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Barton Healthy New Town

Oxford City Council

Final Report
June 2017



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Project details and acknowledgements

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Client	Oxford City Council
Project number	16182
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Executive Summary

In December 2016, Oxford City Council and partners commissioned M·E·L Research to conduct the Barton Healthy New Town Health and Well-being Research. The research will enable the steering group members to address key health and well-being inequalities in Barton and improve community cohesion.

The project consisted of a secondary data review to inform the subsequent primary quantitative and qualitative research stages. It followed the following six stages:

- Stage 1: Review of existing data;
- Stage 2: ACORN¹ analysis;
- Stage 3: Face-to-Face health and well-being survey;
- Stage 4: Qualitative telephone interviews and asset mapping sessions with residents;
- Stage 5: Qualitative interviews with stakeholders;
- Stage 6: Population health profiling projections.

The base demographic profile of participants to stage 3, the face-to-face health and well-being survey is as follows.

Gender	Count	%
Male	139	46%
Female	161	54%
Age	Count	%
18-19	15	5%
20-24	26	9%
25-29	45	15%
30-44	89	30%
45-59	66	22%
60-64	15	5%
65+	44	15%
Ethnicity	Count	%
White	220	73%
BME	80	27%

¹ A Classification of Residential Neighbourhoods - ACORN is a geodemographic (combining geographical and demographics analysis) classification of the UK population, available under license from CACI Ltd.

Key findings

General health in Barton

- 6% of residents rated their general health as excellent and 77% as good.
- 10% rated their general health as much better or somewhat better compared to a year ago.
- Around three quarters of respondents (74%) had no family history of the illnesses listed. Around one in ten mentioned a family history of Type 2 Diabetes (11%) and/or Cancer (10%). Nearly one in ten (7%) have been diagnosed with Type 2 Diabetes. This compares to around 9% for diabetes nationally.
- Out of the 4,541 patients (aged 18 and over) who attend either Barton and/or Bury Knowle GP Surgery, 4% have diabetes mellitus (DM).
- Other health problems highlighted in the GP data and anecdotally during the stakeholder interviews included: COPD, liver disease, obesity, alcohol and drug addictions.

Social health in Barton

- The average mental well-being score, using SWEMWBS, for Barton is 23.9, almost identical to the England average score 23.6.
- The average loneliness score for Barton residents from the face-to-face survey, using the Campaign to End Loneliness Tool, was 2.76 out of a possible score of 12.00; this suggests residents have little or no feelings of loneliness.
- While the face-to-face survey score was low, semi-structured qualitative interviews with residents and stakeholders indicated clusters of isolation particularly amongst the elderly and middle aged men.
- Out of the 4,541 patients (aged 18 and over) who attend either Barton and/or Bury Knowle GP Surgery, 16% suffer or have suffered from depression at some point in the past.

Healthy behaviours and lifestyles

- Our survey results indicate that 14% of Barton residents eat the recommended 5 portions of fruit and vegetables each day. ACORN profiler data indicates that this figure is 30% in Oxfordshire and 29% nationally.
- Around a third (32%) eats a takeaway at least once or twice a week. In addition, nearly a quarter eat a ready meal at least once a week.

- Around four in ten (43%) respondents undertake at least 10 minutes of moderate activity every day. This compares to only 15% managing to vigorous activity in the past four weeks.
- Around one in ten (12%) of Barton residents are reported to have a BMI of 30 or more². The relatively low levels of exercise and poor diet could be contributing to this issue.
- Around three in ten residents (31%) in the face-to-face survey indicate they currently smoke. This compares to Oxford City Council's Local Insight Profile for Barton which shows the figure is 19% for Oxfordshire and 19% for England. Additionally, data obtained from the Bury Knowle GP Surgery indicates that 20% (out of 3,591 patients) of Barton residents aged 15 or over are recorded as smoking in the last three years.
- Just over half of survey respondents drink alcohol, with 27% saying they drink weekly rising to 63% drinking at least several times a month.

Physical and built environment

- Nearly nine out of ten (86%) respondents were satisfied with their local area compared with only 7% who expressed some form of dissatisfaction. These results compare favourably with the latest Local Government Association (LGA) national benchmarking data³ undertaken in October 2016 which shows satisfaction of 83%.
- The main reasons for satisfaction included: the area is quiet and peaceful, they get on well with their neighbours and there is a strong community spirit in Barton.
- Three quarters of residents (76%) surveyed strongly feel that they belong to their local area. This is significantly higher than the national figure of 58%. A similar proportion (75%) also agreed that people from different backgrounds get on well together.
- Feelings of safety during the day is high (97%) but the situation changes after dark (75%). These results were fairly similar to the LGA's national results (94% and 79% respectively).
- Comments received during the asset mapping exercises with residents suggested that Barton has a number of strengths including the Neighbourhood Centre, location (e.g. close proximity to Oxford City Centre, London etc) and it's felt to be generally clean and tidy.
- During the semi-structured qualitative interviews, residents and stakeholders mentioned the need to improve shopping facilities, road conditions, traffic and the number of activities/facilities available for children and young people.

² Data provided by Bury Knowle/Barton GP Surgery, based on a total of 4,541 patients over a five year period.

³ Local Government Association Polling of 1000+ British Adults on resident satisfaction with Councils, October 2016

- Generally residents and stakeholders were positive about the new Barton Park Development but concerns were raised regarding the volume of traffic and lack of parking.

Introduction

Background

There is currently a fundamental re-imagining underway of how health services in England are delivered, moving away from treatment and towards prevention, early intervention and self-care. A tide of recent policy guidance focuses very strongly on the use of community-led and assets-based approaches to tackle health inequalities and improve health and well-being outcomes. Sustainability and Transformation Plans (STP's) are currently being developed in 44 Footprints across England, which focus on preventative partnerships, shared outcomes frameworks and new models of care whereby public services need to work together in innovative new ways shaped around Places and People.

With an increasing ageing population, living for longer with multiple long-term conditions, and increasingly limited public funds to meet demand, the focus is now very clearly on moving financial investment upstream towards prevention, building local capacity and self-reliance, and increasing self-care for long-term health conditions. This is particularly the case for vulnerable people who are at risk of a health problem or crisis in their lives.

It is within this wider context that in 2016, NHS England announced its first round of Healthy New Towns, including Barton Park in Oxford. Healthy New Towns are designed to be small-scale 'test-beds' to re-shape how health and care services are delivered, linked to improving health and community engagement through the built environment – so adopting a 'whole systems' approach shaped around People and Places. Barton Park will include 885 new homes and is being built on land to the North East of Oxford adjacent to the A40, which borders the current area of Barton (which is part of Barton and Sandhills Ward). The John Radcliffe Hospital and Bury Knowle GP Centre are close to Barton, across the A40, so there is a real opportunity to look at innovative new ways of developing innovative, joined-up health and care services for the local population.

This important research is funded by the Barton Healthy New Town project, with NHS England funding held by Oxford City Council on behalf of the Barton Healthy New Town Steering Group (made up of Oxford City Council, Grosvenor Development Ltd, Oxfordshire Clinical Commissioning Group and Oxfordshire County Council Public Health).

In December 2016, M·E·L Research was commissioned by Oxford City Council and its partners to conduct the Barton Healthy New Town Health and Well-being Research. The findings from the research will enable the steering group members to address key health and well-being inequalities in Barton.

Research aims and objectives

The overall aim of this research was to develop a clear empirical baseline about the state of health and wellbeing, and any inequalities, in Barton. The specific objectives of the research were to:

- Collate an overall baseline for health, well-being and any inequalities to guide future project plans;
- Conduct primary research to complement the existing data sets available on Barton health and well-being to address data/intelligence gaps;
- Collate and interpret existing data to model the future population profile of Barton, to inform relevant delivery plans and data protocols;
- Produce recommendations on clear measures, means and data protocols which can be used to help inform and monitor health priorities and targeted health improvement interventions in Barton, including mapping existing community assets and good practice.

Research stages

The project consisted of a secondary data review to inform the subsequent primary quantitative and qualitative research stages. It followed the following six stages:

- Stage 1: Review of existing data;
- Stage 2: ACORN⁴ analysis;
- Stage 3: Face-to-Face health and well-being survey;
- Stage 4: Qualitative telephone interviews and asset mapping sessions with residents;
- Stage 5: Qualitative interviews with stakeholders;
- Stage 6: Population health profiling projections.

Reporting

The data and findings from the first five stages have been synthesised into the following section of this report. The findings section provides the results from the quantitative doorstep surveys and then provides additional evidence or alternative views based on the qualitative follow-up interviews and discussions.

Where comparative local or national data exists, this has been included within the report.

⁴ A Classification of Residential Neighbourhoods - ACORN is a geodemographic (combining geographical and demographics analysis) classification of the UK population, available under license from CACI Ltd.

Findings

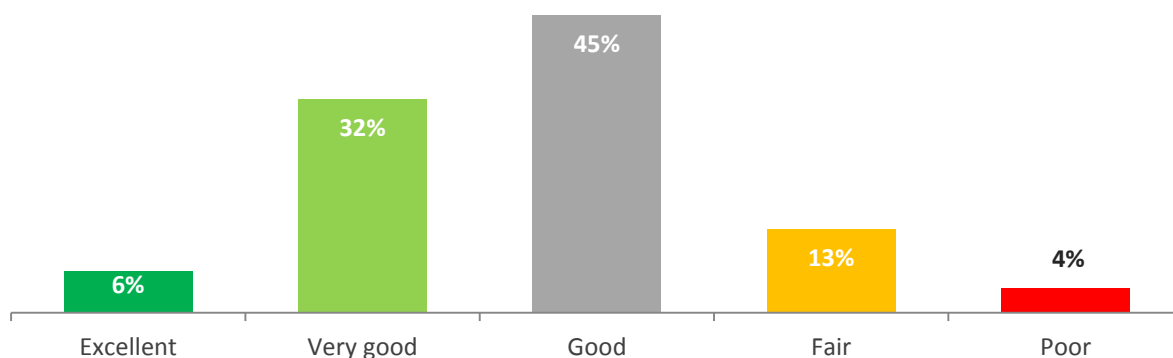
General health in Barton

General health

All household survey respondents were asked to state how they felt their general health was. Figure 1 below shows that 6% said it was “excellent” and 77% “very good or good”. Just 13% suggested their health was “fair” and 4% “poor”.

Figure 1 Residents’ health

Base size – 300

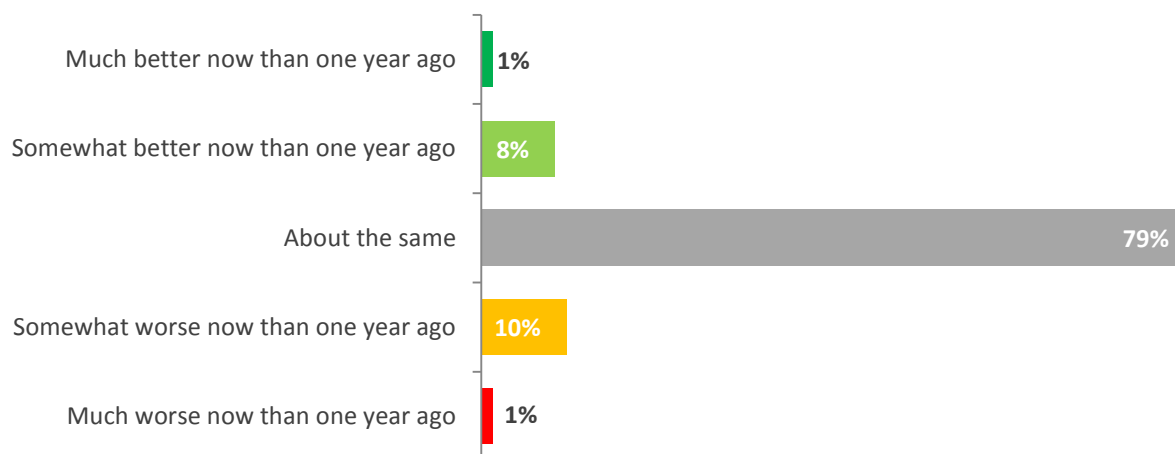


This question was also analysed by calculating a mean score, which ranged from 1 (poor general health) to 5 (excellent general health). The average score of residents in Barton, to use for baseline purposes, is 3.25 out of 5.0 (the closer the score to five, the better the general health levels of residents).



Respondents were also asked to compare their general health to one year ago. Nearly eight in ten (79%) rated it as about the same. Only 10% rated their health as much better or somewhat better. A further 11% also rated it as worse (either somewhat/much) than one year ago.

Figure 2 Change in health levels compared to one year ago

Base size – 300



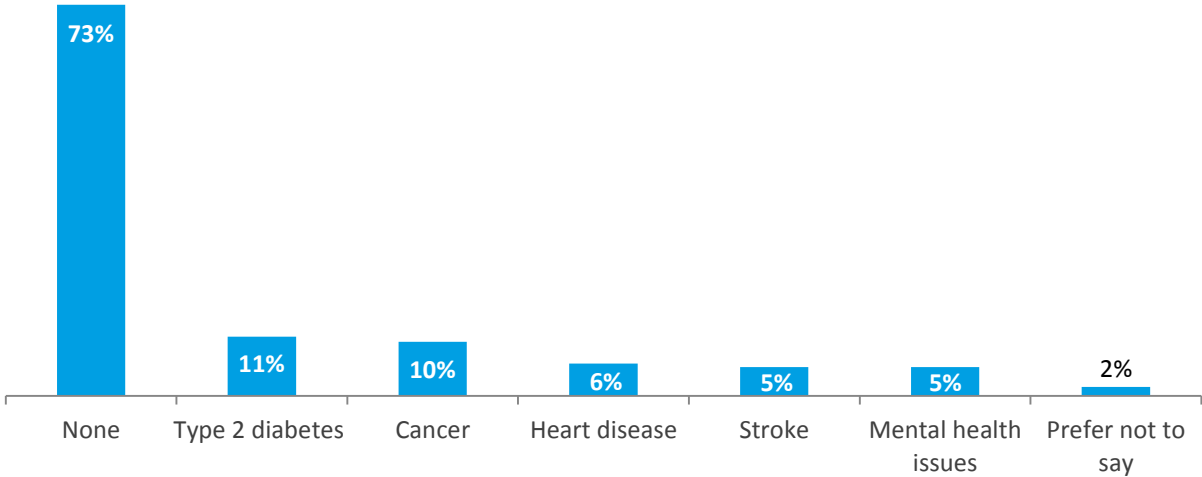
Sub-group analysis shows that there were some significant differences between certain demographic groups regarding their beliefs on different statements:

	<p>Significantly more people aged 60 and over (30%) were likely to feel somewhat worse or much worse than a year ago compared to residents under 60 years old (6%).</p>
	<p>Looking at ethnicity, significantly more BME residents (19%) were likely to rate their general health as much/somewhat better compared to a year ago. This compares to 6% of white residents.</p>

History of family illness

All respondents were asked if there was any family history of certain illnesses. Around three quarters of respondents (74%) had no family history of the illnesses listed. Around one in ten mentioned a family history of Type 2 Diabetes (11%) and/or Cancer (10%).

Figure 3 History of family illness
Base size - 298

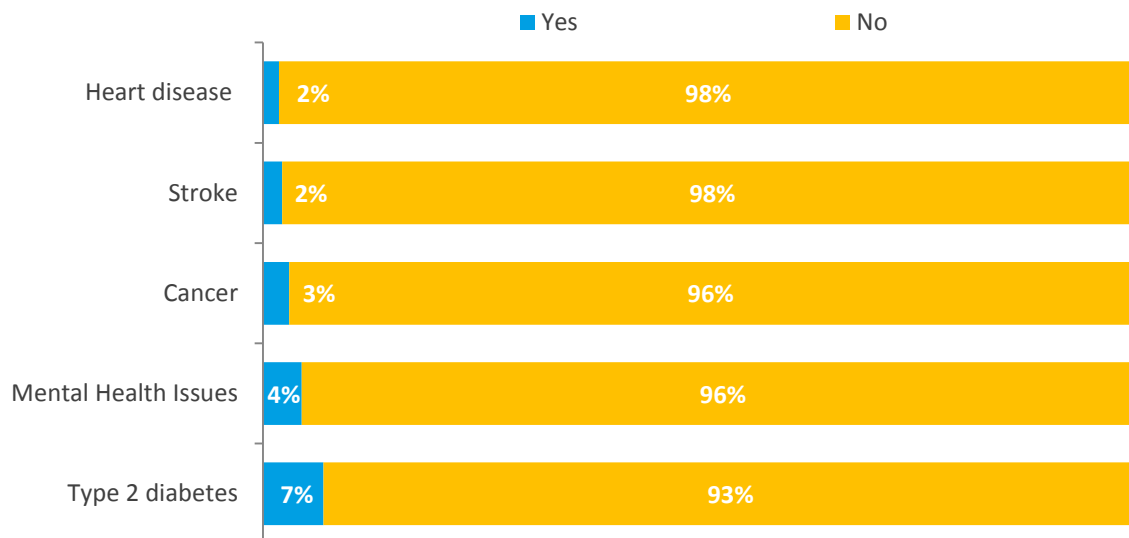


Diagnosed with certain illnesses/conditions

Household survey respondents were also asked if they personally had been diagnosed with certain illnesses/conditions. Under one in ten (7%) reported being diagnosed with Type 2 Diabetes, followed by mental health illness (4%) and cancer (3%). Data obtained from the Bury Knowle GP Surgery also indicates that 4% (out of 4,541 patients) of Barton residents have been diagnosed with Diabetes Mellitus (DM)⁵.

Figure 4 Residents who have been diagnosed with illnesses

Base size – 300



The proportion of residents who have been diagnosed with the above health conditions is relatively low compared to other evidence we reviewed during the project (such as CACI ACORN and the Oxford Public Health Plan) particularly mental illness and type 2 diabetes). The reasons for this could be due to residents' unwillingness to self-report their health conditions and/or some people being undiagnosed. Our interview with the Barton Community Association suggested that some residents were avoiding health screenings, *'as they have a fear of finding out bad news'*.

Health problems

Household survey respondents were asked to identify up to three key health problems (open ended question) that were likely to be affecting residents living in the Barton area. For the 149 residents that were able to provide an answer, the most frequently mentioned response for this question was smoking, with 36 responses. This is followed by alcohol consumption, drug use, mental health issues and being overweight/obesity (30, 16, 16 and 15, respectively). 26 respondents did not think there were any known health problems in the area – most of these rated their health the same as 12 months ago.

⁵ Covering the last five years

The views of residents contrast starkly to those of key stakeholders in the area. Anecdotally, representatives from the Bury Knowle GP surgery and the Advice Centre mentioned COPD, mental health issues (including borderline personality disorders (BPD) and Schizophrenia), back pain, physical issues relating to walking and poor mobility as being major health issues in Barton, while a Barton Pharmacist reported a high proportion of residents with cardiovascular disease, liver disease, obesity, alcohol and drug addictions. GP provided data (covering the last five years) relating to Barton residents aged 18 and over⁶, who attend the Bury Knowle surgery, indicates the following:

- 13% of patients have been treated for Asthma;
- 10% have hypertension;
- 2% have coronary heart disease (CHD);
- 2% have chronic obstructive pulmonary disease (COPD);
- 1% have suffered from cerebrovascular accident/transient ischemic attack (CVA/TIA).

The figures quoted above should be treated as indicative as the data has been obtained from Bury Knowle Health Centre only. However, the respondents from the face-to-face survey were registered with a mixture of GP surgeries including: Bury Knowle (57%) Manor GP Surgery (25%), other surgeries in the Oxford City area (15%). 3% were not registered with a GP surgery at all.

