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Growing a place of opportunity and ambition

Date of issue: Monday, 7 October 2019

MEETING:	**HEALTH SCRUTINY PANEL** (Councillors A Sandhu (Chair), Smith (Vice Chair), Ali, Begum, Gahir, N Holledge, Mohammad, Qaseem and Rasib) **NON-VOTING CO-OPTED MEMBERS** Healthwatch Representative – Colin Pill Buckinghamshire Health and Adult Social Care Select Committee Representative - vacancy
DATE AND TIME:	TUESDAY, 15TH OCTOBER, 2019 AT 6.30 PM
VENUE:	COUNCIL CHAMBER - OBSERVATORY HOUSE, 25 WINDSOR ROAD, SL1 2EJ
DEMOCRATIC SERVICES OFFICER: **(for all enquiries)**	JANINE JENKINSON 01753 875018

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.

JOSIE WRAGG
Chief Executive

AGENDA

PART I

AGENDA ITEM	REPORT TITLE	PAGE	WARD
APOLOGIES FOR ABSENCE			
CONSTITUTIONAL MATTERS			
1.	Declarations of Interest	-	-

AGENDA ITEM	REPORT TITLE	PAGE	WARD
	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 4 paragraph 4.6 of the Councillors' Code of Conduct, leave the meeting while the matter is discussed.		
2.	Minutes of the Last Meeting held on 10th September 2019	1 - 4	-
SCRUTINY ISSUES			
3.	Member Questions *(An opportunity for Panel Members to ask questions of the relevant Director/ Assistant Director, relating to pertinent, topical issues affecting their Directorate – maximum of 10 minutes allocated).*	-	-
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8.	Date of Next Meeting - 20th November 2019	-	-

Press and Public

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 the Committee considers any items in the Part II agenda. Please contact the Democratic Services Officer shown above for further details.

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Health Scrutiny Panel – Meeting held on Tuesday, 10th September, 2019.

Present:- Councillors A Sandhu (Chair), Smith (Vice-Chair), Ali, Begum, Gahir, N Holledge, Mohammad (from 6.35pm) and Rasib

Also present under Rule 30:- Councillors Hulme and Mann

Apologies for Absence:- Colin Pill, Healthwatch Representative

PART I

11. Declarations of Interest

None were declared.

12. Minutes of the Last Meeting held on 27th June 2019

Resolved - That the minutes of the meeting held on 27th June 2019 be approved as a correct record.

13. Member Questions

None had been received.

14. Frimley NHS Foundation Trust - Wholly Owned Subsidiary

The Panel considered a report that outlined Frimley Health NHS Foundation Trust's decision to transfer non-clinical staff to a wholly owned subsidiary company.

The Chair welcomed Mr Neil Dardis (Chief Executive Frimley Health) and Mr Pradip Patel (Frimley Health Foundation Trust - Chairman of the Board and Council of Governors) to the meeting and invited them to address the Panel.

(Councillor Mohammad joined the meeting)

Mr Dardis began by providing some background information regarding Frimley Health. He said the Trust had a strong reputation to build on. Both Wexham Park and Frimley Park Hospitals had been part of the first wave of Foundation Trusts achieving the highest star rating. Frimley Park Hospital was also the first Trust in the county to be rated outstanding by the Care Quality Commission. He stressed that the Trust's workforce was its greatest asset and it was through its people the Trust would deliver its vision and values. He explained that Frimley Health faced a challenging healthcare landscape and it was crucial to adapt and move forward to ensure it was able to provide effective and sustainable services to the residents of Slough.

It was explained that Frimley Health Foundation Trust faced a difficult future financially with an underlying deficit of £24.3 million; a cost improvement

requirement of £30 million for 2019/20; and the need to invest in employees, systems and infrastructure to meet the challenges associated with changing healthcare needs. There were significant challenges around staffing in reducing the vacancy rate and the level of staff turnover. To meet the demands of the future the Trust was considering the development of a wholly owned subsidiary, to provide support for non-clinical services and staff. In addition, the subsidiary was seen as a way of providing job security and parity of esteem for non-clinical staff.

Frimley Health had explored several options. The wholly owned subsidiary approach had been selected as the preferred option as there was excellent potential for cost reductions, savings, improved service quality and staff retention. The Trust, being wholly owned, would maintain overall control. The subsidiary was expected to provide a range of benefits: existing staff and new staff would benefit from greater opportunities and job security; a more flexible approach to recruitment and retention to address specific workforce pressures; the ability to attract a wider pool of staff with specialist skills; improved job satisfaction and morale.

The subsidiary would contribute to Frimley Health's financial strategy and provide savings over a five-year period of circa £45 million. Overall, operational costs of the organisation would be reduced, whilst still maintaining staff job security. No savings would be made by cutting jobs, salaries or pensions, rather these would be derived from operational efficiencies, clinical time saved, VAT and capital savings. The savings generated would enable important improvement projects to be undertaken.

The Chair thanked Mr Dardis and Mr Patel for the presentation and invited Members to comment and ask questions.

Members had a wide-ranging discussion, during which the following points were raised:

- Clarification was sought regarding the anticipated savings and how these would be generated. In response, Members were assured that there would be no job losses and both pensions and salaries would be protected. As a subsidiary, VAT savings would be generated and there would be opportunities to make capital savings.
- A Member asked if there were plans to increase car park charges to generate income. In response, it was confirmed that there would be no change to the current tariffs.
- In relation to governance arrangements, a Member queried how issues between the Trust and the subsidiary would be resolved. It was explained that the subsidiary sat beneath the Trust, and the Trust would have ultimate responsibility for decision-making.
- It was noted that the Trust proposed to transfer land, buildings and medical equipment to the subsidiary. A Member asked if the subsidiary would be prevented from selling or disposing of these. It was confirmed that no savings would be generated from the sale of assets.

- A Member asked how long the transfer process would take to complete. It was explained that the timeframe was currently unknown as the Trust was awaiting approval from the regulator to proceed.
- A query was raised about the amount of clinical time currently spent on non-clinical and administrative tasks. It was explained that the subsidiary would save clinical time currently spent on non-clinical and administrative activities and allow more time to be spent on patient care. High quality non-clinical staff would provide frontline services.
- Concerns were raised about the staff consultation process. In response, it was explained that the Trust was not able to formally consult with staff until the regulator had approved the transfer proposals. Mr Dardis recognised that the proposals could have been better communicated to staff.
- It was noted that existing staff would retain access to an NHS pension. A Member asked if new staff would be able to join the NHS pension scheme. It was explained that as a subsidiarity, it was not legally possible to offer new staff access to the NHS pension scheme. However, new staff would receive an equivalent pension package and employment terms and conditions.
- Clarification was sought regarding the alternative options for modernisation that had been considered. It was explained that a detailed options appraisal had been undertaken and it had been concluded that a wholly owned subsidiary was the preferred option.
- A Member asked if the savings generated by the subsidiary would be used to recruit additional clinical staff, in particular difficult to recruit specialist staff. It was explained that there was a national shortage of specialists in some departments, such as dermatology and neurology. The savings generated would be used to meet the Trust's aspirations, including the recruitment and retention of staff.

The Chair then invited Councillor Mann and Councillor Hulme to address the Panel under Rule 30.

Councillor Mann raised concern regarding the lack of consultation with staff. She asked if new staff would receive comparable pay and conditions to existing staff. In addition, she highlighted that many staff felt a sense of pride and emotional attachment in working for the NHS. In response, it was explained that the creation of the subsidiary would attract and retain staff. New staff would receive equivalent pay and conditions.

Councillor Hulme asked if any public consultation would be undertaken. In response, it was confirmed there would be no direct public consultation. It was highlighted that the aim of the subsidiary was to enhance patient care for Slough residents. Councillor Hulme queried the business case and asked if there was concern that staff, in response to the proposals, would take industrial action. It was explained that the Trust sought to reassure staff and ensure the best patient care was provided.

On behalf of the Panel, the Chair thanked Mr Dardis and Mr Patel for attending the meeting.

Resolved – That the report be noted.

15. Primary Care Networks

The Chair welcomed Dr Jim O'Donnell (Locality Clinical Lead for Slough, NHS East Berkshire Clinical Commissioning Group), Dr Asif Ali (Clinical Director – Slough Primary Care Networks (PCN)) and Dr Raj Bhargava (Clinical Director – Central Slough PCN) to the meeting.

Dr O'Donnell introduced a report that detailed the vision and progress made to develop effective PCNs in Slough. The report was supplemented by a presentation to the Panel.

(At this point in the meeting Councillor Mohammad declared that she worked at a General Practice Medical Centre. She remained in the Council Chamber throughout the discussion on the item)

During the presentation, the following issues were highlighted:

- PCNs formed a key building block of the NHS Long Term Plan. Bringing general practices (GP) together to work at scale was a policy priority, for a range of reasons including improving the ability of practices to recruit and retain staff; to manage financial and estate pressures; to provide a wider range of services to patients and to more easily integrate with the wider health and care system.
- The ambition for PCNs would be achieved through the delivery of the following: stabilised general practice; helping to solve the capacity gap and improving the skills mix by growing the wider workforce; and dissolving the divide between primary and community care.
- Since 1 July 2019, all GP practices in Slough had come together in three geographical networks to cover the population.
- It was noted that health outcomes were affected by a wide range of factors, including: health behaviours, socioeconomic factors, clinical care and built environment.
- Coronary Heart Disease admissions were directly related to income deprivation. Of the 21 wards in the worst quintile, 13 were in Slough. The ward with the highest Standardised Admission Ratio (SAR) was Chalvey; the ward with the lowest SAR was Ascot and Cheapside. Deaths from circulatory disease were also directly proportional to the percentage of income deprivation.
- PCNs were being supported with a programme of development with national and local residents; the initial step was for the PCN to work with partners in a self-assessment process. The Health and Social Care Partnership Forum would enable the development of aligned plans, identifying opportunities to work together and enable the population to benefit from improved health outcomes.

The Chair then invited Members to comment and ask questions.

Members had a wide-ranging discussion, during which the following points were raised:

- Further information was requested about how PCNs would reduce childhood asthma and admissions into residential care homes. In response, it was explained that PCNs would consider the pertinent health issues affecting all Slough residents and how services could be most effectively delivered. Consideration would be given to how PCNs could engage with 'hard to reach' residents.
- A Member highlighted the difficulty some residents faced accessing GP surgeries due to the distance they had to travel to reach their nearest practice. It was explained that consideration would be given to an estates plan and the need to ensure the location and quality of surgery premises were appropriate.
- A Member noted that the GP surgery on Wexham Road was located in a residential house and due to guidelines it may have to close. Concern was raised that GP surgeries closing were not being replaced. The Panel was advised that PCNs would discuss the locations and quality of GP premises.
- It was suggested that GP surgeries could promote the use of Green Gyms in waiting rooms, particularly to those residents unable to afford the cost of a gym membership. In response, the Panel was advised that the local authority provided a range of opportunities for residents to engage in activities, including, maintaining recreational parks and Manor Park Community Centre.
- Concern was raised regarding GP waiting times and the availability of appointments. The Panel was provided with some background information about how GPs had historically been funded and how the regime had resulted in a reduced number of GP practices. It was explained that GPs were now receiving more funding, but it would take some time for the number of practices to increase.

On behalf of the Panel, the Chair thanked Dr O'Donnell, Dr Ali and Dr Bhargava for attending the meeting.

Resolved – That the report be noted.

16. Health Issues by Ward: Updating the Ward Health Profiles Through a New Data Observatory and Website for Public Health Slough

Resolved –

(a) That consideration of the report be deferred until the next meeting scheduled to be held on 15th October 2019.

(b) That the report be presented to the Panel alongside an update on the Public Health and Leisure Teams - Health Beliefs and Physical Activity research project.

17. Frimley Health and Care ICS Long-Term Strategy Update

An update report setting out progress in the development of the Frimley Health and Care Integrated Care System (ICS) Long-Term Strategy since the last meeting was presented to the Panel.

Resolved – That the report be noted.

18. Health Scrutiny Panel - 2019-20 Work Programme

The Policy Insight Manager reported that it was World Mental Health Day on Thursday 10th October 2019 and a promotional event was being held at The Curve, Slough. He agreed to circulate invites and information to the Panel.

Consideration was given to the Forward Work Programme and Members agreed to limit the number of substantive items considered at each meeting to allow sufficient opportunity to scrutinise each item in-depth.

Resolved –

(a) That the Policy Insight Manager agreed to liaise with the Director of Adults and Communities to review the Forward Work Programme.

(b) That the Policy Insight Manager agreed to circulate invites and information to the Panel regarding the World Mental Health Day event taking place at The Curve on Thursday 10th October 2019.

19. Members' Attendance Record

Resolved – That the details of the Members' Attendance Record be noted.

20. Date of Next Meeting - 15th October 2019

Resolved – The date of the next meeting was confirmed as 15th October 2019.

Chair

(Note: The meeting opened at 6.30 pm and closed at 9.05 pm)

SLOUGH BOROUGH COUNCIL

REPORT TO:	Health Scrutiny Panel
DATE:	15 October 2019
REPORT AUTHORS:	Dr Liz Brutus - Service Lead Public Health (SBC)
CONTACT OFFICER: **(For all Enquiries)**	Tim Howells – Public Health Officer (SBC) (01753) 875144
WARD(S):	All

PART I
FOR COMMENT & CONSIDERATION

HEALTH ISSUES BY WARD: UPDATING THE WARD HEALTH PROFILES THROUGH A NEW DATA OBSERVATORY & WEBSITE FOR PUBLIC HEALTH SLOUGH

1. Purpose of Report

Provide an overview of the updating of Slough's Ward Health Profiles through the development of a new Public Health Data Observatory and Public Health website for Slough.

2. Recommendations

The Panel is recommended to:

1. Review the paper and presentation outlining how ward health profiles are being developed through a new Data Public Health Observatory and Slough Public Health website and progress to date.
2. Request a further update in 3 months in order to demonstrate the Public Health Data Observatory in practice, present the up-to-date Ward Health and new ward analyses from the Health Beliefs Research project.

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

3a. Slough Joint Wellbeing Strategy Priorities

This work addresses all of the Wellbeing Strategic priorities by making it easier to review the data at a Slough and ward-based level for both decision-makers and the public.

3b. Five Year Plan Outcomes

The primary outcomes where delivery will be particularly enhanced by the paper 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

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 - None

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**

Background

5.1 Historically, Slough Borough Council Public Health team has commissioned the fifteen Ward Health Profiles every 2 years from the Berkshire Public Health Shared Team (PHST). (The PHST is co-commissioned by the 6 Berkshire Unitary Authorities using the Public Health ring-fenced grant to provide various shared functions including health informatics.) The resultant products have been helpful but represent a 'snap-shot in time' every 2 years. Stakeholders have expressed frustration that the data in the Ward Health Profiles (and Joint Strategic Needs Assessment) appeared 'out of date' and requested more timely and flexible presentation of data.

5.2 Over the last year, PHST in conjunction with representatives from each of the Public Health Teams from the 6 boroughs have been working together to understand Public Health data requirements and what technological solutions are available to meet our needs and that of our stakeholders.

5.3 The resultant tool, the Public Health Data Observatory, should provide a user-friendly solution for more up-to-date data reports which can be self-tailored to the needs of the enquirer.

5.4 Unfortunately, the project is running a few weeks late so we are not yet able to present the new Ward Health Profiles and discuss what this means for each ward however, it is hoped that these should be available by Nov 2019.

5.5 The attached presentation in Appendix 1 explains about the Ward Health Profiles, how they fit within the growing 'library' of health data available and the development of both the Slough (and Berkshire) Data Observatory and new Slough Public Health website.

5.6 In addition, further analysis from the recent Health Beliefs Research project should soon provide ward-level opinion data that tells us how ward residents view their health.

6. Comments of Other Committees

6.1 There have been no other presentations of this paper to other Council Committees.

7. Conclusion

7.1.1 The forthcoming Slough Public Health Data Observatory is an opportunity to provide Public Health data in a user-friendly way which is amenable to creating bespoke reports to inform decision-makers, including Ward Health Profiles. Because of the improving technology, data will be automatically updated as new national (or local) data is released for publication and allowing better assurance for users that they have the latest data available.

7.1.2 It is hoped that Slough Ward Health Profiles, which will be drawing on this new technology, will soon become available (by approximately Nov 2019), allowing the presentation and discussion of the population's health by ward in detail.

7.1.3 The planned Slough Data Observatory (as part of similar work across each of the Berkshire Unitary Authorities) will contribute to a 'library' of resources to inform decision-makers and the public across the Borough, allowing them to make the best decisions about health and wellbeing at an organisational or personal level. The new Public Health website is a key platform for sharing this information more easily.

8. Appendix

Update on Ward Health Profiles

9. Background Papers

None

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Public Health

Update on Ward Health Profiles, Slough Data Observatory and Slough Public Health website

Slough Health Scrutiny Panel - 15 October 2019

Contents

1. Overview of JSNA and Ward Health Profiles
2. Developing a library of information resources for Slough
3. Creating a data observatory
    - Instant Atlas
4. New Public Health website – a platform for information for all

JSNA and Ward Health Profiles

What are they?

- The **JSNA** provides an overview of the health and wellbeing of the Slough population and describes some of the Health and Wellbeing Board's key aims.
- **Ward Health Profiles** provide a place-focused overview of health and key social and environmental factors that are related to health eg employment, deprivation levels.

What do we use them for? To guide decision making and to inform policies, strategies and commissioning.

Why? To help reduce health inequalities and enable communities to live healthy lives.

Ward Health Profiles

Contents

1. Summary
2. Demographics
3. Deprivation, poverty and access to services
4. Economy and enterprise
5. Education
6. Health
7. Housing
8. Environment
9. Sources of data

Previously: Produced manually every 2 yrs

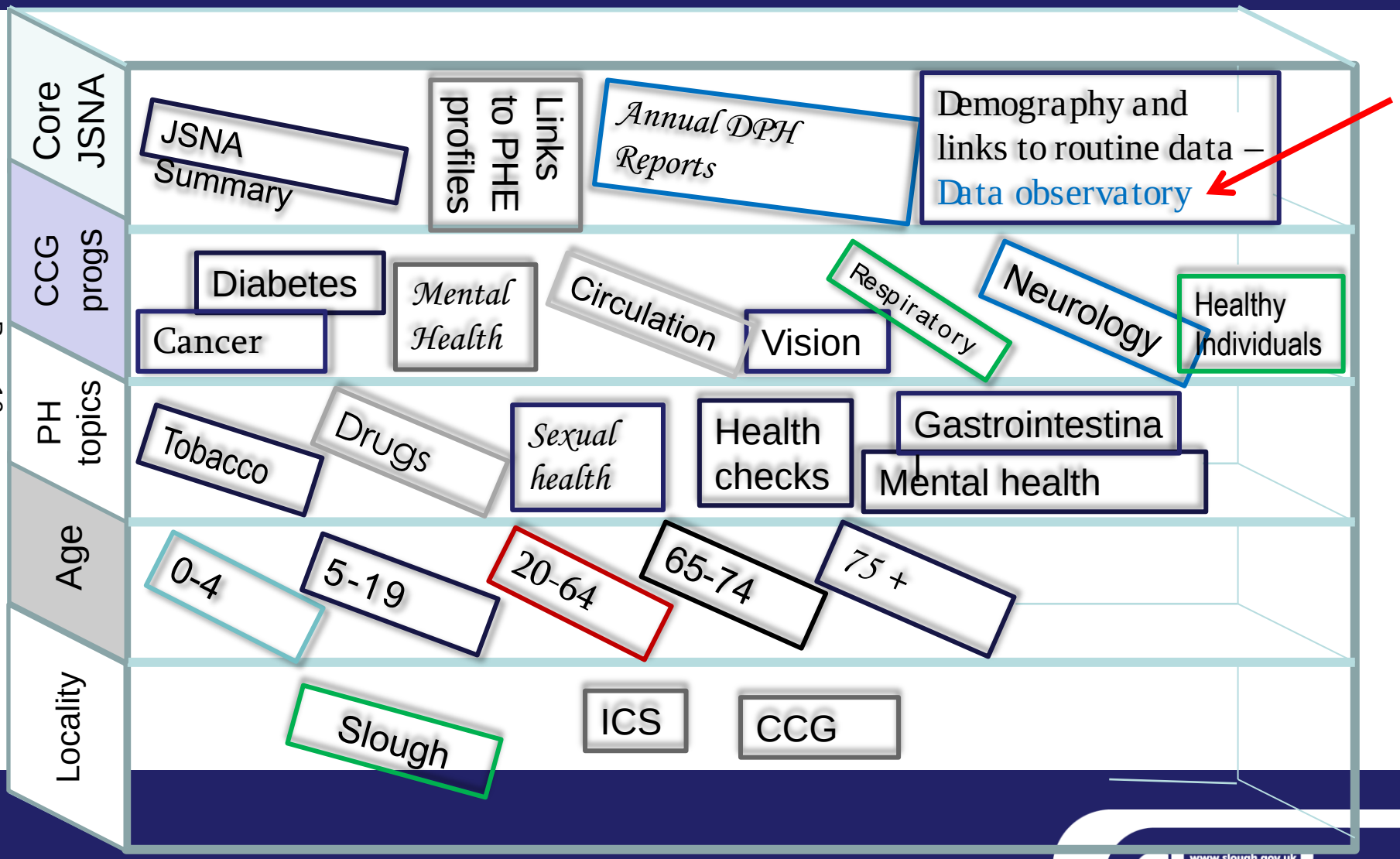
Future plan: Data Observatory allows creation of Ward Health Profiles with latest automatically-updated data

Current Ward Health Profiles available at: https://www.slough.gov.uk/council/joint-strategic-needs-assessment/slough-ward-profiles.aspx

Slough Health Beliefs Research project findings
Ward level analyses

- Community led research project to involve Slough residents in a local conversation on health and activity levels;
- Identifies what residents believe they can do to keep physically and mentally well and prevent poor health with support from the council as needed;
- 2 phases – Opinion gathering + Survey
- Overall findings have recently been reported (25 Sep 19) but we are awaiting analysis by ward.

Developing a library of information resources for decision making for Slough



Creating a Slough Data Observatory within a pan-Berkshire framework

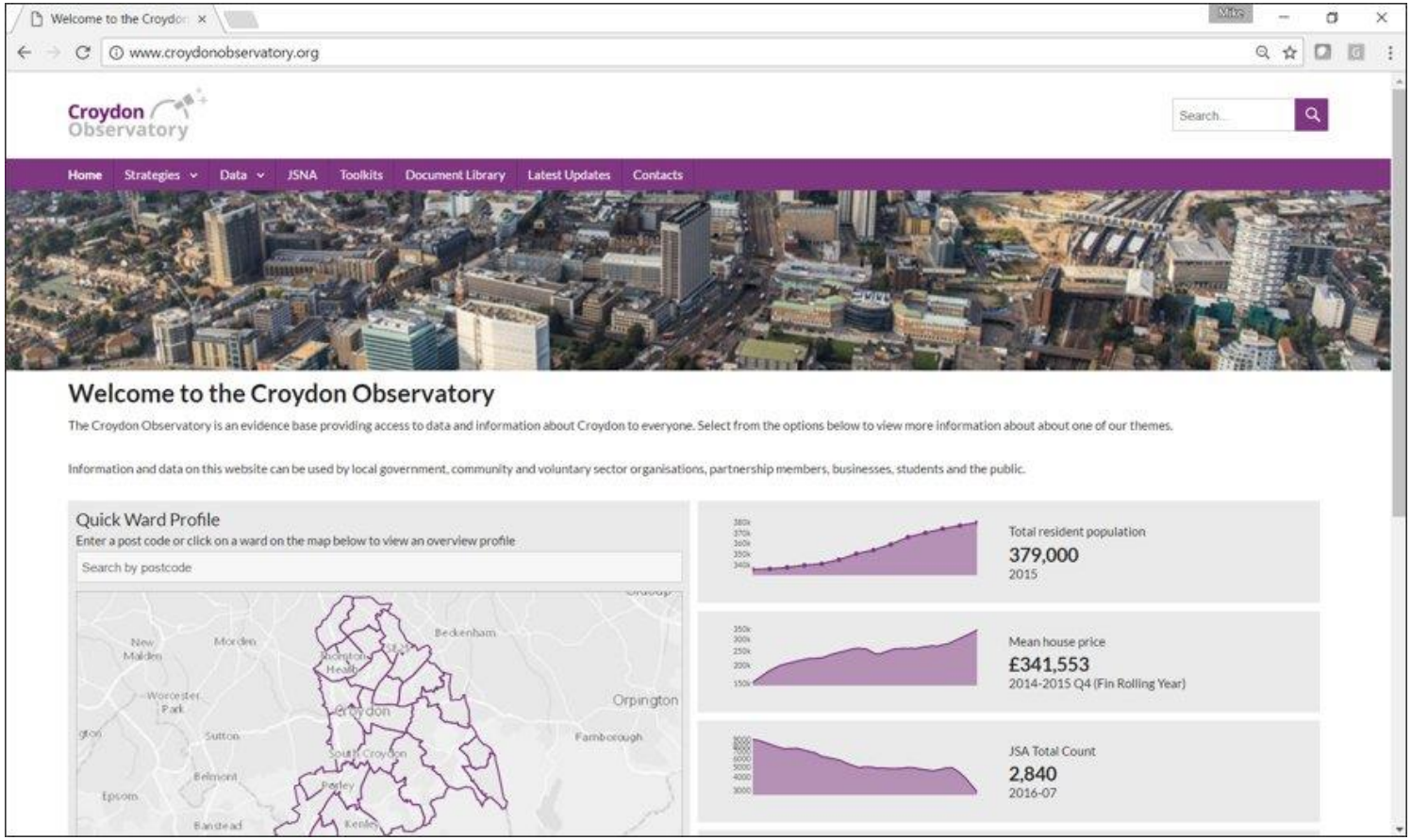
Instant Atlas – Provided by Geowise

A shared endeavour to produce, maintain and utilise a suite of tools to identify health and wellbeing priorities and guide decision making that reduces health inequalities and enable communities to live healthy lives – accessed via the Berkshire Data Observatory

Why?

