

OXFORDSHIRE HEALTH AND WELLBEING BOARD

04 December 2025

Community Insight Profiles - Latest and final publication from the programme

**Report by Ansaf Azhar– Director of Public Health and Communities,
Oxfordshire County Council**

RECOMMENDATION

1. The Oxfordshire Health and Wellbeing Board is RECOMMENDED to

- 1.1 Use the findings and rich insight contained within the Community Insight Profile for Bicester West and their relevance to the Marmot Place programme of work to inform service delivery plans of partner organisations on the Board.
- 1.2 Support the legacy of the programme including the work of the Community Health Development Officers.
- 1.3 Note the culmination of the Public Health led programme of work to develop Community Insight Profiles for priority areas across the county

Executive Summary

- 2. This paper:
 - a) Introduces the fourteenth Community Insight Profile that has been funded by Oxfordshire County Council Public Health, focusing on Bicester West. It marks the culmination of a programme designed to deepen our understanding of local communities and inform place-based approaches to improving health and wellbeing.
 - b) Reflects on key learning from the coordination of the Community Insight Profile programme. It highlights how the programme has evolved over time, strengthened local partnerships, and supported local more targeted and responsive service planning.
 - c) Outlines the legacy of the programme, including the establishment of Community Health Development Officers, the allocation of grant funding to support local initiatives, and the early signs of impact these investments are beginning to yield.
- 3. Since 2021, Public Health have been working with partners to carry out a programme of work to develop Community Insight Profiles (CIP). The work was initiated after the publication of the [Director of Public Health \(DPH\) Annual Report](#) for 2019/20 which highlighted ten wards in Oxfordshire which

have small areas (Lower Super Output Areas) that were listed in the 20% most deprived in England in the Index of Multiple Deprivation (IMD) update (published November 2019) and are most likely to experience inequalities in health. The publication of Community Insight Profiles for all ten areas was completed in December 2023.

4. Following on from this, a further four Community Insight Profiles were developed for areas across the county identified as falling within the 30-40% most deprived nationally according to the IMD (2019) and where local partners identified that there would be added benefit to developing a profile. Bicester West is one of the additional 4 areas.
5. To support the taking forward of actions arising from the Community Insight report recommendations, Community Health Development Officer posts have been funded for each of the areas where a profile has been developed. Along with a small grants scheme to support community projects that help deliver the recommendations from the Community Insight Profiles.
6. To ensure the impact of the CIPs programme continues, an Interactive Dashboard providing updateable, place-based data has been created and was presented to the Health and Wellbeing Board in March 2025. At the same meeting, a draft of the Community Insight Profile Development Framework Toolkit was shared and is currently being finalised. These resources aim to make data accessible for ongoing and future projects while empowering other areas of the county to create their own profiles.

Background

7. The purpose of creating a Community Insight Profile is to ensure we understand as fully as possible the factors that influence health and wellbeing outcomes within areas in Oxfordshire where residents are most likely to be at risk of poor health or experiencing health inequalities.
8. The profiles map the assets in each area, capture community insight around enablers and challenges to health and wellbeing and detail a data set of indicators for each area to help inform high level recommendations. The methodology of the community insight capture and asset mapping are explained in each of the individual community insight reports.
9. Each profile includes a series of locally led recommendations that outline objectives to enhance identified community assets and strengthen development opportunities. An action plan is developed for each area based on the specific recommendations of that profile.
10. The profiles link to the Joint Strategic Needs Assessment (JSNA) and contribute to the local evidence base to inform service delivery, as well as being a resource for local communities to support their work.
11. The work has been carried out in phases, with phases one to three covering the ten wards in Oxfordshire which have small areas (Lower Super Output

Areas) that were listed in the 20% most deprived in England in the Index of Multiple Deprivation (IMD) update (published November 2019) and are most likely to experience inequalities in health.

