



Barton Healthy New Town

End of Phase One report

May 2017

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1 Introduction

- 1.1. This report sets out a summary of the aims of Barton HNT, significant achievements made in phase one (August '16 - March 2017), outcomes from the last period (Feb - Mar 2017) [[Appendix 1](#)] and key outcomes from the health profile research and independent evaluation.
- 1.2. This report has been produced by Oxford City Council, agreed by Barton Healthy New Town Steering Group made up of Oxford City Council, Grosvenor Developments Ltd, Oxfordshire Clinical Commissioning Group and Oxfordshire County Council Public Health, and signed off by Head of Community Services and Executive Director responsible for Barton.

2. Executive summary

- 2.1. The Barton Healthy New Town overall project aim is: *All Barton residents (Barton and Barton Park) have an equal opportunity to good physical and mental health and good health outcomes.*
- 2.2. In a relatively short amount of time, it was identified through independent evaluation that the project “*had already began to deliver the objectives it set itself at the outset of the funding*”. Some major strengths demonstrated include:
 - 2.2.1. The work to commission independent research into the needs of the community and a health impact assessment.
 - 2.2.2. The commitment of partners to the project at a senior level, with pragmatic and dynamic decision making at Steering Group level.
 - 2.2.3. The delivery of a successful grants programme, which was relevant and contributed learning and innovation.
 - 2.2.4. The preparation of a logic model and plan with investable proposals aligned with National HNT programme aims and local priorities.
- 2.3. Achievements in the last period (Feb - Mar 2017) are also set out with in this report according to the four themes identified in the logic model. Key achievements are:
 - 2.3.1. **Physical and Built Environment which supports health and wellbeing**
 - i. Completion of a Health Impact Assessment to identify opportunities for retrospective enhancements at Barton Park and proactive recommendations for Underhill Circus & Barton Healthy Living Centre developments.
 - ii. Relationship established between Oxfordshire Clinical Commissioning Group’s Transformation Team and Oxford City Council’s Policy Planning Team; brokered by the project team to improve communications and embed health into the Local Plan

2.3.2. Health Systems to support health and wellbeing

- i. Creating increased awareness, knowledge of local support and referral networks, and development of action planning was achieved via up-skilling of professionals working in Barton through training, workshops on food, poverty, alcohol and smoking intervention, and mental health.
- ii. Development of a Mental Health vision for Barton Healthy New Town with Oxford Mental Health Partnership.

2.3.3. Healthy Behaviours

- i. Training of Community Health Champions completed including the production of a recruitment and training pack.
- ii. Launch of Barton Community Cupboard in Barton Neighbourhood Centre replacing the Food Bank and improving healthy food provision and reducing stigma for those accessing it.

2.3.4. One Barton

- i. Establishment of working group to deliver the coordinated approach to signage, fit trail and green space furniture in existing Barton, to link in with Barton's Park promoting active lifestyles and integration.

2.4. Health profile baseline research

2.4.1. A key part of the project, during Phase One, was to commission research on the health profile of Barton using existing data, primary research and best practice population projections that could be replicated in Barton Park. The aim was to have an up-to-date, relevant and comparable baseline for health, well-being and any inequalities to guide future project plans. The research commissioned in Dec 2016 and undertaken between Jan - Mar 2017 identified the following as key health issues in Barton:

- i. Poor nutrition, with only 14% eating the recommended portions of fruit/vegetables.
- ii. Mental health, including high levels of depression and anxiety.
- iii. Older people and middle age men are most at risk from isolation and experiencing multiple disadvantages.
- iv. High levels of alcohol consumption were identified within existing and future Barton Park populations through demographic analysis.

2.5. Key learning points from the independent project evaluation undertaken in March 2017 identified the following:

- i. Project governance needs to be better integrated with existing structures covering Barton.
- ii. A wider 'action group' is needed with a range of active partners.

