

Appendix A: Bicester Healthy Life Survey Report Executive Summary

- The Bicester Healthy New Town programme forms part of an NHS England initiative that seeks to improve health related quality of life of residents in Bicester. The specific focus of the programme in Bicester is on weight management and social isolation and loneliness. The evaluation aims to identify the impact that the programme has on residents' health and wellbeing.
- As part of the evaluation, adult residents in Bicester were asked to complete a survey about their health and wellbeing. Questions covered a range of subjects, including diet, physical activity, social networks and general health state. Alongside measures of health (body mass index, health related quality of life, number of portions of fruit and vegetables, etc.) residents were asked to identify factors influencing their lifestyle choices.
- All adult residents were invited to complete the survey, with a copy sent to every household in Bicester and an electronic version available online. Additional purposive sampling of older residents and residents with learning difficulties was undertaken.
- A total of 983 responses were analysed, representing a response rate of 3.2%. Demographics of residents who responded were broadly in keeping with the underlying population, allowing the results to be extrapolated to the Bicester population.

General Health and Wellbeing

- The majority of residents report their general health to be good. However, one in three residents reported having a long-term condition. Furthermore, over a quarter of residents have a long-term condition that affects them on a day-to-day basis. Importantly, having a long-term condition was associated with poorer outcomes across all domains. This represents a large cohort who would benefit from targeted interventions.
- Energy and fatigue, followed by emotional wellbeing were identified as aspects of quality of life with the lowest score, highlighting the importance of ensuring that residents' mental health is considered when looking to increase overall health and wellbeing. It would be anticipated that the programme's emphasis on social

isolation and physical activity will have a positive impact on the mental wellbeing of residents.

Resource use and health campaign knowledge

On average, each resident saw the GP approximately 2.5 times in the preceding year. One in every seven residents had attended A&E in the last year, with approximately the same proportion being admitted to hospital.

- The 5-a-day, Change4Life and NHS Choices campaigns were the most familiar among residents. Fewer residents were aware of the OneYou, Choose Well, Live Well Oxfordshire and SmokeFreeLife Oxfordshire campaigns. Nearly half of Bicester residents had heard of the Bicester Healthy New Town Project, with awareness of the project significantly higher after the launch event.
- Raising awareness of existing campaigns, and utilising the resources available, could help increase residents' engagement with behaviour change campaigns, their levels of activation and appropriate use of NHS services.

Enabling factors for living a healthier life

- Receiving encouragement from friends and relatives, lower charges for public sports and leisure facilities and cheaper prices for healthier food were identified as factors most likely to help residents live healthier lives.
- Residents felt that the use of health apps and receiving reminders by phone, more information on healthy food options at work as well as support from employers were less important in helping people live healthier lives. Increasing age was associated with being significantly more likely to feeling that health apps and receiving reminders by phone was less important.
- These findings emphasise that residents are more likely to recognise the more established approaches to behaviour change and the use of novel approaches (e.g. using technology) will need additional input to support residents in identifying the benefit that they offer.

BMI

- Three in every five adult residents in Bicester are overweight or obese and the average BMI across the town is 27.4 kg/m², which is considered overweight. Of

residents who are overweight or obese, 88.7% acknowledge that they are 'too heavy'.

- Among residents who are overweight or obese, 86.0% would like to take more exercise and 69.8% would like to eat a healthier diet. In the last year, 77.3% of residents who are overweight or obese have tried to increase their levels of physical activity and 79.0% have tried to eat a healthier diet. This suggests a motivation among many residents to alter their lifestyle but a difficulty in achieving the desired change.
- Amongst overweight or obese residents who had seen their GP in the last year, a fifth had been advised to increase the amount of physical activity and a quarter advised to change their diet. Providing additional support to residents may help them to move from the contemplation or preparation phase of behaviour change into the action and maintenance phases.
- Increasing age, being in socio-economic groups 5-8, having a long-term condition, higher intake of sugar sweetened beverages, regular consumption of savoury, confectionary, processed meat, red meat and chips, and loneliness are found to increase BMI. Being physically active and potentially eating fish at least once a week are associated with lower BMI. Residents moving into the new developments have a comparatively higher BMI. As levels of physical activity are approximately the same, this discrepancy may be due to poor diet.