- Met the needs of all Berkshire LAs
- Configurable flexible system
- Pages can be locked down
- Custom Reports can be made
- More indicators can be added (including locally collected)
- Can be integrated to existing websites

Instant Atlas – Example from Croydon

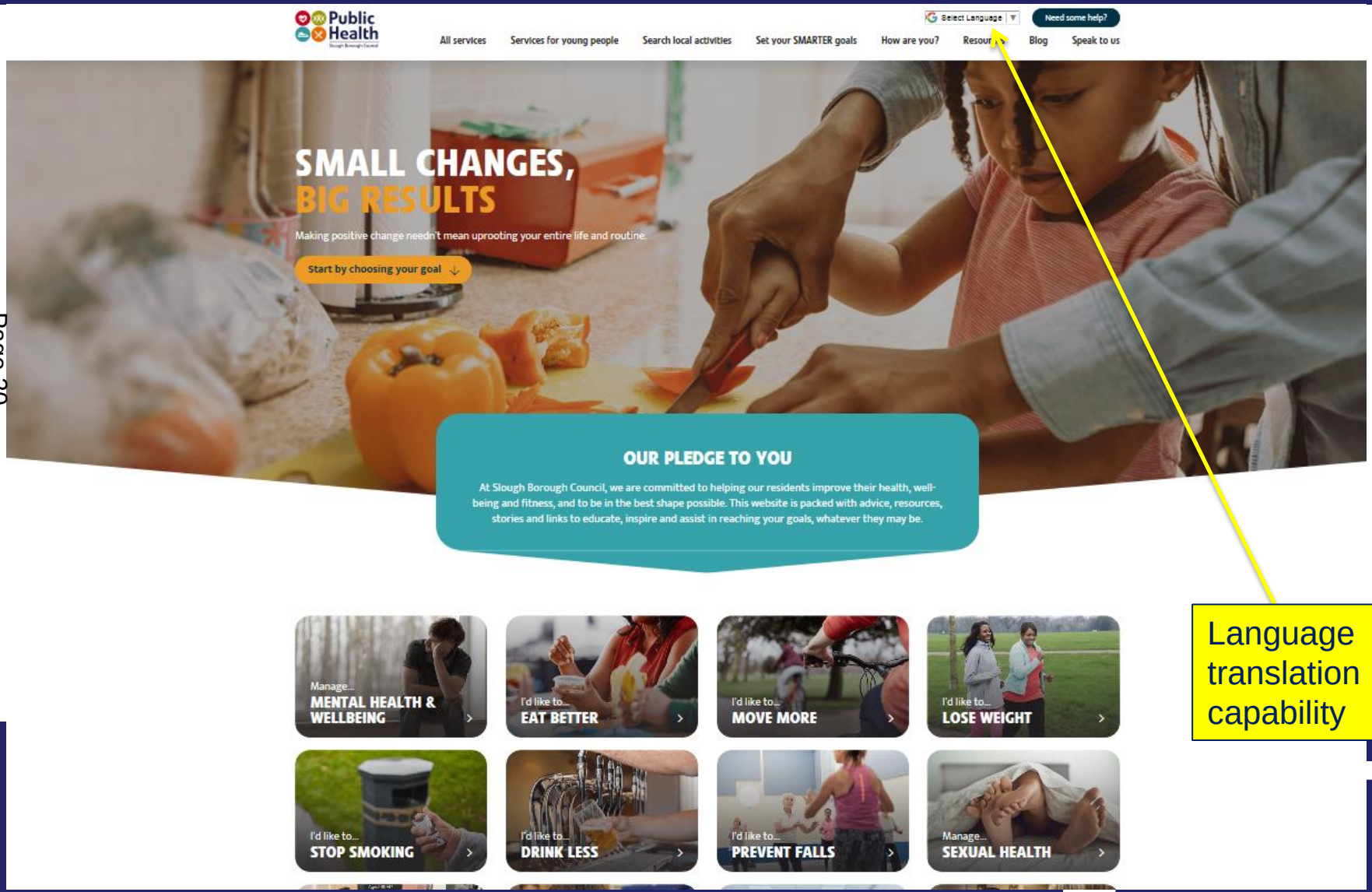


Progress update

Technical development – progress update

- Development of Berkshire Data Observatory using Instant Atlas ✓
- Geowise testing ✓
- Super-user and key partner review
  -Technical, Analytical, Strategic, Aesthetic
- Domain name ✓
- Go live launch
  - Key comms needed at this stage
- Wider comms and engagement
  - Options: User guides, Workshops & Presentations
- Further technical development based on needs

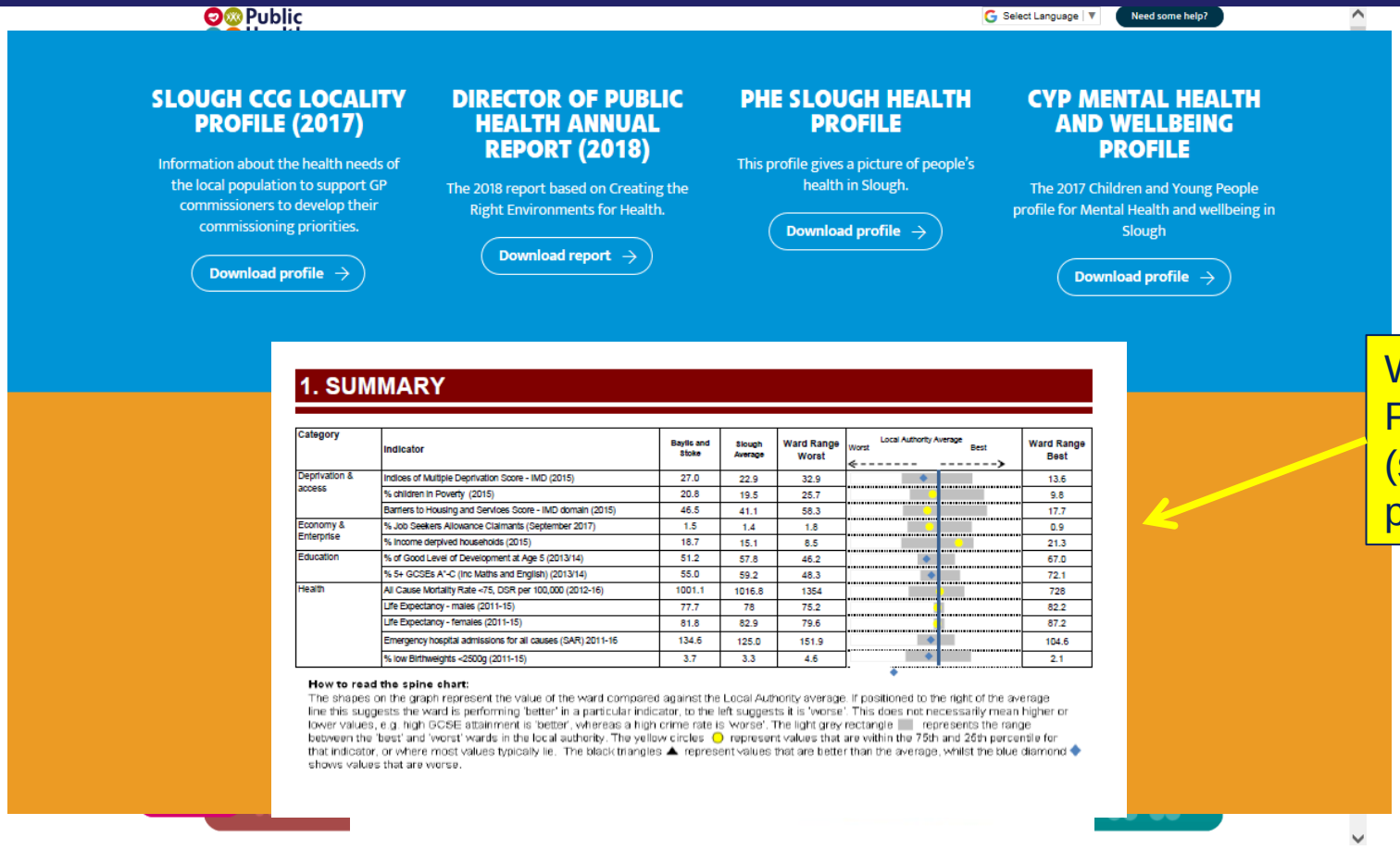
New Slough Public Health website: A platform to share information for all



Language translation capability

Sharing existing data - JSNA

Sharing existing data – Other reports



Category	Indicator	Baylis and Stoke	Slough Average	Ward Range Worst	Ward Range Best
Deprivation & access	Indices of Multiple Deprivation Score - IMD (2015)	27.0	22.9	32.9	13.6
	% children in Poverty (2015)	20.8	19.5	25.7	9.8
	Barriers to Housing and Services Score - IMD domain (2015)	46.5	41.1	58.3	17.7
Economy & Enterprise	% Job Seekers Allowance Claimants (September 2017)	1.5	1.4	1.8	0.9
	% Income derpived households (2015)	18.7	15.1	8.5	21.3
Education	% of Good Level of Development at Age 5 (2013/14)	51.2	57.8	46.2	67.0
	% 5+ GCSEs A*-C (Inc Maths and English) (2013/14)	55.0	59.2	48.3	72.1
Health	All Cause Mortality Rate <75, DSR per 100,000 (2012-16)	1001.1	1016.8	1354	726
	Life Expectancy - males (2011-15)	77.7	78	75.2	82.2
	Life Expectancy - females (2011-15)	81.8	82.9	79.6	87.2
	Emergency hospital admissions for all causes (SAR) 2011-16	134.6	125.0	151.9	104.6
	% low Birthweights <2500g (2011-15)	3.7	3.3	4.6	2.1

Ward Profile (summary page)

For any questions, please contact:

Liz Brutus – Service Lead - Public Health
Tim Howells – PH Programme Officer (Instant Atlas lead)

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SLOUGH BOROUGH COUNCIL

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

CONTACT OFFICER: Tim Howells, Public Health, Slough Borough Council
(For all Enquiries) (01753) 875144

Dr Liz Brutus - Service Lead Public Health (SBC)

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 automotive 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** 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 where 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 ±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 follow points present some of the key findings and highlights of the quantitative phase. For more detail on these please study 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 heathier 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 Heath

- 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

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m·e·l research

Slough Health Beliefs Qualitative Research

Slough Borough Council

Headline findings and Key Themes

July 2019

Project details

Project title	Health Beliefs Qualitative Research
Client	Slough Borough Council
Project number	19011
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Introduction

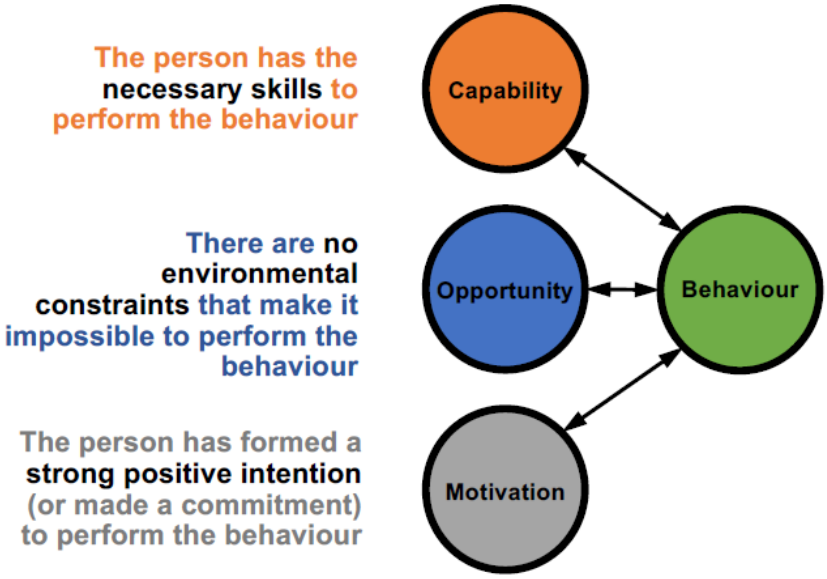
Slough Borough Council wished to commission an in-depth, community led research project to involve Slough residents in a local conversation on health. Primarily, it was to focus on what residents believe they can do to keep physically and mentally well and prevent poor health in themselves and their loved ones. This would likely to draw on understanding residents' health beliefs, their levels of health literacy and behavioural insights.

This document provides a headline summary of the Qualitative Stage of the Health Beliefs Research. It consists of a Stakeholder workshop, six chattabout sessions with local community groups - Aik Saath, Art Beyond Belief, Berkshire Autistic Society, Britwell Recycled Teenagers, Chalvey Community Forum, Rise & Shine Slough - and two focus groups with residents.

General approach

To support the research we are using the COM-B behaviour change model (Capability, Opportunity and Motivation - Behaviour). The COM-B model will assist 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.



COM-B[1] gives us insight into which elements, in particular, are most likely to have a positive impact on success. For example, whether an increase in physical activity is due to a desire to lose weight (motivation), positive support provided by their family or friends in their efforts to increase their physical activity levels and healthy lifestyle (social opportunity) or whether they have the necessary knowledge and ability to participate in a specific sport e.g. swimming, running, cycling etc (capability).

It should also be noted that the elements of COM-B can be interlinked, with the various aspects enforcing or detracting from each other – for example, the opportunity and interest of children to participate in cycling many be outweighed by a parent's concerns (motivation) over safety.

Stakeholder workshop

The Stakeholder workshop was attended by representatives from the Active Communities Team, Customer engagement and transformation, Early Years, Community Mental Health Team, NHS East Berkshire CCG, Community Dental Service Oral Health project, School Sport team, Slough Children's Services Trust, Slough CVS, Slough Parks Team, Wildfowl & Wetlands Trust and Young People's Services.

The workshop was facilitated by David Chong Ping, Local Government Research Director at M·E·L Research and Jeromy Oliver, Senior Teaching Fellow UCL, Centre for Behaviour Change.

The objectives of the workshop were to brief Stakeholders on the approach to the Health Beliefs research project, covering both the qualitative and quantitative stages as well as to gain an understanding of the current challenges, plus key health and activity themes of particular interest to stakeholders. Taking an Appreciative Inquiry approach - working on strengths and positives - the discussion and activities undertaken by Stakeholders looked to identify where we are now, what gaps exist in knowledge and what behaviours need to be targeted to promote positive behaviour change.

Stakeholders were introduced to the COM-B model of behaviour change and, working in pairs, were asked to consider the types of information needed and questions that needed answering for each aspect of the model. The findings from this stage helped to scope the topic guide and themes to be subsequently discussed with the wider community.

[1] COM-B forms the hub of the Behaviour Change Wheel (BCW) around which there are nine intervention 'functions' aimed at addressing deficits in one or more of the COM-B conditions. Around this are seven categories of policy that could enable those interventions to occur.

Chattabouts

The second stage was to conduct chattabouts - our 'streetwise' form of group discussions, but more informal and participatory - with local community groups that represented the key groups identified in the Stakeholder workshop.

Chattabouts mean that we work closely with the VCS sector to 'piggyback' on existing community meetings and events, usually by partnering with third-sector organisations. We attended their meetings rather than expecting them to travel to give their views. This meant that meetings were in a recognisable environment which people know and trust. They are also more natural settings for participants, putting them more at ease and speaking to them in their 'space'.

Six community groups agreed to participate in the research covering young people (11 to 19), mental health and wellbeing support, support for parents of children with Autism, support for isolated and lonely residents from the Indian community, support for the over 55's and a local community forum. In total, some 100+ residents attended these sessions.

The objectives of the chattabouts were to gain an understanding of residents' views and thoughts on how they can tackle key issues that affect their health and their behaviours and attitudes to staying healthy and active.

While the chattabouts provided an ideal opportunity to gather views and thoughts from a wide range of residents and differing community groups, the duration and style of discussions did not always allow for all topics to be discussed in full detail. To therefore support the chattabout findings, two focus group discussions were undertaken.

Focus groups

Two focus group discussions were conducted with a broadly representative sample of residents aged between 18 and 70; one at Langley Pavilion and the other at the Counciloffices at St Martins Place. The profile of participants is shown in the tables below:

Age band	Qty
18 to 24	2
25 to 34	2
35 to 44	6
45 to 54	1

Marital status	Qty
Single without children	6
Single with children	1
Married with no children	1
Married with children	6

55 to 64	3	Married with children left home	1
65+	1		

Carer	**Qty**	**Housing status**	**Qty**
Yes	3	Home owner	9
No	12	Housing tenant	3
		Living with parents	1
		Private tenant	2

The discussions focused on residents' views on how they could stay healthy and active with a particular focus on oral health, sexual health, immunisation and screening/health checks. The discussions also looked at where residents expected to find information on these topics and their use of online tools and social media.

Broad Findings

The following analysis looks at the views and behaviours of residents when compared to their psychological and physical capabilities, the physical and social opportunities they have and their reflective and automatic motivations – linked to the COM-B behaviour change model.

Capability

In the main, residents' knowledge and awareness (their psychological capability) had been informed by ongoing media messages and by social norms. National and local campaigns on healthy eating and exercise have clearly been successful in raising awareness of what people 'should' do. When asked what people can do to stay healthy and active, many people mentioned healthy eating, having a balanced diet and doing some form of exercise or daily activity.

> "It is an all-round thing… so healthy eating, exercise, sleep. I think it's a balance in your whole life, not just 'oh to be healthy you've got to eat healthy'. Taking care of yourself, with health needs, maybe being able to go to the doctors when you need to and dentist appointments. Just a bit of everything really."

> "Living a healthy lifestyle, eating well and exercising."

> "Being able to get up and about and go on walks."

While physical capability was said to decline with age as people generally just 'slow down' and start to have mobility problems, even older residents recognised these campaign messages. This was evident when they were asked what they might do differently if they could go back in time. Here residents talked about making healthier choices, such as not smoking and drinking less, and being more active at an earlier age. They suggested, in hindsight, they probably would not be suffering from the ailments they now have if they had heeded these messages earlier.

> "Energy levels are definitely something that change with age."

> "I think when you're younger you don't think about it but when you hit 50/60 you think about it because you want to live as long as you can. You don't really think of those things when you're younger."

This finding was clearly demonstrated in one of the chattabout sessions where many of the younger children struggled with the concept that 'prevention is better than cure' (when it comes to being healthy and active). The phrase was taken literally, with 'cure' taken to mean

illness, rather than the phrase having a wider connection to making positive and healthy choices.

That said, when asked more widely what they do to stay healthy and active, all of the children and young adults at this chattabout could discuss the range of activities and exercises they participated in, including those as part of the school curriculum.

Interestingly, children found it much easier to list the things that detracted from a healthy and active lifestyle. They recognised that computer games and social media led to more inactive lifestyles. Similarly, they recognised that they have healthy and unhealthy options when it comes to diet and behaviours (e.g. fast food, sugar, drinking, smoking, drugs).

> "Eating healthy is a lot about knowledge. We're often told what *not* to eat, e.g. McDonald's, but not told what *to* eat."

This suggests that social norms, driven by national and local media campaigns, are definitely raising awareness levels. While there may still be further work to be done on raising awareness for some groups of the population, in the main, residents' psychological and physical capabilities appear to be strong when applied to healthy and active lifestyles. Nevertheless, one resident was aware of Slough having challenges with childhood obesity but did not understand why this was.

> "I think they've done a lot of things on diabetes. I think Slough is proven to be a pocket, country-wide, where there is a lot of diabetes… they have specific nurses that educate children from a young age. But it's why? Why Slough? What's the reason?"

Mind, body and soul

Older residents (e.g. 50+) were often quicker to mention mental wellbeing than younger residents (although this was still on younger residents' radar). This is likely due to older residents having been in the workplace for longer, having families and juggling priorities, as well as dealing with elderly relatives with age related mental health conditions. Some people mentioned that recent media focus and positive messages around mental health were starting to break down the stigma of mental health issues – allowing conversations to take place.

> "Avoiding stress… it's how you deal with it, there's always going to be stress around but it's how you deal with it and cope with it… but then you're not only talking about physical health your talking about mental health as well."
>
> "Yeah because it allows you to get things off your chest that you might otherwise keep inside."

Nevertheless, having the necessary awareness and ability to make healthy choices, stay active and promote positive mental wellbeing does not always lead to the opportunities or motivation to make those choices. Having found that many people (but not necessarily all) have the capability to be healthy and active, the next section considers the social and physical opportunities that can support this.

Opportunity

In the main, residents in the chattabouts and focus groups demonstrated they had the Capability to be healthy and active. They had the broad psychological awareness of their own capabilities and where mostly physically capable of undertaking suitable activities.

Where differences in sub-groups of the population start to appear is with Opportunity. Here we are considering the interpersonal influences, shared practices and social norms and values displayed by residents. How they might best be made aware and supported by people they know, and what role there is for social networking and influence.

We also consider what environmental, physical and technological infrastructure could support and sustain positive behaviours, what levels of access residents may have and what potential barriers there might be, such as time and money.

Social opportunity

The power of social opportunity was identified during the Stakeholder Workshop during discussions around the positive and increasing growth of 'Run with Active Slough' sessions. It was suggested that word of mouth had helped increase participation in these sessions, driven by the positive experiences of those attending. The friendly, less formal nature of the activities, where everyone is welcome, young or old, is enhanced by being free and volunteer led. The use of social media had also further endorsed social opportunity – the Facebook page shows a range of photos of people from all walks of life engaging in activity across the Borough.

It was suggested that this type of social activity overcomes some of the barriers of other physical activity sessions, such as going to the gym. Stakeholders in the workshop and participants in the chattabouts and focus groups all highlighted the social pressures of going to a gym – the 'need' to wear 'sports' attire, to have a certain body shape, and to look 'competent' undertaking the activity.

Even when people had attended an initial induction session and had been shown how to use the equipment, this was often felt to be too quick and then embarrassing if they had to ask how it works on their next visit. This perceived social requirement (clothing, body shape and competency) was also said to be true of group classes run at gyms or leisure centres – leading some to believe 'it was not for people like them'. Promotional imagery showing slim, sports attire clad, toned and glowing models is unlikely to resonate with those not already engaged in sports and leisure activities.

> "What I noticed was that when they had the induction, they would come with maybe 12 to 15 people…. And they'd all be motivated to do this and do that… and they'd be given the induction on how things work and stuff. And then next time, from the 15 people, only one or two comes and the following week nobody comes from that group… I tell you why, it is too overwhelming, and they simply don't connect with them."

Other residents highlighted that gyms were not social spaces as most people turn up to undertake their own routines and simply 'plug-in their headphones and zone out everyone else'. This was seen as a particular challenge by those with mental health conditions.

> "I went to a drop-in (gym session) at Hope College. I had my induction and I went to one session and I realised this isn't for me… I don't feel as though I belong here… everyone just looks different… I don't fit in. So it was just too much, it was overwhelming. Even though in the old gym they had a separate women's area, even in there I was like 'I can't do this'. I just don't like the closed in (feeling) or the people… yeah, it's the people."

> "I can totally relate to that. I go, but that's exactly how I feel. Sometimes I'm lucky enough to strike up a conversation with somebody… on the treadmill or wherever… but it definitely somehow I get taken out of my own comfort zone."

> "Isn't it really odd that that's the one place that nobody talks to each other. Like nothing. It's all headphones in… In the gym it's like there's no bonding, there's no community, no nothing… no interaction."

Promoting healthy choices at wider social events was highlighted by participants in the focus groups. To make this more inclusive, they suggested having healthy food options at free or subsidised rates to encourage people to try something different, and not just the 'default' of a burger. Similarly, the children in one chattabout suggested that it was easier and cheaper to purchase an energy drink from the High Street than a bottle of water.

> "Another thing is food festivals. People in the summer like being outside, going to a big open space, bit of music, etc. Do that but do it on a healthy eating basis and don't have burger vans all the way around…. Either make it free or cost effective and get people engaged"

> "Or if you are going somewhere and there was an incentive to have the healthier choice on the menu… (but) salads are about £12 on a menu!"

> "Yeah, a salad can be the same price as a burger and chips."

The chattabout sessions also reinforce social opportunity. We attended local community group events and activities that brought together local people to participate in shared experiences; whether this was young people and community cohesion activities, older people's lunch clubs and line dancing sessions, mental wellbeing shared arts projects and activities, older Asian women's yoga and exercise classes, or simply a support group for parents of children with Autism.

Many of those in the chattabouts suggested that the facilities (physical opportunities) existed to undertake activities to help stay healthy and active, but they needed to know that they would fit in and be around like-minded, similar and familiar people.

> "I don't think necessarily there is a lack of facilities, places to go to, to do these events but maybe a lack of organising these things. It's very difficult to just turn up yourself… you need some structure there."

A participant in a focus group also highlighted this need 'to fit in' when talking about a GP referral service (social prescribing) healthy eating and weight activity they were aware of.

> "There is a programme that Slough and other councils do that you get referrals from your GP… it's called Eat4Health… but they also have other ones to help stop smoking or drugs. I think its 3 months… they have a session every week about an hour and a half… you do exercise but also have a talk and discussion around food and calories. That seemed really positive and I think it's got to be slightly limited because its free… but if more people knew about it, it would be really helpful because you're in a group of like-minded people."

Parents recognised that they need to try and provide a balance for their children between those activities that might be fun with friends, but indoors, to social activities that are outside the home.

> "You've got to get a balance. Obviously, they want to do that [play games, watch YouTube] and everyone's doing that, that's the thing. You've got to get some understanding to give them that time, but you have to have a balance so that they do other things; athletics, football, swimming."

Raising people's awareness of the range of opportunities to participate in healthy and active activities will still be a challenge; the use of local community and support groups to spread the word is likely to be beneficial. This was demonstrated by a participant in a focus group that did not feel there were opportunities for girls and young women to get involved in team sports. In contrast, another participant suggested that activities were available, but clearly people did not know about them.

> "Personally it doesn't affect me, but they don't really target females at all. I don't think Slough as a whole does anything to help young females get into sport or anything like that. I've got younger cousins, sisters, etc, and they struggle to find activities to do as a team."

> "I understand with those sports, but I disagree personally because I was involved briefly in trying to set up netball in Slough. So that's set up now and that's ladies netball."

Another challenge is how to promote activities to the widest range of residents, with some activities simply not on their radar. The use of social media was considered a more useful tool than leaflet drops or newspaper articles for some residents.

> "Within the park actually… one of the other weekends there was something going on with gazebos and things with the kids. There was a group there teaching them how to skateboard and other things… But I didn't know about that, I didn't see that promoted. There could've been a lot more children over there, they could do a lot more things like that."

> "See I wouldn't be doing things like issuing leaflets because any leaflets we get they're immediately binned… They could do more like big scale campaigns on social media just to make people aware of actually what's there, how we can access it."

Another way for social opportunity to be encouraged is through the promotion of volunteering; this could also be beneficial in helping to tackle loneliness and isolation across the Borough.

Physical opportunity

It would be much harder for the activities described above to take place (or be formed from new) if suitable space and venues were unavailable or too expensive – the support of the Council and other local community partners is therefore critical in ensuring suitable spaces, times and infrastructure is available and maintained and widely promoted to residents. Unfortunately, this was not always found to be the case.

Very few people were aware of the extent (£62m) of regeneration and investment that the Council had made in health and leisure facilities and activities. Whilst many where aware 'The Centre' was the newest addition to leisure provision, this knowledge was not universal. In fact, some of the children in one of the chattabouts did not know that The Centre had now opened.

Many where aware the Montem centre had closed as a result of The Centre opening. A number of these residents suggested that this had reduced the opportunities for them and their family to participate in activities as the new centre was further away, now being two bus journeys. However, it does not appear that many residents had considered or explored alternative ways of accessing The Centre, such as walking or cycling. The distance between the two facilities is less than 1 mile or a 20 minute walk for the average person.

> "I used to do a lot of swimming and a lot of walking so I'm hoping to get back to that. Unfortunately, it's a much longer walk now because I live just down the road from Montem Sports Centre and now they've moved to The Centre."

There also appeared to be some perceptions around the lack of availability and poor(er) quality of local community assets and leisure facilities that had occurred over time. Some residents, in each of the chattabouts and in the focus groups, mentioned that their local area had suffered from decline and closure of services that support healthy and active lifestyles.

In Chalvey, for example, residents talked about a lack of services for younger people now that the YMCA was no longer funded to provide a youth club. They also highlighted the closure of the community centre and a general lack of investment in their area.

> "One thing the council's done is they've put a lot of outside gyms into parks… but what we don't have is youth clubs… we don't have any facilities for youngsters to actually take part in coordinated activities. We've had a few in the past but eventually the funding runs out… the YMCA used to have one called the 'hang out' which was funded by children in need and it was quite good".

> "We used to have a library and a community centre, but they are knocking it all down to build a school, so they temporarily used the library for some of the younger children."

