

## Slough Borough Council

<b>Meeting:</b>	<b>Cabinet</b>
<b>Date:</b>	15 <sup>th</sup> December 2025
<b>Subject:</b>	Independent Annual Director of Public Health Report 2025
<b>Lead Member:</b>	Cllr Ishrat Shah, Lead Member for Public Health and Equalities
<b>Chief Officer:</b>	Tessa Lindfield, Director of Public Health and Public Protection
<b>Contact Officer:</b>	Kelly Evans, Deputy Director of Public Health
<b>Ward(s):</b>	All
<b>Key Decision:</b>	NO
<b>Exempt:</b>	NO
<b>Decision Subject To Call In:</b>	NO
<b>Appendices:</b>	Appendix 1: Living Longer, Better in Slough 2025 Annual Public Health Report Appendix 2: Supporting data pack

### 1. Summary and Recommendations

- 1.1 This report sets out a summary and findings from the Independent Director of Public Health report which focusses on healthy life expectancy in Slough. The Council has a duty to publish an independent report from the Director of Public Health this year, highlighting local health issues and proposing recommendations to improve the health of residents in Slough.

#### Recommendations:

Cabinet is recommended to:

- Receive and review the report and its findings.
- Endorse the recommendations and enable officers to deliver on these recommendations.

#### Reason:

This report is a statutory document produced by the Director of Public Health. The report supports the overarching aim of the Corporate Plan - to improve healthy life expectancy exploring the drivers behind low healthy life expectancy and setting out actions to improve healthy life expectancy in Slough.

#### Commissioner Review

This report is outside the scope for pre-publication commissioner review; please check the [Commissioners' instruction 5 to CLT to sign off papers](#) for further details.

## **2. Report**

### **Introductory paragraph**

- 2.1 The 2025 Annual Public Health Report focusses on healthy life expectancy in Slough. It supports the stated purpose of Slough's Corporate Plan, of improving Healthy Life Expectancy focussing on children and will be useful in developing the 2026 – 2036 Joint Local Health & Wellbeing Strategy.
- 2.2 Healthy life expectancy is low in Slough. A baby boy born in Slough can expect 58 healthy life years and a baby girl 60 years. Compared to similar places healthy life is shorter, and the number of years lived in poor health is longer. Women in Slough can expect to live 1 in 4 years in poor health, usually in the latter stages of their lives.
- 2.3 Healthy Life Expectancy is a measure of the number of years a person would expect to live in good health. It is determined by two factors;
  - How long people live (Life Expectancy)
  - How people perceive their health (self-reported health).
- 2.4 The aim is for the report to be a resource for Slough to assist in the design of services and programmes to improve healthy life expectancy. The report is supported by a data pack and is well placed to be published on the Slough JSNA website.
- 2.5 The report was presented to the Corporate Improvement Scrutiny Committee 25<sup>th</sup> November 2025.

### **Options considered**

NA

### **Background**

- 2.6 Healthy life expectancy (HLE) in Slough is shorter compared to our statistical neighbours. On average men in Slough live until 77 years, but 19 of those years are in poor health. Men in Slough start living in poor health from 58 years. Women in Slough on average live until 82 years, however live 22 of those years in poor health. Women in Slough on average start living in poor health from 60 years old. HLE for Slough has consistently been in the lowest five comparable local authority areas for both males and females.
- 2.7 Slough has its own range of risks and challenges for healthy life. Many are common with other areas, but some are not. The 2025 report reviews a range of data related to health and wellbeing, looking in detail where Slough is an outlier. The aim is to explore specific issues for Slough so programmes can be focussed where they are likely to have most impact.
- 2.8 The report explores both elements of HLE, life expectancy and self-reported health status. It looks at influences on HLE; self-reported health status in Slough; causes of death and premature death and the long-term conditions that influence self-reported health status locally.

- 2.9 It also presents information on return on investment from a selection of potential interventions.

Key points for consideration include:

- 2.10 Causes of death are similar to other places in England, but deaths are earlier in Slough. Overall life expectancy has been improving, but 45% of deaths in Slough are considered premature, occurring before the age of 75. This compares to 31% nationally.
- 2.11 Amongst the key issues where Slough is a significant outlier in relation to health and its determinants include diabetes, common mental health issues, maternal health, behavioural risk factors for health (particularly smoking and diet), environmental factors and multiple deprivation (income, poverty, adult literacy). The data also highlights the specific vulnerabilities at both ends of the life course.
- 2.12 Data from GP records across Slough shows us that 1 in 8 residents have high blood pressure and more than 10% have a diagnosis of diabetes, predominantly type 2. This is higher than the England figure of 7.7% and in the top third of our statistical neighbour group. A further 10% of our GP patients have pre-diabetes, which can be reversed. People with South Asian heritage have higher rates of diabetes which is also a risk for cardiovascular disease. National data shows that we accumulate long term conditions as we age, overall, 15% of people are living with two or more long term conditions.
- 2.13 The report notes there are significant evidence-based prevention opportunities for these conditions and the importance of wider determinants of health cannot be understated.
- 2.14 The burden of poor health is not carried equally across Slough. Some areas, such as Colnbrook and Poyle have a small proportion of residents reporting poor health, whilst other neighbourhoods in Chalvey, Elliman, Baylis and Salthill and Wexham Court have between  $\frac{1}{3}$  and  $\frac{1}{2}$  of residents reporting poor health.
- 2.15 Taking these findings into account, the report recommends the following priorities be considered in programme design across the Health and Wellbeing Board.
- Targeting proven, high value interventions where they are most needed, to close the gaps in health between communities.
  - Preventing the conditions that cause early deaths in Slough, particularly those where Slough is an outlier, such as cardiovascular disease and diabetes.
  - Enabling residents to effectively manage their long term mental and physical health conditions to minimise harm and maximise quality of life.
  - Addressing the drivers of poor self-reported health, particularly socioeconomic opportunity

The report has been discussed at a workshop with the Slough Corporate Improvement Scrutiny Committee 20<sup>th</sup> November 2025 which made suggestions on presentation of the data.

### 3.1 *Financial implications*

There are no financial implications directly relating to the publication Independent Annual Director of Public Health Report 2025. However, it should be noted that the report will inform future prevention and return on investment opportunities impacting across multiple sectors, whilst being contained within the annual Public Health Grant budget envelope.

### 3.2 *Legal implications*

This is an independent statutory report produced by the Director of Public Health for Slough pursuant to s 73B(5) of the National Health Service Act 2006 to inform the public and decision makers about the health status and needs of the local population.

The content and structure of the report may be decided locally.

The local authority has an obligation to publish the report, pursuant to s 73B(6) of the National Health Service Act 2006.

### 3.3 *Risk management implications*

*None*

### 3.4 *Environmental implications [Mandatory]*

*None.*

### 3.5 *Equality implications*

The report sets out the inequity of healthy life expectancy and the unequal distribution of poor health across Slough from geographical and population group perspectives.

## 4. **Background Papers**

*None*