

Bicester Strategic Delivery Board

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Report title: Task & Finish Group: Bicester Healthy New Town Programme	
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1. Purpose of report

- 1.1 To provide the Bicester Strategic Delivery Board (SDB) with a progress report on the task and finish group related to Bicester's Healthy New Town (HNT) Programme. The focus of this report is to provide information on the impact of the programme in the period 2016-2018.

2. Programme evaluation

2.1 Evaluation Objectives

The evaluation of the programme aims to assess both the implementation process and the impact of the programme overall.

The process evaluation has assessed the processes by which the programme was implemented. This component provides important information on the running of the programme, why it has (or has not) been successful, and how the programme might be replicated elsewhere.

The impact evaluation will assess the impact that the programme as a whole has had on the local population in terms of health-related outcomes. This component is critical for evaluating the extent to which the Bicester Healthy New Town initiative has achieved its desired objectives to promote the health and wellbeing of people who live or work in the town.

The evaluation seeks to address the following key questions:

- How was the Healthy New Town programme designed and delivered?
- Did the implementation run according to plan?
- Were target individuals reached?
- Is the programme effective in influencing the wider social determinants of health to promote health and wellbeing and in changing the way that care is delivered by health services to increase the focus on prevention?
- Can findings be used to replicate this approach elsewhere?
- Did the programme improve residents' health and wellbeing in terms of an increase in healthy weight, physical activity, and did it reduce social isolation and loneliness?

2.2 Evaluation Approach

A rapid cycle evaluation approach has been adopted throughout the programme of work which means that we have assessed initiatives as we have delivered them and as we have learned what is working well or does not seem effective we have amended our activities and interventions. Researchers from the University of Oxford and Oxford Brookes University have been commissioned to support the evaluation and produce the following products:

- A rich narrative case study describing the programme, how it was implemented, how the programme adapted, and its impact to date. This is close to completion and will be available by the end of March 2019.
- A series of case studies regarding specific initiatives; these have been requested by NHS England and will inform the national guidance relating to healthy place shaping that is due to be published in March 2019. These case studies cover the following topics and will be made available on CDC's website; they can be provided as separate documents on request:
 - Bicester's Health Routes
 - Setting up an Integrated care pathway for Diabetes in Bicester and the surrounding locality.
 - 'Let's Make it Count' – creating Making Every Contact Count Training for non-clinicians in Bicester
 - Developing and delivering a model of enhanced proactive primary care
 - Facebook as an Engagement Tool
 - Healthy Kids, Healthy Learners Pilot Project
 - Healthy Workplace case study
 - Joining up the dots; a partnership approach to developing Bicester's health estate
- Quantitative and qualitative analysis of the effect that the programme has had on overall health and wellbeing, as well as levels of physical activity, obesity, social isolation and loneliness. A repeat of the residents survey is scheduled for Autumn 2019 to assess the impact of the programme on these indicators. Here we can report on levels of engagement and participation which are indicators as to whether health and wellbeing are likely to be improving.

In addition Bicester has had the opportunity to act as a case study for two independently funded research projects. One study involving researchers from the University of Newcastle has evaluated the Bicester Healthy New Town as a case study of a systems approach to improving health and wellbeing. This research is not yet published but a summary of its findings are available on request and they have informed the local evaluation outputs. A second study involving researchers from the University of the West of England and Bath University have looked at the economic benefits of creating healthy built environments and this research is available here <https://urban-health-upstream.info/info/>. Its findings that there is a clear economic case for developing healthy built environments will provide useful evidence for local and county policy.

3.0 Evaluation Findings

3.1 Process Evaluation Aims and Objectives

The aim of the process evaluation is to understand how the Healthy New Town has been implemented in Bicester, the mechanisms by which it is producing change, and the context

in which it is being implemented. Its key findings are based on two focus groups involving the Bicester Healthy New Town Delivery Group, one facilitated by Professor Georgia Butina Watson from Oxford Brookes University and the other by Melissa Hawkins from the University of Newcastle.

3.2 Programme Design and Set Up

The delivery team took an asset based approach to designing and delivering the programme. This involved seeing people as resourceful and bringing with them strengths and important insight. It involved liaising closely with Bicester stakeholders to identify how the programme could work with local organisations to add value to existing activities and support them to promote health and wellbeing. Co-designing the programme with local stakeholders avoided duplication of effort, identified gaps that the programme could seek to address, and has enabled different stakeholders to connect and engage with one another – enriching partnership working within the town. However, this approach does take time, most of the first year involved stakeholder engagement and co-design of the programme.

