

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 their residents in their areas. 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 an 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 also look at 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.

Acknowledgments

I would like to thank our colleagues from Oxfordshire Public Health and wider organisations who have contributed to producing this report from providing data and intelligence to great case studies. Special mention to Eunan O'Neill, Eddie Gibb, Val Messenger, Jackie Wilderspin, Kate Holburn, Donna Husband, Sue Lygo and Philippa Dent for their efforts in getting the report turned around in no time.



Ansaf Azhar

Director of Public Health
Oxfordshire County Council

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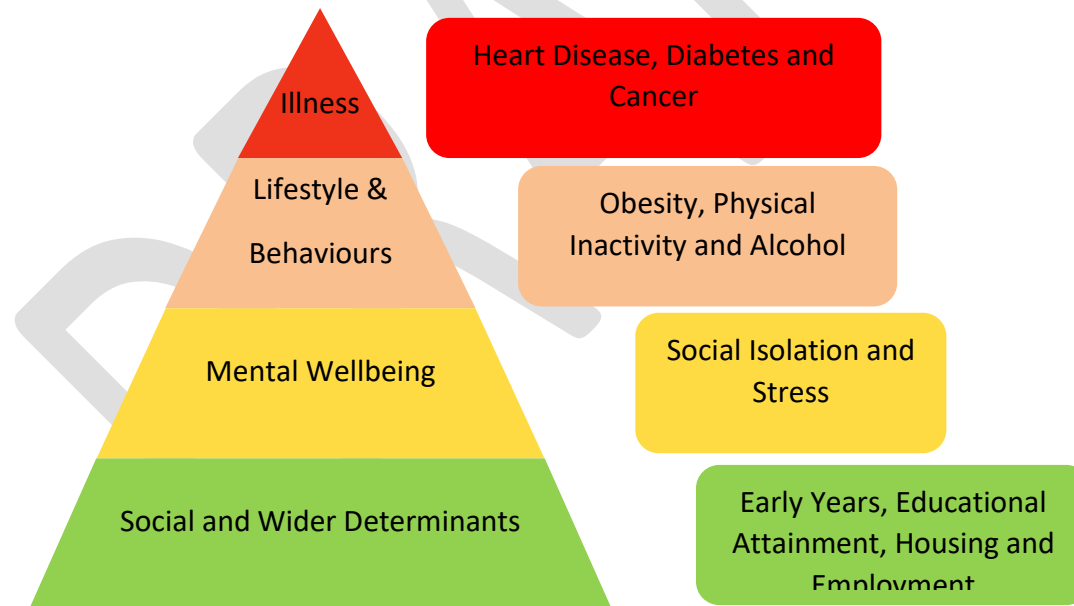
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Chapter 1 - Oxfordshire, a pleasant and prosperous County - mostly!

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. But there are many factors which can be in our control and 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 now know that tackling the drivers of ill health are 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.

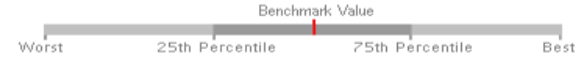
Oxfordshire is accepted as on the whole to be an affluent and prosperous place to live. The county is one of the 20% least deprived County Councils (or Unitary Authorities) in England. The health of the people in Oxfordshire overall is generally better than national averages for most health metrics

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.

As shown below 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.

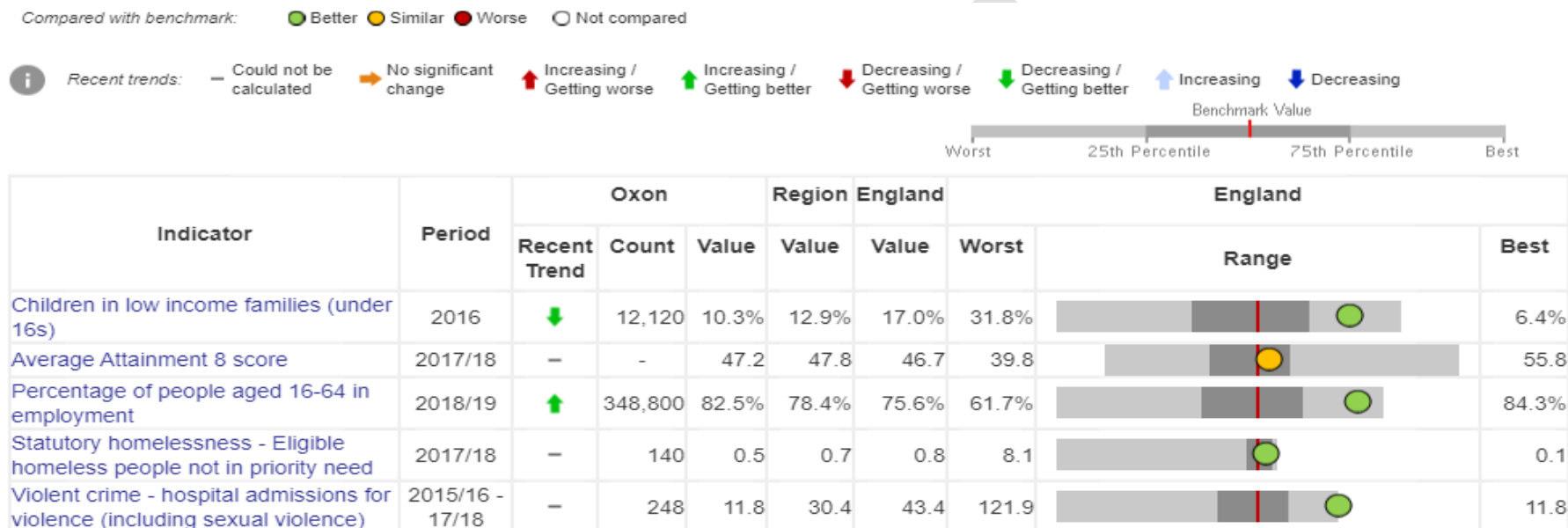
Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared

Recent trends: — Could not be calculated → No significant change ↑ Increasing / Getting worse ↓ Increasing / Getting better ↓ Decreasing / Getting worse ↓ Decreasing / Getting better ↑ Increasing ↓ Decreasing