This suggested lack of investment and replacement of facilities, they claimed, had led to an increase in anti-social behaviour, including street drinking and drug taking - residents are linking a lack of opportunity to a break down in social norms, with energy being spent on partaking in non-healthy activities.

> "Quite a lot of street drinking as well that goes on as well as drug taking."

> "Drug takers tend to be younger… sort of teens through to thirties."

While these residents highlighted a decline in physical opportunities others were aware of the Council investing in equipment and infrastructure for younger people and families, such as the Green Gyms. Similarly, Slough Active was known by a few residents, but not the majority that we spoke to.

> "We've got one in our road [gym in a park], and there's always people on it. It's a mixture of both, the kids have got like an enclosed football area and then there's a zipwire thing and then a gym park thing."

> "Slough Active does loads of different activities. I've done things that I wouldn't have done before; paddle-boarding, running group."

> "They don't promote it enough. I've lived in Slough all my life and never heard of it."

> "I think it's about communication. The communication in Slough about everything, from recycling to exercise available, is poor… they're not reaching everyone."

The Council will need to consider how best to promote and advertise the range of opportunities that are available to residents. While raising awareness of the range of activities and locations in which to participate in sport and leisure activities across the borough (and beyond) would go some way to encouraging people to give something a try, any promotional activity will need to actively demonstrate both the physical opportunities and the wider social opportunities available to people.

A further challenge is 'a lack of time', perceived or actual. Many residents claimed that they were too busy to undertake activities to stay healthy and active, such as cooking a fresh meal from scratch or doing simple exercises, such as a brisk walk. Here, tackling motivation is more important (discussed in the next section).

> "With activity, I don't have the time. I have 2 kids, while they're in school I'm working and then when we get home you have to do dinner, etc."

However, we did encounter real time challenges for single parents and people looking after those with disabilities, such as Autism.

> "Looking after yourself and doing exercise, etc, is the last thing on your list of things to do. There's lots of other things to do that comes first… managing the household, caring for my child. Just leaving the house can be quite a challenge… you know [child's] delay tactics. You may have to work out what sort of mood they're in to work out how you can leave the house."

> "Meeting the needs of our children becomes very exhausting so even if you're getting enough sleep, you're still tired. Just meeting their needs on a daily basis, having to talk to schools, talking to the council, etc... as well as being a normal parent and looking after 2-3 other neurotypical children just creates pure exhaustion. So, if you did have a spare hour, the thought of actually going to the gym… I'm like no."

Finally, cost remains an opportunity barrier for some people and communities in the Borough. Free or subsidised activities could help overcome this. This was also suggested when considering technological support mechanisms to help people make healthier choices.

> "There are lots of parks and actually lots of facilities to use… The actual cost now though of hiring those out, for example Upton Court Park… they've put such a price now that we just can't afford to do anything."

> "One thing I think the council could do is there are all these apps these days on smartphones giving you healthy options but most of them you have to pay a fee say £5.99 to sign up. If the Slough Borough Council area was to give a limited time period discount code with the incentive to try these apps out… I think something like that would work great."

Motivation

Perhaps the most challenging aspect of changing to positive behaviours is managing the balance between automotive motivation (habits, emotions, desires and impulses) and reflective

motivation (plans, beliefs and intentions). Ideally, we want residents to reflect on their behaviour using controlled, rule-based, conscious and rational thoughts – but these take time and effort. Most of the time we make effortless, sub-conscious, emotional and automotive decisions – because it's quicker and easier.

For example, it's easier for one parent to simply get ready meals for their family than perhaps put the effort into planning how to prepare a healthy meal from scratch that could be reheated later. Others find it too much of a chore and so suggest time is the issue.

> "I think it's really hard (cooking healthily and eating together) when you've got a family, and they all come in at a different time."

> "Sometimes… at the moment I am sick of cooking. I'll eat healthily if someone cooks it, because it's just too time consuming."

However, there were some that recognised that their behaviour was not healthy and so made the effort to be healthier when cooking for their family.

> "When you've got a responsibility to feed other people, I think that's when it kicks in actually what you're doing. When it's just yourself it's easy to just eat what's convenient."

One participant in a focus group had joined Weight Watchers (WW). The WW programme is underpinned by the behaviour change principles of making small, concrete, achievable goals, playing to 'ego', incentives, recognition that small slips may happen (but do not detract from overall goals) and the social opportunity of undertaking something with like-minded people in similar situations.

> "I think the shock factor of seeing the amount of 'sins' for a meal I would normally eat, that shock factor made me stop. Then when I had one week of following this plan and I lost half a stone, that incentive, that was it. Then I was eating the salad off the menu when I went out because losing weight outweighed the fact that I was spending £12 on it. I think you have to see the results."

To try and overcome behaviours linked to automotive motivation, there are a wide range of behavioural interventions that have been introduced, including defaults, social norming, priming, commitments, ego and incentives. One form of incentive is the dis-incentive. Examples of this include taxation, such as on alcohol, tobacco and now sugar. These do not work for everyone.

This was demonstrated during discussions around eating healthily. While we could see that people have the Capability and Opportunity to make healthy choices, the automotive motivation remains too high for some to change their behaviour.

> "They put the price up on Coke, that didn't stop me from buying Coke."

> "It's too easy to get fast food. For me, I can go and get a takeaway for £6 but if I was to cook say a healthy meal, we're talking £15 on ingredients and then cooking it… It's just so easy, with Uber Eats and Deliveroo now. I just don't think there's enough healthy food that is on offer that's quick, easy to access and tastes good."

> "Cigarettes are probably 15 times the price they were years ago, but people still buy them."

Some residents felt the Council should be doing more to promote healthier behaviours, particularly to reduce the availability of poorer choices. The better use of planning regulations and legislation was cited as being one area that was directly under Council control.

> "How do we get everyone engaged? Not just in schools but outside of schools, growing up. It's all about engagement; how can we get communities engaged, schools engaged, churches engaged. Everyone just engaged in taking a healthier approach to life, because is probably costs the council and NHS hundreds of thousands dealing with people that suffer with obesity but then they'll put four chicken shops in one parade of shops… why are these chicken shops and everything getting the right to open up and promote all this non-healthy food because surely the council would have a say in what shops can open and not."

Other suggestions included education and training, covering school age to adults. It was also suggested that this could be supported as a group activity (Social Opportunity) with friends also participating.

> "Don't you think that men should be having lessons in school in cooking or in college or wherever, which are promoted by the Council presumably, as well as women."

> "Why limit it to schools; were all learning at different times in our lives… Why not offer these classes as a council, within locations where you and a couple of friends can go to learn how to do this or watch a seminar."

To overcome unhealthy behaviour, stronger motivations will be needed to underscore and persuade people to undertake positive behaviours. This was demonstrated during discussions

around cycling. Residents were easily able to highlight the benefits of cycling, whether to get to and from work or simply for pleasure. Parents talked about their children wanting to cycle more.

Residents demonstrated they have the Capability and Opportunity to cycle but suggested their motivation was reduced due to poor infrastructure to support this activity. They suggested that while the town did have some cycle paths, these often only covered relatively short distances, and were too narrow or unusable due to vehicles parked half on the pavement and half in the cycle lanes.

> "What's the point when cars are parked in them (cycle lanes)?"

Concerns for their safety, but especially for children, was therefore a much stronger motivator to not cycle on the Borough's roads (or pavements).

Similarly walking and cycling in the more natural environment was off-putting for some residents, as was using the Borough's parks when it starts to get dark, due to safety concerns. The less visually appealing access points to get to and from some of the Borough's green spaces was also mentioned by some.

> "We have the river round the back but there are homeless people who gather round their which can be daunting… not (just) because of the homeless people but because of the mess that's made round there."

However, a small number of residents, both male and female, did highlight the benefits they found in using the green space, including alongside the river, and that they felt safe accessing this space.

> "There a couple of really nice parks around here that are aimed at walking… There's Upton Park and there's Herschel Park… they are like beauty spots… and there's one in Langley where you can go walking… and they are safe environments where you can just go on your own."

> "The parks have got outside gyms now as well."

Self-help and preventative initiatives

When considering health screening, participants in the focus group were mostly positive about this. They also suggested that greater opportunities for health screening could be considered, such as walk-in and pop-up facilities.

> "I think they (health checks) should be done early because at the end of the day if they catch something earlier it's going to save the NHS money in the long-run."

> "If you were to offer pop-up doctor's surgeries and say if you're between this age range and live in this area you can book yourself in for this health check... I think that would work great. offering a service that people can take advantage off and use… It's about prevention."

However, whilst most felt the idea of screening was a positive step, few had actually found the motivation to attend or undertake these activities believing that too much time and effort would be involved. For some, fear was a disincentive suggesting that ignorance was preferred.

> "Through the NHS you have to be really specific about what you want, sometimes you have to jump through hoops to get there. I've got to take another day off work, another morning off and you just think oh forget it, I'll wait until it gets better."

> "It's very stressful beforehand… the initial waiting for the results. It's a massive relief afterwards to find out I'm reasonably healthy."

Similarly, fear was said to have prevented some people from getting immunisations. Participants in the focus groups suggested that media coverage of scare stories had resulted in some people not getting the necessary inoculations, such as the MMR vaccine.

> "But that was only one study… with autism… it was only one study that was never proven… But that scare factor for some people… people never had those vaccinations."

> "There's not always trust in the government because of past things… so that gives people concerns. You can kind of see why some people wouldn't have that trust."

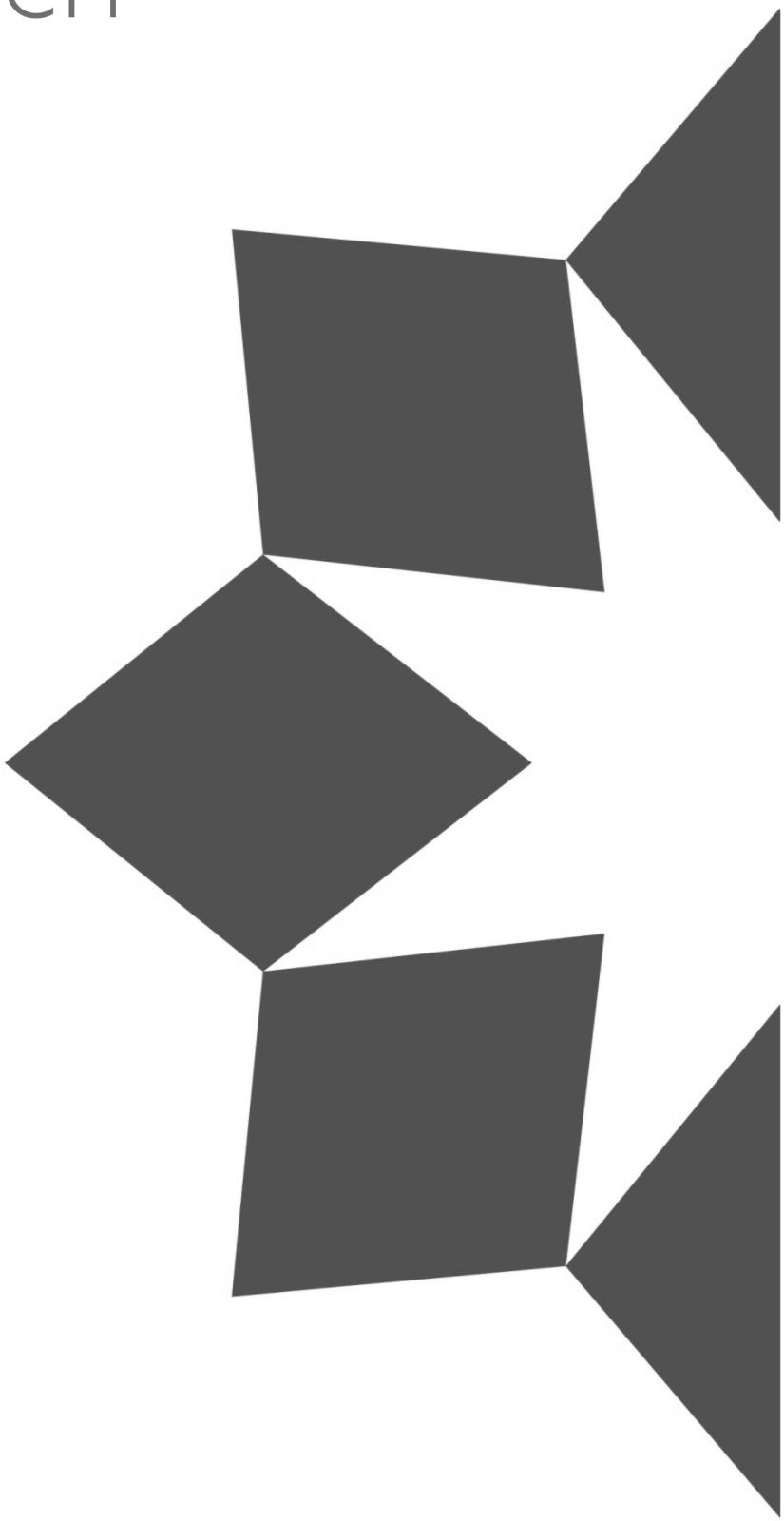
Finally, oral health was not on most people's radar at all.

Conclusion

This 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. While this stage has identified key themes, the wider survey with a representative sample of residents from across the Borough will help identify the extent to which these themes exist. The findings

from the survey should also assist in prioritising what actions are needed and with which segments of the population.

m·e·l research



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m·e·l research

Slough Health Beliefs: findings from the 'Supporting a Healthy Lifestyle' Survey

Slough Borough Council

Draft report (v2.0)

September 2019

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Project details

Project title	Slough Health Beliefs Research
Client	Slough Borough Council
Project number	19011
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Executive summary

Introduction

Background

Slough Borough Council wished to commission an in-depth, community led research project to involve Slough residents in a local conversation on health and activity levels. Primarily, it was to 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 would likely draw on understanding residents' health beliefs, their levels of health literacy and behavioural insights.

The research will be used 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 (e.g. by feeding into strategies for Leisure, Keeping Well, Obesity, Green and Open Spaces, Homelessness, the Mid-Term Financial plan and the 5-year plan).

Resident engagement

M·E·L Research were commissioned to assist the Council with a community led engagement research programme. The research requirements were to engage with residents to understand their views on how people can stay healthy and active, and what help and support would improve people's lifestyles and help people to improve their own choices around health and activity.

There were three overarching aims of the project:

1. understand residents' (and particularly groups who appear to be experiencing the worst health and well-being outcomes) views on how they can tackle key issues that affect their health, with support from the council as needed;

2. identify residents' behaviour and attitude to taking part in physical activity and sport;

3. gain a robust picture of residents prevailing rates of inactivity.

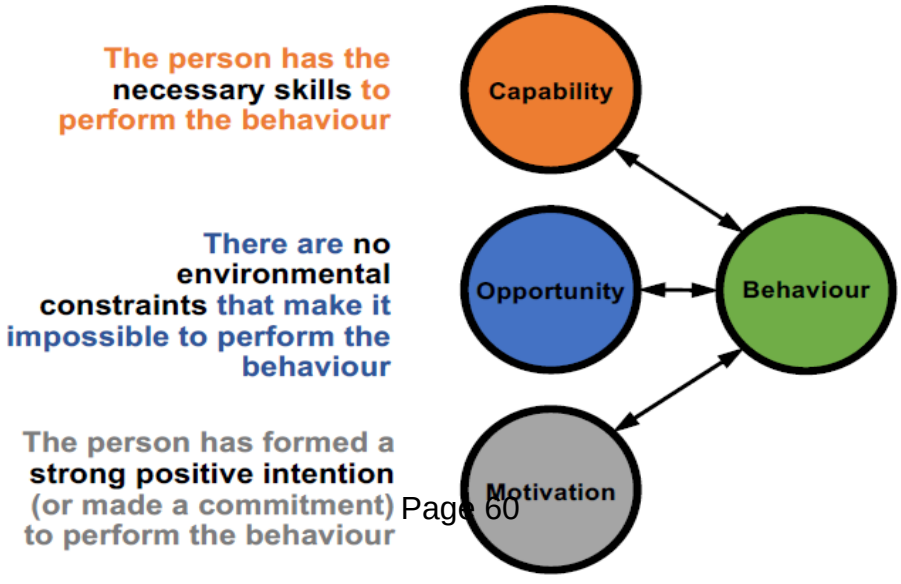
Broad approach

The research started with an initial qualitative research stage. This included an initial Stakeholder workshop that was attended by representatives from the Council's Active Communities team, Customer engagement and transformation team, Community Mental Health Team, Early Years, Slough Parks Team, School Sport team and Young People's Services, plus representatives from NHS East Berkshire CCG, Community Dental Service Oral Health project, Slough Children's Services Trust, Slough CVS and the Wildfowl & Wetlands Trust.

The objectives of the workshop were to brief stakeholders on the approach to the Health Beliefs research project as well as to gain an understanding of current challenges and key health and activity themes of particular interest.

To support the research we used an Appreciative Inquiry approach - working on strengths and positives - the discussion and activities undertaken by Stakeholders looked to identify where we are now, what gaps exist in knowledge and what behaviours need to be targeted to promote positive behaviour change. This was coupled with the COM-B behaviour change model (Capability, Opportunity and Motivation - Behaviour) to assist 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.



Following the workshop we carried out six chattabouts – our 'streetwise' form of group discussions, but more informal and participatory - with local community groups that represented key groups identified in the stakeholder workshop. These added particular depth, helping to understand residents' views and thoughts on how they can tackle issues that affect their health and their behaviours and attitudes to staying healthy and active.

To support the chattabouts findings, two focus group discussions were conducted with a broadly representative sample of residents aged between 18 and 70. One took place at Langley Pavilion and the other at the Council offices at St Martins place. These groups allowed for more detailed discussion with residents, with a particular focus on oral health, sexual health, immunisations and screening/health checks.

Quantitative survey

The findings from the qualitative stage have been summarised in our earlier July 2019 report. **This document reports the findings from the subsequent quantitative stage**, undertaken as a 20 minute face-to-face, doorstep survey with a representative sample of 1,605 residents.

Fieldwork was undertaken between 24 July and 28 August 2019. We used a stratified (by ward) Random Sampling approach to select starting addresses in each ward. Quotas where set to ensure representation for key population groups of gender, age band and ethnicity.

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. This was particularly important as the survey included an optional sexual health set of questions. Those that chose to answer this set of questions then skipped questions on general health, oral health and vaccinations. Those that chose not to answer the sexual health questions were routed to the general, oral and vaccination questions instead. This approach help ensure we kept to an average survey duration of 20 minutes, encouraging participation and reducing drop-out.

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.

Statistical reliability

The achieved confidence interval gives an indication of the precision of results. With 1,605 residents having completed the survey, this returns a confidence interval of ±2.4% for a 50% statistic at the 95% confidence level, based on the ONS 2018 mid-year population estimate for Slough of 149,112.

This simply means that if 50% of residents indicated they agreed with a certain aspect for example, the true figure could in reality lie within the range of 47.6% to 52.4% and that these results would be seen 95 times out of 100. The table below shows the confidence intervals for differing response results (sample tolerance).

Size of sample	Approximate sampling tolerances*		
	50%	30% or 70%	10% or 90%
	±	±	±
1,605	2.4%	2.2%	1.5%

**Based on a 95% confidence level*

Analysis and reporting

Differences in views of sub-groups of the population (e.g. gender, age, ethnicity, etc) were compared using Z-tests. Where sub-groups are mentioned in the commentary, these will be statistically significant results (at the 95% level). Statistical significance means that a result is unlikely due to chance (i.e. it is a real difference in the population) and that if you were to replicate the study again, you would be 95% certain the same results would be achieved again.

To provide further insight into the results, Acorn Categories have been appended to the data. Acorn is a classification system that segments the UK population by analysing demographic data, social factors, population and consumer behaviour. Acorn is broken down into three tiers; 6 categories, 18 groups and 62 types. Acorn provides valuable insight into helping to target and understand the attributes of households and postcodes areas.

In addition, analysis for agreement questions are reported for valid responses only, excluding residents who were unable to rate their level of agreement – 'don't know' was therefore classified as a non-valid response. The 'base' or 'n=' figure referred to in each chart and table is the total number of residents responding to the question with a valid response.

Owing to the rounding of numbers, percentages displayed visually on graphs and charts within this report may not always add up to 100% and may differ slightly when compared with the text. The figures provided in the text should always be used. Where figures do not appear in a graph or chart, these are 3% or less.

Report structure

The next section outlines the respondent profile to the survey. The report then moves onto the results from the survey, weaving in findings from the stakeholder workshop, chattabouts and focus groups. Alongside this report, we have also produced a separate one that outlines the headline findings and key themes from the qualitative research with residents. To gain most insight, we encourage you to read both reports together.

Respondent profile

Gender

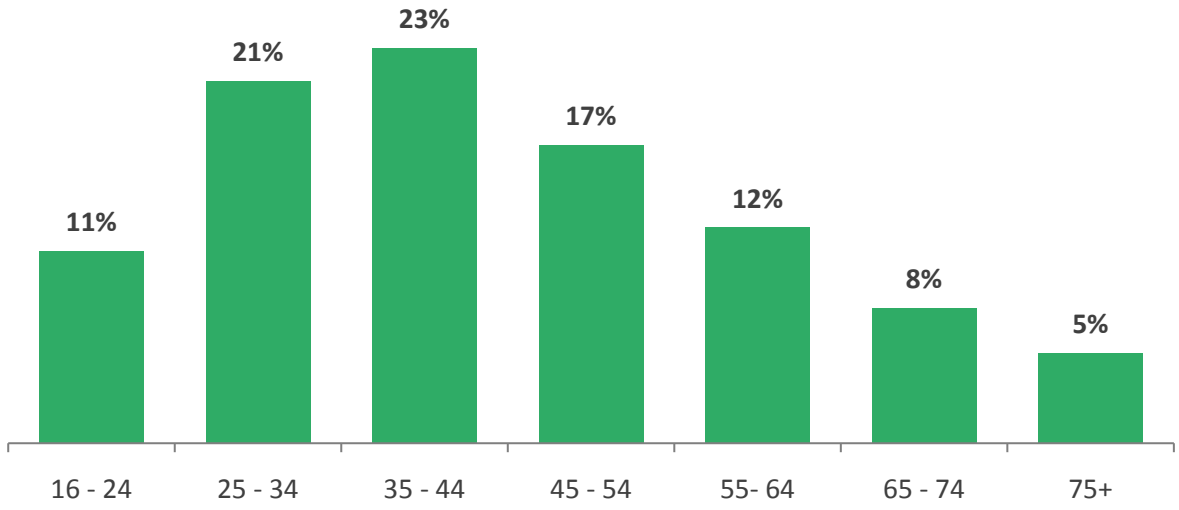
Base: 1605

50% male

50% female

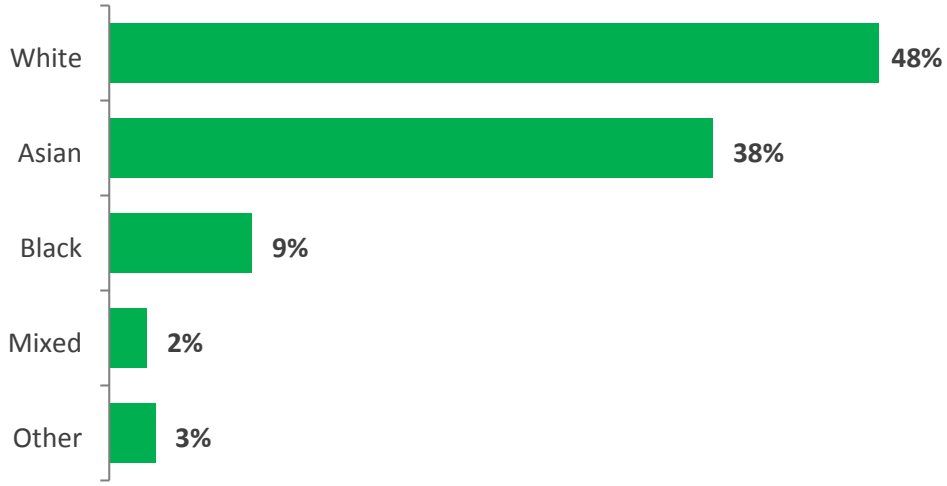
Age group

Base: 1605



Ethnicity

Base: 1605



Length of time in the neighbourhood

Base: 1605

9% Less than 1 year
28% 1 to 5 years
35% 6 to 20 years
27% Over 20 years

Children in the home

Base: 1605

56% None
17% 1 child
17% 2 children
7% 3 children
2% 4 children
1% 5+ children

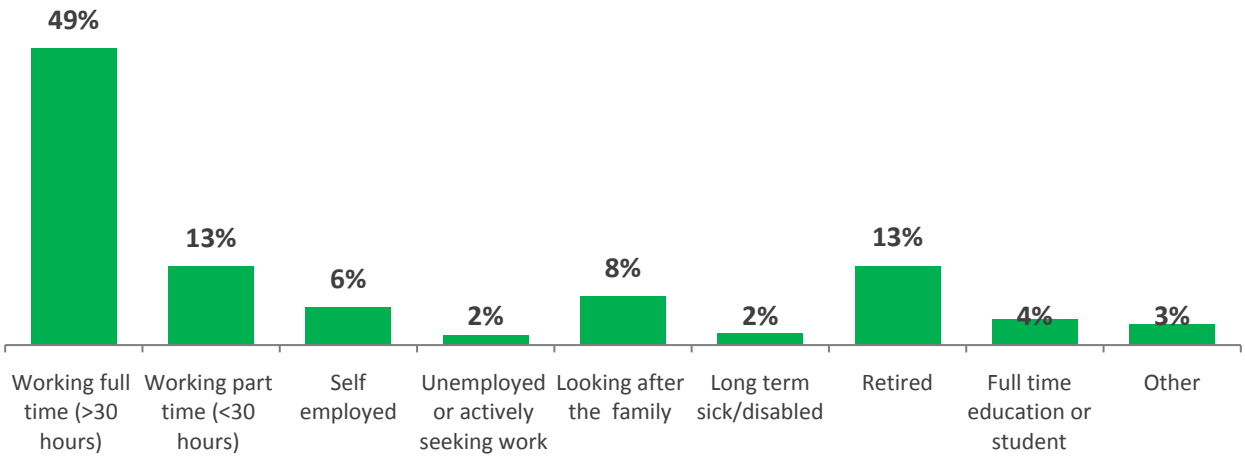
Caring responsibilities

Base: 1605

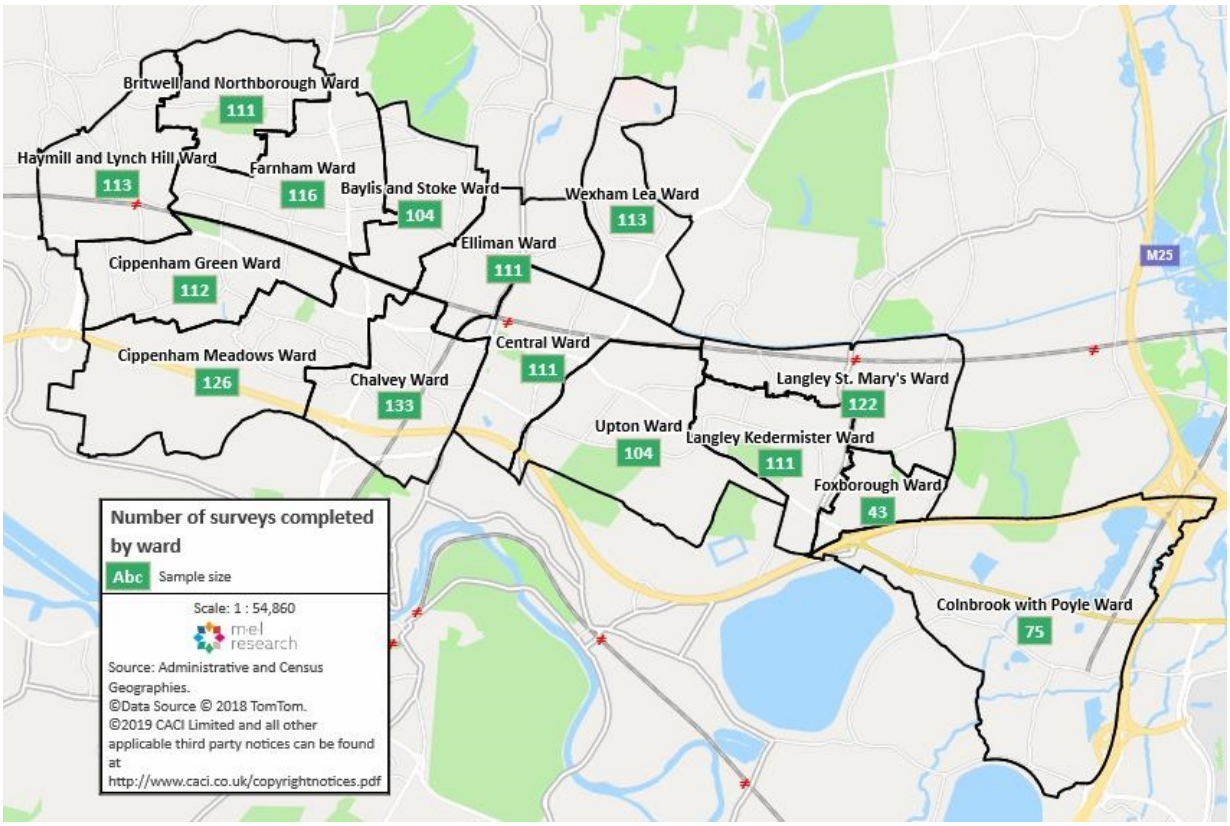
5% Carers
95% No caring responsibilities