The design of the programme was evidence based and informed by theories of change. The programme set out to achieve its aims by dividing its activities into three separate work streams; the built environment, new models of care and community activation. Interventions were selected based on best available evidence of what is effective in promoting behavior change, using nudge theory to identify opportunities to trigger and sustain healthier behavior. However, over time it became apparent to Bicester Healthy New Town (BHNT) stakeholders that a systems-based approach was needed, as greatest value seemed to be added when the three streams interacted with each other. In this way the programme has developed its role as a system connector.

3.3 Enablers to Implementation

History of Partnership Working

One of the criteria for eligibility to submit a bid to become a Healthy New Town was that it should build on existing work. As a result of the ongoing eco town work, good relationships existed between the planners at the district council and the developers, A2Dominion, the developers at NW Bicester, and both were keen to explore the further potential of the eco development principles. The wider history of partnership working in Bicester with its focus on securing investment into the town through growth and innovation provided a secure foundation on which to build the Healthy New Town work.

Use of social media, specifically the Healthy Bicester Facebook page and interaction with other local facebook groups enabled engagement with a wide range of residents. This has provided a very effective, low cost mechanism for engaging directly with residents, in particular in promoting self care messages.

NHS secondment into District Council. The programme director has been on long term secondment from Oxfordshire CCG into the District Council. This has provided benefits in terms of enabling communication with health care providers and commissioners, knowing who to approach and supporting collaboration e.g. with GP practices over diabetes education meetings to promote referrals into exercise motivation schemes. It has also enabled planners and health commissioners to better understand each other's processes and needs with regard to planning for new health care estate within development timescales, improving communication and engagement with planning processes.

Relevance of the Programme's aims and objectives. The objectives of BHNT have been broad enough in scope so that they are meaningful to all, rather than a particular age group or people with a given health condition. In order to achieve these objectives, there is a need to cut across siloes, and instead take a place-based systems approach.

Learning and Adaptation. As an innovation programme, Healthy Bicester has been able to use learning as the mechanism to continuously improve. Learning has come from many sources – from measurement and analysis, from resident and stakeholder feedback, from project team reflection, and from the research and support of academic partners. Learning has been used as a feedback loop to drive adaptation of the programme and to improve the system. Unlike many commissioned programmes, measurements of outcomes have been used for learning purposes rather than for performance management. Learning drives system change and so it has been crucial for key partners to meet regularly to share and reflect on learning from the programme.

System Leadership. Increasingly, the focus of the programme is on looking after the health of the system as outcomes are created by people's interaction with whole systems, not by individual interventions or organisations. By acting as a system connector the programme has taken a system coordination role. It has:

- cut across siloes in organisations involved, by creating with them a unifying vision of what being a Healthy Town means for Bicester:
“To create a healthy community by making it easy, attractive and affordable for people of all ages to live healthy sustainable lifestyles”
This vision has provided a useful tool for explaining the programme to local people. Similarly, the goals of reducing social isolation and obesity have been a constant way of aligning agendas and sharing purpose across Bicester. A sign of a healthy system is that it has people participating and working collaboratively on achieving shared outcomes.
- scanned for opportunities for organisations to collaborate to achieve the shared objectives. New insight has been gained into how different parts of the system could be utilised to provide support, such as how a health walk initiative run by volunteers and supported by the District Council could be promoted by GPs to their patients.
- enabled decisions to be made through using the collective insight of multiple perspectives involving local and expert stakeholders. Listening to the residents of Bicester has been given prominence in order to work out what's already happening and what people think will work in the town, e.g. in seeking to identify what areas of support parents with children under 5 need and where there are current gaps in provision.
- investing in network infrastructure which enables actors in the system to communicate more effectively e.g. at annual stakeholder meetings, with the establishment with Bicester Town Council of the Voluntary Organisation Network' and with multi-partner initiatives such as the Business 2 Business health and wellbeing event with Bicester Vision and B2B Consultancy.
- nurturing the health of the system by increasing the connectivity between local stakeholders and seeking to improve the quality of relationships between them. This has involved investing time in building positive, trusting relationships.
- Investing in the capacity of the system, e.g. using SPARK funding to provide resources and give permission to those on the frontline to use their expertise to make change happen.