Indicator	Period	Oxon			Region England		England			
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best	
Mortality rate from causes considered preventable (Persons, All ages)	2016 - 18	—	2,662	138.7	158.0	180.8	318.0		118.9	
Under 75 mortality rate from cancer (Persons, <75 yrs)	2016 - 18	—	1,961	113.4	123.6	132.3	190.3		94.8	
Smoking Prevalence in adults (18+) - current smokers (APS) (Persons, 18+ yrs)	2018	—	54,804	10.1%	12.9%	14.4%	26.1%		5.9%	
Breastfeeding initiation (Female, All ages)	2016/17	—	6,253	*	79.1%	74.5%	37.9%		96.7%	
Disability free life expectancy at birth (Male, All ages)	2015 - 17	—	-	67.8	65.3	63.1	54.8		71.2	
Disability free life expectancy at birth (Female, All ages)	2015 - 17	—	-	66.8	64.0	62.2	53.5		69.5	
Infant mortality rate (Persons, <1 yr)	2015 - 17	—	66	2.9	3.4	3.9	8.1		1.7	
Low birth weight of term babies (Persons, >=37 weeks gestational age at birth)	2017	↓	131	1.95%	2.37%	2.82%	5.30%		1.57%	
Year 6: Prevalence of overweight (including obesity) (Persons, 10-11 yrs) New data	2018/19	→	1,987	28.8%	30.3%	34.3%	44.9%		22.6%	
Reception: Prevalence of overweight (including obesity) (Persons, 4-5 yrs) New data	2018/19	↓	1,342	19.4%	21.2%	22.6%	29.7%		15.6%	
Percentage of adults (aged 18+) classified as overweight or obese (Persons, 18+ yrs)	2017/18	—	-	58.9%	60.3%	62.0%	74.4%		45.4%	
New STI diagnoses (exc chlamydia aged <25) / 100,000 (Persons, 15-64 yrs)	2018	↓	3,001	685	708	851	4,615		380	
Emergency Hospital Admissions for Intentional Self-Harm (Persons, All ages)	2017/18	—	1,252	178.8	195.0	185.5	466.5		50.6	
Children in low income families (under 16s) (Persons, <16 yrs)	2016	↓	12,120	10.3%	12.9%	17.0%	31.8%		1.7%	
Life expectancy at birth (Male, All ages)	2015 - 17	—	-	81.6	80.6	79.6	74.2		83.2	
Life expectancy at birth (Female, All ages)	2015 - 17	—	-	84.6	84.0	83.1	79.5		86.5	
Percentage of people aged 16-64 in employment (Persons, 16-64 yrs)	2018/19	↑	348,800	82.5%	78.4%	75.6%	61.7%		84.3%	

The wider determinant factors such as education attainment, income and employment (which are often drivers lifestyle behaviours) in Oxfordshire are again either comparable or better than national average.



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 worse may exacerbate and widen the inequalities between the least and most deprived residents of Oxfordshire. Therefore, this year's annual report will focus on a targeted approach to tackling the causes of ill health. We will do this at a place level, working with communities to build on the existing assets, taking into account the uniqueness of the place and communities.

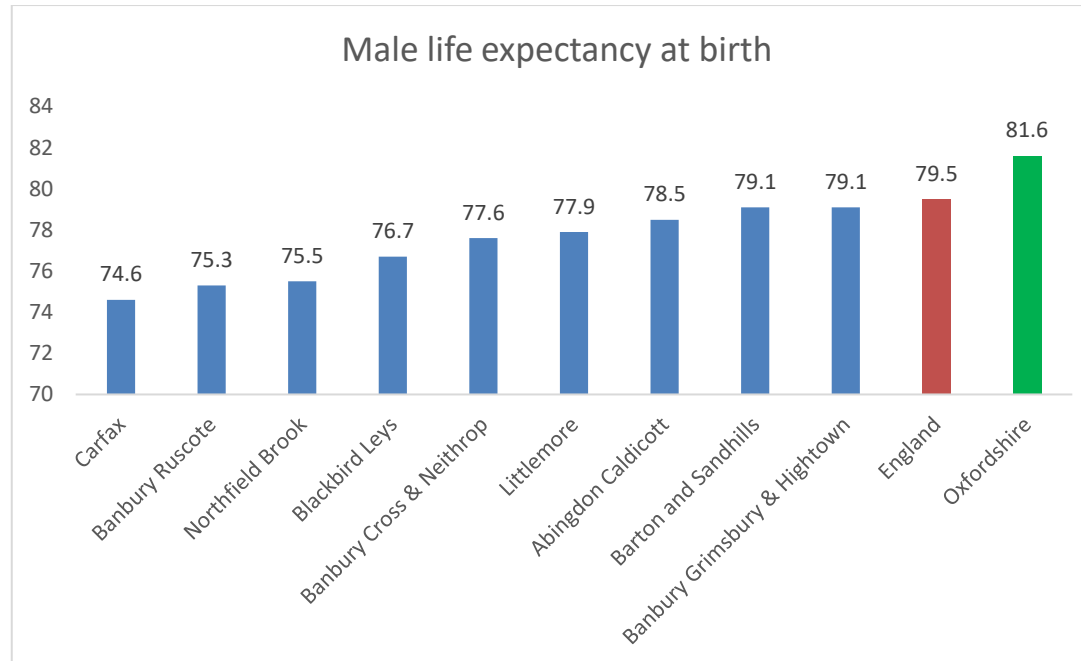
Chapter 2 - Scratching Beneath the Surface

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!** These are the 10 wards which we will discuss in this section of the report.

