

Date of issue: Tuesday, 17 September 2019

MEETING:

SLOUGH WELLBEING BOARD

Councillor Pantelic, Lead Member for Health and Wellbeing (Chair)
Dr Jim O'Donnell, East Berkshire Clinical Commissioning Group, Slough Locality (Vice Chair)
Cate Duffy, Director of Children, Learning and Skills
Superintendent Sarah Grahame, Thames Valley Police
Lisa Humphreys, Slough Children's Services Trust
Ramesh Kukar, Slough CVS
Tessa Lindfield, Director of Public Health
Councillor Nazir, Lead Member for Housing & Community Safety
Lloyd Palmer, Royal Berkshire Fire and Rescue Service
Colin Pill, Healthwatch Representative
David Radbourne, NHS England
Alan Sinclair, Director of Adults and Communities
Aaryaman Walia, Slough Youth Parliament Representative
Josie Wragg, Chief Executive, Slough Borough Council
Acute Sector Representative

DATE AND TIME:

WEDNESDAY, 25TH SEPTEMBER, 2019 AT 5.00 PM

VENUE:

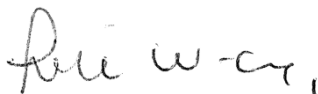
COUNCIL CHAMBER - OBSERVATORY HOUSE, 25 WINDSOR ROAD, SL1 2EJ

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

Apologies for absence.

CONSTITUTIONAL MATTERS

1. Declarations of Interest

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.

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8. Date of Next Meeting - 13th 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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recording must be overt and persons filming should not move around the meeting room whilst filming nor should they obstruct proceedings or the public from viewing the meeting. The use of flash photography, additional lighting or any non hand held devices, including tripods, will not be allowed unless this has been discussed with the Democratic Services Officer.

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Slough Wellbeing Board – Meeting held on Wednesday, 17th July, 2019.

Present:- Councillor Pantelic (Chair), Dr Jim O'Donnell (Vice-Chair), Cate Duffy, Supt Grahame, Lisa Humphreys, Ramesh Kukar, Tessa Lindfield (from 5.30pm), Councillor Nazir, Colin Pill and Aary Walia

Apologies for Absence:- Lloyd Palmer (Royal Berkshire Fire and Rescue Service)

PART 1**1. Declarations of Interest**

Councillor Pantelic declared a non-pecuniary interest by virtue of being a Stakeholder Governor on Frimley Health NHS Foundation Trust.

2. Election of Chair 2019-20

The Board was invited to make nominations for the position of Chair for the 2019-20 municipal year.

Councillor Pantelic was proposed by Councillor Nazir and seconded by Dr Jim O'Donnell.

Resolved – That Councillor Pantelic be elected Chair of the Slough Wellbeing Board for the ensuing year.

(Councillor Pantelic in the Chair for the remainder of the meeting)

3. Election of Vice-Chair 2019-20

The Board was invited to make nominations for the position of Vice-Chair for the 2019-20 municipal year.

Dr Jim O'Donnell was proposed by Ramesh Kukar and seconded by Councillor Nazir.

Resolved – That Dr Jim O'Donnell be elected as Vice-Chair of the Slough Wellbeing Board for the 2019-20 municipal year.

4. Minutes of the last meeting held on 8th May 2019

Resolved - That the minutes of the meeting held on 8th May 2019 be approved as a correct record.

5. Sexual Health Services - Update

Dr Liz Brutus introduced a report that provided an update on sexual and reproductive health in Slough.

The Board received a presentation outlining key indicators and trends relating to sexual health, compared Slough with other South East England areas and benchmarked Slough against other local authorities matching its demographic and socioeconomic profile.

It was noted that the key challenges for Slough were: HIV, abortion, LARC (Long-Acting Reversible Contraception) and Chlamydia. New HIV diagnoses in Slough were higher than average but had been falling most recently. There was increasingly good HIV testing coverage and it was believed that this was contributing to reducing late diagnoses. Abortion rates in Slough remained high, especially amongst over 25 year olds. The use of LARC was far below the England and regional average; evidence suggested that this was a significant factor contributing to the higher abortion rate. Chlamydia screening was a challenge and lower rates of screening were likely to be contributing to the rising rates of pelvic inflammatory disease.

The underlying causes of the key challenges were discussed. The Board was advised that the majority of people were accessing sexual health services through The Garden Clinic. There had been a significant reduction in the use of General Practice surgeries for everyday contraceptive advice. It was explained that discussions would be undertaken with Primary Health Care leads to establish ways of encouraging people to access these services through primary care.

