Some are more equal than others

HIDDEN INEQUALITIES IN A PROSPERING OXFORDSHIRE
2019/20 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT
Foreword

I am the Director of Public Health for Oxfordshire. Every year, all directors of public health are required by law to produce a report about the health of the residents in their area. Less than six months into my new role I find myself having to do my first Annual Report for Oxfordshire. This has made me think about the purpose of this year’s report.

In the past, the annual reports have been used as a great vehicle to provide useful information about the health and wellbeing of Oxfordshire residents. This year, as my first report, I want to take a different approach. I want to use this year’s annual report as a vehicle for shining the spotlight on a significant issue in Oxfordshire that is relevant to all partners both health and non-health, as well as the public.

Oxfordshire is a prosperous and affluent place to live. However, it also hides significant health and social inequalities across the County. The most recent data also indicates this is getting worse. This is going to be the focus of my report. Identifying and tackling these inequalities will require a collaborative approach. The report will look not only tackling the health inequality head on, but also understanding and addressing the underlying drivers of these inequalities, which goes well beyond the remit of our health partners. Shaping our environments to promote healthy behaviours and forming thriving communities will be a big part of this.

Therefore, the purpose of this report is to identify the level of inequality across the County and to reflect, learn and build on the good work so far. It is not the intention of this report to produce sweeping recommendations but more of a conversation starter and a call for action to form a collective vision.

I hope you find the report interesting, but more importantly it inspires you to join the journey with me to form a healthy and prosperous Oxfordshire for everyone.
Oxfordshire, a pleasant and prosperous County - mostly

- **Households experiencing fuel poverty**
  - 8.7% in Oxfordshire
  - National average 11.1%

- **Achieving A*-C GCSEs**
  - 59.9% in Oxfordshire
  - 56.6% nationally

- **Deaths from preventable causes (per 100,000)**
  - 76 in Oxfordshire
  - 100 nationally

- **Male life expectancy**
  - 81.3 years in Oxfordshire
  - 79.5 years nationally

- **Female life expectancy**
  - 84.4 years in Oxfordshire
  - 83.1 years nationally

- **Female disability-free life expectancy**
  - 68.6 years in Oxfordshire
  - 65 years nationally

- **Male disability-free life expectancy at birth**
  - 67.9 years in Oxfordshire
  - 64.1 years nationally

- **People living in income-deprived households**
  - 8% in Oxfordshire
  - 14.6% nationally

- **Emergency hospital admissions for self-harm (per 100,000)**
  - 104 in Oxfordshire
  - 100 nationally

- **Obesity in year 6**
  - 16.3% in Oxfordshire
  - 20% nationally

- **Reported crimes (per 100,000)**
  - 73.5 in Oxfordshire
  - 117.4 nationally

- **Long-term unemployment rate**
  - 5.8% in Oxfordshire
  - 3.6% nationally

- **Households experiencing fuel poverty**
  - 8.7% in Oxfordshire
  - National average 11.1%

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Our health is something we live with every day, and good health is something we may not notice until we are ill. The causes of ill health are many and complex. Some factors that affect our health are beyond our control like our genes. However, there are many factors which can be in our control that we can modify to maintain good health.

We know that our lifestyles and behaviours can play a major role in the development of long-term conditions such as heart disease, diabetes and cancer. Raising awareness and health education have been the mainstay of the public health strategy over the past decades. However, we know that tackling the drivers of ill health is not so simple.

The social and wider determinants such as our early years, employment and housing status have a significant influence on the way we feel and behave. We can often find ourselves in environments that make it very difficult to adopt healthy behaviours and make healthier decisions. To address this, the public health approach needs to be all-encompassing and build wider partnerships with our key stakeholders.

Oxfordshire is accepted on the whole to be an affluent and prosperous place to live. The County is one of the 20% least deprived County Councils (or Unitary Authorities) in England. The health of the people in Oxfordshire overall is generally better than national averages for most health metrics.

When we consider the wider indicators beyond the direct health and health behaviour outcomes, we know that Oxfordshire on average is significantly better than national averages.

This reinforces the perception of a prosperous Oxfordshire.

People in Oxfordshire have better health and the number of people dying early is significantly lower than the England average. This is also the same for causes of ill health. Alcohol related admissions, smoking prevalence, childhood and adult obesity in Oxfordshire are significantly below national average.

