

DRAFT Ward Profile: Banbury Ruscote

A draft overview to be presented to the Health and Wellbeing Board in March 2020 as a proof of concept

Introduction

The Director of Public Health, Ansaf Azhar, has outlined priorities for improving health and wellbeing in Oxfordshire and for tackling health inequalities. The major priority is to improve health outcomes for people in the most deprived wards in Oxfordshire and to work with local communities, using their insight and experience and building on local assets.

Ten wards in Oxfordshire have small areas (“Super Output Areas”) that were listed in the 20% most deprived in England in the Index of Multiple Deprivation update published in November 2019. The intention is to produce ward profiles for each of these areas during 2020-21. This document is the first of the ward profiles and focusses on Banbury Ruscote.

The document includes health data, the views and ideas of local residents and other stakeholders, some asset mapping and ideas for continuing and developing work in Banbury Ruscote. This is a new way of using the Joint Strategic Needs Assessment by adding local insight and working towards agreeing priorities for action.

The concept which is being tried out here is an approach to using data and community insight as a basis for organisations and community groups to work together with local residents. The most important next step will be to engage local people in how this profile can be developed and used using an asset-based community development model (ABCD). Brighter Futures in Banbury already exists as a convener of multi-agency effort and it is intended that the ward profile forms part of the thinking behind developing an action plan that will empower local people to make a behavioural change

Recommendations:

The members of the Health and Wellbeing Board are asked to

- Comment on this concept for Ward Profiles, using this document as a prototype
- Participate in the ongoing work to highlight the needs and assets of local communities in Banbury Ruscote and the other 9 most deprived areas of Oxfordshire

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1. Population Health Data

Banbury Ruscote is one of five wards that make up the area of Banbury in the north of Cherwell.





Banbury Ruscote Inequalities

Some indicators included in this pack have been updated in 2019 and some are new indicators. Remaining indicators have not been updated. It should be clear which indicators have been updated and which are new. Unless otherwise indicated the source is PHE Local Health Data.

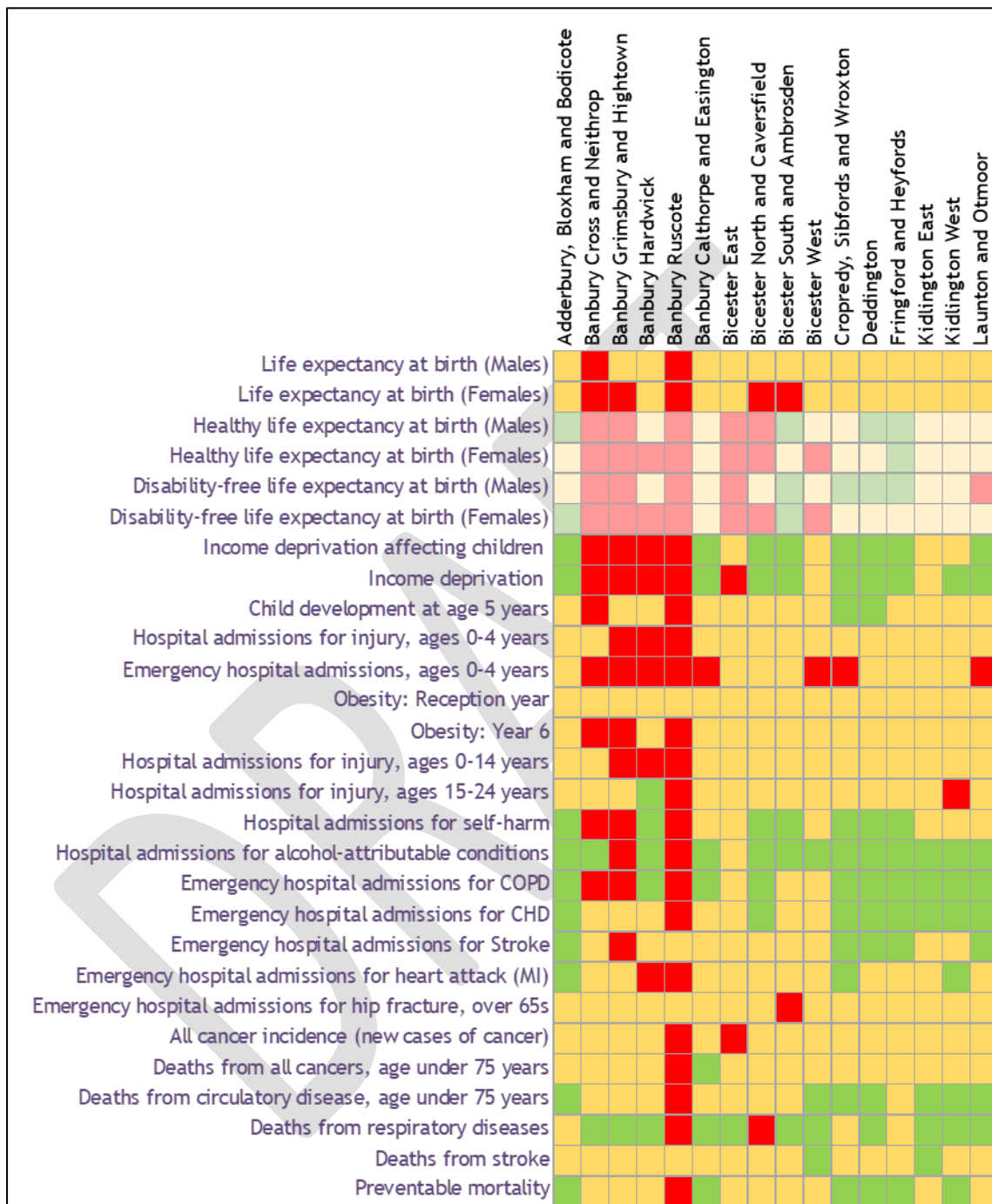
Notes regarding inequality charts in this pack:

- When analysing these charts, it is important to consider the error bars around the figures. All error bars used here are for 95% confidence intervals - this means that there is 95% chance that the true value lies within this interval
- Standardised ratios are not designed for comparison between areas but only compared to England (the standard). It is not possible to show trended data or significance between areas for these indicators due to population differences. This applies to many of the charts in this pack (standardised admission, mortality and incidence ratios).