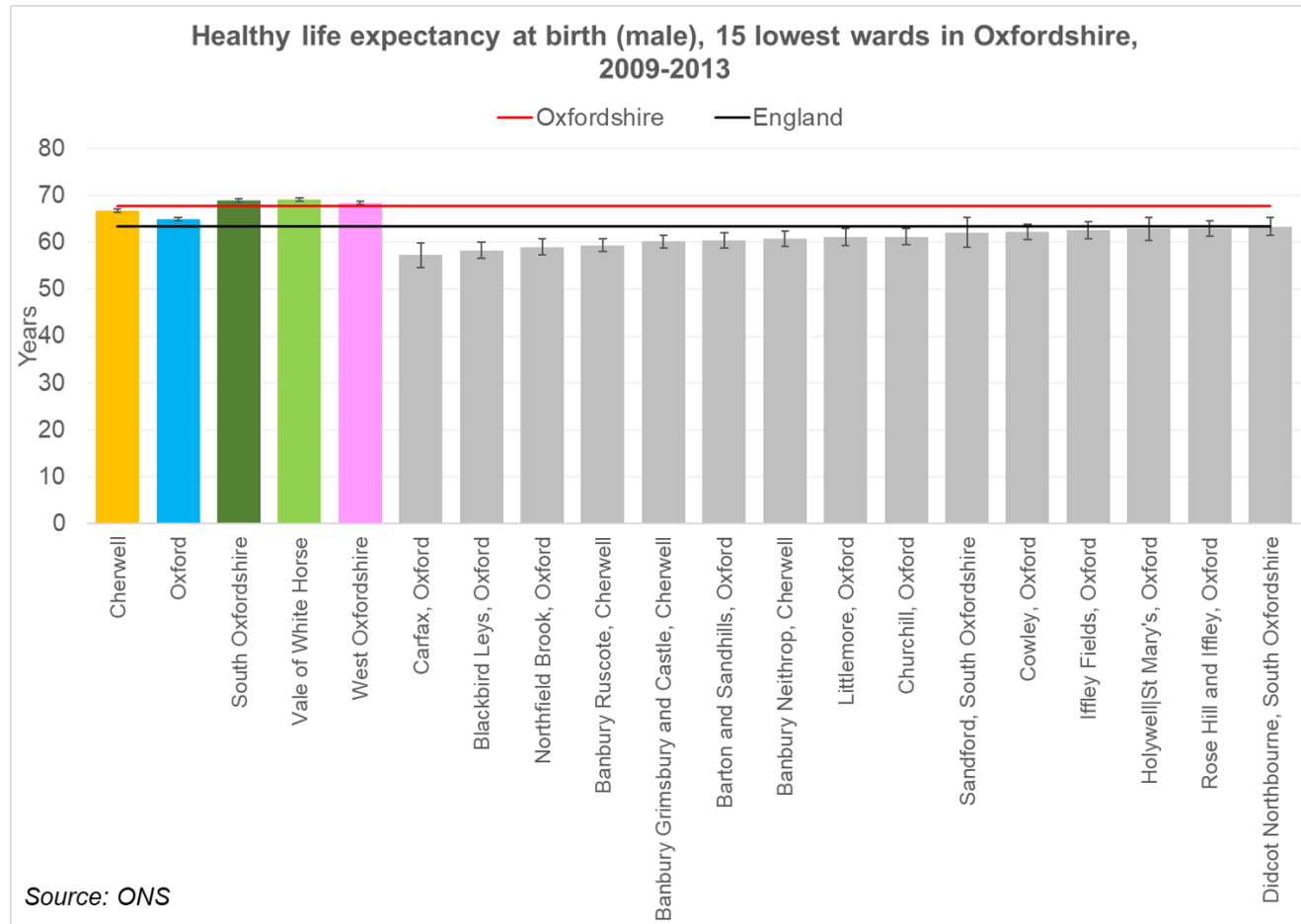
- Abingdon Cladecott
- Banbury Cross and Neithrop
- Banbury Grimsbury and High Town
- Banbury Ruscote
- Barton and Sandhills
- Blackbird Leys
- Carfax
- Littlemore
- Northfield Brook
- Rose Hill and Iffley

The unhealthy effect of deprivation

Most people would want to live a long life. If you live in the most deprived areas of Oxfordshire, you will be expected to live a shorter life than the average life expectancy for Oxfordshire. 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 Oxfordshire average is shockingly 15 years!

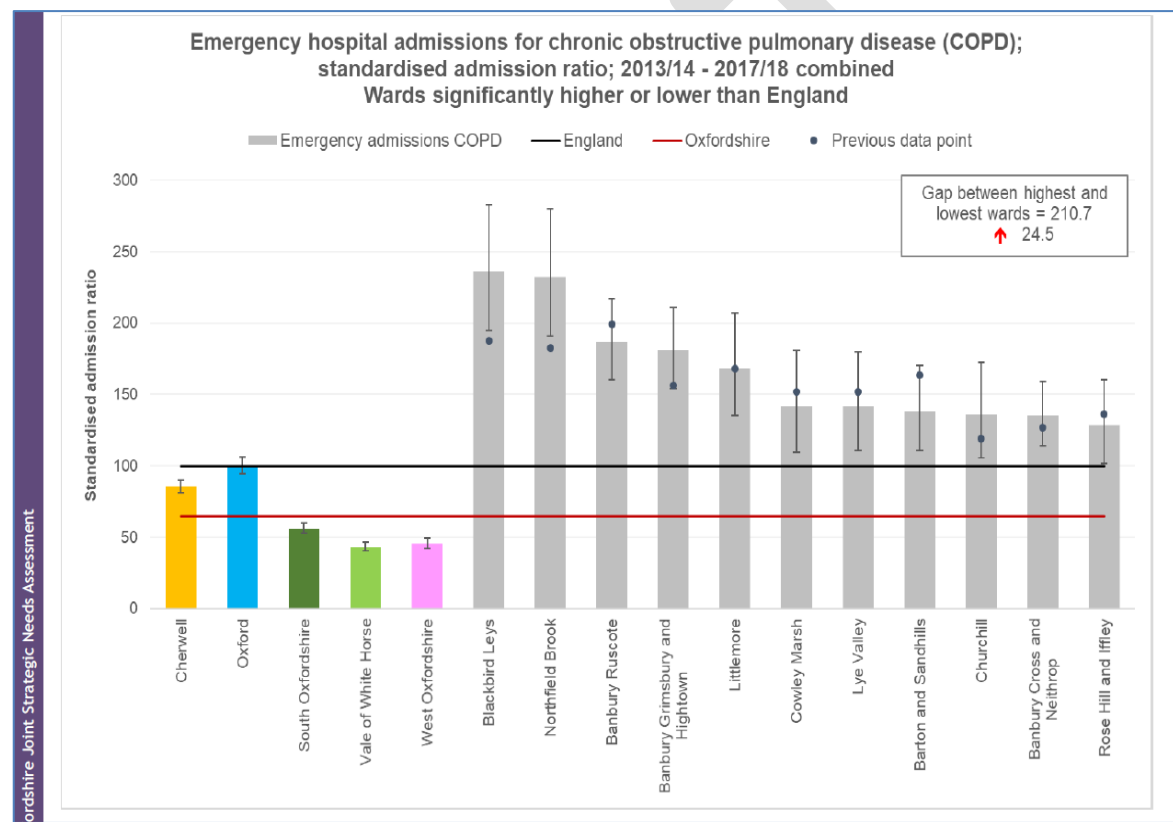


Living a long life *in good health* is also another ambition which we may not all achieve. The residents of the most deprived areas of Oxfordshire can expect to live a shorter life where they can expect to live for on average almost 20 years longer with a long-term illness or disability than those in the least deprived areas. This is shown in the chart below.