Dedicated and flexible funding. Funding has been used flexibly to 'oil the wheels of the system'. The amount has not necessarily been large but it has been used to give capacity for parts of the system to work collaboratively towards meaningful outcomes for all. It has funded dedicated project officer time to 'get things done' and to be

proactive in engaging with partners. The key is that there is some flexibility in resource use so that:

- Plans and priorities can be changed as a response to the system - to be able to accept that the current state isn't working and there is a need to think about doing something differently which wasn't written in the original plan. Similarly when things occurred which weren't predicted we had the opportunity to run with the idea.
- It gives capacity for different parts of the system to be able to participate, e.g. funding teacher or GP cover:

3.4 Barriers to Implementation

- By taking a partnership approach and co-designing and co-delivering the programme with local stakeholders we have had to be sensitive to the context, constraints and agendas within partner organisations. As a result some initiatives have not progressed as quickly as planned and plans have changed in order to respond to changing system needs.
- There are levers in the system which can be pulled, and others that can't - for example, having a McDonald's in Bicester couldn't be prevented, but the programme has supported other food outlets that promote healthier eating through engagement with the Eat Out Eat Well scheme.

3.5 How well has Delivery worked in practice?

The Healthy Bicester programme was publicly launched in the town centre in May 2017 with a range of activities for all ages that aimed to demonstrate that healthy eating, being active, and being a good neighbor can be fun and inexpensive. The launch was strongly supported by our local partners and was attended by 8,000 people. Since then the limited period of NHS funding (April 2016- March 2019) has ensured a strong focus on delivering initiatives at pace. But it should be noted that whilst the following initiatives have been successfully started, their impact will be reduced if they are not sustained:

Built environment

- Planning policy to support health and wellbeing is being developed and fed into the JSSP at a county level and will feed into local plans. There has been engagement with and support of built environment professionals to consider health and wellbeing in their decision making.
- Three five-kilometre Health Routes for walkers, joggers and runners have been marked out in blue to give Bicester residents a new means of staying active at no cost. They also overcome two main barriers for residents to doing more exercise: the lack of time and concerns about cost. A short running or walking session is easier to fit in a busy routine. The initiative, which complements the NHS' Couch to 5K running plan for beginners, attracted 44,000 views on Facebook and resulted in a 27% increase in footfall on one of the routes.
- A shorter discovery walk has been tested in the town centre to encourage visitors and town centre businesses to undertake a 15 minute walk. This has been less successful with staff saying that they have found it hard to build it into their daily routine. However, the flyer for the walk has been very popular with visitors to Bicester Village as it shows an attractive route into the town centre.
- A comprehensive cycling and walking way finding project has been completed which aims to encourage more people to walk and cycle by providing consistently

designed and fully networked directional signage to key destinations. All signage includes average walking and cycling times to help 'nudge' people into using active modes for short journeys.

- Green spaces mapped and promoted through a leaflet and competitions. Outdoor gym equipment has been placed in two locations and will be supported by local training sessions to encourage residents to try out the equipment and become more active.
- Work has commenced to promote active travel within the town. This has included supporting the Urban Healthy Living satellite-enabled air quality project which has been led by Geospatial Insight Limited and funded by the UK Space Agency. A demonstration took place over 3 weeks in September/October 2018 providing air pollution predictions with 20m resolution, updated at least hourly. The demonstration project provided an in depth understanding of air quality across Bicester, including where existing 'Health Routes' have been developed and key routes for pedestrians and cyclists to main trip attractors within the town (town centre, schools, leisure centre). This information will contribute to the on-going planning, development and improvement of routes which support active travel whilst bringing the issue of air quality into the public domain, highlighting the advantages of walking and cycling over car travel in terms of health and well-being.

