

Slough Health & Wellbeing Board – Meeting held on Tuesday, 12th March, 2024.

Present:- Councillor Smith (Chair), Dr Jim O'Donnell (Vice-Chair), Supt. Lee Barnham, Stephen Brown, Sue Butcher, Adrian Davies, Joanna Dixon, Caroline Farrar, Marc Gadsby, Jamie Green, Tessa Lindfield, Luke Routhorn, Chris Stratford, Haddy Bojang and Wright

Apologies for Absence:- Caroline Hutton and Andrew Stockwell

PART 1

35. Declarations of Interest

No declarations were made.

36. Minutes of the last meeting

Resolved – That the minutes of the meeting held on 23 November 2023 be approved as a correct record.

37. The Slough People and Place summary 2024

The SBC Deputy Director of Public Health provided a brief overview of the report which set out key findings from the Slough People and Place JSNA (Joint Strategic Needs Assessment), which was a statutory function of the Board. She highlighted the following key finding from the JSNA:

- Slough had one of the youngest and most ethnically diverse populations a fact that had implications for life expectancy and healthy life expectancy;
- Slough's male life expectancy and healthy life expectancy continued to be significantly worse than national and regional rates, and the figures were worse still for women;
- areas where Slough was worse than the national average included child mortality, cancer screening, physical activity, obesity, and the figures for substance and alcohol misuse were higher than the national average;
- much of the above was linked to Slough's overall deprivation ranking which sat within the 5th most deprived decile in England;
- However, Slough had better than national averages with regards to smoking at time of delivery, school-readiness, attainment levels and free school meals;
- there were wider social, environmental, and economic factors that impacted on health and wellbeing – such as access to green spaces, the impact of climate change, air quality, housing, community safety, transport, economic circumstances, employment; and what health and social care information the local community needed, including how they accessed it and what support they may need to understand it;
- the action plan set out how the above issues would be tackled;

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- JSNAs used local intelligence to fill the gaps in formal data and evidence to create insights that should be used to drive evidence-based decision making;

Resolved – That:

1. the recommendations in the action plan be endorsed;
2. the report be noted.

38. Outputs from Slough Healthy Weight summit

In his summary of the report, the SBC Public Health Registrar stated that:

- The recent Healthy Weight Summit, attended by over 60 key community and sector stakeholders to aimed at collaborative working to create a healthier Slough. Discussions had focused on the Health Needs Assessment and exploring current evidence, developing a unified vision, and identifying actionable steps; and on
- the need for sensitivity around the language used, the use of clinical definitions, and a change in approach looking at wider society, its systems and ways of thinking;
- long-term risks of obesity and economic and other associated costs;
- identified key challenges in Slough such as easy access to unhealthy food, the impact of mental health on lifestyle choices, and the influence of families, economics and education on health behaviours; demographic and socioeconomic factors;
- the importance of physical activity, active travel, home cooked meals, understanding about nutrition and cookery, creating healthy eating environments at home and in the workplace;
- this was an important issue for Slough that required a renewed approach to tackling it, particularly among school children, where obesity levels were some of the highest in S.E England.

Following questions, the Public Health Registrar responded that the drivers for being underweight were different and could often relate to medical conditions, and that around 2% year 6 children were recorded as being underweight, however, 40% of 11-year-olds were overweight. More emphasis would be required on undertaking upstream work and implementing a programme of prevention, working closely with partners and schools and GP practices. Poor nutrition and misleading information from the food industries were also contributing factors.

Action 1 – that a communications plan be developed alongside the action plan.

Resolved – That:

1. the findings and actions from the Slough Healthy Weight summit be noted;
2. the recommendations within the healthy weight needs assessment be endorsed;

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3. that a communications plan be developed alongside the action plan; and
4. Board members support and contribute to future work to develop a system-wide action plan to address healthy weight.