Employment status

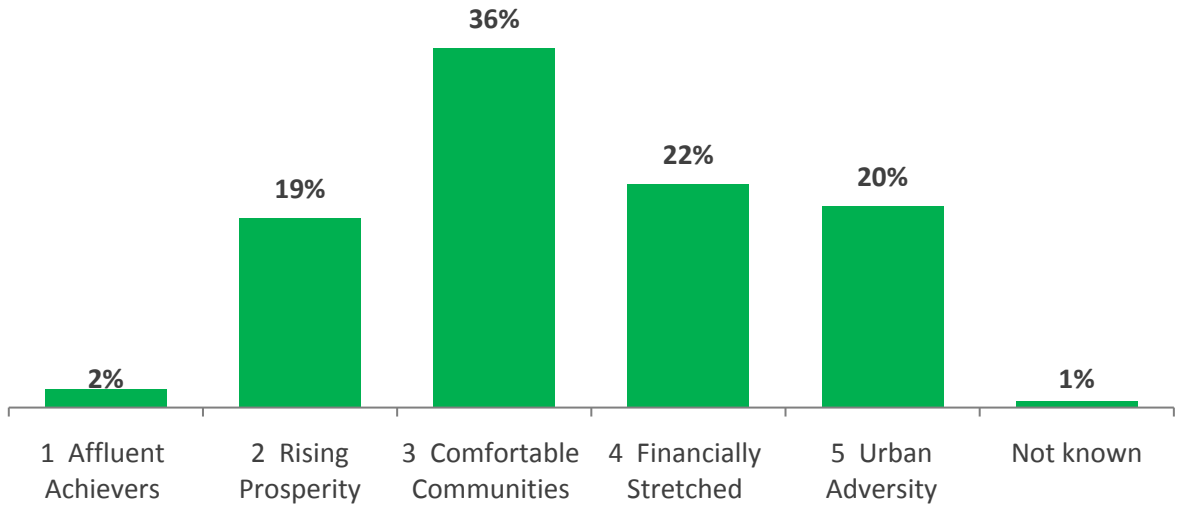
Base: 1605



Ward



ACORN Categories

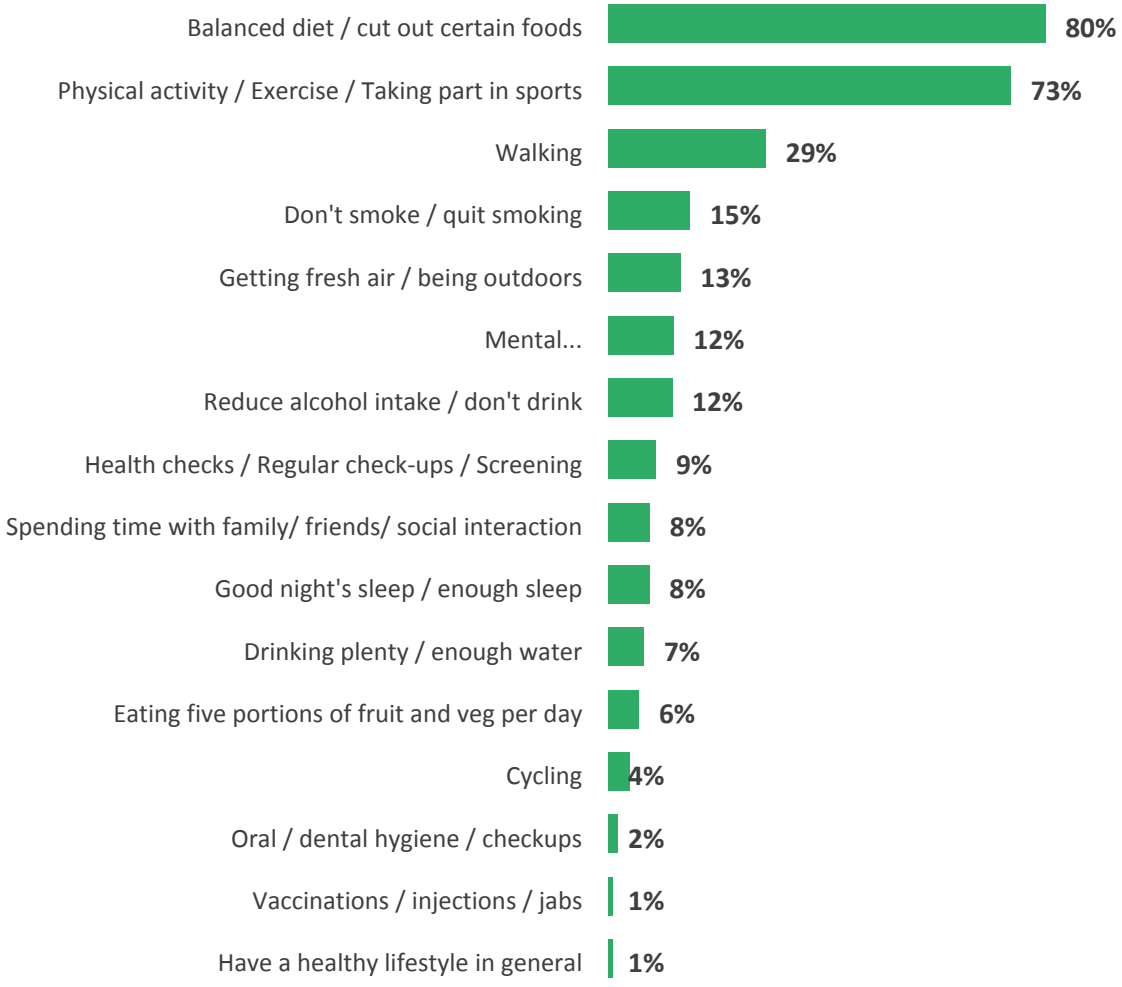


Survey findings: Attitudes to staying healthy

Staying Healthy

Residents were asked to spontaneously say what they thought 'doing things to stay healthy' meant to them. By far the most common responses were having a balanced diet (including reducing sugar, processed meats and fried foods, for example) and undertaking some form of physical activity or exercise. This clearly demonstrates that some health messages are being noted and recognised and that people understand what they should be doing.

Figure 1: When I mention doing things to stay healthy what does this mean to you?
Base: 1605



That said, and by contrast, only 6% of residents spontaneously mentioned eating five portions of fruit and vegetables per day, suggesting this message is not 'top of mind'. One other area of note is that just 2% spontaneously identified oral and dental health and hygiene as a healthy activity.

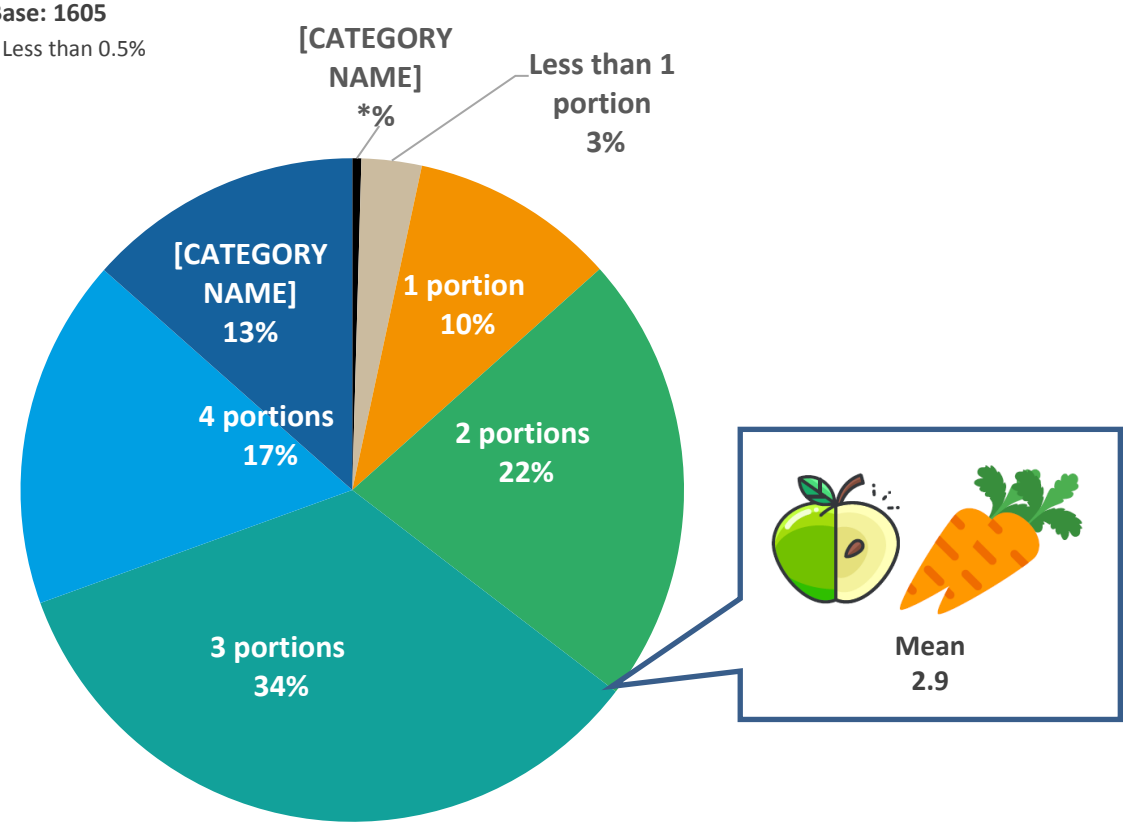
Healthy eating

Residents were asked how many portions of fruit and vegetables they eat in a typical day, excluding potato, but including fresh, frozen, dried and tinned fruit and vegetables, leafy vegetables, root vegetables, salads, peas, beans, lentils etc, vegetables included as part of a main dish (e.g. vegetable curry/cauliflower cheese) and fresh fruit juice or vegetable juice.

The proportion of Slough residents that indicated they are meeting the UK's 'five-a-day' guidance[1] is just 13%, significantly lower than the England average. The rises to 16% for women and falls to 11% for men, while 22% of those aged 65 and ov16er indicated they are getting their five a day, compared to just 11% of those aged 16 to 24.

This compares to the Health Survey for England figures where in 2017, 29% of adults were eating the recommended five portions of fruit and vegetables per day – and the average (mean) was 3.8 portions per day. Fewer men than women meet the five-a-day guideline, and young people aged 16 to 24 are also less likely than other adults to get their five-a-day.

Figure 2: Daily portions of fruit and vegetables
Base: 1605
*Less than 0.5%



[1] The UK's 'five-a-day' guidelines were developed based on a World Health Organization (WHO) recommendation that consuming 400g of fruit and vegetables per day can reduce risks of chronic diseases, e.g. heart disease, stroke, and some cancers. http://healthsurvey.hscic.gov.uk/data-visualisation/data-visualisation/explore-the-trends/fruit-vegetables.aspx

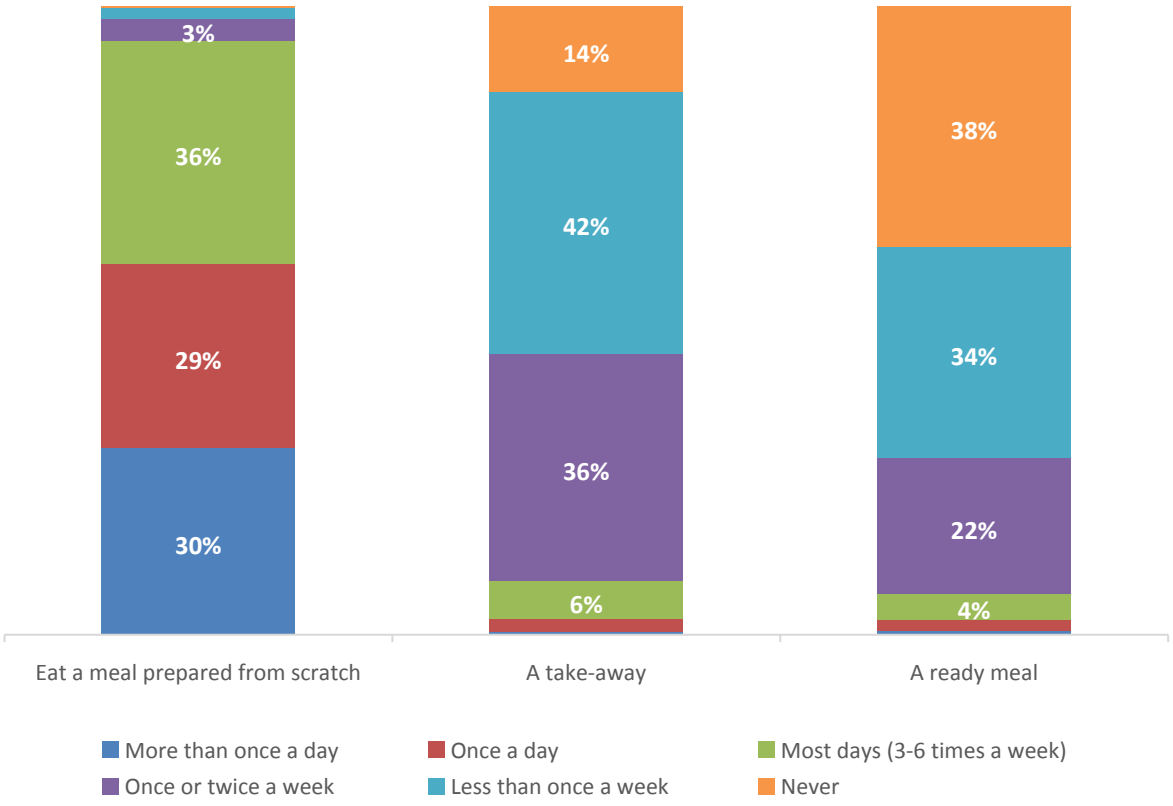
It is households from Asian backgrounds that claim to eat freshly prepared meals most often; 42% claim to do so more than once a day while a further 33% claim to do so once a day.

A significantly lower proportion of Slough households with children eat five or more portions per day (11%) compared to those without children (15%). Findings from the qualitative research indicated that busy lives, with children coming and going at different times, impacted on parent's ability/willingness to cook and eat together as a family.

Looking at the types of meals eaten on a weekly basis, around three in ten residents claimed to eat a meal prepared from scratch either once a day or more than once per day. Most often, residents suggested that they eat a freshly prepared meal on most days; 36% indicated this.

For take-away's, just over two-fifths (42%) indicated they have a take-away less often than once a week, while 36% indicate the frequency is once or twice a week. Those most likely to have a take-away on most days fall within the 16 to 24 age group; 13% indicated this.

Figure 3: Frequency of eating meals prepared from scratch, take-away's and ready meals



A significantly greater proportion of those aged 16 to 24 (46%) and households with children (43%) have take-away's once or twice a week; this compares to 39% or less for those aged 45 and over and 31% for households without children.

Almost one-fifth (19%) of those without children in their household indicated they never have a take-away, rising to 41% for those aged 65 and over.

As Figure 3 above demonstrates, the convenience of a ready meal appears less appealing to that of take-away's. Overall the largest proportion of residents (38%) indicated they never eat a ready meal. This finding steadily rises from 25% of those aged 16 to 24 claiming to never eat a ready meal to 51% for those aged 65 and over. Again, it is those in the 16 to 24 age group that are most likely to eat a ready meal once or twice a week although this is slightly less frequently than a take-away.

Weight and healthy eating

Just over half (54%) of all residents felt that they were about the right weight. Proportionally more men indicated this (57%) compared to women (51%). Looking at differences by age groups, 71% of those aged 16 to 24 indicted they were the right weight compared to 45% or less of those aged 45 to 64. Proportionally more of those aged 45 to 64 claimed they were a little overweight.

Regardless of their weight estimation, the vast majority of residents claimed they would like to eat more healthily.

Figure 4: Weight estimation
Base: 1605
*Less than 0.5%

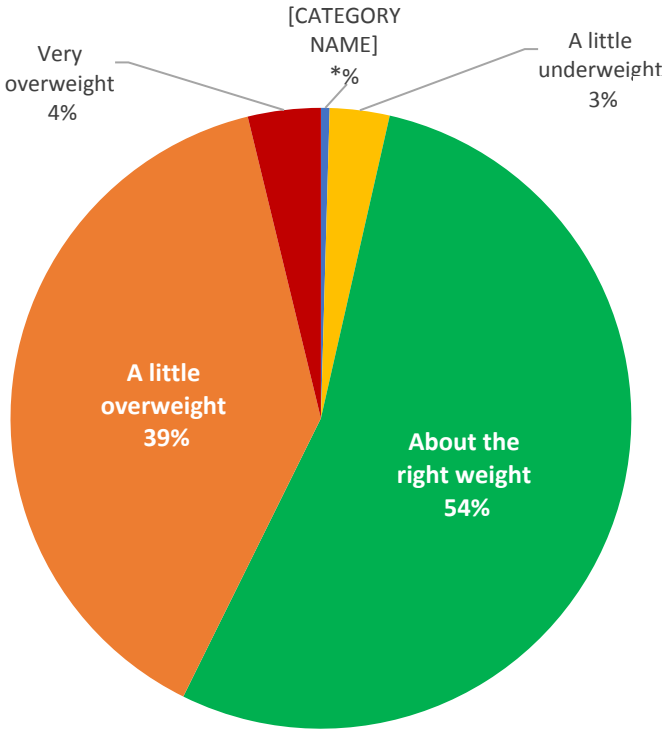
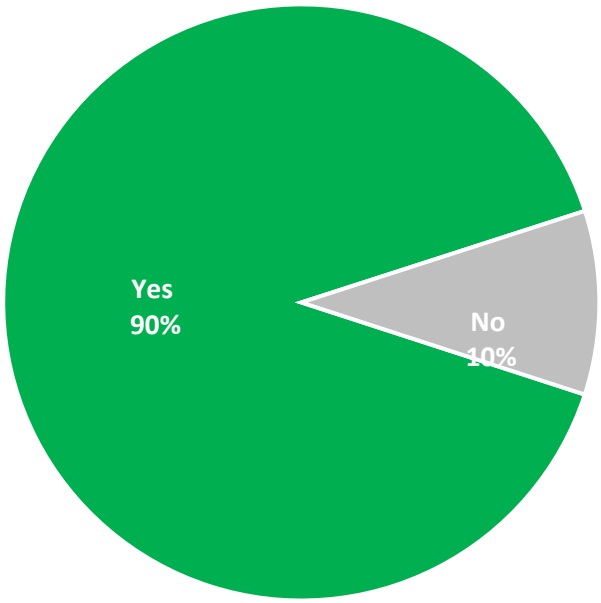


Figure 5: Want to eat more healthily
Base: 1605

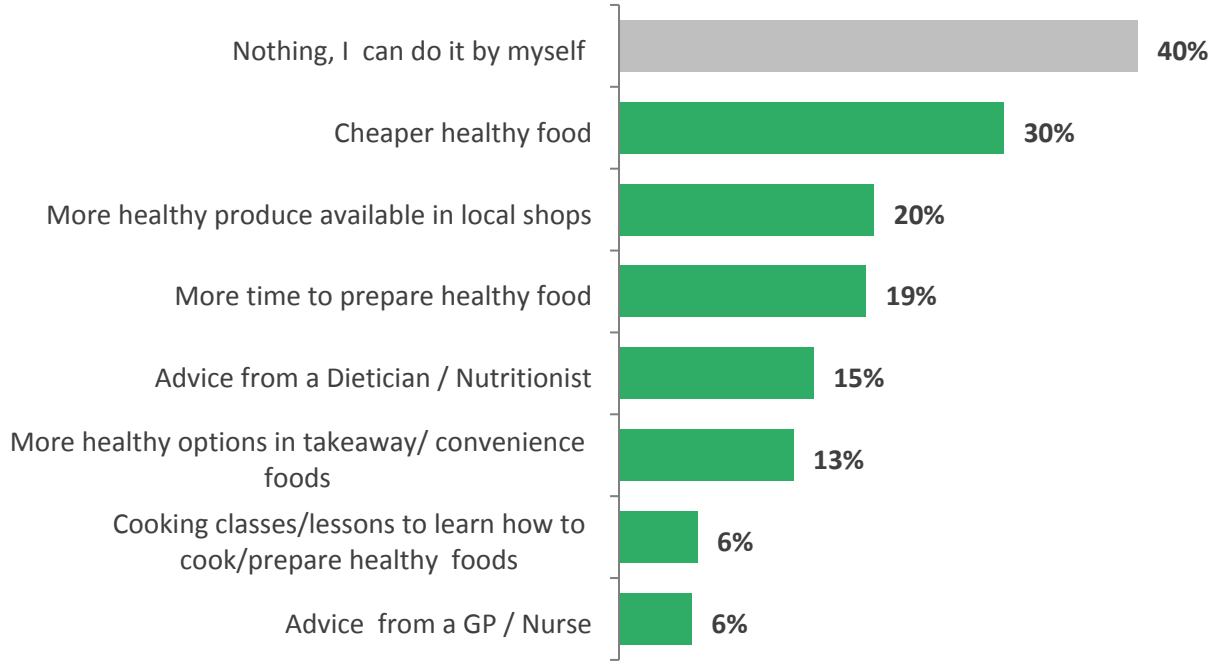


When asked what would help them eat more healthily, two-fifths of residents indicated they could do so on their own. This figure rises to 43% for those without children in their household and to 60% for those aged 65 and over.

Price appears to be a factor in being able to eat more healthily; three in ten residents identified being able to access cheaper healthier food as a way of eating more healthily. This figure rises to 38% for those in the 25 to 34 age group, 35% for those with children in their household and 36% for those that have lived in the Borough for less than 12 months. Looking at Acorn data, those in the Financially Stretched and Urban Adversity Categories also highlight cheaper healthy food as a way of eating more healthily.

Alongside price, choice and availability appears to be another factor that could support healthier eating; one-fifth of residents indicated that more healthy produce in local shops would help them eat more healthily.

Figure 6: What would help people to eat more healthily
Base: 1605



The results suggest that residents do not lack Capability, as demonstrated by only 6% indicating a need for cooking lessons (although this rises to 9% for the 16 to 24 age group) and advice from dieticians, nutritionists and GP/nurses also coming in the bottom half of the list. By comparison, price and choice fall into the Opportunity area of COM-B, while having more time would be affected by Motivation.

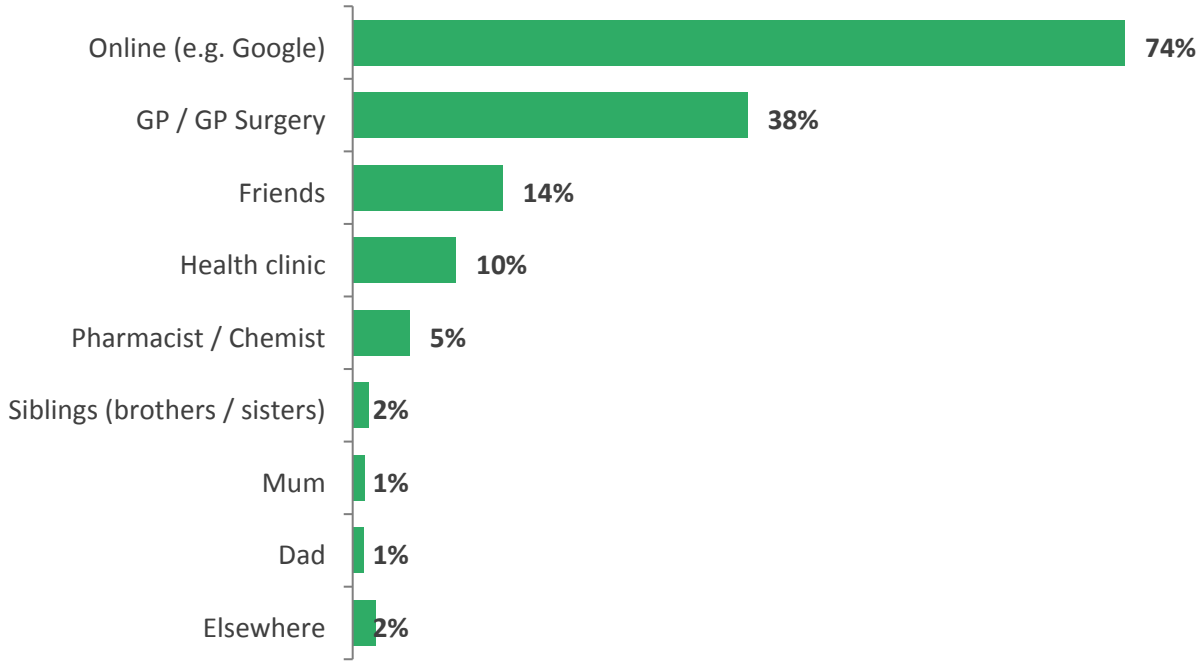
Advice and guidance on staying healthy and active

When residents were asked to spontaneously indicate where would they look or go if they wanted advice on staying healthy and active, most would look online; 74% indicated this.

In terms of NHS provision, almost two-fifths (38%) would ask for advice from their GP/GP surgery, 10% from a Health Clinic and just 5% from a Pharmacist. Reliance on a GP/GP surgery for advice is highest in older residents; 52% of those aged 55 to 64 indicated this, rising to 68% for those aged 65 and over.

