

**Slough Health & Wellbeing Board – Meeting held on Tuesday, 17th June, 2025.**

**Present:-** Councillor Smith (Chair), Sue Butcher, David Coleman-Groom, Martha Earley, Tessa Lingfield

**Also present under Rule 30:-** Councillors Shah and Tomar

**Apologies for Absence:-** Dr Jim O'Donnell

**PART 1****50. Declarations of Interest**

There were no declarations of interest received.

**51. Nomination & Appointment of Vice-Chair for the 2025-26 Municipal Year**

The Chair and Board agreed that this would be deferred to the next meeting.

**52. Minutes of the last meeting held on 18 March 2025**

**Resolved:** That the minutes of the last meeting held on 18<sup>th</sup> March 2025 were agreed to be a true and accurate record.

**53. Outstanding Actions**

The following updates were made on the actions:

Minute Number	Action Number	Action	Update
39	Action 1	The CSE (child sexual exploitation) update would be brought back to a future meeting of the Board.	To be added to a future Agenda.
42	Action 2	A further update report regarding the Campaign be submitted to a future meeting of the Board.	The campaign currently takes place at 3 venues that run regular sessions. On 29 May, a session at the Britwell Hall was attended by 60 people of mixed population, mainly of the older demographic. People were really engaged with the Step-Up app. There was only enough funding left for 5-6 weeks of session but further applications for funding had been made.
42	Action 3	The Campaign be rolled out to the ICB.	This was ongoing.
42	Action 4	Assess how this initiative could be linked to mental health benefits of the Campaign and reach out to local voluntary groups providing mental health support.	This was ongoing.
44	Action 5	Figures would be circulated regarding what percentage of the £19M BCF budget was spent on initiatives focussed on moving from 'treatment to prevention', to the Board after the meeting. <ul style="list-style-type: none"> <li>• the BCF was focussed on adults, but any schemes that could be extended out to children and young people, would be considered;</li> <li>• Some funds were yet to be allocated, a place plan of local priorities was being formulated;</li> <li>• Slough CVS helped to manage the process of submitting bids to the BCF by community/voluntary groups. Applications were assessed by a multi-agency panel.</li> <li>• Action: The suggestion of holding a workshop to help applicants with the bid application process would be further explored.</li> </ul>	Completed. The figures had been circulated. The fund was now with Slough CVS and over £150K had been allocated to them to distribute.
47	Action 6	With regard to Strong, Healthy Neighbourhoods – the Britwell Sport England investment Steering Group would be meeting to take this forward and progress would be reported at the next meeting.	On Agenda.

#### 54. Our Approach to Tackling Physical Inactivity

The report was presented by the Speciality Public Health Registrar to the Board. The following points were highlighted from the report:

- Physical Inactivity is one of the main causes of mortality in the world. In the UK that is 1 in 6 deaths.
- The government are now giving priority to physical inactivity, with many documents produced by central government.
- The task in hand requires a coordinated approach from lots of organisations.
- A Health Needs Assessment was carried out in Slough and the results were surprising. Physical inactivity contributed to a variety of conditions including obesity, hypertension and diabetes. The rates of these conditions in Slough are very high compared to nationally in the region and across neighbours too. It was found that one third of residents in Slough were inactive, doing less than 30 minutes of activity per week and this extended to 58% of children. Residents that were particularly bad included women and the elderly, residents from poorer areas and residents from ethnic groups.
- When residents were asked what the barriers were from them becoming active, reasons given included mainly culture and language barriers, safety concerns especially for women, affordability on time and cost, accessibility and have no knowledge of how much activity they needed to do.
- The recommendations from the Health Needs Assessment were:
  - Promoting Active Travel
  - Creating an Active-Friendly environment.
  - Expanding the extracurricular offer.
  - Engaging families and communities.
  - Collaboration across sectors.
- The primary purpose was to get the bottom third of residents that were physically inactive, active by engaging a range of stakeholders.
- The six levers of trying to deliver the recommendations and engaging stakeholders were:
  - Preventing ill health
  - Community Safety
  - Environment
  - Active Travel
  - Leisure
  - Communities
- The work going forward was in four stages:
  - Consultation Stage – Stakeholder Panel in place
  - Strategic framework in place
  - Approve the framework
  - Translated into an Action Plan led by Stakeholders
- Need to endorse and use all contacts and networks to take forward.

