

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 15 October 2019

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WARDS: All

PART I **FOR COMMENT & CONSIDERATION**

HEALTH BELIEFS AND PHYSICAL ACTIVITY RESEARCH

1. Purpose of Report

To provide the Panel with an update on the Public Health and Leisure Teams Health Beliefs and Physical Activity research project.

2. Recommendation(s)/Proposed Action

The Health Scrutiny Panel is recommended to note this report and share the associated recommendations.

3. The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan

3a. Slough Joint Wellbeing Strategy Priorities

The project aims at providing an evidence base to inform key work, commissioning priorities and how we support and engage with local residents. In particular, this work supports the Joint Wellbeing Strategy priorities:

- Increasing life expectancy by focusing on inequalities
- Improving mental health and wellbeing

3b. Five Year Plan Outcomes

The primary outcomes where delivery will be enhanced by this project are:

- *Outcome 1: Slough children will grow up to be happy, healthy and successful*
- *Outcome 2: Our people will be healthier and manage their own care needs*

We also hope that the implications of this project become an embedded approach to engaging with, and providing for, the residents of Slough. And in essence will indirectly contribute to;

- *Outcome 3- Slough will be an attractive place where people choose to live, work and stay*
- *Outcome 4- Our residents will live in good quality homes*

- *Outcome 5 – Slough will attract, retain and grow business and investment to provide opportunities for our residents*

4. Other Implications

(a) Financial

There are no financial implications directly resulting from the recommendations of this report and outlined activities are within the current budget and resources.

(b) Risk Management

There are no identified risks associated with the proposed actions.

(c) Human Rights Act and Other Legal Implications

There are no Human Rights Act implications to the content of this report

(d) Equalities Impact Assessment

The content of this report does not require an Equalities Impact Assessment.

5. Supporting Information

5.1. As a combined project, the Public Health team and the Leisure team commissioned M.E.L research ltd to perform an Appreciative Inquiry^{1 2} research project within Slough. This project would be an in-depth, community led research project to involve Slough residents in a local conversation on health, primarily with a focus on what residents believe they can do to keep physically and mentally well and prevent poor health in themselves and their loved ones. The project aimed to draw on understanding residents' health beliefs, their levels of health literacy and behavioural insights. The 2nd part of the research project is to explore the local population's behaviour and attitude, specifically, to regularly taking part in physical activity and sport and to ascertain a true picture of our resident's prevailing rates of inactivity through a quantitative element.

The project had 2 main aims:

- 1) To create an engagement opportunity to involve Slough residents in a local conversation on health, primarily with a focus on what residents believe they can do to keep physically and mentally well and prevent poor health in themselves and their loved ones. This is likely to draw on understanding residents' health beliefs, their levels of health literacy and behavioural insights. A key purpose is to understand residents' views and recommendations for how they, supported by Slough Borough Council if needed, can tackle key issues that affect their

¹ Cooperrider, D. L. & Srivastva, S. (1987). "Appreciative inquiry in organizational life". In Woodman, R. W. & Pasmore, W.A. Research in Organizational Change And Development. Vol. 1. Stamford, CT: JAI Press. pp. 129–169.

² **Appreciative inquiry (AI)** is a model that seeks to engage stakeholders in self-determined change. It started with a 1987 article by [David Cooperrider](#) and Suresh Srivastva. They felt that the overuse of "problem solving" hampered any kind of social improvement, and what was needed were new methods of inquiry that would help generate new ideas and models for how to organise. AI "advocates collective inquiry into the best of what is, in order to imagine what could be, followed by collective design of a desired future state that is compelling and thus, does not require the use of incentives, coercion or persuasion for planned change to occur."

health. We are keen to support all residents in improving their health but are particularly interested in understanding those groups who appear to be experiencing the worst health and wellbeing outcomes.

- 2) An understanding of inactivity in Slough. This element aimed to: a) To explore the local population's behaviour and attitude to taking part in physical activity and sport and b) to ascertain a true picture of our resident's prevailing rates of inactivity through a quantitative element of the project.

5.2 The overarching objective of the project was to inform key elements of the long term work of the council in improving the public's health, as well as contributing towards the "health in all areas" approach in order to benefit and inform the wider council.

