

Divisions Affected - All

Health Improvement Partnership Board

19 May 2021

Plan for the development of indicators for monitoring Oxfordshire's progress on the delivery of Healthy Place Shaping

Report by Head of Healthy Place Shaping

RECOMMENDATIONS

1. **The Health Improvement Partnership Board is RECOMMENDED to:**
 - a) Review the proposed key indicators for monitoring progress on Healthy Place Shaping (HPS) in Oxfordshire.
 - b) Support the proposal for the continued development of HPS indicators and the associated 20-minute neighbourhood tool, including participation in a shared project to define and set up new HPS consultation questions and consistent consultation methods to gather and share community feedback across Oxfordshire.
 - c) Support the recommendation that reporting on HPS indicators becomes part of the established annual cycle of updating and sharing the findings of the Oxfordshire Joint Strategic Needs Assessment.

Executive Summary

2. Healthy Place Shaping (HPS) involves local government working in partnership with a wide range of local stakeholders to create sustainable, well-designed communities where healthy behaviours are the norm and which provide a sense of belonging and safety, a sense of identity and a sense of community.
3. HPS is a priority for the Health and Wellbeing Board and the Future Oxfordshire Partnership. As such it is important to gather evidence on the impact of work being undertaken across the county to embed this approach at a strategic and policy level and to deliver place based healthy place shaping activities.
4. This paper reports on progress in developing a basket of indicators that address the wider social determinants of health and that can report on the impact of healthy place shaping across the county. A group of analysts have worked together to develop an indicator set and have assessed the validity,

accuracy and relevance of proposed indicators, including whether they can be updated with local evidence and reported regularly.

5. The basket of indicators has not been finalised but this progress report is being brought to the Health Improvement Board to approve the key measures identified to date, as shown in Appendix B, and to seek its support for a shared project to generate local data for certain indicators, such as sense of community belonging, where this information is not routinely collected.
6. In addition, the paper reports on progress with the development of a “20 minute neighbourhood” tool to support the development of ‘liveable neighbourhoods’, see Appendix A, which are accessible by active travel and which promote social interaction and a sense of belonging (key objectives of healthy place shaping). Once this tool has been further refined it will be available to colleagues in planning policy and community development to support their work.
7. It is recommended that reporting on the HPS indicators becomes part of the established annual cycle of updating and sharing the findings of the Oxfordshire Joint Strategic Needs Assessment.

Background

8. In 2019, following the conclusion of the two successful Healthy New Towns pilots in Bicester and Barton, Healthy Place Shaping (HPS) was adopted as a priority for the Health and Wellbeing Board and the Future Oxfordshire Partnership.
9. The work to scale up HPS is led by Public Health and in early 2020, the Public Health Consultancy PHAST¹ was commissioned to carry out a system evaluation of Healthy Place Shaping across Oxfordshire. In July 2020, PHAST drafted ‘A Systems Evaluation Plan for Oxfordshire Healthy Place Shaping’. This was agreed by the Evaluation Advisory Group with minor changes. It described what evaluation work would be done over the first year of the evaluation. One element of this plan was a project to ‘Review and collate the data available from Cherwell on HPS results, evaluation and impact’.
10. The report of this data project was delivered in July 2021, and the most relevant recommendation in the report was:
 1. *“a suite of indicators should be developed that builds on the analysis in this paper; this could be developed through a workshop of key organisations and individuals. The aim would be to agree indicators noting what is technically possible now or in the near future, and which areas are most important. Developments might include further population surveys being embedded into the HPS programme or collaboration with Sport England or other organisations who already undertake regular population surveys. One particular focus should be social isolation/loneliness and community cohesion – these are core priorities*

¹ [About Us | PHAST CIC](#)

that have been identified in Bicester and Kidlington and are likely to be central to HPS as it rolls out more widely. PHAST would propose facilitating such a workshop”

