

Living Longer, Better in Slough

2025 Annual Public Health Report



Foreword

When I was interviewed for my job in Slough, the presentation was on Healthy Life Expectancy. The challenge for Slough was clear; baby girls born here can expect to live around 1 in 4 years of their lives in poor health, and baby boys only expect 58 years of their lives in good health.

This is a hot topic in Slough, with markedly shorter Healthy Life Expectancy than neighbouring authorities, and some of our statistical neighbours.

Many of the issues that rob people of healthy life are not inevitable, and action to improve Healthy Life Expectancy is a priority for the council, Slough's Health & Wellbeing Board and the NHS.

For my Public Health Report this year I wanted to investigate Healthy Life Expectancy in Slough, search for clues as to why our Healthy Life Expectancy is lower, and share on what might work to address the issue.

This report is supported by a data pack, available on Slough's JSNA website.

Tessa Lindfield

Director of Public Health & Public Protection,
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Introduction

This Annual Health Report is a statutory, independent report produced by the Director of Public Health. It aims to inform the public and decision makers about the health status and needs of the local population.

This year the focus is on Healthy Life Expectancy. Public organisations, including the NHS and the council have a duty to improve the health of their populations, measured by HLE. This report aims to explore the drivers of the low HLE in Slough and recommend actions to improve health outcomes for Slough.

About Slough

Slough is a young, diverse, urban borough on the edge of London. The population includes a concentration of residents from South Asian communities accompanied by communities from eastern Europe, Ireland and Africa with a small minority population of White British residents.

Slough is a place where people settle when they arrive in the UK and has a constantly evolving population.

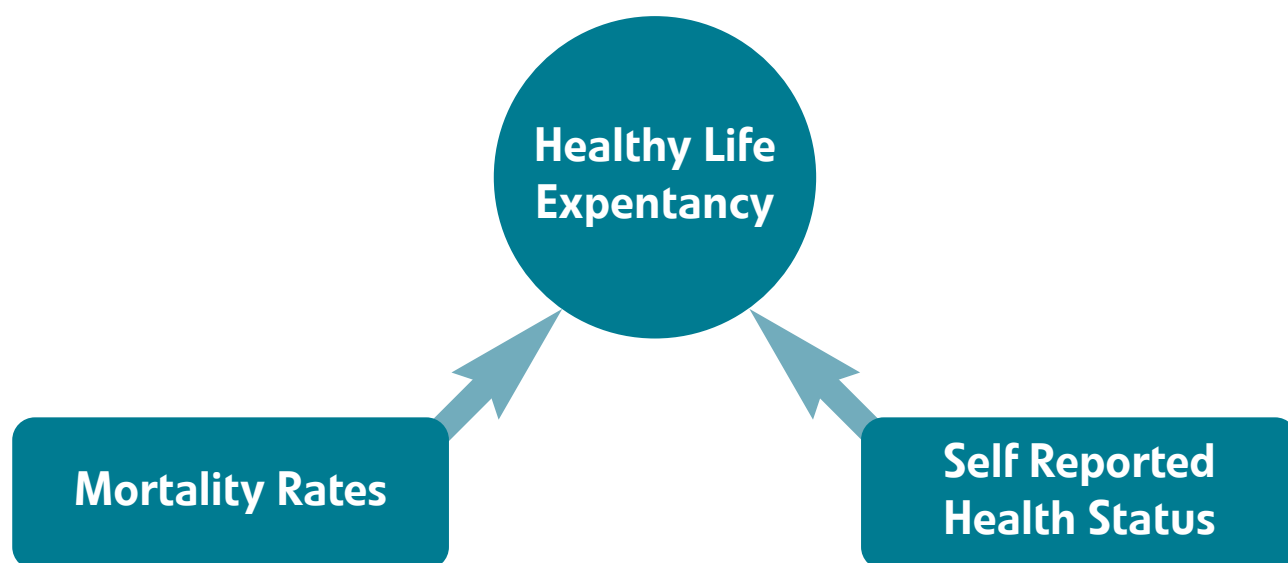
Slough's population is particularly young and predicted to remain by far the youngest borough in the South East over the next 20 years. $\frac{1}{3}$ of our population is under the age of 30 making us one of the youngest boroughs in the country.