Life expectancy differences

				
Banbury Ruscote			75.3	78.4
Kidlington West	21.5 miles	18.9 miles	82	85
Deddington	6.8 miles	7.4 miles	81.4	85.8
Gap			6.7 yrs.	7.4 yrs.
Change			↓	↓

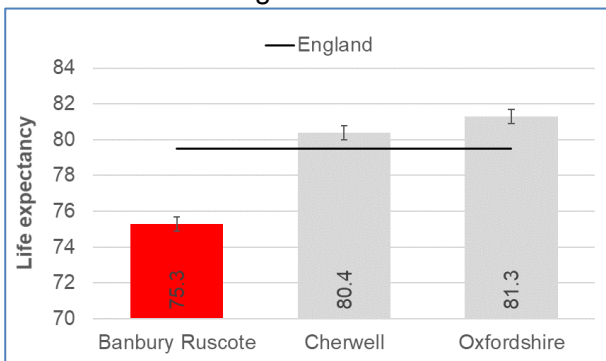
In Cherwell, wards with the most indicators worse than Oxfordshire or England are in Banbury. **Banbury Ruscote ward has no indicators significantly better than Oxfordshire or England** (although some are similar).



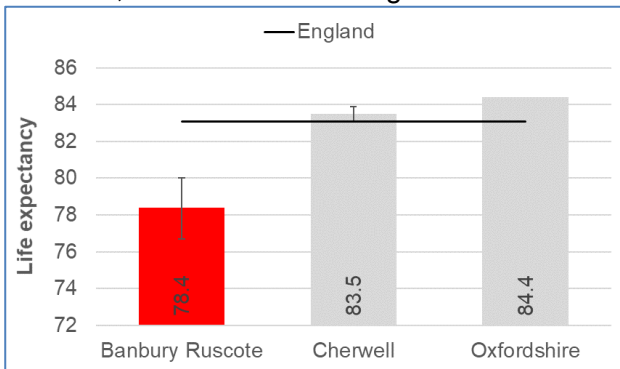
For further information on health inequalities across the county, please see the full Inequalities Basket of Indicators via Oxfordshire Insight [here](#)

It should be noted that boundary changes in Cherwell mean that some wards have changed. Therefore, some data will not be comparable to previous data points (e.g. Life Expectancy).

Life expectancy in males 2013/17 – Banbury Ruscite is significantly lower than Cherwell, Oxfordshire and England.

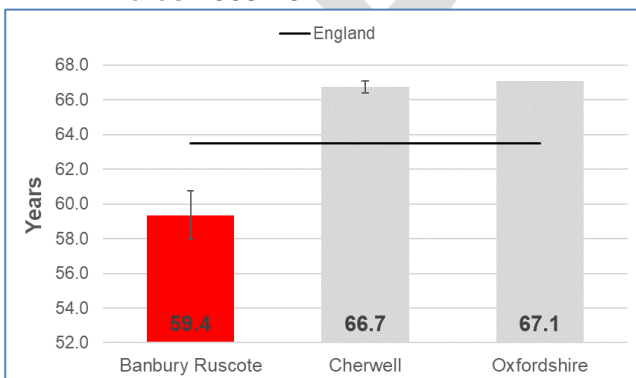


Life expectancy in females 2013-17 – Banbury Ruscite is significantly lower than Cherwell, Oxfordshire and England.



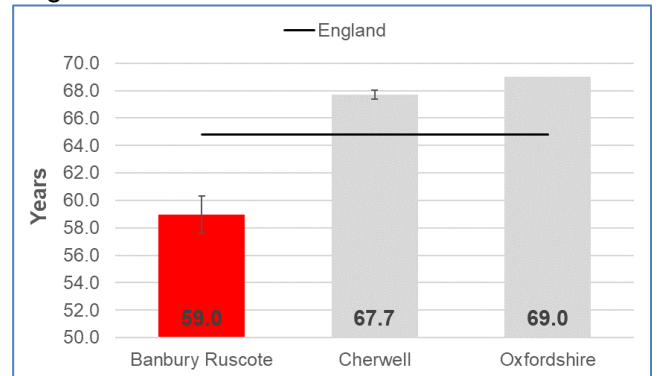
Healthy Life Expectancy (HLE) is a measure of the average number of years a person could expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health in an area. The prevalence of good health is derived from responses to a survey question on general health.

Banbury Ruscite is significantly lower than both Oxfordshire and England in terms of HLE in males 2009-13.



Source: [Office for National Statistics](#)

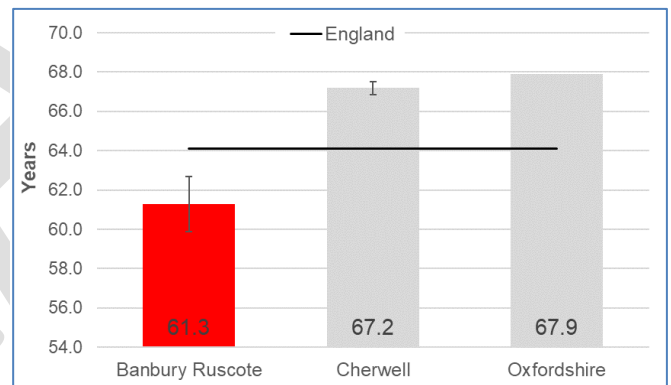
HLE in females 2009-13 - Banbury Ruscite is significantly lower than Oxfordshire and England.