⁶ A total of 4,541 patients based on postcodes

Social health

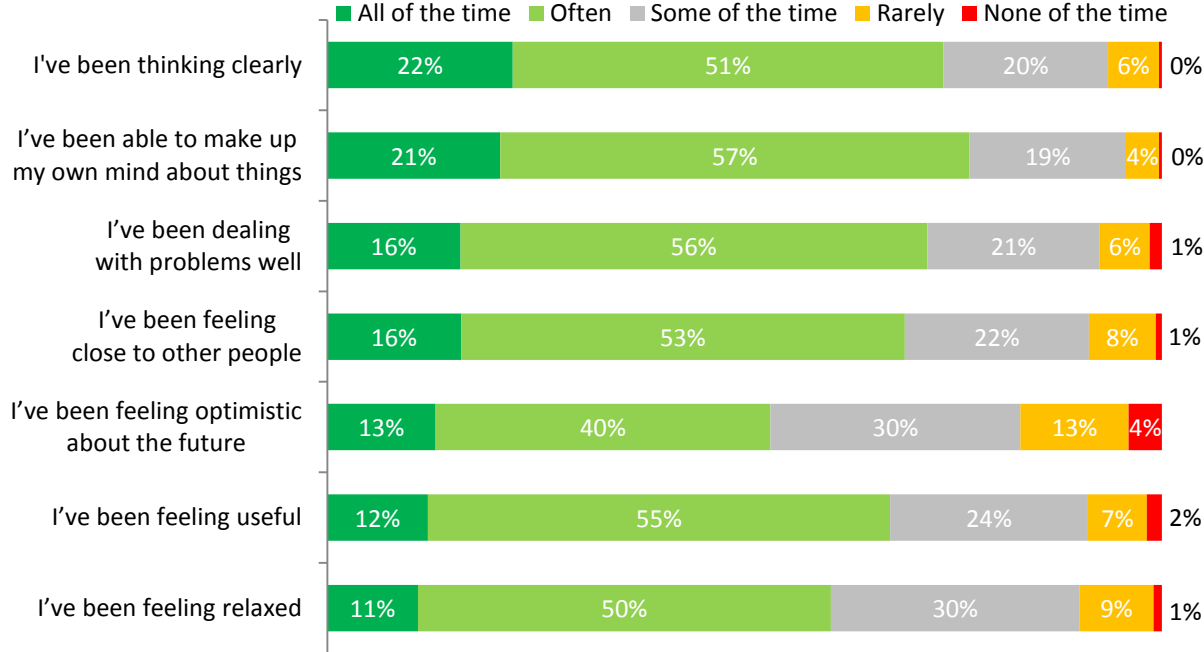
This section covers mental well-being, social isolation and loneliness of residents living in Barton.

Mental well-being

Barton residents participating in the household survey were asked to self-complete the 7-item (Short) Warwick Edinburgh Mental Well-being Scale (SWEMWBS). This asked how they had been feeling over the past two weeks. Individual survey items are reported below (Figure 5). The SWEMWBS is scored by first summing the score for each of the seven items and then transforming the total score for each person according to a conversion table⁷. The lowest possible score is 7 (poor mental well-being) and the highest score is 35 (good mental well-being). The average for the 276 Barton residents that self-completed the questions in the survey was 23.9, which is almost identical to the England average score of 23.6 (Source: Health Survey for England 2011).

Figure 5 Mental Well-being in Barton

Base size - 276



These results seem to contradict the findings from the stakeholder interviews and the existing data we collected (e.g. 4.5% of the working population in Barton are currently in receipt of mental health related benefits compared to 2.9% across England and the proportion of hospital stays for self-harm is significantly higher than England). Data collected from the Bury Knowle/Barton Surgery has also indicated that 16% (of 4,541 patients) suffer or have suffered from depression⁸ at some point.

⁷ <http://www2.warwick.ac.uk/fac/med/research/platform/wemwbs>

⁸ Data relates to any patients in Barton who have had depression at any time in the past

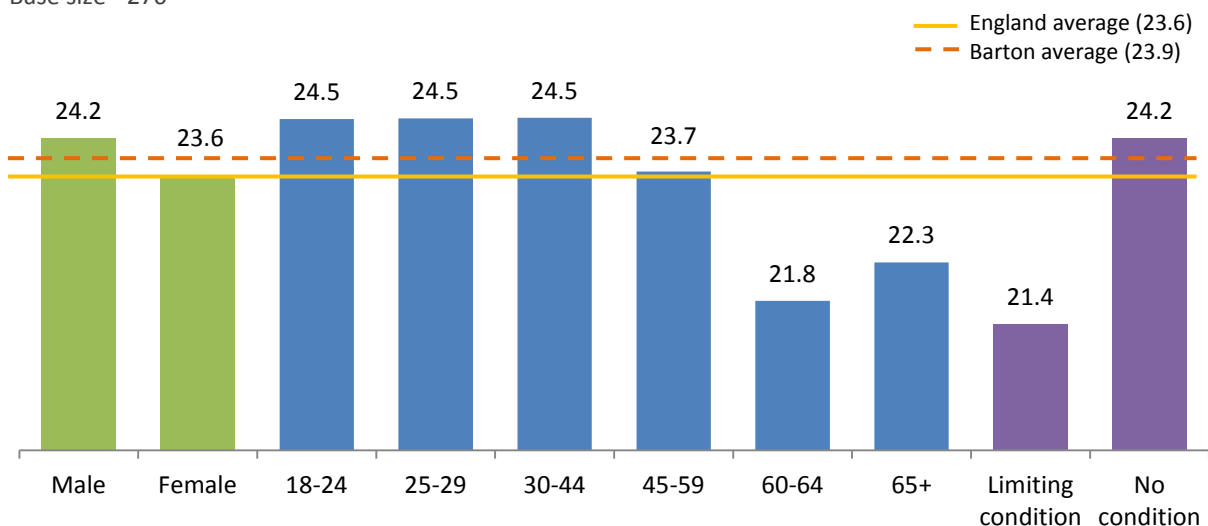
This could be due to social desirability bias⁹ in the answers provided or that people with these characteristics were less likely to take part in the survey.

The SWEMWBS score has been analysed by demographic sub-groups. When comparing the SWEMWBS score by gender, male respondents had slightly higher levels of mental well-being at 24.2 compared to the female average of 23.6.

When analysing the SWEMWBS score by age group, we can see that older residents tended to have lower SWEMWBS scores compared to younger residents. Respondents aged 45-59, 60-64 and 65+ scored below the Barton average, at 23.7, 21.8 and 22.3 respectively. Respondents who were 44 years old or younger scored higher than the Barton average of 23.9. The highest scores were for respondents aged under 45 with a score of 24.5.

Figure 6 SWEMWBS scores

Base size - 276



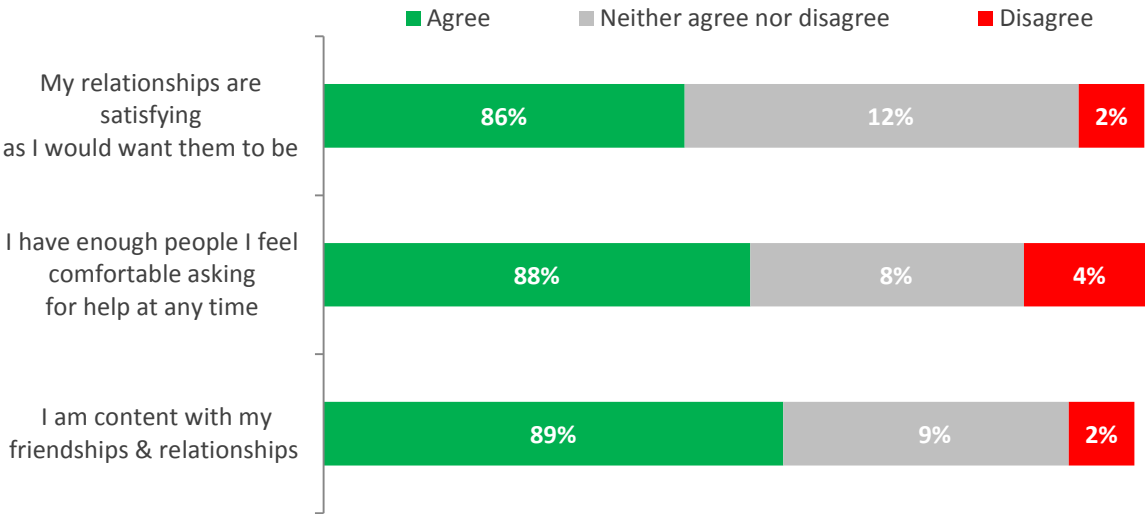
Respondents who had a health condition which limits them a lot (typically those aged 45 and over), had a lower than average SWEMWBS score, at 21.4, compared to those who were not limited by a health condition who had a score of 24.2. In terms of ethnicity, BME respondents had higher levels of mental well-being at 24.6, compared to 23.6 for white respondents.

⁹ A tendency of survey respondents to answer questions in a manner that will be viewed favourably by others, which can include under-reporting of 'bad or undesirable behaviour(s)' or the over-reporting of what are deemed as 'good behaviour(s)'.

Social isolation and loneliness

The three statements in Figure 7 are from the Campaign to End Loneliness Tool which helps to gauge respondent’s feelings of loneliness. This tool is primarily used to measure change over time following an intervention (e.g. the new Barton development). The majority of respondents were content with their relationships or felt that they had enough people to ask for help (89% and 88% respectively). A similar proportion of residents (86%) also agreed that their relationships were as satisfying as they would want them to be.

Figure 7 Respondent’s feelings of loneliness
Base size - 276



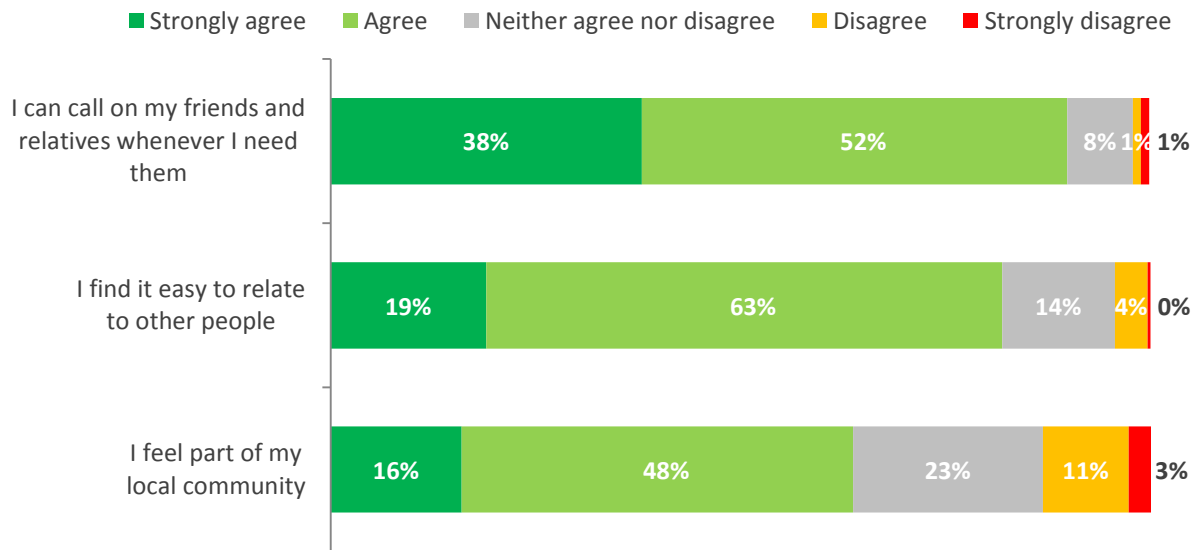
Responses from the three statements can be combined to give an overall score from 0 to 12, where scores 10 to 12 indicate intense feelings of loneliness and scores 0 to 3 indicate it’s unlikely the respondent has feelings of loneliness. The average loneliness score for respondents was 2.76 and approximately four-fifths (78%) had a score of 3 or lower. Around one-fifth (19%) had a score between 4 and 6, and the remainder (3%) had a score between 7 and 9. None returned a score between 10 and 12.

Respondents were asked a further three questions related to their personal support system and community. Nine out of ten (90%) said that they could call on friends or family when they needed them. Around eight out of ten (81%) found it easy to relate to other people, while around two thirds (64%) stated they felt part of their community. These findings seem to link well with what residents said about a strong sense of belonging and sense of community in Barton.

While the household survey data is broadly positive in this respect, our stakeholder interviews and review of existing data suggests pockets of social isolation and loneliness in Barton, particularly amongst older residents and men, as discussed overleaf.

Figure 8 Support system and community

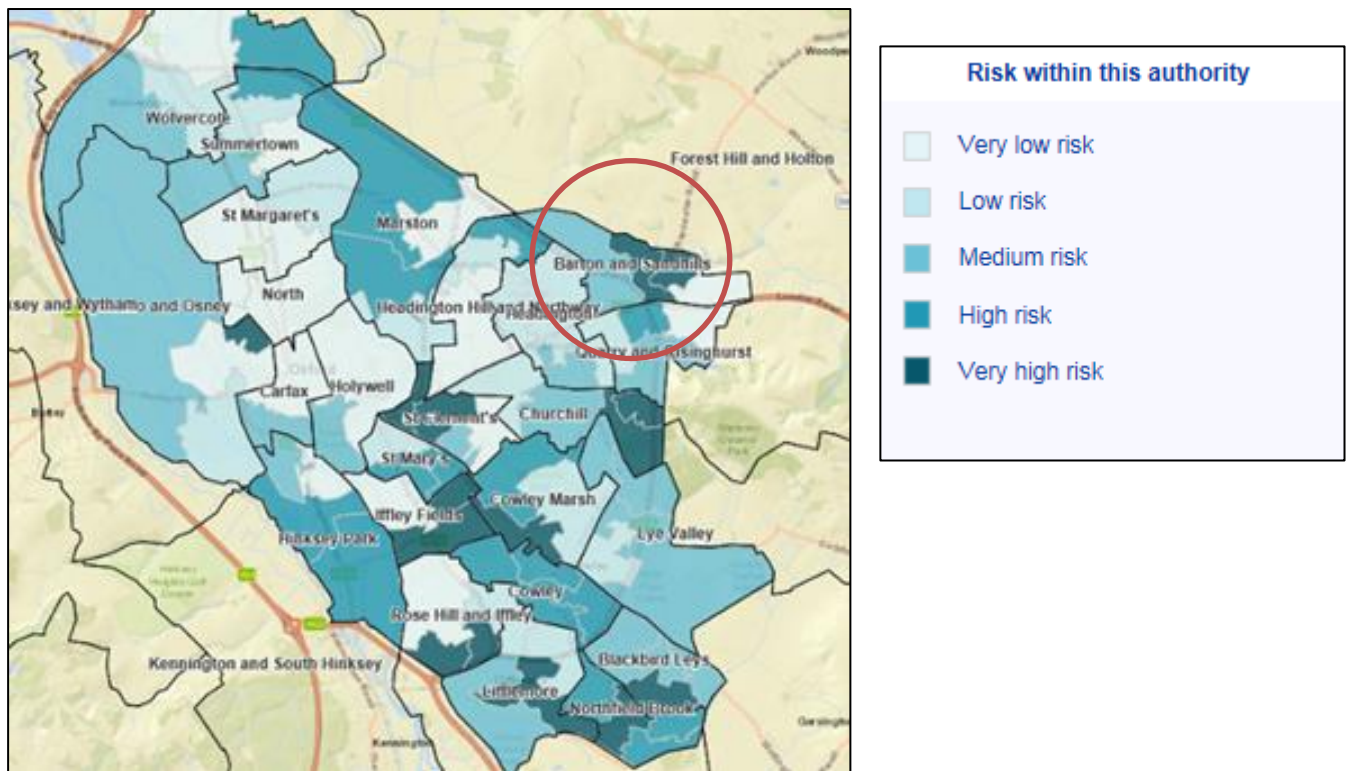
Base size – 275-276



Older residents

The Age UK loneliness map¹⁰ (based on 2011 census data) shows that older residents living in Barton are at very high risk of isolation, although projects such as the Appointment Buddy Pilot have recently been introduced to try and combat this issue in the Barton area.

Map 1: Risk of loneliness by ward (Age UK)



¹⁰ The model that was used by Age UK was based on a large sample which was almost entirely of White British respondents. It is possible that this predictive model might be less effective in predicting loneliness in areas where there are higher levels of elderly ethnic minorities.

This finding was further supported during an interview with the Community Café. A representative informed us that, *“the café has lots of regular elderly residents and I’m often the only person they speak to that day”*.

Similarly, an interview with a representative from the Barton Community Association identified social contact needs of elderly residents. They organise weekly minibus shopping trips and claimed *“there are some elderly residents who do not go for the shopping but for the company instead”*.


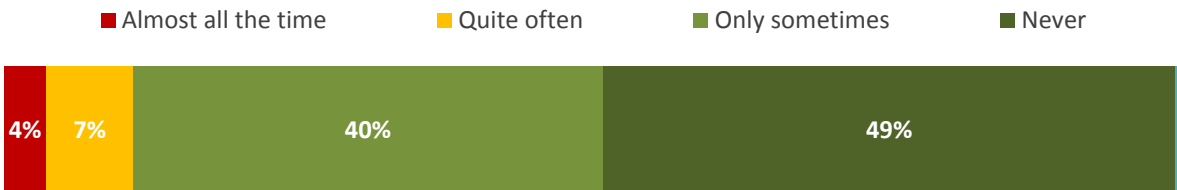
Male residents

Our interviews with stakeholders also highlighted their concerns around social isolation amongst middle aged men, particularly those with alcohol/drug addiction and/or where they lived alone. The representative from the GP surgery felt this problem had worsened following the closure of three local pubs in Barton; they no longer had anywhere to socialise and meet other people in the evenings.

Worries about personal finances/ability to pay bills

Around one in ten (11%) stated they had been worried about personal finances or their ability to pay bills either “almost all of the time” or “quite often” during the last month. 40% said they had only been worried “sometimes”. Nearly half (49%) said they had never been worried about their personal finances/ability to pay bills.

Figure 9 How often residents have been worried about personal finances or ability to pay bills
Base size - 276



Significantly more people under 64 were likely to be worried about their personal finances/ability to pay bills; 44% of this group indicated they ‘never’ worried, compared to 73% of those aged 65 and over.

Healthy behaviours and lifestyles

This section focuses on the healthy behaviours and lifestyles (such as diet, physical activity, smoking and alcohol consumption) which maybe affecting the health of Barton residents.

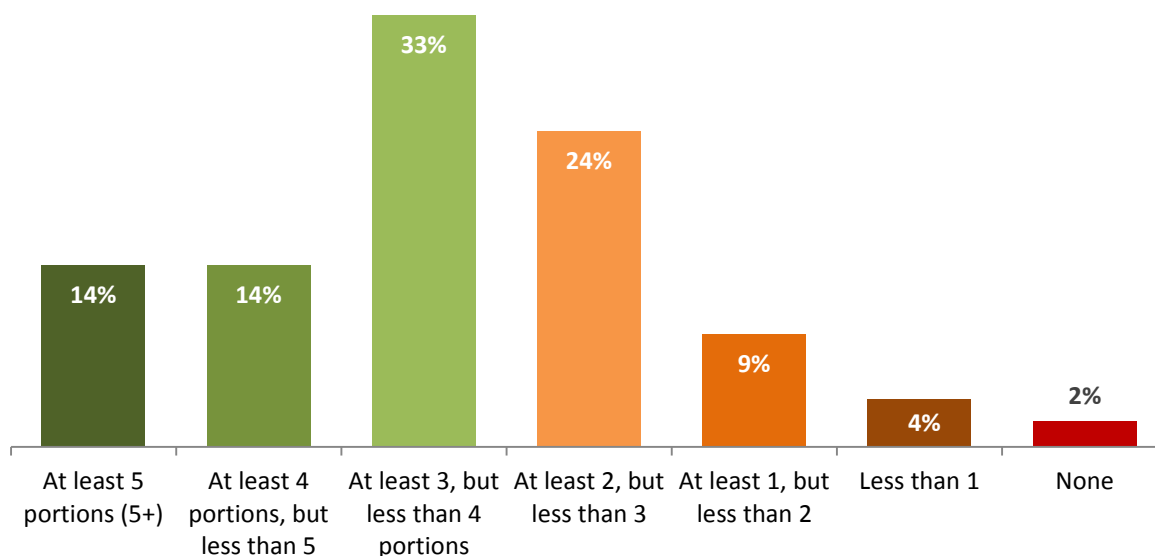
Diet and nutrition

Diet and healthy eating is a potential problem in Barton. For example, the ACORN¹¹ Profile for Barton indicates that 22% of Barton residents eat the recommended 5+ portions of fruit and vegetables per day. This compares to 30% in Oxfordshire and 29% nationally.