Community Activation

- Primary and secondary schools are actively engaged with the programme promoting physical activity, healthy eating, and intergenerational projects with older residents. Secondary schools have focused on the mental wellbeing of students and this work is to be extended to primary schools. Several primary schools have taken up the 'daily mile' but the 'walk to school' initiative has been less successful as many children are dropped off by parents who require a car to drive to work. All primaries are being supported by the District Council's sports activators who run lunchtime sessions to ensure that all children are active, including those that are least active children. This work has been extended to nurseries and early year's providers to encourage parents to play active games at home.
- The Healthy Bicester Facebook Page now provides regular tips on how to be active and eat more healthily, including promotion of a midweek healthy meal. It acts as a mechanism for promoting self-care through the use of Public Health England apps, linked to national awareness initiatives.
- A cookery skills course has been run with the Food Bank and the support of Tesco's to support Food Bank users to learn how to create healthy meals.
- A health and wellbeing at work project is engaging Bicester's small and medium sized businesses to become more active workplaces. Eight SMEs and micro-businesses are actively engaged and a business to business event attracted delegates from 40 companies. Feedback from the event showed that participants particularly enjoyed the chance to speak to new people and businesses and the opportunity they got to hear what other workplaces are doing around workplace wellbeing. In addition eight businesses have been funded to train representatives in mental health first aid to promote wellbeing at work.
- Training has been funded for local volunteers to be able to run parenting skills courses for vulnerable families and these have resulted in three programmes running in 2018. Evaluation of the impact of these courses has shown a significant increase in healthy eating by both parents and children and parents reporting a

significant improvement in family time. Facilitators report that they have witnessed parents slowly gaining confidence - parents who would have otherwise never even attended other groups are now going to them as a result of the confidence they have gained from the HENRY programme.

- The capacity of voluntary organisations has been supported through the formation of a Voluntary Organisation Network for the town with talks on fundraising opportunities, how to use social media, and ways to attract new volunteers. The Network is now meeting every six months to provide ongoing support.
- A Student Volunteers Fayre was held with the aim of encouraging sixth formers to volunteer for local charities as a mechanism for gaining work experience as well as building the capacity of the local voluntary sector. Of the 120 students who attended 25 went on to actively volunteer for local organisations. The feedback from both students and charities was very positive and plans are now underway to hold the event on an annual basis.
- Discussions have been held with a number of primary schools and care homes and day care services to identify interest in increasing inter-generational activity in the town. Despite partners' willingness to engage, logistical problems relating to transport and safeguarding have meant that initiating new activities has not been possible. Discussions are ongoing and we are hopeful that some new activities can be initiated in 2019.
- A rolling programme of events, workshops and a play highlighting the issues of social isolation and loneliness have promoted easy ways for people to positively interact more with each other. A 'little lunch pack' has been launched to encourage local residential associations to hold events to enable neighbours to get to know each other.

New Models of Care

- Discussions are ongoing between practices, developers and planners to identify a future site for a health campus that can offer an extended range of services.
- An integrated training programme for local health and care support workers has been run for a range of independent, voluntary and public sector organisations.
- A new model of care to patients with diabetes has been introduced. This model is based on developing an alliance between primary care (through the GP federations), secondary care and community care (including podiatry, dietetics and specialist diabetic community nurses) with input from mental health services. The new care pathway is using digital technology to enable remote consultations.
- Neighbourhood working between community health, social care and primary care to serve the needs of a population of 35-50,000 has been supported through a local group of providers which has been identifying and testing out how best to make care more coordinated for people with complex needs.
- As part of the programme a model for a social prescribing scheme was developed for Bicester and subsequently extended to the rest of CDC and West Oxfordshire. The programme supported a bid for national funding from the Department of Health which was successful and a service has been set up which will run for four years with the support of local district council, CCG and national resources. This will enable people who are lonely to access relevant support from local community and voluntary groups.

- A Make every contact count (MECC) course has been developed for non clinicians to enable them to have health promoting conversations. The course is to be promoted across Oxfordshire.

4.0 Programme Impact

How is the programme changing Bicester? As well as the evident physical changes in Bicester's built environment, the programme has delivered the following less visible but equally important outcomes:

- 4.1.1 **Enhanced collaboration between partners** – businesses/schools/public services/voluntary sector/developers/residents to actively promote healthy behaviours. Businesses and schools are now working with the voluntary sector to increase volunteers. Cherwell District Council walk leaders are taking referrals from GP practices for people with long term conditions to do Health Walks along the Health Routes. Training of run leaders has resulted in new running groups being established which are promoting regular runs along 'Bicester's Blue Lines' on social media. Success transcends particular interventions to looking at what is happening through partners as a result of the programme, and how the community has been enabled to develop. This is hard to measure but is arguably developed through the programme acting as a connector to build relationships.
- 4.1.2 **Increase in community assets.** Capacity building in the voluntary sector and linking community groups with local businesses and schools has increased the number of volunteers and their skills. Funding of training of volunteers has increased skills of community leaders and resulted in the provision of new play and stay sessions, parenting courses, running and walking groups etc.
- 4.1.3 **Increase in social cohesion.** Parents and children from 'hard to reach' families have taken part in an active play programme at one of the primary schools. As well as families spending more time together, the sessions created a fantastic community atmosphere and parents that didn't know each other came together and throughout the weeks new friendships were formed. Tests of the AMI website at Elmsbrook enabled new residents to identify interests in common and to connect with one another; this is now being launched to the whole town with the hope that it will support integration of new and existing residents.
- 4.1.4 **Community engagement.** One of the challenges has been to ensure that people feel that Healthy Bicester is 'their programme' rather than an NHS initiative. This was addressed initially through developing the programme's delivery plan with stakeholders and subsequently through resident engagement. The Facebook page "Healthy Bicester" now has more than 1,700 followers with 10 new ones joining each week who are very active and willing to participate. For example calls to make our events car-free in exchange for goodie bags, have always been successfully answered, with dozen of bags given away. The average monthly reach of the facebook page (the number of people who had any posts from our page enter their screen) is now 13,540 and at times significantly increases e.g. reports of the repainting of the health routes reached 20, 900 people and had 4,700 engagements; comments were overwhelmingly positive.
- 4.2.0 **Improvement in population health and wellbeing.**
- 4.2.1 **More people are physically active.** The following data on resident participation in physical activity opportunities suggest that residents are adopting healthier behaviours.

The infographic produced by the District Council's sports and leisure team demonstrate how residents are becoming more active, see Appendix A, and this reflects a trend over time:

- 1,821 children took part in lunchtime activation – up 8% from 2017

- 1139 attended holiday hubs that keep children active in the school holidays – up 12% from 2017
- two new weekly Health Walks have started in 2018 with participation increasing in all Health Walks to 3,057, up 97 from 2017
- A man vs Fat league has started in Bicester attracting 53 players who collectively have lost 300Kg
- 2 new clubs – walking football and walking netball – have started in 2018 to encourage people back into exercise

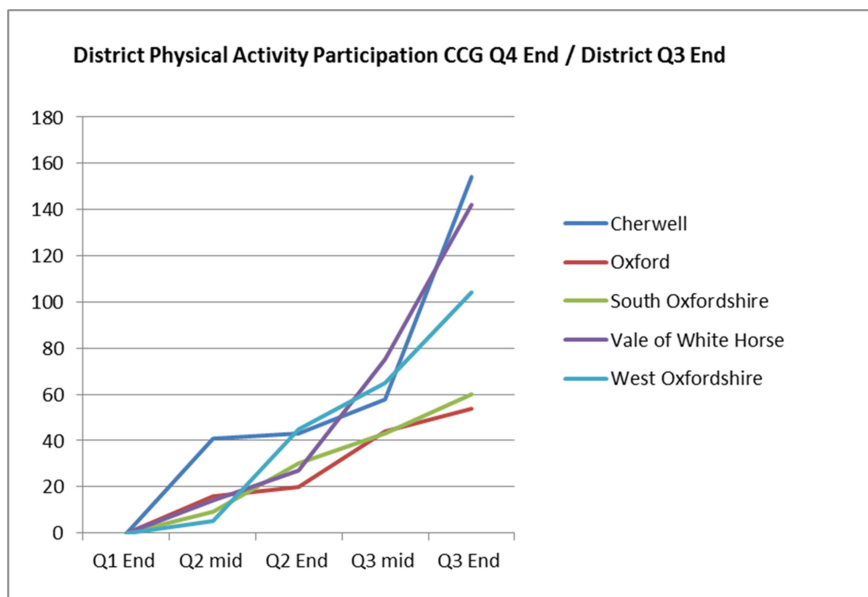
Data from counters and residents' feedback indicate a 27% increase in pedestrian traffic on one of the Health Routes. Typical resident feedback includes the following:

"Can I just say that I think the current initiatives, with the blue lines and cycling routes and events are wonderful. As an unfit, overweight middle aged woman, even I have been inspired to get my bike out and ride again after a 40 year break, so many thanks for all the hard work that's gone into this!"

"Did the 5K round Langford today ... what a beautiful route. I've lived in Bicester for 17 years and saw places I'd never seen before!"

4.2.2 **More people are trying to prevent poor health or improve their management of their long term condition.** In 2018 there were 414 new users of PHE Self care Apps which seek to support healthy eating and being active.

Cherwell is leading other districts in the uptake of the Go Active for Diabetes scheme, with the number of people with diabetes accessing motivational coaching to become more active as shown in the following graph..