Source: [Office for National Statistics](#)

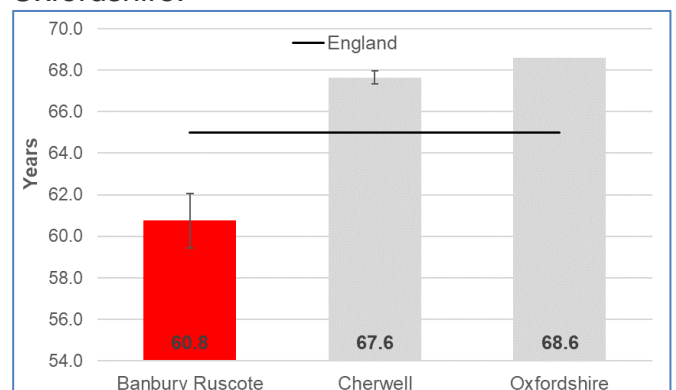
Disability-free life expectancy (DfLE) estimates the proportion of life spent without disability – it is a relative measure that divides disability-free life expectancy (DfLE) by life expectancy (LE) and can be expressed as a percentage.

Banbury Ruscite has a significantly lower DfLE in males 2009-13 than Oxfordshire.



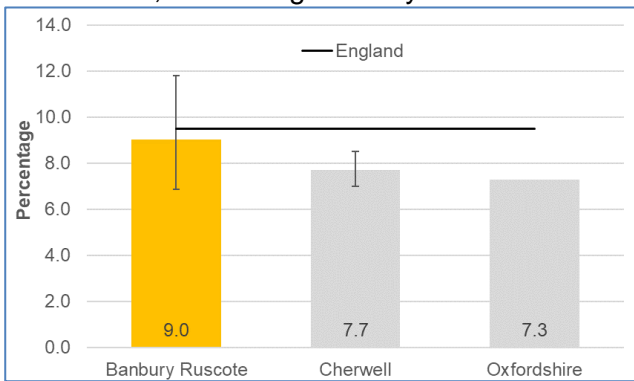
Source: [Office for National Statistics](#)

Banbury Ruscite has a significantly lower rate of DfLE in females 2009-13 than Oxfordshire.



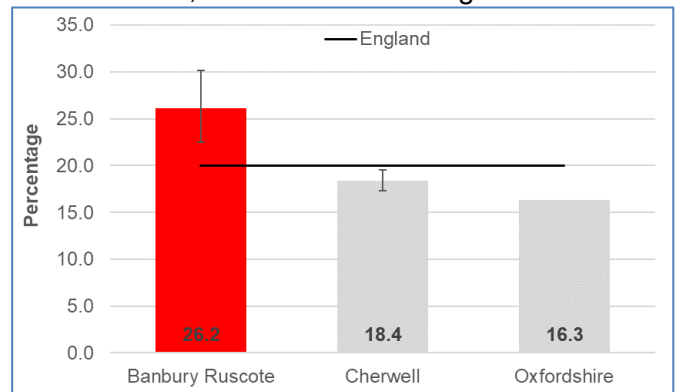
Source: [Office for National Statistics](#)

Banbury Ruscote has a higher **rate of obesity 4-5 year olds** in this time period than Oxfordshire, but not significantly so.



Source: National Child Measurement Programme

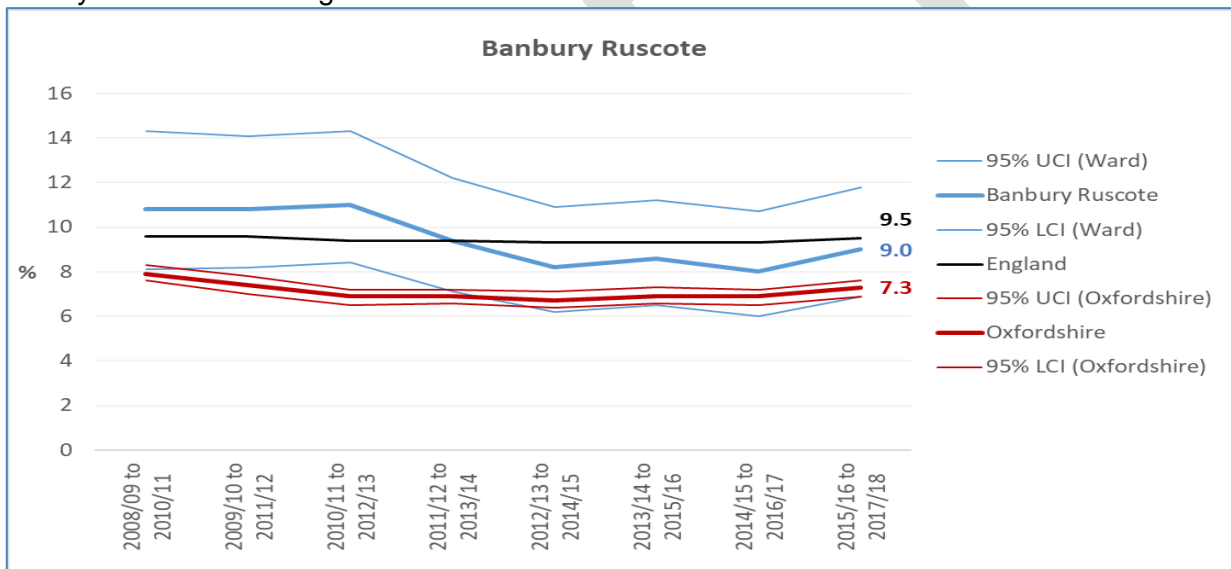
Banbury Ruscote has significantly higher **obesity in Year 6 pupils** (aged 10-11 years) than Cherwell, Oxfordshire and England.