In relation to the use of contraception, the Board was advised that amongst the population of Slough there was a general resistance to using LARC. In an effort to improve uptake it was suggested that pharmacists or healthcare assistants might be best placed to communicate the benefits of LARC. Discussions with Clinical Commissioning Groups would be initiated to consider co-commissioning opportunities. However, it was recognised that the current offer to General Practitioners was not financially attractive, so consideration of how this could be improved was required.

(Tessa Lindfield joined the meeting)

The Board noted that Milton Keynes was facing similar challenges to Slough and Members felt it would be beneficial to contact practitioners there to see what learning could be garnered. There was some discussion about undertaking a visit; however it was agreed that it would be a better use of time to make initial telephone calls to ask if representatives from Milton Keynes would be available to attend a future Board meeting; if this was not possible, further consideration could be given to visiting Milton Keynes.

Resolved –

- (a) Dr Jim O'Donnell, the Director of Public Health and Superintendent Sarah Grahame to contact their counterparts in Milton Keynes to discuss the approach partner organisations adopted to address sexual health challenges.
- (b) The Director of Public Health to discuss with Primary Health Care lead members ways of encouraging people to access sexual health services through primary care.
- (c) An update report be provided to a future Slough Wellbeing Board meeting.

6. Recommendations from the Safeguarding Executive

Consideration was given to the recent work undertaken by Slough's Safeguarding Executive Board (SSEB) to align priorities and governance. The Board had agreed at its last meeting to ask the recently established SSEB to consider ways in which the Wellbeing Board could add further value as part of its work to review and strengthen partnership working. The SSEB brought together senior managers from core agencies, including Slough Borough Council, Thames Valley Police and the Clinical Commissioning Group to ensure common and coordinated approaches.

The Service Lead Strategy and Performance Service provided a Powerpoint presentation to the Board setting out the recommendations of the SSEB and how the governance arrangements would assist partnership working.

New legislation dictated that the Local Safeguarding Children Boards (LSCBs), set up by local authorities, were to be replaced. Under the new legislation, the three safeguarding partners (local authorities, police, and Clinical Commissioning Groups) were required to make arrangements to work together with relevant agencies to safeguard and protect the welfare of children in their area. The requirement for local authorities to begin the transition from LSCBs to safeguarding partners began in June 2018. The arrangements had to be published by 29 June 2019 and implemented by 29 September 2019. LSCBs were required to continue to carry out all of their statutory functions until safeguarding partner arrangements were operative within a local area.

The Board was advised that the proposed priorities of the SSEB for the next two years were: serious youth violence, neglect, exploitation, and domestic violence. Each priority area would have a range of subset focus areas and deliverables. These would be reviewed every six months to ensure that these priorities remained the correct focus. Superintendent Sarah Grahame reported that further work would be undertaken to establish a robust evidence base for these priorities.

Slough Wellbeing Board - 17.07.19

A discussion took place about how the Board approached the issue of health. In particular, how the strategic priorities for Slough were developed and how preventative strategies could be established amongst partner organisations to encourage residents to better look after themselves.

Dr Jim O' Donnell suggested that a 'scorecard' for professionals could be established to help them to spot safeguarding issues, similar to the way GPs had scorecards to spot people at risk of vascular disease, stroke and heart attacks. Whilst the Board accepted that this type of tool would be useful, it was recognised that this approach was fallible and could lead to pre-determination. It was noted that there could be circumstances in which all risk factors were present, without any safeguarding instances occurring. The Director of Children, Learning and Skills explained that 'indicating factors' were considered on a strategic level and informed the development of preventative strategies. However, identifying an individual as being vulnerable to safeguarding issues could have a detrimental impact, and this could inadvertently become self-fulfilling. It was agreed that providing a 'universal offer' to communities was the most effective approach of building resilience.

Resolved – That an update report be provided to the Slough Wellbeing Board meeting on 13th November 2019.

7. Slough Borough Council Transformation Programme

The Board received an update on the Council's Transformation Programme. The Programme would deliver a new Operating Model for the Council, including building on the importance of partnerships and developing a 'One Slough' approach.