This is a good thing and contributes to people living healthier lives into older age.

The overall view of the averages for Oxfordshire paints a very positive picture for the County. However, this does not represent the situation for everyone in the County. When we look deeper into the data below the County level, we know there are 10 wards in Oxfordshire which fall within the 20% most deprived wards in England. With this economic inequality there are health and social inequalities for the people who live in these areas.

If a universal approach to policy and delivery of services is maintained in Oxfordshire, there is a real risk that any improvements in the average population will not be realised for the most deprived and at worst, may exacerbate and widen the inequalities between the least and most deprived residents of Oxfordshire.

This is not socially or morally acceptable, which is why we will consider these areas in more detail and how the wider aspects of how we live our lives can be addressed to improve the lives of those who are disadvantaged the most in our County.

CHAPTER 1 - OXFORDSHIRE, A PLEASANT AND PROSPEROUS COUNTY - MOSTLY

Ill health is just the tip of the iceberg
Male life expectancy
74.6 years
National average 79.5 years

Long-term unemployment rate
4.4%
National average 3.6%

Male disability-free life expectancy
88.3 years
National average 91.4 years

Female disability-free life expectancy
91.9 years
National average 94.6 years

Female life expectancy
78.4 years
National average 84.4 years

Achieving 5A*-C GCSEs
39%
National average 56.6%

Obesity in year 6
28.2%
National average 20%

Households experiencing fuel poverty
18.6%
National average 14.6%

Deaths from preventable causes (per 100,000)
161.1
National average 100

Emergency hospital admissions for self-harm (per 100,000)
364.5
National average 100

Reported crimes (per 100,000)
527.2
National average 117.4

People living income-deprived households
9.8%
National average 8.7%

CHAPTER 2
Scratching beneath the surface

Oxfordshire average Worst performing ward in Oxfordshire
Oxfordshire is one of the most affluent areas of the country. This hides the astonishing fact that there are 10 wards in Oxfordshire which feature areas which are in the 20% most deprived in England.

The 10 most deprived wards in Oxfordshire

1. Northfield Brook
2. Banbury Ruscote
3. Rose Hill and Iffley
4. Blackbird Leys
5. Banbury Cross and Nethe
6. Banbury Grimsey and Hightower
7. Carfax
8. Barton and Sandhills
9. Abingdon Caldecott
10. Littlemore
Average Life Expectancy

Most people would want to live a long life. If you live in the most deprived areas of Oxfordshire you are expected to live a shorter life than the average life expectancy for Oxfordshire. The diagram shows the male life expectancy of the ten most deprived wards. Nine out of ten of these wards are below the national average and significantly below the Oxfordshire Average. The life expectancy gap for men living in Carfax to the least deprived ward in Oxfordshire is shockingly 15 years!

Disability-Free Life Expectancy

Living a long life in good health is also another ambition which we may not all achieve. The residents of the most deprived areas of Oxfordshire can expect to live a shorter life, where they can expect to live with a long-term illness or disability for more of their life than those in the least deprived areas.

Key:
- Abingdon Caldecott
- Banbury Cross and Neithrop
- Banbury Grimsbury and Hightown
- Banbury Ruscote
- Barton and Sandhills
- Blackbird Leys
- Carfax
- Littlemore
- Northfield Brook
- Rose Hill and Iffley

Oxfordshire average
The extent of the inequality in health outcomes can be shown in the chart above for rate of emergency hospital admissions for self-harm. As you can see, the wards we are discussing have higher admissions than the average.

The most deprived wards are consistently worse than the England and Oxfordshire averages, where multiple factors are at play. Children are more likely to be overweight or obese when they leave primary school and hospital admission rates are higher for a range of conditions.

Deprivation and Determinants

There are various factors that determine how healthy a population can be. There are a much wider range of drivers of inequality beyond traditionally accepted behaviours such as smoking, drinking alcohol, physical inactivity and our diet. Since 2000 in England the government use The Index of Multiple Deprivation (IMD) to rank every small area of England from 1 (most deprived) to 32,844 (least deprived area).

The IMD combines information from seven domains to produce an overall relative measure of deprivation. The seven domains and how they give a combined value are shown alongside.