Source: National Child Measurement Programme

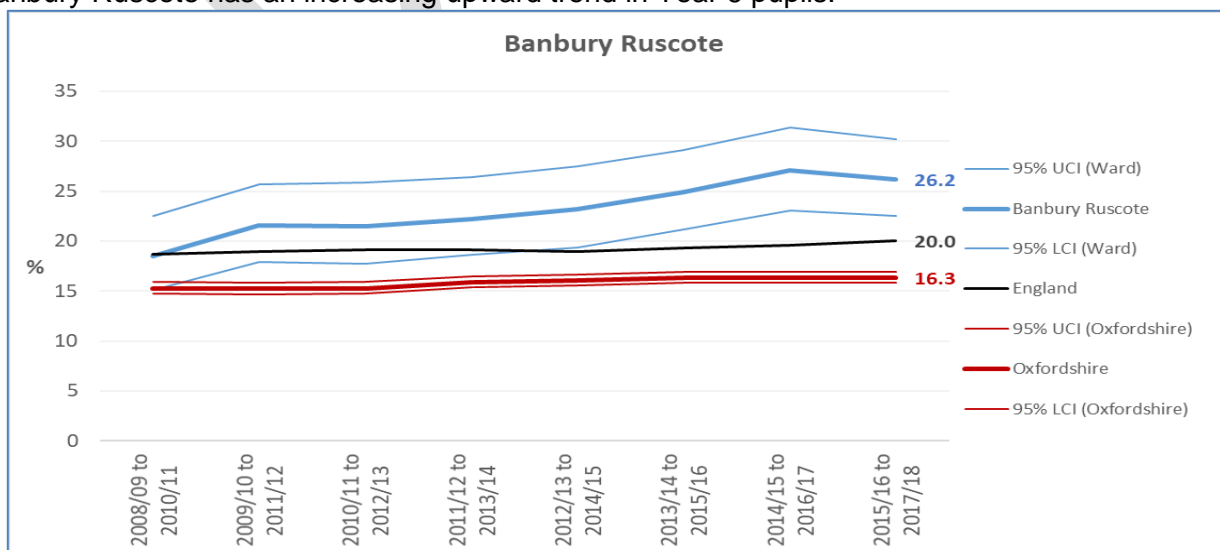
Trend data for childhood obesity Reception obesity

Banbury Ruscote shows a slight decline followed by a small increase for the latest data point. It is too early to tell if this change will continue.

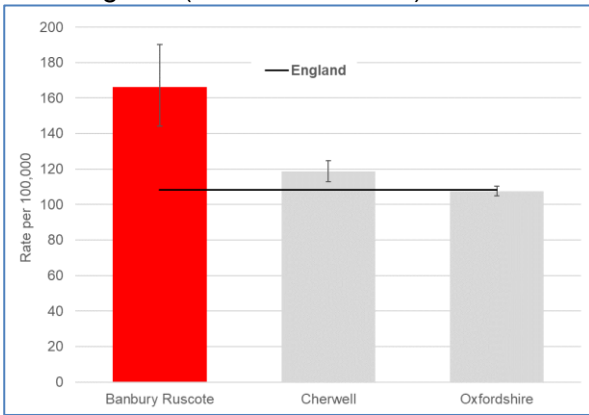


Year 6 obesity

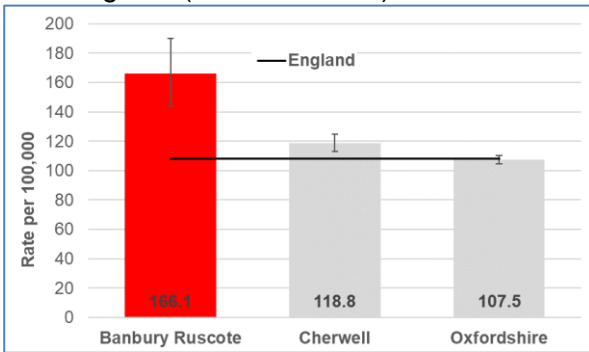
Banbury Ruscote has an increasing upward trend in Year 6 pupils.



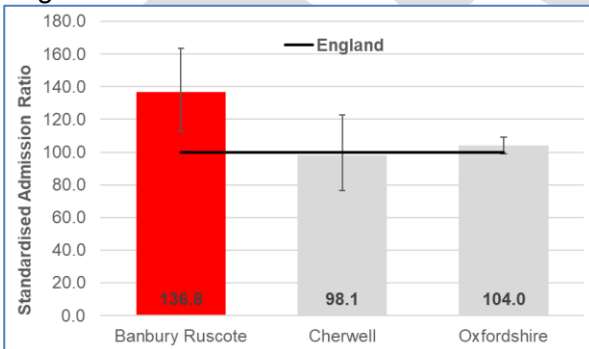
Banbury Ruscote has significantly higher rates of **admissions for injury in under 15s** than England (2011/12-2015/16)



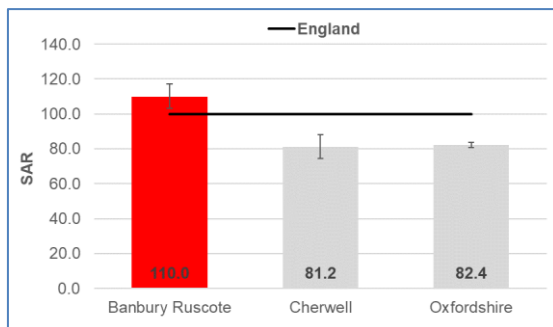
Banbury Ruscote has a significantly higher rate of **admissions due to injury in 15-24s** than England (2011/12-15/16).



