

Date of issue: Wednesday, 15 November 2023

MEETING:

SLOUGH HEALTH & WELLBEING BOARD

Councillor Smith	Leader of the Council and Lead Member Improvement & Recovery
Supt. Lee Barnham	Thames Valley Police Representative
Stephen Brown	Chief Executive, SBC
Sue Butcher	Executive Director People (Children)
Adrian Davies	Department for Work & Pensions
Joanna Dixon	Healthwatch East Berkshire
Caroline Farrar	Executive Place Managing Director, Frimley Collaborative
Marc Gadsby	Executive Director People (Adults)
Caroline Hutton	Frimley Health NHS Foundation Trust
Ramesh Kukar	Voluntary and Community Sector
Tessa Lindfield	Public Health for Berkshire East
Dr Jim O'Donnell	East Berkshire Clinical Commissioning Group, Slough Locality
Luke Routhorn	Everyone Active
Andrew Stockwell	Royal Berkshire Fire and Rescue Service
Chris Stratford	Associate Director – Housing, SBC
Haddy Bojang	Slough Youth Parliament
Councillor Wright	Lead Member Health, Social Care and Wellbeing

DATE AND TIME:

THURSDAY, 23RD NOVEMBER, 2023 AT 3.00 PM

VENUE:

COUNCIL CHAMBER - OBSERVATORY HOUSE, 25 WINDSOR ROAD, SL1 2EL

DEMOCRATIC SERVICES OFFICER:

(for all enquiries)

MANIZE TALUKDAR

07871 982 919

NOTICE OF MEETING

You are requested to attend the above Meeting at the time and date indicated to deal with the business set out in the following agenda.



STEPHEN BROWN
Chief Executive

**AGENDA
PART I**

<u>AGENDA ITEM</u>	<u>REPORT TITLE</u>	<u>PAGE</u>	<u>WARD</u>
	Apologies for absence.		
	<u>CONSTITUTIONAL MATTERS</u>		
1.	Declarations of Interest <i>All Members who believe they have a Disclosable Pecuniary or other Interest in any matter to be considered at the meeting must declare that interest and, having regard to the circumstances described in Section 9 and Appendix B of the Councillors' Code of Conduct, leave the meeting while the matter is discussed.</i>		
2.	Minutes of the last meeting held on 11 July 2023	1 - 2	
3.	Appointment of Vice Chair To elect a Vice Chair for the 2023-24 Municipal year.		
4.	National & Local Policy	3 - 10	All
5.	Update ICS & Place	Verbal Report	All
6.	Slough Wellbeing Strategy Action Plans	11 - 24	All
7.	JSNA presentation	25 - 64	All
8.	Forward Work Programme	65 - 68	
9.	Date of Next Meeting 23 January 2024		

Press and Public

Attendance and accessibility: You are welcome to attend this meeting which is open to the press and public, as an observer. You will however be asked to leave before any items in the Part II agenda are considered. For those hard of hearing an Induction Loop System is available in the Council Chamber.

Webcasting and recording: The public part of the meeting will be filmed by the Council for live and/or subsequent broadcast on the Council's website. The footage will remain on our website for 12 months. A copy of the recording will also be retained in accordance with the Council's data retention policy. By entering the meeting room and using the public seating area, you are consenting to being filmed and to the possible use of those images and sound recordings.

In addition, the law allows members of the public to take photographs, film, audio-record or tweet the proceedings at public meetings. Anyone proposing to do so is requested to advise the Democratic Services Officer before the start of the meeting. Filming or recording must be overt and persons filming should not move around the meeting room whilst filming nor should they obstruct proceedings or the public from viewing the meeting. The use of flash photography, additional lighting or any non hand held devices, including tripods, will not be allowed unless this has been discussed with the Democratic Services Officer.

Emergency procedures: The fire alarm is a continuous siren. If the alarm sounds Immediately vacate the premises by the nearest available exit at either the front or rear of the Chamber and proceed to the assembly point: The pavement of the service road outside of Westminster House, 31 Windsor Road.

This page is intentionally left blank

Slough Health & Wellbeing Board – Meeting held on Tuesday, 11th July, 2023.

Present:- Councillors Smith (Board Member), Wright, Supt. Lee Barnham, Sue Butcher, Caroline Farrar, Marc Gadsby, Ramesh Kukar and Tessa Lindfield

Apologies for Absence:- Councillor Stephen Brown, Adrian Davies, Tess Scott and Andrew Stockwell

PART 1**10. Declarations of Interest**

No declarations were made.

11. Proposed Amendment to the Current Membership

Resolved: To note that Councillor Smith had replaced Councillor Kelly on the Board.

12. Election of Chair & Vice Chair for the 2023/24 Municipal Year

Resolved – To note that Councillor Smith be appointed as Chair of the Board for the 2022-23 Municipal Year. Appointment of the Vice Chair was deferred to the following meeting.

13. Minutes of the last meeting held on 15 March 2023

Resolved – That the minutes of the meeting held on 15 March 2023 be approved as a correct record.

14. New Start for Health & Wellbeing Boards

The Director of Public Health provided an overview of the report which set out recent changes to the Health and Care landscape and the statutory duties of local Health & Wellbeing Boards following NHS reforms which introduced Integrated Care Systems (ICS).

Following a brief discussion, the Chair proposed that the Board change its name to the Slough Health & Wellbeing Board which would better reflect the Board's enhanced role and duties. This was agreed.

Resolved – That:

1. The Board be renamed to the Slough Health & Wellbeing Board;
2. the report be noted.

15. Terms of Reference for the Slough Wellbeing Board

Following discussion regarding amending the membership of the Board to ensure it had the relevant representation and levels of expertise, it was agreed that an officer from the Housing Department and a representative from Everyone Active (who ran the Council's leisure services) be invited to join the Board.

It was further agreed that there be a minimum three and a maximum of four meetings in each municipal year.

It was noted that the revised terms of reference would be submitted to the next Council meeting for approval.

Resolved: That the proposed amendments to the Board's terms of reference be noted and be forwarded to Council for approval.

16. Date of Next Meeting - 19 September 2023

Chair

(Note: The Meeting opened at 3.00 pm and closed at 3.36 pm)

Policy briefing – Tobacco and Vapes Bill

Slough Wellbeing Board, 23rd November 2023

Summary

- In the 2023 King’s Speech, the Government announced a new [Tobacco and Vapes Bill](#).
- The Bill will seek to create a ‘Smoke Free Generation’ by banning the sale of tobacco products to anyone born on or after 1 January 2009.
- So far, the Labour Party has not indicated that they will oppose the Bill, the Scottish and Welsh Governments are understood to be supportive, and polling indicates that 3 out of 5 members of the public support the policy.
- The Government has also allocated £70 million to support stop smoking services, with Slough allocation below.

Average 3-year smoking prevalence (2020 to 2022)	Estimated number of smokers (2021 populations)	Current annual spend	Confirmed additional allocation
15.48%	17,740	£229,133	£211,394

Summary

The Government is also currently consulting on further potential measures, which may form part of the Bill, including:

- restricting the flavours and descriptions of vapes
- regulating point-of-sale displays so that vapes are kept out of sight from children and away from products that appeal to them
- regulating vape packaging and product presentation
- restricting the sale of disposable vapes
- increasing the price of vapes
- new powers for LAs to issue on-the-spot fines

Opportunity

- The announcement of the age-restriction has been welcomed by health leaders as a potentially transformative preventative measure:
 - 83% of smokers start smoking before the age of 20
 - Smokers who start younger have higher levels of tobacco dependency and suffer a worse risk of lung cancer and heart disease during their lives
 - There is good evidence that the increase in the legal age of sale from 16 to 18 in 2007 has contributed to the fall in smoking prevalence seen since then
- The measure is anticipated over time to de-normalise smoking and so discourage young people from taking it up.
- The proposal to issue on the spot fines may also enable the council to take rapid and effective action.
- The Government's highlighting of the impact of smoking in the public arena may present an opportunity for the Health and Wellbeing Board to raise awareness and maximise the impact of its own campaigning activities and initiatives.

Potential challenges

- The policy is unusual in that it introduces a moving, and arguably arbitrary, age barrier – leading to unintuitive scenarios.
 - E.g. in 2040, a 32-year-old will be able to legally buy cigarettes, but a 31-year-old will not.
- This may lead to illicit sales of tobacco and significant enforcement challenges, on top of the increased enforcement activity that would be required to enact the further elements of the bill.
- The Government has indicated that they will not view underage smoking as a criminal matter, but one for trading standards. No police involvement is therefore anticipated.
- There has also been no mention to date of alternative retailers of tobacco products like shisha bars – which are prevalent in slough.

Potential challenges

The policy is modelled on a law change enacted in New Zealand, which has yet to come into effect, so there has not yet been the opportunity to evaluate its effectiveness or draw on case studies for implementation.

It is also worth noting that a much broader range of measures has been enacted in New Zealand alongside the restriction – such as reducing the nicotine content of cigarettes and restricting where they can be sold.

Summary of tobacco control initiatives in Slough

- Stop Smoking Service is currently provided as part of the IHWS since 2020.
- Slough Tobacco Control Network- established in 2020 with the goal improving the health and wellbeing of Slough's population and reducing the inequalities in health experienced by some communities through tobacco control.
- Vaping: Survey/focus group discussion with young people to understand the drivers and deterrents of vaping
 - Presentation of research findings to school via PHSE and other networks.
 - Ongoing work to prepare a guidance/toolkit on vaping for secondary schools in Slough.
- Tobacco Control Needs Assessment – completed in 2023 and awaiting publication.
- Swap 2 Stop application sent for 742 vape starter kits to support existing pathways CMHT, LSSS and Turning Point.
 - Additional request to be made for new pathways.
 - Potential to partner with community pharmacies and housing associations for new pathways.
- Responded to DHSC youth vaping call for evidence.

This page is intentionally left blank

Slough Borough Council

Report To:	Health & Wellbeing Board
Date:	23 rd November 2023
Subject:	Joint Health and Wellbeing Strategy action plan 2024-25
Chief Officer:	Tessa Lindfield, Director of Public Health
Contact Officer:	Kate Porter, Strategic Partnerships Lead
Ward(s):	All
Appendices:	Appendix 1 – Starting Well action plan. Appendix 2 – Integration action plan Appendix 3 – Strong, Healthy, Attractive Neighbourhood plan Appendix 4 – Work and Health plan Appendix 5 - The local plan for Slough – Slough Borough Council

1. Summary and Recommendations

1.1 This report provides an overview of the health and wellbeing strategy action plans based on the four priorities agreed by the Board in 2020. The priorities are;

- Starting Well
- Integration
- Strong, Healthy, Attractive Neighbourhoods
- Work and Health.

Underpinning these four priorities is a commitment to reducing health inequalities across Slough. The differences in health outcomes - particularly between different areas of the borough and different ethnic groups - impact all four of the priority areas. The commitment to reducing these inequalities drives much of the work of the Health and Wellbeing Board and forms a theme which underpins each of the Board's priorities.

1.2 Recommendations:

1.2.1 The Committee is recommended to:

- Endorse the action plans as a mechanism to deliver the Joint Health and Wellbeing Strategy
- Commit to implementing the actions included within the organisations represented on the Board.
- Request development of metrics and performance report templates.

1.2.2 Reason:

The Joint Health and Wellbeing strategy was published in 2020, it is a five-year strategy until 2025. The action plans included in appendix A are the annual action plans for 2024-2025 to enable delivery of the strategy to improve health and wellbeing outcomes for Slough residents. The Joint Health and Wellbeing strategy is a partnership strategy and needs all represented organisations to commit to achieving the actions set out in the plans.

2. Report

2.1 Introductory paragraph






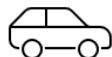
The Slough Health and Wellbeing Board began developing this strategy during the autumn of 2019. Members of the board attended a workshop to agree the priorities to shape the work of the board over the next five years. In this workshop, they heard from members of staff from several different partner organisations on the current context in Slough and the health and wellbeing issues facing residents. Some of the key points raised in these discussions were:

- In Slough, major causes of ill health and death are mainly due to circulatory conditions, cancer, and respiratory conditions.
- A wide range of different factors influence the health of an individual. These include health behaviours, such as diet and exercise or alcohol use, socioeconomic factors, such as education, employment, and income, clinical care, including the access to care and quality of care, and finally, the quality of the built environment.
- To improve the health and wellbeing of residents in Slough, there are a range of areas where work can be done, including tackling poverty, improving the built environment, preventing violence, improving workplace health, integrating health and social care, and improving health and wellbeing in the early years of life.

Members of the board developed a list of priority areas. These priorities all reflected areas where work could be done by the Health and Wellbeing Board to improve the health and wellbeing of residents in Slough. The list of priorities was refined to create the four priority areas which underpin the Joint Health and Wellbeing strategy. These priority areas are revisited each year, to ensure that this strategy continues to address the most significant and relevant priorities to improve health and wellbeing in Slough.

In March 2023 as part of a Health and Wellbeing Board workshop to review the existing strategy - it was decided to continue with the same four priorities, but to review the action plans against them to ensure they were still current given the legislative changes within the NHS and recovery from the COVID 19 pandemic. This led to priority four changing from workplace health to cover the broader agenda of work and health to address the importance of health within inclusive growth and recognising income and employment as determinants of health.

The board then embarked on development of new action plans. To enable Board oversight of the plan, a taxonomy of Board oversight roles was developed as illustrated below. The Board role was identified for each action in the plans.







					
Horizon scanning	Watching	Influencing	Developing	Monitoring	Driving
Surveillance for emerging threats and opportunities	Checking in on what is happening, not directly involved	Influencing the content and focus of a work programme	Investigating an area of concern and developing a plan of action	Reporting progress, risks to support or unblock as needed	High profile sponsorship of HWB branded programmes

3. Background Papers

None

This page is intentionally left blank

Appendix 1 - Board Oversight Roles

					
Horizon scanning	Watching	Influencing	Developing	Monitoring	Driving
Surveillance for emerging threats and opportunities	Checking in on what is happening, not directly involved	Influencing the content and focus of a work programme	Investigating an area of concern and developing a plan of action	Reporting progress, risks to support or unblock as needed	High profile sponsorship of HWB branded programmes

Action Plan

Ambition	Goal	Action	Board Role	Sponsor
SW1 Decrease the attainment gap between all children and the most deprived 20% at Early Years Foundation Stage (birth to five years).	SW1.1 Improve speed of identification of children with additional learning and development needs.	SW1.1a Work across the Council, education and NHS services and programmes to improve early identification of children with additional learning and development needs.	Watching	Sue Butcher
		SW1.1b Increase the number of children attending nursery by age 2.	Watching	Sue Butcher
		SW1.1c Ensure mandatory health visiting checks are completed and child	Monitoring	Tessa Lindfield



Ambition	Goal	Action	Board Role	Sponsor
		development review outcomes shared between partners.		
SW2 Reduce the number of Reception and Year 6 aged children who are overweight or obese.	SW2.1 Develop and implement a whole systems approach to healthy weight in families.	SW2.1a Complete healthy weight asset mapping in Slough.	Developing	Caroline Farrar Tessa Lindfield
		SW2.1b Publish a healthy weight needs assessment as part of Slough JSNA.	Driving	Tessa Lindfield
		SW2.1c Run a healthy weight summit to co-produce a programme of action.	Driving	Caroline Farrar & Tessa Lindfield
SW3 Improve immunisation rates amongst young people in Slough.	SW3.1 Improve vaccination uptake and coverage of vaccines to compare well with Slough statistical neighbours.	SW3.1a East Berkshire Health Protection Board to report on multi agency programme and progress 6 monthly and escalate risks to H&WB.	Monitoring	Tessa Lindfield
	SW3.2 Reduce inequalities in coverage and uptake.	SW3.2a Slough Immunisation Group to provide regular updates to the CYP Partnership Board on reducing inequalities in coverage and uptake.	Monitoring	Caroline Farrar
SW4 Improve oral health amongst children in Slough and reduce numbers of missing teeth and tooth extractions in children.	SW4.1 Reduce numbers of missing teeth and tooth extractions in children	SW4.1a Produce dental health profile for Slough	Driving	Tessa Lindfield
		SW4.1b Explore NHS commissioning intentions in Slough for dental services.	Influencing	Caroline Farrar
		SW4.1c	Developing	Tessa Lindfield



Slough Health
& Wellbeing
Board






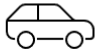
Slough Wellbeing Strategy 2021 – 2026

Starting Well Action Plan

Ambition	Goal	Action	Board Role	Sponsor
		Explore additional interventions to support dental health such as fluoride varnish.		
SW5 Support mental health and wellbeing in Slough children and young people.	SW5.1 Support schools to enhance their ability to support emotional resilience	SW5.1a Develop a new healthy schools programme	Driving	Sue Butcher
		SW5.1b Sponsor dialogue between health services and schools to build support	Driving	Caroline Farrar