The seven domains of IMD reflect that there are many aspects or “wider determinants” which impact on our lives, health and wellbeing. Factors which are now accepted to play a much bigger part in our health outcomes include income, education, housing and employment.
Income deprivation

Eight wards in Oxfordshire have higher than average percentages of people living in income deprivation. Seven of these wards are from our ten most deprived and is a stark inequality to many wards which have higher than average income. Analysis of data shows that in these wards there are relatively high levels of child and pensioner poverty.

Other Factors

Many factors in our lives have a significant impact on our health and can have a major influence on our health behaviours, creating barriers to choosing healthier options in our life. There is a surprising impact of these wider determinants on our health and how much they affect our individual behaviours.
Education and Skills Development

Good education and skills development can help lift people out of poverty and reduce income poverty. The future growth of the Oxfordshire economy is dependent on young people leaving school with skills to “flow” into the local economic workforce with the suitable “stock” of skills to fill local jobs. If the “flow and stock” is not in suitable numbers, a low-income economy and high unemployment will continue in the most deprived areas of the County. Some of the most deprived wards in the County have significantly lower levels of development at age 5, which left unaddressed will impact on the whole life outcomes of these children.

By now you should clearly see that there are some areas in Oxfordshire where many aspects of health and wider life are not the same as many people would expect, or take for granted. There is a wealth of information available and I could present several examples of inequality but less is more!

I hope that by now you may be curious to find out more for yourself. If you want to explore the data for yourself and learn more please visit the Oxfordshire County Council’s Joint Strategic Needs Assessment at https://insight.oxfordshire.gov.uk/cms. Here you will find all the latest information and evidence about Oxfordshire and the people who live in the County.
CHAPTER 3

Prevention is better than cure

Prevent ill health

Improve primary care

Improve emergency care
“An ounce of prevention is worth a pound of cure”
Benjamin Franklin

It is a commonly used phrase, but prevention really is better than cure! The increase in pressures on health services to respond to increasing demand is the visible tip of the iceberg of missed prevention opportunities. But we now know that prevention is more than the individual behaviour lifestyle changes such as stopping smoking, watching our diet and exercising more. As people move through “ages and stages” in their life course, we want to help every individual live a long life in health, free from illness for as long as possible. Prevention is different for each person, depending on their stage in life, their views on health and how they want to live their life.

With the different stages in each of our lives, prevention and the interventions to help improve our health will change to meet our changing needs and circumstances. To affect the impacts of the drivers of ill health, and the wider determinants for the population of Oxfordshire, a broad and multifaceted spectrum of prevention measures need to be employed by everyone. This spectrum must not only consider the individual lifestyle factors or the NHS interventions, but move to address the wider socioeconomic factors, and impact of the built environment. This whole system approach to creating healthier lives for the residents of Oxfordshire will “add years to life and life to years”

The Oxfordshire approach to prevention

The data tells us that priorities for prevention in Oxfordshire need to address the increased likelihood that people who live in more deprived areas such as our 10 wards from Chapter 2 will experience:

• Lower life expectancy with higher rates of death from cardiovascular disease, stroke, lung illness and cancers.
• Earlier onset of long-term conditions. We know that those living in the 10% most deprived areas are likely to face effects of illness at the age of 60 whereas people living in the least deprived 10% generally will have another 10 years of healthy life, free from disability and illness.

In Oxfordshire, the local organisations and communities are working together to develop a multifaceted approach to prevention to achieve better health for residents. This approach is known as PROMOTE, PREVENT, REDUCE, DELAY

Working collaboratively, a local prevention framework has been developed to give practical guidance on how to implement the Oxfordshire Health & Wellbeing Board’s cross cutting priorities of prevention and tackling inequalities. The prevention framework as an approach is not a replacement of the universal approach to health. However it will be an approach which delivers an increased focus on the neediest communities of Oxfordshire to address inequalities. Using the local prevention framework, we can target our 10 most deprived wards and disadvantaged communities across the County.

Chapter 3 - Prevention is Better than Cure

Prevention Spectrum

PROMOTE wellbeing
Creating a place and community that promotes wellbeing and healthy behaviours where people can reach their full potential.