Slough is quite densely populated and relatively deprived, with high levels of overcrowding compared with other places in South East England. 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 pockets of particularly high deprivation in the Britwell, Chalvey, Herschel Park, Elliman, Wexham Court, and Colnbrook & Poyle areas of Slough.

Slough is home to a large number of businesses and enjoys relatively high employment and educational success at school.



What is Healthy Life Expectancy?



Healthy Life Expectancy is a measure indicating the number of years that a baby born today could expect to live in good health. It comprises of 2 elements, overall mortality (death) rates and information from surveys of residents on how they rate their own health.¹

The quality-of-life element of the HLE measure, the self-reported health rating, is thought to be more influential in the HLE calculation, especially as people get older, compared to the death rate element.

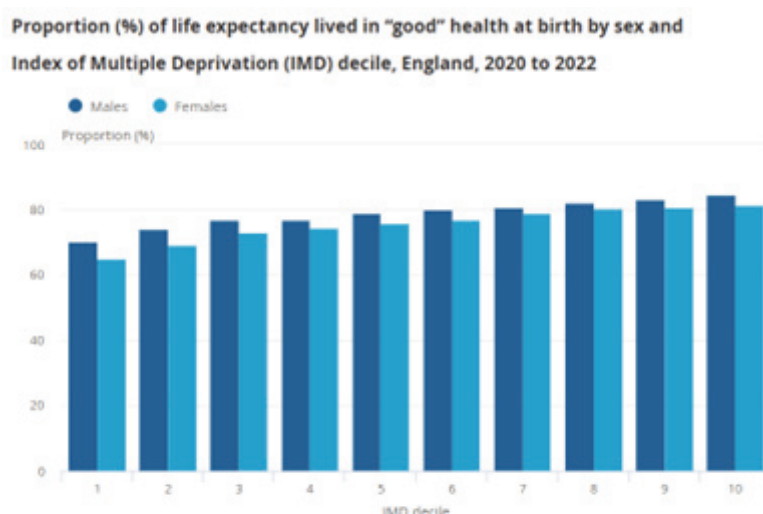
What is Healthy Life Expectancy in Slough?

Healthy Life Expectancy is 58 years for males and 60 years for females in Slough. Compared to places similar to Slough, this 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.

¹ Understanding the drivers of healthy life expectancy: report - GOV.UK (www.gov.uk)

What influences Healthy Life Expectancy?



Source: Healthy life expectancy by national area deprivation from the Office for National Statistics

HLE varies considerably across the country with more than 20 years difference between communities². After accounting for age and sex, the chances of dying early are twice as high in areas with high rates of early deaths compared to those with low rates³. This variability means that there are factors in play, that influence how long we live in good health, which could be modifiable.

We have known for many years that HLE is closely associated with deprivation, with each deprivation group experiencing shorter HLE and more years lived in poor health than the next more affluent group⁴.

Within the group of people who rate their health as poor, there is some evidence that more deprived members have worse health than the more affluent. This means that health inequalities are probably even more pronounced than reported.⁵

More detailed analysis of HLE⁶ across England has revealed some factors associated with self-reported poor health.

- **Long term health conditions** and having **multiple conditions** at the same time were the clearest drivers. Those with long term conditions are over 3 times more likely to report poor health than those without.
- **Conditions of the musculoskeletal system** resulting in pain and lack of mobility. These are particularly pertinent as they are commonplace, affecting 1 in 6 of the population (17.2%).
- **Mental health** conditions such as depression.
- **Behavioural and socioeconomic risk factors** such as physical inactivity, smoking, lower education levels and household income.
- Experiences of **adverse health events** and **healthcare utilisation**.