11. A small workshop was held in late August 2021, and since then a working group of analysts across Oxfordshire County Council including Cherwell District Council, Oxford City Council, South and Vale District Councils, West Oxfordshire District Council and Active Oxfordshire has developed the proposals and thinking from the workshop.
12. The working group agreed that the principles for selecting HPS indicators should be to:
 1. use routinely available data as much as possible;
 2. address the wider social determinants of health (as this is key to HPS). This means that they should not measure disease specific health outcomes such as diabetes, or some health behaviours such as smoking or income-related measures such as people claiming unemployment benefits, but focus on wider issues such as:
 - levels of loneliness/isolation
 - sense of community connection
 - strength of the community and voluntary sector
 - the design of the environment
 - some behavioural factors such as healthy eating and physical activity.
13. Once a draft set of indicators had been compiled, the group evaluated and scored each indicator with reference to the following questions:
 1. How relevant is this indicator to the purpose of HPS?
 2. Validity: does the indicator measure what it claims to measure?
 3. Is it technically possible to populate the indicator with reliable, accurate data?
 4. Meaning: is the indicator sensitive enough to show changes that matter?
 5. Implication (a): how difficult or easy is it to influence this indicator?
 6. Implication (b): any unintended consequences of using this indicator?
14. Further work is continuing in order to fill in the gaps in the indicator set with local evidence that can be updated and reported regularly.
15. In addition to the ongoing work on the indicator set, Oxfordshire County Council’s Data, Analysis and Modelling team has started the development of an “interactive 20-minute neighbourhood tool” that allows users to visualise and explore geographical areas of Oxfordshire where residents are more or less likely to be within 20 minutes (10 minutes each way) by walking or cycling of local community amenities. [See Annex A](#) for further information.

Proposed Healthy Place Shaping indicators

16. The proposed Healthy Place Shaping indicators are organised under five main headings, covering the three HPS workstreams:
 1. Built environment
 2. Community activation
 3. New models of care
 4. Process indicators (which count activities rather than outcomes)
 5. Wellbeing Outcome Measures
17. The table in [Annex B](#) lists the proposed indicators under each main heading, the status of work to populate the indicators and next steps.
18. Looking at each main heading:
 1. Built environment
 - Includes measures of air pollution, access to takeaways and alcohol, fuel poverty and feelings of safety.
 - District Council-held data are important for this section. Further work is ongoing on most measures to set up data gathering processes.
 2. Community activation
 - Includes people making use of outdoor space, perceived sense of belonging and the strength of the voluntary sector.
 - Most measures in this section rely on collecting opinion data from residents across Oxfordshire (see 19 below).
 3. New models of care
 - Includes people supported by social prescribing, pharmacies and community-based services plus monitoring data from the Make Every Contact Count programme and use of digital devices.
 - Collaborative work is ongoing to agree measures in this section and links between HPS and the Joint Commissioning-led Promoting Independence and Prevention Group will continue to be important.
 4. Process indicators
 - This section is focused on the operational processes to implement and support HPS.
 - Indicators show progress on projects and programmes related to HPS including Local Cycling and Walking Infrastructure Plans, Health Impact Assessments and place-based partnerships.

5. Wellbeing Outcome Measures

- Includes wellbeing (happiness, anxiety, satisfaction), physical activity, active travel, diet, weight and obesity, volunteering and loneliness.
- As most data in this section are based on nationally-defined surveys, indicators are available at district level, but not for small areas. The exception is child weight from the National Child Management Programme where data are available at a small area level.
- [Annex C](#) provides a summary of the latest HPS indicator data for the Wellbeing Outcomes Measures.

19. The following HPS indicators measure the opinion of (a representative sample of) Oxfordshire's district local authority residents:

1.6 Feeling safe / perception of crime

2.2 Sense of belonging, "great place to live"

To achieve this, it is proposed that the HPS data group is asked to coordinate the work to define and gather opinion via existing consultation processes, and, if this is not achievable, to submit a proposal to fund additional consultation.

Governance and reporting process

20. A new Healthy Place Shaping data working group was set up in 2021 and is meeting every 6-8 weeks to collaborate on the development of the HPS indicators. Membership of the group includes representatives of Oxfordshire County Council, District Councils and Active Oxfordshire. The remit of this group is developing the basket of indicators.
21. Once the HPS basket of indicators has been finalised it is proposed that from 2023, HPS monitoring will form part of the annual update to the Oxfordshire JSNA, a well-established process on behalf of the Oxfordshire Health and Wellbeing Board. The way in which these could be displayed is shown in Appendix C.