The face-to-face household survey also asked residents how many portions of fruit and vegetables they ate in a typical day. Just 14% ate the recommended amount on a daily basis. There are no statistically significant differences in behaviour when considering how far people travel to do their usual food shopping.

Figure 10 How many portions of fruit and vegetables eaten in a typical day

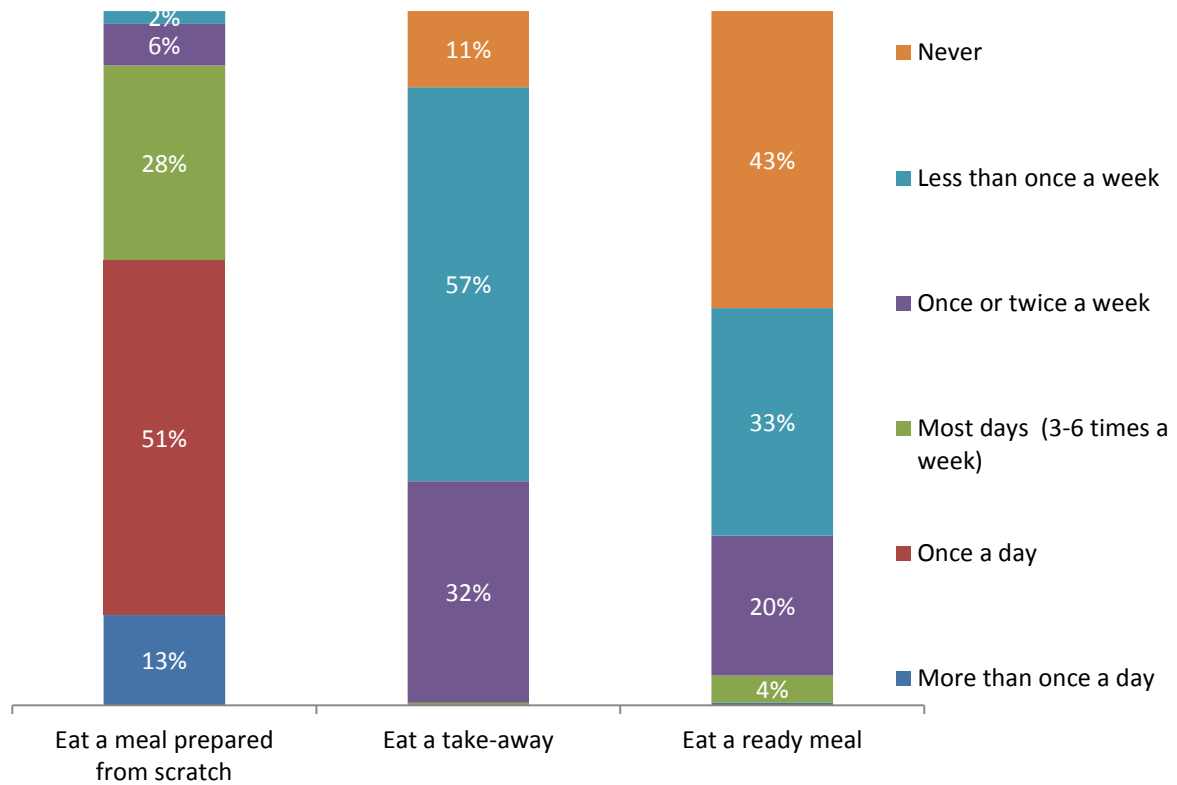
Base size - 300



As shown in Figure 11 overleaf, around a third of residents in the household survey (32%) eat a takeaway at least once or twice a week but the majority eat takeaways less than once a week (57%). A further 11% stated they never eat takeaways. Respondents were also asked how often they eat a ready meal. Nearly a quarter (24%) of respondents eats a ready meal most days or at least once or twice a week.

¹¹ ACORN is a population profiling 'segmentation tool' which categorises the UK's population into demographic types. The Acorn Profile compares the target 'customer' (Barton residents) to the underlying population according to the relative penetration of each Acorn Type. The commentary and characteristics are calculated by imputing the average propensity for each Acorn Type on to the target 'customer'. Generally, it is expected that this will represent the typical likelihood of certain behaviours by an "average" resident.

Figure 11 How often do residents eat a ready meal, take-away and a meal prepared from scratch
Base size – 276-300



Nearly two thirds (64%) of respondents claimed to eat a meal that is prepared from scratch at least once a day. This finding is highest amongst residents who travel three miles or less (67%) to do their usual food shopping. This compares to 48% who travel 4+ miles to do their usual food shopping.

	<p>Significantly more BME residents (79%) are likely to eat a meal that is prepared from scratch. This compares to 58% of white residents.</p>
	<p>Households with children under 5 (71%) or children 5-10 (78%) are more likely to eat a meal that is prepared from scratch. This compares to 57% of households without any dependents.</p>

The stakeholder interviews suggested reluctance from residents to change lifestyle behaviour when it comes to diet. For example, the Eatwell Community Café (at the Barton Neighbourhood Centre) offers a wide range of healthy food options (such as homemade tomato and basil soup, cottage pie with low fat mince and stuffed peppers) but there was still a preference amongst some residents for egg and chips. This stakeholder suggested that this could be because people were set in their ways and preferred to stick to what they ate when growing up.

One stakeholder mentioned that some parents would not purchase a loaf of bread for their children's breakfast but instead gave them money to buy crisps and other junk food for breakfast. This suggests that in some cases, it is not down to lack of available food stuffs but more about behaviour and convenience.

Another factor which could be preventing healthy eating in Barton is the choice and proximity to local food shops. Currently, there is only a SPAR convenience store and a take-away at Underhill Circus. The nearest large supermarket is around 2-3km away. Whilst the Barton Neighbourhood Centre runs a minibus to take people to a local supermarket, feedback from residents during the asset mapping sessions suggested that it could be difficult for older residents or parents with several children, to access (wider) provision that is further away.

Finally, a food poverty study conducted in December 2015 suggested that healthy food was not readily accessible in Barton. The local SPAR in Barton has *'a limited variety of food stuffs including fresh fruit and vegetables at higher prices than the major large supermarkets'*. The study found that a medium sized banana cost approximately 60% more in the convenience stores than in larger supermarkets in adjacent neighbourhoods.

The diet and eating habits of local residents may be contributing to the higher than average obesity levels in Barton. Data from the Oxford Community Partnership Areas Health Statistics indicates that 21.7% of adult residents in the Barton and Sandhills Ward are obese. This compares to 16% in Oxford City. Data collected from the Bury Knowle/Barton GP Surgery also indicates that one in ten (12%) have a BMI of 30+.

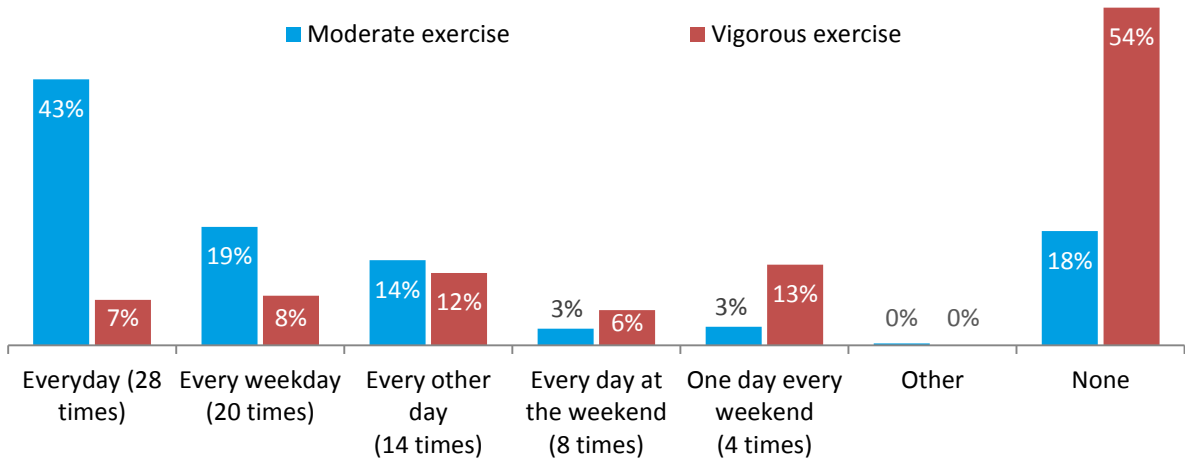
Physical activity

In addition to understanding more about Barton residents, such as their diet and general health, an understanding of the amount of physical activity residents undertake was also seen as important. Respondents were asked to think back over the last four weeks, and identify how many times they partook in moderate and/or vigorous physical activity¹² for at least 10 minutes at a time.

As shown in Figure 12 overleaf, around four in ten (43%) respondents claimed to do at least 10 minutes of moderate activity every day. This compares to only 15% managing to do 10 minutes vigorous activity every day.

¹² Moderate physical activity includes activities that takes medium physical effort and makes you breathe harder than usual (e.g. fast walking, tennis, dancing, easy swimming, gardening, housework). Vigorous physical activity includes activities that make you out of breath or sweaty (e.g. squash, running, aerobics, weight training, rugby, vigorous swimming, or vigorous cycling).

Figure 12 How many days respondents did moderate and vigorous physical exercise in the last 4 weeks
 Base size – 299-300



	<p>Perhaps unsurprisingly, a significantly greater proportion of those aged 60+ (81%) indicated they had not undertaken any vigorous physical exercise in the last 4 weeks. This compares to 38% under 30 years old.</p>
	<p>Similarly, a significantly greater proportion of residents who feel their day-to-day activities are limited because of a health problem or disability (83%) indicated they had not undertaken any vigorous exercise, compared to those who are not limited in this way (50%).</p>

Interviews with residents and stakeholders indicated two key issues which could be affecting the number of people who take part in physical activity, these are as follows:

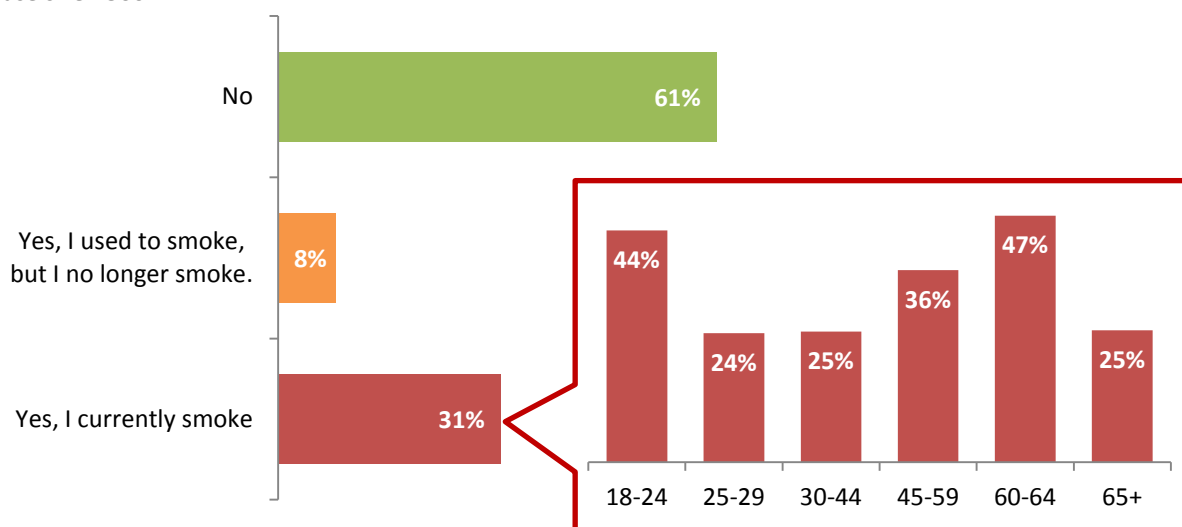
- A range of green space and sporting facilities have been lost recently (e.g. the Phoenix Football Pavilion).
- Residents, who had been referred, via the Go Active initiative, were able to obtain free access to the local swimming pool for 6 months. After this time residents needed to pay, but stakeholders suggested that some residents could not afford to do this, particularly if they were unemployed or on low incomes/budgets.

Smoking

Respondents were asked about their smoking habits. Around three in ten people (31%) currently smoke while 61% reported they had never smoked. This smoker result is significantly higher than the published figures for Oxfordshire (19%) and England (19%)¹³. Smoking was also identified as a key issue in the CACI ACORN profiles (please see Appendix B) which shows that this behaviour is over-represented (index of 153¹⁴) in Barton compared to the other Oxford City areas/wards. Additionally, data collected from the Bury Knowle/Barton Surgery, suggests that 20% of those aged 15 and over (3,591 patients) are recorded as smoking in the last three years.

Figure 13 Smoking status of respondents

Base size - 300



	<p>People aged 18-24 (44%) and 60-64 (47%) are significantly more likely to currently smoke compared to those aged 25-29 (24%) and 30-44 (25%).</p>
	<p>Significantly more white residents (37%) are likely to currently smoke when compared to 15% of BME residents.</p>

Whilst 31% of respondents currently smoke, 20% of all respondents live in a household where someone smokes (excluding the respondent). Nearly two thirds (63%) smoke less than 10 cigarettes/cigars/roll ups per day. Only 7% smoke more than 20 per day.

¹³ Oxford City Council Local Insight Profile for Barton, 17th January 2017

¹⁴ An index of 100 indicates that the representation of that Acorn Type is the same as the whole Barton and Sandhill ward. An index of over 100 shows above average representation (e.g. 140 shows that this type has a 40% over representation in the file when compared to the ward) and under 100 shows below average representation.

The above results suggest that smoking is a significant issue in Barton, which may be exacerbated by some residents' reluctance to change lifestyle behaviour (such as unhealthy eating).

One of the stakeholders mentioned that a recent Stop Smoking campaign, organised at Barton Neighbourhood Centre in 2016, had very poor attendance. While poor attendance might indicate a reluctance to engage in this type of programme, it could also have been due to a lack of awareness of the activity, particularly as some residents do not visit the Neighbourhood Centre.

Alcohol

Just over one half (52%) of respondents claim to drink alcohol. Of these, the majority of respondents (72%) claimed to drink 2 to 4 times per month or less often. The remainder claimed to drink regularly each week.

Figure 15 Do residents drink alcohol
Base size - 300

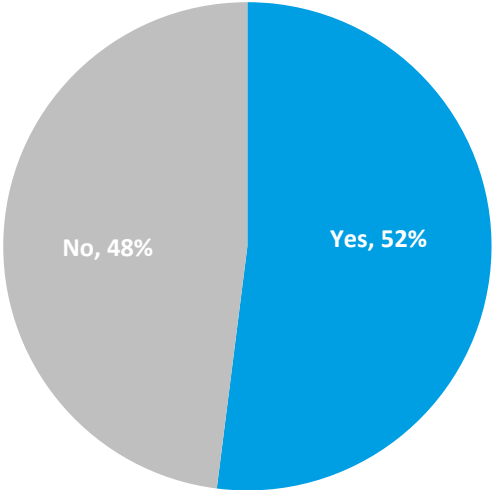
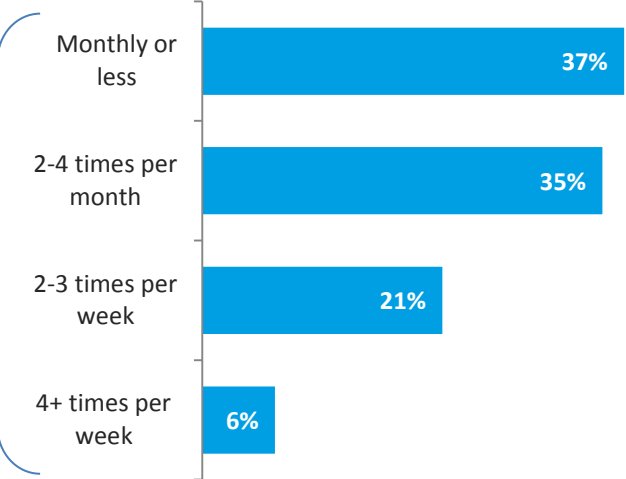


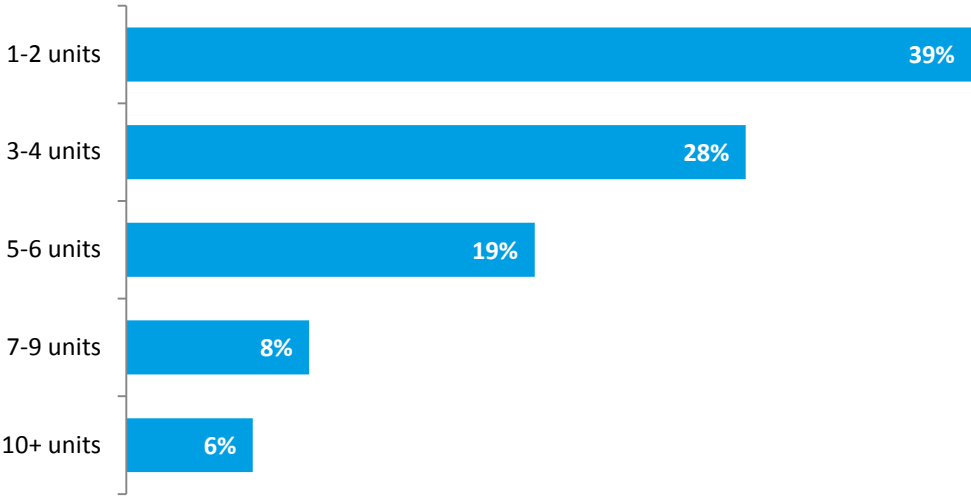
Figure 14 How often residents drink alcohol
Base size - 156



	<p>Males were significantly more likely (62%) to drink compared to females (43%).</p> <p>Men were also more likely to drink more frequently; 73% drinking weekly or monthly compared to 50% of females.</p>
	<p>White residents were more likely to drink (59%) compared to 33% of BME residents.</p>

Residents who drink were asked how many units of alcohol they drank on a typical day when they were drinking. Nearly four in ten (39%) said they just had one or two units, while an additional 28% typically consumed 3-4 units. 6% consumed more than 10 units on a typical day.

Figure 16 Units of alcohol consumed on a typical day when drinking
Base size - 155



The stakeholder and resident telephone interviews suggested that alcohol and drug addictions are a key issue in the area, particularly for middle-aged men. Please note: whilst we attempted to obtain alcohol statistics from the Bury Knowle GP Surgery, the data was not consistently collected and therefore has been excluded.

It should be noted that mental well-being is frequently associated with alcohol and drug dependency and these issues should be taken into account when developing future delivery plans for the new Barton development.

Physical and built environment

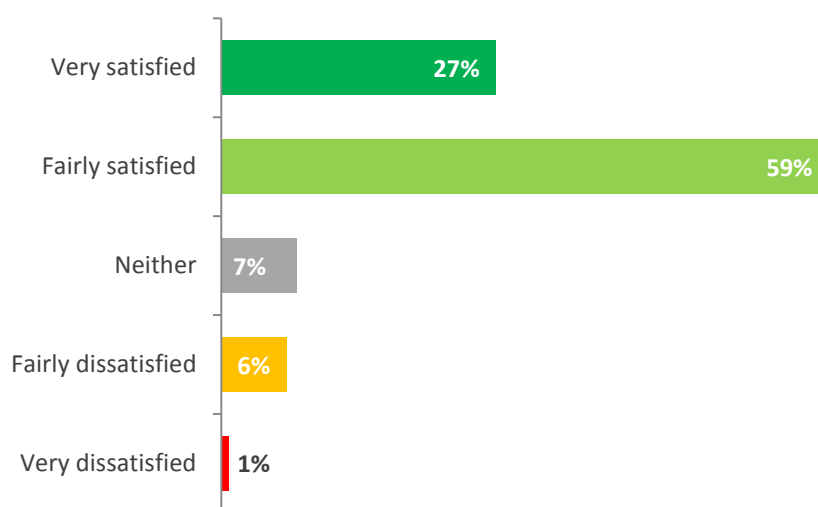
The results in this section focus on the physical and built environment of Barton.