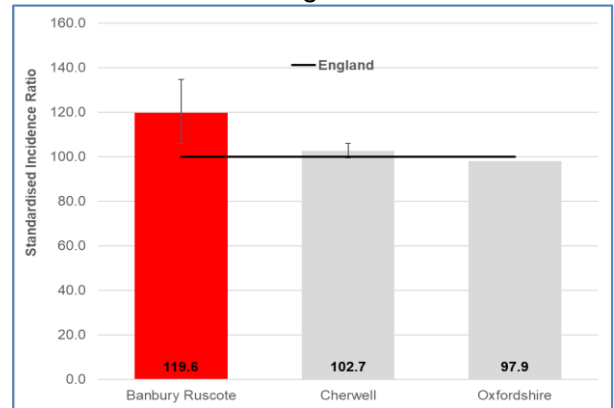
Banbury Ruscote has a significantly high rate of **hospital stays for self-harm** than England.



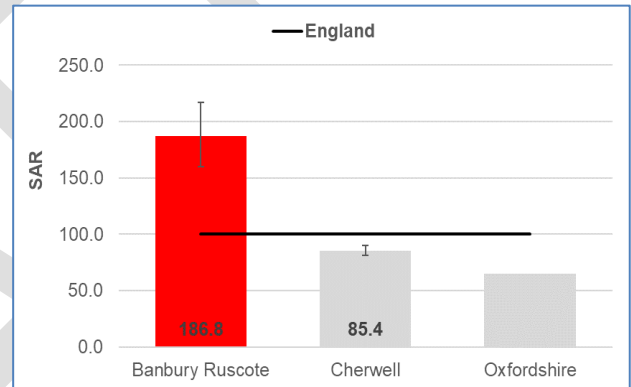
Banbury Ruscote is significantly higher than England in terms of **hospital stays for alcohol-related harm**.



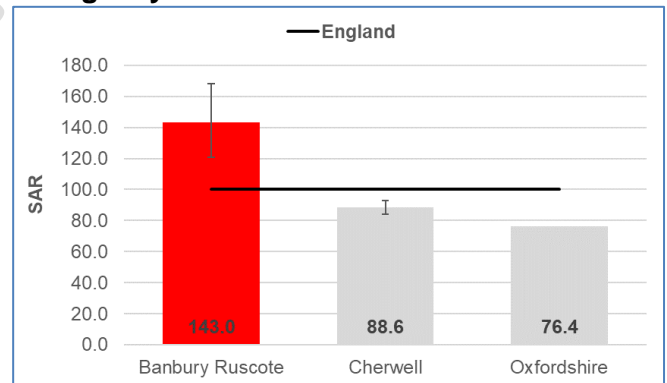
Standardised Incidence Ratio of all Cancers - Banbury Ruscote has a significantly higher incidence rate than England.



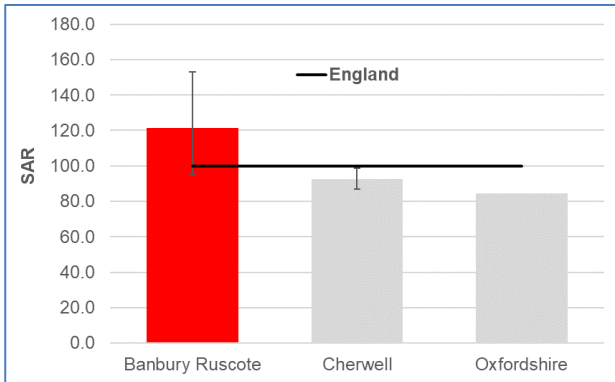
Banbury Ruscote has a significantly higher rate than England for **emergency admissions for COPD**.



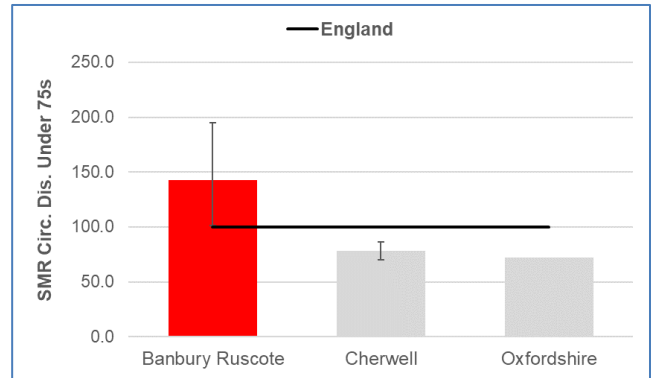
Banbury Ruscote ward is the only ward in Cherwell significantly higher than England for **emergency admission for CHD**.



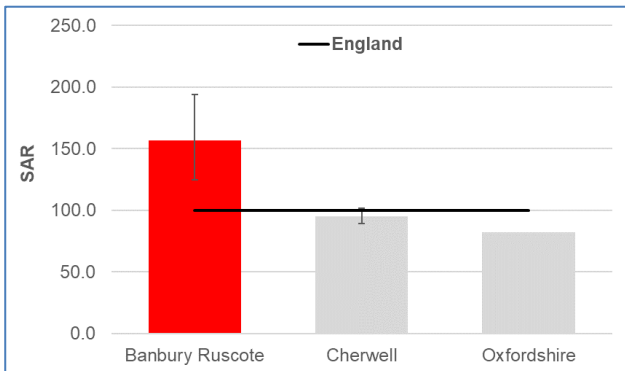
Banbury Ruscote has a higher rate than England for **emergency admissions to hospital for stroke**. However, it is not significantly so.