Interestingly, 14% of residents spontaneously identified friends as an advice source, rising to 23% for those aged 16 to 24 and 20% for those 65 and over. This compares to just 4% overall who would speak to family members (siblings, mum or dad) – this rises to 12% for those aged 16 to 24.

Figure 7: Sources of advice on staying healthy and active
Base:1605

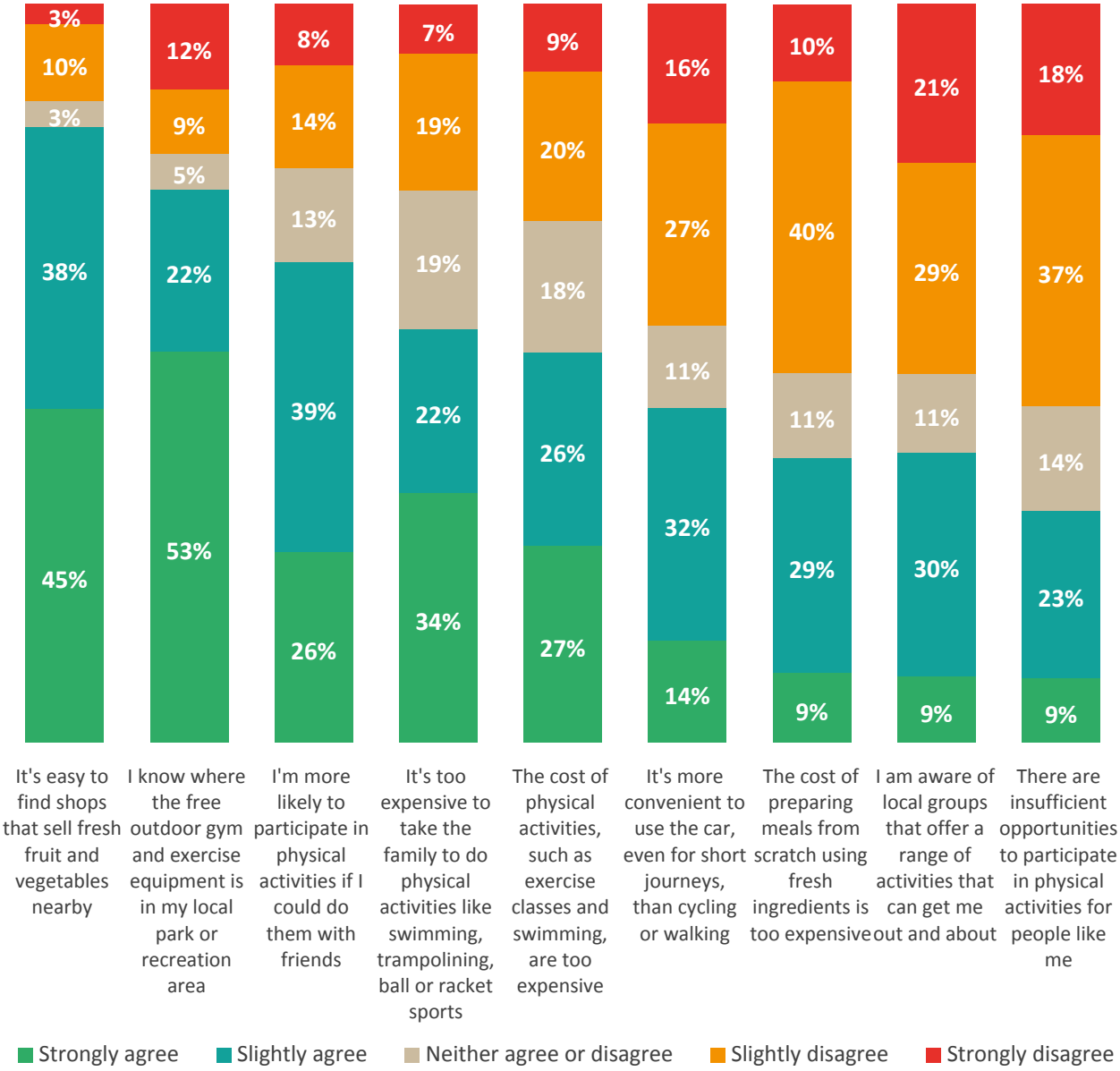


General health and activity awareness and attitudes

When asked the extent they either agreed or disagreed with a range of awareness and attitudinal statements, over four-fifths (83%) of residents agreed that it is easy to find shops that sell fresh fruit and vegetables nearby. Views are broadly similar by sub-groups of the population.

Awareness of the Green Gyms in Slough's parks and open spaces is high; three-quarters (75%) of residents claimed that they know where their local provision is. Again, the younger residents are, the more likely they are to agree.

Figure 8: General awareness and attitudes to healthy eating and physical activity (excluding 'don't know')
Base: 1456 to 1604



Almost two-thirds (65%) of residents agreed that they are more likely to participate in physical activity if they could do it with friends; 86% of those aged 16 to 24 agreed with this statement.

Over one-half (56%) agreed that it is too expensive to take the family to do physical activities like swimming, or sporting activities like trampolining, ball or racket sports. A significantly higher proportion of those from an Asian or Black background agreed compared to other ethnic groups; 64% and 61%, respectively, agreed with this statement.

In the same vein, over one-half (53%) of residents also agreed that the cost of physical activities, such as exercise classes and swimming, were too expensive. This was particularly the case for those from Asian and Black backgrounds and for those with children; 57% of those from non-White backgrounds agreed, compared to White ethnic groups, while 60% of those with children agreed compared to 47% of those without children.

Views are broadly split when considering whether it is more convenient to use the car, even for short journeys, than cycling or walking; 45% agreed and 44% disagreed. It is those aged between 25 and 64 that are most likely to have agreed. This appears to be linked to economic activity with 49% of those that are working having agreed, compared to 38% of those that are not working.

Just under two-fifths (39%) agreed that the cost of preparing meals from scratch using fresh ingredients is too expensive; 50% disagreed. A significantly greater proportion of women (42%) agreed compared to men (35%).

The same proportion of residents (39%) claimed to be aware of local groups that offer a range of activities that can get them out and about; 50% disagreed. Age is a key discriminator with 46% of those aged 16 to 24 having agreed with this statement compared to 34% of those aged 65 and over.

Some three in ten (31%) of residents agreed that there are insufficient opportunities to participate in physical activities for people like them. Perhaps encouraging, 54% disagreed with this statement. The disagreement figure rises to 64% for those aged 16 to 24 and falls to 43% for those aged 65 and over. Most likely linked to age, 57% of working residents disagreed compared to 49% of those that were not working.

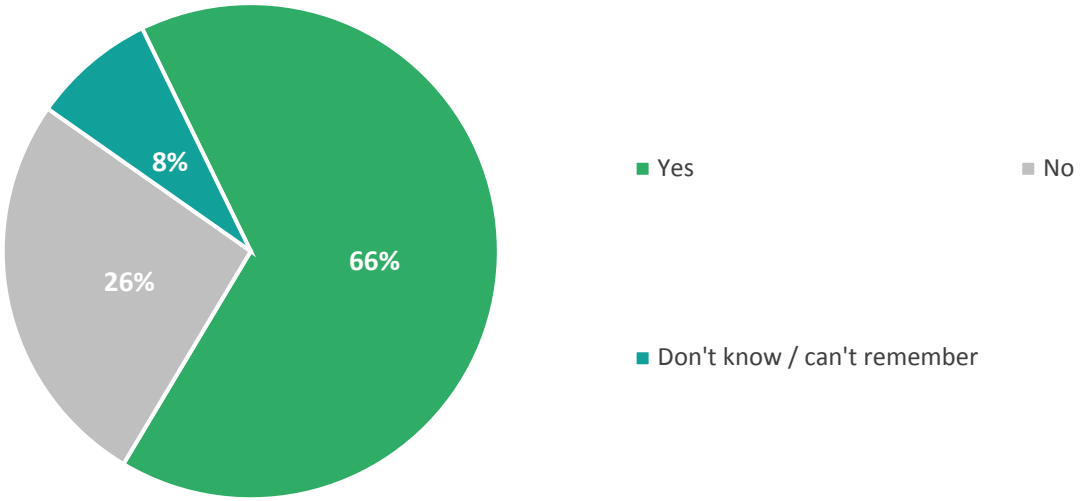
Sexual Health

All survey respondents were informed that the sexual health section explored topics such as sex education, knowledge around contraception and sexually transmitted infections or STI's, and while some questions might feel quite personal, they did not have to answer anything they did not wish to. They were given assurances of confidentiality and that all responses would be unattributable and only reported in aggregated format. They were then asked whether they wished to answer this section and 748 (47%) of the sample chose to do so; 408 men and 339 women.

Of those answering the sexual health questions, two-thirds recalled receiving sex education at school. Perhaps not surprisingly, this figure falls with an increase in age; just 21% of those aged 65 and over claimed to have had sex education at school compared to 89% of those aged 16 to 24.

A significantly greater proportion of women (71%) claimed to have received sex education compared to men (59%). Fewer of those from an Asian background claim to have received sex education at school; 53%.

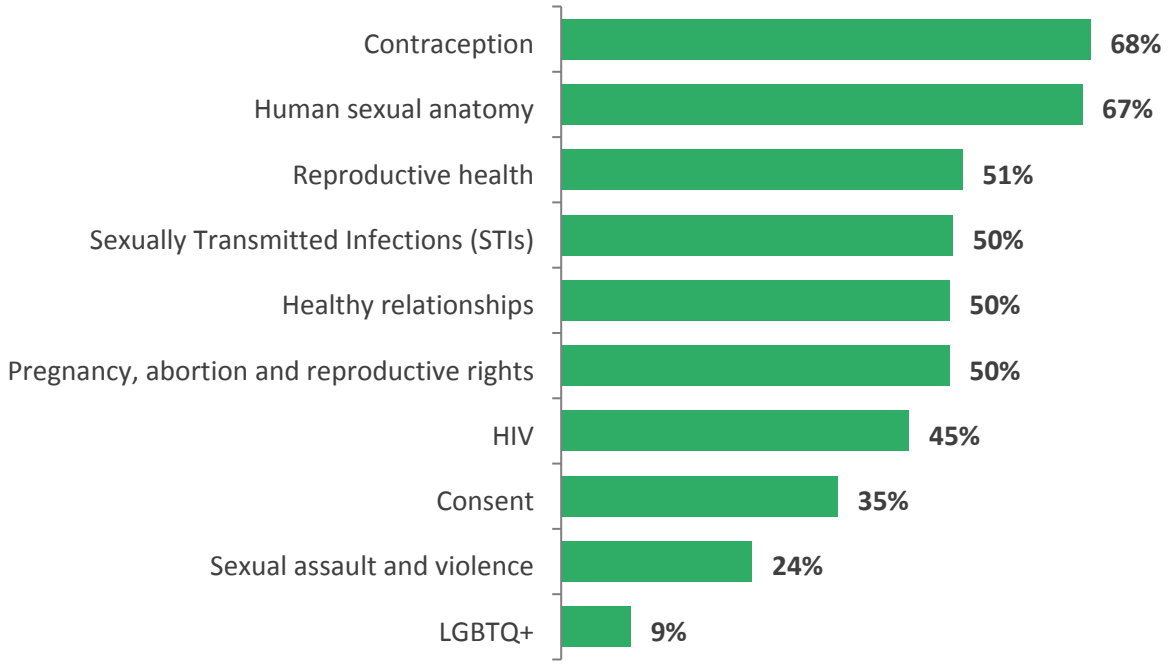
Figure 9: Whether received sex education at school
Base: 734



Just over one-quarter (26%) claimed not to have received sex education at school. This rises to 31% for men, 55% for those aged 65 and over and 35% for those from an Asian background.

For those receiving sex education at school, the most common topics were contraception and human sexual anatomy; over two-thirds received education on these subjects. Around one-half were educated on reproductive health, STI's, healthy relationships and pregnancy, abortion and reproductive rights.

Figure 10: Sex education subjects covered as part of school curriculum/programme
Base: 482



As might be expected, compared to others, those aged 16 to 24 are proportionally more likely to have received sex education on all of the topics, but especially healthy relationships, pregnancy, abortion and reproductive rights, HIV, consent, sexual assault and violence, LGBTQ+.

Contraception and STI myths

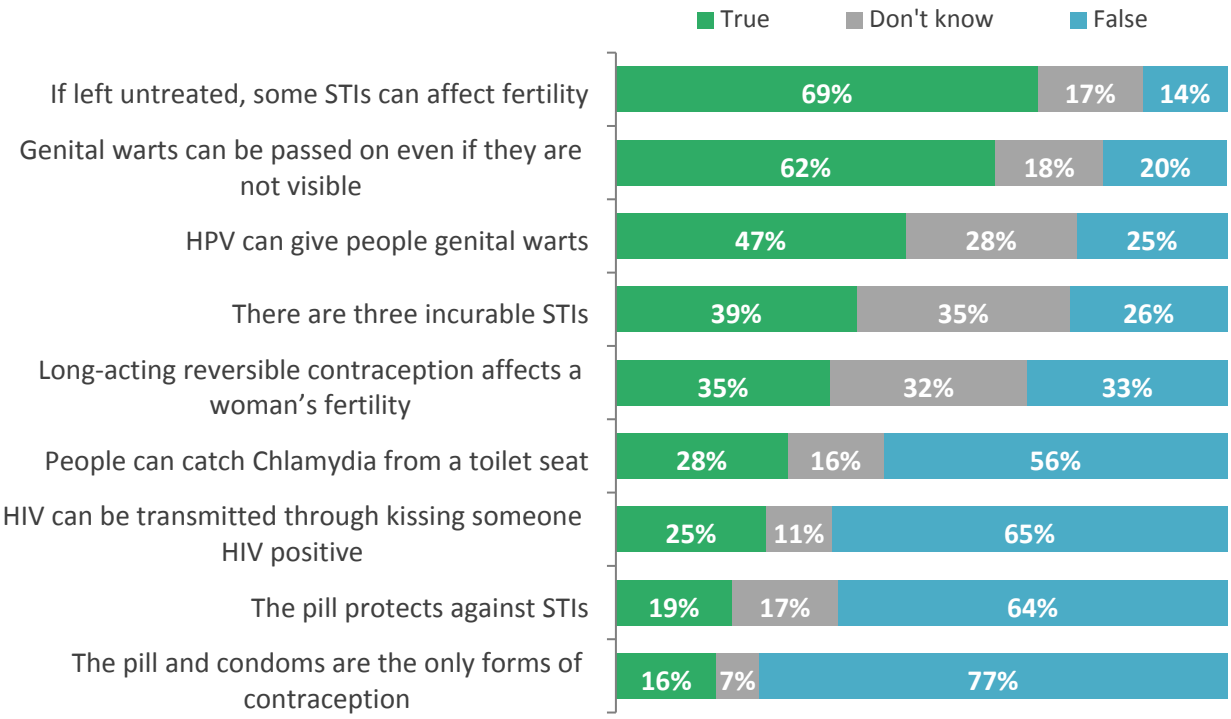
To gauge awareness (and linked to the Capability[2] aspect of COM-B) residents were asked whether they though a range of statements about contraception and sexually transmitted infections were true or false.

As shown in Figure 11 below, almost seven in ten (69%) residents recognised that, if left untreated, some STIs can affect fertility. However, 17% were unsure and, worryingly, around one in seven (14%) felt this statement was false.

Similarly, some six in ten (62%) residents were aware that genital warts can be passed on even if they are not visible, yet one-fifth (20%) believed this to be false. By comparison, only 47% felt that HPV can give people genital warts, with one-quarter (25%) believing this statement to be false.

Views on incurable STI's are mixed with the highest proportion unsure whether the statement is true or false. Similarly, views on whether LARCs affect fertility are roughly split into thirds.

Figure 11: Beliefs about statements about contraception and sexually transmitted infections
Base: 732 to 748



[2] Psychological capability being the capacity to engage in the necessary thought processes - comprehension, reasoning, etc.

Looking at the statements that are false, some three-quarters (77%) of residents were aware that the pill and condoms are not the only types of contraception, however, 16% felt this statement was true.

The proportion that recognised that the pill does not protect against STI's is 64%, with 19% believing this to be true. More women than men believe this to be false (68% vs. 60%, respectively), while proportionally more (25%) of those aged 16 to 24 believe it to be true, compared to other age groups.

Almost two-thirds (65%) of residents recognise that the statement that HIV can be transmitted through kissing someone HIV positive is false. However, one-quarter (25%) believe this to be true; this rises to 34% for those aged 16 to 24.

The nhs.uk website advises that chlamydia cannot be passed on through casual contact, such as kissing and hugging, or from sharing baths, towels, swimming pools, toilet seats or cutlery. Almost six in ten (56%) residents recognised this, claiming the statement that people can catch Chlamydia from a toilet seat was false. The figure rises to 62% for women and falls to 51% for men. Nevertheless, almost three in ten (28%) felt this was true, with those from an Asian background most likely to think this was false at 42%.

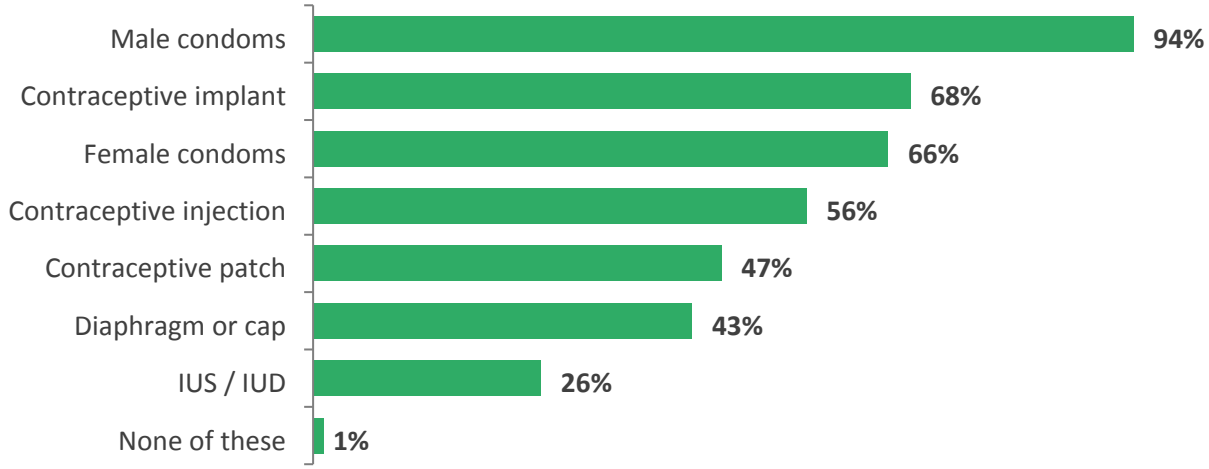
Overall, awareness for the majority of these statements was lowest in those from an Asian background, with a significantly higher proportion indicating they 'didn't know', compared to other ethnic groups.

Awareness of contraception types

When asked to identify the contraception types they were aware of from a list, the vast majority of residents claimed to be aware of male condoms; 94% indicated this. This was followed by the contraceptive implant at 68% and female condoms at 66%. Almost six in ten (56%) were aware of the contraceptive injection, 47% were aware of the contraceptive patch and 43% the diaphragm/cap. The contraceptive type with lowest awareness was the intrauterine system/ intrauterine device (IUS/IUD).

Aside from the male condom, women had far greater awareness of all the listed contraception types compared to men. Similarly, those from a White ethnic background were more aware of all the listed types compared to those from an Asian background.

Figure 12: Awareness of contraception types
Base: 743



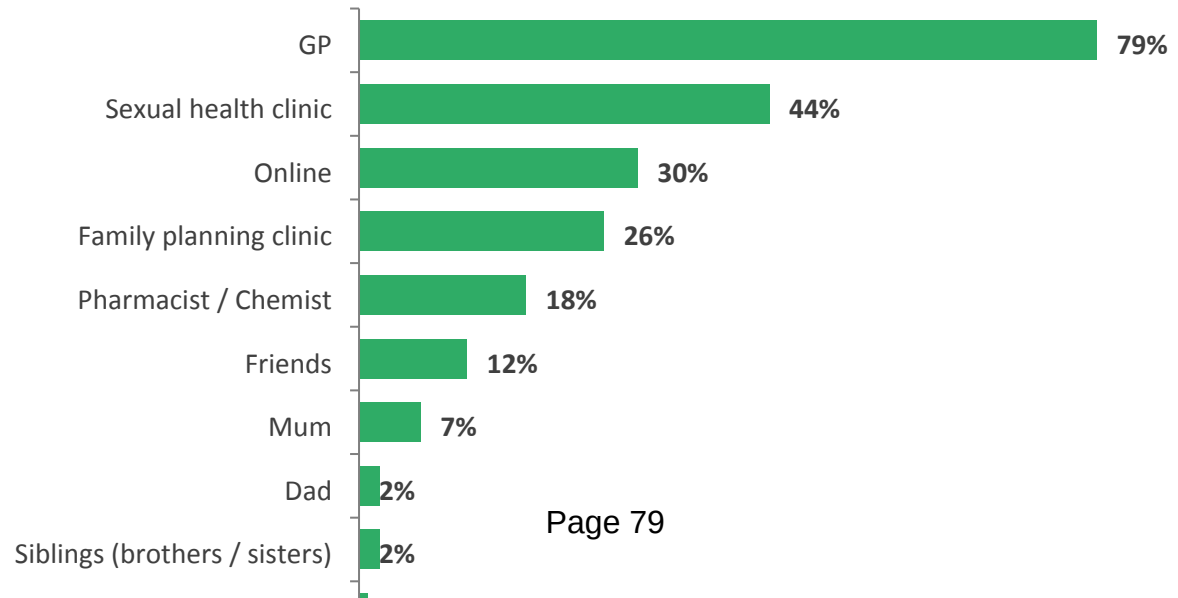
Significantly fewer of those aged 16 to 24 were aware of the diaphragm/cap compared to other age groups.

Advice on sexual health and contraception

Residents were asked to indicate from a list of possible sources, where they would have gone for advice on sexual health and/or contraception if they had needed it. The majority would go/have gone to their GP; almost eight in ten indicated this. Some two-fifths (44%) would have gone to a sexual health clinic for advice. This rises to 49% for women but falls to 39% for men.

Interestingly, and in stark contrast to the 74% of residents that would look online when seeking advice on staying healthy and active (page 17), just three in ten suggested they would look online for sexual health and contraception advice. This rises to 49% for those aged 16 to 24 and falls to 27% or less for those aged 45 and older.

Figure 13: Sources of advice on sexual health and contraception
Base: 748



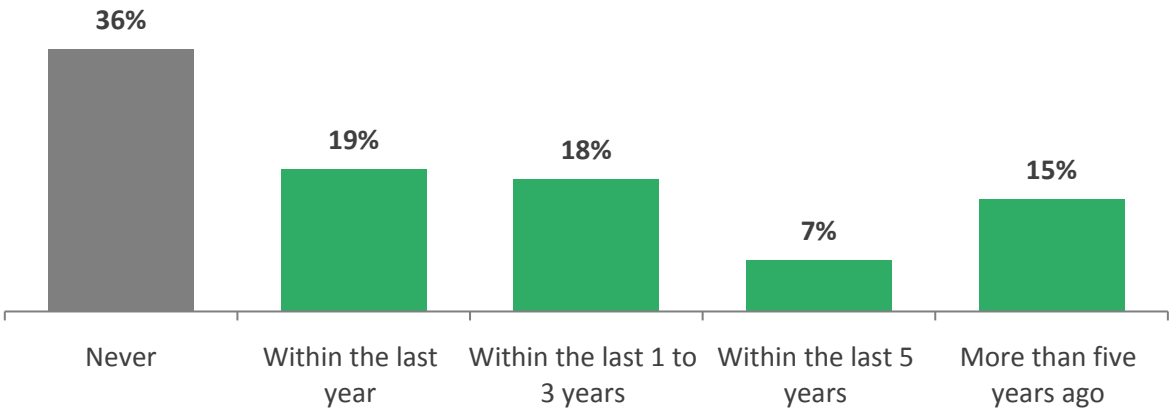
Overall, 26% would look for advice at a family planning clinic; more women than men would do so (39% vs. 15%, respectively), while 18% would speak to their Pharmacist (23% for those aged 16 to 24).

A similar proportion would speak to friends (12%) or family (11% for mum, dad or siblings). Mum (21%) or friends (17%) would be a proportionally higher advice source for those aged 16 to 24, compared to other age groups.

Sexual Health check-up

Almost two-thirds (64%) of residents have had a sexual health check, either in the UK or elsewhere, at some point in their lifetime. Around one-fifth (19%) stating that this was in the last year and a similar proportion (18%) stating it was in the last 1 to 3 years. Proportionally more women have had a check-up in the last year or 1 to 3 years; 25% and 22%, respectively.

Figure 14: Last time had a sexual health check
Base: 746

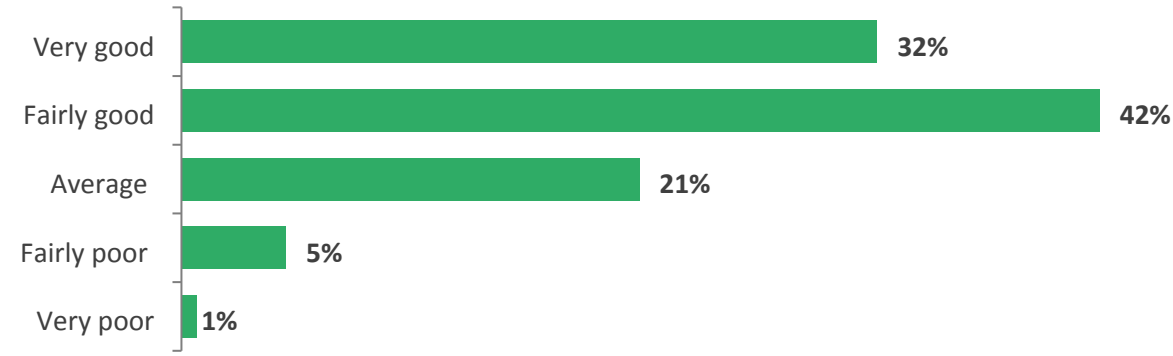


Significantly more men (47%), those in the 16 to 24 age group (50%) and those from an Asian background (55%) have never had a sexual health check-up, compared to others.