Satisfaction with local area as a place to live

All residents were asked how satisfied they were with their local area as a place to live. Almost nine out of ten (86%) were satisfied compared with only 7% who expressed some form of dissatisfaction. These results compare favourably with the latest Local Government Association (LGA) national benchmarking data¹⁵ undertaken in October 2016 which shows satisfaction of 83%.

Figure 17 Overall satisfaction or dissatisfaction with local area as a place to live

Base size: 300



All household survey respondents who said they were satisfied were asked for their reasons. The most frequently mentioned was because the area is **quiet and peaceful** (67 mentions). This is illustrated by the following response:

“We are lucky that it’s a quiet area as compared to other places” (Male, 60-64)

48 respondents commented that they get on well with their **neighbours**, and there is a **strong sense of community spirit** in Barton:

“I’m happy here and get on well with my neighbours” (Female, 45-59)

“Good community, people know who you are, watches [out] for your family” (Female, 30-44)

Survey residents were also satisfied with their **location** (34 mentions), with many commenting on the easy proximity to Oxford City Centre, London, their place of work and to local amenities such as schools and shops and the John Radcliffe hospital:

¹⁵ Local Government Association Polling of 1000+ British Adults on resident satisfaction with Councils, October 2016

“Good location close to most things” (Male, 25-29)

“There are nice walks, good green belt area and easy to get to work” (Female, 45-59)

“Due to the good local school and easy access to the city centre” (Male, 45-59)

Residents were also asked for reasons why they were dissatisfied with their local area as a place to live. The most frequently mentioned reasons were crime and **anti-social behaviour** in their local area (10 mentions):

“A lot of crime here” (Male, 30-44)

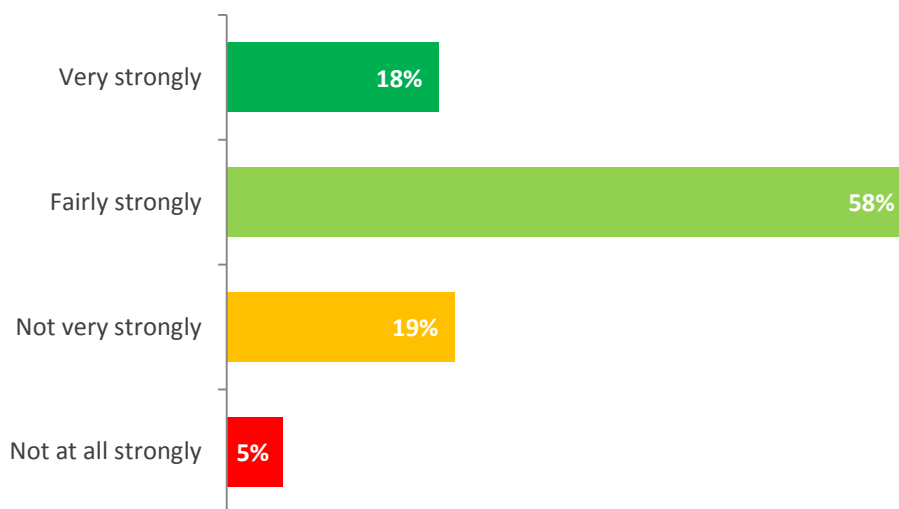
“Some neighbours are very noisy and there are anti-social behaviour issues” (Male, 65+)

Sense of belonging to local area


Survey residents were asked how strongly they feel they belong to their local area. Almost three quarters of residents (76%) feel ‘very or fairly’ strongly that they belong to their local area. Just under one fifth (18%) felt ‘very strongly’ that they belong to their local area. This result is significantly higher than the 2008 Oxfordshire figure of 58%¹⁶.

Figure 18 How strongly residents feel they belong to the local area

Base size - 295



Sub-group analysis below shows that there were some significant differences between certain demographic groups:

	Significantly more people aged 30-44 (84%) and 65+ (82%) were more likely to have a strong sense of belonging to their local area, compared to younger residents aged 25 – 29 (61%).
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¹⁶ Oxfordshire Place Survey 2008



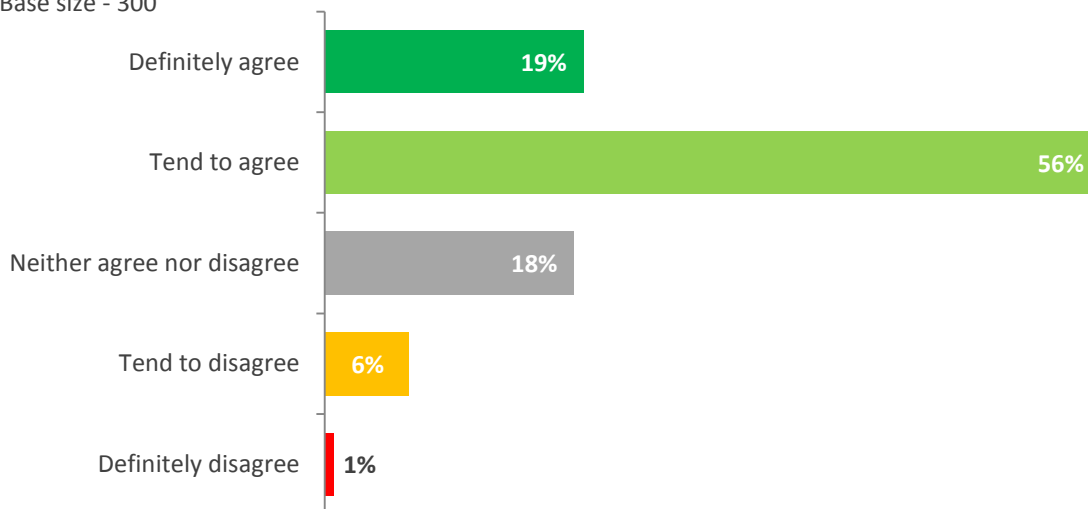
Residents who have lived in Barton for 16 years or more (90%) were more likely to feel that they belonged to their local area. This compares to 62% who have lived in Barton for 1-5 years. This was also highlighted in the qualitative telephone interviews. For example, one resident we spoke to said: *“The majority of people, there are lots and lots of people that live here that have been here for years. You wouldn’t walk far without bumping into someone you know”.*

Community cohesion

Residents were asked to what extent they agreed or disagreed that their area was a place where people from different ethnic backgrounds got on well together. Figure 23 below shows that three quarters of residents (75%) agreed with the statement whilst only 7% disagreed. This is similar to the 2008 Oxfordshire result of 76%¹⁷.

Figure 19 Levels of agreement/disagreement that local area is a place where people from different ethnic backgrounds get on well together

Base size - 300



Despite the relatively high agreement level with this statement, during the qualitative stages and semi-structured interviews, four stakeholders raised some concerns regarding the integration of new communities in the future:

- They suggested that they had difficulties engaging with BME groups in activities as they tended to *“keep themselves to themselves”*;
- General integration of new communities was felt to be an issue, particularly concerning how housing allocation is managed. For example, it was suggested that some longstanding residents had to move out of the area due to the lack of housing, whilst migrants were

¹⁷ Oxfordshire Place Survey 2008

perceived to “*jump to the top of the housing queue*”. This could cause some resentment and frustration which might limit the integration of new communities in the future;

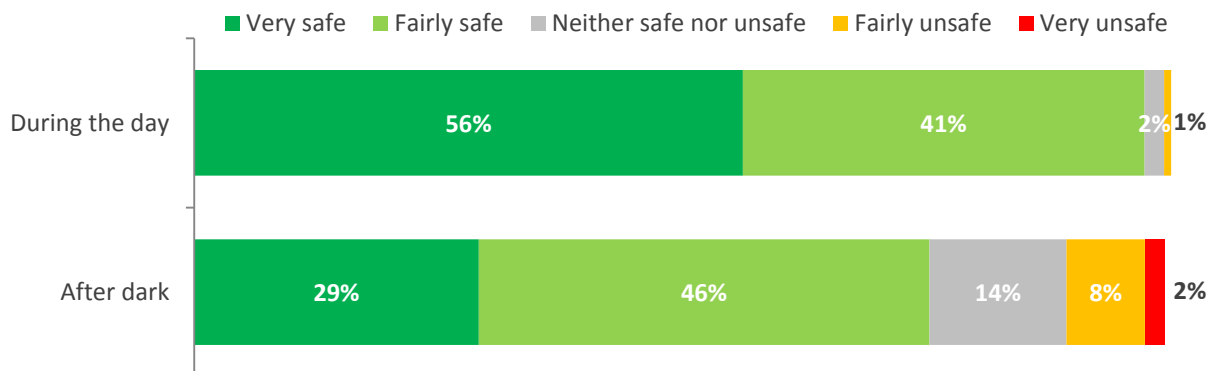
- Comments from participants in the asset mapping sessions also highlighted that some newer home owners were reluctant to mix with Council tenants;
- The interviews with residents and stakeholders also highlighted a need to make sure the new Barton Park development was integrated with current Barton. Having central places for all communities, from both areas, to congregate and socialise would help combat this according to respondents.

By comparison, a stakeholder mentioned that some refugee families were now being housed in Barton. In order to make these families feel welcome, the Barton Community Café had provided children with free food hampers.

Feelings of safety

Feelings of safety during the day were high with 97% of respondents feeling safe. However, the situation changed for a small proportion of residents after dark (1 in 10 feeling unsafe), with 75% of respondents feeling safe walking alone in their area after dark. These results were fairly similar to the LGA’s national results (94% and 79% respectively)¹⁸.

Figure 24 Feelings of safety in the local area, Base size: 228-300



The findings from the face-to-face survey and telephone interviews suggest that some of the reasons for the decrease in perceptions of safety at night could be due to anti-social behaviour, vandalism, poor lighting, lack of police presence and/or lack of a neighbourhood watch scheme in the area. A male respondent who took part in a telephone interview said, “*People are afraid to go out. Make them feel safer. A lot of them are afraid to go out in the dark because of the crime, all the youngsters. It’s all vandalism these days*”. Another resident told us that they felt “*there is a lack of police presence in Barton*” (Male, 45-59)

¹⁸ Local Government Association (LGA) Polling on resident satisfaction with Councils, October 2016

Facilities in the local area

All residents were asked to respond to ten attitudinal statements which described the local area “as it is now”. Figure 20 below shows that nine in ten respondents felt their local area has good local transport services (96%), good health and social care facilities (95%), good community facilities (94%) and good availability of green space (such as parks and open spaces) (93%).

Figure 20 Do residents feel the following statements describe the local area as it is now

Base size: 228-300

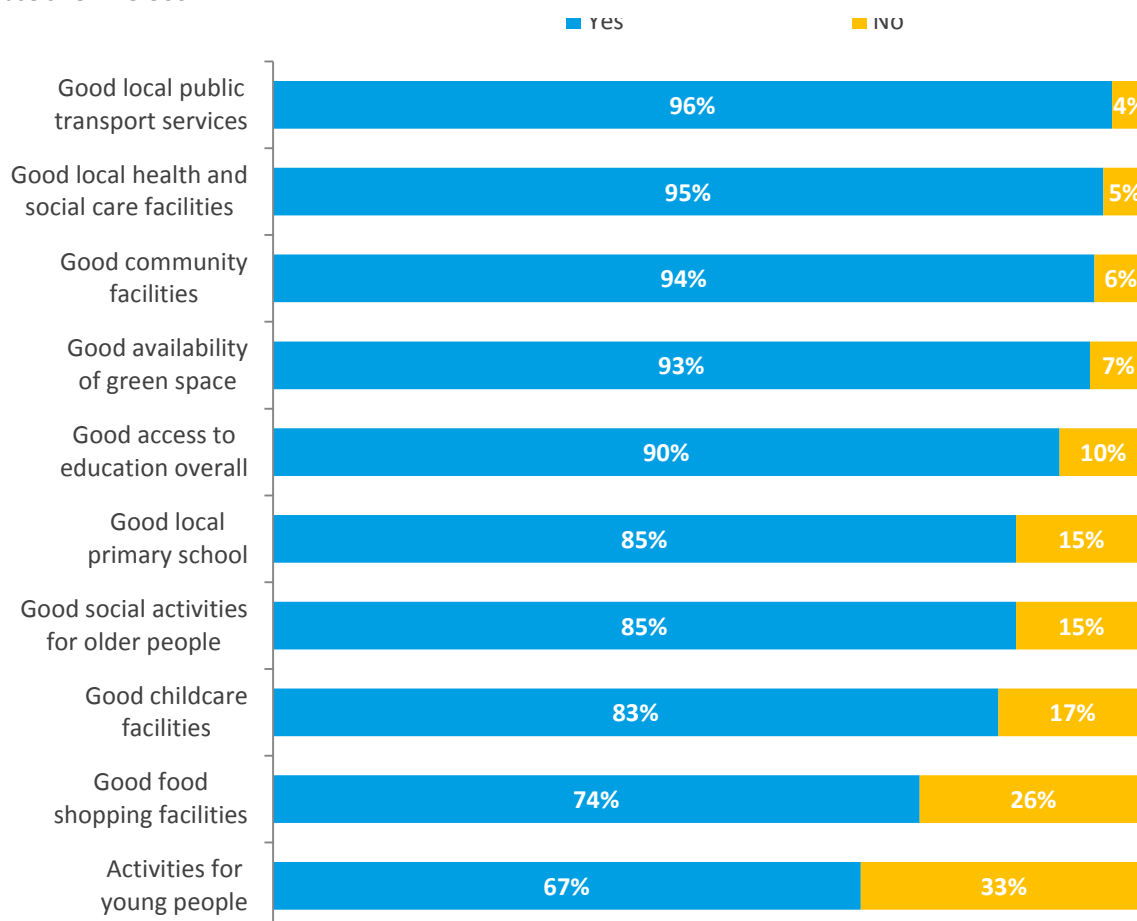


Figure 20 above also shows that a much lower proportion of residents felt their local area had good activities for young people (67%). The telephone interviews, asset mapping sessions and stakeholder interviews also highlighted this as an area for further improvement in Barton:

“There’s nothing really much for kids to do” (Barton Resident, Female, 45-59 years)

“Nothing for kids to do round here. That’s why it gets a bad name. Kids get bored, they get into mischief” (Barton Resident, Female)

The interviews amongst residents and stakeholders indicated that the number of activities for children had worsened due to public sector cuts and resource issues in recent years. For example, the Stay and Play

(mother and baby group) and the Children's Centre had both recently closed to universal services. There are also limited places for children and young people to go with only the Neighbourhood Centre and public swimming pool currently available to them.

"There is not much for children to do in the area (now) apart from Brownies, a girl's club, arts club, homework club and karate" (Stakeholder)

Strengths of Barton

Respondents were asked what they thought the key strengths of Barton and the local area were. The most common response for this question was **good neighbours/community/friends** (132 mentions) in the local area:

“Good community and people are very friendly” (Female, 18-19)

“Busy and active area, close-knit” (Male, 60-64)

The level of community spirit in Barton (particularly at the Barton Neighbourhood Centre and the services it provides) was further demonstrated during the stakeholder interviews. Two examples from interviews with representatives from the Community Café and GP surgery are outlined below:

Example 1: *The Community Café works in partnership with a range of local organisations. Two ladies who volunteered in the café kitchen were both from Endeavour Academy (based in Headington) and had learning/physical difficulties. This is a good example of community working together to build skills and personal confidence. During the interview, we also noted that the Café had a lot of customers who come in regularly – mainly the elderly. If the Community Café Manager does not see one of these ‘regulars’ for a day or two, she would speak to the GP surgery who would give them a ring to check they were OK. This again helped demonstrate the ‘community spirit’ in Barton and the types of support network that were available and used for anyone that needed them.*

Example 2: *During a stakeholder interview with a representative from the Bury Knowle GP Surgery, we observed excellent personal interaction with patients. For example, everyone who came into the surgery was greeted by their first name or ‘love’. The receptionist was very friendly and approachable but remained professional. This approach seemed to work well in Barton and could help reduce social isolation and loneliness.*

The asset mapping sessions also identified the following resources in Barton:

- The Barton Community Association
- Schools in the area support the community (e.g. Bayard school runs breakfast and after school clubs for children)
- Allotments Association
- There is an open playing field /green space which links Barton to the development Barton Park. Residents use it for walking, running, general fitness and dog walking
- OxClean came into Barton but couldn’t find anything/much to clean up. The area is generally very clean and free from fly tipping.

Future improvements or gaps in provision

Respondents were asked to list the top three things which could make things better in Barton. 71 respondents stated that they would like improvements to be made to **the current shopping facilities**, such as more variety of shops and a post office to allow older residents to collect their pension;

“Shopping facilities could be improved because at the moment they are not of a high standard” (Female, 30-44).

“A post office would be good to get out pensions as we have to travel far every week. All the public houses have gone from the area where you could socialise” (Female, 65+)

The second most common response for this question was to improve **roads and traffic**, with 70 respondents mentioning this as an issue. Many household survey respondents stated that there was lots of traffic and congestion during rush hour. Others indicated that the conditions of the roads were bad, with potholes making driving unpleasant:

“Speeding and mopeds, bad road condition” (Male, 45-59)

“My only concern is the new housing in the area. It means more traffic and less parking” (Male, 65+)

“Roads are not great, although they repair them frequently, the results are same” (Male, 45-59)

47 household survey respondents stated that **more facilities for young people** would improve the local area.

“Activities for young people especially in holidays” (Female, 30-44)

“More things for teenagers, more clubs, scout group would be good” (Female, 18-24)

Respondents to the qualitative telephone interviews and asset mapping sessions with residents also mentioned:

- A lack of places for residents to socialise and congregate particularly in the evenings. This was said to be due to the closure of several local facilities (such as the Church Hall, British Legion, Pavilion Centre, three pubs, etc) in recent years. The Barton Neighbourhood Centre held a lot of activities but they were only held during the day.
- There are a number of activities going on in Barton but they needed to be advertised more widely. There was a notice board in the Neighbourhood Centre but only residents who visited the centre would see it. A resident suggested that activities or events could also be advertised in Hands-On News (a local newsletter which is distributed to 2,500 households) or the Barton Neighbourhood Centre website. Another resident we interviewed suggested, *“publishing a calendar which tells residents what’s coming up throughout the year”*

- Barton has a wealth of community groups but there was a real opportunity to work in partnership with organisations to strengthen them. For example, use of the allotments could be linked with the school or the Community Café.
- The asset mapping sessions also identified an issue of a clustering of “assets” in the centre of Barton around Underhill Circus. Barton covers a much wider area than this and is very hilly in parts. Whilst public transport was thought to be good, getting around Barton on foot could be a challenge (as there are hills from one part to the other). This could be particularly problematic for older residents, those with limited mobility, walking aids or unsteady on their feet. One resident said, *“This means there is not equal access for all Barton residents – it depends where in Barton you live”*

Views of the Barton Park development

129 household survey respondents gave general comments stating that the new Barton Park development was a good idea:

“Good project for our community” (Male, 45-59)

“It is very good for our young generation” (Female, 30-44)

“It sounds good, hopefully it will upgrade the place” (Male, 45-59)

Views of Barton Park were also explored during the qualitative telephone interviews with residents. Their positive comments included:

“... and it’s not only council housing; it’s going to be mixed with private and council which is really good.” (Female, 30-44)

The next most common response was concerns about **traffic and parking** when the new development is completed. 54 respondents gave an answer which fits into this category;

“It will create more traffic in the area, even at the moment traffic is a problem but in the future it will be worse” (Male, 60-64)

“Road structures and road layout will not cope with the traffic and it will be a lot of traffic issues” (Female, 60-64)

“It’s going to be horrendous with traffic and lorries” (Female, 30-44)

46 respondents stated that they were unaware of the new Barton Park development, or did not have sufficient information to be able to comment.