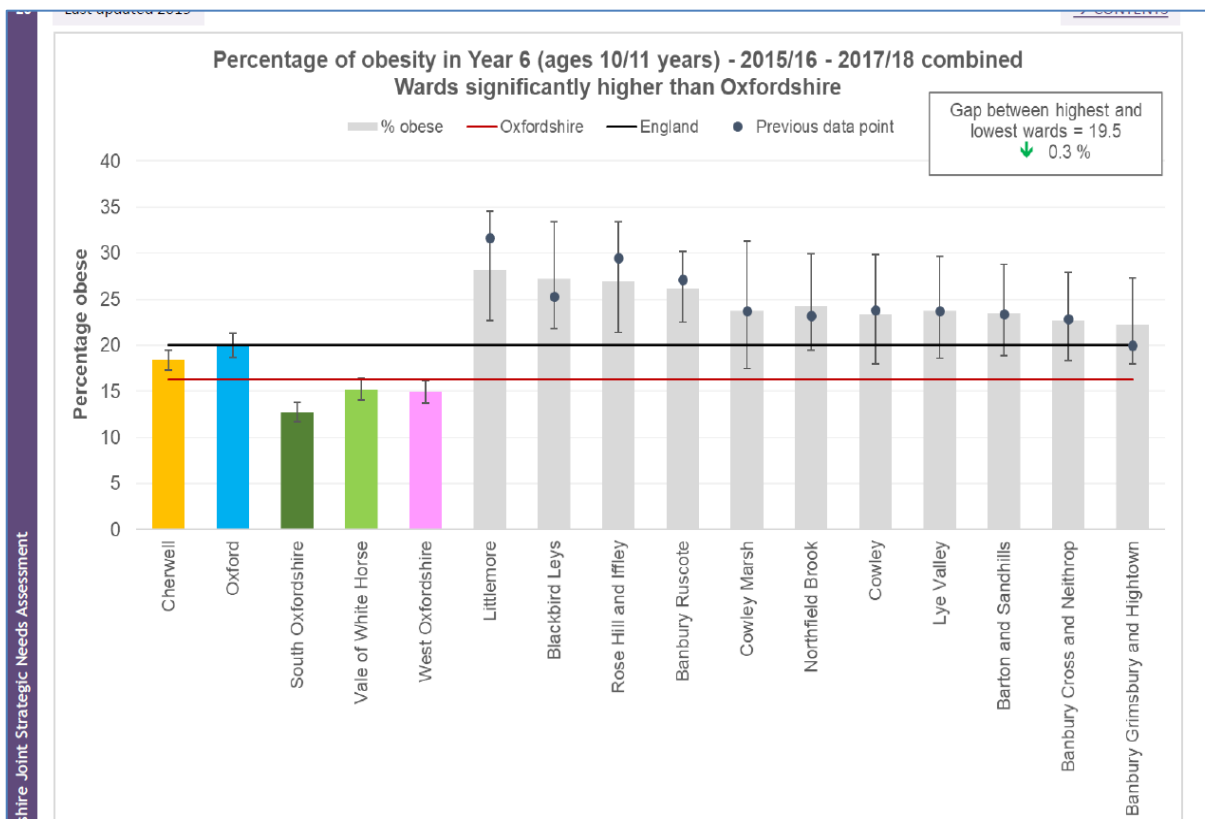


If we examine many measures and outcomes relating to health, the more deprived areas consistently are worse than the England and Oxfordshire averages. This is seen in the 10 most deprived wards where multiple factors are at play. Children are more likely to be overweight or obese when they leave primary school, hospital admission rates are higher for a range of conditions.

The extent of the inequality in health outcomes can be shown in the chart below for rate of emergency hospital admissions for respiratory illness. As you can see, the wards we are discussing all have higher admissions than average.



In addition, the above wards are the worst wards for obesity in children as they leave primary school. Again, 8 out of 10 most deprived wards feature in here as shown below.



Deprivation and determinants

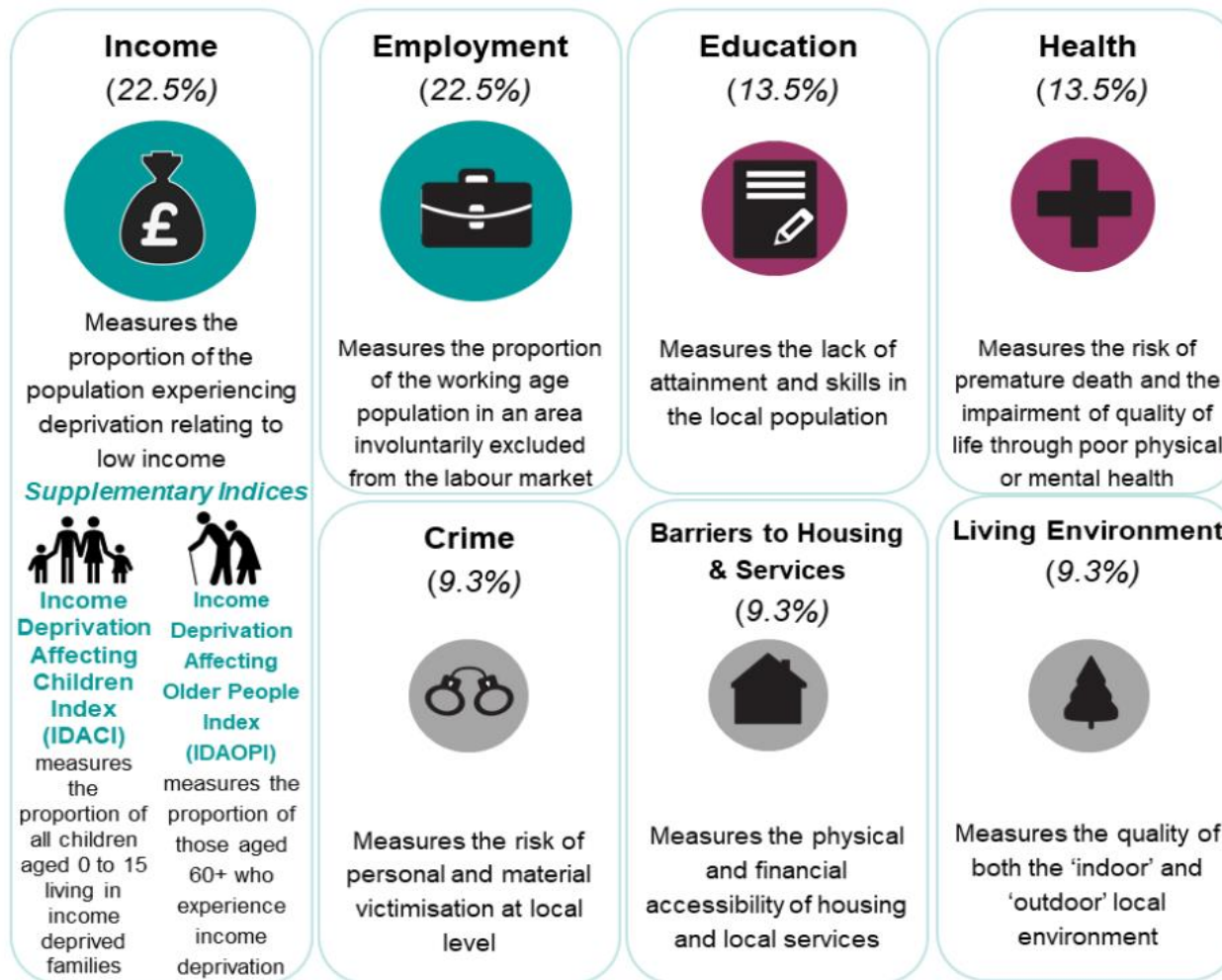
There are various factors that determine how healthy a population can be. There are a much wider range of drivers of inequality beyond traditionally accepted behaviours such as smoking, drinking alcohol, physical inactivity and our diet.