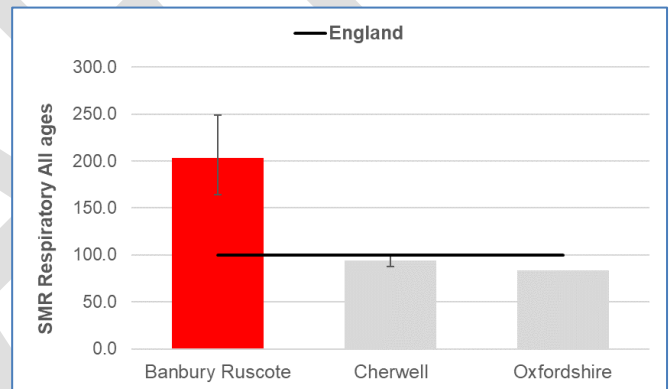
Banbury Ruscote has significantly higher rates of **death from circulatory disease in under 75s** than England.



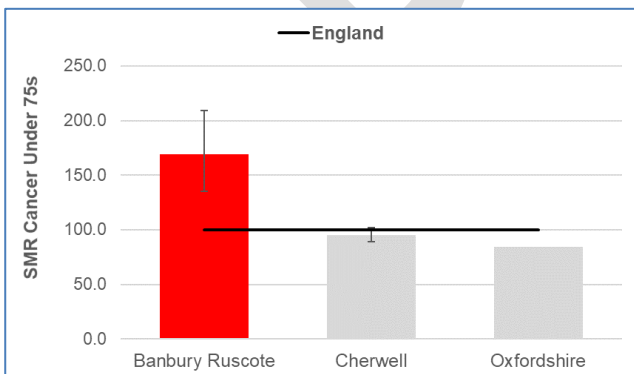
Banbury Ruscote has a significantly higher rate than England for **emergency admissions for Myocardial Infarction (MI)**.



Rate of **deaths from respiratory diseases in all ages** is significantly higher than England in Banbury Ruscote.

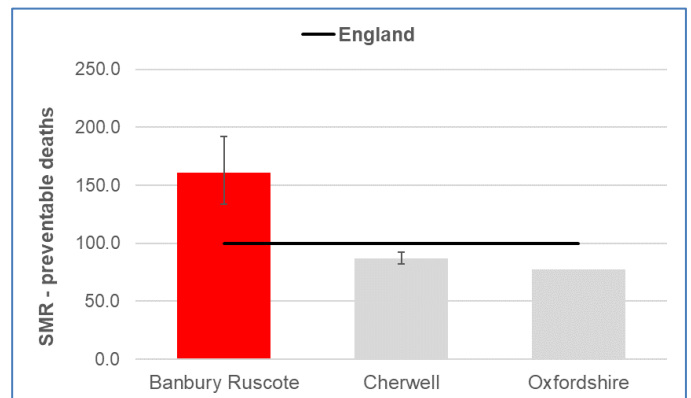


Banbury Ruscote has a significantly higher rate of **deaths from all cancers in under 75s** than England.



Rate of **deaths from causes considered preventable** are significantly higher in Banbury Ruscote.

Preventable causes are those deaths that could potentially be prevented by public health interventions in the broadest sense



2. Community Voices

What matters to people in Banbury Ruscote ward in terms of their health and well-being?

Feedback from community organisations, health and social care professionals and residents from the Ruscote area evidenced a breadth of multi-layered factors that impacted negatively on residents' health and well-being. While many of these may at first seem independent, discussions often demonstrated their inter-dependency.

Areas identified by all three groups included:

- **a lack of accessible opportunities** – this was referenced in terms of time, location and affordability of social activities, or support services, and the negative impact of public spaces that feel unsafe, poorly maintained and a range of hygiene and safety factors for autonomous use of the public realm.
- **a lack of knowledge** – there was a feeling that many failed to access those opportunities already available, or support they were entitled to, due to a failure in communication both direct to the public, and between organisations.
- **a vulnerability of young people** – this ranged from loneliness, and risk of exploitation by gangs in older youths, to a lack of mental health resilience in children in their early years.
- **The normalisation of drug use** – and its associated negative social and direct health impacts.

Note: How was this report compiled?

This report was compiled through three distinct phases of research. Firstly, a focus group of representatives from organisations that form part of the local community were engaged to discuss the assets of Ruscote and the health and wellbeing needs of its population. Secondly, a survey was conducted in person, and electronically that directly engaged nearly 100 individuals on their experiences living in Banbury Ruscote. Finally, a second focus group was held with professionals from across health and social care services in Banbury. The following section summarises the key insights and shared concerns that were voiced by residents, community groups and professionals when asked to consider the deficits of the areas.

The wider determinants of health in Banbury Ruscote

At an individual level

A skills gap in **parenting** was identified by both the healthcare and community organisation representatives and was partially supported by references in the direct resident consultation. This was identified as a contributing factor to issues identified in the **mental health and resilience of children in their early years (0-5)**. This topic is to be the subject of a Healthwatch study conducted in partnership with the Sunshine Early Years Centre in 2020.

There was disagreement as to the nature of the causes of poor **food and diet**, and whether it stemmed from lifestyle choices or a skills gap. The topic was notably prominent, as a negative factor, in the self-reported health of the young people interviewed.

Some healthcare professionals suggested that residents struggled with **self-advocacy**, and relied on a confrontational approach, either through lack of skills, or a belief that you needed to 'cause trouble' to be heard. Some community organisers suggested that only people advocating on behalf of others are taken seriously. Social care professionals suggested that their recent change of approach, in taking time to converse with patients and empower them to both articulate their desired outcomes and identify the strengths and skills they already had which could help them realise their ambitions, was proving beneficial..

Self-esteem was identified as a potential barrier to many individuals accessing the opportunities that were available to them, and there was a need to consider the psychological barriers of joining a group for the first time.

"People tend to be quite private, or don't feel safe, worried by strangers – all issues of pride, so they don't engage... its circular, a lack of confidence breeds problems with debt, with cooking, which breeds lack of confidence.

"It took six times to convince my mum to go to bingo... eventually went with a friend – they each thought they were doing it to support the other one."