12. A further four Community Insight Profiles (CIP) were developed for areas across the county which have small areas (Lower Super Output Areas) identified as falling within the 30-40% most deprived nationally according to the IMD (2019) and where local partners felt there would be added benefit to developing a profile.
13. Publication of Community Insight profile reports for all 14 areas was concluded in June 2025 with the publication of the report covering Bicester West. The findings from this report are presented as part of this paper.
14. After completion of this profile, the focus of the programme turns to the legacy of the work and how recommendations continue to be taken forward in each of the areas.

Bicester West Community Insight Profile

15. The Community Insight Profile (CIP) presented within this report is for Bicester West in the Cherwell District.
16. For each area of the CIP work programme, the Oxfordshire County Council Public Health team have worked with a local steering group, convened to ensure co-production of the reports with the local community. In Bicester West, a steering group convened by Cherwell District Council was formed. The steering groups vary in their make up in each area but may include representatives from local community groups, residents, health organisations, Councillors, Local Authorities etc. Cherwell District Council have been funded to support with project managing the CIP development process in Bicester West.
17. In each of the profile areas an organisation independent of Oxfordshire County Council has been appointed to carry out the community engagement and insight elements of the project. Community First Oxfordshire were appointed for Bicester West.
18. A Community Health Development Officer (CHDO) has been appointed in Bicester West to work with partners on delivering actions from the Community Insight Profile recommendations and to support local health and wellbeing initiatives. The CHDO has also distributed the first round of grant funding to local groups, aimed at supporting projects that promote community health, reduce inequalities, and strengthen local engagement.

Community Engagement

19. Bicester has a strong network of community organisations, mainly in the town centre and elsewhere in Bicester, supporting health and wellbeing. However, the Community Insight Profile (CIP) highlighted that Bicester West has not always benefited as equally.
20. Community assets in Bicester include charities, faith groups, sports clubs and resident associations, but most are concentrated in the town centre, which may be limiting access for Bicester West residents. The CIP mapped these assets and identified gaps to guide more targeted initiatives.
21. Community engagement involved the use of surveys, focus groups and interviews with residents and organisations. Key issues raised were crime and anti-social behaviour, social isolation among older adults and those living alone, difficulties accessing GP and dental care and affordable healthy food, higher child poverty and free school meal eligibility, and poor upkeep of pavements and green spaces.
22. A hyper-local focus revealed deprivation masked by wider town affluence and enabled tailored recommendations to be made. The work aligns with the Healthy Bicester programme, which takes a whole-town approach. Engagement with this group subsequently led to the formation of a Community Insight Profile steering group for Bicester West consisting of local organisations, councillors and Cherwell District Council officers.
23. The CIP's mixed-method engagement approach ensured a wider reach in the community. The findings have informed the development of a collaborative action plan supported by a Community Health Development Officer and grant funding for projects tackling isolation, improving access to services and enhancing green spaces.

Selection of findings from Bicester West and links to the Oxfordshire Marmot Place principles

24. The programme of work in Bicester West aligns with the current Marmot Place programme by contributing to a more equitable and healthier Oxfordshire. This is done by assessing the extent of inequalities and identifying gaps in current local actions, so we can strengthen and expand their impact.
25. A selection of cross cutting themes from the report and their links to the Oxfordshire Marmot Place work are detailed in the table below.

Cross cutting themes	Related Marmot Place Principles
Cost of Living There is a selection of organisations in wider Bicester Town that support residents with a wide range of issues including the cost of living. Respondents noted cost of living as a prominent challenge to health and	Ensure a healthy standard of living for all; Best start in life.

