

## **Divisions Affected - ALL**

# **OXFORDSHIRE HEALTH AND WELLBEING BOARD**

**6 October 2022**

## **Community Profiles for Abingdon Caldecott and 'The Leys'**

**Report by Corporate Director of Public Health & Community Safety,  
Oxfordshire County Council**

### **RECOMMENDATION**

1. **The Oxfordshire Health and Wellbeing Board is RECOMMENDED to**
  - a) Note the findings and rich insight contained within the Community Profiles
  - b) Support the promotion and sharing of the Abingdon Caldecott and 'The Leys' community profiles with partners and colleagues across the system.
  - c) Use the insight from the Abingdon Caldecott and 'The Leys' profiles to inform service delivery plans of partner organisations on the Board.

### **Executive Summary**

2. Life expectancy and health outcomes across Oxfordshire are not equal and in our areas with the lowest socioeconomic status, people are experiencing poorer mental and physical health. Inequalities in life expectancy and health are long standing issues but listening to local communities and acting on their insight can help us to change this.
3. The community profiles shine a spotlight on the health enabling assets that can be built on in the Abingdon Caldecott and Leys (Blackbird Leys and Northfield Brook) areas and what needs to change to help address challenges faced by communities. The insight shared about what matters to people has been used to inform a set of high-level recommendations to take forward. A follow up action plan will be produced which will need system wide engagement to enable these changes to be made.

### **Background**

4. The purpose of creating a community profile is to ensure we understand as fully as possible the health outcomes and factors that influence these

outcomes within wards in Oxfordshire where residents are most at risk of poor health, or experience health inequalities. A proof of concept for ward profiles, focussing on the Banbury Ruscote ward was taken to the Oxfordshire Health and Wellbeing Board in June 2020. More details can be found through this [link](#). (from page 47 onwards).

5. We are now working with communities to produce profiles to cover the other 9 wards identified in the Oxfordshire [Director of Public Health Annual Report](#) which have the greatest number of small areas (“Super Output Areas”) that were listed in the 20% most deprived in England in the Index of Multiple Deprivation update (published November 2019) and are most likely to experience inequalities in health.
6. The Abingdon Caldecott and Leys profiles cover the first 3 of these 9 priority wards and are the areas where this work is currently the most advanced. They have taken the approach of setting up locally based steering groups to help shape the direction of the profiles along with an external organisation capturing the community insight. As noted in the community profile reports, there are limitations to the data, and although the numbers of participants means that insight is not representative of all residents in those areas, they provide valuable insight by enabling the community's voices to be heard.
7. Further profiles will be produced for:

#### **Banbury**

- Grimsbury and Hightown
- Banbury Cross and Neithrop
- Ruscote (a refreshed profile jointly with Neithrop)

#### **Oxford City**

- Barton and Sandhills
- Rose Hill and Iffley
- Littlemore
- Carfax

### **The Abingdon Caldecott and The Leys Community Profiles**

8. A link to access both full profiles can be found here: [Community Insight Profiles | Oxfordshire Insight](#)
- 8.1 Some of the findings from the community insight report for **Abingdon Caldecott** included:
  - ‘Local residents noted a range of local groups, services and organisations that are particularly helpful or useful to health and wellbeing.’
  - ‘The rising cost of living was a commonly expressed concern, with the lack of affordable housing available locally also referred to. People stated that they were

cutting back on certain activities (e.g., leisure activities for children) because of rising prices.'

- 'The need to better understand lived experience was felt to be very important in project design, asking questions such as where are the challenges, where are the blockages: *'am I likely to access the community larder from Caldecott if I have to walk to town with a toddler and then get back to the school in time to pick my kids up?'*'
- 'There was generally expressed opinion that there is lingering anxiety in the community as a result of the pandemic, and that it had exacerbated isolation and had a negative impact on mental health problems.'
- Recommendations included improving project design and partnership working by building on the strengths of the South Abingdon Partnership, and taking forward a range of potential community action projects such as community food projects, family fun activities and pavement health routes.

## 8.2 Some of the findings from **The Leys** community insight report included:

- 'Two major themes that came out of the insight gathering was a sense that many people feel there aren't many activities or opportunities that suit them, and a lack of spaces where these could happen.'
- 'There were also issues about how people access the activities that are currently available, in terms of physically getting there, affording any costs, feeling welcome, digital access, or the surrounding support (e.g. childcare) to attend classes or sessions.'
- 'Many responses seemed to contradict each other: for some, it's easy to access healthcare, whereas for others it's very difficult; some people feel very safe, while others don't. This seemed to depend on various factors, including where in the Leys people live, relative to services and transport routes; their socio-economic status, gender, age, ethnicity and position in community (e.g. feeling safe when 'people know me'), and their mobility (e.g. access to a car or buses and/or disability).'
- 'Many Leys residents are frustrated by participating in research and engagement work and seeing no impact as a result. This had contributed to a feeling of being ignored by authorities, and a sense that the Community Profile would be no different. Some participants challenged us on the methods and the overall concept of the insight gathering, and some expressed an urgent need for things to really change as a result of this work.'
- Recommendations included taking forward potential opportunities for healthy food, green spaces, getting active, community spaces and communication and publicity initiatives.

## **How the profiles will be used**

9. The profiles will link to the Joint Strategic Needs Assessment and will be a useful mechanism to pull together all the data and insight available at a local level. This then informs future action planning and the development of key strategies such as the Joint Local Health and Wellbeing Strategy and the Integrated Care Partnership Strategy. It will be shared with relevant partnerships and boards across the local system including the Oxfordshire Health and Wellbeing Board. We anticipate the profile will also be useful for local partners to help with data needed for funding applications, developing local initiatives and communities within those wards.
10. The community insight has highlighted that there is fatigue with community engagement and so it is important that these community profiles influence visible change for local residents. As well as the anticipated longer term strategic action arising from the profiles, it will be important that communities also see some more immediate action. A process will be agreed with the steering groups for each community profile to best utilise a pot of grant funding of £25,000 per ward, to fund local community projects that help meet the recommendations set out in the profiles.
11. The process of producing the profiles was as important as the end product and we are pleased that the two organisations who carried out the community insight will be attending the meeting to talk about their work: Community First Oxfordshire and Oxford Hub.

## **Next steps**

12. The profiles should be viewed as dynamic on-line documents that can be updated with any additional insight or research in the areas as it is produced, as well as national data updates such as from the 2021 Census.
13. The volume of valuable insight has meant that these are long documents to ensure that as much of the community insight as possible can be included. The next steps will include producing an easy read summary version for each profile that will be more accessible.
14. A detailed action plan based on the high-level recommendations from the profiles will also be produced to enable partners to help take forward the recommendations in a structured and collaborative way.

## **Financial Implications**

15. The funding for these two profiles has been committed from within the Public Health grant. The agreed funding is deemed to be split as shown within the table below.

£5,000 per ward for community insight x 3 wards	TOTAL £15,000 (Actual spend)
£25,000 per ward x 3 wards allocated for follow up grant funding	TOTAL £75,000 (Committed spend)
<b>Overall Budget</b>	<b>TOTAL £90,000</b>

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## Legal Implications

16. There are no legal implications associated with this report.

## Equality & Inclusion Implications

17. These profiles seek to help to address inequalities by providing insight into communities experiencing inequality, to help inform service planning and to act as evidence for funding applications for activities in those areas. There is also £25,000 grant funding available per ward to support immediate projects that help to deliver the recommendations in the profile.

## Sustainability Implications

18. There are no sustainability implications to note with this report.

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