“Nobody lets us know. There used to be free papers but no one delivers them. There used to be the Oxford Journal and all this and that but you don’t get them anymore. More information would be much better” (Male, age unknown)

Conclusions and recommendations

Healthy behaviours and lifestyles

The NHS recommends that people consume at least five portions of fruit and vegetables per day and that doing so will help to reduce risks of some diseases. In Barton, only 14% of people claimed to eat five portions a day. Older people (19%) and BME people (15%) were slightly more likely to eat five portions per day, but still did so at relatively low rates. The Eatwells Community Café did offer healthy options on its menu but reported relatively low interest or take up. Some additional promotional work with other agencies (such as Good Food Oxford) may be beneficial. Locally available healthy eating options could be explicitly developed as part of the Healthy New Town – local grown, locally sourced, possibly linked with a ‘healthy hearty cooking’ community project.

It should be noted that the extent to which residents were aware of the benefits of consuming fruit and vegetables was not explored in this study, nor was it linked to cost, accessibility/availability or cultural norms. Further qualitative research may help identify any barriers that should be considered for future promotional activity.

Exercise

The NHS has made recommendations¹⁹ about the amount of exercise people should do and recommend aerobic activity and strength exercises. More than four in ten (43%) people do moderate physical activity every day. However, the majority (54%) have not done any vigorous physical activity in the last four weeks.

Everyday activities like gardening and housework count towards moderate activities levels and is likely a reason why more people do this type of exercise. Vigorous physical activity includes running, weight training, squash and other sports that cause someone to become out of breathe. These types of activities may not be seen as appropriate or possible for some people who are older or have disabilities. The current and future Barton Park Masterplan design emphasises access to open leisure space and specific work is needed to bring in community uptake of outdoor physical activity in the locality. Schemes ranging from all-community fun events to Open Air Gym facilities could be considered as an integral element of the scheme.

Smoking and Alcohol

Around three in ten (31%) people in Barton smoke. This is significantly higher than the published figures for both Oxfordshire (18.7%) and England (22.2%). Smoking was also identified as a key issue in the CACI

¹⁹ <http://www.nhs.uk/Livewell/fitness/Pages/physical-activity-guidelines-for-adults.aspx>

ACORN profiles which shows that this lifestyle behaviour is over-represented (index of 153) in Barton compared to other Oxford City wards. Additionally, 20% of those aged 15 and over (3,591 patients) are recorded as smoking in the last three years. Our stakeholder interviews suggested that some people in Barton had a 'fatalistic attitude' to health and a reluctance to change lifestyle behaviour.

Over half (52%) of people in Barton claim to drink alcohol. This is lower than for England where 83% drink alcohol (Health Survey for England 2015). Stakeholder interviewers suggest the Barton figure may be under-representation and influenced by social desirability bias as it was felt that liver disease was a particular problem area.

Men were more likely (62%) to drink than women (43%). Men were also more likely to drink more frequently; 73% drinking weekly or monthly compared to 50% of females. Those from a White ethnic background had the highest rates (59%) of drinking compared to BME residents (33%). The lower rate of drinking amongst BME groups was likely influenced by the respondent's cultural and religious beliefs. Religion was not asked on the questionnaire, but Census 2011 data suggests that Muslims make up 6% of the population in Barton who typically do not drink. Linking the findings to other data sources, such as GP data, would therefore be beneficial.

Social Health

This survey included the 7 items Short WEMWBS scale²⁰. The average score in Barton was 23.9, slightly higher than the average for England (23.6) suggesting that mental well-being is not a key inequality in the area, although differences between specific population segments were significant and showed that residents aged 45+, BME and without a limiting health condition had slightly lower SWEMWBS scores.

By contrast, social isolation and loneliness appears to be an issue in Barton particularly amongst the elderly and middle-aged men. This finding appeared to be less obvious in the face-to-face survey, perhaps due to social desirability bias hindering participants in expressing this, but it came out strongly in the existing data review (e.g. AGE UK loneliness study) and our qualitative stakeholder interviews. Factors such as a number of facilities which have closed in recent years (e.g. pubs, British Legion and the Children's Centre) could be a reason for this, particularly for middle-aged men.

However, it should be noted that the AGE UK model was based on a large sample which was almost entirely of White British respondents. Further and ongoing monitoring of social isolation and loneliness may therefore be needed and more specifically to measure any differences in key demographic groups, such as those from ethnic minority backgrounds.

²⁰ <http://www.healthscotland.com/documents/3259.aspx>

General Health

The majority (83%) of people said that their health was excellent or good for their age particularly amongst residents who are registered with a GP (either Bury Knowle, Manor GP or another one in the Oxford City area). Although, only 10% rated their health as much or somewhat better than a year ago.

Our CACI ACORN analysis suggests that diabetes; heart disease and mental illness are likely to be disproportionately higher in Barton (compared to the whole Barton and Sandhills ward). This was further supported in the history of family illness and also the proportions of residents who have been diagnosed with these conditions. For example, nearly one in ten (7%) have been diagnosed with type 2 diabetes which is close to the national average of 9%. In addition, data from Barton/Bury Knowle GP Surgery also indicates that 4% have Diabetes Mellitus. Other GP data we obtained also highlighted other issues such as Asthma (13%) and hypertension (10%).

Anecdotal evidence from residents and stakeholders also highlighted other health issues such as COPD, CHD, liver disease, obesity, alcohol and drug addictions as health issues in Barton.

Physical and built environment

It is widely recognised that the physical and built environment of where people live has a significant impact on their health and well-being. Therefore the results in this section should be used along with the health issues and behaviour findings to inform future delivery plans.

The survey results indicate that nearly nine out of ten (86%) residents are satisfied with the area as a place to live compared with only 7% who expressed some form of dissatisfaction. Survey respondents were satisfied with the area because it is quiet, peaceful and there is a strong sense of community. The quiet and peaceful ambience of the area is viewed as a positive environmental asset by existing residents, and the extent to which Barton Park retains this features is likely to prove a significant planning consideration.

They also mentioned the location as Barton is close to Oxford city centre, London and other local amenities such as schools and the John Radcliffe Hospital. Residents and stakeholders also felt the transport links are excellent in Barton. Other strengths of the local area include: the Barton Community Association, the Barton Bash and the GP satellite service within the Barton Neighbourhood Centre. The strength of connectivity is a distinguishing and marketable feature of the area and is likely to drive property demand. This creates a risk in attracting new residents for whom the immediate locality is of less social and cultural relevance than facilities they can access elsewhere. Explicit countermeasures should therefore be put in place to offset this risk and maximise the retention of new residents' interest in local community facilities, to avoid an 'insider-outsider' local cultural divide developing.

Residents were also asked for their reasons why they were dissatisfied with their local area. The most frequently mentioned reason was anti-social behaviour which links in with the feelings of safety after dark (75% respondents stated they felt safe walking alone in the area after dark compared to 97% during the day). Design features will therefore be important to address this issue in the future, both in the existing and new development, such as effective street lighting, clear sight lines, maintenance of undergrowth, and security measures. Resident action (street watch) could be further developed, and residents could be invited to work on specific measures to 'design out' these problems during the development phase.

A sense of belonging to the community also impacts on personal health. Around three quarters (76%) reported a 'strong feel' that they belong to their local area. A similar proportion of residents (73%) also agreed that Barton is an area where people from different backgrounds get on well together. However, there are some concerns amongst stakeholders and residents about the integration of Barton Park with the existing area which will need through consideration by Oxford City Council and partners. A positive to be taken from this, is that there is already an early awareness of this risk and an evident determination to take proactive steps to prevent a 'divided community' being created.

Residents were also asked to provide suggestions which could make living in Barton better. A high number of respondents mentioned improved shopping facilities, the need to improve road conditions, reduce congestion and provide more facilities/activities for young people. There is also a lack of places for people to socialise and congregate in the evenings particularly since the closure of several local facilities (such as the pubs, British Legion and Pavilion Centre). This may well be contributing to a risk of loneliness and social isolation amongst the elderly and middle-aged men mentioned by stakeholders.

The last question in this section asked for resident and stakeholder feedback on the Barton Park development. Most people we interviewed thought it was a good idea but some expressed their concerns about increased traffic, pollution and parking issues.

Recommendations

This section outlines our recommendations for the Barton Healthy New Town project to consider. We have divided them into two themes:

- Areas for further consideration on the Barton Park development and the arrival of the new population;
- How to enable better data sharing protocols in the future.

Considerations for the Barton Park development and the arrival of the new population

- The Barton Healthy New Town project should identify ways to ensure integration of the new community and help combat potential segregation issues between the existing Barton area and Barton Park. One suggestion mentioned during the resident asset mapping sessions was to provide all new residents with a directory of activities/events as part of their welcome packs. This would ensure new residents felt welcome and would encourage them to be more actively involved in the local community.
- To help change the perception of Barton, an 'assets statement' could be co-produced by the Council in conjunction with residents and/or local community groups, which highlights its key strengths and assets (e.g. the Barton Neighbourhood Centre, green space/fields, its close proximity to Oxford City Centre, London and the countryside). This could help address any stigma associated with Barton. The asset mapping sessions and stakeholder interviews both mentioned that it can be difficult to attract groups and activities to Barton (e.g. Slimming World) but once they visit Barton they realise *'it is not that bad at all'*.
- A greater integration of community groups is needed to provide a stronger community voice and overcome current local *'politics'*. Both of the asset mapping sessions identified that there a lot of community groups in Barton but they do not currently work together – this may be due to lack of awareness or due to more insular and/or protectionist operating models.
- One option the partnership may wish to consider to help combat this issue (budget and resources permitting) could be to form a legally constituted Barton Community Regeneration Trust (CRT), a community enterprise vehicle to take on community asset management in the area, both for existing assets and also that envisaged as part of the new development. A Barton CRT could then integrate the range of community and voluntary organisations more effectively than at present. It would also create a community-led 'hub' in which local residents would be positively engaged as an empowerment mechanism, and with which the statutory and public sector agencies could engage in a simpler way than through a fragmented approach to each asset individually. We would therefore envisage that all of these organisations would work in partnership together to improve housing, the physical environment, and the health and well-being of new and existing Barton residents.
- To combat social isolation and loneliness, particularly amongst the elderly and middle-aged men, it would be important to ensure there a plenty of spaces and places for people to get together, socialise and congregate in the evenings. For example, the Barton Neighbourhood Centre could extend its opening hours to cover evenings. There is also a need to improve promotion and raise awareness of what's going on in the local area. For example, a buddying system could be set up for new residents so

they go to new activities together. AGE UK's report²¹ on a pilot for reducing loneliness – 'Testing Promising Approaches report' – also highlights a number of ways of community led support, for example a telephone befriending service <http://www.ageuk.org.uk/call-in-time-volunteering/>.

- To improve health and well-being, the work undertaken by Good Food Oxford and the GP Surgery (e.g. Go Active, map of food in Barton, lunch clubs and the 'Barton Community Cupboard') should be evaluated to identify the elements which worked or could be improved in the future.

Health and well-being indicators and better data sharing protocols in the future

Based on our research findings we would suggest that the Barton Healthy New Town project monitor and focus on the following indicators going forward. These can be summarised as follows:

Health issues

- Mental illness (including anxiety and depression)
- Diabetes (related to poor diet)
- COPD and respiratory conditions (linked to smoking)
- Heart disease/conditions (e.g. CVD)
- Obesity related to poor diet and intergenerational issues
- High cholesterol (relating to lifestyle and diet - identified in the Sandhills profile in Appendix D)

Health behaviours/lifestyles

- Improved diet
- Increased physical activity
- Social isolation and loneliness
- Reduce smoking

In addition, high levels of alcohol consumption were identified in both the Sandhills (affluent part of the Barton and Sandhills) and Barton health profiles (please refer to Appendix d). Therefore, we would recommend that 'reducing alcohol consumption' should be a key area of focus for the current and future Barton.

The above data and indicators for Barton is likely to be available from GP and NHS records and by re-running the face-to-face survey to measure progress against the baseline in this report. Please note: we attempted to obtain alcohol statistics from the Bury Knowle GP Surgery but found that the data was not collected consistently throughout the surgery and therefore had to be excluded from this report. If the Barton Healthy New Town project wishes to measure this going forward, they will need to set very clear

²¹ <http://www.ageuk.org.uk/professional-resources-home/services-and-practice/reducing-loneliness/#Achievements so far>

data sharing protocols with the Bury Knowle, Manor GP and other GP surgeries in the local area to ensure the data is collected using the same methodology and parameters.

In order for partnerships and multiple stakeholders to function effectively and to deliver their stated purpose, all parties must share a vision and work together to see this vision realised. Information sharing is a critical component to assist in this, reducing duplication of effort and sharing learning and insight to ensure everyone is pulling in the same direction.

How differing organisations, partners and other stakeholders approach the collection of data and how it will be used will be critical to successfully ensuring a shared goal is achieved. Unfortunately, interpretation of the Data Protection Act, how data has been collected and how it will be used - it's described purpose(s) - can mean that data sharing is not as straightforward as it could be.

Discussions around a data sharing protocol will provide the building blocks for all parties to identify, outline and agree what information can be shared and with whom, and how it will be used to support the vision. In order to initiate any new information sharing process, it is important that all partners (and at the very highest levels in the organisation) buy in to the need for sharing data and re therefore be able to commit to sharing their information, for a defined purpose or purposes.

Therefore, with the above information in mind, in order to ensure better data sharing protocols are introduced in the future, there are a number of mechanisms that the Barton Healthy New Town Project should put in place. These include:

- Building links with national organisations conducting similar work to identify best practice, e.g. Kent County Council have recently developed an integrated health data set²².
- Identify the key partners within the area and map the existing data held by each. It should be recognised that it may only be possible to set up data sharing for subsequently collected information and that any historically collected information may only be accessible to a wider partnership if it is anonymised – this may reduce its usefulness. Included partners should include:
 - Good Food Oxford/Oxford City Food bank
 - Eatwells Community Café
 - Getting Heard (Oxfordshire Advocacy)
 - Benefits Advice centre based in the Neighbourhood Centre
 - Bury Knowle GP Surgery (Satellite surgery based in the Neighbourhood Centre) and Manor GP
 - Pharmacy in Underhill Circus
 - John Radcliffe Hospital

²² <http://www.nesta.org.uk/publications/wise-council-insights-cutting-edge-data-driven-local-government>

- The stakeholder interviews identified a wealth of specific data which could be utilised to further inform future delivery plans. For example:
 - the Eatwells Community Café has a log about what’s sold in the café.
 - the Bury Knowle’s GP surgery holds data on a range of issues including mental health and well-being, isolation, levels of exercise, mobility and benefits and debt.
 - the Advice Centre based in the Neighbourhood Centre collects postcode data, which can be extrapolated for long term illness and physical health, etc.

The Centre of Excellence for Information Sharing²³ has a useful guide on developing an information sharing protocol and this states:

- *“The function of an information sharing protocol should therefore only include the level of information necessary to achieve agreement in principle. It should not aim to detail every data sharing requirement between named agencies as it will later be underpinned by agreements which set out these further specifics.”*

The Information Commissioner’s Office (ICO) also provides a statutory code for Data Sharing²⁴ which has been issued after being approved by the Secretary of State and laid before Parliament. The code explains how the Data Protection Act applies to the sharing of personal data.

The Local Government Association (LGA) has useful information and resources on its website, including a useful template²⁵ for a Data Sharing Protocol.

²³ <http://informationsharing.co.uk/wp-content/uploads/2012/08/Guidance-developing-an-information-sharing-protocol.pdf>

²⁴ <https://ico.org.uk/for-organisations/guide-to-data-protection/data-sharing/>

²⁵ http://www.local.gov.uk/web/guest/past-event-presentations/-/journal_content/56/10180/3483531/ARTICLE

Appendix A: Methodology

Appendix B: ACORN Reference table

Appendix C: ACORN Profiles

Appendix D: Projected demographic profiles

Appendix E: Face-to-face questionnaire (stage 3)

Appendix F: Telephone interviews with residents (stage 4a)

Appendix G: Sample profile (stage 3: face-to-face interviews)

Appendix A: Methodology

Stage 1: Review of existing data

The first stage involved reviewing a number of secondary data sources and published reports to:

- Identify what was already known about the Barton area;
- Identify potential knowledge gaps which could then be populated by the targeted use of ACORN software (stage 2);
- Identify topics / themes for which further insight was needed which could be obtained from face-to-face surveys or qualitative sessions (stages 3 ,4a and 4b);
- Identify any gaps in knowledge about likely future populations in the area (stage 6);

Data sources and reports included in the review stage were:

- Barton Census 2011 profile
- Barton Insight
- Oxford City Council Quality of Life survey 2014²⁶
- Oxford City Council STAR Survey 2014
- Food Poverty: A qualitative study in Barton and Rosehill (with recommendations for Good Food Oxford)
- Public Health England's (PHE) Local Health Tool
- Age UK Risk of Loneliness heat map and analysis
- Public Health England Health Profiles
- Public Health Outcomes Framework data
- Oxfordshire JSNA data
- Oxford City Council Marmot Indicators around the six Marmot priorities relating to the social determinants of health and health outcomes
- WEMWBS guidance
- Campaign to End Loneliness guidance

²⁶ This has not been used as a comparator in this report due to the differences in methodology. The 2014 study used a combination of online, mail, and other fieldwork approaches, which returned a non-representative respondent base.

Stage 2: Analysis using our CACI InSite Software

We are a licensed user of CACI Ltd's GIS and ACORN geodemographic segmentation software. It is a powerful consumer classification tool that segments households, postcodes and neighbourhoods into 6 categories, 18 groups and 62 types. We used the following two components of our CACI InSite Software to undertake detailed analysis of the Barton population²⁷:

- ACORN
- Well-being ACORN

ACORN

The present version of ACORN draws on a wide range of data sources, both commercial and public sector Open Data and administrative data²⁸. We used ACORN to help us understand the profile of Barton (e.g. setting quotas by age, gender and ethnicity for the face-to-face interviews) and to identify the key health issues and behaviours affecting Barton residents. Our initial analysis highlighted that the top three ACORN Groups in the Barton area were: Struggling Estates, Young Hardship and Striving Families (please refer to Appendix A for details).

Well-being ACORN

Well-being ACORN is similar to ACORN but it segments households into the following four high level groups based on their health and well-being characteristics:

- Group 1: Unhealthy/health challenges (further broken down into 5 types)
- Group 2: At risk (further broken down into 8 types)
- Group 3: Caution (further broken down into 5 types)
- Group 4: Healthy (further broken down into 7 types)

The key Health and Well-being ACORN Types in Barton were: Unhealthy, At Risk, Caution – these were the groups most likely to experience health inequalities and demonstrate unhealthy behaviours. Well-being ACORN provided us with Barton specific intelligence on the following:

- Health conditions and illnesses of residents
- Lifestyle risk behaviours
- Participation in trust membership and events

²⁷ Based on ONS Lower Super Output Areas (3,700 residents living in approximately 1,500 households) and excludes Sandhills

²⁸ These include the Land Registry, commercial sources of information on age of residents, ethnicity profiles, benefits data, population density, and data on social housing and other rental property. In addition CACI has created proprietary databases, including high-rise buildings. It also uses more traditional data sources such as the Census of Population and large-volume lifestyle surveys.

These profiles were used to help inform the face-to-face health and well-being survey (stage 3) to ensure we collected Barton specific data on the key health issues. The CACI profiles created can be found in Appendix B for reference.

Stage 3: Health & well-being survey with Barton residents

A doorstep, face-to-face methodology was used with a broadly representative sample of residents (aged 18 years and over) in Barton. A Computer Assisted Personal Interview (CAPI) method was used in order for interviewers to provide support to respondents and facilitate the survey, as well as allowing a level of anonymity for sensitive questions (i.e. respondents were required to self-complete the SWEMWBS section). The fieldwork was undertaken between 8th February 2017 and 15th February 2017.

In total 300 interviews were conducted with an adult aged 18 and over in these households.

Confidence interval and confidence level

Based on the achieved sample of 300, the confidence interval within the data would be ± 6.0%, based on a statistic of 50% and a confidence level of 95%. This means that if all adult residents (18 years+) in Barton had completed the survey and 50% were satisfied with their local area, we can be 95% confident that the ‘true’ response lies somewhere between 44.0% and 56.0%.

Sampling

The complete Royal Mail Postal Address File (PAF) for Barton (based on 1,500 households) was extracted from our CACI software. Interviewers worked to quotas (for gender, age, ethnicity and Barton output areas) to promote a broadly representative sample. Table 1 below compares our sample demographic profile against the Barton population. As the differences were small, weighting was not felt necessary.