3.2. The specific objectives were identified for 2016-7 as follows:

- 3.2.1. Through the grants process, to ensure timely and effective delivery of health and wellbeing initiatives which pay special attention to the most vulnerable members of the Barton population and contribute to learning and innovation.
- 3.2.2. Through the monitoring and evaluation working group, to conduct health research, collate robust data and ensure learning and innovation is identified.
- 3.2.3. Through community-level partnerships and engagement, to organise health and wellbeing activities and identify recommendations for a healthy neighbourhood and physical environment.
- 3.2.4. Through the work of the steering and working groups and existing community networks, to plan for the future sustainability of health and wellbeing initiatives, learning and innovation.

4. Key outputs delivered in 2016-17

- 4.1 An independent evaluation of the project was commissioned and took place in March 2017. This helped to identify that in Phase One of the project the significant outputs delivered by the Steering Group include:
 - 4.1.1. Senior level buy-in to the project by the statutory partner agencies, a project identity, establishment of a governance structure, and mapping of this structure to existing local health, well-being, regeneration and community development networks.
 - 4.1.2. A logic model to underpin the relationship between project activities and desired outcomes (a later requirement of NHSE). [[Appendix 2](#)]
 - 4.1.3. Eight community-led health and wellbeing pilots grant-funded to generate learning from practice and in some cases, innovation.
 - 4.1.4. Initial evidence and learning about a social prescribing approach adopted at Bury Knowle surgery in Barton Neighbourhood Centre that eases pressure on front-line health services and makes more effective use of community and voluntary led service provision.
 - 4.1.5. A programme of new partner-implemented physical and wellbeing activities attracting some 'hard to reach' sections of the Barton population.
 - 4.1.6. A delivery plan and investable propositions for the next phase of the project for submission to NHSE.

5. Achievement in last period

- 5.1. Achievements between 1st February and 31st March 2017 to be read in conjunction with previously submitted Quarterly reports in October 2016 [[Appendix 16](#)] and January 2017 [[Appendix 17](#)].
- 5.2. This review is set out according to the four themes identified in the Barton Healthy New Town logic model.
- 5.3. **Physical and Built Environment which supports health and wellbeing**
 - 5.3.1. Ongoing negotiations now underway between Oxford City Council, Bury Knowle GP Surgery and Oxfordshire Clinical Commissioning Group on facility requirements for Barton Healthy Living Centre.
 - 5.3.2. Relationship established for the first time between Project Steering Group partners including Oxfordshire Clinical Commissioning Group's Transformation Team and Oxford City Council's Policy Planning Team (who lead on revision of the Oxford Local Plan). This was brokered by the project team to improve communications and embed health into the Local Plan.
 - 5.3.3. The Steering Group have now also secured an opportunity to feed project learning into the development of Oxford's forthcoming Housing Strategy.
 - 5.3.4. Completion of a Health Impact Assessment to identify opportunities for retrospective enhancements at Barton Park, proactive recommendations for Underhill Circus & Barton Healthy Living Centre developments.
- 5.4. **Health Systems to support health and wellbeing**
 - 5.4.1. Through the provision of bridge-funding for Bury Knowle's social prescribing pilot, the project enabled continuous provision for three months until April 2017 when the service was at risk due to a lack of funding. This has strengthened the relationship between primary care providers and other funded organisations (Getting Heard and Barton Community Association), generated key information about social prescribing (what works and what does not), access to health data to inform health, and the research and commitment from the surgery to share learning with other practices across Oxford city. A replicable model will be further developed following a deeper review of learning from social prescribing and the appointment buddy pilot, subject to further funding being secured. [Pilot report, [Appendix 6](#)]

- 5.4.2. As part of the BHNT grants programme, Getting Heard a Barton based advocacy service were funded to deliver a pilot project ‘Appointment Buddies’ to support isolated older Barton residents access health services, advocacy support and increase social and physical mobility. Residents themselves along with volunteers were actively involved in co-producing the services delivered through the project. In the short period of time, Getting Heard have been able to set up the pilot, recruit and train volunteers, test out policies and procedures and referral forms, and have used the support from Barton Healthy New Town to apply for further funding from other sources.
- 5.4.3. Completion of research commissioned to create a deeper understanding of both existing and future residents’ health needs which will be used by health and other service providers (e.g. GPs, leisure and physical activity, Green Spaces) to inform a more relevant local health offer. Using demographic analysis of existing and future populations, health issues projections have been made on the likelihood of health issues to inform service and facilities planning locality, city wide and STP work.
- 5.4.4. Increased awareness, knowledge of local support and referral networks and development of action planning was achieved through up-skilling of professionals working in Barton and other deprived areas with in Oxford city:

