Date of meeting: 4 February 2021	AGENDA ITEM NO:
Report title: Healthy Bicester Programme Report	
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## 1. Purpose of report

**1.1** To provide the Bicester Strategic Delivery Board (SDB) with a progress report on the Healthy Bicester Programme.

## 2. Programme Update

- 2.1 The focus of current programme activities continue to prioritise those elements that will support recovery from the coronavirus pandemic and promote resilience during lockdown. They include:
  - Promotion of active travel
  - Promoting physical activity in outdoor spaces
  - Sustaining volunteering and support for and from local community groups
  - Promotion of mental wellbeing

#### 2.2 Promotion of Active Travel

A Local Cycling and Walking Activation Programme (see Appendix A) has been developed for Cherwell which seeks to promote active travel across the District and specifically in Bicester to maximise the benefits of improvements to walking and cycling infrastructure funded through the LEP.

A series of community activation measures are in the planning stage, working closely with local groups such as Bicester Green and those that promote cycling and walking. They include:

- A pilot of school streets (where roads are closed to vehicles at school drop off and pick up times) at Bure Park and St Edburgs Schools
- A bike library at Longford Park Primary School
- Dr Bike free cycle repairs for people on a low income
- Promotion of walking and cycling through the Street Tag digital app
- Bikability training

## 2.3 Promotion of Physical Activity and Mental Wellbeing

In lockdown 3, social media is being used to encourage people to exercise outdoors, in particular promoting engagement with the Street Tag app. Cherwell, which pioneered use of the app in the County, is the most active district in its use of StreetTag, not only in Oxfordshire but across England; during Season 1 of the Schools competition 1831 players clocked up 132,352 miles.

In addition, social media is signposting people to resources that will support their mental wellbeing during the current phase of the pandemic.

## 2.4 Sustaining volunteering

A meeting of Bicester's Voluntary Organisation Network was organized with Bicester Town Council to better understand the impact of the pandemic on local community groups. Fourteen organisations were represented at the virtual meeting on 19 November, designed to bring voluntary groups closer together and to share how groups have adapted during COVID and how they plan to continue into 2021.

Volunteers have also been key in supporting the Covid vaccination centre at Bicester Motion and the Primary Care Network has expressed its thanks to all those who are helping with the vaccination process.

#### 2.5 Effective communication

Regular, consistent communication continues to play an essential role in delivering the programme's objectives. We now have approaching 2,500 followers on Facebook retaining consistently high engagement figures. During the last four months, the top performing posts have included: videos from our campaign to encourage people to use our Blue Lines alongside the NHS Couch to 5K programme; appeals from Bicester GPs for volunteers to help with the COVID-vaccination roll-out and reaction to a consultation around new active travel options in Bicester.

See Appendix B for more detailed examples.

#### 3. Future Priorities

The Covid-19 pandemic presents significant challenges as we look to recovery:

- Physical activity levels have decreased
- Social isolation and loneliness levels have increased
- Anxiety and poor mental health have increased, particularly among younger people
- Delays in treatment for non Covid conditions will impact morbidity and mortality

These effects have affected some more than others, exacerbating health inequalities.

#### In addition:

- Increase in unemployment will negatively impact health and wellbeing
- Capacity of some of our voluntary and community groups has decreased
- Economic downturn is hollowing out our High Streets
- Capacity of the cultural and arts sector has decreased
- At a time of increased demand for support, the resources of the District Council are less

In considering the implications of these challenges for the Healthy Bicester programme, it is clear both that healthy place shaping is needed more than ever and the team's capacity to deliver is reduced. In order to try to square this particular circle we are planning to prioritise our efforts to maximise the impact of the programme, focusing on the more deprived neighbourhoods in Bicester (Kings End, Bicester West and Bicester East) and seeking to promote their health and wellbeing.