The Council recognised the need to change to meet a number of challenges, whilst also keeping a focus on its statutory responsibilities. The vision and case for change was summarised. The Transformation Programme was necessary as the Council needed to respond to continued financial pressures and rising demand for key services, specifically in Social Care and an increase in resident expectations around customer services in a digital age. The ambition was for the Council to be a world class organisation, delivering seamless services to customers with the agility to respond to future changes and demand.

Nick Kennell, Client Director, Gateone, was introduced to the Board. He explained that Gateone would be working with the Council to deliver the Transformation Programme. A key driver of the transformation would be collaborating with partners to develop a joined up integration agenda. It was recognised that partnership working was essential to tackle the broad range of issues in Slough. It was explained that the Council's role would be as 'place shaper, facilitator and enabler, closely collaborating with residents, businesses, communities and partners'.

Slough Wellbeing Board - 17.07.19

Mr Kennell said the Wellbeing Board provided partners with a forum to maximise efforts by identifying where the 'multiplier effect' could be adopted to enable an organisation to have an impact beyond its formal remit. He expressed a wish to meet with each representative of the Board to discuss how the Board could support the Council's Transformation Programme.

Resolved –

- (a) That the report and presentation regarding the Council's Transformation Programme be noted.
- (b) Mr Kennell to contact each Board Member to arrange one-to-one discussions regarding the Transformation Programme.

8. Arrangements for the 2019 Partnership Conference

Consideration was given to the arrangements for the 2019 Annual Partnership Conference due to be held in October 2019. In particular, the Board was asked to discuss how to increase attendance at the Conference.

Following on from the discussion under the previous agenda item regarding the 'multiplier effect' it was noted that health and in particular obesity, was an example of an issue that required a multi-agency 'whole system' approach to be tackled effectively.

It was suggested that the Conference could be used as a forum to engage with residents and host a 'listening session'. Each resident could be provided with five minutes to raise issues and concerns. Dr Jim O'Donnell supported the suggestion and highlighted that under the Integrated Care System model up to 80% of health funding spend would be determined locally. Therefore, it was important to gather the views of residents to establish an evidence base. There was some discussion about the timing of the Conference. It was noted that the Wellbeing Strategy was due to be renewed next year and it was felt that it was important for the priorities and purpose of the Slough Wellbeing Board to be determined before the Conference was held. The Board felt an October Conference was too early and therefore agreed that it be postponed to a later date. The arrangements for the Conference would be discussed at the next Board meeting.

Resolved – That the Partnership Conference be deferred until to a later date and further discussion about the arrangements be held at the next Board meeting on 25th September 2019.

9. Pause Programme Update

Consideration was given to a report that detailed the Pause Programme and the positive outcomes it had achieved.

Slough Wellbeing Board - 17.07.19

The Chief Executive, Slough Children's Trust explained that the Programme had exceeded expectations in the level of successful engagement with women who had had one or more children removed in legal proceedings. The Programme was currently funded jointly through the Department for Education Innovation Funds and the Slough Children's Trust. It was highlighted that the Programme accrued savings for partner agencies such as the police and Adult Social Care due to the reduced need for assessments, emergency interventions and the costs associated with substance misuse and domestic violence.

The Board was asked to note the demonstrable practice and budgetary benefits of the Pause Programme, with a view to contributing funding to enable it to continue for a further 18 months. The current funding ran to the end of the financial year (2019-20) and a decision would be required by December 2019.

Dr Jim O'Donnell agreed to invite the Chief Executive, Slough Children's Trust and the Director of Operations to the next Health and Care Partnership Board meeting to present the Pause Programme report.

Resolved –

- (a) That the report be noted.
- (b) Dr Jim O'Donnell and the Director of Adults and Communities be asked to invite the Chief Executive, Slough Children's Trust and the Director of Operations to the next Health and Care Partnership Board meeting to present the Pause Programme report.

10. Forward Work Programme 2019-20

Consideration was given to the Forward Work Programme.

The following amendments were raised:

25 September 2019

Immunisation and Screening Action Plan be deferred to the 13 November 2019 meeting.

The Director of Public Health Annual Report be removed and presented at a future meeting.

Resolved – That the Forward Work Programme be agreed subject to the amendments detailed above.

11. Date of Next Meeting - 25th September 2019

Resolved - The date of the next meeting was confirmed as 25th September 2019.

Chair

(Note: The meeting opened at 5.00pm and closed at 7.05 pm)

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SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board

DATE: 25th September 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 & PHYSICAL ACTIVITY RESEARCH

1. Purpose of Report

1.1 To provide the Board with an update on the Public Health and Leisure teams Health Beliefs and Physical Activity research project.