At a social level

The prevalence of **drugs** was commonly reported. Community organisations highlighted the impact of '**county lines**' on the area, noted not only for its direct impact, but also the indirect knock-on effects of the **use and normalisation of marijuana**. It was reported that parents viewed the use of this soft drug with friends in the garden shed, as preferable to being out on the streets and getting involved in something worse.

"We ask them at college, do you do drugs? They say 'no'. We ask, what about cannabis? 'Oh yeh'. Many see it as a way of controlling mental health issues, "it chills me out", there is no sense that it might be the cause of certain mental health issues."

All highlighted the **lack of accessible facilities for youth**, as a key issue for the area, with many residents acknowledging a link between this, drugs, and the **intimidating environment in the area's parks**. Residents of all ages noted this intimidating environment, and the perceived domination of these spaces by drug-users. Many noted they would like to see more things to see and do in their local spaces, and many reported that environmental improvements such as seating, toilets and lighting would encourage their usage.

"We piloted families' outdoor activities in open spaces, those who came loved it, but the uptake was low because other things are going on in the park and families are afraid. We'll need to re-package it and re-launch in the spring"

Community group representatives also shared a feeling of increased instances of Islamophobia since Brexit. It was also felt young people from Asian backgrounds were on the defensive, creating a spiral of division.

“There were instances of racial abuse in parks, [a few years ago] five families were stoned and abused in the Princess Diana [park]. Once there is one bad experience, that message spreads, it will take a lot to get them there.”

Direct consultation revealed a feeling of a **lack of accessible opportunities** for physical activity, social contact or just something to do **at all ages**.

At a structural level

In the eyes of health and social care professionals, **transport and the access to out-patient clinics** is a major structural barrier to the health and well-being of residents. Everyone could cite examples of patients that had failed to access healthcare because of difficulty in reaching the John Radcliffe Hospital in Oxford and identified this as a serious issue for the elderly and those from lower socio-economic groups.

“the elderly they can make one bus but not three. A lot who would have been eligible for transport are not now. Those that can drive are been told to arrive two-hours early so they can park.”

Health professionals said that improved breadth of out-patient clinics in Banbury would make a huge difference, as the inability to travel to Oxford was the single largest issue of compliance in accessing care.

A poor standard of housing, social and privately rented, was highlighted across the board which impacted on both the physical and mental well-being of residents. This ranged from a feeling of being ignored by social housing providers to a demand for re-instating wardens for assisted living.

Communication, or **simply knowing what is available and how to access it**, was a constant theme across those engaged. There was a recognition that a range of **assets**, in terms of support or initiatives **are available, but that not everyone knows they exist**, or how to access them. It was suggested that improved communication both between professionals and with the general public about exactly what was available, to whom and how to access those assets was a key immediate priority.

Those working with the community highlighted the importance of bringing support to residents' doorsteps, rather than inviting them to attend a central location. Healthcare professionals discussed the need to embed services that supported the wider determinants of health within their practices.

“A big part of it is space – if there was space for peer support at our surgery, or if there was social work support – when I'm asked about benefits, I could say come meet our embedded social worker.”

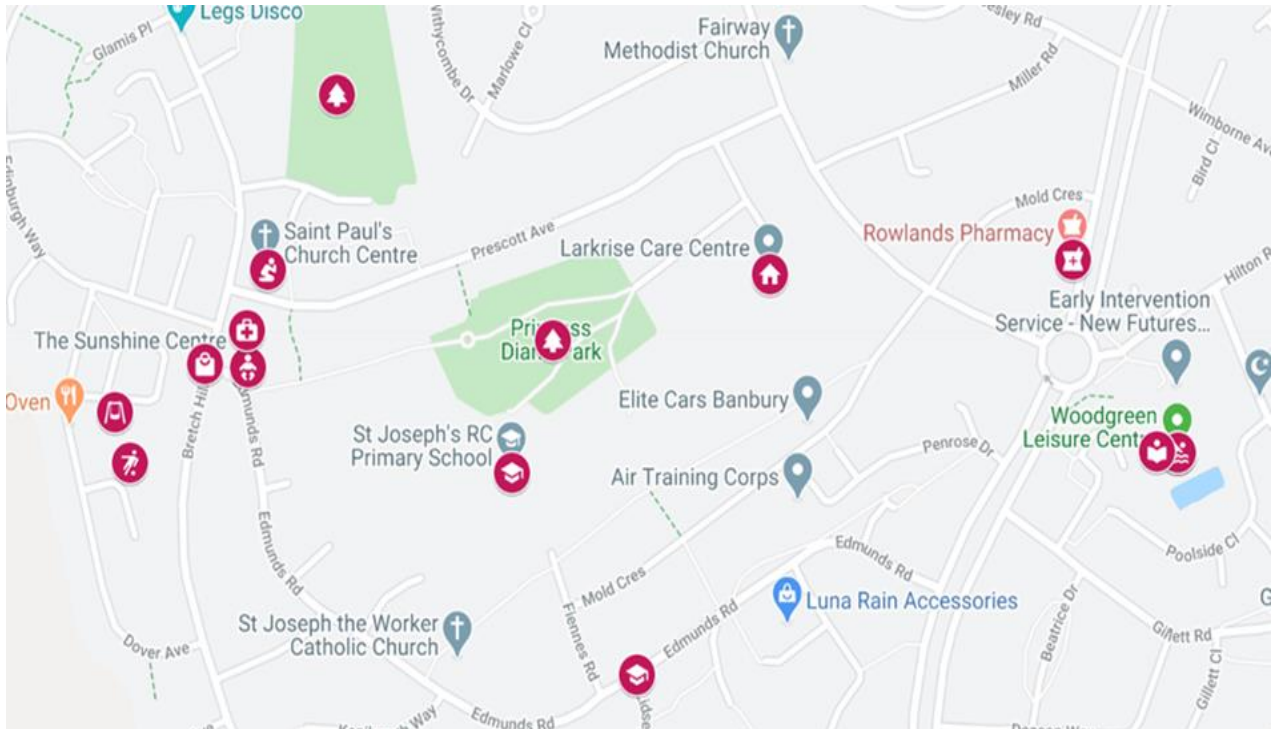
3. Local Assets

a. **Themes from local research** (as above – a survey and focus groups, February 2020).