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 are weighted to give a combined value are shown in the diagram below.

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There are 7 domains of deprivation, which combine to create the Index of Multiple Deprivation (IMD2019):



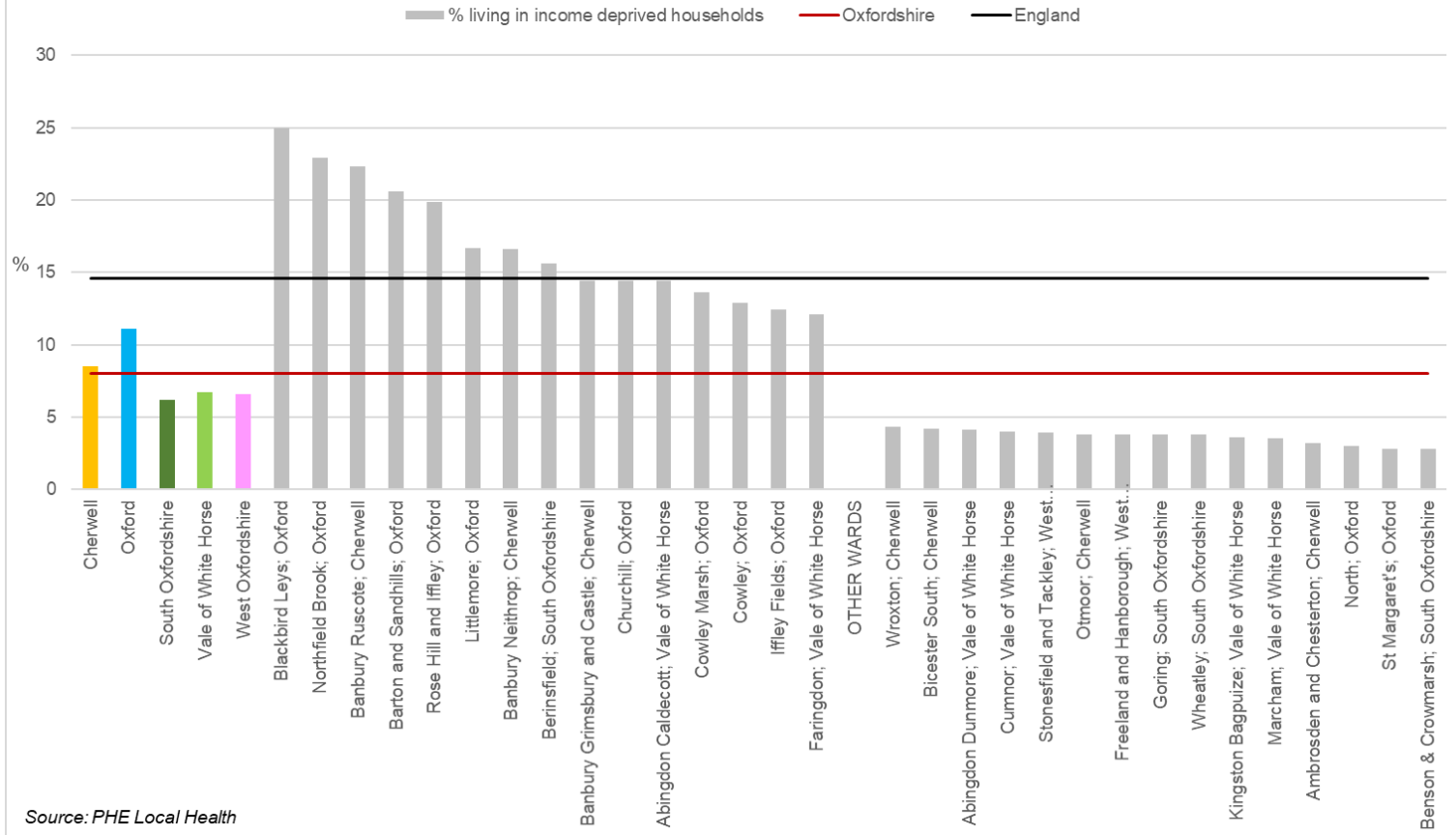
The seven domains of IMD reflect that there are many aspects or “wider determinants” which impact on our lives, health and wellbeing. Factors which are now accepted to play a much bigger part in our health outcomes include income, education, housing and employment.

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 in the chart below which have higher than average income. Analysis of data shows that in these wards there are relatively high levels of child and pensioner poverty.