PREVENT ill health
Communities and assets, influence settings, Healthy Place Shaping

REDUCE the impact of disease
Prevention in the NHS (eg: screening, early detection of ill health)

DELAY the need for care
Population health management, Healthcare Public Health
CHAPTER 4

Promoting healthier communities
The design of our neighbourhoods can influence levels of physical activity, travel patterns, social connections, physical and mental wellbeing.

There is growing evidence that there are significant benefits for local people by taking an approach to planning housing, infrastructure, and the economy, with health and wellbeing as the centre of focus. This approach is known as “Healthy Place Shaping.”

Healthy place shaping is a collaborative approach to creating sustainable communities which promote healthier behaviours through integrated and co-ordinated planning of the built environment, services, and community activation. Successful healthy place shaping involves:

• Shaping the built environment so that homes are healthier, people can easily access green spaces, are enabled to walk, cycle, and socially interact in order to improve health and wellbeing.
• Working with local people and community groups, schools, and businesses to support them in adopting healthier lifestyles. Engaging communities in planning places, facilities, and services through ‘community activation’.
• Re-shaping and developing local health, wellbeing and care services, and the infrastructure which supports people to achieve health benefits which are fitting for local circumstance (models of care).

Successful Healthy Place Shaping
Every community has its own unique identity, assets and needs. This means that the healthy place shaping principles may be approached differently depending on the local context.

New developments may approach healthy place shaping by designing a health promoting infrastructure, while existing communities may work with the assets available and implement changes to their environment as opportunities arise. For example, a new development may design a local school set back from the road with excellent infrastructure to access the school through walking or cycling. An existing school may be based near a road with “drop-offs” made for cars. Introduction of initiatives such as “school streets” where traffic is limited at drop off times, through infrastructure modifications, can increase physical activity and reduce air pollution.

The healthy place shaping approach can be used to build the new and improve the existing in Oxfordshire. Healthy Place Shaping is supported through the National Planning Policy Framework (NPPF) which states that:

“Planning policies and decisions should aim to achieve healthy, inclusive and safe places which:

• Promote social interactions, including opportunities for meetings between people who might not otherwise come into contact with each other;
• Are safe and accessible, so that crime and disorder, and the fear of crime, do not undermine the quality of life or community cohesion;
• Enable and support healthy lifestyles, especially where this would address identified local health and well-being needs.”

Oxfordshire’s emerging and adopted Local Plans contain priorities which directly relate to healthy place shaping principles. District Council policies have identified the need for Health Impact Assessments (HIA) to be conducted for all development proposals. These will take account of the health status and health needs in local areas and provide information about how development proposals will improve health and wellbeing.

Healthy place shaping is a pathway to better health which is already being implemented in Oxfordshire. Communities across the County are working with local planners and services to shape their communities for a healthier future. Let me now show you some examples of activity going on in the County today.

District Local Plans

In Cherwell
The Local Plan 2011-31 proposes a number of transformational steps which will all support healthy place shaping, including securing an excellent transport system; inclusive communities and quality urban, rural and natural environments.

In Oxford City
The emerging Local Plan 2011-36 requires a Health Impact Assessment for major development proposals which ensures that measures will be taken to help contribute to healthier communities and reduce health inequalities through development.

In South Oxfordshire
The emerging Local Plan 2011-34 requires that housing needs be met by delivering high-quality, sustainable, attractive places and providing access to high-quality public, cultural, community and health facilities.
Barton Healthy New Town

Barton was selected as one of the NHS England Healthy New Town demonstrator sites back in 2016. Although the NSE funding ended in March 2019, partners have committed to continuing to meet and work together. Partners include: Grosvenor; Oxford City Council; Oxfordshire County Council’s Public Health team; Primary Care Network representatives and the Oxfordshire Clinical Commissioning Group. The delivery group are currently working towards a 5 year forward strategy.

Some of the successes to date have included being able to share learning and good practice in national publications, developing a strong partnership locally and contributing to the development of community-based projects such as the food bank and the Team Around the Patient model being maintained by the Primary Care Network.

Barton Community Partnership

Barton Community Partnership is currently being developed by a steering group that includes local residents, elected officials, community groups and statutory agencies. The aim of the partnership is to bring the community together to take action on the things that are important to them.