These themes emerged in response to the following question: “What are the local assets that exist that can support people in meeting their needs?”

- Although transport was discussed as a major barrier as reported by health and social care professionals, residents and community groups, they also noted **the area’s proximity to the town centre and the open countryside and the ability to access those on foot** as a significant asset.
- Residents of all ages noted that they accessed the **parks for active travel, but the lack of hygiene factors such as places to sit, or public toilets restricted further usage**. Maintenance of pathways, and ‘brightening up’ the area were also raised as areas for improvement.
- Physical assets such as ‘**The Hill**’, ‘**The Sunshine Centre**’ and ‘**The Sunrise Multi-cultural Centre**’ and their **provision of space for a wider range of social assets** were celebrated, though knowledge of what opportunities could be accessed was variable, particularly for health professionals.
- Community organisations highlighted the presence of programmes or events that provided **free educational opportunities to support children in their basic needs of food and play as key social assets for the area**. These included **Healthy Cooking classes, the Summerfest**, and a number of residents also highlighted the **FAST programme (Families Active Sporting Together)**
- Although a number of groups use physical assets such as the **Ruscote Community Centre**, this was not initially identified as a physical asset, this may be because it is physically in the neighbouring ward of Banbury Neithrop
- The **ability to embed social workers or benefits support officers within doctor’s surgeries** was seen as a priority ambition for all healthcare professionals, but the lack of physical space was perceived as the major barrier.
- **Local shops and pharmacies** were identified as assets by the community groups, and healthcare professionals discussed the potential in the **asset utilisation of vacant units**, such as the former surgery next to the pharmacy on Hardwick Hill for use **for peer-support groups** again this is in the wider locality and physically in the Banbury Hardwick ward

The map below shows the hard assets in the neighbourhood



b. **Existing programmes of work, networks and initiatives** are also cited as local assets

- **Brighter Futures in Banbury** – a partnership initiative that has been addressing inequalities issues in the area for over 10 years using an asset based approach and responding to expressed needs. A useful multiagency meeting with a wide range of partners making development happen by collective use of existing resources
- **Families Active and Sporting Together** – a successful initiative funded by Sport England to engage whole families in increasing their physical activity and their mental wellbeing.
- The emerging “**Health and Care Needs in Banbury**” initiative, led by the Oxfordshire Clinical Commissioning Group and involving a wide range of local stakeholders and partner organisations to assess local health need and consider new models of care.
- **The Sunshine Centre** provides highly valued support for parents and children under 5, including drop in play sessions. Their support extends to providing a computer in the centre to help residents access key websites such as jobsites and they have just launched a new bingo session targeted toward older people.
- **The Hill** – newly rebuilt community sports building leased to Banbury Community Church and focussing on a range of youth and community activities. Opened in January 2020 following an investment of over a million Pounds from Cherwell Dc, Sport England, Banbury Town Council, Banbury Charities and developer contributions.

- **The Grimsbury Network** Established in 2019 to consider the assets and aspirations of residents and groups in the Grimsbury Area. An action plan has been established and is being worked through
- **Banbury Youth and Community Initiative** - a newly constituted community enterprise with a vision to improve wellbeing through the arts, detached youth work and initiatives such as a wellbeing café
- **Oxfordshire County Council School Readiness and Lifelong Learning strategic plan** a three-year strategy building on partnership working around the first 1001 critical days of a child's life
- **Making Ends Meet** – a local publication covering where to get information and support on debt and money advice

4. Next Steps

As set out in the introduction to this paper, once the “proof of concept” for this profile has been discussed and finalised, the immediate next step will be to engage local residents and community groups in discussion on what the profile shows and what could happen next.

Some initial ideas have already emerged from reflection on the data and community insights. These are listed here as potential ideas to be taken forward but will be amplified and developed through working with local people.

1. Better communication on what is available locally. Ideas include development of local social media where events, ideas and campaigns can be posted and discussed by local people. This would be led by residents.
2. Community Development approaches to developing this work, learning from the Healthy New Towns in Barton and Bicester and beyond but with a distinctively Ruscote and surrounds flavour, and integrated into the work of the Brighter Futures Partnership. This might include training and working through Resident Researchers, building on activities such as Christmas Wishes and the success of Play:Full
3. Sharing information and insights with the project on Health and Care Needs Planning in Banbury and ensuring stakeholder involvement as primary care and other services are developed.
4. Discussion on housing conditions with local providers of social and privately rented housing, linking this to the climate change agenda and reducing the costs of running a home
5. Building more “School readiness” initiatives to improve physical skills and mental resilience as children start school; giving parents confidence in positive activity and their parenting skills

6. Developing a very local focus as part of the system-wide priority on Cardiovascular Disease prevention, ensuring that people can access the right support and get useful information about their health. This could be through special local events as well as improved local services.
7. Ensuring that Town wide programmes such as Age friendly Banbury are hearing from local residents
8. Encouraging community action and developing residents' skills in leading initiatives.

Key to all this work is how well it can be sustained by the community in that area and so looking at gifts and talents of residents alongside the identified needs in the ward is essential. Further work on initial levels of investment to help swing the deprivation towards amber and onto green will need to be considered but if the additional resources are not invested through residents then it will not be sustained.

DRAFT