5.3 The project was delivered in two distinct phases. The first phase, which took place between February and June 2019, was a '**qualitative**' phase. This qualitative phase comprised of 1 borough wide stakeholder workshop, 6 "Chatabout" focus groups with various local community groups and 2 further standard focus groups. This element of the project utilised the COM-B behaviour change model (Capability, Opportunity and Motivation = Behaviour). The COM-B model assists in identifying triggers and motivations to improving health literacy. For any change in behaviour to occur, a person must:

- Be physically and psychologically **capable** of performing the necessary actions;
- Have the physical and social **opportunity** (people may face barriers to change because of their income, ethnicity, social position or other factors);
- Be more **motivated** to adopt the new, rather than the old behaviour.

5.4. Emerging findings from the qualitative report suggested that:

- Residents' knowledge and awareness (their psychological capability) had been well informed by ongoing media messages and by social norms
- The facilities (physical opportunities) exist to undertake activities to help stay healthy and active, but residents felt like they needed to know that they would fit in and be around like-minded, similar and familiar people
- Perceptions around the lack of availability and poor(er) quality of local community assets and leisure facilities that had occurred over time
- The most challenging aspect of changing to positive behaviours is managing the balance between automatic motivation (habits, emotions, desires and impulses) and reflective motivation (plans, beliefs and intentions).

5.5. The second phase of the project was a '**quantitative**' phase. **This phase was** undertaken between 24 July and 28 August 2019. It used a stratified (by ward) Random Sampling approach to select starting addresses in each

ward. Quotas were set to ensure representation for key population groups of gender, age band and ethnicity. The 20 minute survey took place with 1,605 residents and returned a confidence interval of $\pm 2.4\%$ for a 50% statistic at the 95% confidence level.

- 5.6. A Computer Aided Personal Interview (CAPI) approach was taken using electronic tablet devices, which allowed for automated skips and routing, ensuring all relevant questions were asked and answered.
- 5.7. Additionally, the survey included the short Warwick and Edinburgh Mental Well Being Score (SWEMWBS) question set. For these questions, the electronic tablet device was handed over to the respondent and these questions were self-completed.
- 5.8. The following points present some of the key findings and highlights of the quantitative phase. For more detail on these please see appendix 2 attached to this report.

General wellbeing

- Asked spontaneously what it means to be healthy, 80% of our residents said to have a balanced diet and 73% said to be physically active. Unfortunately only 6% felt that it included eating 5 fruit and veg a day and just 2% felt that oral health and dental hygiene was important.
- Just 16% of our residents consume the recommended 5 a day. The average intake is 3.8, with 16-24yr olds consuming less than older adults.

Weight and healthy eating

- 90% of the population would like to eat healthier. To be able to achieve this, 30% of those felt that healthier food needs to be cheaper and 20% felt that healthy food needs to be more available.
- 32% of the population agreed or strongly agreed that there are insufficient opportunities to participate in physical activities for people like them.
- 38% of the population agree or strongly agree that the cost of preparing meals from scratch using fresh ingredients is prohibitive

Sexual Health

- 66% of the population could recall having sex education at school, with a fall to 53% for those from an Asian background
- 16-24yr olds in Slough were more likely to have received Sex education that included topics on LGBT+, sexual assault and reproductive rights.
- 28% of the population believe that you can catch Chlamydia from a toilet seat.

- 25% believe that HIV can be spread through kissing.
- 19% believe that the pill can help prevent against STI's.

General Health

- 74% of the population described their own health as good or very good. Unsurprisingly this figure reduces with age.
- 72% of residents agree or strongly agree that they get a dental check up at least once a year.

Vaccinations

- Just under six in ten (58%) residents were aware that the chance of having a severe reaction to the MMR vaccine is around 1 in 1 million with 16% of residents believing this statement to be false.
- 37% of the population believe that vaccine preventable diseases are just part of childhood, that natural immunity is better than vaccine related immunity. This figure rises to 43% for those from an Asian background and falls to 32% for those from a White background.
- 19% of the population believe that vaccines cause autism and Sudden Infant Death Syndrome. This rises to 30% amongst the 25-34yr old population.