This page is intentionally left blank

Appendix 2 - Board Oversight Roles

					
Horizon scanning	Watching	Influencing	Developing	Monitoring	Driving
Surveillance for emerging threats and opportunities	Checking in on what is happening, not directly involved	Influencing the content and focus of a work programme	Investigating an area of concern and developing a plan of action	Reporting progress, risks to support or unblock as needed	High profile sponsorship of HWB branded programmes






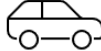
Action Plan

Ambition	Goal	Action	Board Role	Sponsor
Int 1 Increase healthy life expectancy in Slough.	Int 1.1 Reduce risk for diseases and circumstances that rob Slough residents of healthy life years	Int 1.1a Map secondary prevention activity and impact across Slough to inform prevention opportunities across the system for physical and mental health.	Developing	Tessa Lindfield
	Int 1.2 Enhance health and wellbeing impact of contact with public services across Slough	Int 1.2a Develop healthy conversations training for staff across the system including mental health first aid.	Driving	Tessa Lindfield
	Int 1.3 Prevent health and wellbeing harms from substance misuse in Slough	Int 1.3a Sponsor events to explore threats to health and wellbeing from substance misuse to design local interventions in	Driving	Tessa Lindfield



Ambition	Goal	Action	Board Role	Sponsor
		collaboration with the community safety partnership.		
Int 2 Increase the proportion of people living independently at home and decrease the proportion living in care homes.	Int 2.1 Improve the range of options available locally for independent and supported living	Int 2.1 a Working with CYP, Housing and clinical services, HWB to sponsor a design process to develop realistic options for alternatives for residential care.	Driving	Caroline Farrar Marc Gadsby
	Int 2.2 Learn from pilot programmes	Int 2.2a Capture learning from the multigenerational pilot and apply to the JHWS action plan.	Monitoring	Caroline Farrar
Int 3 Increase the number of people who are managing their own physical and mental health care and support needs	Int 3.1 Develop the market to better support those with complex needs locally	Int 3.1.a Review relevant analyses and documents to identify opportunities for further development and integration.	Influencing	Marc Gadsby Caroline Farrar
	Int 3.2 Embed improved support for carers	Int 3.1a Complete integration of carers support services into adult social care.	Driving	Marc Gadsby
	Int 3.3 Improve assistive technology offer in Slough	Int 3.3a Board to ensure a joint approach for telecare and telehealth development across Slough	Influencing	Marc Gadsby
Int 4 Reduce attendances and admissions to hospital, and the length of these stays	Int 4.1 Prevent ill health that drives admission	See actions Int 1; Int 2	Developing	Tessa Lindfield
Int 5 Reduce Delayed Transfers of Care		Receive reports on DTOC situation and actions	Monitoring	Marc Gadsby

Appendix 3 - Board Oversight Roles

					
Horizon scanning	Watching	Influencing	Developing	Monitoring	Driving
Surveillance for emerging threats and opportunities	Checking in on what is happening, not directly involved	Influencing the content and focus of a work programme	Investigating an area of concern and developing a plan of action	Reporting progress, risks to support or unblock as needed	High profile sponsorship of HWB branded programmes

Action Plan

Ambition	Goal	Action	Board Role	Sponsor
Increase levels of resident satisfaction with local place and improve levels of happiness.	Improved resident satisfaction with local place	Link health and wellbeing questions to the resident survey and subsequent actions	Influencing	Tessa Lindfield
Improve life chances of residents, by focusing on areas such as housing, poverty, education and employment.	To demonstrate change in core determinants of health	To develop an asset based community development model throughout Slough	Driving	Tessa Lindfield
Reduce health inequalities between wards.	To reduce the gap in healthy life expectancy between our most and least deprived wards	To implement a local area co-ordination approach or alternatives within two of our priority wards	Driving	Tessa Lindfield








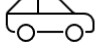
Slough Health
& Wellbeing
Board

Slough Wellbeing Strategy 2021 – 2026

Strong Healthy and Attractive Neighbourhoods Action Plan

Ambition	Goal	Action	Board Role	Sponsor
Increase engagement and volunteering impact and improve community resilience so that communities are better prepared to cope with extreme events such as disease outbreaks or economic downturn	To capture and apply learning from healthy neighbourhoods work in Slough	Re-energise the SHAN programmes of work, linked to local area co-ordination approach	Influencing	Tessa Lindfield and CVS
	To employ a resident led approach enabled by officers	Work with residents and partners to implement actions within the neighbourhood plans	Influencing	Tessa Lindfield and CVS

Appendix 4 - Board Oversight Roles

					
Horizon scanning	Watching	Influencing	Developing	Monitoring	Driving
Surveillance for emerging threats and opportunities	Checking in on what is happening, not directly involved	Influencing the content and focus of a work programme	Investigating an area of concern and developing a plan of action	Reporting progress, risks to support or unblock as needed	High profile sponsorship of HWB branded programmes

Action Plan

Ambition	Goal	Action	Board Role	Sponsor
WH 1 Reduce the gap in employment rate for key groups, including those with a long-term physical or mental health condition, carers, people in contact with the CJS and those with a learning disability	WH 1.1 Health in all policies approach embedded within partnership organisations such as Health & wellbeing considerations included in economic development strategy for Slough	WH 1.1.a Ensure HWB influence in new Economic Development Strategy in Slough with a view to include: <ul style="list-style-type: none"> • An inclusive growth approach • Targeted support to prevent worklessness for at risk groups • Workplace as a setting for health improvement • Pathways into 'good' work that supports health and wellbeing • Use of Apprenticeship Levy and ways into work funding 	Influencing	Stephen Brown



Ambition	Goal	Action	Board Role	Sponsor
		WH1.1b Develop an effective Drug & Alcohol Individual Placement Scheme as part of the CDP recovery work	Influencing	Stephen Brown
	WH1.2 Maximising positive influence of Slough's anchor bodies	WH1.2a Support ICS anchor work in Slough	Influencing	Caroline Farrar
WH 2 Close the gap in income between residents of Slough, and those who travel into Slough to work	WH 2.1 Improved economic equity in Slough	WH 2.1a Ensure HWB influence in new Economic Development Strategy in Slough	Influencing	Stephen Brown
WH 3 Reduce sickness absences, by reducing the percentage of working days lost due to sickness absence.	WH 3.1 Prevent ill health that leads to sickness absence	See actions on secondary prevention (insert ref) and WH 1.1a	Developing	Tessa Lindfield
WH 4 Improve the health and wellbeing at work of people employed in the borough	WH 4.1 Workplace as a setting for health improvement	WH 4.1a Establish healthy conversations training	Driving	Tessa Lindfield
		WH 4.1b Ensure workplaces are aware of health improvement and prevention opportunities locally.	Driving	Tessa Lindfield

Slough Borough Council

Report To:	Health & Wellbeing Board
Date:	23/11/23
Subject:	Substance use rapid needs assessment
Chief Officer:	Kelly Evans, Deputy Director of Public Health
Contact Officer:	Dr Leidon Shapo, PH lead (Adults)
Ward(s):	All
Exempt:	No
Appendices:	Appendix A – SUD Rapid HNA Summit Presentation

[Slough Wellbeing Strategy 2021-2026](#)

[From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK \(www.gov.uk\)](#)

1. Summary and Recommendations

1.1 This report sets out to provide an overview of the drug and alcohol substance use rapid needs assessment. The main aim of the work was to

- improve our understanding on the burden of drug and alcohol substance use in Slough, and
- engage more effectively with our key partners to support our preventative approach as well as improve the current healthcare model locally.

Recommendations:

1.2 Committee is recommended to:

- Note the key findings and endorse the recommendations and next steps within the substance misuse needs assessment.
- Support and contribute on behalf of your organisations represented on the Board phase 2 of the work to develop a system wide action plan.

Reason:

1.3 The reason for the above recommendation is based on:

- (i) the work completed as part of the 1st phase covering the prevalence, treatment and the evidence around enforced actions; and
- (ii) our close collaboration with all key partners and stakeholders involved in developing this rapid need assessment and action plan.

2. Report

Introductory paragraph

- 2.1 The key findings from this work, will support the Health and Wellbeing Board implement its overarching priority of improving the health and wellbeing of residents in the borough.¹
- 2.2 Following the key findings and the guidance from the National Combating Drugs Outcome framework ('From harm to hope strategy', 2021)², this rapid need assessment represents an initial assessment of evidence and data to better understand the unmet needs and main local issues of drug and alcohol-related harm.

Background

- 2.3 Substance misuse has devastating impact in lives of individuals, families and communities in Slough. The rapid needs assessment was conducted to get a better understanding of the unmet need and potential causes of substance misuse.
- 2.4 Slough has a younger population (with a high % of under 18), a large proportion of people with an ethnic minority background and high levels of deprivation. There is evidence to suggest that all these socio-demographic factors should be taken into consideration when we look at the substance use picture locally now and in the future.
- 2.5 The rate of overall OCU, opiates and crack usage all appear to be significantly higher in Slough compared to the South-East (SE) and England rates.
- 2.6 Prevalence of drug use varies significantly by age in Slough. The data show that for multiple reasons, the drugs affect more our younger population.
- 2.7 The rate of overall unmet need for OCU usage, opiates, crack and alcohol use appears to be significantly higher in Slough across the board when compared to regional and national proportions of unmet need.
- 2.8 The directly standardised rate of hospital admissions attributable to alcohol related conditions is also the highest in Slough compared to its other neighbouring boroughs.
- 2.9 The number of drug-related deaths locally are very low and comparable to BFC and RBWM, and, significantly lower compared to SE & England.
- 2.10 The most common source of treatment referral in Slough is self, family and friends. Slough appears to have a higher proportion of referrals from the criminal justice system compared to the SE and England, but first-time entrants into youth justice system has been progressively decreasing over the years (also following the national trend).
- 2.11 The proportion of adults with substance misuse treatment need who successfully engage in community based structured treatment following

release from prison is the lowest in Slough compared to other neighbouring authorities, and significantly lower than the SE and England.

- 2.12 The successful completion of drug treatment for opiates in Slough is comparable to SE and England; while we have the highest proportion of treatment completions for non-opiates compared to our neighbouring authorities.
- 2.13 Change is needed to improve health and wellbeing outcomes for the residents of Slough and the impact drugs and alcohol has on individuals, their families, and our communities. The needs assessment has provided details on the current prevalence of drug & alcohol substance use locally including the trends over the last ten years and comparisons with neighbouring boroughs as well as South-East and England; what are the gaps in terms of gender, age groups and ethnicity, those in treatment and success rate and crime-related data.
- 2.14 The directly standardised rate of hospital admissions attributable to alcohol use in Slough is highest in the wards of Chalvey, Britwell and Northborough and Foxborough, where they fall in the top 20% within the borough.
- 2.15 The proportion of those accessing alcohol use treatment has historically been low in Slough compared to both regional and national rates.
- 2.16 The percentage of clients entering drug treatment who were also identified with a mental health condition who received support for their mental health was the lowest in Slough compared to its neighbouring boroughs and significantly lower than both regional and national rates.
- 2.17 The needs assessment includes the views of key stakeholders fully engaged as part of this work: Substance use partnership commissioning team, the Safer Slough Partnership, Public health, Adult and Social Care (Safeguarding). As part of discussing this needs assessment at the HWBB meeting we will have the opportunity to share the key findings of this work with a wider audience.

4. Background Papers

None

This page is intentionally left blank

Slough drug & alcohol rapid needs assessment

(what we learned from the 1st Phase of this work)



Dr L Shapo, Public Health Team (Adults)
Slough Borough Council, 14 Nov. 2023

Health Needs Assessments form part of Slough Joint Strategic Needs Assessment (JSNA) process

BACKGROUND

The Joint Strategic Needs Assessment (JSNA) is the ongoing process through which we seek to identify the current and future health and wellbeing needs of our local population.

- The JSNA document is what we use in Slough to assess the current and future healthcare and wellbeing needs of our residents. These needs could be met by local authorities, Integrated Care Boards (ICB's), the NHS and other partners.
- Local authorities and ICBs have equal and joint duties to prepare JSNAs and joint local health and wellbeing strategies through their Health and Wellbeing Boards.
- The Slough Joint Wellbeing Board has a duty to improve the health and wellbeing for those who live in Slough. The Slough Joint Wellbeing Strategy, developed by the Slough Wellbeing Board is based on the needs identified by the JSNA.
- This document forms part of those resources [Berkshire East JSNA \(berkshirepublichealth.co.uk\)](https://www.berkshirepublichealth.co.uk)



This rapid needs assessment will provide a better understanding of the local picture of substance abuse and reinforce partnership working

AIMS & OBJECTIVES

The aim of this rapid needs assessment is to (i) improve our understanding on the burden of drug and alcohol substance use in Slough, and (ii) engage more effectively with key partners in a journey that will support our preventative approach as well as improve the current healthcare model locally.

The project will be divided in two phases with separate objectives

Phase 1: This initial and important phase will aim to inform and support both the Safer Slough Partnership (SSP) program of work and our commissioning priorities with a specific focus on exploring, analysing and providing local information covering the following areas:

1. Prevention (Prevalence of drug & alcohol substance use – unmet needs | risk factors)
2. Treatment (Drug & alcohol drug treatment – local picture)
3. Health services use
4. Enforcement actions (Drug & alcohol related crimes)

An epidemiological approach was taken to understand the prevalence of problem drug and alcohol use and associated harm in Slough. This will be accompanied by a comparative analysis of service provision and outcomes between different populations. Both elements have been benchmarked against comparator populations (i.e. Berkshire, SE and England) where possible.

Phase 2: The aim for the 2nd phase would be to share the findings from the 1st phase with key partners (including the CDP and the SU group & the SSP). A longer-term objective would be to scope the possibility of developing a drug & alcohol substance use strategy document that will serve us for a period of at least 5 years.

Note: The aims/objectives from both phases will be subject of close collaboration with all partners involved in this work and data sharing and close collaboration with Berks East Hub.

CONTENTS

Introduction

- Drug and alcohol substance use definitions & their dependency | risk factors

Policy Context - [*From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK*](#)
(www.gov.uk)

Population – Slough demographics

The Local Picture & Response

- Prevalence | Drug-related deaths | MH behaviour disorders | Treatment
- Prevalence | Alcohol-related deaths | Hospital admissions | Treatment

Drug and alcohol related crime

Key findings

Substance use dependency main forms



INTRODUCTION

Substance (drug) dependency is the medical term used to describe a compulsion to using drugs that continues even when significant problems related to their use have developed.

Alcohol dependence, which is also known as alcoholism or alcohol addiction, **describes the most serious form of high-risk drinking, with a strong - often uncontrollable - desire to drink.** It means drinking at a level that causes harm to your health.

The drug dependency can be either physical or psychological – or both.

Physical dependence: A physical condition caused by chronic use of a tolerance forming drug, in which abrupt or gradual drug withdrawal causes unpleasant physical symptoms.

- Physical dependence can develop from low-dose therapeutic use of certain medications such as benzodiazepines, opioids, antiepileptic's, and antidepressants, as well as the recreational misuse of drugs such as alcohol, opioids, amphetamines, and benzodiazepines.
- The higher the dose used, the greater the duration of use, and the earlier age use began are predictive of worsened physical dependence and thus more severe withdrawal syndromes. Acute withdrawal syndromes can last days, weeks or months.

Psychological dependence: a state that involves emotional–motivational withdrawal symptoms, e.g., anxiety and anhedonia, upon cessation of drug use or certain behaviours. It develops through frequent exposure to a psychoactive substance or behaviour.

Psychological dependence is not to be confused with physical dependence, which induces physical withdrawal symptoms upon discontinuation of use. However, they are not mutually exclusive.