² Map of healthy life expectancy at birth | The Health Foundation

³ Geographic inequalities in premature mortality - The Health Foundation

⁴ www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthinequalities/bulletins/healthylifeexpectancybynationalarea

⁵ Does socioeconomic status modify how individuals perceive or describe their own health? An assessment of reporting heterogeneity in the Health Survey for England | BMJ Public Health

⁶ Understanding the drivers of healthy life expectancy: report - GOV.UK

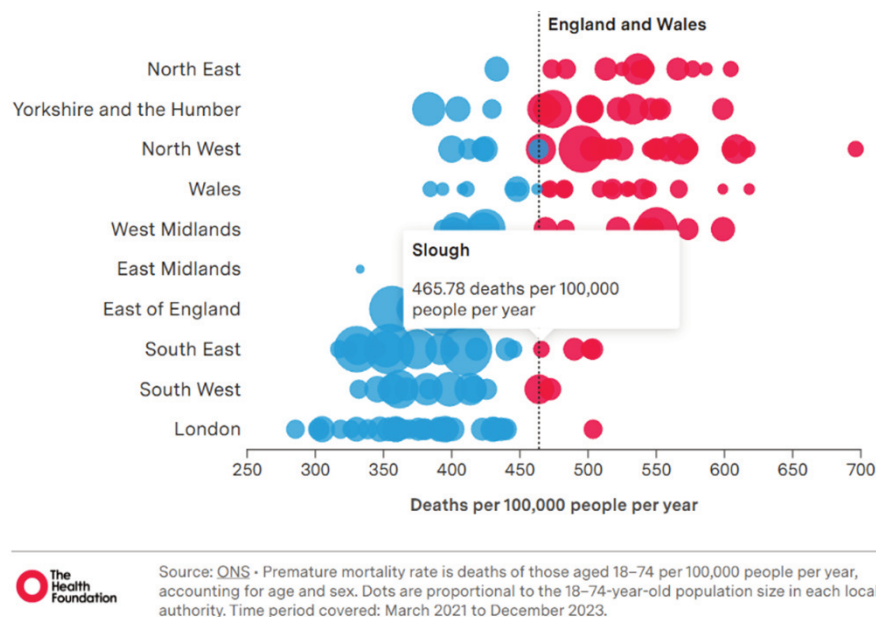


Figure 1: Premature Mortality in England & Wales

Analysis from the Health Foundation on the differences in the rates of premature deaths (deaths under 75 years of age)³ between places, showed that **socioeconomic factors, ethnicity and being born outside the UK** accounted for 61% of the variation. On their own, ethnicity and being born outside the UK accounted for 7% of the variation.

The analysis also looked at four of the leading causes of death - cancer, cardiovascular disease (heart disease and stroke), diabetes and respiratory (breathing) conditions. The gap in premature mortality rates was widest for deaths associated with **diabetes** and deaths due to **respiratory conditions**.

Variation in self reported health in Slough

Map shows the percentage of the population that **self-reported they had bad or very bad health** in the 2021 census.

The orange red, and dark red represent areas where 23% or more reported bad or very bad health.

There are particular pockets of self-reported bad health in Chalvey, Elliman, Wexham Court and Baylis & Salt Hill.

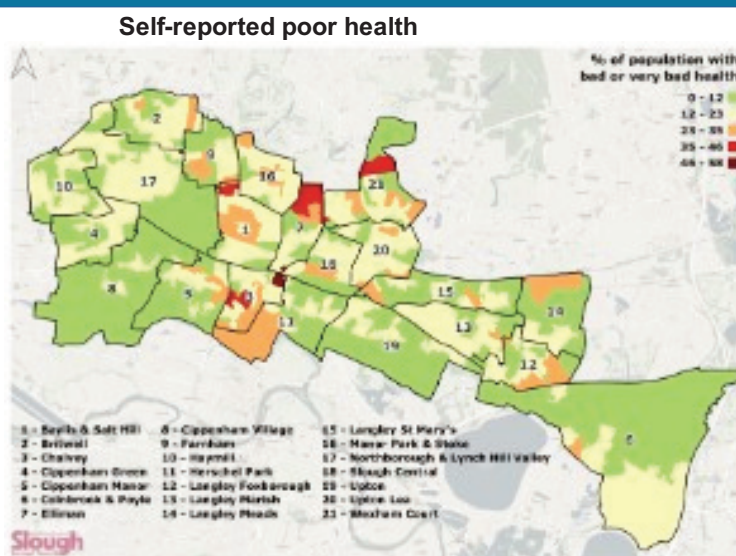


Figure 2: Self related health status in Slough

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 ⅓ and ½ of residents reporting poor health.