<p>wellbeing, with multiple organisations also noting that many people were struggling with debt.</p> <p>The report recommends the running of a regular programme of community – based support sessions to focus on themes including benefits advice.</p>	
<p>Healthy Eating and Food Poverty</p> <p>A variety of local organisations have undertaken healthy eating initiatives in the town. Affordability of healthy food was raised as a concern for some and data showed that rates of children living in poverty in Bicester is above the Oxfordshire average.</p> <p>The report recommends the running of a regular programme of community – based support sessions to focus on themes including household budgeting and cooking and nutrition.</p>	<p>Ensure a healthy standard of living for all; Best start in life.</p>
<p>Housing and Local Services</p> <p>Respondents reported Bicester West as being friendly and safe with nice neighbours but those working in housing related services reported a growing number of vulnerabilities amongst tenants as well as concerns expressed about the state of housing and issues of overcrowding in some instances.</p> <p>The report recommends on the ground community workers or connectors who can offer pastoral support, links and introductions to community groups and signposting advice.</p>	<p>Ensure a healthy standard of living for all; Best start in life.</p>
<p>Public Realm and Environment</p> <p>Parks and green spaces were generally viewed favourably although respondents mentioned the poor state of repair and upkeep of some pavements, roads and green spaces. 44% of survey respondents felt that improved pavements and walking routes would be helpful to get around Bicester West.</p> <p>The report recommends discussion and linking into existing projects regarding improvements to the local environment in Bicester West.</p>	<p>Ensure a healthy standard of living for all; Best start in life.</p>
<p>Mental Health and Isolation</p> <p>It was reported that Bicester West was a pleasant estate and small enough to be a community although social isolation among older adults and those living alone was identified frequently and across age groups as an issue. Some residents reporting feeling disconnected from the wider community.</p> <p>The report recommends investigating additional funding to provide extended support around mental health which may include one to one and group support sessions at community venues as well as the</p>	<p>Ensure a healthy standard of living for all; Best start in life.</p>

extension of existing befriending support services to reach more isolated residents.	
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Learning from the Community Insight Programme of Work

26. The Community Insight Programme adopted an Asset-Based Community Development (ABCD) approach, focusing on identifying and building on the strengths and resources already present within each community. This method ensures that work is guided by the strengths and assets that communities have, rather than what they lack, helping to empower residents and encourage sustainable, long-term improvements. By mapping assets such as local groups, skills, places, and networks, the programme has supported communities to take ownership of their health and wellbeing priorities, rather than relying solely on external interventions.
27. The programme has shown that focusing only on needs and gaps can overlook the valuable assets and capabilities that exist locally and that it is important not to view communities from a deficit point of view. By recognising and investing in these assets, communities are better placed to develop solutions that are relevant and sustainable, and to build resilience for the future. This approach also helps to avoid over-reliance on short-term or external projects, instead strengthening what is already working well.
28. Another key learning from the programme is the importance of collaborative working. The development of Community Insight Profiles has relied on strong partnerships between Public Health, local authorities, voluntary sector organisations, and community groups. Steering groups in each area have ensured that reports are co-produced with local residents and stakeholders, making the findings more relevant and actionable. This partnership approach has helped to build trust, share local intelligence, and ensure that actions are shaped by those who know the community best.
29. Local intelligence has been central to guiding the development of the profiles. By gathering insights directly from residents and organisations through surveys, interviews, and focus groups, the programme has captured a rich understanding of the enablers and challenges to health and wellbeing in each area. This local knowledge has informed recommendations and action plans that reflect the real priorities and experiences of communities, rather than relying solely on national data or assumptions.
30. The programme has demonstrated the importance of enabling communities to decide on their own priorities for health and wellbeing. Community engagement activities have ensured that the voices of residents are at the heart of the profiles, with recommendations and actions shaped by what matters most to them. This has led to more targeted and responsive service

planning and has helped to ensure that interventions are relevant and supported locally.

31. While each report is unique and tailored to the specific context of its area, there have been similarities in findings across different communities, highlighting shared needs such as access to healthcare, cost of living challenges, and the importance of green spaces. At the same time, the programme has recognised that there is no “one size fits all” solution; each community requires a nuanced approach that reflects its unique assets, needs, and infrastructure. This flexibility has been key to the success of the programme.