Substance use disorders are often multifactorial and differ for everyone

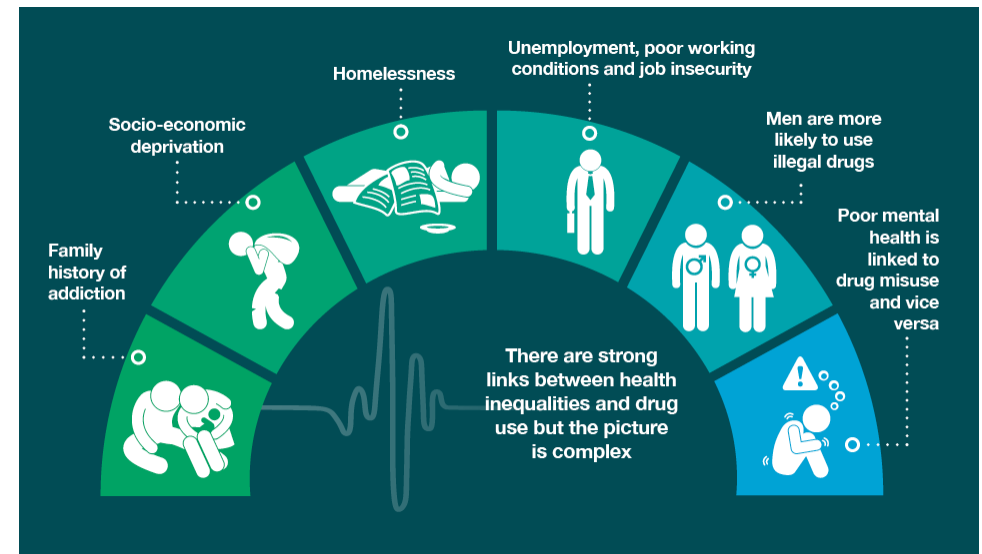
INTRODUCTION (2): RISK & PROTECTIVE FACTORS

What causes substance use disorder?

Cultural and societal factors determine what are acceptable or allowable forms of drug or alcohol use. Public laws determine what kind of drug use is legal or illegal. The question of what type of substance use can be considered normal or acceptable remains controversial.

Substance use disorder is caused by multiple factors but which of these factors has the biggest influence in any one person cannot be determined in all cases.

- Some **individual risk factors** include a family history of drug use, aggression, a low perception of risk, while some individual **protective factors** include strong social skills, a positive sense of self and religiosity.
- In the **family domain**, risk factors include excessive conflict or abuse, low support and positive family attitudes toward drugs, while some protective factors include positive family bonding, clear rules and trust.
- **Prevention programs** that increase protective factors for children can be effective at reducing the likelihood that they will use drugs or engage in risky behaviour. The goal for these programs is to outweigh the risks with increased protective factors.



[Health matters: preventing drug misuse deaths - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

[Risk and protective factors - Emotionally Healthy Schools](#)

Slough has a high proportion of people with an ethnic minority background, and we need to understand more about their risk

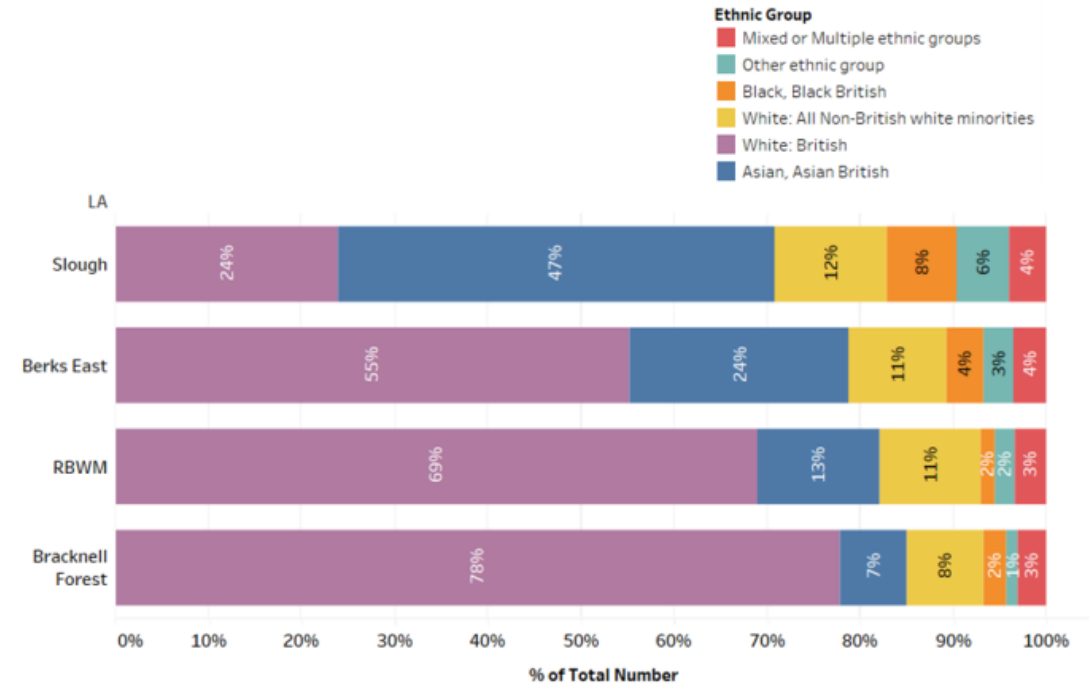
INTRODUCTION (3): ETHNICITY AND RISKS

Slough has the largest proportion of minor ethnic communities compared to the rest of Frimley ICS local authorities with only 24% of the Slough population being White British.

- Most of the population (47%) are made up of Asian/Asian British ethnic group.

Minor ethnic communities may be at risk of drug use because they often live in disadvantaged and deprived areas, where drug markets thrive. [1]

The Advisory Council on the Misuse of Drugs (ACMD) has previously investigated vulnerability and risk factors to developing drug dependence and vulnerability of specific groups. Following this work, the ACMD has recently agreed to begin a self-commissioned workstream investigating drug use in ethnic minority groups. [2]



Source: OHID (Local Health Indicators)

1. [Drugs and Diversity: Ethnic minority groups UK Drug Policy Commission https://www.ukdpc.org.uk](https://www.ukdpc.org.uk)
2. [Drug use in ethnic minority groups: call for evidence - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

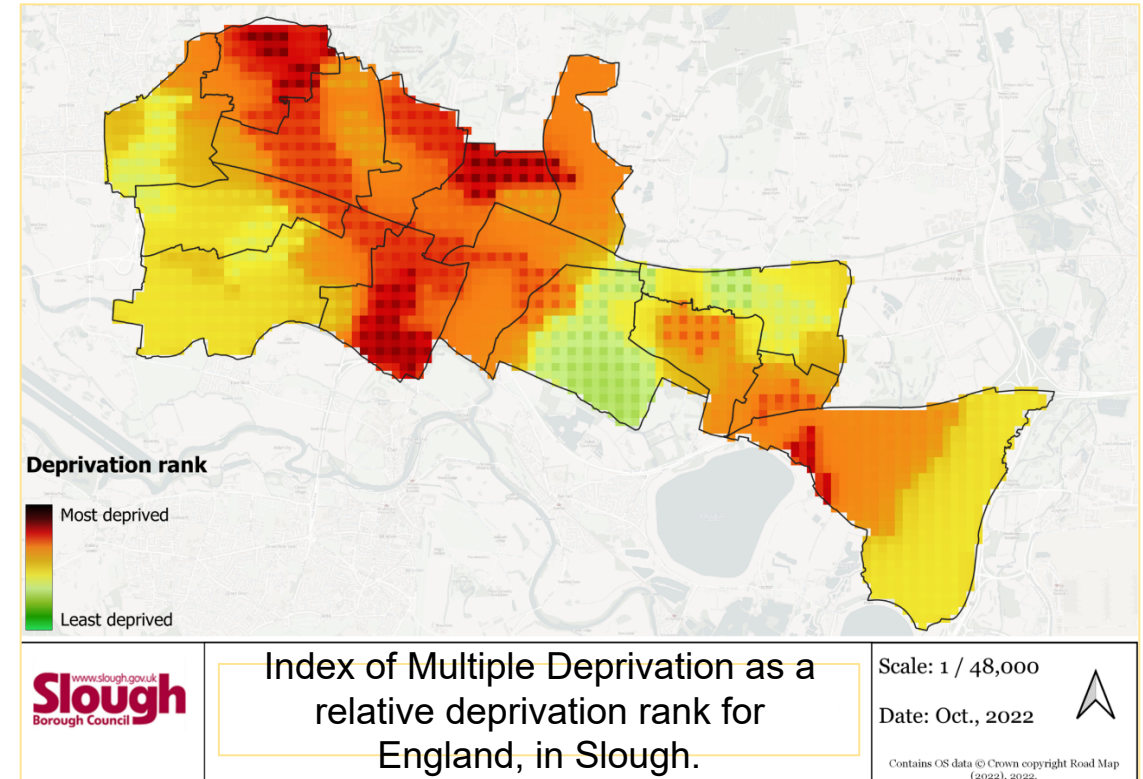
Substance abuse and the risk among those most socioeconomically deprived

INTRODUCTION (4)

- **Slough is more deprived than the England average** on the 2019 Index of Multiple Deprivation (IMD).
- 71% of Slough's Lower-tier Super Output Areas (LSOAs) fall below the national average of the IMD.
- There are particularly severe pockets in Britwell, Chalvey, Wexham Lea, and Colnbrook with Poyle.

Levels of deprivation and substance abuse risk

There is a strong association between socioeconomic position, social exclusion and substance-related harm, with greater harm recorded in people living in more deprived areas and with lower individual resources and socioeconomic capital.



[ACMD - Advisory Council on the Misuse of Drugs - GOV.UK GOV.UK https://assets.publishing.service.gov.uk > file > Vul... \(google.co.uk\)](https://assets.publishing.service.gov.uk/file/Vul...)

CONTENTS

Introduction

- Drug and alcohol substance use definitions & their dependency | risk factors

Policy Context - *[From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK](https://www.gov.uk/government/consultations/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives)*
(www.gov.uk)

Population – Slough demographics

The Local Picture & Response

- Prevalence | Drug-related deaths | MH behaviour disorders | Treatment
- Prevalence | Alcohol-related deaths | Hospital admissions | Treatment

Drug and alcohol related crime

Key findings

National Combating Drugs Outcomes Framework: From harm to hope, ten years plan

NATIONAL POLICY CONTEXT

The Safe Slough Partnership is accountable for the local delivery of the National Combating Drugs Outcomes Framework.

The framework sets out the three strategic outcomes of:







- reducing drug use
- reducing drug-related crime
- reducing drug related deaths and harm

The government aim is to deliver these through intermediate outcomes of:

- reducing drug supply
- increasing engagement in treatment
- improving recovery outcomes

This rapid needs assessment will represent an initial assessment of evidence and data to better understand the unmet needs and main local issues of drug and alcohol-related harm.

[Drugs strategy national outcomes framework - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/drugs-strategy-national-outcomes-framework)

National Combating Drugs Outcomes Framework Our ambition: a safer, healthier and more productive society by combating illicit drugs	
What we will deliver for citizens (strategic outcomes)	Measured by:
 Reducing drug use	<ul style="list-style-type: none"> • the proportion of the population reporting drug use in the last year (reported by age) • prevalence of opiate and/or crack cocaine use
 Reducing drug-related crime	<ul style="list-style-type: none"> • the number of drug-related homicides • the number of neighbourhood crimes
 Reducing drug-related deaths and harm	<ul style="list-style-type: none"> • deaths related to drug misuse • hospital admissions for drug poisoning and drug-related mental health and behavioural disorders (primary diagnosis of selected drugs)
What will help us deliver this (intermediate outcomes)	Measured by:
 Reducing drug supply	<ul style="list-style-type: none"> • the number of county lines closed • the number of moderate and major disruptions against organised criminals
 Increasing engagement in drug treatment	<ul style="list-style-type: none"> • the numbers in treatment (both adults and young people, reported by opiate and crack users, other drugs, and alcohol) • continuity of care – engagement with treatment within three weeks of leaving prison
 Improving drug recovery outcomes	<ul style="list-style-type: none"> • the proportion who are in stable accommodation and who have completed treatment, are drug-free in treatment, or have sustained reduction in drug use <p>Key additional components integral to recovery include housing, mental health, and employment</p>

HM Government, From harm to hope: guidance for local delivery partners

CONTENTS

Introduction

- Drug and alcohol substance use definitions & their dependency | risk factors

Policy Context - *[From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK](https://www.gov.uk/government/consultations/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives)*
(www.gov.uk)

Population – [Slough demographics](#)

The Local Picture & Response

- Prevalence | Drug-related deaths | MH behaviour disorders | Treatment
- Prevalence | Alcohol-related deaths | Hospital admissions | Treatment

Drug and alcohol related crime

Key findings

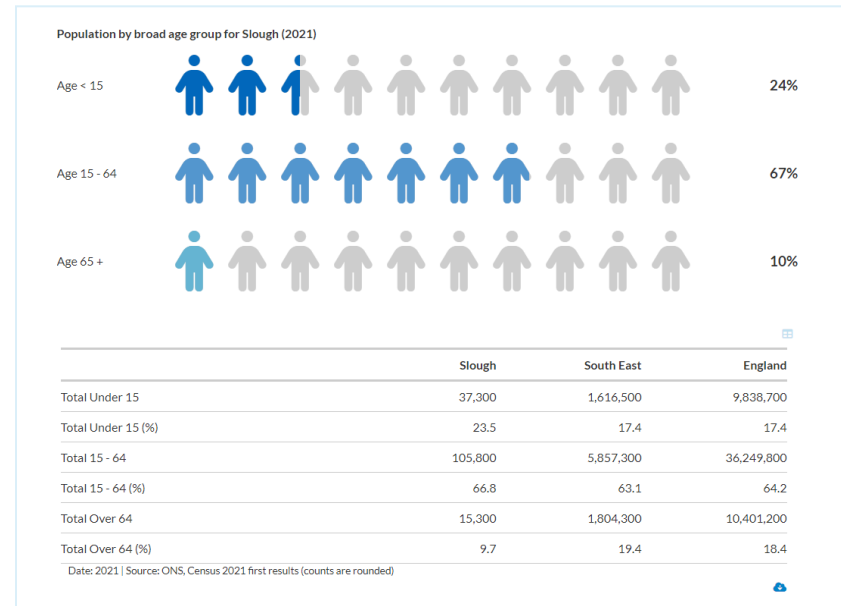
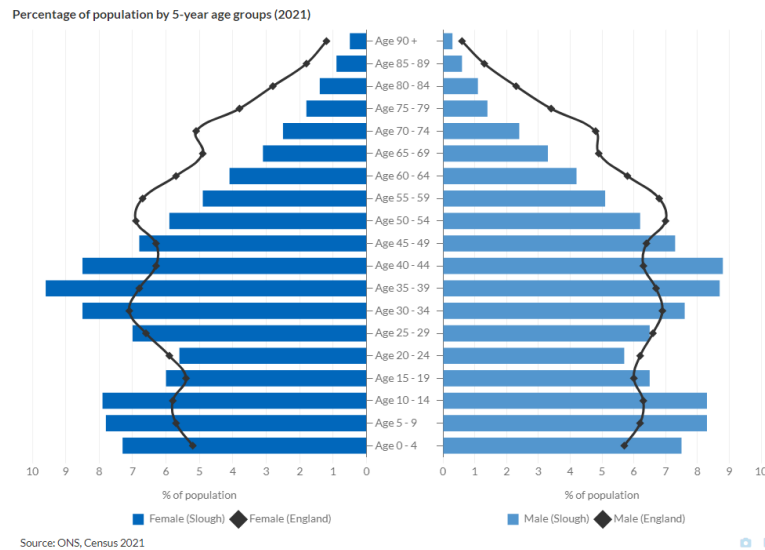
Slough population composition – why is that important?

SLOUGH DEMOGRAPHICS

By taking a closer look at how addiction affects various demographic groups, it is possible to discover patterns of substance use that teach us more about the disease of addiction and overall health of our local population

Slough's population is the youngest in UK with the higher percentage of under 18s and the national substance use data suggest (i) an increased trend in YP's substance use (with cannabis remaining the most common substance that YP come to treatment for), (ii) that there is a vulnerability among YP in treatment (with early onset of substance use); and (iii) with over two-fifths of them starting treatment having a mental health treatment need.

Page 40



[Population - UTLA | Slough | Report Builder for ArcGIS \(berkshireobservatory.co.uk\)](https://berkshireobservatory.co.uk/Population-UTLA/Slough/ReportBuilderforArcGIS)

CONTENTS

Introduction

- Drug and alcohol substance use definitions & their dependency | risk factors

Policy Context - [From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK](https://www.gov.uk/government/consultations/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives)
(www.gov.uk)

Population – ~~Slough demographics~~

The Local Picture & Response

- Prevalence | Drug-related deaths | MH behaviour disorders | Treatment
- ~~Prevalence | Alcohol-related deaths | Hospital admissions | Treatment~~

Drug and alcohol related crime

Key findings

Prevalence of problem drug use (for each category) locally as compared to South-East & England

LOCAL PICTURE

The rate of overall OCU, opiates and crack usage all appear to be significantly higher in Slough compared to both the South-East region and England rates.

- The overall prevalence of OCU usage in Slough (15 per 1000) is more than double the regional average of 6.6 per 1000 persons aged 15 to 64.