- i. Food poverty awareness training delivered by Good Food Oxford, with 22 professionals in attendance, including the head teacher of Bayards Hill, church vicar and community café manager. As a result of the session, the Eatwells Café Manager reported an increased understanding of the nature of food poverty and the situations people may find themselves in, as well as the high importance of offering food services which provide healthy and affordable food. She is committed to continue to offer a 99p meal for children, and healthy affordable soup made from food bank ingredients on a long term basis. [Training presentation, [Appendix 7](#)]
- ii. Training to provide brief intervention and advice to those experiencing alcohol and smoking addictions (IBA) took place and to a varied set of organisations and key workers including the Tenancy Management & Sustainment Officer for Barton, Health Care Assistant and Cardiac Rehabilitation Specialist nurse. [[Appendix 8](#)] These messages will now be incorporated into their work with residents in Barton.
- iii. Mental Health awareness training was delivered to 15 local professionals raising awareness of common mental health issues, approaches to supporting those experiencing these



and identifying opportunities to implements the 5 ways to Wellbeing (5WTWB) into everyday work. The session was followed by action-planning to take forward mental health commitments in Barton. Attendance included the Youth Ambition young people’s Engagement Officer, Community Response team (responsible for low level Anti-Social Behaviour management) and health visitors. Following this training, the Youth Ambition Team agreed to incorporate the 5WTWB into all youth sessions and the Tenancy Officer committed to incorporating considerations about mental health into tenancy visits that take place in Barton. [[Appendix 9](#)]

5.4.5. Development of a Mental Health Vision for Barton Healthy New Town with Oxford Mental Health Partnership to influence future developments and initiatives in Barton and Barton Park. Report from workshop attached. [[Appendix 10](#)]

5.4.6. Completion of commissioned Literature Review produced by Oxfordshire MIND on ‘What does excellence look like in terms of considering the future mental health needs of the population of the Healthy New Town.’ This review will inform future thinking and approaches to mental health in Barton. [[Appendix 11](#)]

5.5 Healthy Behaviours

5.5.1 Community Health Champions training delivered to six local professionals including the Family and Children’s Centre and Community Association staff. Co-ordination has been established with Bury Knowle Surgery to link this with social prescribing and on-going updating of health messages. Training material, job descriptions, Introduction to Health Champions for employers and the recording template can be used in other sites. [Recruitment and Training pack, [Appendix 12](#)]

5.5.2. The Youth Ambition programme piloted sport and physical activity sessions for inactive girls aged 10-17 in Barton over a 12 week period, with 13 girls taking part. The outcomes that these sessions aimed to achieve were for the participants to improve their health and wellbeing and engage in regular sport and physical activity. An hour of physical activity of their choice was followed by an hour workshop on, for example, healthy eating and the benefits of regular exercise. After the 12 weeks:

“The young people said that they now better understand the positive things they can do to improve their own health; they recognise the factors that contribute to a healthy lifestyle; they can make informed choices about their health and they feel good about themselves and have a positive self-image.”