2. Recommendation(s)/Proposed Action

2.1 The Slough Wellbeing Board is recommended to note this report.

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. The JSNA

The Health Beliefs and Physical Activity research project has been embarked on to add value to the JSNA and to provide a more rounded picture of health of the Slough residents. It will be something that we are able to utilise, alongside the JSNA, to provide a better service to the local community.

3c. 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. **Summary**

As a combined project, the Public Health team and the Leisure team commissioned M.E.L research ltd to perform an Appreciative Inquiry¹² 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 was commissioned in January 2019 and will conclude with a full stakeholder presentation in September 2019.

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.

6. Supporting Information

6.1 After various stakeholder engagement events and workshops it was decided that Public Health and Leisure would work together to commission an in-depth research project to get a granular understanding of the residents health beliefs, attitudes towards health and what it means to be “healthy”. The project would also include an in-depth look at the borough’s prevailing rates of physical activity.

6.2 The project has two 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 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 aims 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.

6.3 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.

6.4 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 a stakeholder workshop, 6 “Chatabout” sessions with local community groups and 2 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.

6.5 Emerging findings from the qualitative report suggest 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).

The full qualitative headline findings report is attached to this report as **Appendix 1**

6.6 The second phase of the project was a '**quantitative**' phase. This quantitative phase comprised of a representative sample of 1,600 face to face surveys with local residents, with each in-depth survey lasting between 15 and 20minutes. This phase took place over the summer, between July and early September 2019 with the full results of the quantitative phase will be presented by M.E.L to key partners and stakeholders in mid September 2019.

7. Comments of Other Committees

7.1 There are no comments from any other committees.

8. Conclusion

8.1 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.

8.2 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. While this phase of the project has identified key themes, the wider quantitative phase 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. It will also have implications for the wider council and our partners in terms of how we support and deliver services for Slough residents.

8.3 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 things like the outdoor gyms, and targeted programmes of activity.

8.4 Over the coming months we will be working with various departments across the council 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.

9. **Appendix attached**

9.1 Appendix 1 - Qualitative Headline Findings report

10. **Background Papers**

None

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**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
Author	David Chong Ping
Research Manager	Adam Knight-Markiegi

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Introduction

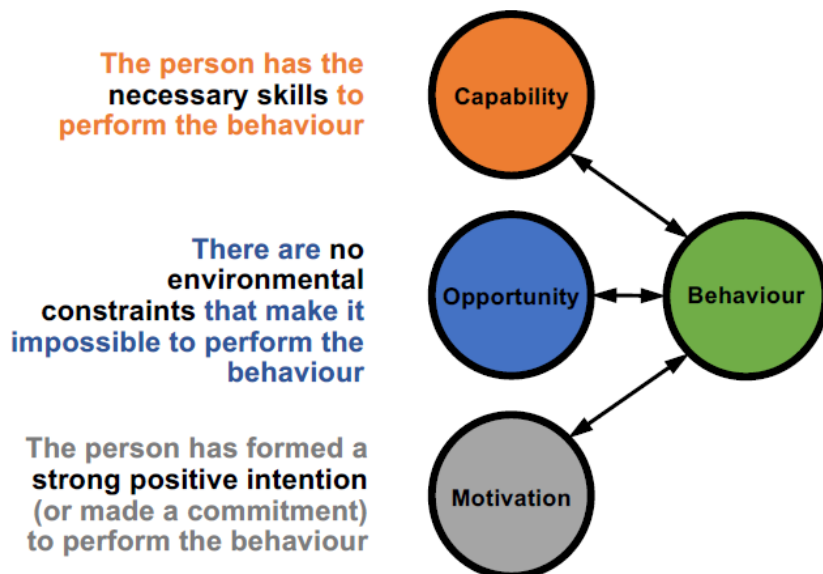
Slough Borough Council wished to commission an in-depth, community led research project to involve Slough residents in a local conversation on health. Primarily, it was to focus on what residents believe they can do to keep physically and mentally well and prevent poor health in themselves and their 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 chatabout 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-B¹ 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 may 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 Council offices at St Martins Place. The profile of participants is shown in the tables below:

Age band	Qty	Marital status	Qty
18 to 24	2	Single without children	6
25 to 34	2	Single with children	1
35 to 44	6	Married with no children	1
45 to 54	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 were 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 were 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 were 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 automatic 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 it 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.”