The graphs below present the rate of OCU, opiates and crack usage across Slough, South-East and England

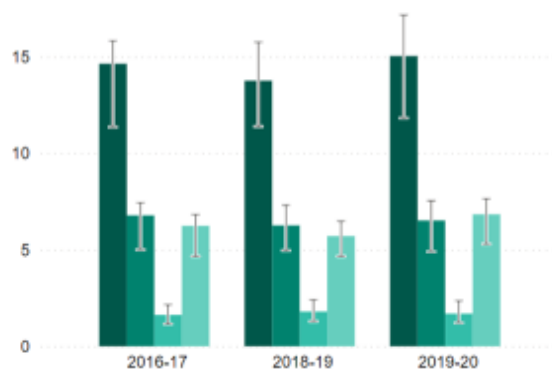
Slough

2019-20

Substance group	Rate per 1,000 population	RPT lower bound	RPT upper bound	Population estimate (15-64)
OCU	15.0	11.8	17.1	96,828
Opiates only	6.5	4.9	7.5	96,828
Crack only	1.7	1.2	2.4	96,828
Opiates and crack	6.8	5.3	7.6	96,828

Rate per 1,000 population

● OCU ● Opiates only ● Crack only ● Opiates and crack



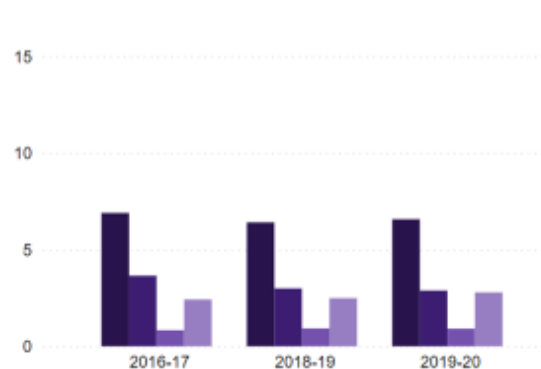
South East

2019-20

Substance group	Rate per 1,000 population	RPT lower bound	RPT upper bound	Population estimate (15-64)
OCU	6.6			5,554,467
Opiates only	2.9			5,554,467
Crack only	0.9			5,554,467
Opiates and crack	2.8			5,554,467

Rate per 1,000 population

● OCU ● Opiates only ● Crack only ● Opiates and crack



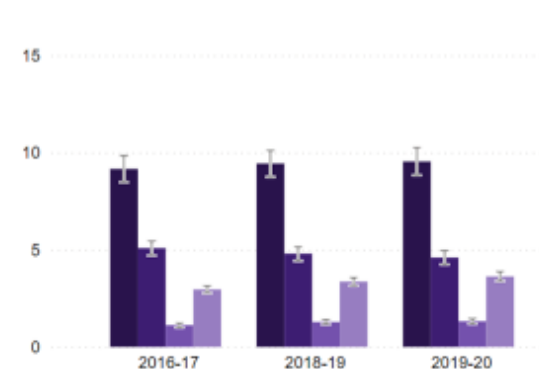
England

2019-20

Substance group	Rate per 1,000 population	RPT lower bound	RPT upper bound	Population estimate (15-64)
OCU	9.5	8.8	10.3	35,741,156
Opiates only	4.6	4.2	5.0	35,741,156
Crack only	1.3	1.2	1.5	35,741,156
Opiates and crack	3.6	3.4	3.9	35,741,156

Rate per 1,000 population

● OCU ● Opiates only ● Crack only ● Opiates and crack



Prevalence of Opiates and Crack users (OCU) rates locally by age groups as compared to South-East & England

LOCAL PICTURE (2)

Prevalence of drug use varies significantly by age in Slough. While drug use affects all ages, it is predicted to affect the younger population for multiple reasons.

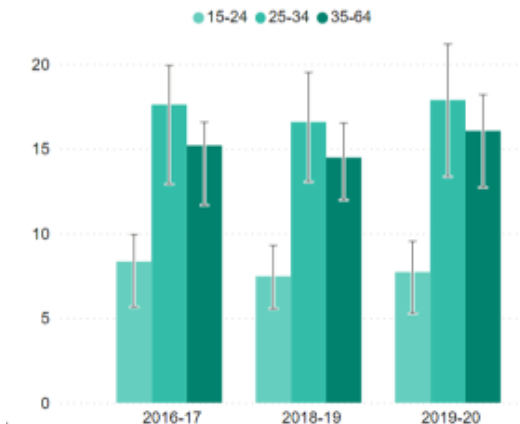
The bar charts compares prevalence of OCU by age in Slough, South-East and England

- The rate of overall OCU usage is highest among 25- to 34-year-old in Slough and South-East; although the difference in rates between those aged 25-34 and 35-64 in England is negligible.
- However, all age groups in Slough appear to have a higher rate of usage compared to regional and national counterparts.

Slough
OCU prevalence (2019-20) broken down by age groups

Group	Rate per 1,000 population	RPT lower bound	RPT upper bound	Population estimate
15-24	7.7	5.3	9.5	16,467
25-34	17.9	13.4	21.2	20,756
35-64	16.1	12.7	18.2	59,605

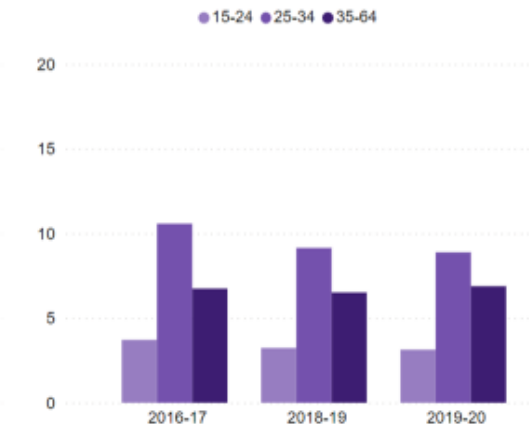
OCU rate per 1,000 population by age groups



South East
OCU prevalence (2019-20) broken down by age groups

Group	Rate per 1,000 population	RPT lower bound	RPT upper bound	Population estimate
15-24	3.1			1,016,825
25-34	8.9			1,080,265
35-64	6.9			3,477,377

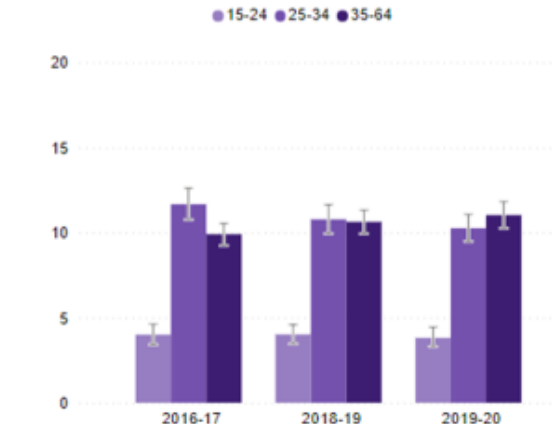
OCU rate per 1,000 population by age groups



England
OCU prevalence (2019-20) broken down by age groups

Group	Rate per 1,000 population	RPT lower bound	RPT upper bound	Population estimate
15-24	3.8	3.3	4.5	6,578,095
25-34	10.3	9.5	11.1	7,609,363
35-64	11.0	10.3	11.8	21,553,698

OCU rate per 1,000 population by age groups



Drugs and alcohol use – unmet treatment need locally as compared to South-East & England

LOCAL PICTURE (3): TRENDS OVER TIME

The rate of overall unmet need for OCU usage, opiates, crack and alcohol use appears to be significantly higher in Slough across the board when compared to regional and national proportions of unmet need.

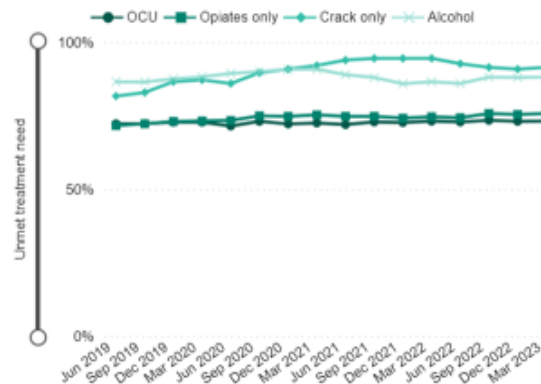
The figures below shows unmet treatment needs among OCU and alcohol users in Slough, South-East and England

- Latest data (March 2023) show that overall, the unmet need for OCU usage in Slough is 73.1%.
- this compared to 58.7% and 57.9% in SE and England, respectively.

Slough

Apr 2022 to Mar 2023

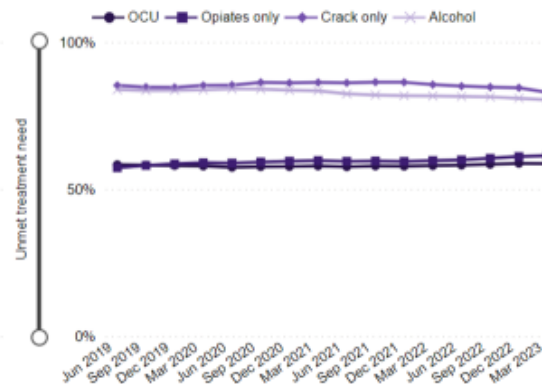
Substance group	Unmet treatment need	Range	Numbers in treatment	Prevalence estimate (most recent*)
OCU	73.1%	66% - 76%	391	1,456
Opiates only	75.7%	68% - 79%	153	631
Crack only	91.4%	88% - 94%	14	164
Alcohol	88.1%	85% - 91%	175	1,470



South East

Apr 2022 to Mar 2023

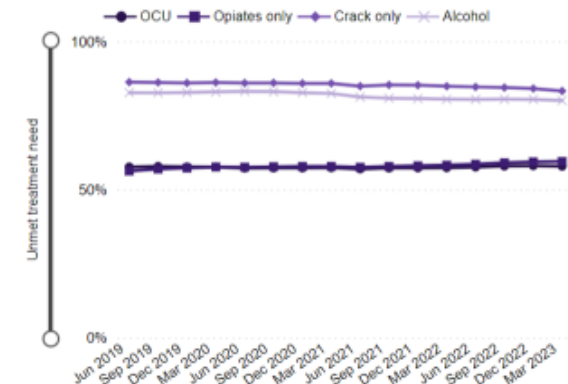
Substance group	Unmet treatment need	Range	Numbers in treatment	Prevalence estimate (most recent*)
OCU	58.7%	-	15,093	36,553
Opiates only	61.4%	-	6,182	16,014
Crack only	82.9%	-	864	5,055
Alcohol	80.4%	-	15,584	79,579



England

Apr 2022 to Mar 2023

Substance group	Unmet treatment need	Range	Numbers in treatment	Prevalence estimate (most recent*)
OCU	57.9%	55% - 61%	143,580	341,032
Opiates only	59.5%	56% - 62%	66,553	164,279
Crack only	83.3%	81% - 85%	7,878	47,168
Alcohol	80.1%	76% - 84%	119,861	602,391

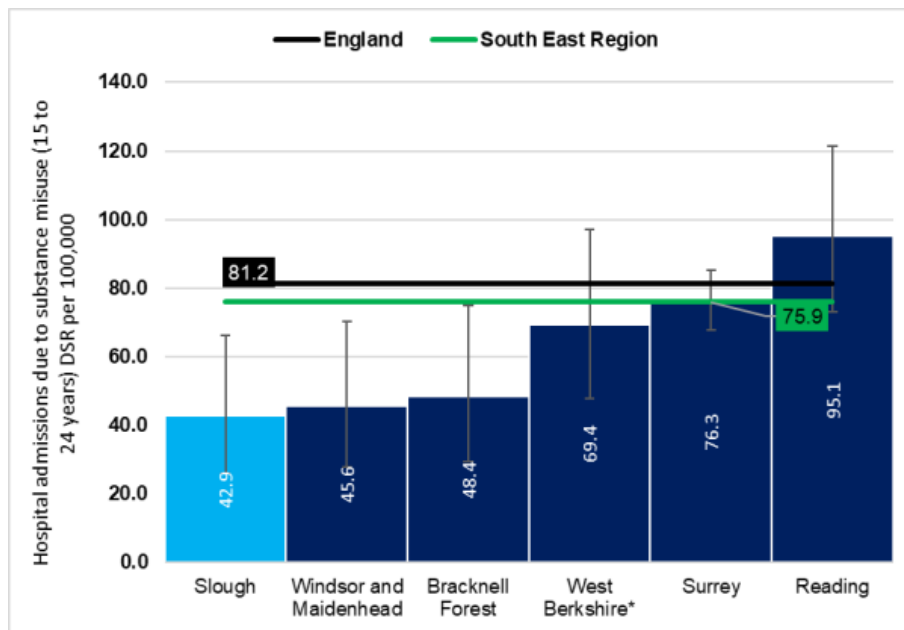


Slough situation: A&E hospital admissions for substance use

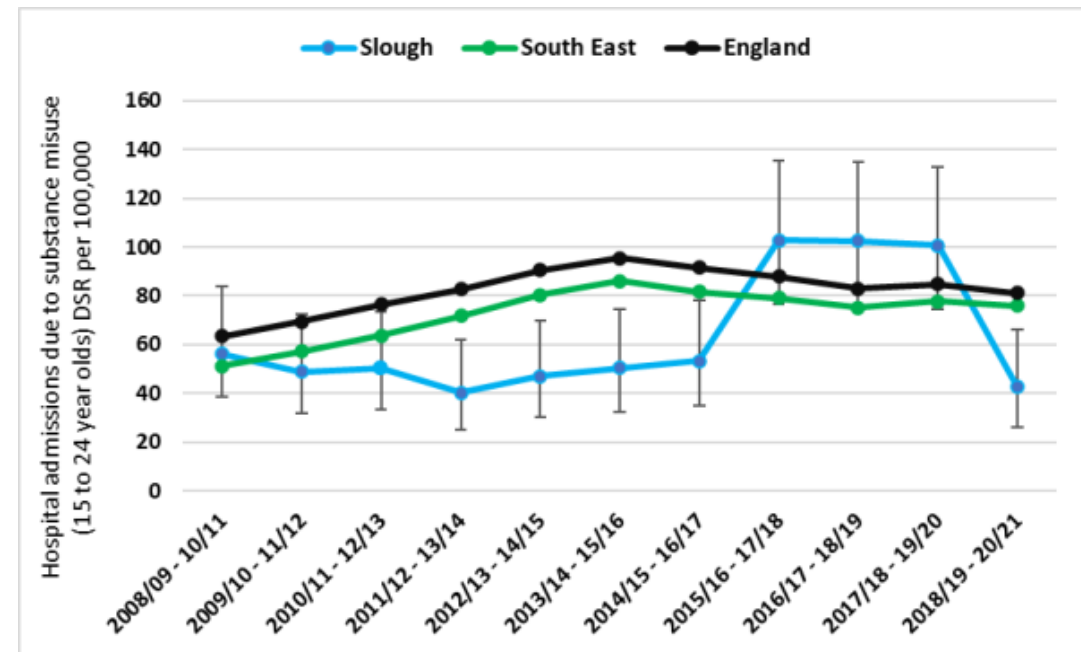
LOCAL PICTURE (4): EMERGENCY ADMISSIONS

Hospital admissions related to drug use remain a public health concern. These admissions can be an indicator of future drug related deaths as well.

- The directly standardised rate of hospital admissions attributable to substance misuse among young people aged 15 to 24 is the lowest in Slough compared to its South-East neighbours; significantly lower than the South-East and England averages.
- The rate of admissions due to substance abuse among young people in Slough has historically been lower compared to England and the South-East, although there was a noticeable increase in 2015/16 – 2017/18 which was maintained for the next 2 years and eventually dropped back down in 2018/19 – 2020/2
- The drop in 2018/19 -2020/22 can potentially be in relation to COVID-19 pandemic and associated changes to healthcare delivery.