Table 1: Sample profile compared against Barton population

Gender	Survey sample	Population of Barton*
Female	51%	54%
Male	49%	46%

Age	Survey sample	Population of Barton*
18-19	5%	4%
20-24	9%	10%
25-29	15%	16%
30-44	30%	31%
45-59	22%	21%
60-64	5%	6%
65+	15%	13%

*Based on census 2011

Survey Design

A 15-minute, face-to-face, questionnaire (Appendix C) was designed to better understand health in Barton. Several validated question sets were included to allow benchmarking with other areas.

- **LGA inform questions** - the survey contains four questions which come from the Local Government Association resident satisfaction surveys. LG Inform is a free data service from the LGA to provide easy access for local authority staff and councillors and the public, to key data about their council and its area, and to enable comparison with other councils. These questions can be benchmarked over time with other local authority areas (Survey questions 2, 4, 5 and 6).
- **Shortened Warwick Edinburgh Mental Well-being Scale (SWEBWMS)**: a 7-item scale with five response categories (“none of the time” through “all of the time”) which measures mental well-being. The SWEBWMS is scored by first summing the score for each of the seven items and then transforming the total score for each person according to a conversion table (Survey question 19)
- **Campaign to End Loneliness** : The Campaign to End Loneliness Measurement Tool (Survey questions: Q17a-Q17c); a scale from 0 to 12, where anyone with a score of 10-12 is likely to experiencing the most intense degree of loneliness
- **Health Status Questionnaire (Short Form 36)** - this is derived from the General Health Survey/Medical Outcomes Study and measures current and past health levels (Survey questions: Q11 and Q12)

Data tables and significance testing

Frequencies (counts and percentages) were calculated for all survey questions. Cross-tabulations were also produced for key demographics including: age, gender, and ethnicity. Z-tests²⁹ were computed, where appropriate, to test if differences between discrete but sample groups (e.g. male to female) were statistically significant (at the 5% confidence level). Please note that throughout the report the word ‘significant’ has only been used to refer to those figures, which have been proved to be statistically significant through this test.

²⁹ A z-test is a statistical test used to determine whether two population means are different when the variances are known; used with sample sizes greater than 30. Where a statistically significant difference is returned by the test, this means that the result is not likely to occur randomly or by chance, but is instead likely to be attributable to a specific cause.

Rounding and base sizes

Owing to the rounding of numbers, percentages displayed visually on graphs in the report may not always add up to 100% and may differ slightly when compared with the text. The figures provided in the text should always be used. For some questions, residents could give more than one response (multi choice). For these questions, the percentage for each response is calculated as a percentage of the total number of residents and therefore percentages do not add up to 100%. Where percentages are not shown in charts, these are 1% or less.

Other data considerations

It is possible that some question topics (e.g. smoking, drinking and fruit and vegetable consumption etc) may be susceptible to social desirability bias, where the individual is tempted to give an answer which is more socially acceptable. We have attempted to minimise the impact of this by giving the respondent the option to self-complete certain questions. Our interviewers are also fully trained to be empathetic and non-judgmental when asking sensitive questions.

Stage 4a: Qualitative Research – telephone interviews

At the end of the survey, we asked for respondents' permission to invite them to take part in a follow up telephone interview or discussion group. A total of 15 telephone interviews were completed. The aims of the telephone interviews were as follows:

- Discuss their individual survey responses in more detail;
- Gather more information on the health behaviours of Barton residents;
- Obtain feedback on the health & care services/advice available in Barton;
- Determine what help and support would be needed in the future for certain groups of residents.

Each telephone interview lasted 20-30 minutes and all participants were sent a £25 Love2Shop voucher in the post as a thank you for their time. A copy of the topic guide used can be found in Appendix D.

Stage 4b: Qualitative Research – Asset Mapping Sessions

To complement the quantitative baseline survey (stage 3) we carried out two qualitative asset mapping sessions with a small sample of Barton residents that had indicated they would be willing to participate in a qualitative discussion group. Asset mapping is an interactive session which enables residents to identify strengths and weaknesses of their local area.

Both sessions took place at the Barton Neighbourhood Centre. The first session was held on the 22nd February 2017 (incorporated as part of the over 50s day) and the second was held on the 2nd March 2017. Three people attended the first session and five attended the second session.

The following topics were discussed during the sessions:

- Barton's strengths/assets;
- Barton's weaknesses or areas for further improvement;
- How could Oxford City Council and other project team partners build on Barton's current strengths to improve the health and well-being of Barton residents?

Stage 5: Interviews with stakeholders

The fifth stage of the project involved six exploratory and semi-structured interviews with local stakeholders. The interviews consisted of a series of open ended questions which covered the built environment of Barton, residents' needs, area's strengths and limitations. Four face-to-face and two telephone interviews were carried out between 2nd March and 13th March 2017. Each interview lasted around 30 minutes. The stakeholders we interviewed were representatives of the following groups:

- Eatwells Community Café (in Barton Neighbourhood Centre)
- Bury Knowle GP Satellite Centre
- Advice Centre based at the Barton Neighbourhood Centre
- Barton Pharmacy
- Barton Community Association
- Good Food Oxford

Stage six: Population profile projections

Stage six of the project involved collating and interpreting data from the secondary data review, CACI ACORN analysis and the face-to-face baseline health and well-being survey to:

- Determine the projected demographic profiles of residents who are likely to live in the new Barton Park Development;
- Make informed assumptions with the regards to the potential health issues that are likely to affect this profile;

Appendix B: Acorn Reference Table

Acorn Category	Acorn Group	Acorn Type	Description
1 Affluent Achievers	1.A Lavish Lifestyles	1.A.1	Exclusive enclaves
		1.A.2	Metropolitan money
		1.A.3	Large house luxury
	1.B Executive Wealth	1.B.4	Asset rich families
		1.B.5	Wealthy countryside commuters
		1.B.6	Financially comfortable families
		1.B.7	Affluent professionals
		1.B.8	Prosperous suburban families
		1.B.9	Well-off edge of towners
	1.C Mature Money	1.C.10	Better-off villagers
		1.C.11	Settled suburbia, older people
		1.C.12	Retired and empty nesters
		1.C.13	Upmarket downsizers
2 Rising Prosperity	2.D City Sophisticates	2.D.14	Townhouse cosmopolitans
		2.D.15	Younger professionals in smaller flats
		2.D.16	Metropolitan professionals
		2.D.17	Socialising young renters
	2.E Career Climbers	2.E.18	Career driven young families
		2.E.19	First time buyers in small, modern homes
		2.E.20	Mixed metropolitan areas
3 Comfortable Communities	3.F Countryside Communities	3.F.21	Farms and cottages
		3.F.22	Larger families in rural areas
		3.F.23	Owner occupiers in small towns and villages
	3.G Successful Suburbs	3.G.24	Comfortably-off families in modern housing
		3.G.25	Larger family homes, multi-ethnic areas
		3.G.26	Semi-professional families, owner occupied neighbourhoods
	3.H Steady Neighbourhoods	3.H.27	Suburban semis, conventional attitudes
		3.H.28	Owner occupied terraces, average income
		3.H.29	Established suburbs, older families
	3.I Comfortable Seniors	3.I.30	Older people, neat and tidy neighbourhoods
		3.I.31	Elderly singles in purpose-built accommodation
3.J Starting Out	3.J.32	Educated families in terraces, young children	
	3.J.33	Smaller houses and starter homes	


Acorn Category	Acorn Group	Acorn Type	Description
4 Financially Stretched	4.K Student Life	4.K.34	Student flats and halls of residence
		4.K.35	Term-time terraces
		4.K.36	Educated young people in flats and tenements
	4.L Modest Means	4.L.37	Low cost flats in suburban areas
		4.L.38	Semi-skilled workers in traditional neighbourhoods
		4.L.39	Fading owner occupied terraces
		4.L.40	High occupancy terraces, many Asian families
	4.M Striving Families	4.M.41	Labouring semi-rural estates
		4.M.42	Struggling young families in post-war terraces
		4.M.43	Families in right-to-buy estates
		4.M.44	Post-war estates, limited means
	4.N Poorer Pensioners	4.N.45	Pensioners in social housing, semis and terraces
4.N.46		Elderly people in social rented flats	
4.N.47		Low income older people in smaller semis	
4.N.48		Pensioners and singles in social rented flats	
5 Urban Adversity	5.O Young Hardship	5.O.49	Young families in low cost private flats
		5.O.50	Struggling younger people in mixed tenure
		5.O.51	Young people in small, low cost terraces
	5.P Struggling Estates	5.P.52	Poorer families, many children, terraced housing
		5.P.53	Low income terraces
		5.P.54	Multi-ethnic, purpose-built estates
		5.P.55	Deprived and ethnically diverse in flats
		5.P.56	Low income large families in social rented semis
	5.Q Difficult Circumstances	5.Q.57	Social rented flats, families and single parents
		5.Q.58	Singles and young families, some receiving benefits
5.Q.59		Deprived areas and high-rise flats	
6 Not Private Households	6.R Not Private Households	6.R.60	Active Communal Population
		6.R.61	Inactive Communal Population
		6.R.62	Business addresses without residential population

Appendix C: CACI ACORN Profiles


Well-being Acorn groups

wellbeing acorn		Profile: barton paf Base: Base using 2011 Census Output Areas restricted by Oxfordcity					CACI			
Total Profile (incl. Unclassified):		1,497	Total Base:	56607	Total Pen.:	2.6				
Wellbeing Acorn Groups	Profile	%	Base	% Penetration	%	Z-Score	Index	0	100	200
1. Unhealthy	286	19.1	5924	10.5	4.8	10.9	183			
2. At Risk	935	62.5	16637	29.4	5.6	28.1	213			
3. Caution	273	18.2	19050	26.6	1.8	-7.3	69			
4. Healthy	2	0.1	18944	33.5	0.0	-27.3	0			
5. Not Private Households	1	0.1	52	0.1	1.9	-0.3	73			


ACORN health indicators - Barton compared to complete Barton and Sandhills Ward




Profile Title: barton paf
Base Title: Base using 2011 Census Out



HOME
WHAT IS ACORN?
CATEGORY
GROUP
TYPE
COMMENTARY
CUSTOMER VIEW
CHARACTERISTICS



CUSTOMER CHARACTERISTIC SELECTOR

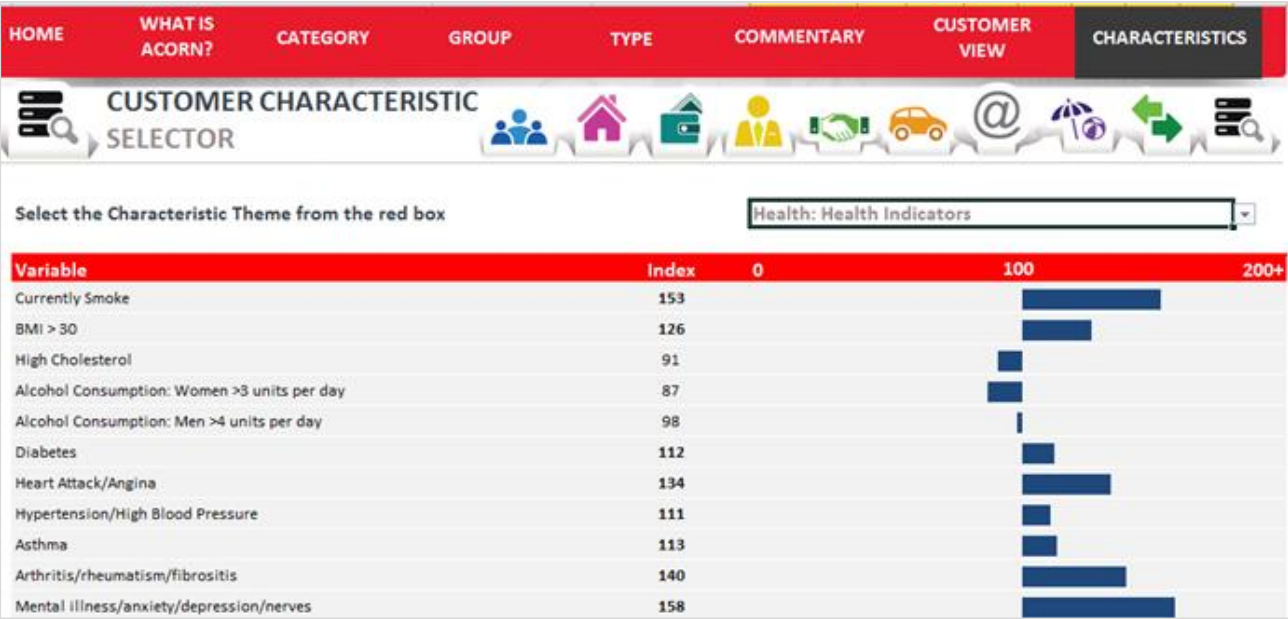


Select the Characteristic Theme from the red box

Health: Health Indicators

Variable	Index	0	100	200+
Currently Smoke	120			
BMI > 30	111			
High Cholesterol	96			
Alcohol Consumption: Women >3 units per day	91			
Alcohol Consumption: Men >4 units per day	97			
Diabetes	110			
Heart Attack/Angina	114			
Hypertension/High Blood Pressure	107			
Asthma	106			
Arthritis/rheumatism/fibrositis	118			
Mental illness/anxiety/depression/nerves	127			

ACORN health indicators - Barton compared to all Oxford City Wards



The index shows how the percentage of a Type in the file compares with the percentage of that Type in the base. Differences between these two percentages are measured by the Index in the following way.

- An index of 100 indicates that the representation of that ACORN Type is the same in the file as the base.
- An index of over 100 shows above average representation (e.g. 140 shows that this type has a 40% over representation in the file when compared to the base).
- An index of under 100 shows below average representation.

Appendix D: Projected demographic profiles

Housing and tenure mix

This appendix aims to assist in:

- Determining the projected demographic profiles of residents who are likely to live in the new Barton Park Development;
- Make informed assumptions with the regards to the potential health issues that are likely to affect this profile.

The Barton Park development will create 885 homes, 40% of which will be social housing and 60% of the build will be sold on the open market at premium prices. The table below shows the housing mix associated with each build phase.

Source: Barton Area Action Plan Housing Mix 30/01/2013 – Revision C

Phase	1 bed apartments	2 bed apartments	2 bed houses	3 bed houses	4 bed houses	5 bed houses	Total
1A	16	85	13	30	2	-	146
1B	7	33	-	36	11	4	91
2	32	58	-	-	-	-	90
3A	-	-	20	127	45	15	207
3B	-	-	4	10	4	0	18
4A	-	-	30	97	18	4	149
4B	-	-	20	124	32	8	184
Total	55	176	87	424	112	31	885
%	6%	20%	10%	48%	13%	4%	100%

At this stage, only the housing mix proportions are known for Phase 1 (A and B), as shown in the table below. While the overall proportion of 95 homes equates to 40% of the total build, a far greater proportion of Phase 1 properties are 1 and 2 bed apartments.

Source: Section 4.14 from the Planning Statement

Phase 1	1 bed apartments	2 bed apartments	2 bed houses	3 bed houses	4 bed houses	5 bed houses	Total
1A	16	85	13	30	2	-	146
1B	7	33	-	36	11	4	91
TOTAL	23	118	13	66	12	4	237
<i>Affordable</i>	13	54	2	24	2	0	95
%	57%	46%	15%	36%	15%	0%	40%

We do not currently have information on the final split of the housing mix within the '40% social/affordable' rent for all phases. The table below is therefore indicative and assumes that the 40% applies across each housing mix type.

40% social/affordable	1 bed apartments	2 bed apartments	2 bed houses	3 bed houses	4 bed houses	5 bed houses	Total
Number	22	70	35	170	45	12	354

The 2016/17 Annual Lettings Plan sets allocation percentages, which are targets set by the Council to determine the proportion of social housing offered to different lists within the Council's Housing Register, in order to best balance their competing demands and needs. The Housing Register consists of three separate housing lists:

1. **The Homeless List** for applicants to whom Oxford City Council has accepted a statutory homeless duty and placed in temporary accommodation who are awaiting an offer of permanent accommodation
2. **The Transfer List** for Council and eligible Housing Association Tenants living in Oxford applying for a move to alternative accommodation
3. **The General Register List** for all other households applying for social housing in Oxford

The Housing Register identifies the current demographic profile of tenants for each of the three lists. It provides data by age, ethnic group and gender. It also provides information by the following household types:

- Couple, with dependent children
- Lone parent, with dependent children
 - Male, lone parent, with dependent children
 - Female, lone parent, with dependent children
- Single;
 - Male, Single occupant
 - Female, Single occupant
- Other
- Unclassified

The 2016/17 Annual Lettings Plan indicates:

“That the housing need of tenants on the Transfer List requiring family properties remains high, despite over 100 families being re-housed to larger or more suitable accommodation during 2015-16. There are a large number of households with a 3 and 4 bedroom need living in overcrowded accommodation and the existing Annual Lettings Plan Targets of allocating 45% of 3 bedroom properties and 50% of 4 bedroom properties or larger to the Transfer List reflect this. It is not proposed these targets are changed.”

There is also a high demand for 2 bedroom properties too, however, due to the high demand on the General Register List and the Homeless Lists, it is not proposed to change the percentage of properties allocated to the Transfer List from 20%.

However, if homeless prevention work is more successful than expected and less properties are required to house those on the Homeless List, it is proposed to increase the number of 2 bedroom properties allocated to the Transfer List to help meet some of the currently unmet need (for example to further help those seeking to downsize, who need to move on health grounds or are overcrowded)."

It is therefore difficult to accurately assess the profile of likely applicants for the 40% social housing provision as this will depend on the proportion of successful applicants who may look to either upsize or downsize. Nevertheless, the next section looks at existing data to assist in profiling households.

Household growth and population projections

A review of the April 2014 Oxfordshire Strategic Housing Market Assessment (SHMA)³⁰ provides some steer on possible household growth and population projections at the City-wide level. Four different projections were developed:

Table 17: Overview of Projection Scenarios

Scenario	Description	Comments on Projection
PROJ 1	SNPP	This projection uses the latest ONS and CLG population/household projections and extends the projection period from 2021 through to 2031. This can be considered as the start point for considering housing need, in line with the Guidance.
PROJ 2	SNPP (updated)	This projection uses the baseline information in PROJ 1 but updates key demographic trend data (around migration) to take account of new ONS Mid-Year Population Estimates. In Oxford this projection looks at actual population change in the 2001-11 period and develops a bespoke model (recognising that the ONS migration estimates for Oxford look to be substantially inaccurate).
PROJ 3	Economic baseline	This projection takes a baseline forecast for future employment growth, based on the Alternative Population Scenario developed by Cambridge Econometrics and SQW. It estimates the likely population and household growth required to meet the potential labour demand. The projection includes assumptions around commuting patterns – assuming these to remain at a constant level (as indicated in the 2001 Census).
PROJ 4	Committed economic growth	This projection is based on the Committed Economic Growth Scenario for employment growth developed by Cambridge Econometrics and SQW. This reflects policy influences which provide potential to support higher economic growth than indicated in the baseline forecasts. It considers the level of housing need which might be necessary to support this level of employment growth.

³⁰ <https://www.oxford.gov.uk/info/20201/oxford-growth-strategy/762/strategic-housing-market-assessment>

The SHMA (section 5.28) explains that to assess future housing need, it is necessary to establish is the current population and how will this change in the period to 2031. This involves working out how likely it is that women will give birth (the fertility rate); how likely it is that people will die (the death rate); and how likely it is that people will move into or out of each local authority. These are the principal components of population change and are used to construct the population projections.

Migration, Fertility and Mortality Profile Assumptions (section 5.29)

Projection of migration level assumptions for Oxford were set at a constant level of migration throughout the period to 2031, while changes have been made to the assumed fertility levels to take account of an underestimate of population growth, although mortality rates were consistent with the latest ONS data.

Projecting Household Growth (section 5.56)

Having estimated the population size and the age/sex profile of the population the next step in the process was to convert this information into estimates of the number of households in the area. To do this the concept of headship rates was used. Headship rates can be described in their most simple terms as the number of people who are counted as heads of households (or in this case the more widely used Household Reference Person (HRP)).