To find out what it’s like to live in, visit and work in Barton, the steering group did a review of data, conducted a survey of 276 people, held a community mapping exercise and a world café event to gather views on how the community would like to improve their area. Most people in Barton said they are either satisfied or very satisfied with their area and there are many things they like, such as the public transport, people working together to improve the area and access to nature.

A Community Asset Based Approach

Although Barton faces some challenges and inequalities that have been presented in previous chapters, there are also a number of assets rooted in the community, with more under development.

There is a strong emphasis on partnership working in the area, with groups such as the BICEP (Barton Integration and Community Engagement Partnership – which was set up to get all the stakeholders involved in Barton Park together), the Health and Wellbeing Partnership and the Healthy New Town Delivery Group.

There is a Community Partnership which is being established and there are several other community organisations who are working together in other ways to achieve shared outcomes.

There are activities taking place in Barton for many different age groups and different interests, some of these include Zumba classes, youth clubs, lunch clubs, breakfast clubs, sports groups and community activities delivered by different organisations, facilities such as allotments, sports pitches, a new sports pavilion, leisure centre, a refurbished GP practice, a new linear park with equipment/nature area, a community café and more recently a satellite library in the Neighbourhood Centre.

Sue Holden, Secretary of the Barton Community Association says: “We make our activities affordable so they’re more accessible for people in Barton. We had activities going on for young people over half term where they were having fun and learning about healthy eating at the same time. Zumba is one of the really popular sessions that we have at the centre, helping people to keep active and healthy. We manage the food bank at the centre as well and usually have a lot of fruit and veg that people can take.”

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The FAST programme in Banbury

The FAST programme started in October 2018 to encourage children, parents/guardians and grandparents to enjoy energising free and low-price sport and physical activity as a family in their local area. FAST offers a programme of physical activity for residents in four wards of Banbury: Neithrop, Ruscote, Hardwick and Grimsbury.

FAST is delivered in three ways:

- School – Free 12-week family provision on the school site
- Community – Free weekly family activities in local community settings and targeted areas
- FAST card offers/incentives – Heavily reduced local offers (e.g. £3 swim instead of £13)

Evaluation data shows a positive trend in terms of overall activity levels on FAST. When the initial baseline was carried out 43% of participants on the programme were inactive, this has gone down to 32%, while the percentage who were active rose from 54% to 65%.

“[The sessions have been] so positive particularly seeing parents engage who we don’t normally see. Also great to see a mixed age of children who don’t normally work together interact and enjoy being active together. As a result of the success we’re continuing to run a family club ourselves to continue offering family opportunities.”

Head Teacher

“...”

Parent

Making Every Contact Count in Libraries

Public Health has been working together with Oxfordshire Library Service staff to embed MECC (Making Every Contact Count) into everyday conversations with members of the community. MECC is about opportunistically having a conversation about health and wellbeing with others and signposting them on to sources of information and support.

1,300 MECC conversations have taken place across the library network since monitoring began in August 2019, providing an insight into the type of information and support being sought by the public with a third of the conversations relating to mental wellbeing.

“...”

Cath, Abingdon Library

Talking Men’s Health

“We held a ‘Men’s Cancer’ information drop-in at Thame Library. One of our regular library users was curious about the drop-in and was introduced to the health professional we’d invited along. We didn’t see him for several weeks and when he finally came back, he explained that he’d had a few symptoms he didn’t think he needed to discuss with his GP but the lady he spoke to that day persuaded him that he really should. Due to that one conversation he’d gone to his GP, been diagnosed with early stages Prostate cancer and had begun treatment. He was very emotional as he told us he felt the library had saved his life that day... and he’s now in recovery!”

Allie, Thame Library

CHAPTER 4 - PROMOTING HEALTHIER COMMUNITIES

Making Every Contact Count in Libraries

Libraries are so much more than books, they are at the heart of local communities

Prescription). He said that he wasn’t very confident at reading, so I helped to find him a couple of books which he felt comfortable with. I suggested he read and explained that there are people there he could talk to, groups he might be interested in and websites he could look up (which may be less daunting than books). He came back 2 weeks later to renew the books which he was finding helpful.”