General Health

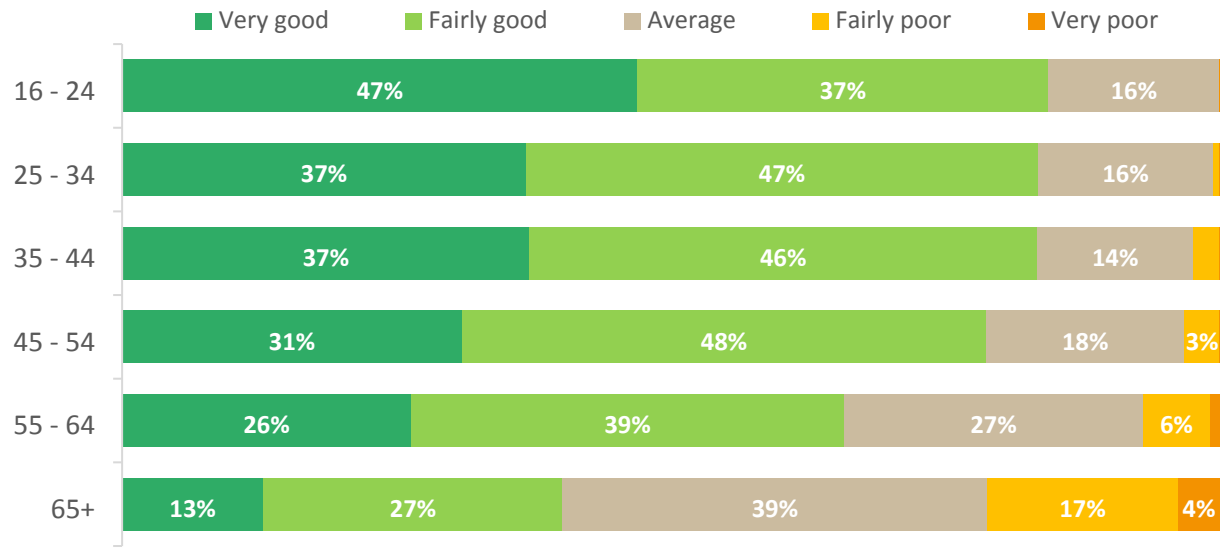
Survey respondents that chose not to answer the sexual health questions, were instead asked about their general health, dental and oral health and for views on vaccinations. Residents were asked, for their age, how they would describe their health in general. Just under one-third (32%) claimed that their general health was very good while a further two-fifths (42%) indicated they felt fairly good.

Figure 15: Self-reported rating of general health
Base: 857



As might be expected, self-reported ratings of good general health decline with age, as shown in Figure 16Figure 2 below. Proportionally more younger residents claim their general health is 'very good' while proportionally more older residents rate it as 'fairly or very poor'.

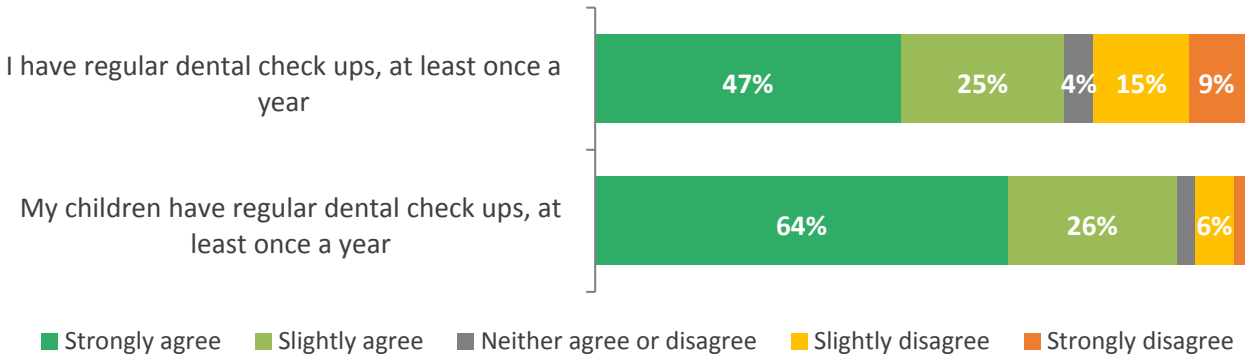
Figure 16: Self-reported rating of general health by age group
Base: 857



Dental Health

When asked the extent to which they agreed or disagreed with two statements about dental checks ups, some seven in ten (72%) residents agreed that they have at least an annual check up. For those with school aged children, nine in ten residents indicate that their children have at least an annual check up.

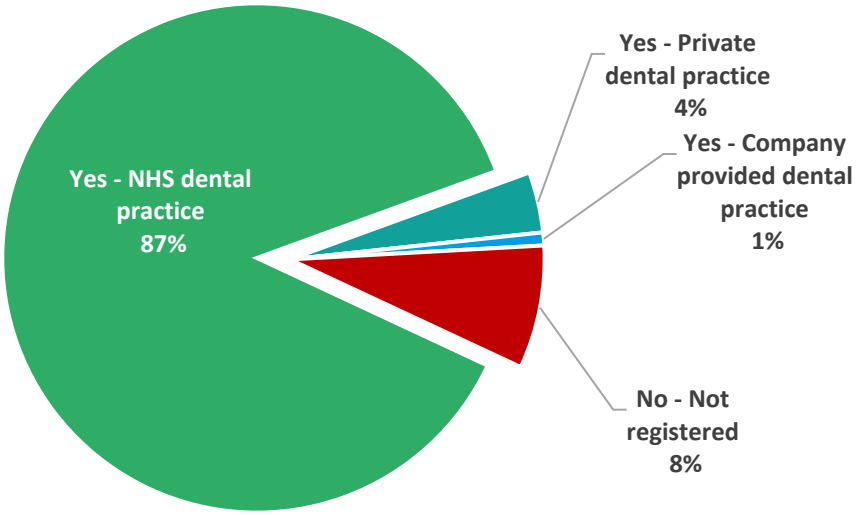
Figure 17: Attitudes to dental check ups (excluding 'don't know')
Base: Adults 1604 / Children 569



When asked about registration with a dental practice, almost nine in ten (87%) residents claimed to be NHS registered. A further 4% are registered at a private dental practice and 1% via a workplace scheme.

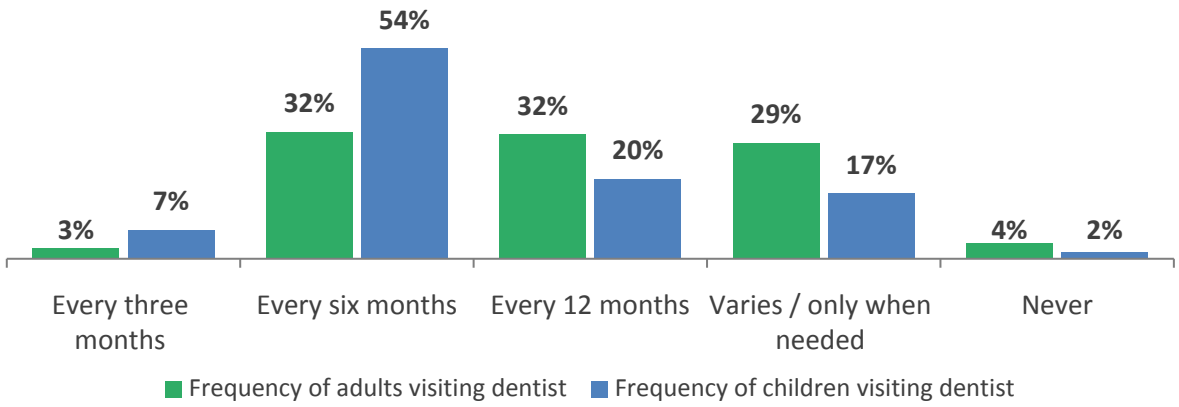
Just under one in ten (8%) of residents claimed that they were not registered with a dental practice. This rises to 13% for those aged 16 to 24 and to 25% for those that have recently moved into the Borough, having lived here for less than 12 months.

Figure 18: Dental practice registrations
Base: 857



Looking at the claimed frequency of dental check-ups, childrens' oral health appears to be of higher importance to parents, with children having more frequent visits; 61% at least every six months. By comparison, only 35% of adults visit with this frequency.

Figure 19: Frequency of dental check-ups
Base: Adults 857 / Children 325



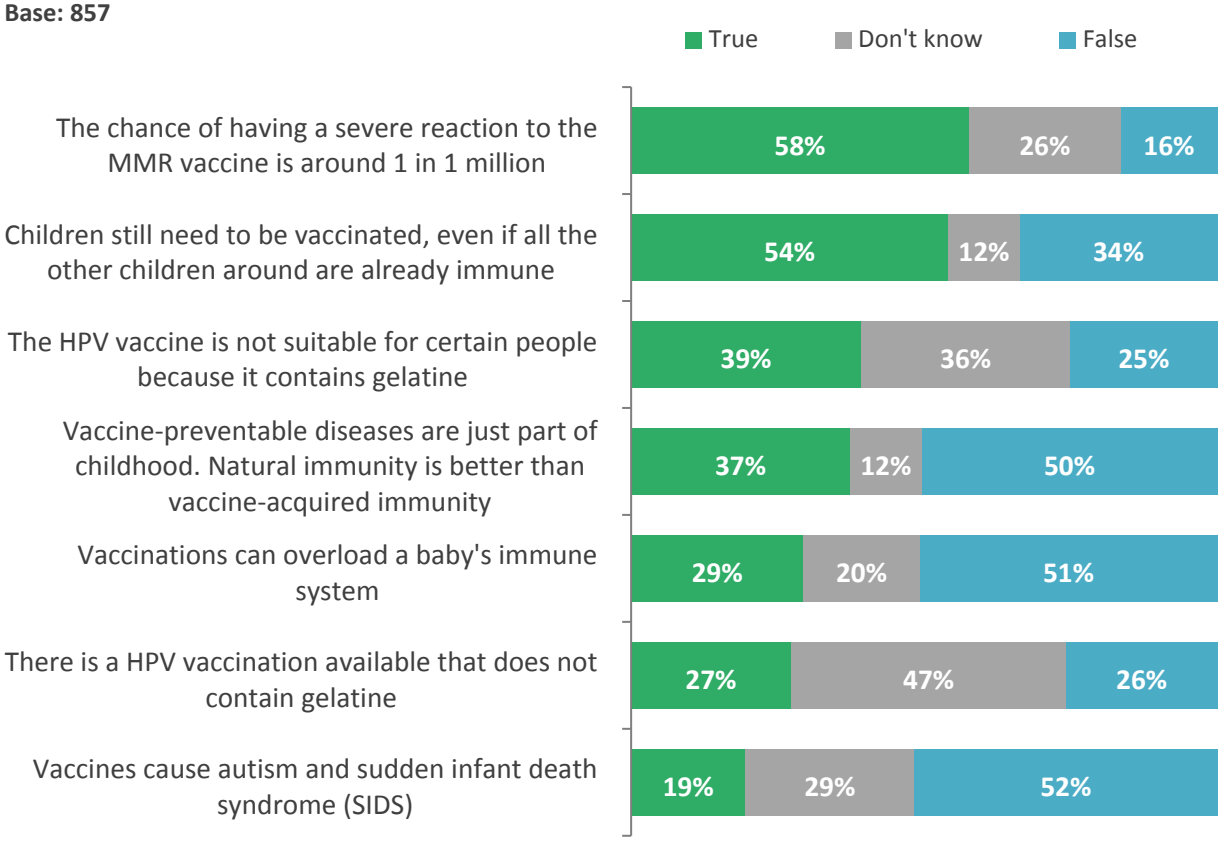
Vaccination myths

To gauge awareness (and linked to the Capability[3] aspect of COM-B) residents were asked whether they though a range of statements about vaccinations were true or false. 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. Nevertheless, 16% believed this statement was false and 26% simply did not know.

Just over half of residents (54%) recognised that children still need to be vaccinated even if other children are already immune. However, just over one-third (34%) of residents felt this statement was false, suggesting they had not considered children coming into contact with other people and adults.

Views by sub-groups of the population to both these statements were broadly similar.

Figure 20: Beliefs about statements about vaccinations
Base: 857



Some four in ten (39%) felt that the HPV vaccine is not suitable for certain people because it contains gelatine. A similar proportion (36%) simply did not know whether it was suitable for all or not, while one-quarter (25%) believed the statement was false.

[3] Psychological capability being the capacity to engage in the necessary thought processes - comprehension, reasoning, etc.

Compared to those from a White ethnic background, a significantly higher proportion of residents from Asian, Black or Other ethnic backgrounds felt this statement was true.

When considering the statement that there was a HPV vaccine that did not contain gelatine, the greatest proportion of residents simply did not know; 47% indicated this. The remainder were split between believing that statement was true or believing it was false. There were no statistically significant differences by ethnic background for this statement, however proportionally more (33%) of those aged 25 to 34 felt the statement was false.

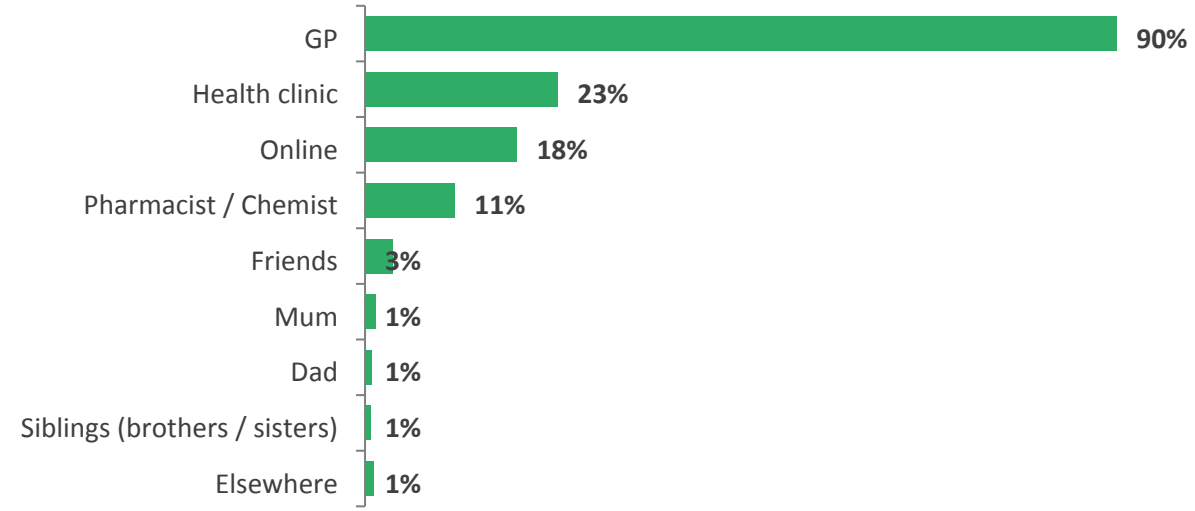
Perhaps worryingly, almost two-fifths (37%) of residents believe that vaccine-preventable diseases are just part of childhood, and that natural immunity is better than vaccine-acquired immunity. This figure rises to 43% for those from an Asian background and falls to 32% for those from a White background.

Some three in ten (29%) residents believe that vaccinations can overload a baby's immune system. This rises to 38% for those aged 25 to 34. However, just over half of residents (51%) believe this statement to be false. Proportionally more of this age group also believe that vaccines cause autism and sudden infant death syndrome (SIDS) – overall, 19% believe this statement is true, but this rises to 30% for those aged 25 to 34.

Advice on vaccinations

Residents were asked to indicate from a list of possible sources, where they would have gone for advice on vaccinations if they had needed it. The majority would go/have gone to their GP; nine in ten indicated this. This rises to 97% for those aged 65 and over.

Figure 21: Sources of advice on vaccinations
Base: 857



Around one-quarter (23%) would go to a health clinic, while 18% would search for information online and 11% would ask a pharmacist.

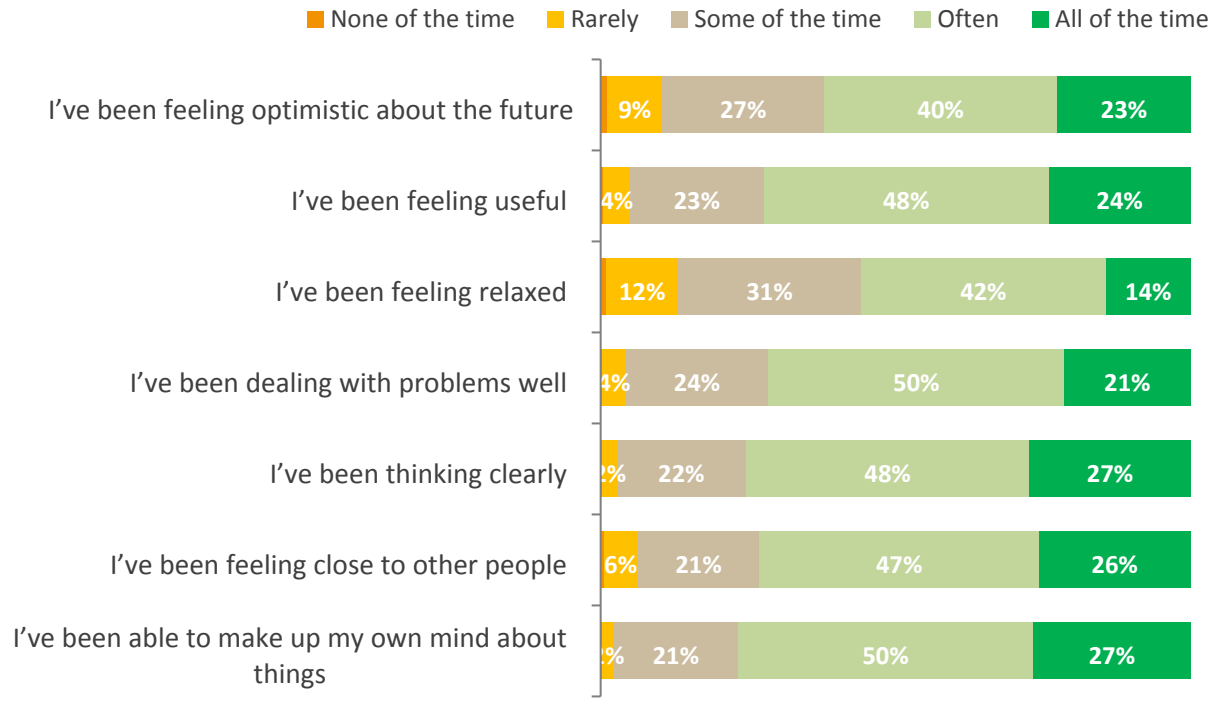
Overall, just 3 % would rely on family members for advice but this rises to 13% for those aged 16 to 24.

Mental well-being

To help set a baseline for residents' mental health and well-being we used SWEMWBS[4], which is a short version of the Warwick–Edinburgh Mental Well-being Scale (WEMWBS). WEMWBS was developed to enable the monitoring of mental well-being in the general population and the evaluation of projects, programmes and policies which aim to improve mental well-being. SWEMWBS uses seven of the WEMWBS's 14 statements about thoughts and feelings. The seven statements are positively worded with five response categories from 'none of the time' to 'all of the time' and are summed to provide a single score.

Slough residents were asked the seven-item SWEMWBS question set, which asks how they have been feeling over the past two weeks. Individual survey items are reported below.

Figure 22: Results from SWEMWBS
Base: 1605

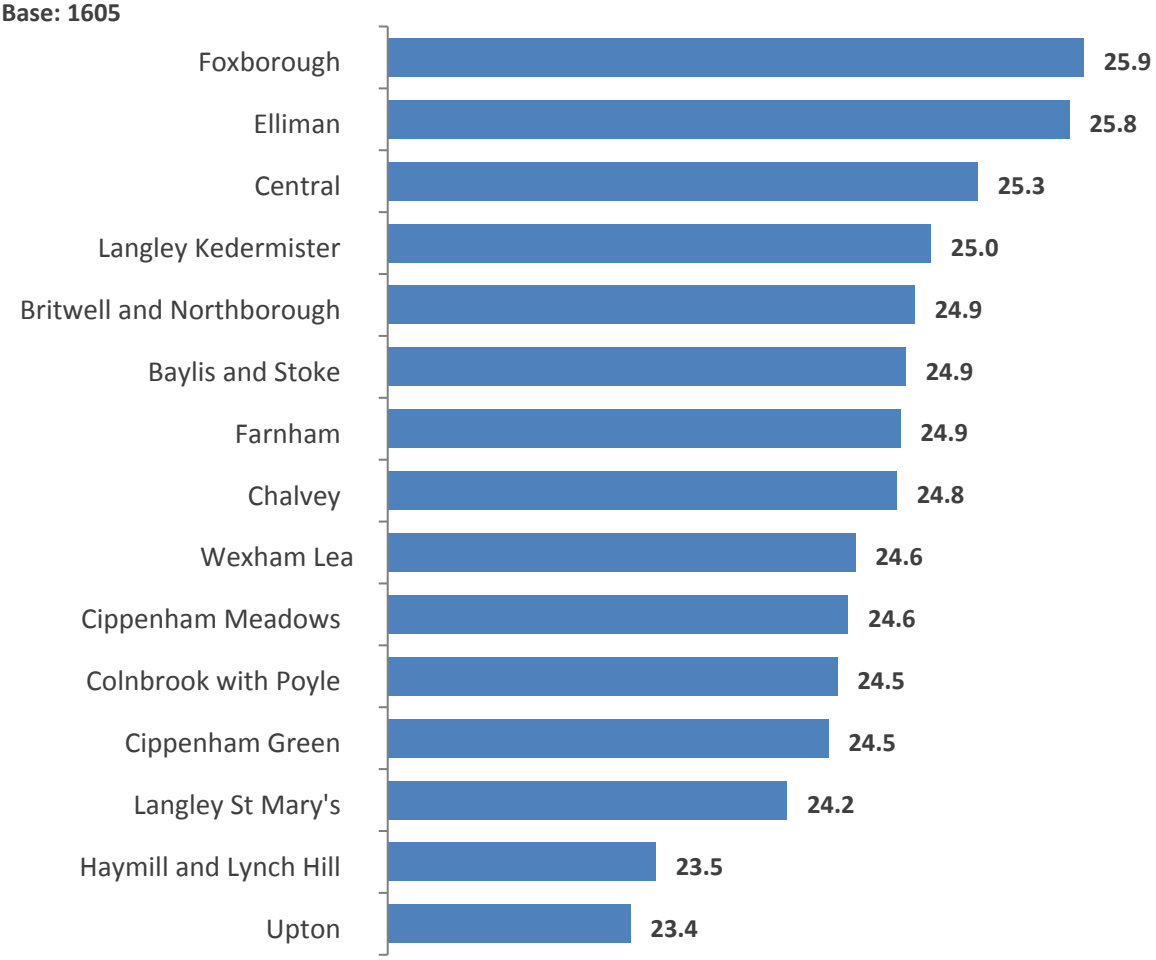


[4] Short Warwick Edinburgh Mental Well-Being Scale (SWEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2008, all rights reserved. https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/

SWEMWBS 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.

Figure 23: Average SWEMWBS score by Ward
Base: 1605



To provide some level of UK comparison, the survey also included the Office for National Statistics (ONS)[5] well-being measure – 'Overall, how satisfied are you with your life nowadays?'.

[5] ONS Personal well-being in the UK: July 2017 to June 2018

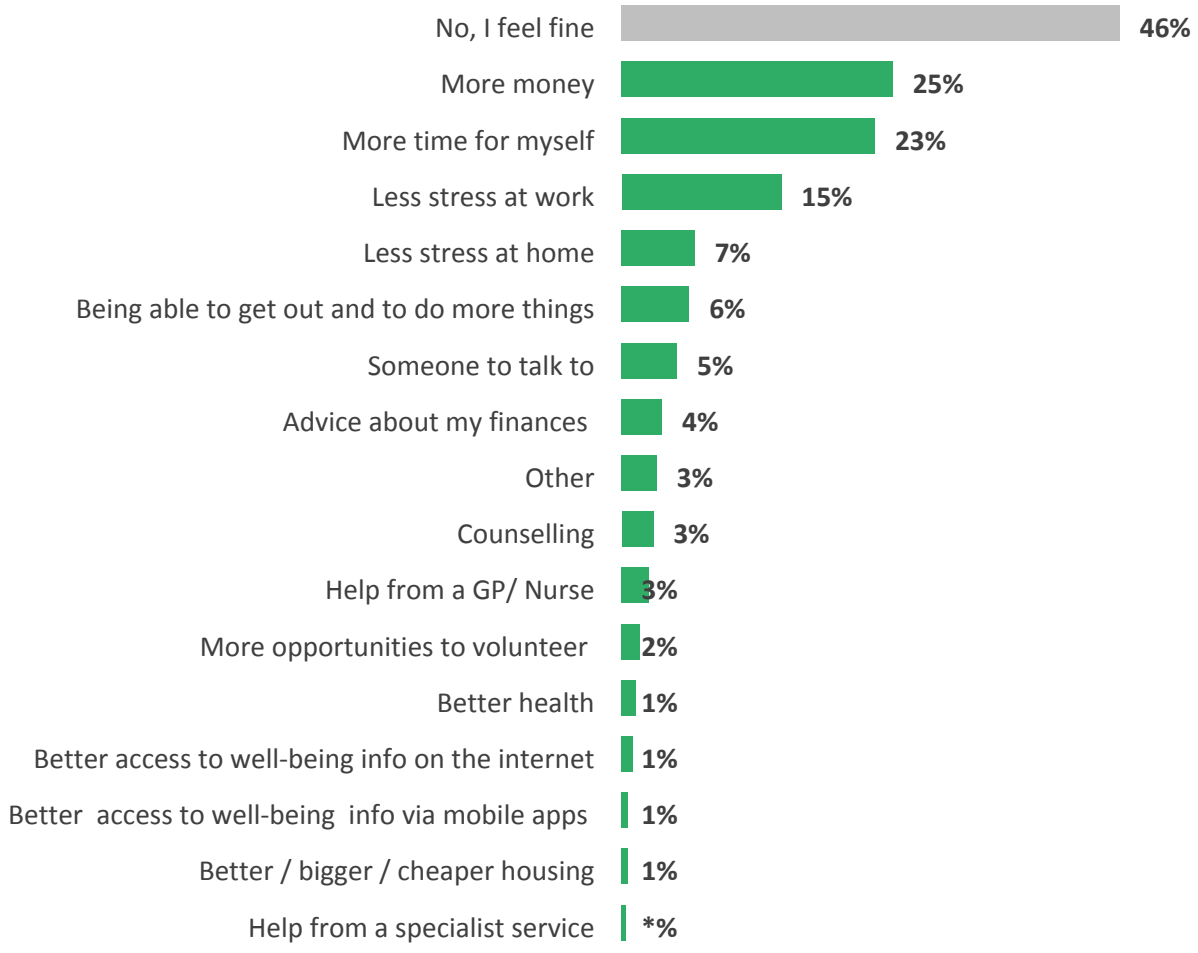
The most recent ONS average (mean) rating for this measure of personal well-being, for the year ending June 2018, was 7.7 out of 10 for life satisfaction. This compares to Slough's result of 7.5 out of 10.

When shown a list of possible actions and asked whether there was anything that would help them to increase their well-being/satisfaction with their life, just under one-half (46%) indicated that they felt fine as they were. This figure rises to 65% for those aged 65 and over.

However, one-quarter (25%) of residents felt that improvements to their financial position would help them. This figure rises to 31% for those aged 16 to 24 and to 32% for those from a Black ethnic background.

Just under one-quarter (23%) felt that more time to themselves would increase their well-being/satisfaction with their life. This rises to 26% for women and 29% for those with children but falls to 21% for men and 19% for those without children. It is highest amongst those aged 45 to 54 at 31%.