Next steps

22. The Health Improvement Partnership Board is RECOMMENDED to:
23. Review the proposed key indicators for monitoring progress on Healthy Place Shaping (HPS) in Oxfordshire.
24. Support the proposal for the continued development of HPS indicators and the associated 20-minute neighbourhood tool, including participation in a shared project to define and set up new HPS consultation questions and consistent consultation methods to gather and share community feedback across Oxfordshire.

25. Support the recommendation that reporting on HPS indicators becomes part of the established annual cycle of updating and sharing the findings of the Oxfordshire Joint Strategic Needs Assessment.
26. Agree that a paper presenting the final basket of indicators for HPS is brought to the Health Improvement Board for its approval in autumn 2022.

Financial Implications

27. The overall approach to developing and sharing Healthy Place Shaping indicators is to make use of Oxfordshire's existing analytical resources, data collections and/or data collection processes where possible.
28. Work to-date, however, has found some important gaps in the evidence base which would benefit from further investigation. If these require additional funding any potential additional costs will be identified before finalising the set of indicators.

Legal Implications

29. The proposed work on Healthy Place Shaping indicators and the associated 20-minute neighbourhood tool supports the Health and Wellbeing Board's statutory duty to publish a Joint Strategic Needs Assessment each year.
30. There are no further legal implications.

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ANNEX A: Developing an Oxfordshire 20-minute neighbourhood tool

In a *20-minute neighbourhood*, residents can reach local facilities within 10 minutes (each way) by cycling or walking.

In March 2021 the Town and Country Planning Association (TCPA) published guidance on the 20-minute neighbourhood for local planning authorities².

The TCPA's introduction to the guide outlines the history, benefits and ongoing collaborative work to introduce 20-minute neighbourhoods into the English planning system.

- *The idea of the '20-minute neighbourhood' (also known as 15-minute cities) has grown with interest around the world, especially since the COVID-19 pandemic put a spotlight on the importance of the liveability of where we live.*
- *Another way of describing a complete, compact and connected neighbourhood, where people can meet their everyday needs within a short walk or cycle, the idea of the 20-minute neighbourhood presents multiple benefits including boosting local economies, improving people's health and wellbeing, increasing social connections in communities, and tackling climate change.*
- *The TCPA with Sport England have been working with partners including Sustrans, Design Council, Fields in Trust, CLES and others to look at how the idea could be introduced in the context of the English planning system.*

As part of the Oxfordshire Healthy Place Shaping data work, a new interactive tool is being developed to allow local planners and others to see where in Oxfordshire communities are more or less able to access local amenities within a 10 minute walk or cycle (each way).

There are two key elements to the development of this tool:

1. Agreement of which local amenities to include and sourcing the best local location data for mapping.
2. Development of the methodology to create a composite picture of 20-minute neighbourhoods in Oxfordshire. This includes deciding whether there is a minimum standard to apply across rural Oxfordshire and urban Oxfordshire.

Local amenities

Community assets that have been mapped and included in the initial version of the tool are:

- Supermarkets
- Community centres
- Leisure centres
- Green space
- Blue space

² [The 20-Minute Neighbourhood - Town and Country Planning Association \(tcpa.org.uk\)](https://www.tcpa.org.uk)

- Primary schools

Further work is being carried out to map location data for:

- Community-based activities (possibly by linking with Live Well Oxfordshire)
- Other sports locations outside of leisure centres

In addition a recent research project carried out by CoHSAT³ has identified local facilities that are most valued by residents and we are investigating how the findings can inform the modelling.