Comments from the Board included:

- The approach was fully endorsed. It was multi-faceted, complex but by working together, the initiatives could be achieved. It was interesting to see how poor health in the NHS could be relieved. It was crucial to work together to take forward the strategic approach.
- The work being done was fantastic but a lot more needed to be done. The main challenge was to raise awareness, access and availability. There were still many residents that were unaware of any of this work. The 3-month programme for people with health issues was not enough, this needed to be extended to 6-months and more awareness on this needed to be carried out. There needed to be more advertisement at community events to raise the awareness amongst all sections of the community.
- This work had great potential to improve health in the population if it succeeded as there was lots being done to prove classes and facilities for people to become active. This needed to be taken forward as a Board as it evolved and how it could be embedded in all areas.
- Some residents had raised that they had stopped going to the local park for a walk due to ASB, litter and the removal of benches, where they could stop and have a rest. Could an alternative be looked into to encourage residents to come out again. There was a large community event, International Yoga Day, at Arbour Park at the weekend.
- There was a real challenge in moving physical inactivity away from the medical approach and making it more of a day-to-day challenge in looking after yourself by moving more. It had been highlighted that Slough had a diverse community and it was crucial to work with faith groups and champions of the community to help this cause going forward.
- It was important to encourage everyone to speak to their groups and be ambassadors for the Board. It was surprising to see that physical inactivity was so high for a very low level of 30 minutes of exercise per week. It was important that people needed to feel safe and encouraged and have access to become active. As a Council in charge of parks and leisure facilities, could it be considered that a 'happy hour' be offered, with reduced rates for people to exercise or even just encouraging using other modes of transport instead of the car.
- A point was raised that before considering the Slough population, how many people in the room were sedentary as we were a reflection of the residents and of Slough. The Board were an example of the population and needed to be the initial champions. There were already many services being offered to reduce inactivity but there were many barriers. Better signposting needed to be provided, pinpointing the essential services that residents could be pointed to. A challenge was set to the Board to be able to come back at the next meeting and say that everyone had become less inactive and had taken it back to their teams in all the different organisations and had become champions. Discussions would take place with respect to the exercise referral programmes for the different population groups.
- It was clarified that to be physically active, 150 minutes of activity needed to be completed a week.

- Data was still being collected for different demographics.
- Consideration needed to be given to peoples circumstances, everything needed to be done with respect and caution. Peoples inactivity and the reasons behind it needed to be treated with respect.
- Consideration also needed to be given to children and the elderly and the additional time required to carry out exercise due to school for children and muscle strengthening issues for the elderly.
- Could physical activity be part of the Health and Wellbeing Strategy as it impacted all Members of the Board and all people in the community. It was confirmed that this was already part of the Strategy.
- Free leisure passes were being given to the children in care and this was being extended to Kinship carers too. Could these initiatives be used to collate some data on how did you feel before and after a session at a leisure centre.
- Other suggestions for getting people active was instead of free medication, give a gym pass to people where they can go and get active for up to one hour every day. It would also be an inclusive initiative where Councillor and Officers could create walking groups once a week which residents could join. Spaces needed to be and feel safe for residents, the benches or stools would help for rest for the elderly. Officers attending events would be useful to raise awareness or have a leaflet once a month to put out on social media.

Resolved: that the Health and Wellbeing Board:

- a) Noted that a full Physical Activity health needs assessment had been carried out (attached as Appendix I) and recommended the development of a strategic approach to address physical inactivity, particularly amongst the most inactive groups – women, older adults, and ethnic minorities.
- b) Endorsed the proposed strategic approach to tackling physical inactivity in Slough.
- c) Supported consultation and engagement with stakeholders to inform both the research underpinning, and the implementation of, the strategic approach.
- d) Welcomed and engaged with the complete strategic approach paper when presented in Autumn 2025.

**55. Update on the development of the Joint Local Health Wellbeing Strategy 2026 - 2036**

The report and presentation was presented to the Board by Public Health Programme Manager. An update was provided on all that had been done since the last meeting. A number of stakeholders had been reached to shape the priorities and a number of emerging themes had been identified. The Board was asked if there were any further opportunities to reach any further stakeholders. A number of questions were asked of the partners to identify what they wanted to see progressed in Slough over the next ten years. What

did they feel success would look like and what did a healthy Slough look like in 10 years. As part of discussions, many themes were identified, of which physical activity was one. Other themes included Proud of place, people being able to feel proud to live in Slough, Physical and Mental Health, Behaviours and other conditions such as gambling, drug use and alcohol use. There was an underlying theme of tackling inequalities. Discussions had taken place on starting well, living well and aging well and looking at different populations in Slough.

A draft strategy would be presented to the Board at the September meeting and then a final version in December, ready for formal publish in January 2026.

A comment was made about the rise of gaming and smart phones related to social media. There was informative data available.

**Resolved: that the Health and Wellbeing Board:**

- (a) Noted the information on the development of the Joint Local Health and Wellbeing Strategy 2026 – 2036 and**
- (b) Identified other suitable engagement opportunities to explore the ‘key lines of enquiry’ with community groups, experts by experience, elected members, professional staff and subject matter experts.**

**56. Gambling Related Harm Partnership**

A report was presented to the Board by the Public Health Programme Officer. The Board were informed that this was an update of all the work carried out since an initial report was presented to the Board in December 2024. The Team had worked closely with internal and external stakeholders to take the work forward. A map had been created showing the gambling premises across Slough. A lot of clustering was seen especially in the high deprivation areas.

A lot of the work carried out had been done in building the partnerships with residents and councillors. Regular meetings took place to progress the work. In January, a very successful workshop took place with the stakeholders. Currently, it was felt that GamCare needed to be hosted and promoted in Slough, which would provide guidance and counselling to those that needed it. There was still a lot to do.