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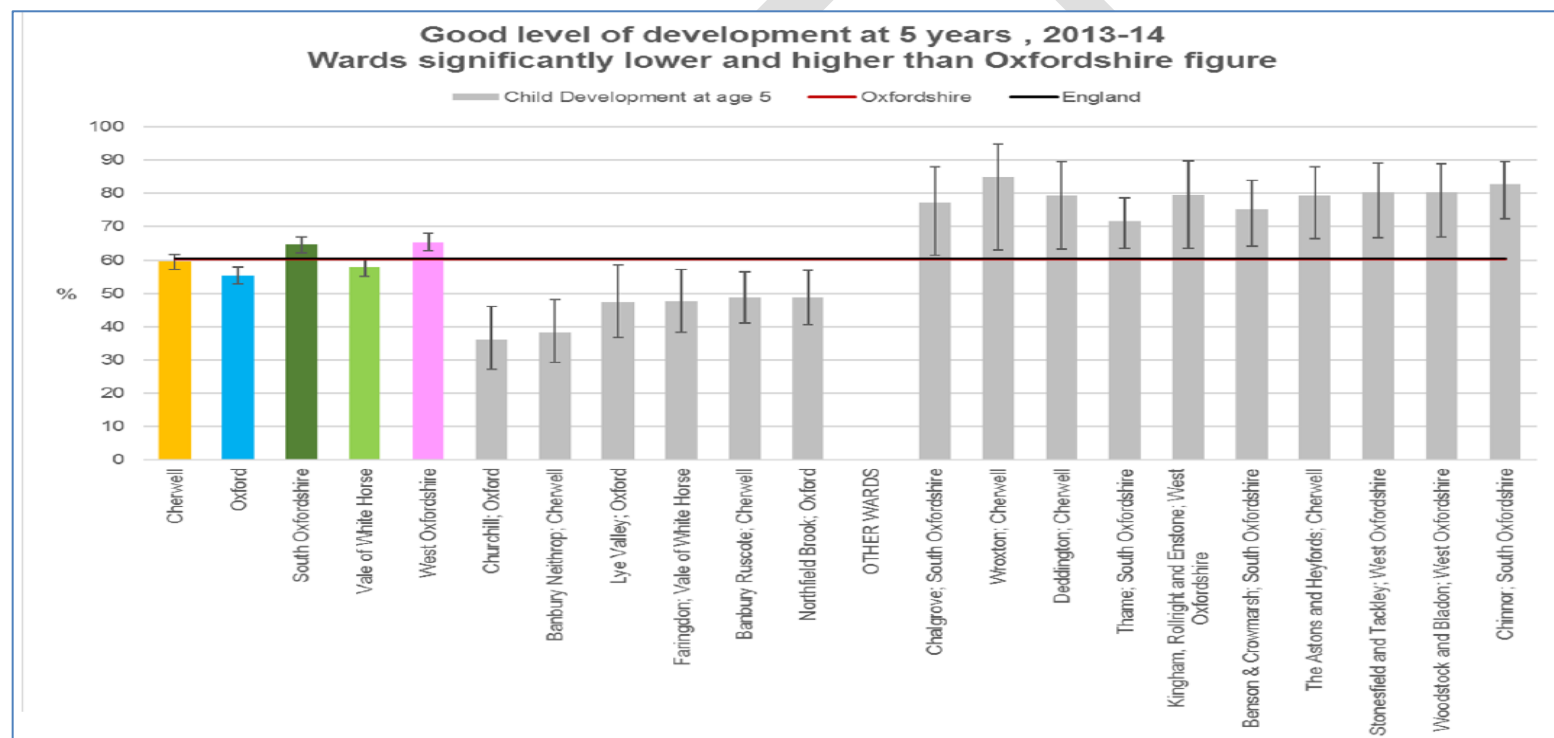
Percentage living in income deprived households, 2015 Wards highest and lowest in Oxfordshire

No confidence intervals for this indicator



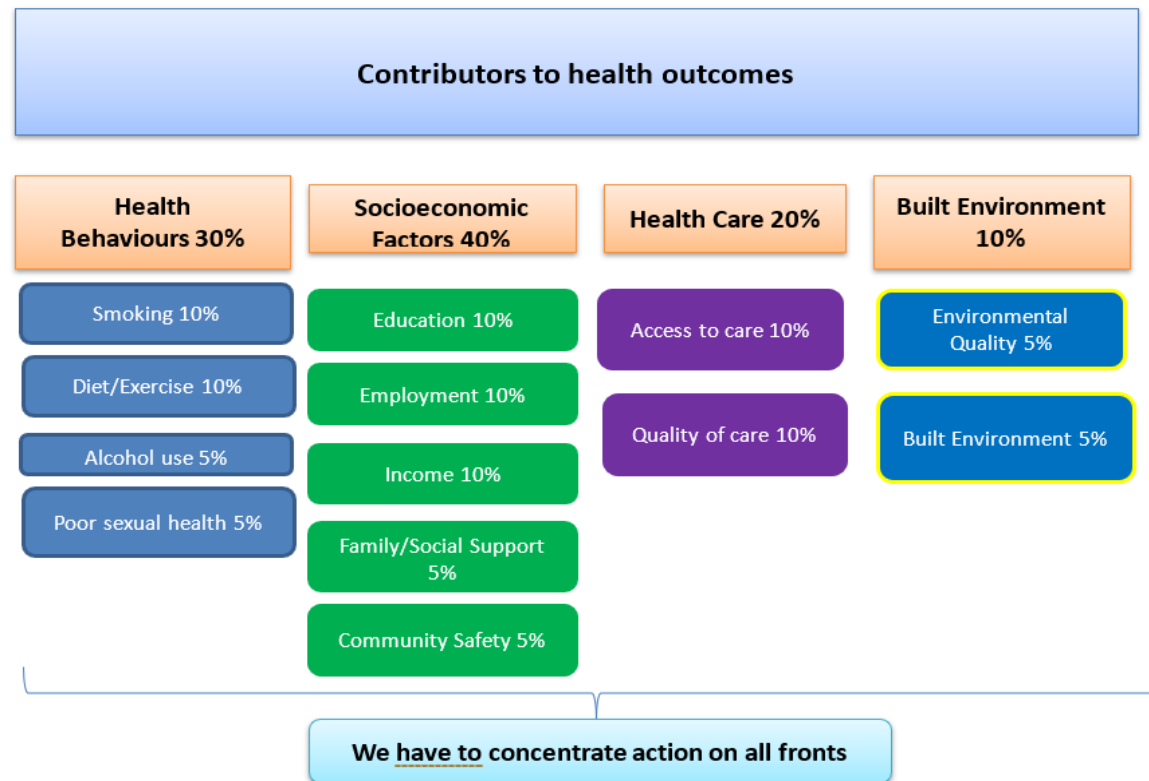
Source: PHE Local Health

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 is left unaddressed will impact on the whole life outcomes of these children.



All this will have significant impact on health outcomes. As illustrated in the diagram below the health behaviours, socioeconomic factors and built environment will contribute 80% to health outcomes while health care services will only contribute 20% towards.

The Wider determinants of health



By now you can 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 <http://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.