- 5.5.3. The tools Youth Ambition used help young people to describe their learning journey and give them prompts to express the changes that may have occurred for them over time. [Report & tool kit, [Appendix 13](#)]
- 5.5.4 New adult physical activities including Buggy Friendly Bootcamp and Nordic Walking sessions utilising existing facilities and green spaces delivered through the Council's Sports and Physical Activities Teams, these attracted 8 participants.
- i. 6 regular walkers all over 55 years old who have really enjoyed and completed their 'Learn to Nordic Walk Course'.
 - ii. Using the Sport England MOVES assessment tool an NHS Return on Investment of £9.39 for every £1 invested was calculated.
 - iii. QALY Return on Investment methodology indicates a return on investment of £24.76 for every £1 invested. This approach considers the benefits from the programme and assumes that with less disease, residents live longer and the value of the programme therefore increases.
- 5.5.4. Resident feedback included: *"I have recently retired and was looking for a new activity to help get me fitter and more active. The Nordic Walking course was ideal as I could go at my own pace and Kate helped me to use the poles correctly on flat and hilly ground. Having the poles helped with my co-ordination and balance. I have met some new people and enjoyed their company and the fresh air and feel excited about using my newly learned skills together with my brand new poles this summer!" Dot Mills, Barton resident.*
- 5.5.5. Partnering with Oxford Brookes University's Healthy Urban Mobility project, the project informed a study into improving access to cycling in Barton for the older people. The first Special Interest Group on Research on Transport and Mobility from the British Society of Gerontology met in Barton on Friday 21st April 2017. The project steering group presented work on the progress of the Healthy New Town project to date, highlighting work streams relating to improving the health of older people.
- 5.5.6. With the aim to reduce stigma, increase knowledge of cooking on a budget and to improve the offer available, as well as increase the life of perishable goods, Good Food Oxford delivered a full independent review of Food Bank provision, usage and management. This review will shape future management within Barton Neighbourhood Centre so that those facing food poverty, now and in the future, are best supported. This led to the development and installation of Barton Community Cupboard; a market-style provision which includes a fridge, recipe cards and a cook book inspired by recipes from local residents attending the intergenerational cooking session.



[Where can I find food in Barton? leaflet, [Appendix 14](#)]

5.5.7. 33 new eligible adults took up the Healthy Start Vouchers during the project due to interventions delivered by Good Food Oxford following a request from local midwives and health visitors for better supporting materials at the Barton Health and Wellbeing Partnership. The initiatives delivered included:

- i. A paper and electronic map of retailers which accept Healthy Start Vouchers.
- ii. Promotion by local retailers of their participation in the scheme.
- iii. Use of posters and the community newspaper.
- iv. A guidance leaflet for frontline service providers to support individuals more effectively to complete the form. [Information pack, [Appendix 15](#)]

5.5.8. Commitment from student volunteers at Oxford Brookes University Nutrition Department was secured to roll out these interventions in Barton Park at a later date.

5.5.9. Frontline health service providers have reported an increased awareness of the value of the scheme and an increased commitment to promote and support its uptake.

5.5.10. Good Food Oxford also made representations to the Department of Health following feedback received:

- i. Barton would be an excellent beta test site for digital Healthy Start Vouchers
- ii. Some concerns were raised about the shelf life of vitamins which could impact on their distribution
- iii. The sign-up form could be assessed for Plain English

5.6 One Barton

- 5.6.1. Working group established to deliver a coordinated approach to signage, fit trail and green space furniture. This followed a successful funding application (£50k) to WREN for physical improvements to Fettiplace Road; linking the linear park to Barton Park via what is now called 'Barton's Park'.

6. Health profile baseline research - key findings

- 6.1. A key part of the project during Phase One was to commission research on the health profile of Barton; using existing data, primary research and best practice population projections that could be replicated in Barton Park. The aim was to have an up-to-date, relevant and comparable baseline for health, wellbeing and any inequalities to guide future project plans.
- 6.2. The following project research findings will also need consideration in future delivery:
 - 6.2.1. The key health issues highlighted in door-to-door interviews were poor nutrition (only 14% of residents were eating the recommended portions of fruit/vegetables per day relative to 29% England average) and 31% were smokers (England average 19%).
 - 6.2.2. Other issues may have been under-reported due to social stigma issues (e.g. the GP surgery reported that 16% of residents have depression and 4.5% of the working population is currently in receipt of mental health related benefits compared to an England average of 2.9%).
 - 6.2.3. Particular concerns were raised during stakeholder and door-to-door interviews about the health of older people and middle aged men
 - 6.2.4. High levels of alcohol consumption were identified in both the Barton health profile and the projected Barton Park health profile.
 - 6.2.5. According to survey data, Black and Minority Ethnic groups in Barton are significantly more likely than White residents to report improvement in their health in the last year and more commonly cooked meals from scratch (rather than relying on ready meals or takeaways).
 - 6.2.6. Residents reported a strong sense of belonging in Barton, significantly higher than the England average.