The areas of activity we propose prioritizing in the year ahead comprise:

1. Promoting access to green spaces and the countryside for their physical and mental health benefits – ensuring alignment with Garden Town ambitions

- 2. Promoting physical activity, healthy eating and community connection for men and women over 50, especially those with a long-term health condition
- 3. Promotion of active travel to realise the benefits of new cycling and walking infrastructure linked to promoting recovery in the High Street
- 4. Promotion of mental wellbeing, especially of young adults in their 20s, in workplaces amongst new home workers, and the newly unemployed
- 5. Promoting physical activity in the early years, especially children aged 3-4 when activity rates fall
- 6. Promotion of digital inclusion, particularly building the skills and confidence to access online resources that promote better health and care

Members of the SDB are asked for their views on these priorities before consulting with our wider partnership at a virtual stakeholders meeting planned for March 2021.

#### 4. Evaluation

Evaluation has and continues to be a central plank of the Healthy Bicester programme since its inception in 2016. In this paper we can report on two evaluation studies:

- The Bicester Healthy Lives study which assesses the impact of the programme on the health and wellbeing of residents
- A study which presents a theory of change as to how healthy place shaping is seeking to deliver change and improve health and wellbeing through a systems approach

Both studies have been completed by independent consultants and enhance our understanding of how place based programmes can deliver change and what sort of improvements they can bring.

The results of the **Bicester Healthy Lives study** reflects the complexity of reducing obesity and social isolation as they are affected by multiple, interrelated determinants. Although significant changes in their prevalence would not be expected in a two-year period, there are some positive signs among the survey results. Its key findings are as follows, see Appendix A, for a full executive summary:

- In 2019, 73% of respondents reported their health to be good or very good. This was an increase from 68% in 2017
- Lower use of GP services was reported in 2019, with 42% using these never or once only in the previous year, compared with 33% in 2017.
- More than 70% of respondents reported either being overweight or having obesity in both surveys
- There was limited change in physical activity between 2017 and 2019, although in a positive direction
- There was a small increase in emotional wellbeing scores between 2017 and 2019
- In 2017, 15% of respondents were socially isolated, lonely or at high risk, by 2019 this figure was 18%,

The summary **theory of change diagram** shown in Appendix C demonstrates the complexity of improving health and wellbeing by seeking to change the wider determinants of health. We know that a decent home, friends and a job, are as important to your health as the NHS but there are many factors at play which affect whether an individual is able to adopt a healthy lifestyle. Healthy place shaping is key to creating an enabling environment where the built environment makes it easy and affordable to make healthy choices, where community activation means that there are active community groups, schools and businesses that support and promote health and wellbeing, and where health and care

services are linked into all of these 'community assets'. Detailed theory of change diagrams can be accessed in the accompanying pdf.

The theory of change demonstrates the inter-relationships between activities and different stakeholders and it highlights the importance of having a place based team to work with local, engaged partners committed to creating a healthy community.

## 5. Recommendation

Members of the SDB are asked to note this report and to confirm their support for the programme's priorities for 2021.

# Appendix A: Report of findings of the Healthy Lives Surveys of the Bicester population 2017 and 2019

#### **Executive Summary**

This report summarises the results of surveys of the Bicester population carried out as part of the Healthy Bicester Programme in 2017 and 2019. The surveys were carried out for evaluating and informing the development of the programme. Respondents in 2019 were older on average than those in 2017, but otherwise the groups were similar demographically. It was not possible to link respondents who completed surveys at both time points.

The Healthy Bicester Programme is a system-wide approach to the complex problems of overweight and obesity and social isolation and loneliness. The programme addresses the built environment in Bicester, new models of care for care closer to home and out of hospital, and community activation to help people in Bicester live healthier lives with the support of their local community.

Both obesity and social isolation have multiple, interrelated determinants, and reducing their prevalence in the Bicester population will require a long-term system-wide approach to tackling these. It would not be expected that significant changes in their prevalence would be seen in a two-year period. There are some positive signs though among the survey results.