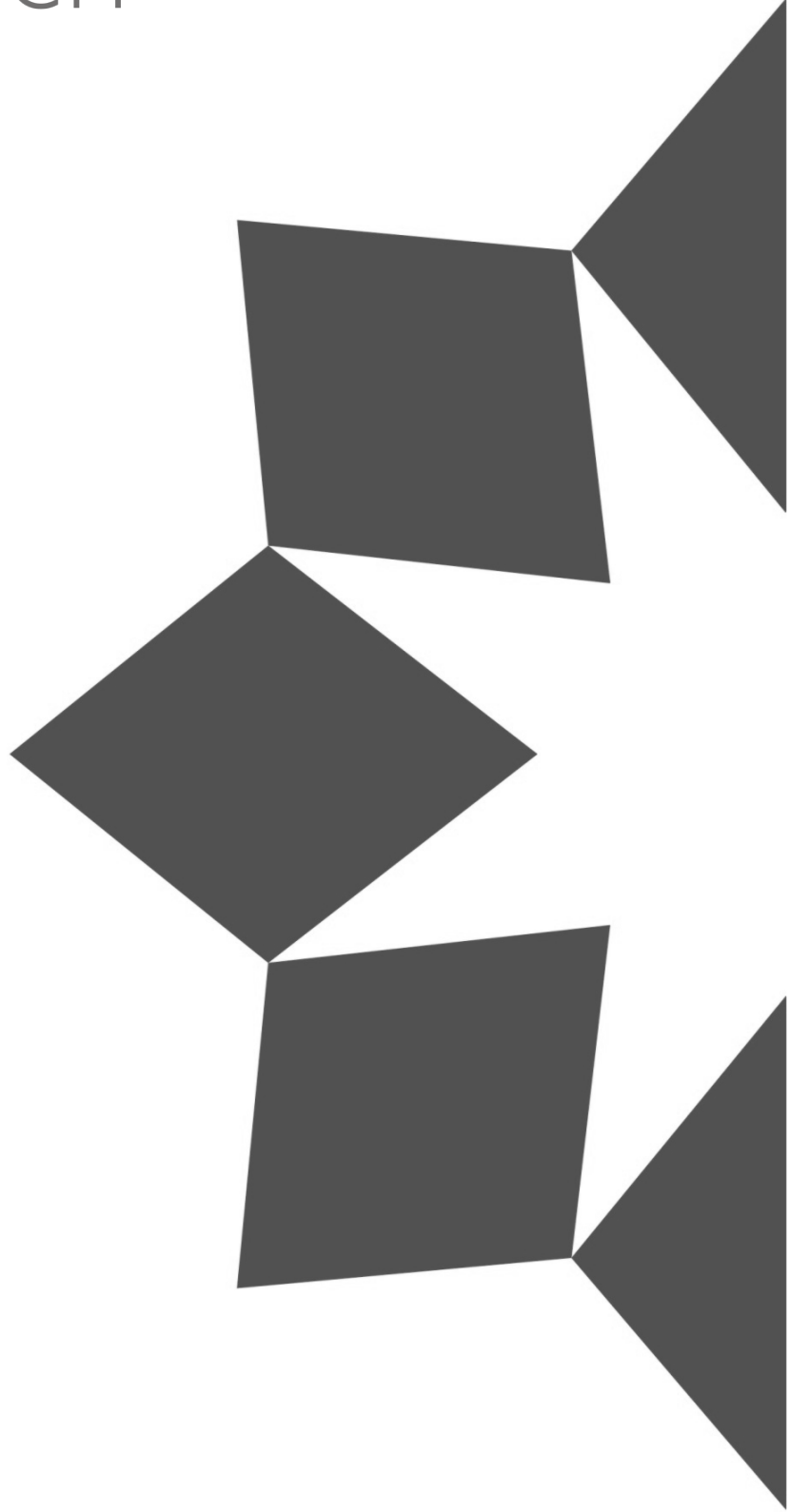
Finally, oral health was not on most people’s radar at all.

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



SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board
DATE: 25th September 2019
CONTACT OFFICER: Alan Sinclair, Director of Adults and Communities
For all Enquiries (01753) 875657 (Thomas Overend, Policy Insight Manager)
WARDS: All

PART I

DISCUSSION

FRIMLEY HEALTH AND CARE ICS LONG-TERM STRATEGY UPDATE

1. **Purpose of Report**

To update the Wellbeing Board on progress in the development of the Frimley Health and Care Integrated Care System (ICS) Long-Term Strategy.