Deaths in Slough

The common causes of death in Slough are similar to the national picture, dominated by heart and circulatory conditions, respiratory disease and cancers. However, deaths occur earlier in Slough than elsewhere⁷.

Top causes of Death in Slough 2021-2023

	All Deaths	Premature Deaths
All	Cardiovascular Disease Cancer Respiratory Disease	Cardiovascular disease Cancer Dementia
Males	Cardiovascular Disease Cancer Respiratory Disease	Cardiovascular Disease Cancer Ischaemic Heart Disease
Females	Cancer Cardiovascular Disease Respiratory Disease	Cancer Influenza and Pneumonia Ischaemic Heart Disease

Table 1: Top causes of death in Slough

Premature Deaths

Slough has a higher proportion of early deaths compared to England, 45% of Slough deaths locally were in under 75-year-olds, compared to 31% nationally. Our death rates are also higher in comparison with our statistical neighbours⁸.

Slough has higher rates of early deaths from cardiovascular disease and respiratory conditions compared to national figures and the gap between national and Slough is growing. Early deaths from cancer are similar to national figures.

Under 75 mortality rate from all causes (Persons, 3 year range) 2021 - 23

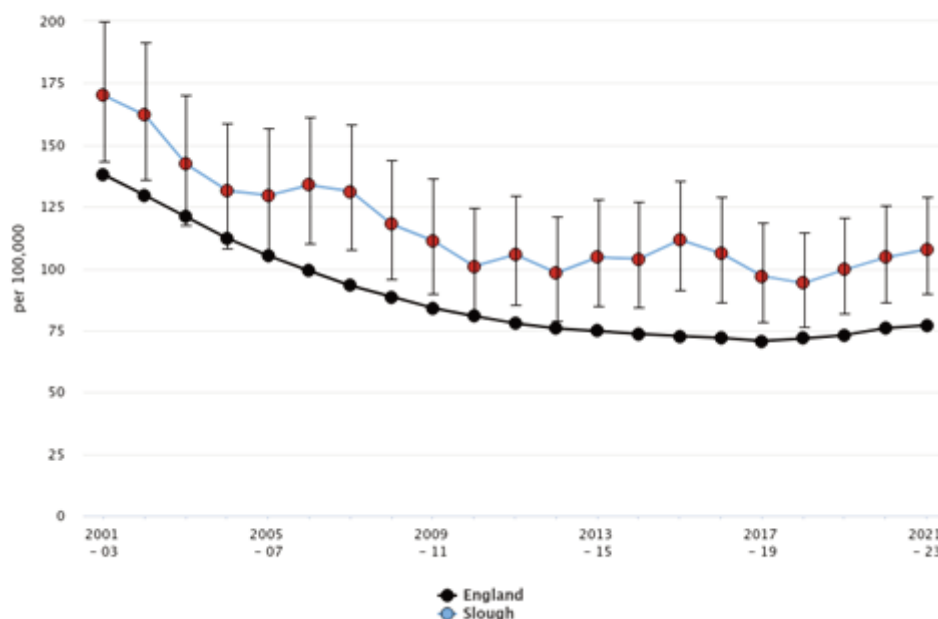
Directly standardised rate - per 100,000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	—	518,455	349.1	348.1	350.0
Fourth more deprived decile (IMD2019)	—	51,908	350.1	347.1	353.2
Boston	—	844	431.4	402.7	461.6
Bury	—	2,172	426.3	408.5	444.7
Slough	—	1,292	424.9	401.0	449.7
Cumberland	—	3,435	408.3	394.6	422.3
Gloucester	—	1,341	405.3	383.8	427.7
Nuneaton and Bedworth	—	1,421	392.9	372.7	413.9
North Tyneside	—	2,363	389.4	373.8	405.5
Southend-on-Sea	—	1,822	381.2	363.9	399.2
Gravesham	—	1,003	381.0	357.7	405.4
North Lincolnshire	—	1,911	380.1	363.1	397.6
Harlow	—	809	373.3	347.7	400.2
Bassetlaw	—	1,308	369.5	349.6	390.2
Redditch	—	873	365.7	341.8	390.8
Eastbourne	—	1,069	362.8	341.3	385.4