- In 2019, 73% of respondents reported their health to be good or very good. This was an increase from 68% in 2017. This was despite no change in the prevalence of longstanding health problems or disability between the two timepoints, at 34%.
- Lower use of GP services was reported in 2019, with 42% using these never or once only
  in the previous year, compared with 33% in 2017. This was again despite no reduction in the
  prevalence of longstanding health problems, and is consistent with better self-rated health in
  2019. There was no increase in use of accident and emergency services, indicating these were
  not being used inappropriately in place of GP services.
- More than 70% of respondents reported either being overweight or having obesity in both surveys. This is slightly higher than national prevalence in England. More than three quarters of the respondents who were overweight or obese in 2019 had tried to increase their levels of physical activity or to eat a healthier diet in the previous year, and 45% had visited their GP (a greater percentage than those who were not overweight or obese).
- There was limited change in physical activity between 2017 and 2019, although in a positive direction. The percentage of residents who were physically active was 63% in 2017, and 66% in 2019; 22% were inactive in 2017, and 21% in 2019. Leading barriers to becoming more physically active were lack of time, lack of motivation, inability to afford facilities, and lack of childcare. An important focus of the Healthy Bicester programme has been increasing free access to facilities, and although inability to afford use of sports or gym facilities was a leading barrier at both timepoints, there was a substantial decrease in the percentage of respondents citing this between 2017 and 2019, from 36% to 20%. There was good awareness of many of the Healthy Bicester initiatives to promote physical activity in 2019, and this was highest among respondents who completed the survey via social media promotion.
- Additional dimensions of quality of life explored were emotional wellbeing and energy and fatigue. There was a small increase in emotional wellbeing scores between 2017 and 2019, from 65 to 69 (of 100), but no difference in energy and fatigue scores at 48.

- In 2017, 15% of respondents were socially isolated, lonely or at high risk, with the odds of this being statistically significantly greater in respondents with a longstanding health condition. In 2019, this figure was 18%, and the association with having a health condition was not seen. No associations were seen between social isolation or loneliness and other variables including age, gender, ethnicity, area deprivation, living in a new development, or being a carer at either timepoint. Numbers of respondents in some of these groups were low and more in-depth research in some of these groups would be valuable. In 2017, 23% of respondents said that their physical and/or mental health interfered with their normal social activities to a moderate or greater extent; this figure was 19% in 2019.
- When asked about a broad range of factors and how important these were in supporting healthier lives, 12 rated as quite or very important on average. These include areas that the Healthy Bicester programme has already taken some action in, and the programme's attempts to reduce cost as a barrier may have helped achieve this for some residents between 2017 and 2019. The identified barriers include some that the local authority can readily influence in the short to medium term, such as the cost of using leisure facilities. But there are also barriers such as the quality of existing housing stock and air pollution that will require a longer-term view, new sources of investment, and working across departments and sectors.
- The findings of the surveys highlight a number of opportunities and further areas of exploration for the Healthy Bicester Programme. Low numbers of responses were received from some of the population groups who are known to have been unequally affected by the COVID-19 pandemic, with the potential to increase health inequalities. Further work should be taken to understanding the issues and barriers to living healthier lives for people in these groups.

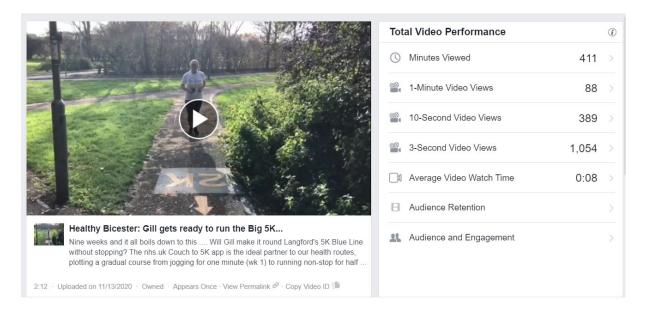
The more detailed report can be accessed here:

https://www.cherwell.gov.uk/info/260/bicester-garden-town/711/bicester-garden-town---health