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Allie, Thame Library
Rose Hill

The two headline priorities for Rose Hill’s action plan identified by their community partnership are:

- Addressing impacts of poverty and food poverty
- Using partnerships to reduce isolation and loneliness

Tackling Food Poverty

At Rose Hill Primary School a collaborative project part funded by Healthwatch Oxfordshire resulted in the setting up of a healthy tuck shop where children can buy sugar free snacks for 20p. Before the tuck shop was set up research found unhealthy food was cheaper and more widely available with one parent saying: “I can get 6 cakes for 20p, or 6 apples for £1.69.”

This initiative won a Golden Spoon Award from Sugar Smart Oxford which is co-ordinated by Good Food Oxford with support from Oxfordshire County Council Public Health and Sustain.

The Rose Hill Lottery Project has forged strong links with the community and directly tackles food poverty by distributing high quality food from Oxford Food Bank and Fairshare, to vulnerable people in the community and providing over 100 healthy meals each week for children attending Rose Hill Junior Youth Club.

Tackling Isolation

Residents in Rose Hill are working together to tackle isolation and loneliness by introducing regular coffee mornings, health walks and open mic nights.

Repair cafés have been very popular and are well attended. Rose Hill Repair Café is part of Oxfordshire’s Community Action Group Network that is facilitated by Resource Futures and Oxfordshire County Council.

Engaging with Men in Minority Communities

Between May and July 2018, East Oxford United worked collaboratively with Healthwatch Oxfordshire to find out what men in East Oxford thought about their health. East Oxford United saw that its links with men, particularly those from Black, Asian and Minority Ethnic (BAME) backgrounds was a great opportunity to ask men their views on keeping healthy. It also knew that men from this group often were low on uptake of health information and support, and in particular NHS Health Checks.

Through a process of co-design with local men, a questionnaire was developed. The work took place from May to June 2018, with less activity planned for the month of Ramadan; although evening gatherings in the Mosques were a great opportunity to reach men breaking fast.

Through reaching out to men from the BAME community the report identified:

- Positive collaborative working between the statutory and voluntary sector and community groups requires flexibility, ongoing communication and dialogue with specific input and allocation of appropriate resources.
- The potential for developing both ‘asset-based’ and ‘co-produced’ approaches to promoting health and wellbeing locally were positively demonstrated by the Men’s Health Project. This simply means recognising and making the most of strengths within communities, at the same time as making sure communities are able to be involved in developing the services they receive.
- Better community engagement was also facilitated by the use of community volunteers whose local knowledge and diverse community access enabled a wide range of responses and feedback.
- Better information can be produced for target groups by working in partnership with community-based organisations.

Better community engagement can be facilitated by working collaboratively with community-based organisations. A much greater impact was achieved by linking the annual national Men’s Health Week campaign to local events and activities in this case – East Oxford United organising the Men’s Health Cup Tournament.
Developing Community Assets in Blackbird Leys

In the Leys area the local Community is working with local organisations and services to develop assets for the whole community to address local issues important to the people of Blackbird Leys and bring people together.

The Community Larder

The setting up of a community fridge and larder to address local food poverty has been a recent success. The Leys Community Larder is a membership scheme run by local volunteers which in return for £8.66 per month gives people access to tins of high-quality food and additional fresh fruit and vegetables, access to events, a café and children’s activities.

“As for this project, Community Larder where we do is to bring everybody together, it isn’t just for people on benefits. It’s for working people for families, you know, just to help the community, because there is a lot happening in the community so we are here to support that. That’s the aim for all of this...Come and have a look, just come, have a cup of tea even if you don’t want to become a member. See what we’ve got here, what you like, it’s a way of meeting new people as well, you not alone, you know, come in.”

Beatrice - Local Resident

The Public Living Room

Bringing people together in one space is important in addressing loneliness and building communities and relationships between residents. The Communiity in Blackbird Leys has created a place for everyone to use and come together. The Public Living Room is an area where people can come together, hang out, have a coffee and take part in creative activities for all ages.

“It makes me happy because I can see my kids are happy. They are happy to come here, they’re asking me every day if we have time to come to the Living Room. If I have time to bring them here to play, they play, they relax. The fact that they feel warm people here and they connect, they start having friends. Which is a better thing than staying inside the house alone with a screen in their hands.”

Gabriel - Local resident

Didcot Garden Town

Didcot Garden Town is improving the lives of its residents by using the healthy place shaping principles at the core of the design principles of the Garden Town.