2. **Recommendations**

That Members note the report.

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

3a. **Slough Joint Wellbeing Strategy Priorities**

The ICS supports the delivery of the first three of the Slough Wellbeing Board's priorities:

1. Protecting vulnerable children
2. Increasing life expectancy by focusing on inequalities
3. Improving mental health and wellbeing

3b. **Five Year Plan Outcomes**

The ICS supports the delivery of the first two priority outcomes within Slough Borough Council's Five Year Plan

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

4. **Other Implications**

(a) **Financial**

Any future investment from the NHS in local systems will come via the ICS process.

(b) Risk Management

There are no recommendations arising from this report.

(c) Human Rights Act and Other Legal Implications

There are no legal implications to this report.

(d) Workforce

Engagement with the ICS will require employee time and line-manager support.

5. Supporting Information

5.1 Background

Frimley Health and Care first developed a 5-year strategy in 2016. Since then, partners from across health and local government have been working together, with local communities to improve the health and wellbeing of individuals, and are using their collective resources more flexibly as part of a commitment to achieve the best possible value from every 'Frimley pound'.

Considerable progress has been made implementing the strategy and Frimley Health and Care is considered one of the leading Integrated Care Systems. As a result, partners now wish to publish an updated five year plan in 2019.

The NHS published its long-term plan in January 2019, and a Green Paper on social care is expected to be published later this year. All systems will be required to develop and agree a five year strategy by Autumn 2019.

It is the ICS's intention that the strategy:

- Is developed through engagement with the workforce and local communities;
- Reflects local needs, issues and priorities;
- Is ambitious for the population and system;
- Tackles the wider determinants of health and wellbeing; and
- Is rooted in evidence.

The ICS is following a five-step process to develop the ambitions within the strategy:

1. **Frame** - achieving collective clarity on what the five-year strategy is for, what it will do and how it will be developed.
2. **Insight** - understanding what matters to local people and partners, the issues the ICS wants to impact and the key trends that drive the strategy.
3. **Ambition** - developing a shared view and understanding of what the ICS wants to achieve and what success looks like for the ICS.
4. **Prioritise** - agreeing the shared priorities to deliver the ICS' ambitions, which are recognised by partners and local people.
5. **Organise** - concluding the strategy, ensuring it is owned, understood and ready for implementation from 2020/21.

A public survey was held to gather views, which closed on 14th June, alongside community engagement undertaken by Healthwatch.

5.2 Update

In July, Frimley invited partner organisations, community representatives and voluntary sector colleagues to attend an 'Inspiration Station' to review the insight and intelligence that had been gathered. This included information about Frimley's population, funding, key areas of work to date and patient and public engagement feedback.

Frimley identified four strong themes coming out of this:

- The need to be brave with its ambitions
- The need more of a focus on broader wellbeing and prevention
- The need to focus more on what Frimley wants to achieve and how Frimley measures the impact
- The need to continue on a journey of co-production

5.3 Next steps

Between now and November, Frimley plan to:

- Crystallise key trends / themes from the Inspiration Station to inform the strategy
- Summarise key outcomes from Healthwatch survey
- Pull together the core strategy, using the outputs from the Inspiration Station, Healthwatch Survey results and Insight work
- Continue engagement across stakeholders, through events, forums and meetings

After the strategy has been signed-off, Frimley will be holding a series 'pop-up' events targeting the local community, staff and stakeholders (December - March) in order to gather feedback and engage further on priorities, as well as to talk about how the ICS works, partners' roles within it and what can be done to deliver strategy's ambitions.

6. **Comments of Other Committees**

This report will also be taken to the meeting of the Health Scrutiny Panel on 10th September.

7. **Conclusion**

Frimley Health and Care's Long-Term Strategy presents an opportunity for partners to refresh ambitions for the system, determine the priorities on which to focus collective energy, and improve collaboration in their delivery.

8. **Appendix Attached**

'A' Engagement pack: Creating Healthier Communities – engaging on our Long Term Strategy [Pack 4]

9. **Background Papers**

Creating Healthier Communities, Information Packs.