Source: HES 2018/19 – 2020/21 accessed from OHID



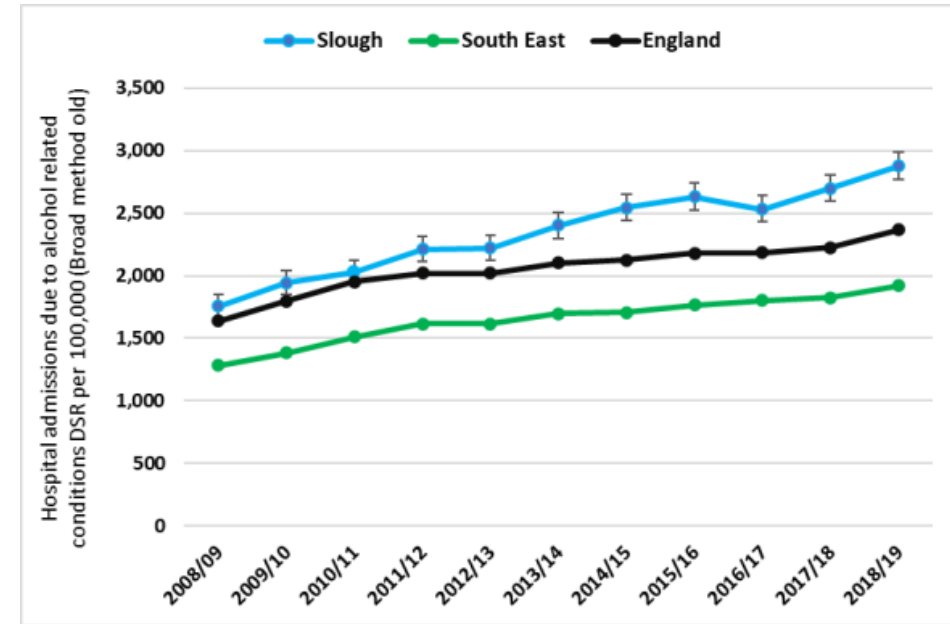
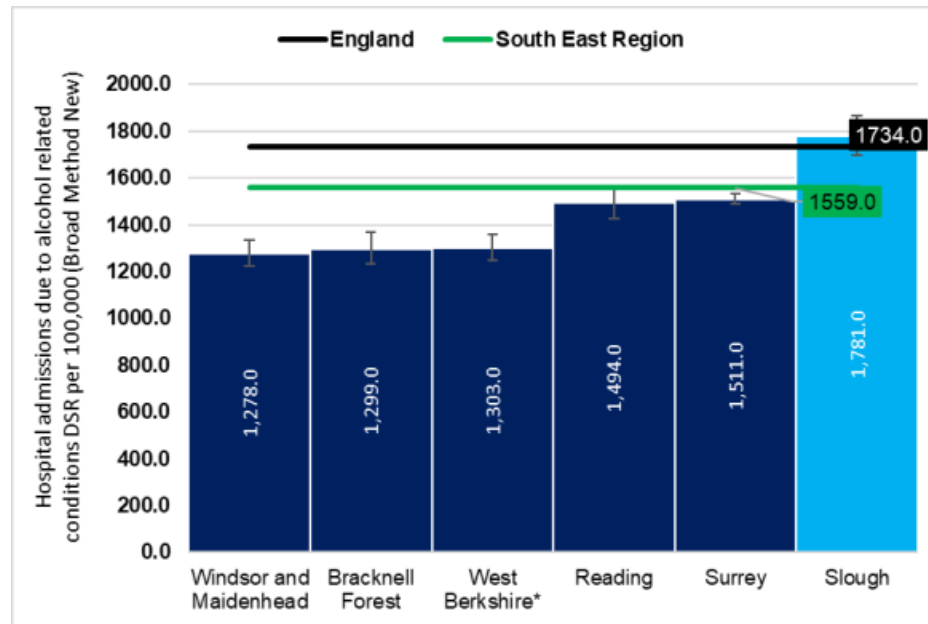
Slough situation: Hospital admissions due to alcohol related conditions

LOCAL PICTURE (5): ADMISSIONS

Alcohol related conditions is a phrase developed to measure health system pressures related to alcohol. This indicator uses 'alcohol attributable fractions' to estimate number of admissions rather than number of people. Alcohol attributable fraction estimates were recently (NDTMS).

The directly standardised rate of hospital admissions attributable to alcohol related conditions is the highest in Slough compared to its other neighbouring boroughs; however, there is a lack of statistically verifiable evidence to suggest that the rates in Slough are significantly higher or lower than regional and national averages.

The latest HES data uses the new broad method of calculation for alcohol related admissions and therefore does not have historical rates. Looking at the time series of rates using the old method, Slough has had significantly higher rates compared to national and regional rates with an increase trend over time. This was updated to account for latest academic evidence and most recent alcohol consumption figures.



Source: HES 2020/21 accessed from OHID

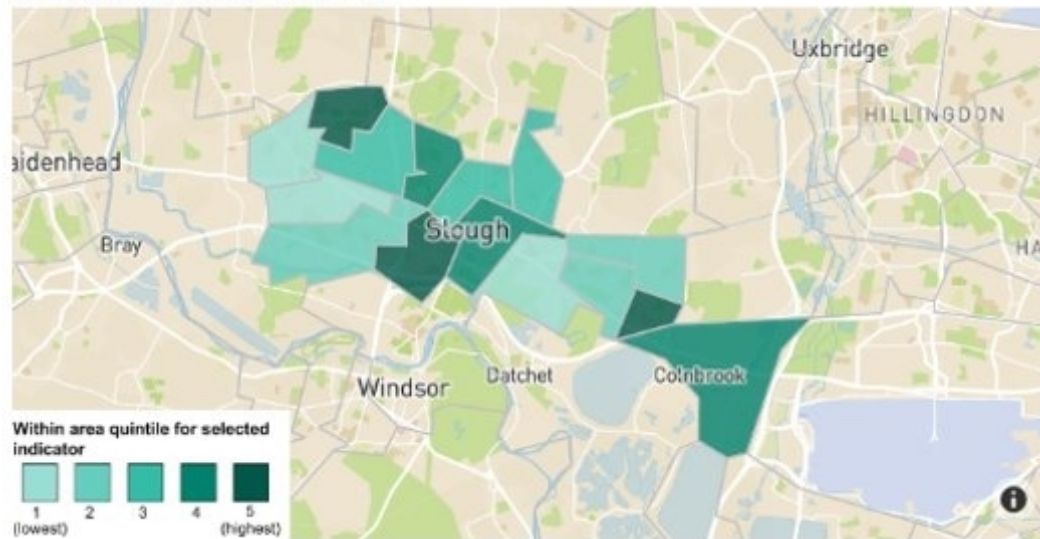
Slough situation: Alcohol-Related hospital admissions by ward

LOCAL PICTURE (6): ADMISSIONS

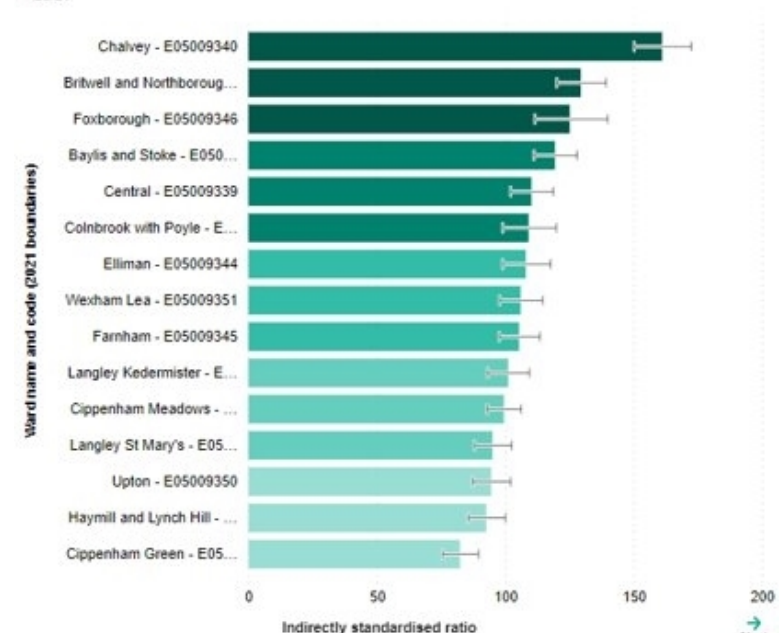
Alcohol use varies among different areas in Slough, and this can lead to the recorded difference in alcohol-related hospital admissions by area.

- The directly standardised rate of hospital admissions attributable to alcohol use in Slough is highest in the wards of Chalvey, Britwell and Northborough and Foxborough, where they fall in the top 20% within the borough. The lowest rates are within the wards of Cippenham Green, Haymill & Lynch Hill and Upton with rates within the lowest 20%.
- **It is worth noting that** wards such as Chalvey and pockets of Britwell and Northborough are also among the most deprived areas in Slough, indicating that **the worst rates of hospital admissions attributable to alcohol use are within the most deprived areas to some extent.**

Map showing within area quintile, hospital admissions for alcohol attributable conditions, (broad definition) in Slough, 2016/17 - 20/21



Ward values for hospital admissions for alcohol attributable conditions, (broad definition) in Slough, 2016/17 - 20/21



Source: HES 2016/17 - 2020/21 accessed from OHID

Sources of referral to substance use treatment is Slough

LOCAL PICTURE (7): REFERRALS IN 2022/23

The referral to treatment process consists of assisting a patient with accessing specialized treatment, selecting treatment facilities, and helping navigate any barriers such as treatment cost or lack of transportation that could hinder treatment in a specialty setting.

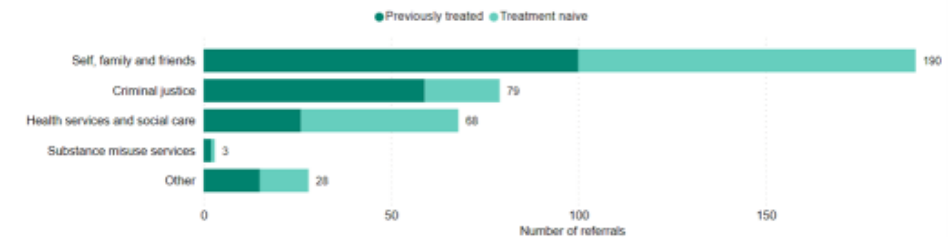
By providing referrals to further assessment and treatment (when appropriate), providers in diverse settings can improve their capacity to serve adolescents who are using alcohol and drugs, while increasing their motivation to take other steps to address their substance use.

Locally

- The most common source of referral in Slough, England and the South-East is self, family and friends.
- Slough appears to have a higher proportion of referrals from the criminal justice system compared to the South-East and England; most of these referrals were for those who have been previously treated.

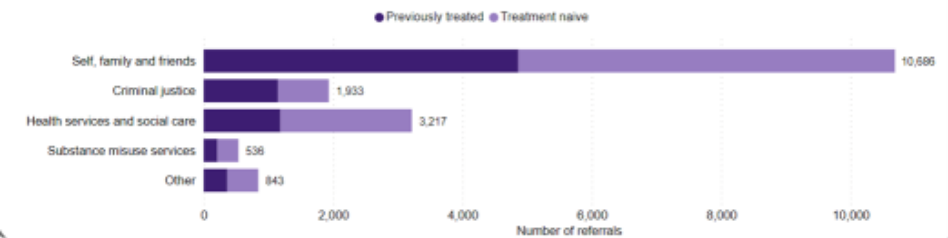
Slough

Apr 2022 to Mar 2023



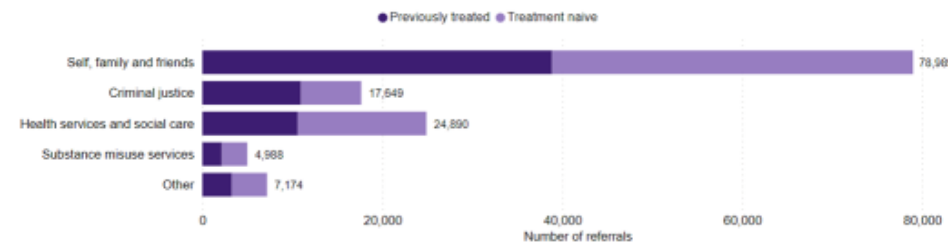
South East

Apr 2022 to Mar 2023



England

Apr 2022 to Mar 2023



Source: NDTMS Referral sources data

Slough situation: Alcohol-related deaths

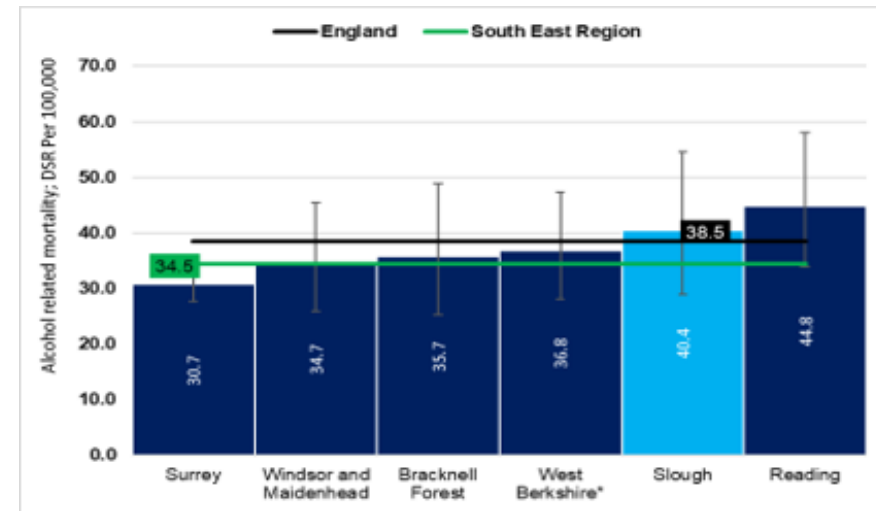
LOCAL PICTURE (8): MORTALITY

According to OHID, alcohol-related death include deaths related to conditions wholly or partially caused by alcohol. For partially attributable conditions, the decision to include the deaths in the numbers is based on latest academic evidence concerning contribution of alcohol to the condition.

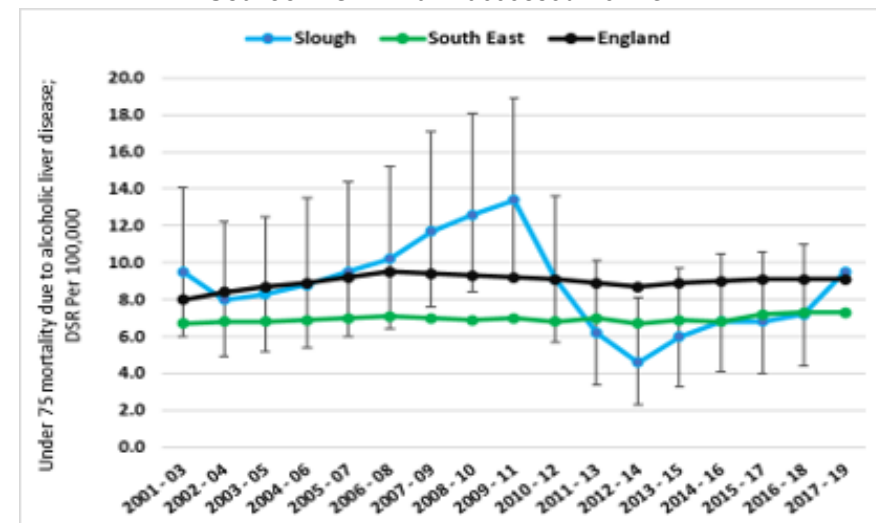
The figure on the right show the standardised ratios per 100,000 for the six local authorities.

The directly standardised rate of mortality attributable to alcoholic liver disease is the highest in Slough compared to its other neighbouring boroughs; however, there is a lack of statistically verifiable evidence to suggest that the rates in Slough are significantly higher or lower than regional and national averages.

Due to recent changes in how alcohol-related mortality is calculated there is no trend information but the equivalent for **alcoholic liver disease** appears to show an increasing rate of premature (under 75 mortality) in Slough from 2002-2004 and 2009-2011 followed by a significant decrease for a couple of years; rates have been similar in Slough compared to regional and national rates over the past few years.