Figure 24: Views on measures that could improve well-being/satisfaction with life
Base: 1605 * Less than 0.5%



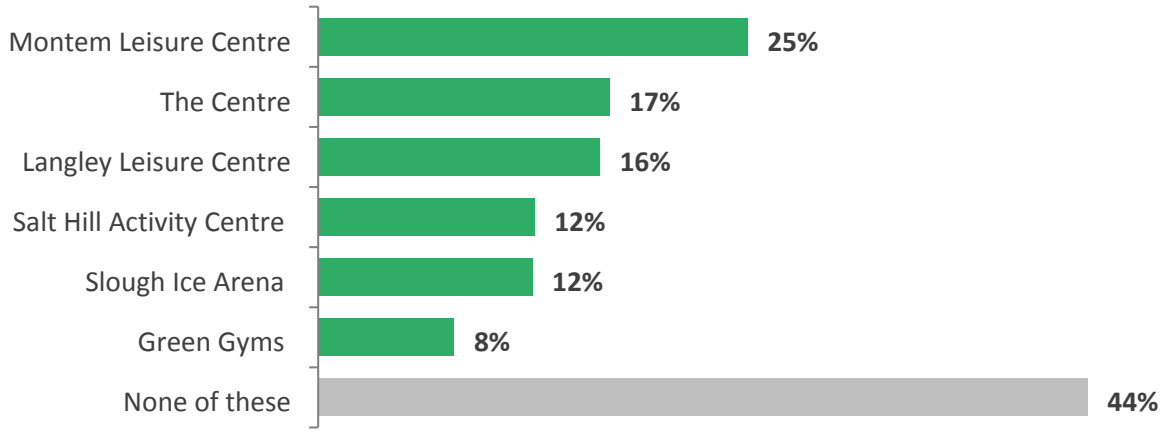
Survey findings: Attitudes to physical activity

The following section looks at residents use of sports and leisure facilities, their attitudes to physical activity and the types and duration of activity undertaken.

Firstly, almost six-in ten (56%) of residents have used at least one of the Borough's leisure facilities in the past. As might be expected, the younger the resident, the more likely they have indicated use of each of the listed venues. Just 40% of those aged 65 and over have used any.

The now closed Montem Leisure Centre was the most frequently mentioned with 25% of residents indicating they had used this venue. The newly opened The Centre has been used by 17% of residents, while Langley Leisure Centre has been used by 16% and both Salt Hill Activity Centre and Slough Ice Arena being used by 12%. Just under one in ten (8%) have used the green gyms in Slough's parks and open spaces.

Figure 25: Usage of Slough leisure facilities
Base: 1605



For the 707 residents that claimed not to use the listed council facilities, the most common reason given for non-use was time (a motivational behavioural aspect) with 37% indicating this. A further 13% claimed to simply not be interested in using council facilities, while 5% indicated poor health and 4% old age.

However, on a more positive note, 19% indicated that they used sports and leisure facilities elsewhere, including private gyms, Buzz gym, Easy gym, and facilities in Windsor. A further 9% claimed that they had alternative ways of staying active, including walking, gardening and doing exercises at home.

Physical activity - Capability and Opportunity

Residents were asked the extent to which they agreed or disagreed with three statements. Looking at capability, overall, almost nine in ten (87%) of residents agreed (strongly or slightly) that they have the ability to be physically active. Perhaps not surprisingly, this figure is highest for those aged 16 to 24 at 97%, falling to around 90% for those aged between 25 and 54, to 84% for those aged 55 to 64 and to 66% for those aged 65 and over.

Sport England's most recent active lives survey data[6] shows that 68% of the England population feel they have the ability to be physically active.

Figure 26: Capability and Opportunity attitudinal statements about physical activity (excluding 'don't know)
Base: 1488 to 1605

Overall six in ten (60%) agreed that they have the opportunity to play sport[7], however three in ten disagreed. Again, age is a key discriminator with a greater proportion of younger residents agreeing – around seven in ten of those aged 16 to 35. This figure falls away to 56% for those aged 45 to 54, 39% for those aged 55 to 64 and just 26% for those 65 and over.

[6] November 2016/17 sample of 29,875 adults aged 16+, published February 2019.

[7] Wording to the November 2016/17 dataset is 'I feel I have the opportunity to be physically active'.

Finally, a majority (51%) of residents claimed to be unaware of the Council's Active Slough programme, while 42% agreed that they were aware of it. Again, the younger the resident, the more likely they were aware of the programme.

Physical activity - Motivation

Looking at motivation, just over three-quarters (76%) of residents agreed that they find exercise enjoyable and satisfying. This compares favourably to Sport England's active lives survey result, where 73% of adults age 16+ agreed, and is a statistically significant difference.

Age is again the key statistical discriminator for Slough, with younger residents (90% for those aged 16 to 24) significantly more likely to have agreed compared to older residents (60% for those aged 65+).

Figure 27: Motivational attitudinal statements about physical activity (excluding 'don't know)
Base: 1602 to 1605

Overall, almost three-quarters (74%) of residents agreed that it is important to them to do exercise regularly. This compares to 76% for the active lives survey, which is not a statistically significant difference.

Almost one-half (46%) of residents agreed that they feel guilty when they don't exercise. This compares to a significantly higher proportion of adults in the Sport England active lives survey that agreed; 56%.

Just 15% of residents agreed that they exercise because they do not want to disappoint others; 74% disagreed with this statement. This compares to 8% that agreed in the active lives survey and 72% that disagreed.

Age is again the key statistical discriminator for Slough, with younger residents significantly more likely to have agreed to each statement compared to older residents.

Physical Activity and inactivity comparisons

To establish a broadly comparable measure of physical activity and inactivity in the Slough, some key questions from Sport England Active Lives Survey were included in the survey. These questions were designed to establish levels of activity in the last four weeks and whether any activity was moderate and/or vigorous physical activity. The following definitions were provided to respondents:

> *Moderate physical activity includes activities that takes medium physical effort and makes you breathe a little harder than usual. For example: brisk walking, tennis, easy cycling, dancing, easy swimming, gardening, working on an allotment, housework and domestic chores, etc.*
>
> *Vigorous physical activity includes activities that made you out of breath or sweaty (e.g. squash, running, aerobics, strenuous hill walking, weight training, boxing, football, rugby, hockey, vigorous swimming, vigorous cycling or similar activities.*

Sport England measure activity[8] based on the number of moderate intensity equivalent minutes whereby each 'moderate' minute of activity counts as one minute and each 'vigorous' minute of activity counts as two moderate minutes. Depending on the number of minutes of moderate intensity equivalent (MIE) physical activity, people are described as being:

- Inactive – doing fewer than 30 minutes a week

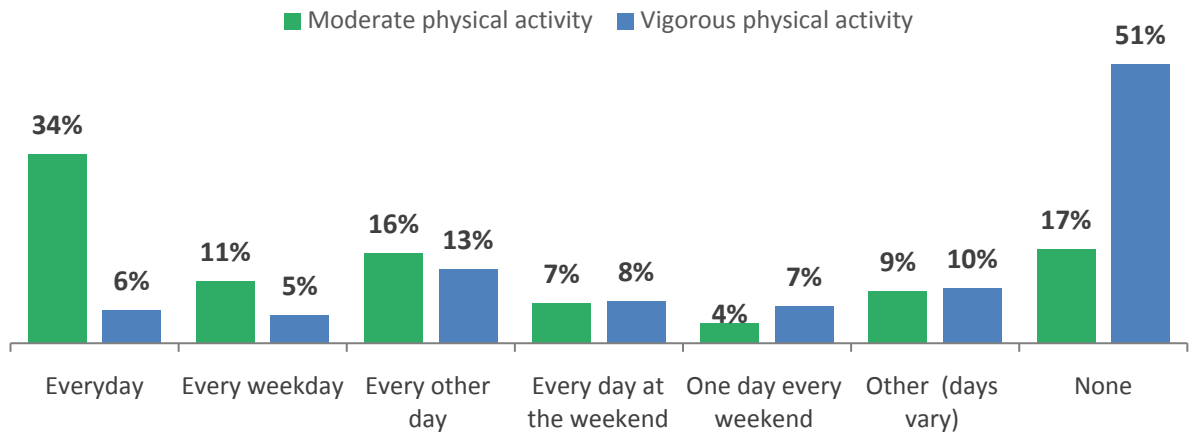
[8] NB: Sport England do not include gardening in their calculations, however PHE's Physical Activity data do include gardening

- Fairly active - doing 30-149 minutes a week
- Active – doing at least 150 minutes a week

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.

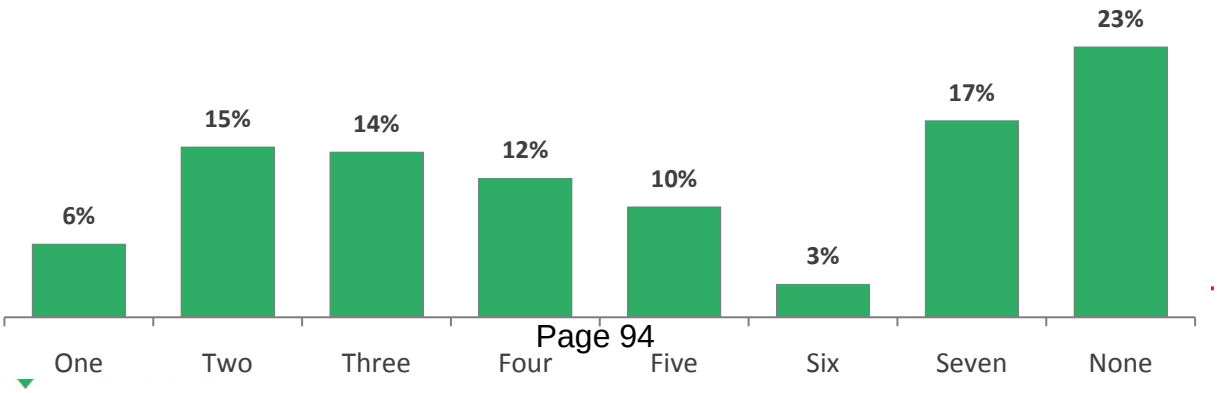
In terms of vigorous physical activity, over on-half (51%) of residents claimed not to have done anything in the last four weeks. Overall, over one in ten (11%) indicated they had done so for at least five days each week, with the remaining 38% that indicated at least once in the last four weeks.

Figure 28: Frequency of undertaking moderate physical activity in last 4 weeks
Base: 1600



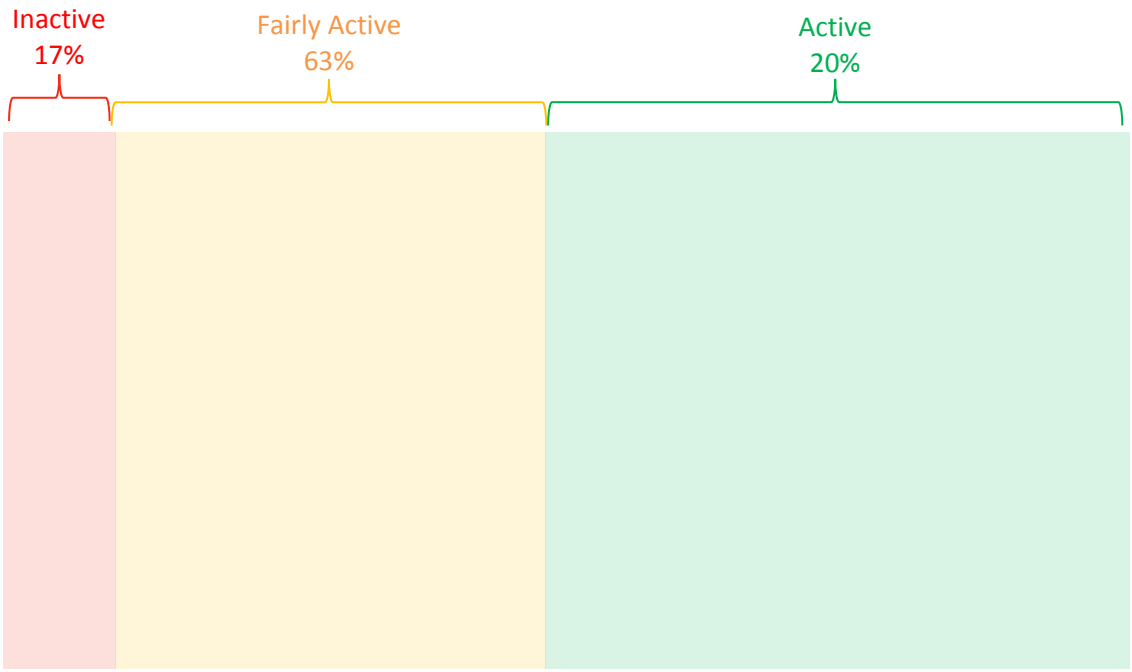
Residents were also asked in the last seven days, on how many days did they walk briskly for at least 10 minutes at a time, which took medium physical effort and made them breathe a little harder than usual. Just over three-quarters (77%) of residents indicated at least one day when they achieved this. The mean is 3.1 days and the median is 3 days.

Figure 29: Days of brisk walking at least 10 minutes taking moderate physical effort
Base: 1584



As seen in Figure 30 below, these levels of activity translate to 20% of the Slough population being classified as active, 63% as fairly active and 17% as inactive. This compares to Sport England's Active Lives Survey data for year November 2017-18, where 59% of the Slough sample were classified as active, 13% as fairly active and 28% as inactive. For England as a whole, the figures were 62% active, 12% fairly active and 26% as inactive. For PHE, 66% are classified as active and 22% inactive.

Figure 30: Number of minutes activity per week

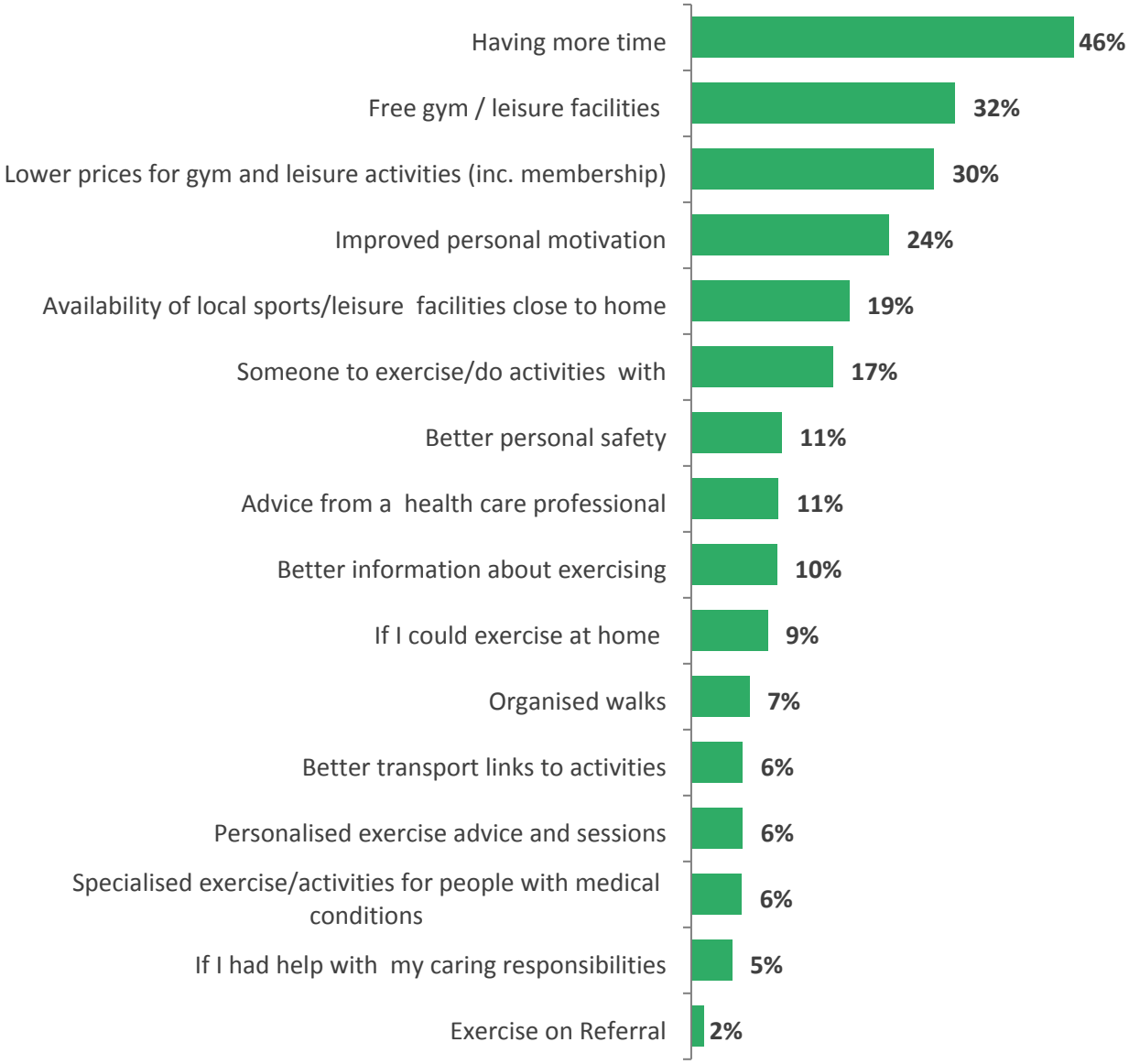


It should be noted that only key questions around activity were used from the Sport England Active Lives Survey due to the length and complexity of that survey and the need to include wider health and activity topics in the Slough survey. This most likely explains the disparity between those classified as active and fairly active in the above results. There should be no impact on those classified as inactive.

Residents were asked to select up to 5 options from a list of possible ways that might support them in taking more exercise and being more physically active. 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.

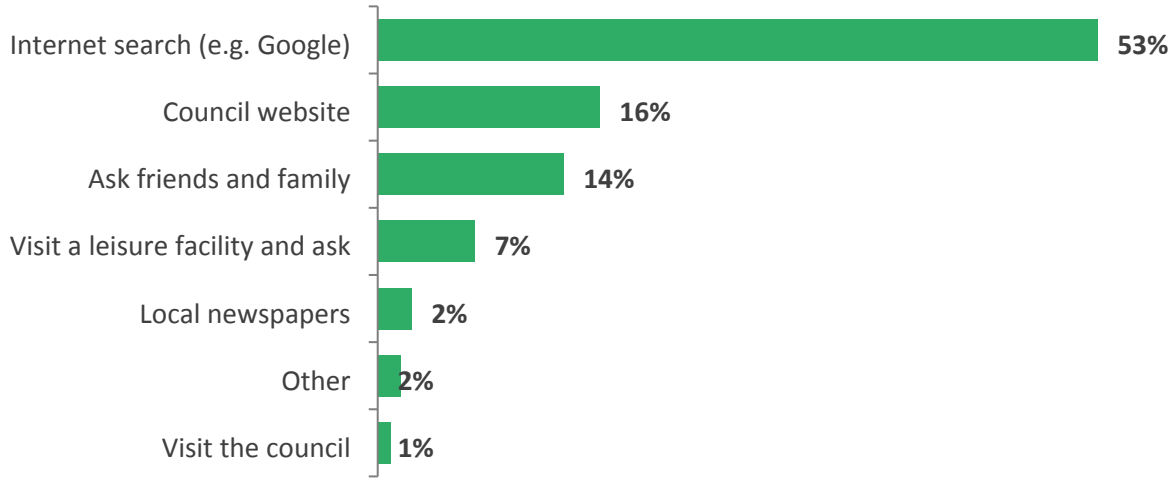
Around one-quarter (24%) indicated they lacked personal motivation (which is often also linked to a lack of time), while around one-fifth (19%) suggested that suitable sports and leisure facilities were too distant from their home.

Figure 31: What might help people to take more exercise/ be more physically active
Base: 1605



Residents were asked to spontaneously identify where they would look or go if they wanted to find out what was on offer in Slough, relating to keeping active. Most commonly, and predominantly those under the age of 55, residents indicated they would search on the internet. just over one-half (53%) indicated this.

Figure 32: Sources of information for staying active
Base: 1605



Rather than using the internet (16%), friends and family recommendations were proportionally more important to those aged 65 and over; 25% indicated this. This group is also significantly more likely to visit a leisure facility to ask (16%) and use local newspapers (11%).

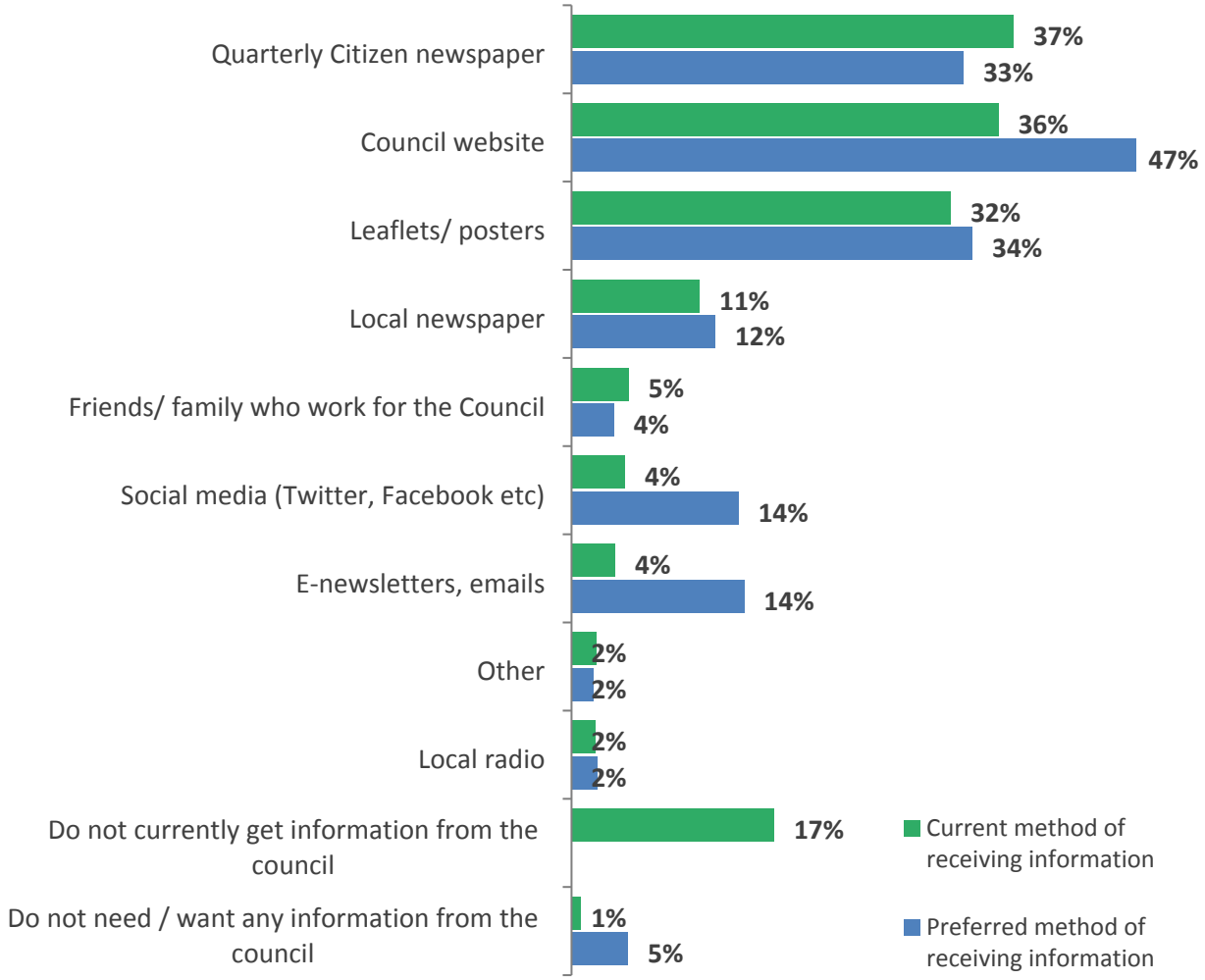
Communications

From a list of possible sources, residents were asked how they currently receive information from Slough Borough Council and how they would prefer to receive it in the future. Figure 33 overleaf shows that the quarterly Citizen newspaper was cited as the most frequent source of council information with around two-fifths (37%) having indicated this. The figure rises to 57% for those aged 65 and over. Looking to the future, one-third (33%) of residents would still prefer to receive the quarterly Citizen newspaper, with the figure remaining the highest for those aged 65 and over at 56%.

Perhaps encouragingly, and predominantly driven by those aged 16 to 45, a greater proportion of residents would be willing to use the council's website in the future compared to those that use it now; 36% claimed to be currently using the council website for

information with 47% willing to do so in the future. However, just 16% of those aged 65 and over would do so.

Figure 33: Current and future preferences for receiving information about Slough Borough Council
Base: 1605



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%).

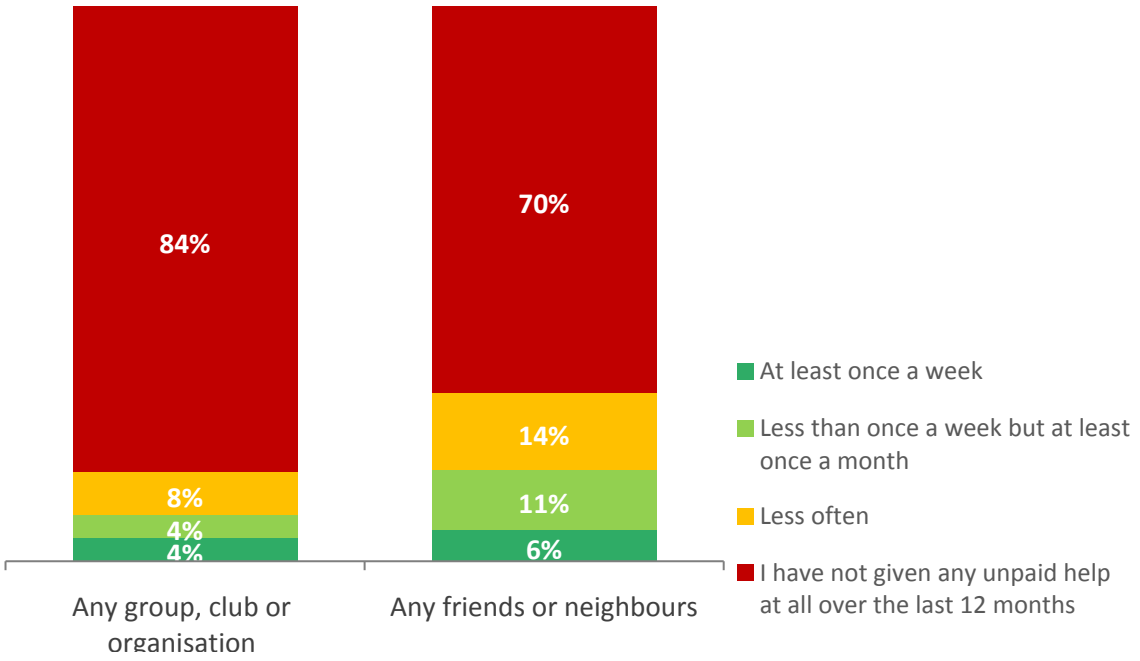
By comparison, electronic mediums, such as social media, emails and e-newsletters, are also more preferred in the future compared to current usage. Social media is particularly preferred by those aged 16 to 24; 25% of this group would prefer to use it in the future.

Volunteering

Just 16% off residents having given unpaid help to any group, club or organisation (formal volunteering) in the last 12 months. This is significantly lower than the most recent results from the 2017-18 Community Life Survey[9] where 38% of people volunteered formally.

For informal volunteering, where residents have given unpaid help to friends or neighbours in the last 12 months, the Slough result comes in at 31% compared to the Community Life Survey figure of 53%.

Figure 34: Frequency of formal and informal volunteering
Base: 1594 to 1587



Views are broadly similar for sub-groups of the population with the exception that, for formal volunteering in Slough, 25% of those aged 16 to 24 have volunteered in the last 12 months.