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Chapter 3 - Prevention is Better Than Cure!



"An ounce of prevention is better than a pound of cure" Benjamin Franklin

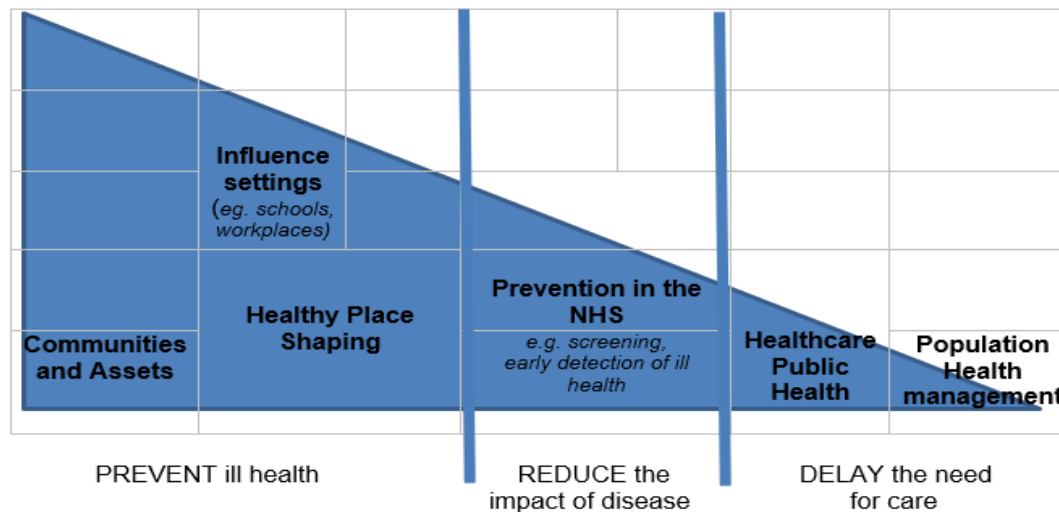
It is a commonly used phrase, but prevention really is better than cure! The increase in pressures on health services to respond to increasing demand, is the visible tip of the iceberg of missed prevention opportunities.

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 a 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"

Prevention Spectrum



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:

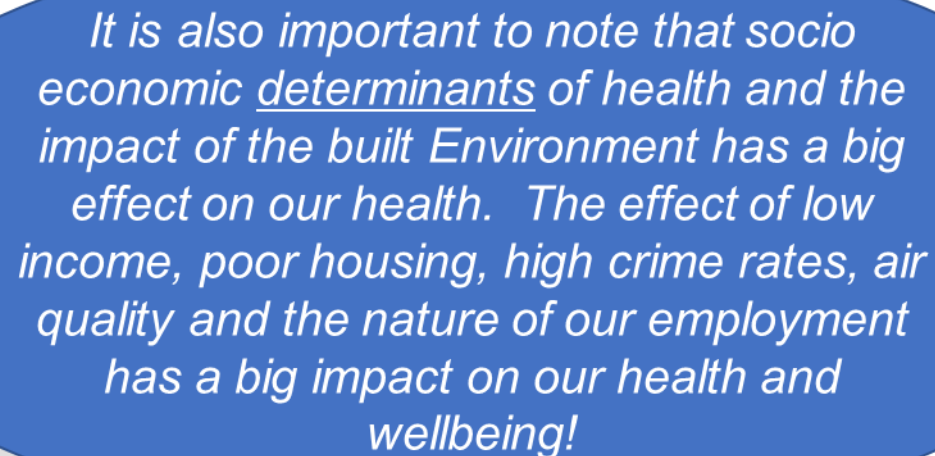
- Lower life expectancy with higher rates of death from cardiovascular disease, stroke, lung illness and cancers.
- Earlier onset of long-term conditions. We know that those living in the 10% most deprived areas are likely to face effects of illness at the age of 60 whereas people living in the least 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 unified approach to prevention to achieve better health for residents. This approach is known as PROMOTE, PREVENT, REDUCE, DELAY

<u>PROMOTE</u> <u>Wellbeing</u>	<u>PREVENT</u> <u>Illness</u>	<u>REDUCE</u> <u>the need for</u> <u>treatment</u>	<u>DELAY</u> <u>the need for care</u>
Creating a place and community that promotes wellbeing and healthy behaviours where people can reach their full potential.	Preventing illness and keeping people physically and mentally well, e.g. being active, breathing clean air, having social connections.	Reducing impact of an illness by early detection e.g. cancer screening and preventing recurrence e.g. lowering blood pressure or cholesterol to prevent another stroke.	Soften the impact of an ongoing illness and keep people independent for longer.
(Healthy Place Shaping)	(Primary prevention)	(Secondary prevention)	(Tertiary Prevention)

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 but will be an approach which deliver 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.



It is also important to note that socio economic determinants of health and the impact of the built Environment has a big effect on our health. The effect of low income, poor housing, high crime rates, air quality and the nature of our employment has a big impact on our health and wellbeing!