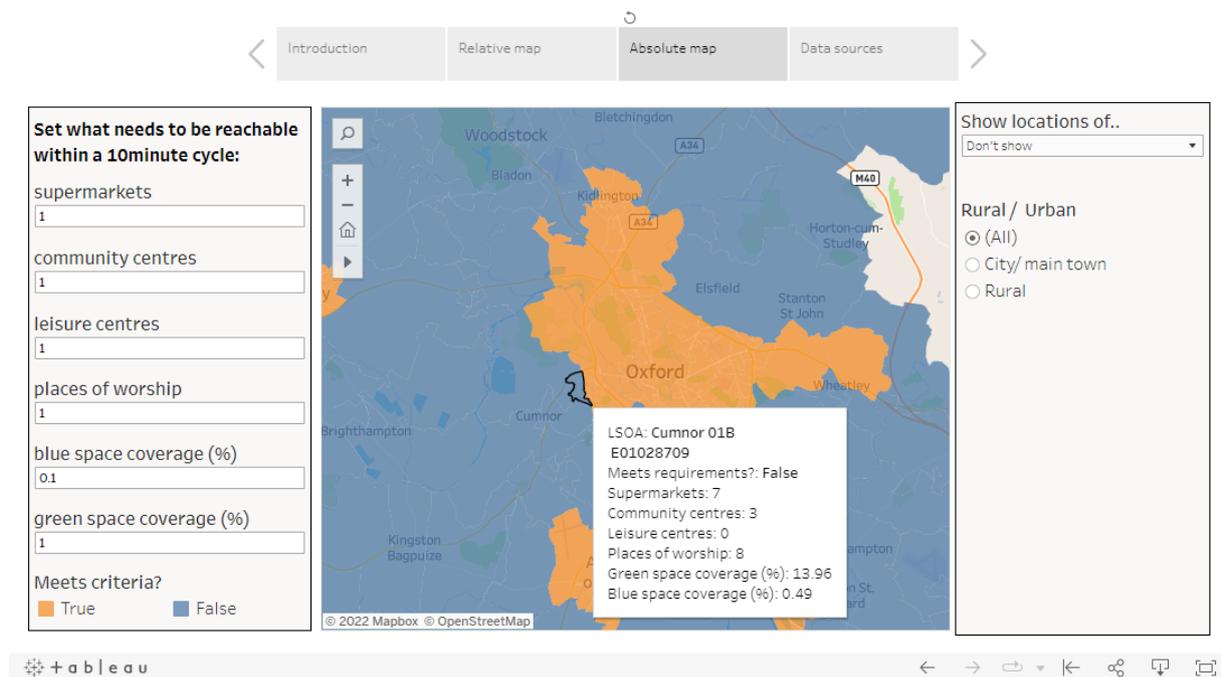
Methodology

The Oxfordshire 20-minute neighbourhood tool uses Lower Layer Super Output Areas (LSOA) – a statistical geographical boundary set developed by ONS and used to publish social statistics including the Indices of Deprivation and Census data.

The tool calculates the number of community assets reachable within a (one way) 10 minute cycle or walk and allocates a population-weighted average value to each LSOA in Oxfordshire.

Note that the modelling includes cycling restrictions on roads, but does not take into account the terrain or conditions e.g. hills or areas of heavy traffic.

The image below shows a view of the draft Oxfordshire 20-minute neighbourhood tool.



[Explore the draft tool](#) (opens a Tableau dashboard)

³ Coalition of Healthy Streets and Active Travel [Home - CoHSAT](#)

ANNEX B: Proposed Healthy Place Shaping Indicators

*Priority / phase is an overall score from the HPS data group evaluation. “Medium” priority (phase 2) indicators are those which require significant further development and scored lower on the assessment of relevance / validity / meaning / implications.

	Indicator	Priority/ phase*	Status / comment	Trend data for districts?	Small area data?
	1. Built environment				
1.1 and 1.2	Reduce air pollution (NO2 and particulates)	High / phase 1	<i>Available for AQMA monitoring sites and grid squares</i>	Yes - from existing data	Yes
1.3	Restrict hot food takeaways around secondary schools	Medium / phase 2	<i>Selected as this ambition is in National Planning Policy Guidance (para 6)</i>	Yes – needs further development	Yes
1.4	Restrict clusters of premises licenced to sell alcohol	Medium / phase 2	<i>Work completed in 2020 to share and map lists held by Districts of alcohol premises</i>	Yes – needs further development	Yes – snapshot as of 2020
1.5	Reduce the % of households experiencing fuel poverty	Medium / phase 2	<i>Limited direct local data. Annual fuel poverty statistics published by the Department for Business, Energy & Industrial Strategy is used to model local results.</i>	Yes	Yes
1.6	Improve residents feeling of safety in their area (linked to perception of crime)	Medium / phase 2	<i>Oxford City will include q in 2022 residents survey, Offices of PCC may jointly carry out a national survey TBC</i>	Not yet available	Not feasible from sample survey