⁷ Fingertips 2021-2023 Directly age-standardised mortality

⁸ Fingertips (2021-23) - Mortality Profile

E04a – Under 75 mortality rate from cardiovascular disease (3 year range) for Slough and neighbours



Child deaths

Deaths very early in life are an important influence on life expectancy because of the high numbers of life years lost. Although numbers are small, infant and child death rates are higher than expected in Slough.⁹

There are multiple factors that influence infant mortality some of which are modifiable. These include, deprivation, mother's health, smoking, infections, socioeconomic status and access to maternity services.

Smoking in pregnancy is low in Slough but only about half of women in Slough see a midwife in the first 10 weeks of pregnancy compared to 63% in England as a whole. Uptake of maternal vaccinations is also low.

Area	Infant mortality rate (deaths per 1,000 live births)
Slough	8.1
Leicester	7.7
Luton	6.2
Coventry	5.8
Derby	5.7
England	4.1

Table 2: 2022-23 Infant Mortality, Slough and statistical neighbours

⁹ Fingertips Local Authority Health Profile

Long-term Conditions

The conditions associated with risks of early death and self-reported poor health are more common in Slough.

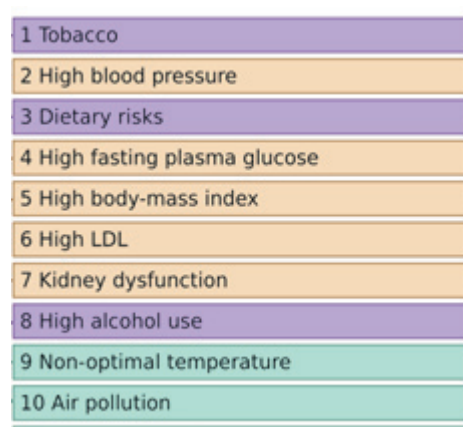
Data from GP records across Slough shows us that 1 in 8 have high blood pressure and more than 10% have a diagnosis of diabetes, predominantly type 2. This is higher than the England figure of 7.7% and in the top

third of our statistical neighbour group¹⁰. 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 conditions¹¹.

Risk in Slough

Contributors to deaths in Slough (All ages deaths/100,000, 2021)



Contributors to living in poor health in Slough (all ages DALYs/100,000, 2021)

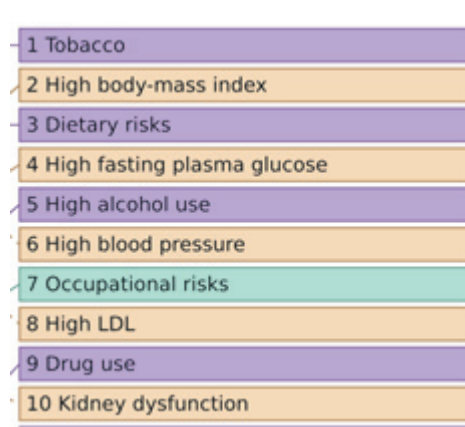


Figure 5: Risks associated with deaths in Slough

Figure 5 shows us the risk factors for deaths and disability adjusted life years, a proxy for reduced quality of life, in all ages in Slough¹². Even though smoking rates are relatively low in Slough, tobacco remains the top risk. Identifying and treating hypertension and high LDL are a high priority for the Health Checks programme and the NHS with 12% of GP patients being treated for high blood pressure in Slough.

Alcohol misuse is a largely hidden problem in Slough with low numbers of people coming forward for treatment. High alcohol consumption carries many health harms, increasing the risk of high blood pressure, certain cancers, injury, social isolation and worklessness.

High blood glucose and diabetes remain a risk and are the focus of new Neighbourhood Health programmes locally.

The prevalence of unhealthy weight is high in Slough with 70% of adults and 40% of year 6 children carrying too much weight.

In addition, Slough's population has high rates of physical inactivity with 1:3 adults inactive, higher than England levels. Less than half of children are meeting the recommendations for physical activity¹³.