7. Independent evaluation findings

- 7.1. Given an underspend, the BHNT Steering Group decided to commission an independent evaluation.
- 7.2. Although a very short project, the financial commitment and notably, human resource commitment to project has been significant. If additional funding is secured, project

partners will use findings to review logic model, delivery plan and ways of working to ensure the most effective use of this funding.

- 7.3. The evaluation aimed to provide evidence-based findings about the relevance, early indications of potential to achieve impact, efficiency, effectiveness and sustainability (OECD DAC criteria) of the project as delivered to-date. More specifically, it set out to:
 - 7.3.1. Assess the achievements of the project to-date and the key factors influencing these.
 - 7.3.2. Identify case studies of success which could be communicated / learned from by comparable sites/communities.
 - 7.3.3. Guide partners to assess areas for improvement in the project to-date and the key factors influencing these.
 - 7.3.4. Make recommendations on how the sustainability of key activities, ways of working or achievements can most effectively be sustained (within the resources available or likely to be available).
 - 7.3.5. Support partners to identify recommendations on how to improve delivery of this or other projects in future, with particular reference to achieving impact, sustainability, effectiveness, efficiency.
- 7.4. Key learning points and findings from evaluation and feedback in March 2017 to inform future delivery include:
 - 7.4.1. Project governance needs to be better integrated with existing structures covering Barton, and a wider 'action group' is needed with a range of active partners.
 - 7.4.2. The research findings should inform a review of health and wellbeing plan focus.
 - 7.4.2. More work is needed to build on current community assets in order to extend engagement with the community.
 - 7.4.3. The project should consider different ways and locations to engage with residents since not all will want to engage through Barton Neighbourhood Centre.
 - 7.4.4. Social media, notably Facebook, can reach certain groups who may be difficult to engage offline (especially younger and middle aged audiences).

- 7.4.5. 'Pragmatic and dynamic' decision making by the Steering Group should continue, recognising that opportunities to achieve the outcomes and outputs in the logic model may emerge during implementation.
- 7.4.6. Innovation - notably radical innovation - was constrained by timescales and the funding mechanism. Open dialogue with NHSE is needed to address this in Phase Two.
- 7.4.7. Barton project team can strengthen the case for the support of an existing deprived community next to a new community. This should be a selling point to NHSE.
- 7.5. The OECD DAC Evaluation Framework on page 15 summarises the independent evaluation for Phase One (Aug 2016 to Mar 2017) of the project. The framework takes into consideration the relevance, effectiveness, efficiency, sustainability and impact of the project at Phase One and the columns should be read separately.

8. Phase Two review

- 8.1. In Phase Two (funding-dependent), there is a commitment to review governance and programme management to secure buy-in at the most senior level in Oxford City Council, Grosvenor Developments Ltd, Oxfordshire Clinical Commissioning Group and Oxfordshire County Council Public Health.
- 8.2. It is envisaged that with a strong governance, effective programme management and an active delivery group using up to date health data, informed by the Health Impact Assessment, Mental Health vision and actions plans agreed by partners, the project will be able to effectively deliver against the logic model and agreed investible propositions.
- 8.3. Irrespective of funding, the Barton Healthy New Town project will take learning from Phase One to coordinate and deliver services in Barton and Barton Park in the future. It is also an Oxford City Council priority for Barton to '*work in partnership to address health and wellbeing inequalities.*'