	2. Community activation				
2.1	Increase the proportion of people making use of outdoor spaces	High / phase 1	<i>Metric included in Natural England People and Nature survey, requested cost to boost sample in Oxfordshire</i>	Not yet available – cost requested	Not feasible from sample survey
2.2	Improve perceived sense of belonging, % of people reporting “great place to live”	Medium / phase 2	<i>Measure was included in the (discontinued) “Place Survey” carried out by local authorities.</i>	Not yet available	Not feasible from sample survey
2.3	Increase the strength of the voluntary sector (number, type, location and resilience)	Medium / phase 2	<i>Investigating linking with a subset of data hosted by Live Well Oxfordshire and other sources</i>	Not yet available	Not yet available
	3. New Models of Care				
3.1	People supported by social prescribing	Medium / phase 2	<i>GP practice patients referred to social prescribing and action taken Lack of common data standards and limited data at present. Initial indicators will count activity, ambition to move to outcomes. Significant partnership data work needed to progress</i>	Not yet available	Not yet available
3.2	People supported by community pharmacy services (as alternative to GP)	Medium / phase 2	<i>Percentage of pharmacies delivering (out of 105). Number of consultations per 1,000 people (NHS England) Initial indicators will count activity, ambition to move to outcomes</i>	Not yet available	Not yet available

3.3	People supported by community-based health and care services	Medium / phase 2	<i>Linking with the Promoting Independence and Prevention Group to agree possible measures to show impact of transformation of social care and The Oxfordshire Way, e.g. number (and proportion of) social care users who are supported with a personal budget number (and proportion of) social care users who receive community based support by the voluntary sector instead of formal care packages</i>	Not yet available	Not yet available
3.4	People in contact with Make Every Contact Count programme	Medium / phase 2	<i>Number of MECC champions Number of MECC conversations Limited data at present - OCC Library Service collecting data on conversations</i>	Not yet available	Not yet available
3.5	Use of digital devices and extent of digital literacy	Medium / phase 2	<i>Linking with Digital Inclusion Strategy under development Availability of devices, ability to use. Able to source one off data modelling (eg CACI Digital Inequalities data, free for a limited time). Not yet able to identify trend data for monitoring.</i>	No source identified	Yes – snapshot data from CACI
4. Process indicators					
4.1	Development of Local Cycling and Walking Infrastructure Plans (LCWIPs)	High / phase 1	<i>LCWIPs for Oxford (March 2020) and Bicester (Sept 2020) Future plans for LCWIPs in Abingdon, Banbury, Didcot and Kidlington</i>		
4.2	Local Cycling and Walking Activation Programmes	High / phase 1	<i>Incl. Active Travel to School interventions such as School Streets, Street Tag, Schools Park and Stride, Way Finding projects, Active Travel to Work activities</i>		
4.3	Completion of Health Impact Assessments	High / phase 1	<i>Use of HIA assessment tools for new housing developments and new infrastructure schemes</i>		