<https://www.frimleyhealthandcare.org.uk/about/our-plans/creating-healthier-communities/>

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Creating Healthier Communities – engaging on our Long Term Strategy

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Developing our strategy

[Pack 4]





The partners in the Frimley Health and Care are currently in the process of developing a **5-year strategy for the Integrated Care System**. This is an opportunity for us to collectively develop our strategy and ambitions, with shared priorities to focus our collective energy, and make sure the way we work together will enable us to deliver.

A Long-Term Plan for the NHS was published in January 2019 and publication of a long term national strategy for social care is anticipated. These will provide important reference points for the strategy, and all systems are required to develop and agree a five year strategy by November 2019.

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We want to share our planning process with Frimley Health and Care organisations, staff, stakeholders and local communities and are providing regular updates to support these messages to be shared widely. **This is the fourth information pack we have sent out to provide you with information of how we are working together to build the strategy.** You can find further information on the Frimley health and care website:

<https://www.frimleyhealthandcare.org.uk/about/our-plans/creating-healthier-communities/>

These updates include key milestones, progress updates and opportunities about **how you can be involved**.





Frimley Health and Care Inspiration Station:

Throughout July we invited over 250 people from a cross-section of our organisations to come through our **'Inspiration Station'**. This included representation from all our partner organisations, community representatives and our voluntary sector colleagues. The Inspiration station took people through a series of rooms where we presented a variety of intelligence and insight from our system in a way we hadn't presented before.

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The insight included information about our population, funding, key areas of work to date and patient and public engagement feedback. This provided a place for teams of people to take part in a 90 minute facilitated, interactive planning session.





Frimley Health and Care Inspiration Station:

The aim of the sessions was to bring different expertise and experience together to collaboratively discuss what is important for our people locally, where we need to focus our energy and the Frimley £, and how we work together to shape the 'creating healthier communities' plan for the next five years.

The work is now being written up – with some strong themes coming out of the station:

- We need to be brave with our ambitions
- We need more of a focus on broader wellbeing and prevention
- We need to focus more on what we want to achieve and how we measure the impact
- We need to continue on a journey of co-production





Frimley Health and Care Inspiration Station:

Packs of all of the information shared at the station can be found on our Frimley Health and Care website: www.frimleyhealthandcare.org.uk/about/our-plans/creating-healthier-communities/

People really enjoyed the experience and gave us some great feedback:

Brilliant opportunity – everyone needs this – thank you!

Thought provoking. Engaging and well laid out – positively stimulating

Innovative and information Fab! Appreciate being asked

Brilliant – really enjoyed this and know much more now

Amazing interactive experience – hope you get some really good ideas

Fantastic way of engaging with us – the more involved in this the better

Refreshing – good experience Fantastic facilitation well done

Excellent session – what a lot to cover in 90 minutes.





Creating Healthier Communities – next stages

We want build on the approaches we've taken so far. The next step will be to share what we have developed and develop further into our five year strategy. **This will include feeding back on the strategy development and considering where we can do any further engagement at places where people are already meeting during August-October.**

We will also hold a series of pop-up events following the strategy sign off, with an aim to:

- Share what we have done to develop the Five Year Plan and feedback on our collective ambitions – engaging further on key priorities
- Use it as a further opportunity to talk to people about how the system works, our roles in it and what we can do to deliver those ambitions, targeting the local community, staff and stakeholders

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Creating healthier communities timeline

	APR	MAY	JUNE	JUL	AUG	SEP	OCT	NOV	DEC
Community engagement		Survey	Analysis and report						
Insight phase	Analyse and develop insight		Present						
Inspiration Station			Plan from insight phase and hold throughout July – The Inspiration Station						
Develop our strategy						Strategy development		Launch	
Pop-up events									Dec - Mar

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What's next?

- Crystallise key trends / themes from the Inspiration Station to inform our strategy
- Summarise key outcomes from Healthwatch survey
- ICS leads pulling together our core strategy, using the outputs from the Inspiration Station, Healthwatch Survey results and Insight work to guide them
- Continue engagement across stakeholders, through events, forums and meetings that already exist (started in May) and to continue through to November

If you have any questions about the contents of this pack or any comments on how we could improve it please contact:

georgia.henkun1@nhs.net

And we will get back to you as soon as possible.