39. Evaluation of the multi-generational household pilot

The Director Of Operations Slough, NHS Frimley Frimley Health and Care ICS highlighted some of the successes and challenges of the pilot:

- Slough had seen a greater improvement in QOF health check achievement compared to the previous financial year;
- there was a greater % improvement in deprived populations in Slough;
- LD and SMI health checks had a much greater increase compared to the previous year, with Slough having the greatest achievement in the System;
- some funds had been allocated to continue this work with the primary care team and further outreach work was being undertaken;
- uptake of health checks and immunisations had improved significantly, particularly for the most deprived populations;
- there were plans to improve outcomes and engagement by moving from targeting individuals to targeting households;
- there were plans to extend the pilot out to about two thousand households.

Resolved – That the presentation be noted.

40. Progress on the Slough wellbeing board strategy

The verbal updates highlighted the following areas of progress against the action plans:

- There were two new members of staff in post working on the Safe Healthy & Active Neighbourhoods Plan;
- with regard to Ambition 2 – increase the proportion of people living independently at home and reduce the number living in care homes (actions included work with stakeholders to develop potential markets and gathering information about the range of available options);
- learning from pilot programmes e.g., the multi-generational pilot;
- increasing the number of people managing their personal physical and mental health care and support needs;
- developing a market and a market position statement would be being submitted to Cabinet in April 2024;
- improved support for carers - the carers' strategy had recently been approved;
- some areas required improvement;
- assistive technology commissioner had been appointed and was assessing the benefits of compliance;
- reducing delayed transfers through the use of the same system - the figures for this had remained relatively stable;

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- there had been a slight improvement in decreasing the attainment gap among 2-year-olds;
- obesity rates had been reported under a previous agenda item; as had the improvement in children's immunisations rates;
- oral health – commissioning plans were being considered;
- supporting mental health & wellbeing, including young people - the ICB Board, schools and primary care leads had recently undertaken a collaborative piece of work.

Resolved – That the verbal update be noted.

41. Safeguarding Partnership report

The SBC Safeguarding Partnership Manager highlighted the following areas of the safeguarding partnership report, which had been evaluated with the independent safeguarding scrutineer:

- the report took into account the experience of families;
- recurring themes included an emphasis on multi-agency working, taking action around poverty, (many of those at serious case reviews experienced socio-economic deprivation);
- a number of young parents faced learning challenges (which should be taken into consideration when tackling obesity issues);
- trauma informed practice - issues of vicarious trauma experienced by professionals, which was being dealt with through sensitive leadership and management of these staff;
- joined up working between the various partnerships;
- neuro-divergent parents, those with autism who had unique characteristics which needed to be taken into consideration. Currently there was very limited amount of national research on this topic.

Resolved – That the report be noted.

42. Information bulletin

The SBC Director of Public Health stated that going forward this item would be used as a means of disseminating up to date information with the Board and not designed to generate discussion, but would be a news-sharing opportunity about topics such as recent consultations, new initiatives, events in the community, etc. All Board members were invited to contribute to these information items.

Resolved – That the information bulletin be noted.

43. Use of Folic Acid in Pregnancy and Pre-conception

The representative from Healthwatch gave a presentation on the advice available to women on the use of folic acid supplements in pre-conception and pregnancy to aid in the healthy development of the baby. She stated that:

- Because uptake rates in Slough were low, the report sought to understand the awareness, motivation, and barriers for women in communities of interest, asking them for their experiences and ideas to aid better understanding within the maternity system;
- Results from interviews conducted revealed that:
- Of the women who took folic acid in Slough, 69% began taking it when they found out they were pregnant or after their first midwife appointment. There was a lack of awareness about the benefits of taking it during pre-conception and conception with only 31% beginning then.
- For women who did not take folic acid during pregnancy, the reasons were varied. The common themes were, mis-understanding the benefits or lack of awareness.
- Very few people had heard about the offer of free vitamins that contain folic acid for pregnant women. This was the number one thing that women thought would encourage folic acid uptake in their community.
- Women trusted health professionals the most when considering information about healthy pregnancy. However, many felt the message about folic acid could be delivered in community settings as well as healthcare settings.
- Getting information to people considering pregnancy in the target groups could be challenging but the women spoken to made valuable suggestions – these were included in the recommendations and their responses as set out in the report .

Resolved – That the presentation be noted.

44. Date of Next Meeting

18 June 2024.

Chair

(Note: The Meeting opened at 3.00 pm and closed at 5.03 pm)