- As a result of just one evening education meeting attended by 56 people
- 11 joined GO Active for Diabetes scheme for support into exercise
 - 2 joined Achieve's weight management programme
 - 2 signed up as patient volunteer drivers for Citizens Advice
 - 1 joined Bicester Health Walk

Were target individuals reached?

- 4.3 The aim of the Healthy New Town programme is to enable all people who live or work in the town, irrespective of age or gender, to live healthy lives. As such, some of the activities have been aimed at a universal audience, in particular the changes to the built environment such as the Health Routes, and the social media promotion of support for self-care.

However, in planning the programme's activities the delivery team has been particularly mindful that universal support does not increase any existing health inequalities in the town. To this end, interventions have been considered in terms of their location, so that they are accessible to residents who may be more reliant on public transport, and in terms of their appeal. Specific activities have been targeted to reach residents with lower incomes by working with community groups that already have a trusted relationship with them, e.g. the Food Bank. The programme has focused on promoting activities that are free and which are attractive to a wide range of age groups.

Where specific groups of individuals have been identified as having higher needs, such as the increased risk of loneliness of new parents, we have worked with those groups to better understand their needs and how best to address them. The programme has also sought to be responsive when changes in public services has raised concerns about increasing unmet need. It has not always been possible to address some of the significant barriers to participation such as reduction in bus services but alternative options have been promoted (such as the volunteer driver scheme) wherever possible.

Qualitative feedback indicates that some of the interventions have been able to benefit people from more deprived parts of Bicester and the repeat of the residents' health and wellbeing survey in the autumn of 2019 will provide further evidence regarding whether target individuals have been reached.

5. Innovation and Transferability

- 5.1 **The programme has acted as a test bed to try out new ways of working.** National funding for such an ambitious programme has been relatively limited but the programme has addressed this challenge by using its 'demonstrator status' as a mechanism to secure additional investment from the National Lottery, the UK Space Agency, and the Department of Health. The programme has tested new technology e.g. air quality mapping, developed new innovations such as the MECC programme for non-clinicians, and tested new ways of working – encouraging cross sectoral engagement linked by a common commitment to a place and promoting the health and wellbeing of its local residents.
- 5.2 **The programme's place shaping approach is replicable.** Discussions with other demonstrator sites including Barton has identified that there are some common building blocks to successfully delivering a place based system wide approach to developing healthy communities. Despite having very different demographics, there was agreement as to what this approach needs to involve, see Appendix B.

6. Sharing the Learnings from Bicester

- 6.1 A further objective of the Healthy New Town Programme has been to share the learning from the work in Bicester. This has been met by programme officers giving presentations at national and local conferences, hosting visits of teams to Bicester, and participating in workshops organized by other health systems including the Health & Wellbeing Boards of Central Bedfordshire, Wokingham, and Buckinghamshire. Enquiries have been received from Milton Keynes, Aylesbury and Hull requesting information about how to deliver the Health Routes and the programme was asked to present at the World Health

Organisation's Healthy Cities Conference – attracting interest from delegates from Singapore and Brisbane!

The most important learning event was one organized for district and county colleagues in Oxfordshire, a joint event with Barton Healthy New Town which was hosted in Bicester in April 2018. This event presented the learning to date from the programme and as a result healthy place shaping has been agreed as a key priority for Oxfordshire's Health and Wellbeing Board, (forming a key work stream for the Health Improvement Board), and for Oxfordshire's Growth Board. Both of these are strategically important as they will influence local plans and policies in the future. Cherwell District Council has also decided to sustain the programme in Bicester and to extend it to other places in the district that will benefit from such an approach,

7. Conclusions

Programmes such as the healthy new town programme can act as a system connector to 'bring everyone around the table', to share knowledge and collectively innovate to find ways to improve outcomes for all. It has drawn on the collective intelligence of the system which is then reflected upon and used for learning and decision making. It has been found that it is when organizations interact together on a shared vision that positive systems change is able to emerge which in turn will support positive behavior change.

Systems change takes time and some dedicated resource, especially if it requires many in the system to work in ways they previously haven't been accustomed to. The conversation becomes different, from "I've got this intervention. I need to make it work in this context" to understanding the place as part of an interconnected whole and how to create the conditions for systems change. A priority needs to be given to building relationships as a healthy system is dependent on strong relationships between the actors in that system.

The Strategic Delivery Board is asked to note the findings of the programme evaluation.