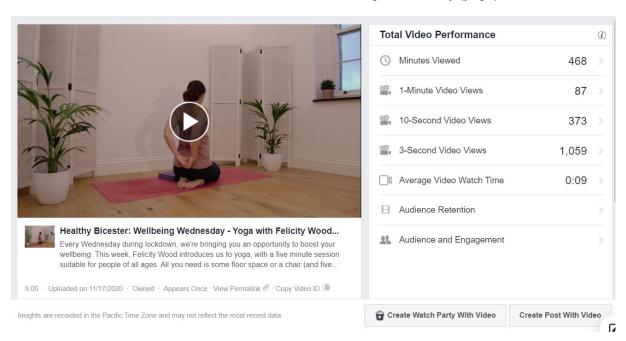
For further information please contact: rosie.rowe@cherwell-dc.gov.uk

# Appendix B: Top performing @HealthyBicester Facebook posts (October 2020 to January 2021)

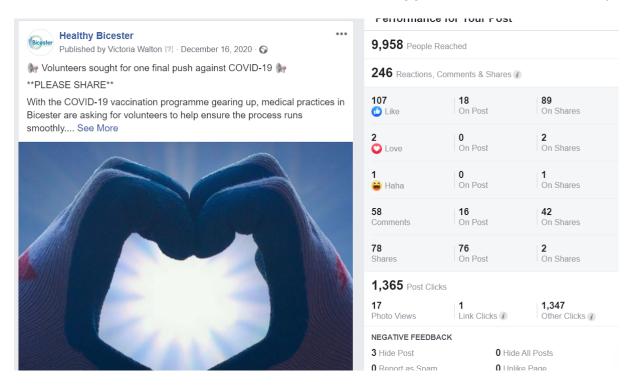
Gill Power's last Couch to 5k video. Reach 2.6K



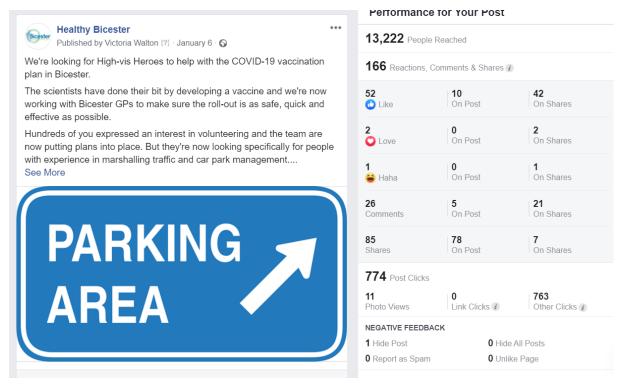
## Wellbeing Wednesday (yoga) video. Reach 3.1K



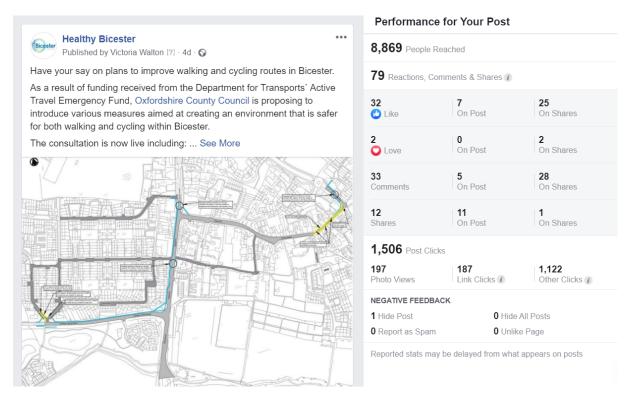
### Volunteers needed for COVID vaccination hub. Reach 10k



### Car park attendants needed for COVID-hub. Reach 13K



## Opinions wanted on new cycle path. Reach 9K



## **Appendix C Healthy Place Shaping Theory of Change**

Proposed Healthy Place Shaping Theory of Change SUMMARY diagram (with project areas)