Slough Wellbeing Board's Work Programme

2019/20

Contact officer: Dean Tyler, Service Lead Strategy & Performance, Slough Borough Council

For all enquiries: (01753) 875847

13 November 2019

Subject	Decision requested	Report of	Contributing Officers(s)	Key decision *
Discussion				
Immunisation and Screening Action Plan	To discuss the Immunisation and Screening Action Plan as agreed by the Board in March 2019.	Dr Liz Brutus, Service Lead, Public Health		No
Better Care Funding Plan 2019-20	To approve the Plan.	Alan Sinclair Director of Adults & Communities Mike Woodridge – Better Care Funding Programme Manager		No
Safeguarding Executive Board	To provide an update to the Board	Dean Tyler, Service Lead Strategy and Performance Service		
Themed discussion				
Details to be confirmed	Details to be confirmed.			
Information				

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23 January 2020

Subject	Decision requested	Report of	Contributing Officers(s)	Key decision *
Discussion				
Themed discussion				
Details to be confirmed	Details to be confirmed.			
Information				

24 March 2020

Subject	Decision requested	Report of	Contributing Officers(s)	Key decision *
Discussion				
Themed discussion				
Details to be confirmed	Details to be confirmed.			
Information				

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13 May 2020

Subject	Decision requested	Report of	Contributing Officers(s)	Key decision *
Discussion				
				No
				No
				No
Themed discussion				
Details to be confirmed	Details to be confirmed.			
Information				

Unprogrammed items

Cold winter deaths	Going to Health and Social Care Partnership Board in January 2019. Opportunity to take the draft plans for 2019/20 to the Board for comment in July 2019	Liz Brutus, Service Lead, Public Health/ Tessa Lindfield, Director of Public Health, Berkshire		
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Environmental sustainability: Collaborative paper from Wellbeing Board members. Details to be confirmed.	Details to be confirmed. Possible referral from the Health and Social Care Partnership Board	Liz Brutus, Service Lead, Public Health/ Tessa Lindfield, Director of Public Health, Berkshire		No
Housing / homelessness as a themed discussion item	To be confirmed	Colin Moone, Service Lead Strategic Housing Services		No
Vulnerable children as a themed discussion item	To be confirmed	Cate Duffy, Director Children, Learning and Skills		No
People on the edge of services: Possible referral from the Health & Social Care Partnership	To be confirmed	Julia Wales, DAAT Manager & Commissioner		No
Social care: the forthcoming Green Paper on older people (England)	To be confirmed	Alan Sinclair, Director of Adults & Communities		No
Refresh of JSNA	To be confirmed	Liz Brutus, Service Lead, Public Health/ Tessa Lindfield, Director of Public Health, Berkshire		No
Tuberculous	To be confirmed	Liz Brutus, Service Lead, Public Health/ Tessa Lindfield, Director of Public Health, Berkshire		No
Low Emissions Strategy	To be confirmed	Liz Brutus Service Lead, Public Health / Jason Newman, Environmental Quality Team Manager		No
Improve the provision and access to green spaces, including new development, allotment etc. to improve residents activity and wellbeing	To be confirmed	Alan Sinclair, Director of Adults & Communities		No

Business and skills – development agenda as a health issue	To be confirmed	Liz Brutus Service Lead, Public Health		No
Director of Public Health Annual Report	To consider the Annual report which focuses on work place health	Tessa Lindfield, Director of Public Health		No

Criteria

Does the proposed item help the Board to:

- 1) *Deliver one its statutory responsibilities?*
- 2) *Deliver agreed priorities / wider strategic outcomes / in the Joint Wellbeing Strategy?*
- 3) *Co-ordinate activity across the wider partnership network on a particular issue?*
- 4) *Initiate a discussion on a new issue which it could then refer to one of the key partnerships or a Task and Finish Group to explore further?*
- 5) *Respond to changes in national policy that impact on the work of the Board?*

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SLOUGH WELLBEING BOARD - ATTENDANCE RECORD 2019/20

MEMBER	17/07/19	25/09/19	13/11/19	23/01/20	24/03/20	13/05/20
Naveed Ahmed	Ab					
Andrew Bunyan (SCST Interim CEO)	Ab					
Cate Duffy	P					
Supt Grahame	P					
Lisa Humphreys	P					
Ramesh Kukar	P					
Tessa Lindfield	P					
Councillor Nazir	P					
Dr Jim O'Donnell	P					
Nigel Pallace	Ab					
Lloyd Palmer	Ap					
Councillor Pantelic	P					
Colin Pill	P					
Aaryaman Walia	P					
Alan Sinclair	Ab					
Josie Wragg	Ab					
NHS England representative	Ab					

P = Present

Sub = Substitute sent

Ap = Apologies given

Ab = Absent, no apologies given

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