Sections 5.58 onwards discuss the estimated average household size in Oxfordshire in 2001 and 2011 along with estimated household sizes derived from CLG Projections. The data shows that household sizes have increased slightly over the past decade whereas the 2008-based Projections expected a moderate fall. For the purposes of the projection it is assumed that average household sizes start at about 2.52 in 2011 and reduce down to 2.41 in 2031 (although exact figures do vary depending on the projection being run).

Converting Households to Dwellings

In converting an estimated number of households into requirements for additional dwellings a small allowance for vacant and second homes is included. For the analysis it is assumed that between about 3% and 5% of additional stock will comprise vacant or second homes - for Oxford it was set at 4.0%. The two tables below show the annual and total population and housing projections for Oxford (section 5.71).

Table 35: Summary of Projections 2011 to 2031 – Annual - Oxford

Projection	Population growth		Housing numbers		Employment growth	
	Per annum	% change	Per annum	% change	Per annum	% change
PROJ 1 – SNPP	149	0.1%	-2	0.0%	-81	-0.1%
PROJ 2 – SNPP (updated)	1,840	1.2%	755	1.3%	956	1.4%
PROJ 3 – Economic baseline	616	0.4%	289	0.5%	307	0.4%
PROJ 4 – Committed economic growth	1,649	1.1%	700	1.2%	851	1.2%

Table 36: Summary of Projections 2011 to 2031 – Total – Oxford

Projection	Population growth		Housing numbers		Employment growth	
	Total	% change	Total	% change	Total	% change
PROJ 1 – SNPP	2,980	2.0%	-34	-0.1%	-1,622	-2.3%
PROJ 2 – SNPP (updated)	36,792	24.5%	15,105	26.4%	19,124	27.4%
PROJ 3 – Economic baseline	12,326	8.2%	5,781	10.1%	6,138	8.8%
PROJ 4 – Committed economic growth	32,979	22.0%	14,008	24.5%	17,027	24.4%

The PopCal-10 tool

Oxfordshire County Council have also provided the following estimates using their PopCal Population Forecasting Tool.

The PopCal-10 tool was developed by Oxfordshire County Council based on data from past housing developments within each district council, and has been validated by the Oxfordshire Data Observatory. It uses data from the 2008 survey of new housing (including age profile and occupancy rates). The profile is created from a series of parameters about the development including:

- location of the development (by district council area)
- total number of dwellings
- number of dwellings by size (number of bedrooms)
- number of dwellings by tenure (market or affordable)
- expected phasing (number of dwellings completed (and assumed occupied) for each year of the development).

The population calculator uses this population profile to estimate the number of people at the development falling within various age ranges, which in turn is used to assess the quantum of demand on infrastructure and services, including the number of children likely to need places in local authority maintained schools.

The following data assumes a build out of 9 years from 2017 to 2025 and a tenure mix of 60% Market Rate and 40% Affordable Housing.

	Total Dwellings	Market	Affordable
		60%	40%
Total	885	531	354
1 Bed	53	32	21
2 Beds	266	159	106
3 Beds	425	255	170
4+ Beds	142	85	57

Source: Oxfordshire County Council PopCal-10 population forecasting tool projections

Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	
0 - 3 Year olds	21	42	59	75	87	98	110	121	132	120	110	103	98	97	95	93	90	88	86	0
4 - 10 Year olds	29	62	96	132	168	204	238	268	296	288	277	262	245	228	211	197	185	175	169	0
11 - 15 Year olds	18	39	60	81	102	123	143	164	187	190	193	196	199	198	194	189	181	172	161	0
16 - 17 Year olds	8	16	24	32	40	48	56	64	72	71	71	70	71	72	74	76	76	76	73	0
18 - 19 Year olds	5	13	21	28	35	42	50	57	64	66	65	64	64	64	64	65	67	68	68	0
20 - 64 Year olds	155	328	501	675	850	1,024	1,199	1,374	1,549	1,550	1,551	1,553	1,552	1,549	1,546	1,542	1,538	1,533	1,528	0
65+ Year olds	11	25	38	53	68	84	101	117	135	141	147	154	161	168	175	182	190	196	203	0
								1,491	1,684	1,691	1,698	1,701								
Primary Pupils*	25	52	82	112	143	173	202	228	252	245	236	223	208	194	180	167	157	149	143	0
Secondary Pupils*	15	33	51	69	87	104	122	140	159	161	164	167	169	168	165	161	154	146	137	0
Sixth Form Pupils**	3	6	9	11	14	17	20	23	26	25	25	25	25	26	27	27	27	27	26	0
0-4 Year olds	26	53	77	97	115	130	144	158	172	157	144	134	127	121	119	117	114	111	109	0
13-19 Year Olds	24	53	81	108	136	163	191	218	245	247	246	248	251	254	256	256	255	251	243	0
Total Pop	247	524	800	1,075	1,350	1,623	1,895	2,165	2,435	2,425	2,414	2,402	2,389	2,375	2,360	2,344	2,327	2,308	2,289	0
Housing per year	89	100	100	100	100	100	100	100	100	0	0	0	0	0	0	0	0	0	0	0
Cumulative Housing	89	188	288	387	487	586	686	785	885	885	885	885	885	885	885	885	885	885	885	885

* 15 % Reduction applied for children not educated in CSA maintained schools

** Reduction applied for children not educated in CSA maintained schools and those not staying on in CSA maintained schools into the sixth form

Health characteristics of Barton Survey respondents matching the Housing Register profiles

Within this study we have reviewed the existing data held by Oxford City Council and its partners and compared this with our ACORN geodemographic segmentation data. Geodemographic segmentation is used for classifying and characterising neighbourhoods or localities based on the premise that residents living near each other are likely to have similar demographic, socio-economic and lifestyle characteristics. Based upon this premise, and combined with the face-to-face survey data of 300 Barton residents, we have made the assumption that the profile of those choosing to live in the 40% social rent properties will have similar demographic, socio-economic and lifestyle characteristics to those currently socially renting in Barton. We have made a further assumption that where any household moves from housing currently located in Barton to Barton Park, then a similar household profile will move into the vacated property.

In general, would you say your health is

	Base	Excellent	Very good	Good	Fair	Poor
All	300	6%	32%	45%	13%	4%
Male	139	8%	35%	42%	13%	2%
Female	161	5%	30%	48%	12%	5%
18-29	86	9%	51%	34%	6%	0%
30-44	89	5%	35%	55%	6%	0%
45+	125	6%	18%	46%	22%	9%
White British	186	7%	30%	44%	15%	5%
White Other	34	9%	44%	35%	12%	0%
Mixed	5	20%	60%	20%	0%	0%
Asian	40	8%	23%	63%	5%	3%
Black	32	0%	44%	44%	9%	3%
Other	3	0%	0%	67%	33%	0%
Single Male	52	10%	27%	37%	25%	2%
Single Female	58	7%	29%	36%	16%	12%

Lone Parent Male	6	17%	67%	17%	0%	0%
Lone Parent Female	42	5%	33%	50%	12%	0%

The tables on the following pages therefore show survey answers to the

health questions by the demographic categories of tenants in the Housing Register. Please note, as the remaining 60% of housing on the Barton Park development will be offered at open-market value, we have used the ACORN Profiler report for Sandhills as a proxy for the customer profile of those that might buy these properties and to estimate any likely health inequalities.

Compared to one year ago, how would you rate your health in general now?

	Base	Much better now than one year ago	Somewhat better now than one year ago	About the same	Somewhat worse now than one year ago	Much worse now than one year ago
All	300	1%	8%	79%	10%	1%
Male	139	1%	11%	80%	7%	1%
Female	161	1%	6%	79%	12%	2%
18-29	86	1%	11%	85%	4%	0%
30-44	89	1%	7%	87%	6%	0%
45+	125	2%	8%	70%	17%	3%
White British	186	2%	5%	80%	12%	1%
White Other	34	0%	3%	91%	3%	3%
Mixed	5	20%	0%	80%	0%	0%
Asian	40	0%	20%	70%	8%	3%
Black	32	0%	16%	75%	9%	0%
Other	3	0%	33%	67%	0%	0%
Single Male	52	0%	6%	83%	10%	2%
Single Female	58	2%	7%	69%	21%	2%
Lone Parent Male	6	0%	33%	67%	0%	0%
Lone Parent Female	42	0%	7%	86%	5%	2%

Is there any family history of the following illnesses?

	Base	Type two diabetes	Heart disease	Stroke	Cancer	Mental health issues	None of the above	Don't know	Prefer not to say
All	300	11%	6%	5%	10%	5%	72%	2%	1%
Male	139	9%	2%	5%	9%	4%	74%	2%	1%
Female	161	12%	9%	6%	11%	7%	71%	1%	1%
18-29	86	8%	5%	2%	9%	6%	77%	2%	2%
30-44	89	6%	7%	6%	6%	3%	82%	1%	0%
45+	125	17%	6%	7%	14%	6%	62%	2%	0%
White British	186	12%	7%	5%	15%	9%	66%	1%	1%
White Other	34	3%	6%	3%	6%	0%	85%	3%	0%
Mixed	5	0%	0%	0%	0%	0%	80%	20%	0%
Asian	40	15%	10%	10%	3%	0%	78%	0%	0%
Black	32	9%	0%	3%	0%	0%	88%	3%	0%
Other	3	33%	0%	0%	0%	0%	67%	0%	0%
Single Male	52	12%	2%	6%	8%	6%	69%	4%	0%
Single Female	58	19%	10%	3%	16%	7%	64%	3%	0%
Lone Parent Male	6	17%	0%	0%	0%	17%	67%	0%	0%
Lone Parent Female	42	7%	7%	5%	14%	7%	74%	0%	2%

Is there any individual history of the following illnesses?

	Type two diabetes		Heart disease	Stroke	Cancer	Mental health issues
	Base	Yes	Yes	Yes	Yes	Yes
All	300	7%	2%	2%	3%	4%
Male	139	8%	0%	3%	3%	3%
Female	161	6%	4%	1%	4%	5%
18-29	86	1%	0%	0%	0%	2%
30-44	89	1%	1%	0%	0%	2%
45+	125	14%	4%	5%	8%	7%
White British	186	8%	2%	3%	4%	6%
White Other	34	3%	0%	0%	3%	3%
Mixed	5	20%	0%	0%	0%	0%
Asian	40	3%	3%	0%	3%	0%
Black	32	9%	3%	3%	0%	0%
Other	3	0%	0%	0%	0%	0%
Single Male	52	8%	0%	4%	6%	8%
Single Female	58	9%	3%	2%	5%	3%
Lone Parent Male	6	17%	0%	0%	0%	0%
Lone Parent Female	42	2%	2%	0%	5%	7%

How many portions of fruit and vegetables do you eat in a typical day?

	Base	At least 5 portions (5+)	At least 4 portions, but less than 5	At least 3, but less than 4 portions	At least 2, but less than 3	At least 1, but less than 2	Less than 1	None
All	300	14%	14%	33%	24%	9%	4%	2%
Male	139	13%	14%	34%	30%	6%	3%	1%
Female	161	15%	14%	33%	19%	11%	4%	3%
18-29	86	13%	13%	35%	23%	7%	5%	5%
30-44	89	10%	18%	38%	24%	7%	3%	0%
45+	125	18%	12%	29%	26%	11%	3%	2%
White British	186	14%	11%	33%	25%	9%	4%	3%
White Other	34	12%	27%	38%	15%	6%	3%	0%
Mixed	5	20%	0%	20%	40%	20%	0%	0%
Asian	40	15%	15%	33%	28%	8%	3%	0%
Black	32	13%	19%	31%	25%	9%	3%	0%
Other	3	33%	0%	33%	0%	0%	33%	0%
Single Male	52	17%	12%	27%	31%	12%	2%	0%
Single Female	58	10%	14%	29%	28%	12%	3%	3%
Lone Parent Male	6	17%	17%	17%	33%	0%	0%	17%
Lone Parent Female	42	14%	12%	31%	19%	14%	7%	2%

Eat a meal prepared from scratch

	Base	More than once a day	Once a day	Most days (3-6 times a week)	Once or twice week	Less than once a week
All	300	13%	51%	28%	6%	2%
Male	139	11%	48%	35%	6%	1%
Female	161	14%	54%	23%	7%	2%
18-29	86	15%	49%	29%	7%	0%
30-44	89	17%	53%	27%	3%	0%
45+	125	8%	51%	29%	8%	4%
White British	186	6%	51%	33%	8%	3%
White Other	34	12%	56%	27%	6%	0%
Mixed	5	20%	40%	40%	0%	0%
Asian	40	38%	48%	10%	5%	0%
Black	32	22%	53%	25%	0%	0%
Other	3	0%	67%	33%	0%	0%
Single Male	52	2%	46%	37%	12%	4%
Single Female	58	12%	48%	28%	7%	5%
Lone Parent Male	6	50%	17%	33%	0%	0%
Lone Parent Female	42	17%	55%	19%	10%	0%

A take-away

	Base	More than once a day	Most days (3-6 times a week)	Once or twice week	Less than once a week	Never
All	300	0%	0%	32%	57%	11%
Male	139	0%	1%	35%	55%	9%
Female	161	0%	0%	30%	58%	12%
18-29	86	0%	0%	42%	52%	6%
30-44	89	0%	0%	34%	58%	8%
45+	125	0%	1%	24%	58%	17%
White British	186	0%	1%	30%	58%	12%
White Other	34	0%	0%	47%	44%	9%
Mixed	5	0%	0%	40%	60%	0%
Asian	40	0%	0%	25%	63%	13%
Black	32	0%	0%	31%	59%	9%
Other	3	0%	0%	67%	33%	0%
Single Male	52	0%	2%	35%	50%	14%
Single Female	58	0%	0%	29%	57%	14%
Lone Parent Male	6	0%	0%	17%	67%	17%
Lone Parent Female	42	0%	0%	29%	55%	17%

A ready meal

	Base	More than once a day	Most days (3-6 times a week)	Once or twice week	Less than once a week	Never
All	300	0%	4%	20%	33%	43%
Male	139	0%	3%	24%	36%	37%
Female	161	1%	5%	16%	30%	48%
18-29	86	0%	1%	29%	27%	43%
30-44	89	0%	0%	12%	37%	51%
45+	125	1%	9%	18%	34%	38%
White British	186	1%	6%	20%	31%	43%
White Other	34	0%	3%	35%	27%	35%
Mixed	5	0%	0%	40%	20%	40%
Asian	40	0%	0%	8%	40%	53%
Black	32	0%	0%	13%	41%	47%
Other	3	0%	0%	33%	33%	33%
Single Male	52	0%	8%	33%	35%	25%
Single Female	58	2%	9%	29%	28%	33%
Lone Parent Male	6	0%	0%	33%	0%	67%
Lone Parent Female	42	0%	2%	7%	38%	52%

During the last 4 weeks, on how many days did you do moderate exercise?

	Base	Everyday = 28 times	Every weekday = 20 times	Every other day = 14 times	Every day at the weekend = 8 times	One day every weekend = 4 times	Other	None	Don't know/can't remember
All	300	43%	19%	14%	3%	3%	0%	18%	0%
Male	139	35%	26%	17%	4%	4%	0%	14%	0%
Female	161	49%	13%	11%	1%	3%	1%	22%	1%
18-29	86	47%	14%	19%	1%	5%	0%	14%	1%
30-44	89	46%	21%	11%	5%	3%	0%	14%	0%
45+	125	38%	21%	12%	2%	2%	1%	25%	0%
White British	186	41%	20%	14%	2%	2%	0%	21%	1%
White Other	34	47%	27%	12%	0%	3%	0%	12%	0%
Mixed	5	40%	20%	20%	0%	0%	20%	0%	0%
Asian	40	43%	5%	20%	10%	5%	0%	18%	0%
Black	32	41%	25%	6%	3%	9%	0%	16%	0%
Other	3	100%	0%	0%	0%	0%	0%	0%	0%
Single Male	52	27%	17%	25%	2%	4%	0%	25%	0%
Single Female	58	33%	7%	21%	2%	5%	0%	33%	0%
Lone Parent Male	6	50%	33%	0%	17%	0%	0%	0%	0%
Lone Parent Female	42	57%	14%	10%	0%	0%	0%	19%	0%

During the last 4 weeks, on how many days did you do vigorous physical activity?

	Base	Everyday = 28 times	Every weekday = 20 times	Every other day = 14 times	Every day at the weekend = 8 times	One day every weekend = 4 times	None.
All	300	7%	8%	12%	6%	13%	54%
Male	139	8%	10%	9%	8%	15%	50%
Female	161	7%	6%	14%	4%	11%	58%
18-29	86	9%	8%	17%	8%	19%	38%
30-44	89	7%	10%	15%	6%	12%	51%
45+	125	6%	6%	6%	4%	10%	68%
White British	186	9%	8%	10%	6%	12%	55%
White Other	34	6%	12%	18%	3%	9%	53%
Mixed	5	20%	20%	0%	0%	60%	0%
Asian	40	3%	5%	13%	8%	13%	60%
Black	32	6%	3%	13%	6%	16%	56%
Other	3	0%	33%	33%	0%	0%	33%
Single Male	52	2%	10%	8%	6%	15%	60%
Single Female	58	2%	5%	10%	5%	17%	60%
Lone Parent Male	6	67%	17%	17%	0%	0%	0%
Lone Parent Female	42	12%	2%	21%	2%	5%	57%

Do you or have you ever smoked?

	Base	Yes, I currently smoke	Yes, I used to smoke, but I no longer smoke.	No
All	300	31%	8%	61%
Male	139	36%	9%	55%
Female	161	27%	8%	66%
18-29	86	34%	2%	64%
30-44	89	25%	8%	67%
45+	125	34%	12%	54%
White British	186	38%	12%	50%
White Other	34	29%	0%	71%
Mixed	5	40%	0%	60%
Asian	40	13%	3%	85%
Black	32	16%	0%	84%
Other	3	0%	0%	100%
Single Male	52	48%	2%	50%
Single Female	58	33%	7%	60%
Lone Parent Male	6	33%	0%	67%
Lone Parent Female	42	31%	10%	60%

Thinking of the other people who live with you at home currently: how many smoke, excluding yourself?

	Base	None of them smoke	One person smokes	Two or more people smoke	I live alone
All	300	76%	16%	3%	4%
Male	139	77%	15%	3%	5%
Female	161	76%	17%	4%	3%
18-29	86	73%	20%	7%	0%
30-44	89	81%	16%	2%	1%
45+	125	75%	14%	2%	9%
White British	186	72%	19%	4%	5%
White Other	34	79%	18%	3%	0%
Mixed	5	60%	0%	40%	0%
Asian	40	83%	18%	0%	0%
Black	32	91%	3%	0%	6%
Other	3	100%	0%	0%	0%
Single Male	52	69%	14%	4%	14%
Single Female	58	72%	14%	7%	7%
Lone Parent Male	6	83%	17%	0%	0%
Lone Parent Female	42	93%	7%	0%	0%

How many cigarettes/cigars/roll ups do you/they smoke a day?

	Base	Less than 1	1 to 9	10 to 19	20 to 29	30+
All	128	3%	59%	31%	6%	2%
Male	65	0%	54%	39%	6%	2%
Female	63	6%	65%	22%	5%	2%
18-29	36	3%	67%	31%	0%	0%
30-44	33	3%	70%	24%	3%	0%
45+	59	3%	49%	34%	10%	3%
White British	99	3%	61%	27%	7%	2%
White Other	11	9%	27%	64%	0%	0%
Mixed	2	0%	50%	50%	0%	0%
Asian	11	0%	91%	9%	0%	0%
Black	5	0%	40%	60%	0%	0%
Single Male	30	0%	43%	43%	10%	3%
Single Female	26	12%	50%	31%	4%	4%
Lone Parent Male	2	0%	100%	0%	0%	0%
Lone Parent Female	15	7%	73%	20%	0%	0%

Do you drink alcohol?