Chapter 4 - Promoting Healthier Communities

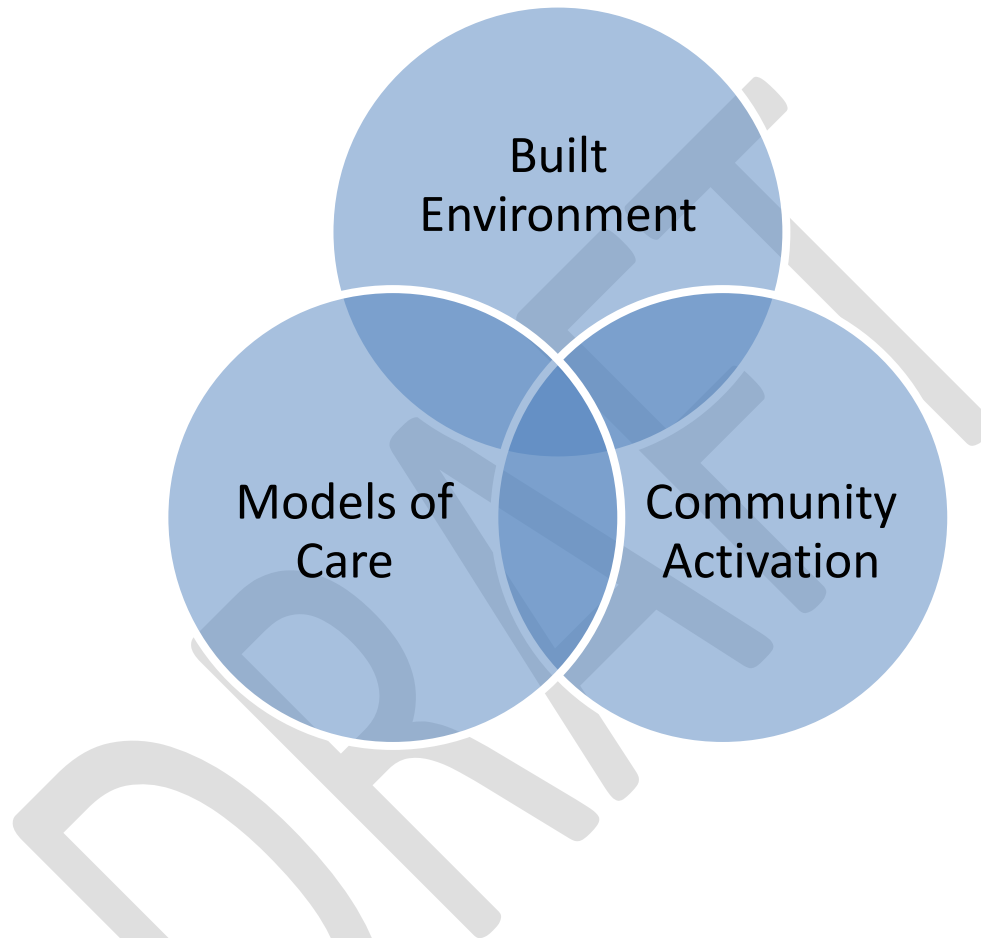
The design of our neighbourhoods can influence levels of physical activity, travel patterns, social connections, physical and mental wellbeing. There is growing evidence that there are significant benefits for local people by taking an approach of planning housing, infrastructure and the economy with health and wellbeing at the centre of focus. This approach is known as "Healthy Place Shaping."

*"A decent home, a job
and friends are more
important to good
health than the NHS."*

Duncan Selbie, Chief
Executive, Public Health
England

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:

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



Healthy Place Shaping can be a great way to tackle the drivers of inequalities in our most deprived wards and disadvantaged communities in Oxfordshire.

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 from 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 using 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.

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 interaction, 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 Assessment (HIA) to be conducted for all the strategic development. 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.

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5K HEALTH ROUTE Try Bicester North-East health route

The blue line represents a circular **5K Health Route**. Complete the full loop and you will have undertaken approx. 1000 steps – a good way towards the recommended daily exercise!

The Health Routes, funded by NHS England, are part of the **Bicester Healthy New Town Programme**. A key aim of the programme is to increase physical activity amongst residents, providing access to walking routes within your community.

5K feels too far? Start small and aim to walk 10. Ten minutes of brisk walking can really help give you a boost. Discover just how easy it can be to adopt and enjoy a healthier lifestyle and happier you. Follow **Healthy Bicester** on Twitter and Facebook.

For more information, please contact:
 healthynewtown@bicester-ox.gov.uk
 @healthybicester 01295 221848



Healthy Place Shaping at Work in Oxfordshire!

In **West Oxfordshire** the Local Plan 2011-31 enables new development, services and facilities in locations which will help improve the quality of life of local communities and where the need to travel, particularly by care workers, can be minimised.

Cherwell's 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.



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

The **Vale of White Horse** Local Plan 2031 seeks to build healthy and sustainable communities which protect the environment and respond to climate change.

The emerging **South Oxfordshire** Local Plan 2011-34 requires that housing needs be met by delivering high quality, sustainable attractive places and providing access to high quality leisure, recreation, cultural, community and health facilities.



Barton Healthy New Town

Barton was selected as one of the NHSE Healthy New Town demonstrator sites back in 2016. Although the NHSE 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 mainstreamed 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. However, there were things they'd like to change such as levels of anti-social behaviour, activities for teenagers and clean public spaces.

There were also many places residents love such as the Barton Neighbourhood Centre, the sports pavilion and leisure centre, but also places they'd like to improve such as litter in the brook, pavement parking on Barton Village Road and the underpasses. The next steps are to identify people who either live in or visit Barton who are dedicated to improving the neighbourhood to become members of the community partnership and develop an action plan that identifies their goals.





A Community Asset Based Approach in Barton

Although Barton faces some challenges and inequalities that have been presented in previous chapters and above, 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 also 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, new linear park with equipment/nature area, a community café and more recently a satellite library in the Neighbourhood Centre are important assets for the community, along with an active community association.

Sue Holden, Secretary of the Barton Community Association says:

'we try and 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.' (quote discussed over phone and waiting for sign off)



The FAST programme started in October 2018 to encourage children, parents / guardians and grandparents, to enjoy energizing 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 these wards in Banbury 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 (example £3 swim instead of £13)

“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 will be continuing to run a family club ourselves to continue offering family opportunities.”

Head Teacher

“I have been attending the after school activities with my six year old girl and my three year old son for two weeks now and the three of us love it. It's so fun and light hearted. It's well thought out and Dave and Tom who run our two sessions a week are great with the children and very patient.

This is by far the best thing CDC have put on (in my opinion) for a very long time. It's good to meet other parents also going through the sweat too haha.

Parent

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 68%.



Making Every Contact Count in Libraries

Public Health have 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.

1300 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

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)

Libraries are so much more than books, they are at the heart of local communities and are playing an ever-increasing role in prevention; helping to reduce social isolation, promoting health and wellbeing, fostering connections between people and place as well as delivering the core functions set out in the Universal Offer.



'I was able to help a gentleman who came in looking for books on managing stress –he'd been told to come to the library to look for books by his GP (Health on 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 signposted him to Mind and explained that there are people there he could talk to, groups he might be interested in and leaflets he could pick up (which may be less daunting than books). He came back 2 weeks later to renew the books which he was finding helpful.' (Cath, Abingdon 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 Isolation

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

Repair cafes 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.



At Rose Hill Primary School a collaborative project part funded by Oxfordshire Health Watch 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 stating

"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 helps to tackle 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:

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.



Watch the video

<https://www.youtube.com/watch?v=GcDG7wKMZ40&feature=voutu.be>

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. e.g. 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.

Chapter 5 - Growing Oxfordshire Together: Delivering inclusive growth

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 improving 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 will require input from our local leaders, academic experts, businesses and community organisations to shape our places and redistribute the benefit of growth so that we can really tackle the underpinning drivers of health inequalities such as employment, education, housing and poverty.

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 challenge 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.

References

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