Promoting Cycling

There continues to be a growing interest in cycling in Didcot and the improvements that will build on the planned local network. In June 2019 a bike ride involving councillors, residents, cycling advocates, County Council staff, and Didcot Garden Town staff took place. The group looked at the gaps in the cycle network around the Didcot area. In Harwell, the Harwell Bicycle Users Group (Harbug) have produced a report on how to help staff improve the cycling network.

Public Art

Public Art enriches our communities and makes them more attractive and unique. Didcot Garden Town continues to promote public art projects throughout the town. Next time you are in Didcot look out for some of the local art in the following locations:

• REACH by Michael Condron, 2019. University Technology College, Didcot
• Mantle by David Harbour, 2015 Harwell Campus, Harwell
• Nurturing Hearts and Minds by Clare Goodall, 2019. Aureus School, Didcot
• Glass Frontage by Martin Donlin, 2016 Boundary Park Pavilion, Great Western Park
• Curtain Calls by Rodney Harris and Valda Jackson, 2019. District Centre, Great Western Park
• Boundary Park Pavillion Sign and Atrium by Rachel Barbaresi, 2017. Boundary Park, Didcot

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Planning for the Future with Communities

Oxfordshire Cotswolds Garden Village

Planning a new rural community in the County which embraces the key principles of healthy place shaping is a priority for planners in West Oxfordshire. The proposed Cotswolds Garden Village is an opportunity to develop new homes, a business space, and other services and facilities. It provides the opportunity to create a garden village with beautifully designed homes that meet the needs of all generations; a distinctive place that complements its rural setting and one that focuses on sustainability with links to pedestrian, cycle, bus and rail networks.

Recognising the value of local opinions and knowledge of the area, the County Council, District Council and Developers have been engaging with the local community through engagement events, design workshops and developing a garden village community forum. This ongoing series of continuing engagements and consultations are helping shape a plan and an approach to developing a new community which informs the policy approaches to the new village by:

• Adopting Healthy Place Shaping Principles
• Social Integration and Inclusion
• Providing Opportunities for Healthy Active Play and Leisure
• Green Infrastructure
• Enabling healthy food choices

Working with the community, local organisations and developers can create a place that will promote healthy lifestyles and a prosperous community.

It is clear to see that Oxfordshire is a great place to live for many people. Oxfordshire has one of the strongest economies in the UK, contributing £23 billion to the UK exchequer each year. It is also rapidly growing, with an average growth of 3.9% per year since 2006. However, I hope that you recognise that this prosperity has not reached everyone to the same level and there are still persistent inequalities. The Cutteslowe walls brought infamy to Oxford as a physical symbol of division and inequality. While the walls have long since been pulled down, the invisible walls of division still separate the deprived communities in Oxfordshire.

The recent Housing and Growth Deal has secured an initial investment of £215 million over the next 5 years with the intention of creating a thriving community and supporting the delivery of 100,000 homes across the County. This growth brings opportunities and challenges for the people of Oxfordshire.

We have a once in a lifetime opportunity to ensure that the benefit of growth includes everyone across all parts of Oxfordshire and reduces the inequalities across our County. As our communities grow, we have an opportunity to deliver growth in partnership with the residents who make Oxfordshire a great place to live, rather than imposing growth on communities with little benefit to them. Oxfordshire needs to understand how the impact of growth is distributed across the County and what can be done differently to ensure those benefits are distributed more fairly across Oxfordshire to meet the needs of our most vulnerable and deprived communities.

Healthy place shaping provides an approach to delivering growth that will build the new and improve the existing, while delivering a health dividend for all from the Growth Deal. Communities are ready and willing to be part of the successful growth of Oxfordshire as shown in the case studies. We need to reach out and connect with these communities who are not only an asset, but also the experts on what can make the place they live a better place to live and work.

This report does not set out to list solutions and recommendations, but to set out and highlight an important issue and invite reflection on the hidden inequalities in Oxfordshire. To create a list of recommendations in my first annual report would not be credible or realistic, the solutions involve more than one organisation.

If I have one recommendation, it is for a collective approach where all local partners and residents work together to reduce inequalities and present the challenges on how we can consider the wider built environment and social networks of communities to make Oxfordshire a great place to live a long, active and healthy life.