Actions and impact following the publication of Community Insight Profiles

32. The impact of the Community Insight Profiles extends beyond the recommendations reported in each document. The profiles have acted as a catalyst for wider change, supporting funding applications, informing service delivery, and strengthening local networks. The introduction of Community Health Development Officers and grant funding schemes has enabled communities to take forward actions and projects that address local priorities, with early signs of positive outcomes already emerging.
33. Across all areas with a Community Insight Profile, dedicated health and wellbeing partnerships and steering groups have been established. These groups bring together local organisations, residents, health professionals, and council representatives to co-produce actions that address community priorities. By meeting regularly to share local intelligence and coordinate joint initiatives, they help maintain momentum and ensure recommendations are delivered in ways that reflect the strengths and needs of each community.
34. To ensure the learning from the programme continues, legacy tools such as the Interactive Community Insight Profile Dashboard and the Community Insight Profile Development Framework Toolkit have been developed. These resources make data and learning accessible for ongoing and future projects, supporting other areas to develop their own profiles and build on the experience gained.
35. Following the publication of the Community Insight Profiles, Community Health Development Officers have been appointed in each area to support the delivery of recommendations and strengthen local health and wellbeing initiatives. CHDOs act as key community connectors, linking organisations with shared goals and fostering collaborative working across sectors. Their work has been instrumental in bringing together primary care, voluntary sector partners, local authorities, and community groups, ensuring that actions are shaped by local intelligence and co-produced with residents.
36. CHDOs play a central role in increasing partnership and collaborative working in the areas where they are based. By facilitating regular communication and

joint initiatives, they have helped to build trust and shared purpose among diverse organisations. Their established links to primary care and the voluntary sector have enabled more integrated approaches to addressing local health inequalities and supporting community-led projects. CHDOs are widely recognised as key connectors within their communities, helping to bridge gaps and promote sustainable, long-term improvements.

37. The impact of the CHDOs' work in the first 10 areas is currently undergoing formal evaluation by the Oxford University Humanities Department. Preliminary results from this evaluation are expected at the beginning of 2026, which will provide further insight into the effectiveness of the CHDO role and the wider legacy of the Community Insight Profile programme.

Next Steps

38. The publication of the Bicester West Community Insight Profile marks the culmination of the county-wide programme to develop Community Insight Profiles for priority areas. This work has deepened our understanding of local communities and informed place-based approaches to improving health and wellbeing.
39. Key learning from the coordination of the programme includes the value of partnership working, the importance of local intelligence, and the benefits of co-producing actions with communities. The programme has strengthened local networks and supported more targeted and responsive service planning.
40. The legacy of the programme continues through the work of Community Health Development Officers, the allocation of grant funding to support local initiatives, and ongoing impact evaluation to ensure that the benefits of the programme are sustained and that communities continue to be supported in addressing local priorities and reducing health inequality.

Corporate Policies and Priorities

41. The creation of Community insight Profiles links to the strategic priorities in the Oxfordshire County Council Corporate Plan of tackling inequalities in Oxfordshire and prioritising the health and wellbeing of residents. This work also aligns with the Oxfordshire Health and Wellbeing Strategy and the BOB ICS strategy.

Financial Implications

42. No direct funding implications from this report. The Community Insight Profile, Community Health Development Officer (CHDO) costs and grant scheme was funded by the Public Health grant.

Comments checked by:

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Legal Implications

The legal implications section should be completed by a member of the legal service

43. Legal Implications

S196 of the Health and Social Care Act 2012 (“the Act”) permits the Council to arrange for the Health and Wellbeing Board to exercise any functions that are exercisable by it.

The powers and duties of the Council to engage in the activities set out in this report are covered by the Act. The Council has a statutory duty to take such steps as it considers appropriate for improving the health of the people in its area (s12 of the Act). In addition, s31 of the Act requires the Council to have regard to the Government’s public health outcomes framework setting out the Government’s goals for improving and protecting the nation’s health and for narrowing health inequalities through improving the health of the poorest, fastest.

Comments checked by:

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Equality & Inclusion Implications

44. The Community Insight Profiles programme of work seeks to help to address inequalities by providing insight into communities experiencing inequality, to help inform service planning and to act as evidence for funding applications for activities in those areas.

Sustainability Implications

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

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Annex 1: Bicester West Community Insight Profile

Bicester West Summary of Findings

[Link to Bicester West Summary of findings](#)

Bicester West Community Insight Report

[Link to the Bicester West Community Insight Report](#)

Data for Bicester West

[Link to the Bicester West Data Report](#)

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December 2025