Project Barton Healthy New Town	Purpose: Aims in Phase One: Contribute learning and innovation around how to reduce health inequalities for current and future residents of Barton, with particular attention to those with additional vulnerabilities: older people (over 65), people experiencing long term physical and mental ill health, social isolation, food poverty or poor nutrition, or alcohol, smoking or substance misuse.			Stage of delivery Phase One completed; externally evaluated (basis of our assessment). Phase Two planned
Relevance	Effectiveness	Efficiency	Impact	Sustainability
<p>All 8 BHNT grants awarded addressed needs identified within health and wellbeing plan.</p> <p>All needs criteria addressed by at least one funded project or commissioned training (mental health/ substance misuse).</p> <p>Steering Group had most of the relevant partners. Some representatives unable to link to wider organisational work. Future phase must review how community organisations/local networks/two surgeries are involved.</p> <p>Less relevant due to unclear insight into community assets from some grant recipients</p> <p>Despite NHSE approval, project not seen as clearly aligned to national objectives in first phase. Through delivery plan/logic model work, significant shift to address this has been made.</p> <p>According to evaluators, top line understanding of need and insufficient needs assessment. Programme evaluation, research, HIA and grants experience, will lead to stronger evidence for Phase Two.</p>	<p>On track with work plan and budget at end of Phase One, despite capacity issues.</p> <p>Significant staff turnover in Grosvenor, OCC and NHSE, which made managing effective relationships and communications challenging (e.g. developer commitment to enhance master-plan shifted?)</p> <p>More effective monitoring of grants awarded would lead to clearer evidence of case studies, outputs, learning and innovation.</p> <p>Of the 8 grant funded projects, 5 fully achieved the objectives in their original plans.</p> <p>The project team took a 'dynamic pragmatic approach' using underspends to commission training on mental health for front line service providers serving Barton, social prescribing at Bury Knowle, and an independent evaluation.</p>	<p>Large proportion of costs on staffing (60%). However, initial purpose of NHSE funding was capacity for participating statutory partners.</p> <p>Of non-staff costs, 59k of project activity via competitive tender; 14k through non-competitive.</p> <p>Evaluators recommended that grant-making processes are slimmed down, although considered them robust.</p> <p>Particularly as a result of NHSE shifts in expectations of programme scope, demands on staff time through the project significantly higher than budgeted: 40% of Locality Officer time before December, and Communities Manager 20% rising to 55% in December.</p> <p>Grant funded activities: Despite the challenges of the 50+ project, a higher % of the local population was reached than through their city wide event. Appointment Buddies - the cost /beneficiary in the first phase was £500, raising concerns for future sustainability. However this included project set up, so envisaged reduction in cost/beneficiary in future phases.</p>	<p>Very early to assess. 'Likely to take 5-6 years'</p> <p>Evaluators identified the following: Commissioned activities themselves will have little impact because not supported by strong evidence and relatively low reach.</p> <p>Has the project learnt from previous regeneration activities? Evidence of impact (evaluation): Signage influenced by project and presenting Barton as one. Organisations not previously in Barton made new contacts there. Organisations considering how to bridge the gap between the current and future community. Health impact assessment and research will deepen likely impact. Networks developed between groups to help reach residents.</p> <p>Strong successes/ innovations: GFO - social media reach (30 Bartoners on foraging walk). Social prescriber - accessed isolated people but over-dependence on one person. Potential to help residents with additional vulnerabilities to access primary healthcare through Appointment Buddies.</p>	<p>Encouraged through grant making process. Focus on ending from outset and technical support provided (Oxford University).</p> <p>Evaluator 'mixed picture'.</p> <p>Use of social media to get messages out. Early engagement to feed health into wider policies but need to deepen. Asset mapping (but should be more on social assets.) Strong leadership backing. Detailed needs assessment coming through research/HIA. Community networks developed. Training of volunteers to champion health - BUT probably needs wider system than individual organisations. Training professionals in health related topics, to mainstream in their work.</p> <p>Some resistant health attitudes and behaviours in residents. Limited public sector resources. More community participation needed in future; need to work with community organisations to extend their reach.</p>

OECD DAC Evaluation Framework: These are internationally agreed criteria for assessing 'world-class' community programmes performance. Developed by the Organisation for Economic Co-operation and Development's Development Assistance Committee