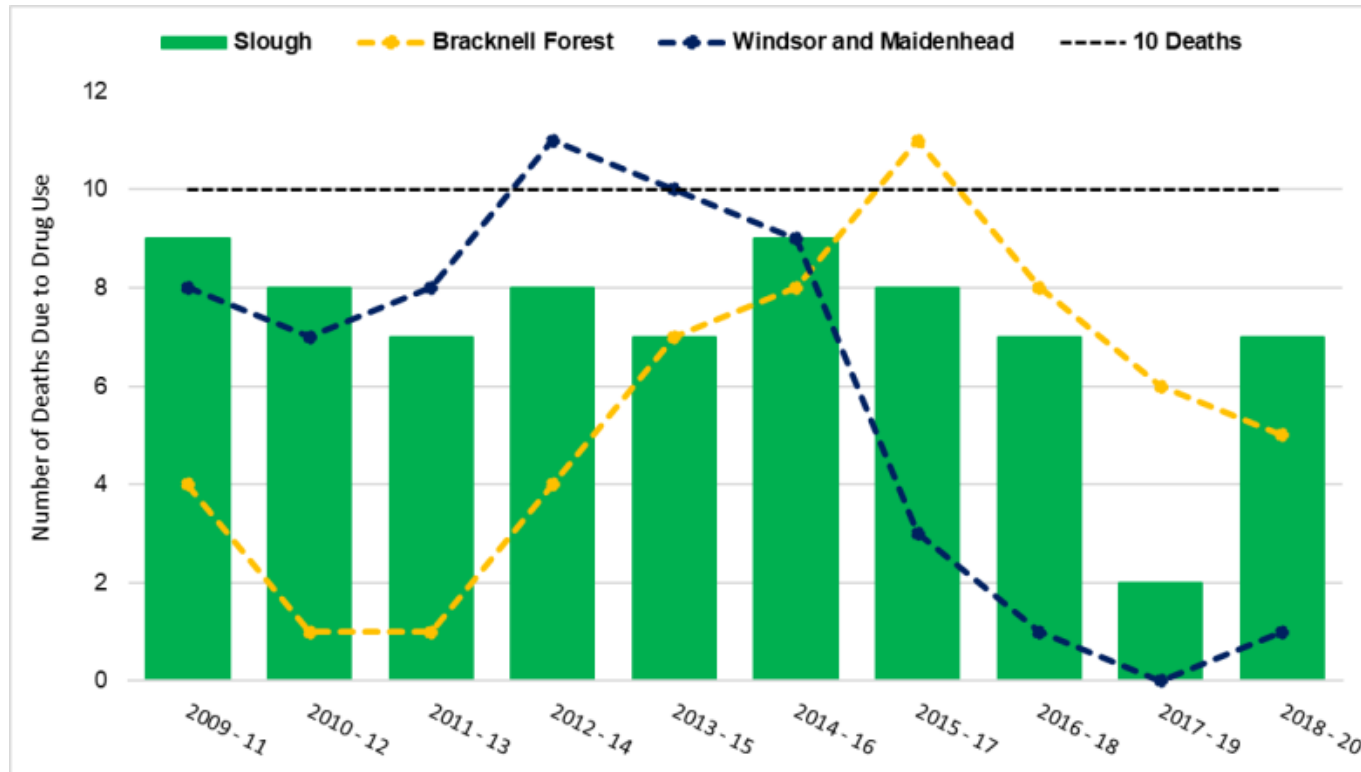


Source: PCMD 2021 accessed from OHID



Drug-related deaths in Slough

LOCAL PICTURE (9): MORTALITY

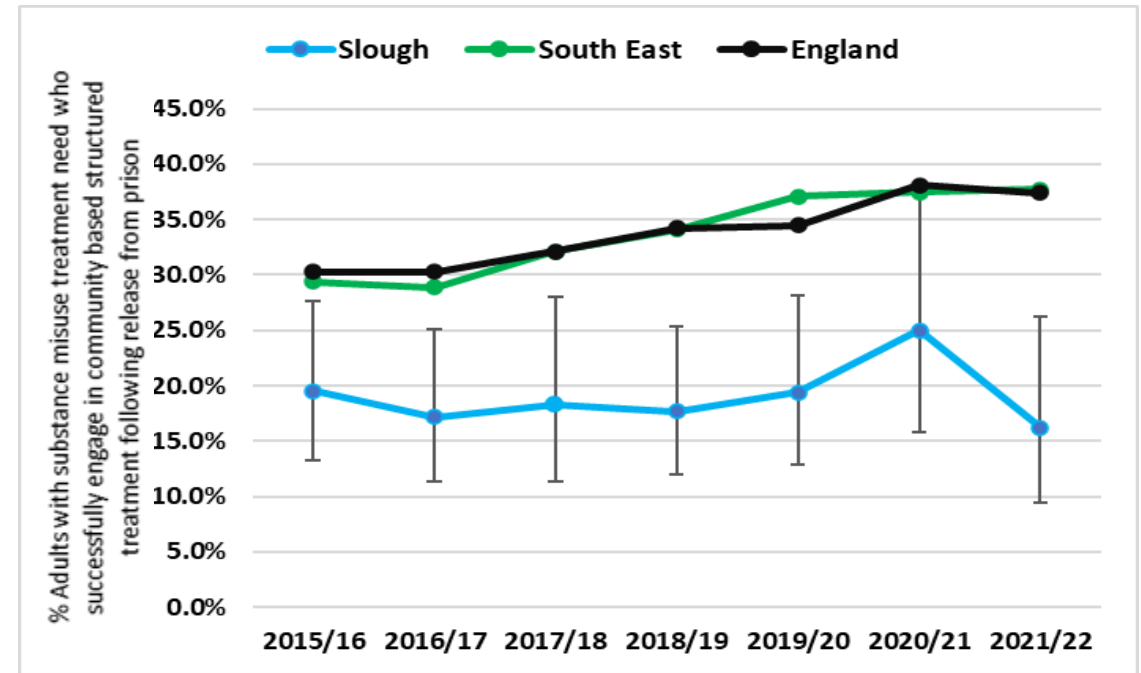
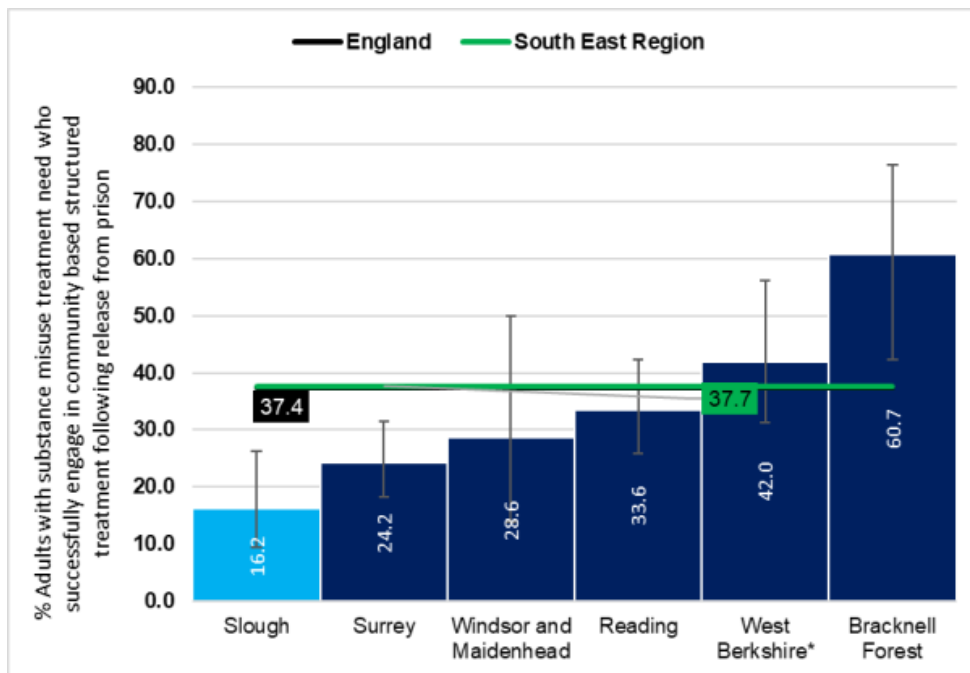


- **Drug use related deaths have been very low in Slough over the past few years.** The numbers are close to Bracknell Forest and Windsor and Maidenhead.
- Numbers are so small (below 10) that cannot be used to derive reliable rates and therefore we are not able to make any meaningful comparisons of rates or trends with England and the South-East region.
- **Despite the low numbers, we should keep an eye on the current trends and any changes related to those considered to be at higher risk** and the additional risk posed by (i) opioid overdose to younger people, and (ii) mixing opioids with synthetic substances.

There is a low substance use treatment level among adults who successfully engage in community based structured treatment locally

TREATMENT - CONTINUITY OF CARE

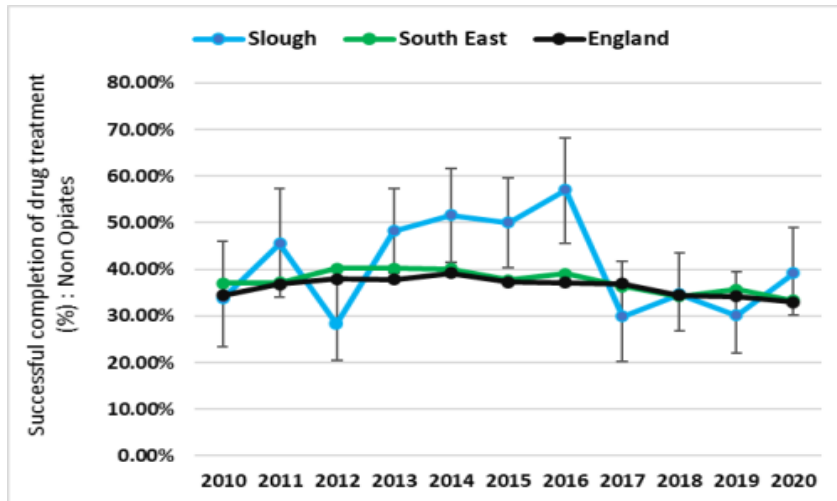
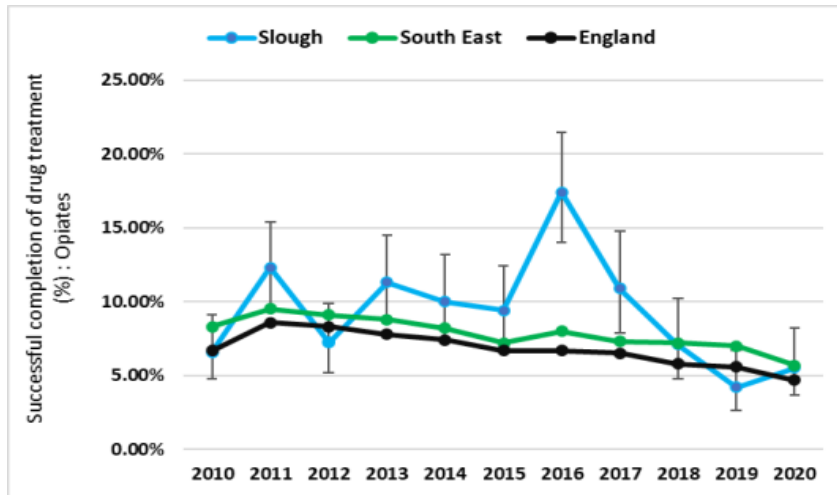
- The proportion of adults with substance misuse treatment need who successfully engage in community based structured treatment following release from prison is the lowest in Slough compared to other neighbouring authorities in the South-East; and significantly lower than the South-East and England averages .
- Looking at trends over time it appears the rates in Slough for this metric have historically been significantly lower than both regional and national rates.



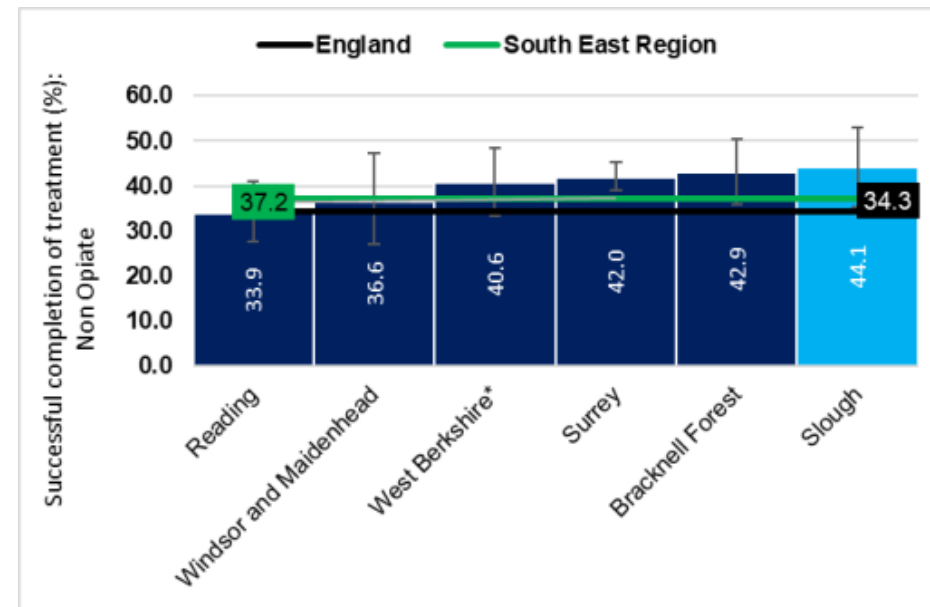
Source: HES 2018/19 – 2020/21 accessed from OHID

Successful completion of drug treatment (Opiates & non-opiates) for Slough

TREATMENT (2)



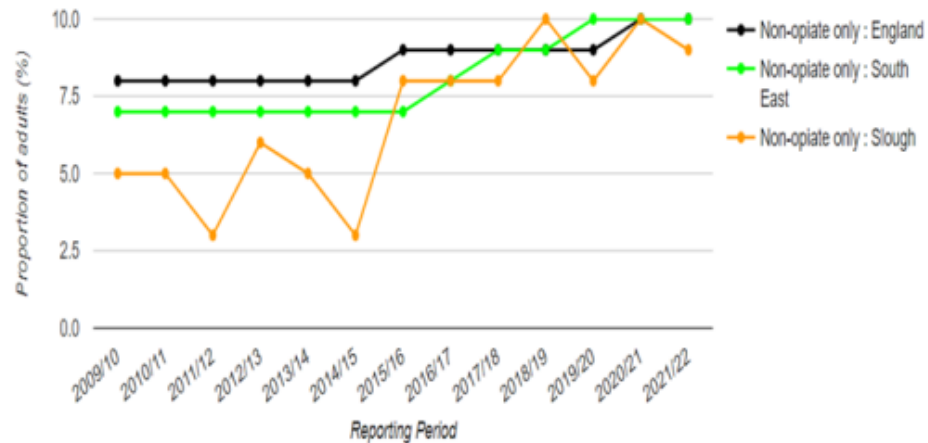
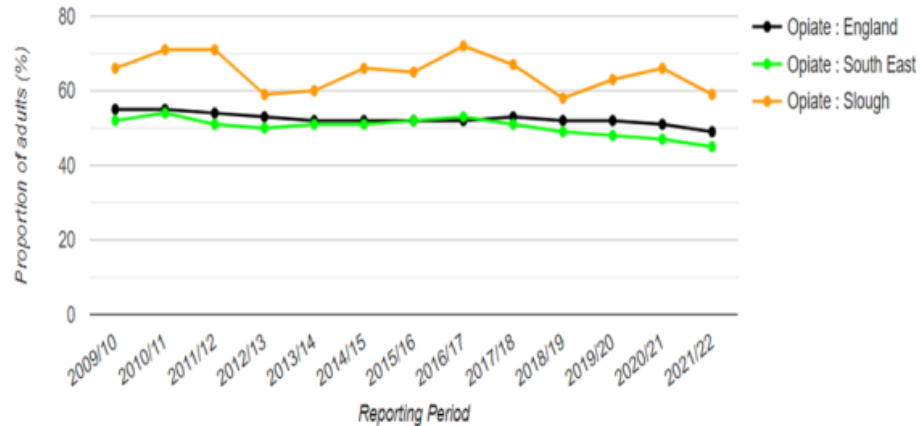
- The proportion of successful completion of drug treatment for opiates in Slough is close to the national and regional rates; historical data shows that in 2016 the proportion of treatment completion was significantly higher, but it has declined since then.
- Slough has the highest proportion of treatment completions for non-opiates compared to its neighbouring authorities but statistically close to regional and national rates.
- The striking increase in the graphs during 2016-2017 are related to service re-commissioning.



Source: NDTMS

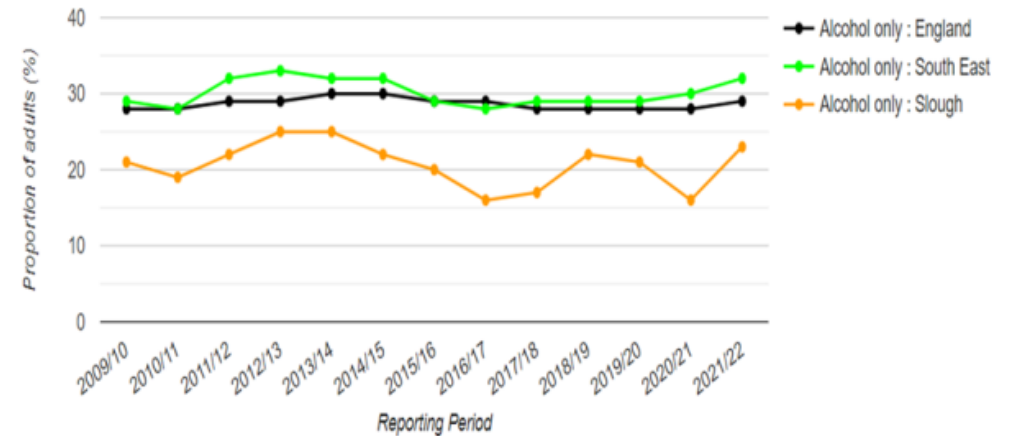
Substance use: Numbers in treatment (Aged 18 years and over). A story of success locally

TREATMENT (3)



Source: NDTMS

- The proportion of adults in substance misuse treatment for opiate usage has historically been higher in Slough compared to regional and national rates.
- The proportion of adults accessing treatment for non-opiate usage appear to have been lower than both the South-East region and England but have crept up to become similar rates according to the latest data.
- The proportion of those accessing alcohol use treatment has historically been low in Slough compared to both regional and national rates.



