

SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board

DATE: 25th September 2019

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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 automatic 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 20 minutes. 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