The biggest challenge was the demographic as there was physical appearance where it could be identified. The largest challenge was the stigma. There needed to be more awareness and information and this could be through places of worship and community groups. Most gambling was taking place on the phone at home, there was no longer a need to go to a venue. The gambling companies targeted deprived areas and therefore Slough had over 20 gambling venues.

The Board received some information from Haaj, who had a lived experience and had used his experience to break down the barriers to get support, especially within the stigma in Asian culture. It was important to understand that it was not only the person gambling that was affected, the whole family was affected. Haaj was carrying out workshops at TVPS, local scout groups, local schools and it was evident that within 11-17 year olds, 27% had gambled in the last 12 months. There was a lack of jurisdiction. There was so many other issues related to gambling.

The Leader asked how could Haaj with his lived experience take the message into schools to encourage under 18 year olds to discuss the problem that had stigma. It was suggested that Haaj could engage with Headteachers and attend the Education Partnership Board. A suggestion could also be made to invite Haaj to the primary and secondary Schools Forums.

The Slough Partnership meetings, which was attended by Councillor Tomar, Haaj and GamCare felt that it would be beneficial to have a specialist hosted by the local authority in a safe space that was confidential for residents to attend and receive counselling, confidentially and free of charge. Councillor Tomar added that they were considering once a fortnight, in person or online, residents could attend to discuss gambling issues for them and their family members, without being judged.

**Resolved: that the Health and Well-being Board:**

- a) Supported completing a risk assessment for the sub-group of the population that suffer from multi-disadvantage through the joint strategic needs assessment process and local partnerships.**
- b) Developed or amended policy/strategy around licensing, health education and promotion, and training to improve the environment regarding gambling. Develop a licensing forum.**
- c) Endorsed the Slough partnership and hosting of GamCare to provide free counselling, support, and signposting. Provide a room for GamCare's use.**
- d) Promote via comms pathways and across partnerships organisations where people of multiple disadvantaged are served.**

**57. Exercise Break for all members of the Health & Wellbeing Board**

The Members of the Board and Officers took a 15 minute exercise break.

**58. NHS Frimley Integrated care Board Update**

The report was presented by the Associated Director of Place, Berkshire East, Frimley Integrated Care Board (ICB).

The Board were informed that over the last couple of months, along with all other ICB's across the country, work had been done on plans to reduce

running costs by 50%, which had been requested by government. This had huge implications on organisations and all had had to work quickly on transition plans. Work had been done with the joint Berkshire, Buckinghamshire and Oxfordshire ICB. The plans on a merger had now been submitted to government, but not yet endorsed by government.

The model ICB blueprint set out the future direction for all ICBs and a set of proposals that set the direction of improving population health, reducing inequalities in health and moving towards strategic commissioning of ways of working. The details of the plan had not been released yet. Currently there were six ICBs across the region and the proposal was to reduce this to four and eventually working towards the "Thames Valley" ICB. The timescales were ambitious of December 2025 and a plan to go out to a 45 day consultation period by October 2025, partners were welcome to contribute to the consultation.

The Chair commented that the Chair of NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) had commented that this was a huge challenge by devolving some of the things that ICBs currently did. This was yet to be signed off by the SoS for Health. Government had set equally difficult challenges for local authorities and discussions were currently taking place. This was a difficult task especially having gone through a restructure recently, but as partners and colleagues, SBC would assist as much as they could. ICB were still considering their plans but important items still to consider included SEND, Safeguarding, NHS continuing Healthcare and Infection and Prevention Control, these had not be decided on yet by NHS England. This could cause both resource and financial pressures on the local authority.

A question was asked about how the NHS worked with third party sector organisations at a local level to give some of the work away from ICB's and LA's. the response was that the 10-year plan was not published yet but the shift was from sickness to prevention. At a local level, the work could not be completed without the wider partners and voluntary groups.

The challenges remained for the NHS and SBC were offering support. This was a real opportunity to shape the new ICB. The voice of Slough would remain loud and not missed.

**Resolved: that the Board noted the update and continued to offer support where needed.**

**59. Developments for Older People - integrated working across the NHS, Public Health & Social Care**

This item was deferred to the next meeting.

## **60. Progress Reports - Action Plan updates**

Officers proposed that a new action be added to the Integration Section of the action plan.

There was an opportunity to join the Prevention Concordat for Better Mental Health. This would offer a framework to promote mental wellbeing and preventing poor mental health.

A Steering Group had also been set up. Information would be circulated in between meetings.

**Resolved: that the Board noted the proposal and welcomed regular updates.**

## **61. Information Bulletin**

This had been shared with the papers. There was information on the Slough Place Partnership, Health Protection Partnership, Combating Drugs Partnership, Healthwatch, Primary Care, Slough Customer Hub, the new vaping bill and Swap to Shop.

The Council had introduced an e newsletter and this already had 500 subscribers.

**Resolved: that the Board noted the information bulletin.**

## **62. Date of Next Meeting - 16th September 2025**

The Board noted the date of the next meeting was 16<sup>th</sup> September 2025.

Chair