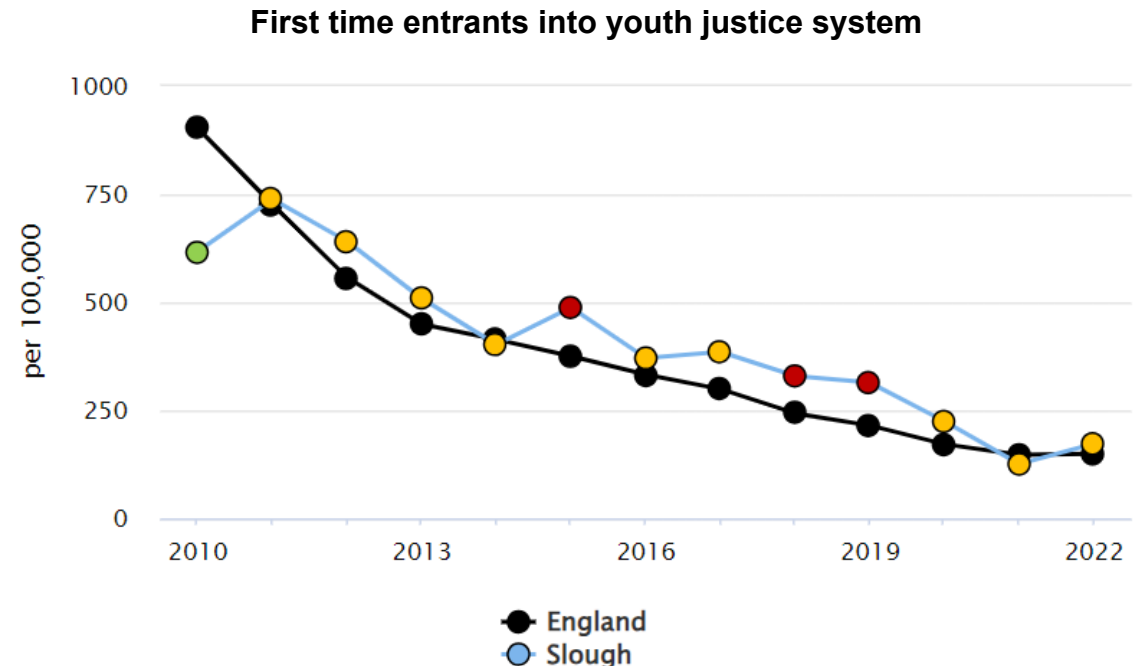
Source: NDTMS

Referrals to substance use treatment for young people (Youth Justice 2022)

TREATMENT (4)

Youth justice are a major source of referral to substance use treatment for young people. This indicator reflects the rates of juveniles receiving their first conviction, caution, or youth caution per 100,000 across 10- to 17-year-olds.

- **Children and young people at risk of offending or within the youth justice system often have more unmet health needs,** (including mental health needs) than other children. This indicator is included to ensure vulnerable children and young people (aged 10 to 17) at risk of offending, are included in mainstream planning and commissioning.
- As demonstrated, **first time entrants into youth justice system has been progressively decreasing** over the years with Slough having higher rate (172.4 per 100,000) compared to national rate (149 per 100,000).
- This trend could be initially seen as a sign of concern, but **the data** (both nationally and locally) **is only suggesting that there are probably fewer YP referred to the justice system.**

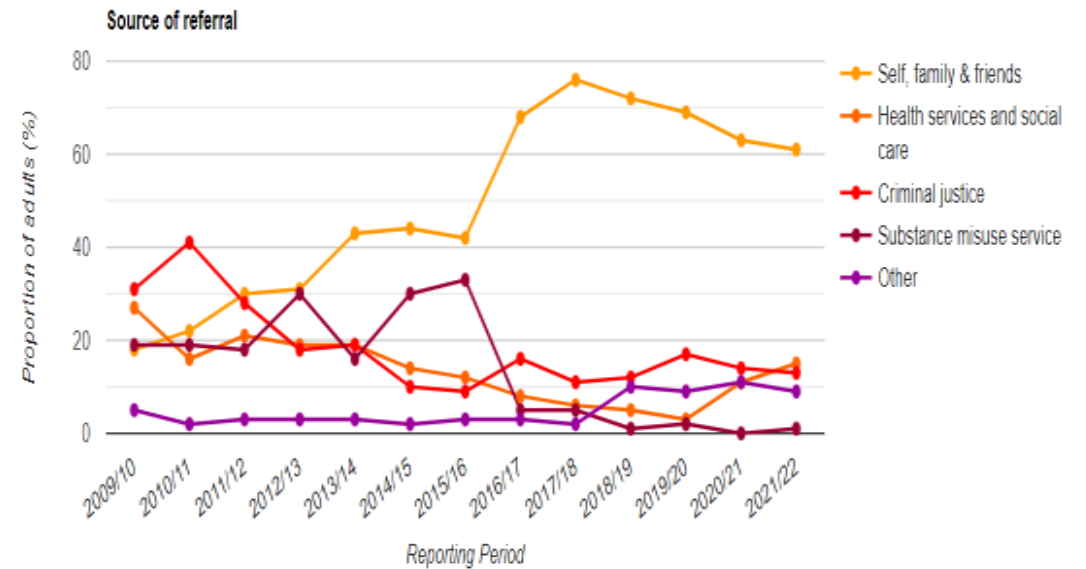
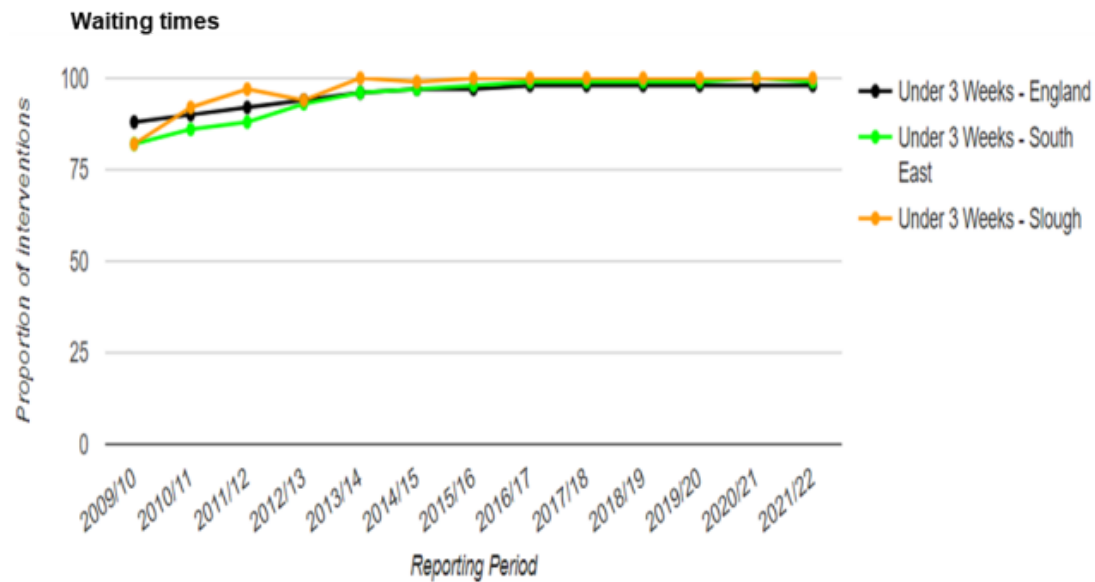


Source: Fingertips

Treatment Waiting Times and Source of Referral in Slough

TREATMENT (5)

- **Treatment waiting times under 3 weeks in Slough have increased** from around 80% in 2009/10 to 100% over the last few years; **remaining slightly higher than regional and national averages.**
- The source of referral for treatment in Slough was highest for criminal justice in 2009/10 and 2010/11 but has been significantly overtaken by self, family and friends since 2013/14 from around 30% to the latest proportions of just above 60% in 2021/22.
- Previously, court used to refer to health services for treatment however this has nationally stopped. This can explain the decrease in referrals from the criminal justice system.



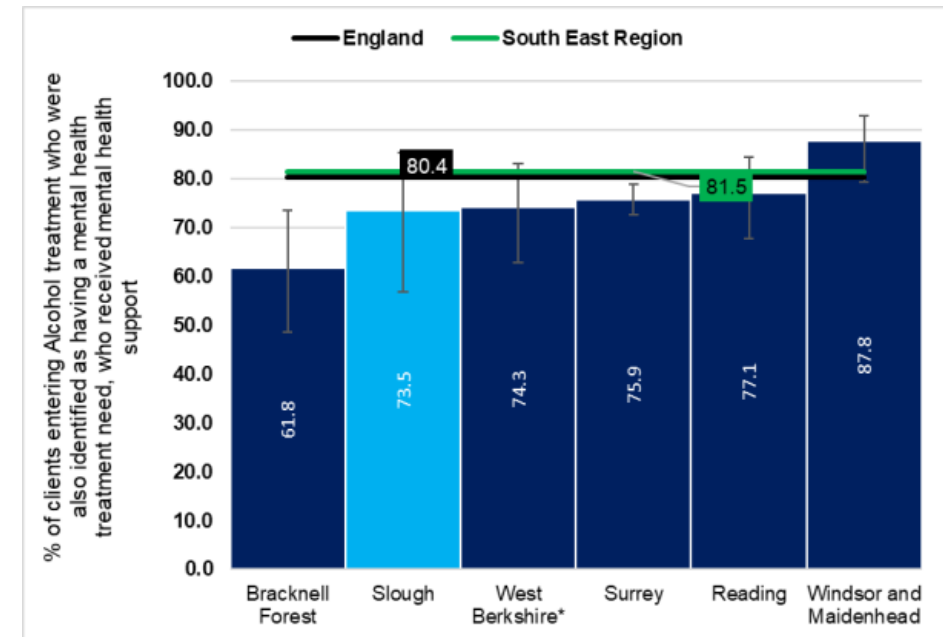
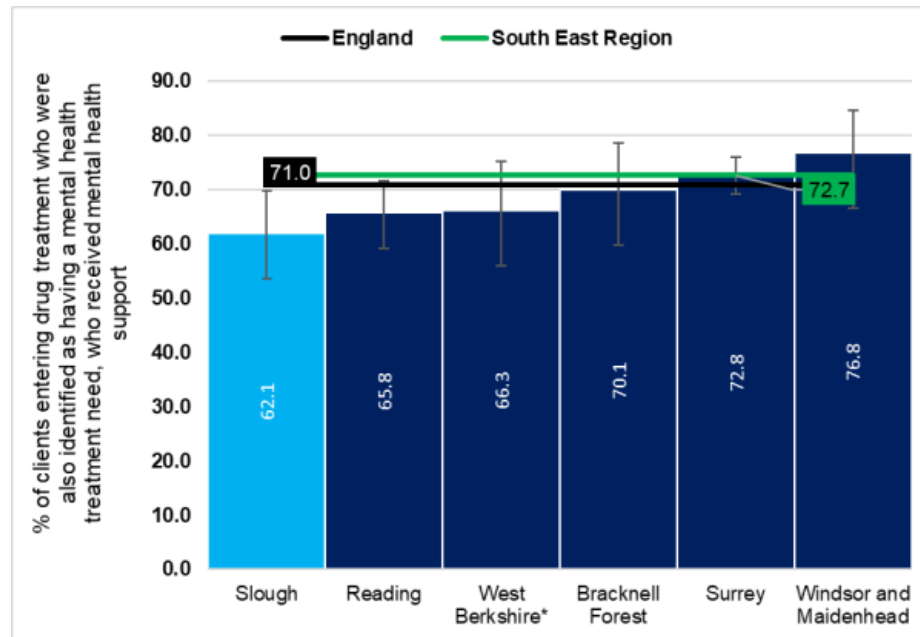
Source: NDTMS

Source: NDTMS

Treatment for mental health and substance use co-occurrence

TREATMENT (6)

- The percentage of clients entering drug treatment who were also identified with a mental health condition who received support for their mental health was the lowest in Slough compared to its neighbouring boroughs and significantly lower than both regional and national rates.
- The equivalent for those entering for alcohol treatment was the second lowest in Slough, significantly lower than national rates but statistically is close to regional figures.
- The data presented in graphs indicate people are getting less treatment for mental health conditions co-occurrence, which is concerning.
- **However, the proportion of unmet treatment need for mental health in Slough for adults in treatment for substance use is 25%**; this is higher than both the England and South-East averages which stand at 18%.

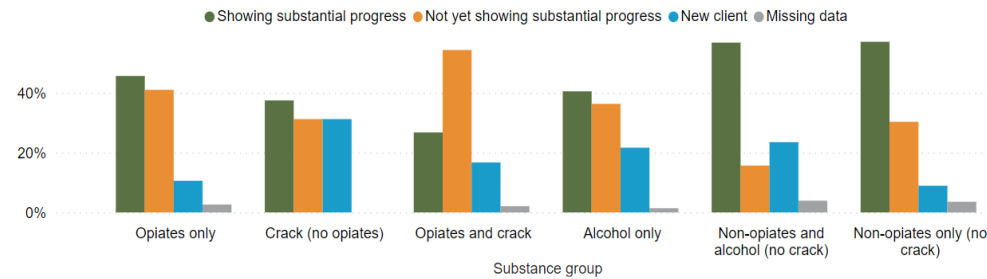


Source: NDTMS

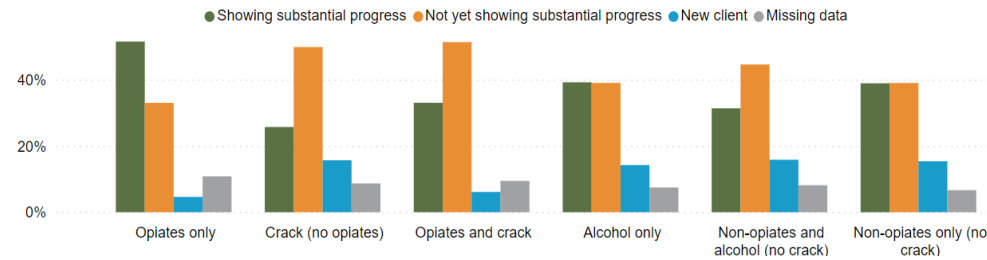
Treatment progress for each SUD category in Slough

TREATMENT (7)

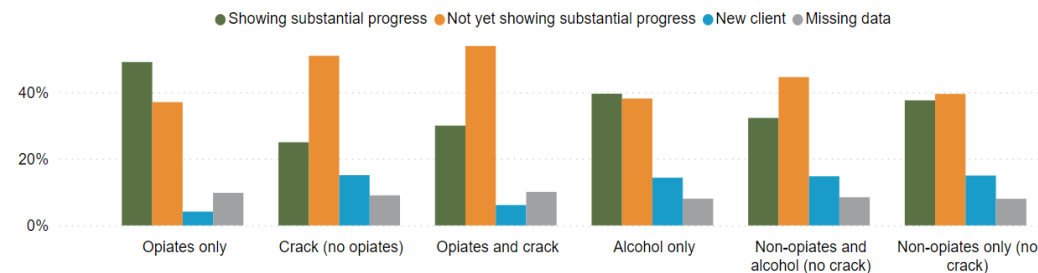
Slough



South East



England



- The proportion of adults in treatment for substance use in Slough are showing substantial progress for Non-opiates and alcohol (no crack) and Non-opiates (around 50%); this is noticeably better than both the England and South-East figures for these substances at under 40% for both.
- There appears to be a higher proportion of new clients in treatment in Slough for almost all substance categories excluding Non-opiates only compared to both South-East and England.
- Slough also has a lower proportion of missing data compared to both England and the South-East, indicating good data quality and recording.