4.4	Inclusion of Healthy Place Shaping in District Local Plans	High / phase 1	<i>As reported by District Councils</i>		
4.5	Development of place-based partnerships	High / phase 1	<i>e.g. Brighter Futures Banbury, South Abingdon Health and Wellbeing Partnership, Oxford Health and Wellbeing Partnerships, Healthy Bicester and K5 Better Together Programme</i>		
4.6	How Oxfordshire is doing on the development of 20-minute neighbourhoods	High / phase 1	<i>Incl. 20 minute neighbourhood policy and use of 20 minute neighbourhood tool in County strategies and Local Plans</i>		
5. Wellbeing Outcome Measures					
5.1	ONS wellbeing measures of anxiety, happiness, satisfaction and worthwhile	High / phase 1	<i>From ONS Annual Population Survey</i>	Yes	No
5.2	Children physically active (from Sport England)	High / phase 1	<i>From Sport England C&YP</i>	Yes	No
5.3	Adults physically active (from Sport England)	High / phase 1	<i>From Active Lives, Sport England</i>	Yes	No
5.4	Active travel - percentage of adults walking for travel at least three days per week (age 16+)	High / phase 1	<i>From DfT (based on Active Lives Sport England)</i>	Yes	No
5.5	Active travel - percentage of adults cycling for travel at least three days per week (age 16+)	High / phase 1	<i>From DfT (based on Active Lives Sport England)</i>	Yes	No

5.6	Diet: 5 a day	High / phase 1	<i>From Active Lives, Sport England</i>	Yes	No
5.7	Reception children overweight or obese	High / phase 1	<i>From NCMP from OHID fingertips tool</i>	Yes	Yes
5.8	Year 6 children overweight or obese	High / phase 1	<i>From NCMP from OHID fingertips tool</i>	Yes	Yes
5.9	Adults (age 18+) overweight or obese	High / phase 1	<i>From Sport England Active Lives</i>	Yes	No
5.10	Any volunteering in the last 12 months: any role	High / phase 1	<i>From Sport England Active Lives</i>	Yes	No
5.11	Percentage reporting "often or always" feeling lonely	High / phase 1	<i>From ONS Opinions and Lifestyle Survey</i>	Yes	No

ANNEX C: Example of how HPS indicator results for Wellbeing Outcome Measures could be displayed

The chart below shows Healthy Place Shaping Wellbeing Outcome Measures available from the Office for Health Improvement and Disparities with the dots showing Oxfordshire's ranking compared with the England benchmark and the range of values for Counties and Unitary Authorities in England.

● Better 95% ● Similar ● Worse 95%

Indicator	Period	Oxon			Region England			England	
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Self-reported wellbeing - people with a low happiness score (Persons, 16+ yrs)	2020/21	–	-	7.3%	8.7%	9.2%	-	<i>Insufficient number of values for a spine chart</i>	-
Self-reported wellbeing - people with a high anxiety score (Persons, 16+ yrs)	2020/21	–	-	24.7%	23.6%	24.2%	32.4%		15.9%
Percentage of physically active adults (Persons, 19+ yrs)	2019/20	–	-	73.0%	69.5%	66.4%	49.4%		80.2%
Percentage of physically inactive adults (Persons, 19+ yrs)	2019/20	–	-	17.4%	20.1%	22.9%	35.2%		14.2%
Percentage of physically active children and young people (Persons, 5-16 yrs)	2020/21	–	-	51.2%	45.4%	44.6%	-	<i>Insufficient number of values for a spine chart</i>	-
Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults) (Persons, 16+ yrs)	2019/20	–	-	60.2%	58.3%	55.4%	41.4%		66.9%
Percentage of adults cycling for travel at least three days per week (Persons, 16+ yrs)	2019/20	–	-	6.6%	2.4%	2.3%	0.0%		11.3%
Percentage of adults walking for travel at least three days per week (Persons, 16+ yrs)	2019/20	–	-	15.3%	14.9%	15.1%	6.8%		33.4%
Reception: Prevalence of overweight (including obesity), 3-years data combined (Persons, 4-5 yrs)	2017/18 - 19/20	–	3,575	19.3%	21.2%	22.6%	30.0%		15.3%
Year 6: Prevalence of overweight (including obesity), 3-years data combined (Persons, 10-11 yrs)	2017/18 - 19/20	–	5,165	29.3%	30.9%	34.6%	44.7%		22.1%
Loneliness: Percentage of adults who feel lonely often / always or some of the time (Persons, 16+ yrs)	2019/20	–	-	24.21%	20.83%	22.26%	36.28%		13.86%

[Your indicator lists - OHID \(phe.org.uk\)](https://phe.org.uk) (accessed 22 April 2022)