¹⁰ Fingertips Diabetes Public Health Profile, DHSC 2025

¹¹ Multiple long-term conditions affect more than 14 per cent of English population | Imperial News | Imperial College London

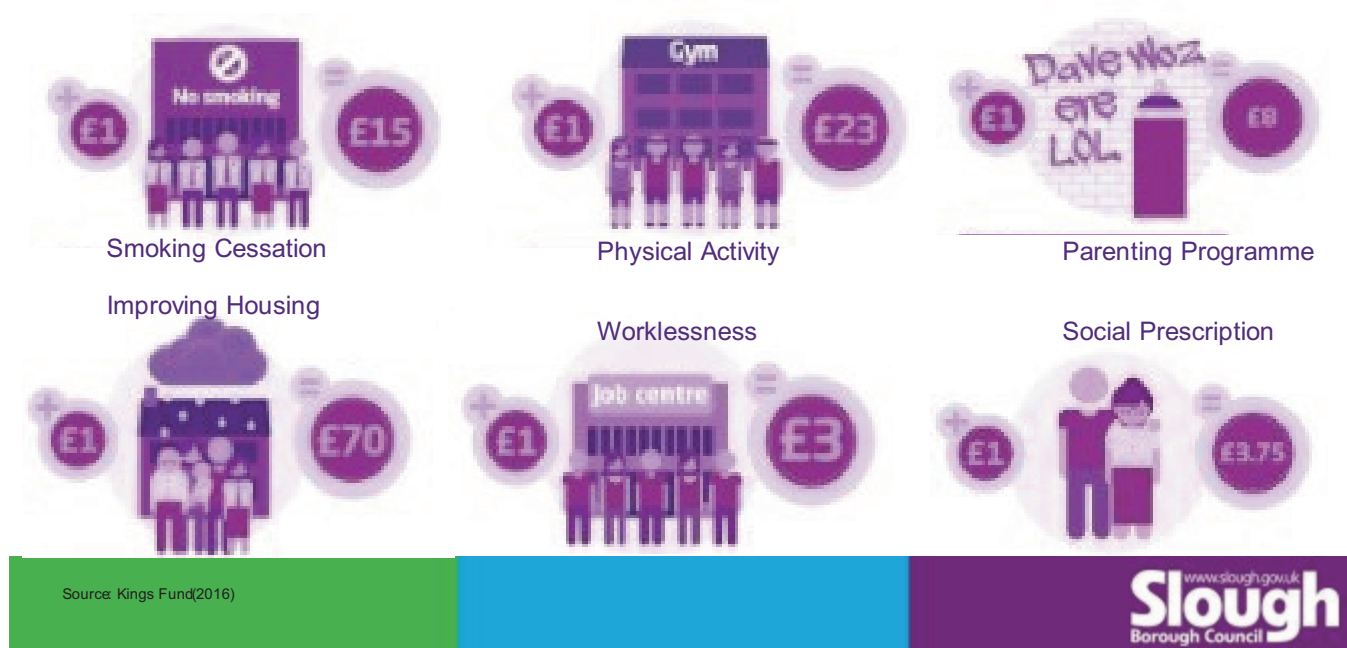
¹² Source: VizHub - GBD Compare

¹³ Our Approach to Tackling Physical Inactivity.pdf

Return on Investment

Analysis of the relative value of interventions to address healthy life expectancy helps us decide where to focus the limited funds available. Actions to address the social determinants of health such as housing, employment and education demonstrate a good return on investment. For specific health behaviours, improving rates of physical activity, improving sexual health and tackling addiction benchmark strongly¹⁴.

Return on Investment



¹⁴ Source: Paving a new pathway to prevention - CF

What could change the situation?

- 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.

This document can be made available on audio tape, braille or in large print, and is also available on the website where it can easily be viewed in large print.

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If you would like assistance with the translation of the information in this document, please ask an English speaking person to request this by calling 01753 xxxxxx.

यदि आप इस दस्तावेज़ में दी गई जानकारी के अनुवाद कए जाने की सहायता चाहते हैं तो कृपया किसी अंग्रेजी भाषी व्यक्ति से यह अनुरोध करने के लए 01753 XXXXXX पर बात करके कहें.

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