CONTENTS

Introduction

- Drug and alcohol substance use definitions & their dependency | risk factors

Policy Context - [From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK](https://www.gov.uk/government/consultations/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives)
(www.gov.uk)

Population – Slough demographics

The Local Picture & Response

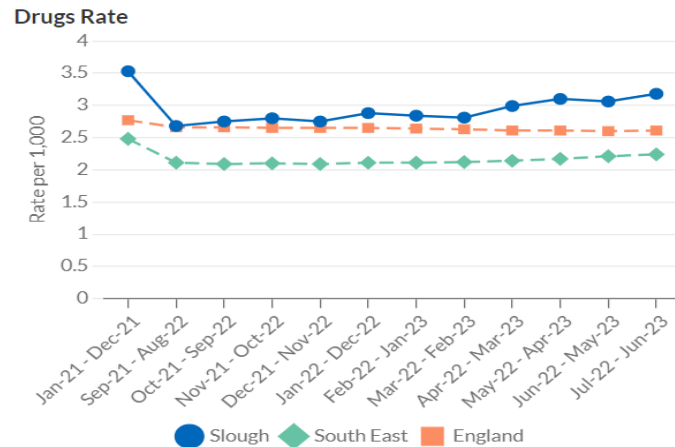
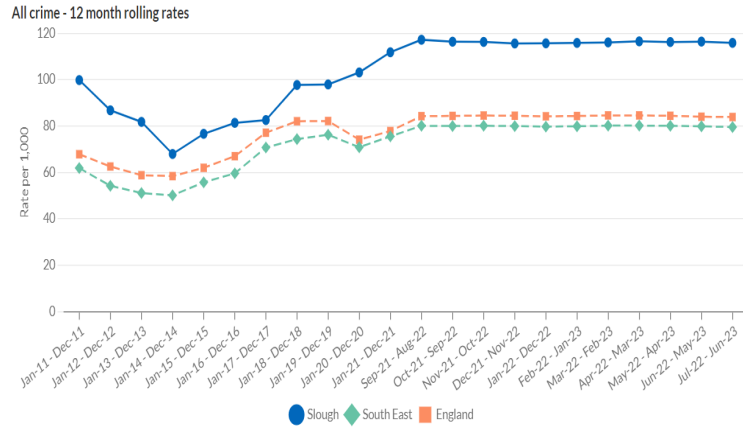
- Prevalence | Drug-related deaths | MH behaviour disorders | Treatment
- Prevalence | Alcohol-related deaths | Hospital admissions | Treatment

Drug and alcohol related crime

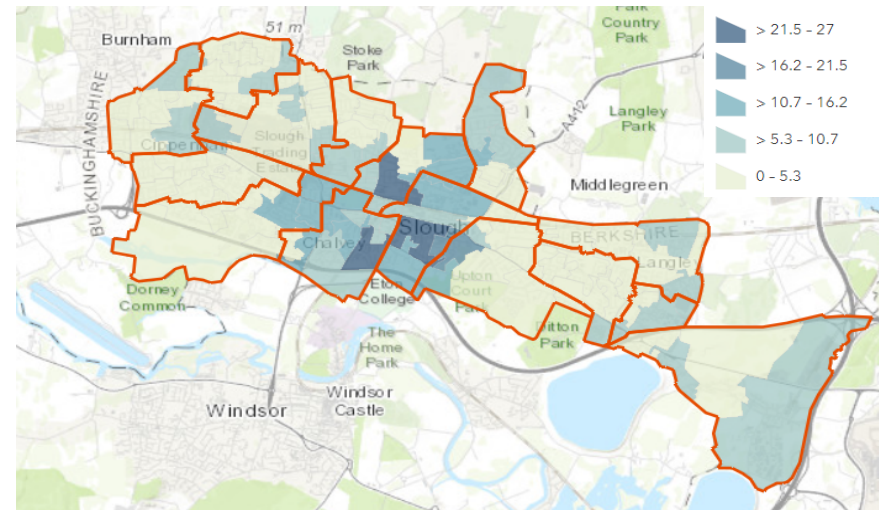
Key findings

Crime-related data for Slough; deprived areas at highest risk

CRIME

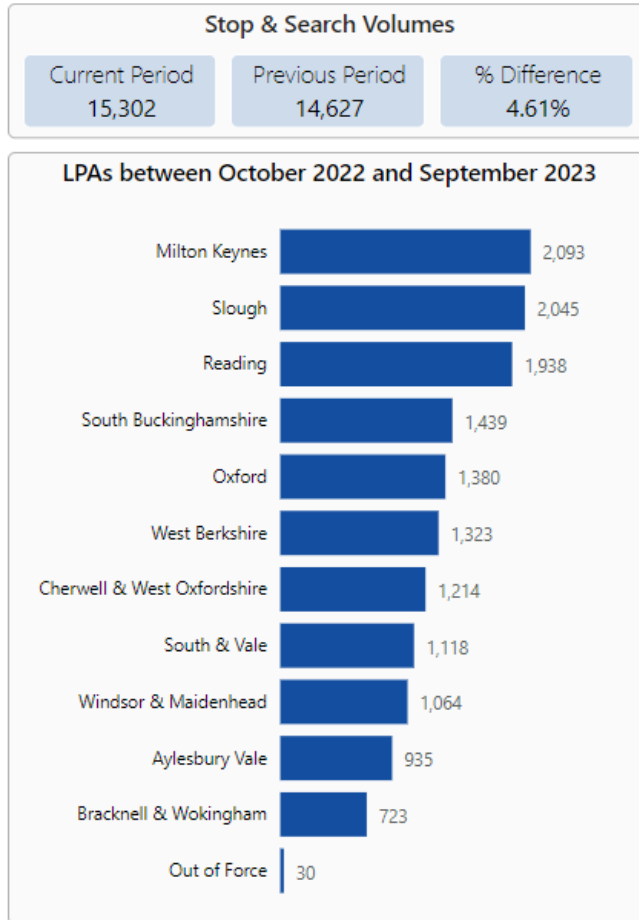


- The rate per 1000 of all crime over the latest 12 rolling month period has consistently been significantly higher in Slough compared to the SE region and England.
- There is a similar story for drugs possessions rate when comparing Slough with SE/England, but much narrower differences compared to national rates; although appearing to widen the gap in recent periods.
- At Ward level, the data show that the drugs possession rate appears to be the highest particularly in pockets of areas within Central, Chalvey and Elliman wards; this is broadly reflective of population density and ethnic minority composition within these wards.



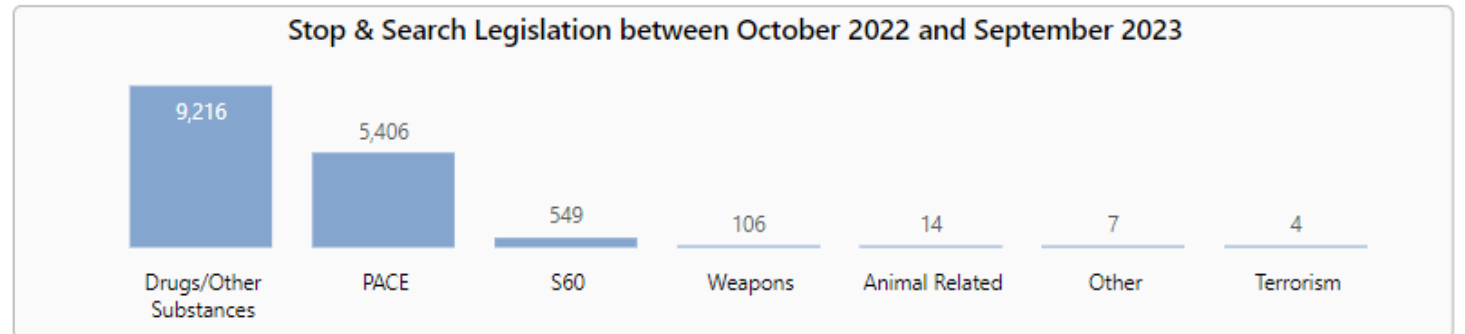
Stop search data (Forcewide)

CRIME (2)



60% of all stop searches forcewide (between Oct. 2022 – Sep. 2023) were drug related (no=9216).

- Slough is second only to Milton Keynes in the number of overall stop searches recorded. It is noteworthy that the population of Milton Keynes is currently 280,000.
- By comparison, only 158,000 live in Slough, so a **proportionately higher number of stop searches are carried out here.**

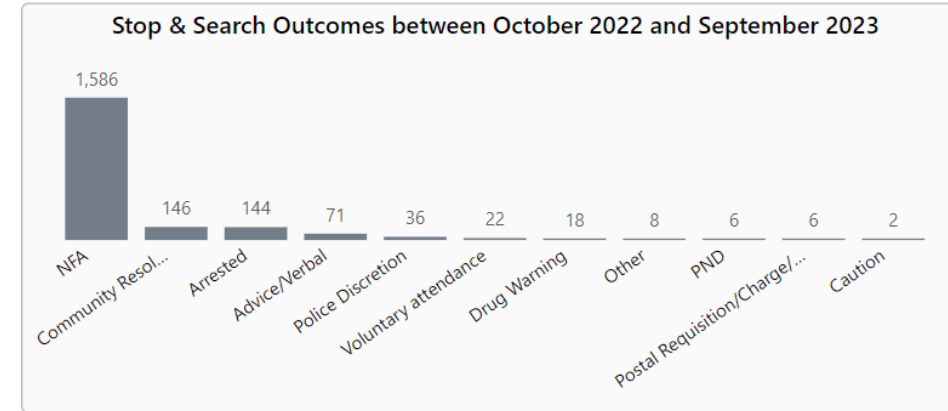
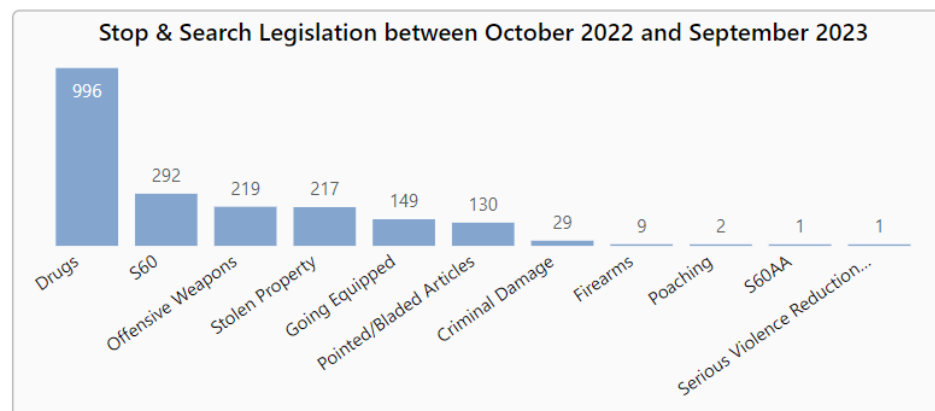
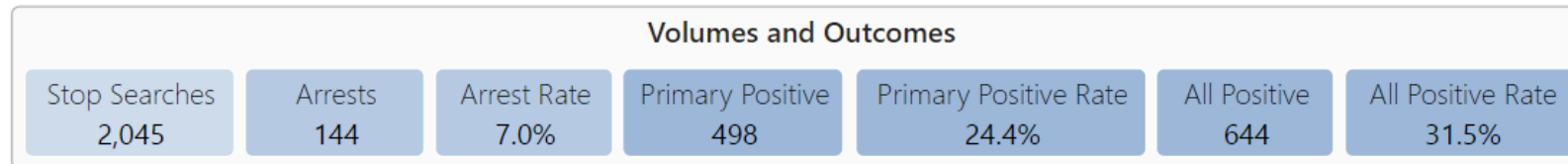


All Stop Searches in Slough (Oct. 2022 – Sept. 2023)

CRIME (3)

- 49% of stop searches in Slough were drug related in the period examined. This is lower than the forcewide figure of 60%.
- 31% of stop searches in Slough were related to weapons. This is significantly higher than the remainder of the force (18%).
- 2% of forcewide stop searches were classified as Section 60 searches.
- 14% of Slough stop searches were Section 60 related. This will be as a response to the elevated levels of knife crime reported in the town & may have a bearing on the lower level of drug related searches recorded (though this is not currently clear).
- 31% of stop searches in Slough yielded a positive result.

Explanation of figures below - All stop searches must have the reason for the stop recorded. This is known as the Primary reason and if that were drugs and drugs were found, this would result in a “Primary Positive” outcome. If the Primary reason was drugs but a knife was found instead, this would be recorded under the “All Positive” rate.



CONTENTS

Introduction

- Drug and alcohol substance use definitions & their dependency | risk factors

Policy Context - [From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK](https://www.gov.uk/government/consultations/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives)
(www.gov.uk)

Population – Slough demographics

The Local Picture & Response

- Prevalence | Drug-related deaths | MH behaviour disorders | Treatment
- Prevalence | Alcohol-related deaths | Hospital admissions | Treatment

~~Drug and alcohol related crime~~

~~Key findings. What we have learned so far?~~

Summary: What have we learned so far?

KEY FINDINGS FROM THE 1ST PHASE

- **Aims/Objectives:** Following the key findings and the guidance from the NCDO framework ('From harm to hope strategy', 2021), this rapid needs assessment represent an initial assessment of evidence and data to better understand the unmet needs and main local issues of drug and alcohol-related harm.
- **Socio-demographics:** Slough has a younger population (with a high % of under 18), a large proportion of people with an ethnic minority background and high levels of deprivation. There is evidence to suggest that these socio-demographic factors have a role to play when we look at the substance use picture locally.

Key Findings

- The rate of overall OCU, opiates and crack usage all appear to be significantly higher in Slough compared to the South-East (SE) and England rates.
- Prevalence of drug use varies significantly by age in Slough. The data show that for multiple reasons, the drugs affect more our younger population.
- The rate of overall unmet need for OCU usage, opiates, crack and alcohol use appears to be significantly higher in Slough across the board when compared to regional and national proportions of unmet need.
- The directly standardised rate of hospital admissions attributable to alcohol related conditions is also the highest in Slough compared to its other neighbouring boroughs.
- The number of drug-related deaths locally are very low and comparable to BFC and RBWM, and, significantly lower compared to SE & England.
- The most common source of treatment referral in Slough is self, family and friends. Slough appears to have a higher proportion of referrals from the criminal justice system compared to the SE and England, but first-time entrants into youth justice system has been progressively decreasing over the years (also following the national trend).
- The proportion of adults with substance misuse treatment need who successfully engage in community based structured treatment following release from prison is the lowest in Slough compared to other neighbouring authorities; and significantly lower than the SE and England.
- The successful completion of drug treatment for opiates in Slough is comparable to SE and England; while we have the highest proportion of treatment completions for non-opiates compared to our neighbouring authorities.
- **So what?** The national evidence and our findings suggest the intrinsic links between violence, drug supply and demand, particularly in relation to young people, anti-social behaviour, and deprivation. There is a great opportunity to work in partnership and link up on the local response as well as a unique opportunity for us to develop the substance abuse strategy locally (or at BE level).

For further information and queries about the SUD needs assessment document

For any further information and feedback about this work please contact Dr Leidon Shapo, PH lead (Adults), SBC

Email: Leidon.Shapo@slough.gov.uk

For general queries please send an email to our public health email address below:

publichealth@slough.gov.uk



Slough Wellbeing Board Work Programme 2022/2023

**** Subject to ongoing review and change by the Slough Health and Wellbeing Board****

23rd November 2023, 15:00 – 16:30

Formal Meeting

- Update – National & Local Policy (on request)
- Update – ICS and Place (verbal update)
- Update – Priority Two, Integration. Health and Social Care Partnership Board
- JSNA presentation including highlights from dementia and healthy weights needs assessments
- Slough Wellbeing Board Work Programme (FI only)

Attendance: Slough Wellbeing Board Members

Location: Session to be held in person at the Council Chambers

Jan 2024 (Date TBC)

Informal Knowledge and Skills session.

23rd Jan 2024, 15:00 – 16:30

Formal Meeting

- Update – ICS Strategy and Forward Plan
- Update on BCF
- Review the Slough JSNA People and Place Summary (due to be refreshed by February 2024).
- Update on work of the Health Protection Forum
- Update – Priority One, Starting Well. Children and Young People Partnership Board
- Update – Priority Four, Workplace Health
- Update – National & Local Policy (on request)
- Slough Wellbeing Board Work Programme

Attendance: Slough Health and Wellbeing Board Members

Location: Session to be held in person in the Council Chambers

March 2024 - Date TBC

Informal Knowledge and Skills Session.

12th March 2024, 15:00 – 16:30pm

Formal Meeting

- Update – ICS and Place (verbal update)
- Review the Slough JSNA People and Place Summary (due to be refreshed by February 2024).
- Update – Priority One, Starting Well. Children and Young People Partnership Board
- Update – Priority Two, Integration. Health and Social Care Partnership Board.
- Update – Priority Four, Workplace Health Task and Finish Group
- Update – National & Local Policy (on request)

Attendance: Slough Wellbeing Board Members

Location: Session to be held in person in the Council Chambers

This page is intentionally left blank