire East advised that the Council and the ICB had a joint statutory responsibility for the provision and publication of a Joint Strategic Needs Assessment (JSNA). The JSNA detailed the health and wellbeing (HWB) needs of the town, which would then be used to evidence decisions made regarding HWB, which would be based on the Joint HWB strategy.

She went on to highlight two specific products which had been developed for each Place in Berkshire – the Slough drug & alcohol rapid needs assessment and the Dementia needs assessment.

- The JSNA was undertaken jointly across Berkshire, with specific products identified for each Place;
- Dementia was an umbrella term for cognitive impairment that interfered with daily life; it was the most common cause of death and disability in later life and driver for demand for health and social care services;
- there were a number of triggers factors, causes and risk factors associated with the disease:

- there were also issues around inequalities under-diagnosis that needed to be addressed;
- evidence showed that Dementia was not inevitable and treatment and prevention options were available following diagnosis;
- the JSNA goals were focussed on prevention, ageing well, delaying dementia:
- evidence showed that some risk factors for dementia were modifiable and could be overcome;
- the disease was more common in women more than in men, and affected those who cared for those with dementia;
- there was evidence that diagnosis rates differed among different demographic groups, that some ethnic groups were more at risk of developing the disease, possibly due to genetic factors;
- the high rates of under-diagnosis and issues of inequality in Slough were of concern. The reasons for this required further exploration;
- a dementia care pathway was being developed. This would provide an opportunity for other services to add value, for example, the memory service, the Alzheimer's society;
- services for other ageing related illnesses such as diabetes, arthritis, etc would also need to be bolstered;
- there were opportunities to further develop local dementia care provision, raise awareness of the issue and its profile, build local capacity and improve access and signposting to services;
- Dementia studies showed that increasingly younger people, aged between 40-60 were at risk of developing the disease early, mainly due to lifestyle factors.

She went on to outline the Rapid Needs Assessment drugs and alcohol, which had been developed in conjunction with the Safer Slough Partnership and advised that tackling dependency or substance misuse was a key priority of the HWB Strategy.

- top priorities around commissioning
- related to dependency or misuse of substances and/or alcohol;
- the causes of each were multi-factoral, and differed between individuals;
- there were cultural and societal differences regarding what constituted 'use' or 'misuse';
- there were protective factors which needed to be balanced against individual risk factors;
- substance misuse was more common in younger people and in areas of socio-economic deprivation; ethnicity also played a part, but the reasons for this needed further study;
- there was a combatting drugs partnership across E. Berkshire. The national strategy tended to be focussed on the criminal justice aspect of the issue;
- the JSNA was focussed on reducing substance misuse and reducing harm and deaths, by reducing its supply, through drug recovery programmes, increased engagement with drug treatment and better treatment

- outcomes. Each year additional funds were received each year to boost substance misuse services;
- in Slough, the levels of substance misuse were higher than compared to England and the Southeast;
- hospital admissions for substance misuse were far lower than those for alcohol, the reasons for which needed further exploration;
- there was sufficient capacity in the substance misuse service, however, it was under-used. Further work would be needed to ensure that more people accessed the service and to undertake more outreach work;
- most referrals came from users or their families.

Resolved – That the JSNA be endorsed.

24. Forward Work Programme

Resolved – That the forward work programme be noted.

25. Date of Next Meeting

Chair

(Note: The Meeting opened at 3.00 pm and closed at 4.36 pm)