Mental Health

- Slough residents were asked the seven-item SWEMWBS question set, which asks how they have been feeling over the past two weeks.
- Scores ranged from 7 to 35 with an average of 24.7 for survey respondents. The higher the score, the better the mental well-being. Differences in SWEMWBS scores for differing sub-groups of the sample were small; however, those who were not working had a significantly lower average than those who were (23.8 vs. 25.1).
- Average SWEMWBS score also varied by ward. Foxborough and Elliman had the highest average, whereas Haymill & Lynch Hill and Upton had the lowest.
- 25% of residents felt that improvements to their financial position would help them improve their mental health and 23% felt that more time to themselves would help.

Physical Activity

- 44% of residents haven't used any Slough leisure facilities, with 37% of those sighting time as a reason and 19% of those stating they use other private facilities.

- 51% of residents claimed to be unaware of the Council's Active Slough programme, while 42% agreed that they were aware of it. The younger the resident, the more likely they were aware of the programme.
- During the last four weeks, just over one-third (34%) of residents claimed to have undertaken moderate physical activity on a daily basis, while a further 11% did so each weekday and 16% did so every other day. This leaves one-fifth (20%) that claimed to have undertaken some form of moderate physical activity once or more in the last four weeks and 17% that had not done anything and would be classified as inactive.
- Time was cited as the most common barrier with 46% of residents choosing this. Cost is also a barrier; 32% wished to see free gym and leisure provision, while 30% indicated lower pricing, including for gym and leisure club membership.
- Around one-quarter (24%) indicated they lacked personal motivation (which is often also linked to a lack of time), while around one-fifth (19%) suggested that suitable sports and leisure facilities were too distant from their home.

Communication

- Printed mediums, such as leaflets and posters, are proportionally more important to older residents (43%), and further highlighted by their preference for the quarterly Citizens newspaper (56%)
- Social media is particularly preferred by those aged 16 to 24; 25% of this group would prefer to use it in the future

6. Comments of Other Committees

There are no comments from any other committees.

7. Conclusion and recommendations

- 7.1. Our intention is to publish the full results of the research project online as soon as they are available so that all stakeholders, including the public, have access to the information. This will be done once the final ward, gender and ethnicity stratification has been completed by M.E.L in mid to late October 2019.
- 7.2. The qualitative research stage has shown that residents have the broad Capability to lead healthy and active lifestyles, but Opportunity and Motivation needs to be focussed on. Whilst this phase of the project helped identify key themes, the wider quantitative phase with a statistically representative sample of residents from across the Borough has helped identify the extent to which these themes exist. The findings from the survey will assist in prioritising what actions are needed and with which segments of the population. It will also have implications for the wider council and our partners in terms of how we support and deliver services for Slough residents.
- 7.3. The data and information collected on physical activity, and our prevailing rates of inactivity, will be used to inform the Leisure strategy for the next 5-10 years,

as well as elements of the Parks and Open spaces strategy and the Play strategy. The leisure team will also use the outcomes to inform future investment into further programmes like the outdoor gyms, and targeted physical activity projects.

7.4. Further to this, greater promotion of the council's leisure provision and Active Slough programme is needed to raise awareness and this also needs to resonate with broad groups and the less active:

- The provision of social/group activities that indicate it is for 'people like you and me' would go some way to achieving this – the park run activity demonstrates that this is effective;
- Advertising will need to use imagery that demonstrates inclusiveness (i.e. not lycra clad Olympians);
- Highlighting a wider range of activities, such as brisk walking and gardening, that can lead to healthier and active lifestyles would be beneficial;
- Consider how financial incentives and promotions could support those groups in most need.

7.5. Other recommendations from the project include:

- Education around healthy eating and healthier choices could be further introduced and embedded into schools;
- Raising awareness and dispelling myths around sexual health and vaccinations requires ongoing work by the council and its partners;
- Dental health is not consciously linked to leading a healthy lifestyle – this is likely to be a national challenge and not simply a focus for Slough;
- There is high reliance on GPs for information and advice, particularly for the over 65's;
- Greater use of Pharmacists and digital and online channels may be useful mechanisms for supporting healthy and active lives.

7.6. Over the coming months we will be working with various departments across the council, and partners from across Slough to ensure that the learnings of the project are embedded in work programmes, are being used to inform strategies and being used to create and develop specifications for services.

8. **Appendices attached**

Appendix 1 – Slough Health Beliefs- Qualitative Research

Appendix 2 – Slough Health Beliefs: findings from the 'Supporting a Healthy Lifestyle' Survey in draft form.

9. **Background Papers**

None