For those that had not volunteered in the last 12 months, either formally or informally, they were asked what, if anything, might encourage them to volunteer. Four-fifths (80%) indicated that nothing would persuade them to give up their time. For the remainder, 7% might be persuaded by information on how to get involved, 6% from both details of opportunities in the local area that opportunities that reflect their interests, and 5% by opportunities that use their skills.

[9] https://www.gov.uk/government/statistics/community-life-survey-2017-18

Appendix A: Questionnaire

Appendix A: Questionnaire

Slough Public Health - Supporting a Healthy Lifestyle Survey

Good morning/afternoon. My name is xxx and I work for M·E·L Research. We are running a healthy lifestyle survey for Slough Borough Council's Public Health Department.

The aim of the survey is to obtain Borough wide views on how people can stay healthy and active. We will be asking for your views on what help and support would improve people's lifestyles and help people to improve their own choices around health and activity. Your feedback will help in the planning of services.

Do you have time to answer some questions?

IF ASKED. The survey should take no more than 15 minutes to answer, depending on your answers.

M·E·L Research Ltd is an accredited Market Research Society (MRS) Company Partner and abide by the MRS Code of Conduct and Data Protection Act 2018 (incorporating GDPR). All information you provide will be treated in the strictest of confidence and you will not be personally identifiable in the research report. Details of how M·E·L Research process personal data can be found at https://melresearch.co.uk/page/privacypolicy. This includes your right to withdraw consent at any time.

Staying Healthy

Q1 So just to start, when I mention doing things to stay healthy what does this mean to you? **SPONTANEOUS ANSWERS ONLY - CODE ALL THAT APPLY**

- Balanced diet / cut out certain foods (e.g. sugar , processed meats, fried foods, etc) ☐
- Physical activity / Exercise / Taking part in sports ☐
- Oral / dental hygiene / checkups ☐
- Health checks / Regular check-ups / Screening. ☐
- Eating five portions of fruit and veg per day ☐
- Vaccinations / injections / jabs ☐
- Getting fresh air / being outdoors ☐
- Walking ☐
- Cycling ☐
- Good night's sleep / enough sleep ☐
- Don't smoke / quit smoking ☐
- Reduce alcohol intake / don't drink ☐
- Drinking plenty / enough water ☐
- Mental wellbeing activities (e.g. meditation / relaxation techniques) ☐
- Spending time with family and friends / social interaction ☐
- Other (please specify below) ☐

Slough Leisure Facilities

Q2 Which of the following Slough leisure facilities have you used, if any? **READ OUT AND CODE ALL THAT APPLY**

- Montem Leisure Centre ☐
- The Centre ☐
- Slough Ice Arena ☐
- Salt Hill Activity Centre ☐
- Langley Leisure Centre ☐
- Green Gyms ☐
- None of these ☐

Q3 IF NONE:Why don't you use these facilities? INTERVIEWER PROBE FOR ALL REASONS

Q4 FOR THOSE USED: Using **SHOWCARD 1**, on average how often did you or do you use the following Slough leisure facilities?

	Weekly	Fortnightly	Monthly	Every 3 months	Every six months	Less often	Never	Varies
Montem Leisure Centre	☐	☐	☐	☐	☐	☐	☐	☐
The Centre	☐	☐	☐	☐	☐	☐	☐	☐
Slough Ice Arena	☐	☐	☐	☐	☐	☐	☐	☐
Salt Hill Activity Centre	☐	☐	☐	☐	☐	☐	☐	☐
Langley Leisure Centre	☐	☐	☐	☐	☐	☐	☐	☐
Green Gyms	☐	☐	☐	☐	☐	☐	☐	☐

Attitude to physical activity

Q5 To what extent do you agree or disagree with these statements? **SHOWCARD 2**

	Strongly agree	Slightly agree	Neither agree or disagree	Slightly disagree	Strongly disagree	Don't know / NA
I feel I have the ability to be physically active	☐	☐	☐	☐	☐	☐
I feel that I have the opportunity to play sport	☐	☐	☐	☐	☐	☐
I am aware of the council's Active Slough programme	☐	☐	☐	☐	☐	☐

Q6 Thinking about exercise in general, to what extent do you agree or disagree with the following statements? **SHOWCARD 2**

	Strongly agree	Slightly agree	Neither agree or disagree	Slightly disagree	Strongly disagree	Don't know / NA
I find exercise enjoyable and satisfying	☐	☐	☐	☐	☐	☐
It's important to me to do exercise regularly	☐	☐	☐	☐	☐	☐
I feel guilty when I don't exercise	☐	☐	☐	☐	☐	☐
I exercise because I don't want to disappoint other people	☐	☐	☐	☐	☐	☐

Q7 Do you have any primary school or secondary school age children living at home? **CHILDREN UP TO THE AGE OF 16**

Yes, Primary age (Infant 5 to 7 - Junior 7 to 11) . ☐
Yes, Secondary age (11 to 16)..... ☐
No ..... ☐

Q8 To what extent do you agree or disagree with the following statements: **SHOWCARD 2 AND CODE ONE ONLY**

	Strongly Agree	Slightly agree	Neither agree or disagree	Slightly disagree	Strongly disagree	Don't know / not sure
There are insufficient opportunities to participate in physical activities for people like me	☐	☐	☐	☐	☐	☐
I know where the free outdoor gym and exercise equipment is in my local park or recreation area	☐	☐	☐	☐	☐	☐
The cost of physical activities, such as exercise classes and swimming, are too expensive	☐	☐	☐	☐	☐	☐
It's more convenient to use the car, even for short journeys, than cycling or walking	☐	☐	☐	☐	☐	☐
It's too expensive to take the family to do physical activities like swimming, or sporting activities like trampolining, ball or racket sports	☐	☐	☐	☐	☐	☐
It's easy to find shops that sell fresh fruit and vegetables nearby	☐	☐	☐	☐	☐	☐
The cost of preparing meals from scratch using fresh ingredients is too expensive	☐	☐	☐	☐	☐	☐
I have regular dental check ups, at least once a year	☐	☐	☐	☐	☐	☐
My children have regular dental check ups, at least once a year	☐	☐	☐	☐	☐	☐
I am aware of local groups that offer a range of activities that can get me out and about	☐	☐	☐	☐	☐	☐
I'm more likely to participate in physical activities if I could do them with friends	☐	☐	☐	☐	☐	☐

Active Lives Survey questions

Q9 During the last 4 weeks, on how many days did you do any moderate physical activity where you raised your breathing rate more than normal for at least 10 minutes at a time? **SHOWCARD 3 AND CODE ONE ONLY**

Note for Interviewers information: - Moderate physical activity includes activities that takes medium physical effort and makes you breathe a little harder than usual. For example: brisk walking, tennis, easy cycling, dancing, easy swimming, gardening, working on an allotment, housework and domestic chores, etc.

Everyday..... ☐
Every weekday ..... ☐
Every other day..... ☐
Every day at the weekend ... ☐
One day every weekend..... ☐
Other (enter number of days 1-28 in the box below). ☐
None..... ☐
Don't know/can't remember ☐

☐

Q10 During the last 4 weeks, on how many days did you do vigorous physical activity? Think only about those physical activities that you do for at least 10 minutes at a time. **SHOWCARD 3 AND CODE ONE ONLY**

Note for Interviewers information: - Vigorous physical activity includes activities that made you out of breath or sweaty (e.g. squash, running, aerobics, strenuous hill walking, weight training, boxing, football, rugby, hockey, vigorous swimming, vigorous cycling or similar activities.

Everyday..... ☐
Every weekday ..... ☐
Every other day ..... ☐
Every day at the weekend ... ☐
One day every weekend..... ☐
Other (enter number of days 1-28 in the box below). ☐
None..... ☐
Don't know/can't remember ☐

☐

Q11 During the last 7 days, on how many days did you walk briskly for at least 10 minutes at a time? Think only about the walking that you do for at least 10 minutes at a time that takes medium physical effort and makes you breathe a little harder than usual.

Number of days per week .....(if none enter 0) ☐

[OR] Don't Know/Can't remember ☐

Q12 What would help you to take more exercise/ be more physically active? **SHOWCARD 4 AND TICK UP TO 5 MOST IMPORTANT THAT APPLY**

- Availability of local sports/leisure facilities close to home ☐
- Better personal safety ☐
- Someone to exercise/do activities with ☐
- Having more time ☐
- Better transport links to activities ☐
- Improved personal motivation ☐
- Lower prices for gym / leisure centre membership / for using leisure centres ☐
- Personalised exercise advice and sessions ☐
- Free gym / leisure facilities ☐
- Advice from a health care professional ☐
- Better information about exercising ☐
- If I could exercise at home ☐
- If I had help with my caring responsibilities (e.g. a crèche for children) ☐
- Organised walks ☐
- Availability of specialised exercise/activities for people with medical conditions ☐
- Exercise on Referral ☐
- Other, please specify below ☐

Q13 If you wanted to find out what was on offer in Slough, relating to keeping active, how would you go about this? **SPONTANEOUS ANSWERS ONLY**

- Ask friends and family ☐
- Visit the council ☐
- Council website ☐
- Internet search (e.g. Google) ☐
- Visit a leisure facility and ask ☐
- Local newspapers ☐
- Other (please specify below) ☐
- Don't know / not sure ☐

Diet Section:

Q14 How many portions of fruit and vegetables do you eat in a typical day? **SHOWCARD 5 AND CODE ONE ONLY**

Include fresh, frozen, dried and tinned fruit and vegetables. Exclude potato. Include leafy vegetables, root vegetables, salads, peas, beans, lentils etc; vegetables included as part of a main dish eg vegetable curry/ cauliflower cheese; and fresh fruit juice or vegetable juice.

A portion = an apple, two plums, a cupful of grapes or a glass of fruit juice/smoothie or a handful of vegetables.

- At least 5 portions (5+) ☐
- 4 portions, but less than 5 ☐
- At least 3, but less than 4 portions ☐
- At least 2, but less than 3 ☐
- At least 1, but less than 2 ☐
- Less than 1 ☐
- None ☐

Q15 How often do you have/do the following:

SHOWCARD 6 AND CODE ONE FOR EACH LINE

	More than once a day	Once a day	Most days (3-6 times a week)	Once or twice a week	Less than once a week	Never
Eat a meal prepared from scratch	☐	☐	☐	☐	☐	☐
A take-away	☐	☐	☐	☐	☐	☐
A ready meal	☐	☐	☐	☐	☐	☐

Q16 How would you describe your weight? **READ OUT AND CODE ONE ONLY**

- Very underweight ☐
- A little underweight ☐
- About the right weight ☐
- A little overweight ☐
- Very overweight ☐
- DO NOT READ OUT - PREFER NOT TO SAY.. ☐

Q17 Would you like to eat more healthily?

- Yes ☐
- No ☐

Q18 What would help you to eat more healthily? **SHOWCARD 7 AND CODE ALL THAT APPLY**

- Nothing, I can do it by myself ☐
- More healthy produce available in local shops ☐
- Cheaper healthy food ☐
- Cooking classes/lessons to learn how to cook/prepare healthy foods ☐
- More time to prepare healthy food ☐
- More healthy options in takeaway/convenience foods ☐
- Advice from a GP / Nurse ☐
- Advice from a Dietician / Nutritionist ☐
- Other, please specify below ☐

Q19 Where would you look or go to if you wanted adice on staying healthy and active? **SPONTANEOUS RESPONSE - CODE ALL THAT APPLY**

- Online (e.g. Google) ☐
- GP / GP Surgery ☐
- Pharmacist / Chemist ☐
- Health clinic ☐
- Friends ☐
- Mum ☐
- Dad ☐
- Siblings (brothers / sisters) ☐
- Elsewhere (please specify).. ☐
- Prefer not to say ☐

Sexual health

D1 This next section explores topics such as sex education, knowledge around contraception and sexually transmitted infections or STI's . Some questions may feel quite personal, but you do not have to answer anything you don't want to. Please rest assured all answers are 100% confidential and the information you provide will be analysed with all other responses. You will not be personally identifiable in any results or reports. Are you happy to continue?

- Yes ☐
- No - SKIPS TO NEXT SECTION ☐

Q20 Did you receive sex education at school?

- Yes ☐
- No ☐
- Don't know / can't remember ☐
- Prefer not to say ☐

Q21 Using **SHOWCARD 8**, which of the following areas of sex education were covered as part of your school programme? **TICK ALL THAT APPLY**

- Human sexual anatomy ☐
- Consent ☐
- Reproductive health ☐
- Contraception ☐
- HIV ☐
- Sexually Transmitted Infections (STIs) ☐
- Healthy relationships ☐
- Pregnancy, abortion and reproductive rights ☐
- Sexual assault and violence ☐
- LGBTQ+ ☐
- Prefer not to say ☐

Q22 Please answer whether you think the following statements about contraception and sexually transmitted infections are true or false:

	True	False	Don't know / Prefer not to say
People can catch Chlamydia from a toilet seat	☐	☐	☐
HPV can give people genital warts	☐	☐	☐
Genital warts can be passed on even if they are not visible	☐	☐	☐
HIV can be transmitted through kissing someone HIV positive	☐	☐	☐
There are three incurable STIs	☐	☐	☐
If left untreated, some STIs can affect fertility	☐	☐	☐
The pill protects against STIs	☐	☐	☐
The pill and condoms are the only forms of contraception	☐	☐	☐
Long-acting reversible contraception affects a woman's fertility	☐	☐	☐

Q23 If you needed advice, where would you have gone for advice on sexual health and/or contraception? **SHOWCARD 9 AND CODE ALL THAT APPLY**

- GP ☐
- Family planning clinic ☐
- Sexual health clinic ☐
- Mum ☐
- Dad ☐
- Siblings (brothers / sisters) ☐
- Pharmacist / Chemist ☐
- Online ☐
- Friends ☐
- Elsewhere (please specify) ☐
- Prefer not to say ☐

Q24 Which of the following contraception types are you aware of, if any? **SHOWCARD 10 AND CODE ALL THAT APPLY**

- Male condoms ☐
- Female condoms ☐
- Contraceptive implant ☐
- Contraceptive injection ☐
- Contraceptive patch ☐
- Diaphragm or cap ☐
- Intrauterine system / intrauterine device (IUS / IUD) ☐
- None of these ☐
- Prefer not to say ☐

Q25 When was the last time you had a sexual health check, either in the UK or elsewhere? **READ OUT CODE ONE ONLY**

- Never ☐
- Within the last year ☐
- Within the last 1 to 3 years ☐
- Within the last 5 years ☐
- More than five years ago ☐
- DO NOT READ OUT - PREFER NOT TO SAY ☐

General Health:

Q26 For your age, how would you describe your health in general? **READ OUT AND CODE ONE ONLY**

- Very good ☐
- Fairly good ☐
- Average ☐
- Fairly poor ☐
- Very poor ☐

Q27 Are you registered at an NHS or other dental practice?

- Yes - NHS dental practice ☐
- Yes - Private dental practice ☐
- Yes - Company provided dental practice ☐
- No - Not registered ☐

Q28a On average, how frequently do you visit the dentist for a dental check-up? **READ OUT AND CODE ONE ONLY**

- Every three months ☐
- Every six months ☐
- Every 12 months ☐
- Varies / only when needed ☐
- Never ☐
- DO NOT READ OUT - PREFER NOT TO SAY ☐

Q28b On average, how frequently do you take your children to the dentist for a dental check-up? **READ OUT AND CODE ONE ONLY**

- Every three months ☐
- Every six months ☐
- Every 12 months ☐
- Varies / only when needed ☐
- Never ☐
- DO NOT READ OUT - PREFER NOT TO SAY ☐

Q29 Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? (include problems related to old age)

- Yes limited a lot ☐
- Yes limited a little ☐
- No - Not at all limited ☐

Q30 What is the nature of your condition(s)? **SHOWCARD 11 AND CODE ALL THAT APPLY**

- Physical impairment ☐
- Sensory impairment ☐
- Mental health condition ☐
- Learning disability ☐
- Longstanding illness or health condition ☐
- Other, please specify below ☐
- Prefer not to say ☐
- Don't Know ☐

Vaccinations

Q31 Please answer whether you think the following statements about injections and vaccinations are true or false:

	True	False	Don't know
Vaccine-preventable diseases are just part of childhood. Natural immunity is better than vaccine-acquired immunity	☐	☐	☐
The HPV vaccine is not suitable for certain people because it contains gelatine	☐	☐	☐
Children do need to be vaccinated if all the other children around are already immune	☐	☐	☐
Vaccinations can overload a baby's immune system	☐	☐	☐
There is a HPV vaccination available that does not contain gelatine	☐	☐	☐
Vaccines cause autism and sudden infant death syndrome (SIDS)	☐	☐	☐
The chance of having a severe reaction to the MMR vaccine is around 1 in 1 million	☐	☐	☐

Q32 If you needed advice, where would you have gone for advice on vaccinations? **SHOWCARD 12 AND CODE ALL THAT APPLY**

GP ☐	Siblings (brothers / sisters) ☐	Elsewhere (please specify) ☐
Health clinic ☐	Pharmacist / Chemist ☐	Prefer not to say ☐
Mum ☐	Online ☐	
Dad ☐	Friends ☐	

Well-being

INTERVIEWER TO PASS TABLET DEVICE TO RESPONDENT TO SELF-COMPLETE Q19

Q33 **Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last 2 weeks.**

	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	☐	☐	☐	☐	☐
I've been feeling useful	☐	☐	☐	☐	☐
I've been feeling relaxed	☐	☐	☐	☐	☐
I've been dealing with problems well	☐	☐	☐	☐	☐
I've been thinking clearly	☐	☐	☐	☐	☐
I've been feeling close to other people	☐	☐	☐	☐	☐
I've been able to make up my own mind about things	☐	☐	☐	☐	☐

Thank You - please hand this device back to the interviewer

Q34 Overall, how satisfied are you with your life nowadays? (Where 1 is extremely dissatisfied and 10 is extremely satisfied

1 ☐
2 ☐
3 ☐
4 ☐
5 ☐
6 ☐
7 ☐
8 ☐
9 ☐
10 ☐
Prefer not to say ☐

Q35 Is there anything that would help you to increase your well-being/ satisfaction with your life? **SHOWCARD 13 AND PLEASE TICK UP TO 3 MOST IMPORTANT THAT APPLY**

- No, I feel fine ☐
- Advice about my finances ☐
- More money ☐
- Counselling ☐
- Someone to talk to ☐
- Less stress at work ☐
- Less stress at home ☐
- More time for myself ☐
- More opportunities to volunteer ☐
- Better access to well-being information on the internet ☐
- Better access to well-being information via mobile apps ☐
- Being able to get out and to do more things ☐
- Help from a GP/Nurse ☐
- Help from a specialist service (please specify service below) ☐
- Other (specify below) ☐

Which specialist service?: _____

Other: _____

Q35 Overall, about how often over the last 12 months have you given unpaid help to.... **SHOWCARD 14**

Only include work that is unpaid and not for family/relatives.

	At least once a week	Less than once a week but at least once a month	Less often	I have not given any unpaid help at all over the last 12 months	Don't know
any group(s), club(s) or organisation(s)?	☐	☐	☐	☐	☐
any friends or neighbours?	☐	☐	☐	☐	☐

Q36 If you have not volunteered in the last 12 months, what, if anything, might encourage you to volunteer? **READ OUT AND CODE ALL THAT APPLY**

- Understanding how it would benefit me ☐
- Information on how to get involved ☐
- Opportunities in my local area ☐
- Opportunities that use my skills ☐
- Opportunities that reflect my interests ☐
- Nothing ☐
- DO NOT READ OUT - Don't know / Not sure ☐

Communications

Q37 How do you currently get information from Slough Council? **SHOWCARD 15 AND CODE ALL THAT APPLY**

- Quarterly Citizen newspaper ☐
- Local radio ☐
- Local newspaper ☐
- Social media (Twitter, Facebook etc) ☐
- Friends/family who work for the Council ☐
- Council website ☐
- Leaflets/posters ☐
- E-newsletters, emails ☐
- Other (please specify below) ☐
- **Do not currently get information from the council** ☐
- **Do not need / want any information from the council** ☐

Other: _____

Q38 And how would you prefer to get information from Slough Council? **SHOWCARD 15 AND CODE ALL THAT APPLY**

- Quarterly Citizen newspaper ☐
- Local radio ☐
- Local newspaper ☐
- Social media (Twitter, Facebook etc) ☐
- Friends/family who work for the Council ☐
- Council website ☐
- Leaflets/posters ☐
- E-newsletters, emails ☐
- Other (please specify below) ☐
- **Do not need / want any information from the council** ☐

Other: ☐

About You:

Q39 What is your home postcode? This information will only be used to see how views differ across the Borough and will not be linked to you individually.

☐

Q40 Are you....?

- Male ☐
- Female ☐
- Prefer not to say ☐

Q41 What is your age? **SHOWCARD 16 AND CODE ONE ONLY**

- 16 - 17 ☐
- 18 - 24 ☐
- 25 - 34 ☐
- 35 - 44 ☐
- 45 - 54 ☐
- 55- 64 ☐
- 65 - 74 ☐
- 75+ ☐
- Prefer not to say ☐

Q42 What is your ethnic origin? **SHOWCARD 17 AND CODE ONE ONLY**

- White: English/Welsh/ Scottish/Northern Irish/British ☐
- White: Irish ☐
- White: Gypsy/ Irish Traveller ☐
- White: Other white group (please specify below) ☐
- Mixed: White and Black Caribbean ☐
- Mixed: White and Black African ☐
- Mixed: White and Asian ☐
- Mixed: Other Mixed Group ☐
- Asian or Asian British: Indian ☐
- Asian or Asian British: Pakistani ☐
- Asian or Asian British: Bangladeshi ☐
- Asian or Asian British: Chinese ☐
- Asian or Asian British: Other Asian group (please specify below) ☐
- Black or Black British: Caribbean ☐
- Black or Black British: African ☐
- Black or Black British: Other Black group (please specify below) ☐
- Other: Arab ☐
- Other: Any other ethnic group (please specify) ☐
- Prefer not to say ☐

☐

Q43 How many children under the age of 18 do you have living at home, if any?

- None ☐
- 1 ☐
- 2 ☐
- 3 ☐
- 4 ☐
- 5+ ☐
- Prefer not to say ☐

Q44 How long have you lived in this neighbourhood? **READ OUT AND CODE ONE ONLY**

- Less than 1 year ☐
- 1-5 years ☐
- 6-20 years ☐
- Over 20 years ☐
- Prefer not to say ☐

Q45 Are you a carer (i.e. do you look after, or give any help or support to family members (or friends, neighbours or others) because of their long term physical or mental ill health or disability or problems related to old age. **(Do not include anything you do as part of your paid employment)**

Yes ☐ Prefer not to say ☐

No ☐

Q46 What is your employment status? **SHOWCARD 18 AND CODE ONE ONLY**

Working full time (30+ hours) ☐
Working part time (less than 30 hours) ☐
Self employed ☐
Training scheme or apprenticeship ☐
Unemployed or actively seeking work ☐
Looking after the family ☐
Long term sick/disabled ☐
Retired ☐
Full time education or student ☐
Doing unpaid /voluntary work ☐
Carer ☐
Other, please specify below ☐
Prefer not to say ☐

Q47 That is the end of the survey questions. I also want to let you know that the Council is interested in gaining residents views as their proposals progress over time, to make sure they are still meeting the needs of local people. To help with this, they would like to set up a healthy and active lives panel that they can invite people to take part in other research, like online or telephone surveys. They might also run focus groups where you may receive gift vouchers as a thank you for giving your views and your time. You will be able to decide what types or research and which topics you are interested in and you can change your mind at any time.

Would you be willing to join the health and active lives panel?

Yes ☐ No ☐

Q48 Can I please take your contact details, which we will pass to the Council to be included in their healthy and active lives panel.

Title (e.g. Mr, Ms, Mrs, Dr)	
First Name	
Surname	
Full Address	
Postcode	
Telephone Number	
Email Address	

Q49 As part of our quality checking process, some of the people who answered the survey will be selected at random to answer a few quick questions. Could I please take either your email address - you will be sent a quick online form, or telephone number - where someone will call you if necessary? This will not be passed to anyone else.

Yes email ☐
Yes telephone ☐
No ☐

Yes - email [hand over to resident to complete]	
Yes - telephone number?	
Can I take your **name** as well please?	

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel

DATE: 15 October 2019

CONTACT OFFICER: Thomas Overend, Policy Insight Manager
(For all Enquiries) (01753) 875657

WARDS: All

PART I
FOR COMMENT AND CONSIDERATION

HEALTH SCRUTINY PANEL - 2019/20 WORK PROGRAMME

1. **Purpose of Report**

For the Health Scrutiny Panel to discuss its work programme for 2019-20.

2. **Recommendations/Proposed Action**

That the panel review the work programme and potential items listed for inclusion.

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

3.1 The Council's decision-making and the effective scrutiny of it underpins the delivery of all the Joint Slough Wellbeing Strategy priorities. The Health Scrutiny Panel, along with the Overview & Scrutiny Committee and other Scrutiny Panels combine to meet the local authority's statutory requirement to provide public transparency and accountability, ensuring the best outcomes for the residents of Slough.

3.2 The work of the Health Scrutiny Panel also reflects the following priorities of the Five Year Plan:

- Our people will become healthier and will manage their own health, care and support needs.
- Our children and young people will have the best start in life and opportunities to give them positive lives

4. **Supporting Information**

4.1 The current work programme is based on the discussions of the Health Scrutiny Panel at previous meetings, looking at requests for consideration of issues from officers and issues that have been brought to the attention of Members outside of the Panel's meetings.

4.2 The work programme is a flexible document which will be continually open to review throughout the municipal year.

4.3 At the meeting in September 2019, it was agreed to restrict the agenda for each meeting to two substantive items, with any further reports taken as information-only items.

5. Conclusion

This report is intended to provide the Health Scrutiny Panel with the opportunity to review its upcoming work programme and make any amendments it feels are required.

6. Appendices Attached

A - Work Programme for 2019/20 Municipal Year

7. Background Papers

None.

Health Scrutiny Panel Work Programme 2019/20

Task and finish Group / Visits
None
Meeting Date
15 October 2019
• Health issues by ward • Health-based beliefs
20 November 2019
• Director of Public Health's Annual Report • Mental health update • Information only - Slough Wellbeing Board Update • Information only - Disability Task and Finish Group - Implementation Progress • Information only - winter preparedness
16 January 2020
• Immunisations and screening annual report + local update? • Adult Social Care Strategy and Budget - including detail on leisure centre fees and charges • Mental health update

23 March 2020
• Adult Social Care Local Account 2019-20 • Slough Safeguarding Adults Board Annual Report • Information only - Slough Wellbeing Board Update • Information only - Disability Task and Finish Group - Implementation Progress

MEMBERS' ATTENDANCE RECORD 2019/20

HEALTH SCRUTINY PANEL

COUNCILLOR	27/06/19	10/09/19	15/10/19	20/11/19	16/01/20	23/03/20
Ali	P	P				
Begum	P	P				
Gahir	P*	P				
N Holledge	P	P				
Mohammad	P	P*				
Qaseem	P	Ab				
Rasib	P	P				
A Sandhu	P	P				
Smith	P	P				
Colin Pill - Healthwatch Representative	P	Ap				

P = Present for whole meeting
P* = Present for part of meeting
Ap = Apologies given
Ab = Absent, no apologies given

(Ext - Extraordinary)

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