Physical Activity

- Approximately one in every three residents does not currently achieve the guidelines for physical activity and these individuals are at greater risk of being overweight or obese. Residents with a long-term condition are 37% less likely to be physically active compared with residents without.
- Most residents not classified as physically active acknowledge that they take too little exercise and four in five suggested that they would like to take more exercise, increasing to 95% among residents who were overweight or obese. Nearly three quarters of residents had attempted to increase their levels of physical activity in the last 12 months.

- Over half of respondents stated that they find it difficult to find the time to take exercise, and over a third find it too expensive. Lack of motivation was also identified as an important factor for residents, with approximately one in three identifying motivation as a barrier to being more physically active. Lack of motivation was closely associated with not attempting to increase the amount of exercise taken in the last year.
- Residents may benefit from additional support from stakeholders involved in the Healthy New Town programme, such as health and care services, employers and voluntary organisations, in identifying ways to incorporate more exercise into their daily routine and identifying opportunities to take exercise without an associated cost.

Diet

- On average, residents eat 4.3 portions of fruit and vegetables per day. Only one in three residents currently achieves the recommended five portions of fruit and vegetables per day. Factors identified as associated with fruit and vegetable consumption include age, ethnicity and consumption of fish, chips and sugar sweetened beverages.
- Consumption of unhealthy foods is high, with the majority of residents consuming savoury snacks and confectionary items on a regular basis. Average sugar sweetened beverage consumption per week is approximately half a litre.
- Nearly two thirds of residents expressed a desire to improve their diet. Whilst lack of time was a common reason cited for not eating a healthier diet, many of the reasons cited by residents were related to intractable habits (e.g. enjoying unhealthy foods, having a family that was unwilling to change).
- As dietary choices appear to be due to a combination factors, the programme will need to employ a range of different measures to deliver changes to behaviour, supporting residents in identifying the need to change and small, incremental changes that they can sustainably adopt.

Social Isolation and loneliness

- Nearly one in seven residents reported being socially isolated or at high risk of social isolation. Residents who live alone, who are carers or who have a long-term condition were found to have significantly higher loneliness scores. Age was found to be negatively associated with loneliness, with older residents having lower scores.
- Residents with higher loneliness scores had significantly lower levels of emotional wellbeing, suggesting that being lonely not only impacts on social functioning but also on emotional wellbeing.
- Residents who are socially isolated are likely to consume more savoury items per week and sugar sweetened beverages and less likely to be physically active.
- Socially isolated residents cite a significantly higher number of barriers to changing diet and their levels of physical activity compared to residents who are not socially isolated. As well as having lower quality of life scores in the social functioning domain, isolated residents also have lower scores for the emotional wellbeing, energy/fatigue, general health and physical functioning domains.

Additional points and interesting findings

- Residents have very limited spare time and energy, which appears to be impacting not only on quality of life but also on their ability to take exercise and eat a healthier diet.
- Socio-economic group was not observed to have a significant impact on many of the outcome assessed. Whilst there is an established link between health outcomes and socio-economic status, this was not observed in the results. A possible explanation for this could be that people in office jobs spent more time sedentary whilst at work. This presents an opportunity for the programme to work with employers on improving staff wellbeing, for example through lunchtime walking groups, mindfulness classes, etc.
- Whilst it was initially anticipated that the residents moving to the new developments could be healthier, findings from the baseline survey suggest that

there is no difference with residents of the existing town. In fact, the mean BMI of residents in the new developments was higher than that of the rest of the town.

- The findings in this report support the need for an emphasis on prevention. By addressing and modifying behaviour that influences health (diet, exercise, etc.) the Healthy New Town programme can delay or avoid the onset of long term conditions in residents and improve health related quality of life.