	Base	Yes	No
All	300	52%	48%
Male	139	62%	38%
Female	161	44%	57%
18-29	86	54%	47%
30-44	89	47%	53%
45+	125	54%	46%
White British	186	63%	37%
White Other	34	35%	65%
Mixed	5	60%	40%
Asian	40	28%	73%
Black	32	38%	63%
Other	3	0%	100%
Single Male	52	62%	39%
Single Female	58	59%	41%
Lone Parent Male	6	17%	83%
Lone Parent Female	42	43%	57%

How often do you have a drink containing alcohol?

	Base	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week
All	156	37%	35%	21%	6%
Male	86	27%	43%	21%	9%
Female	70	50%	26%	21%	3%
18-29	46	37%	41%	22%	0%
30-44	42	31%	41%	26%	2%
45+	68	41%	28%	18%	13%
White British	118	30%	41%	23%	7%
White Other	12	83%	17%	0%	0%
Mixed	3	100%	0%	0%	0%
Asian	11	27%	36%	36%	0%
Black	12	58%	8%	17%	17%
Single Male	32	22%	44%	22%	13%
Single Female	34	41%	29%	27%	3%
Lone Parent Male	1	0%	0%	100%	0%
Lone Parent Female	18	61%	22%	17%	0%

How many units of alcohol do you drink on a typical day when you are drinking?

	Base	1-2 units	3-4 units	5-6 units	7-9 units	10+ units
All	155	39%	28%	19%	8%	6%
Male	86	31%	34%	19%	9%	7%
Female	69	48%	22%	19%	7%	4%
18-29	46	33%	22%	28%	11%	7%
30-44	42	33%	33%	17%	10%	7%
45+	67	46%	30%	13%	6%	5%
White British	117	34%	29%	21%	10%	6%
White Other	12	75%	17%	8%	0%	0%
Mixed	3	67%	33%	0%	0%	0%
Asian	11	27%	46%	27%	0%	0%
Black	12	50%	17%	8%	8%	17%
Single Male	32	19%	44%	28%	3%	6%
Single Female	34	50%	27%	18%	6%	0%
Lone Parent Male	1	0%	0%	100%	0%	0%
Lone Parent Female	18	39%	6%	28%	17%	11%

Would you consider yourself a carer?

	Base	Yes	No
All	299	7%	93%
Male	138	7%	94%
Female	161	8%	92%
18-29	85	1%	99%
30-44	89	6%	94%
45+	125	13%	87%
White British	186	10%	90%
White Other	34	0%	100%
Mixed	5	0%	100%
Asian	40	3%	98%
Black	31	10%	90%
Other	3	0%	100%
Single Male	52	4%	96%
Single Female	58	9%	91%
Lone Parent Male	6	0%	100%
Lone Parent Female	42	10%	91%

Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

	Base	Yes, limited a lot	Yes limited a little	No, not at all limited
All	296	8%	6%	86%
Male	136	9%	7%	84%
Female	160	8%	4%	88%
18-29	85	0%	2%	98%
30-44	88	2%	3%	94%
45+	123	18%	10%	72%
White British	184	10%	7%	83%
White Other	34	3%	3%	94%
Mixed	5	0%	0%	100%
Asian	40	5%	3%	93%
Black	30	10%	7%	83%
Other	3	0%	0%	100%
Single Male	52	17%	10%	73%
Single Female	57	16%	5%	79%
Lone Parent Male	6	0%	0%	100%
Lone Parent Female	42	0%	2%	98%

What is the nature of your condition(s)?

	Base	Physical impairment	Sensory impairment	Mental health condition	Learning disability	Longstanding illness or health condition	Other	Prefer not to say
All	41	44%	7%	2%	5%	5%	32%	5%
Male	22	36%	9%	5%	5%	5%	36%	5%
Female	19	53%	5%	0%	5%	5%	26%	5%
18-29	2	0%	0%	0%	50%	0%	50%	0%
30-44	5	20%	0%	0%	20%	0%	40%	20%
45+	34	50%	9%	3%	0%	6%	29%	3%
White British	31	48%	10%	3%	7%	0%	26%	7%
White Other	2	50%	0%	0%	0%	50%	0%	0%
Asian	3	0%	0%	0%	0%	33%	67%	0%
Black	5	40%	0%	0%	0%	0%	60%	0%
Single Male	14	43%	7%	7%	0%	7%	36%	0%
Single Female	12	58%	8%	0%	0%	0%	25%	8%
Lone Parent Female	1	0%	0%	0%	100%	0%	0%	0%

Sandhills ACORN Profiler data



Profile Title: Sandhills remaining sample
Base Title: Base using 2011 Census Output Areas restricted by Ba



HOME	WHAT IS	CATEGORY	GROUP	TYPE	COMMENTARY	CUSTOMER VIEW	CHARACTERISTICS
------	---------	----------	--------------	------	------------	---------------	-----------------

ACORN GROUP SORTED PROFILE

(To return to Acorn Group profile [click here...](#))

ACORN Group Description	Profile	%	Base	%	Penetration %	Z-Score	Index	0	100	200
1.C Mature Money	259	26.1	261	8.6	99.2	20	302			
1.B Executive Wealth	124	12.5	127	4.2	97.6	13	298			
3.H Steady Neighbourhoods	80	8.0	82	2.7	97.6	10	297			
2.E Career Climbers	386	38.8	504	16.6	76.6	19	233			
4.L Modest Means	19	1.9	26	0.9	73.1	4	223			
3.J Starting Out	84	8.5	138	4.6	60.9	6	186			
3.G Successful Suburbs	14	1.4	32	1.1	43.8	1	133			
5.P Struggling Estates	28	2.8	727	24.0	3.9	-16	12			
4.M Striving Families	0	0.0	392	12.9	0.0	-12	0			
2.D City Sophisticates	0	0.0	0	0.0	0.0	0	0			
6.R Not Private Households	0	0.0	0	0.0	0.0	0	0			
3.I Comfortable Seniors	0	0.0	3	0.1	0.0	-1	0			
5.Q Difficult Circumstances	0	0.0	347	11.5	0.0	-11	0			
4.K Student Life	0	0.0	117	3.9	0.0	-6	0			
4.N Poorer Pensioners	0	0.0	94	3.1	0.0	-6	0			
3.F Countryside Communities	0	0.0	0	0.0	0.0	0	0			
5.O Young Hardship	0	0.0	180	5.9	0.0	-8	0			
1.A Lavish Lifestyles	0	0.0	0	0.0	0.0	0	0			
Total	994		3,030		32.8					

COMMENTARY

'Fairly young...H&M, John Lewis...Luxury cars...Owns home outright...Buys theatre tickets and buys airline tickets on the internet...High savings...Interests include wine and playing golf...High incomes...High online spend...Professionals'

Home Life

The customers in this profile (Sandhills remaining sample) will typically be living in detached homes with at least 5 bedrooms, which they are likely to own outright. One would expect there to be 2-3 people living in these households with no dependent children in the household. House values in these neighbourhoods is typically around 45% above the base (Base using 2011 Census Output Areas restricted by Barton and Sandhills) average of £160,080. Characteristically, the family or household structure is likely to be a couple family with no children or a couple family with children.

Finance

People working in these types of neighbourhoods will typically work in a professional occupation or be in senior management. Average household income across this profile is around £44,100 which is 33% above the base average and many will pay a higher rate of tax. About 107% more households than in the base have an income of over £100,000.

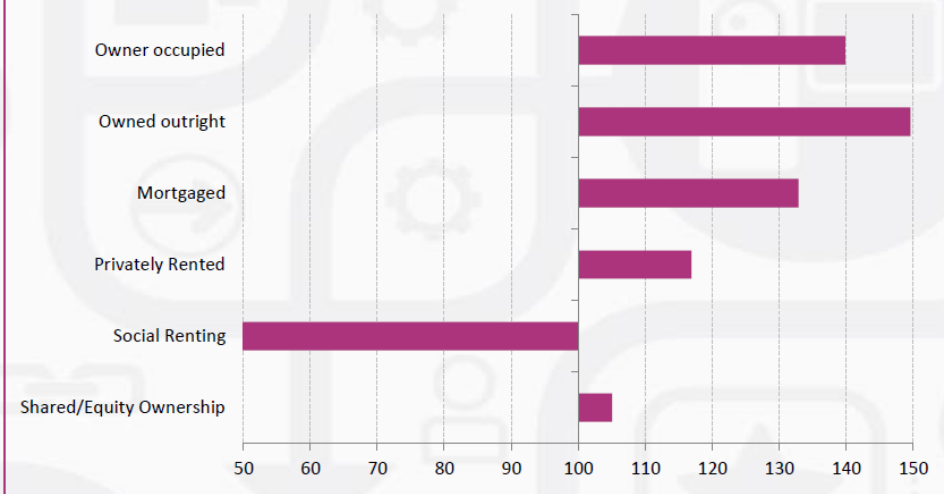
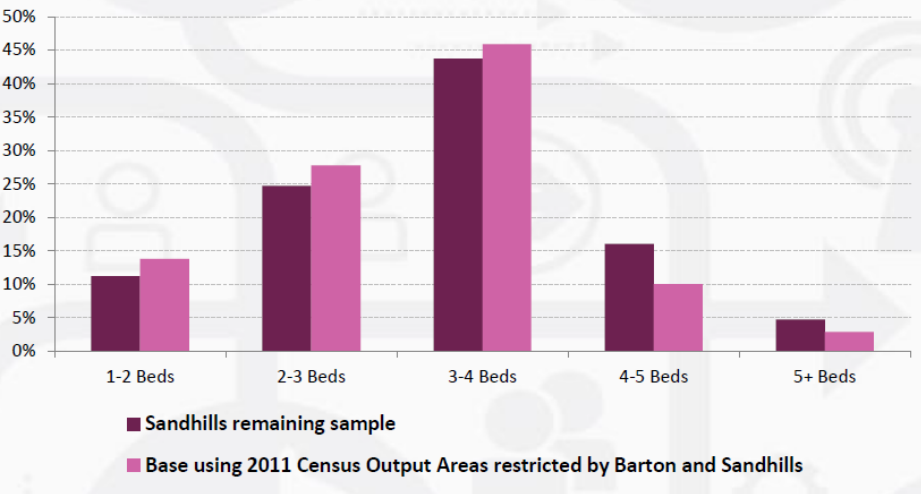
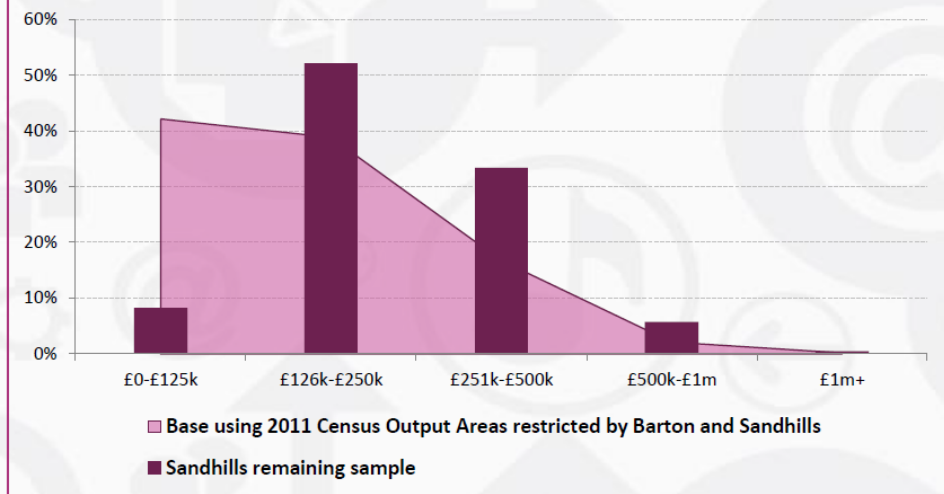
The savings value of these customers is expected to be over £10,000 and they are likely to have investments of over £20,000. They are likely to save and invest their money in unit trusts, or in investment bonds.

A greater proportion of people in the profile than in the base have a credit card and they are likely to spend over £500 per month. They are unlikely to have any loans and/or current debts. There are few benefits claimants amongst this profile.

House Type



House Price



House Size

House Tenure

HOME WHAT IS CATEGORY GROUP TYPE COMMENTARY CUSTOMER VIEW CHARACTERISTICS

CUSTOMER CHARACTERISTIC

Select the Characteristic Theme from the red box

Family: Structure

Variable	Index	0	100	200+
Couple family no children	128			
Couple family with children	112			
Lone parent family	54			
All pensioner	93			
All student	113			
Single adult no children	91			

HOME WHAT IS CATEGORY GROUP TYPE COMMENTARY CUSTOMER VIEW CHARACTERISTICS



Select the Characteristic Theme from the red box

Health: Health Indicators

Variable	Index	0	100	200+
Currently Smoke	59		<div style="width: 59%;"></div>	
BMI > 30	79		<div style="width: 79%;"></div>	
High Cholesterol	110		<div style="width: 110%;"></div>	
Alcohol Consumption: Women >3 units per day	117		<div style="width: 117%;"></div>	
Alcohol Consumption: Men >4 units per day	106		<div style="width: 106%;"></div>	
Diabetes	84		<div style="width: 84%;"></div>	
Heart Attack/Angina	69		<div style="width: 69%;"></div>	
Hypertension/High Blood Pressure	90		<div style="width: 90%;"></div>	
Asthma	91		<div style="width: 91%;"></div>	
Arthritis/rheumatism/fibrositis	68		<div style="width: 68%;"></div>	
Mental illness/anxiety/depression/nerves	55		<div style="width: 55%;"></div>	

Appendix E: Face-to-face survey

Barton Health and Well Being Survey 2017

Good morning/afternoon/evening. My name is _____ and I work for M·E·L Research, an independent market research company.

We are carrying out a short survey on behalf of Oxford City Council and partners into the health and well being of Barton residents. Your views will help to inform future developments and health services in Barton.

Would you be willing to spare around 10 to 15 minutes to help with this important study? All information you provide will be treated as strictly confidential and we will not pass on any personally identifiable information without your prior permission. INTERVIEWER TO SHOW RESPONDENTS DATA PROTECTION LETTER FROM OXFORD CITY COUNCIL.

IF YES: We operate under the Market Research Society's Code of Conduct and all information will be held strictly in accordance with the Data Protection Act 1998.

IF NO: THANK AND CLOSE.

IF REQUIRED: Barton Healthy New Town is one of 10 healthy new towns sites, which are part of a NHS England programme that looks at how new developments can help promote healthier lifestyles, in Barton the projects are looking at understanding the health issues of an area to better plan health services.

If you require more information on the project, please contact Azul Strong, Barton Locality Officer on 01865 252033 or at astrong@oxford.gov.uk

So to start, this section includes a few introductory questions which relate to living in Barton.

Throughout this survey we ask you to think about 'your local area'. When answering, please consider your local area to be the area within 15 – 20 minutes walking distance from your home.

Q1 Please can you tell me how long you have lived in the local area? SHOWCARD A AND CODE ONE ONLY.

Less than one year	<input type="checkbox"/>	11-15 years.....	<input type="checkbox"/>
1-5 years.....	<input type="checkbox"/>	16-20 years.....	<input type="checkbox"/>
6-10 years.....	<input type="checkbox"/>	Over 20 years	<input type="checkbox"/>

Q2 Overall, how satisfied or dissatisfied are you with your local area as a place to live? SHOWCARD B AND CODE ONE ONLY.

Very satisfied	<input type="checkbox"/>	Fairly dissatisfied.....	<input type="checkbox"/>
Fairly satisfied	<input type="checkbox"/>	Very dissatisfied	<input type="checkbox"/>
Neither satisfied nor dissatisfied	<input type="checkbox"/>	Don't know.....	<input type="checkbox"/>

Q3 What are your reasons for giving this answer? INTERVIEWER TO PROBE FOR REASONS FOR SATISFACTION OR DISSATISFACTION

Q4 How strongly do you feel you belong to your local area? SHOWCARD C AND CODE ONE ONLY.

Very strongly	<input type="checkbox"/>	Not at all strongly.....	<input type="checkbox"/>
Fairly strongly.....	<input type="checkbox"/>	Don't know.....	<input type="checkbox"/>
Not very strongly	<input type="checkbox"/>		

Q5 To what extent do you agree or disagree that your local area is a place where people from different ethnic backgrounds get on well together? By getting on well together, we mean treating each other with respect. SHOWCARD D AND CODE ONE ONLY.

Definitely agree.....	<input type="checkbox"/>	Definitely disagree	<input type="checkbox"/>
Tend to agree	<input type="checkbox"/>	Don't know.....	<input type="checkbox"/>
Neither agree nor disagree.....	<input type="checkbox"/>	Too few people in local area	<input type="checkbox"/>
Tend to disagree.....	<input type="checkbox"/>	All the same ethnic background	<input type="checkbox"/>

Q6 How safe or unsafe do you feel when outside in your local area after dark? And how safe or unsafe do you feel when outside in your local area during the day? SHOWCARD E AND CODE ONE FOR EACH ROW.

		Very safe	Fairly safe	Neither safe nor unsafe	Fairly unsafe	Very unsafe	Don't know
During the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After dark?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q7 For each of the following statements, do you feel they describe your local area as it is now?

	Yes	No	Don't know
Good childcare facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activities for young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good local primary school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good access to education overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good food shopping facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good local public transport services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good community facilities (e.g. Barton Neighbourhood Centre)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good local health and social care facilities (e.g. doctor surgery, hospital etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good social activities for older people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good availability of green space, such as parks and open spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q8 What do you believe are the key strengths of the Barton local area?

Q9 And what top three things could make things better in Barton?

Q10 Please can you tell me your views about the new Barton Park Development? INTERVIEWER PLEASE READ OUT STATEMENT IN INTRODUCTION IF NEEDED.

This next section is about your views on health and healthy lifestyles

Q11 In general, would you say your health is: SHOWCARD F AND CODE ONE ONLY.

Excellent.....	<input type="checkbox"/>	Fair	<input type="checkbox"/>
Very good.....	<input type="checkbox"/>	Poor.....	<input type="checkbox"/>
Good.....	<input type="checkbox"/>	Don't know.....	<input type="checkbox"/>

Q12 Compared to one year ago, how would you rate your health in general now? SHOWCARD G AND CODE ONE ONLY.

Much better now than one year ago.....	<input type="checkbox"/>	Somewhat worse now than one year ago..	<input type="checkbox"/>
Somewhat better now than one year ago..	<input type="checkbox"/>	Much worse now than one year ago.....	<input type="checkbox"/>
About the same	<input type="checkbox"/>	Don't know.....	<input type="checkbox"/>

Q13 Is there any family history of the following illnesses? SHOWCARD H AND CODE ALL THAT APPLY.

Type two diabetes (condition that causes a person's blood sugar level to become too high).....	<input type="checkbox"/>
Heart disease (e.g. heart attack).....	<input type="checkbox"/>
Stroke.....	<input type="checkbox"/>
Cancer.....	<input type="checkbox"/>
Mental health issues	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
Prefer not to say.....	<input type="checkbox"/>

Q14 Have been diagnosed with any of these illnesses? SHOWCARD H AND CODE ONE FOR EACH ROW ONLY.

	Yes	No	Prefer not to say
Type two diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart disease (e.g. heart attack)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q15a What would you say were the key health problems for residents living in the Barton area? Please provide details of up to three only.

Q15b What would you say were the key health challenges for residents living in the Barton area? Please provide details of up to three only.

Q15c What would you say were the key health challenges for residents living in the Barton area? Please provide details of up to three only.

Next are some statements about feelings and thoughts.

INTERVIEWER TO PASS CAPI TO RESPONDENT FOR SELF COMPLETION - MAY ASSIST WHERE REQUIRED.

Q16 For each statement, please tick the box that best describes your experience of each over the last 2 weeks. SHOWCARD I AND SELECT ONE OPTION FOR EACH ROW ONLY.

	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been dealing with problems well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been thinking clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling close to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been able to make up my own mind about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE HAND CAPI DEVICE BACK TO INTERVIEWER.

Q17 To what extent do you agree or disagree with the following statements? SHOWCARD J AND CODE ONE FOR EACH ROW.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I am content with my friendships & relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have enough people I feel comfortable asking for help at any time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My relationships are satisfying as I would want them to be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel part of my local community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find it easy to relate to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can call on my friends and relatives whenever I need them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q18 How often would you say you have been worried about your personal finances/ability to pay bills during the last month? SHOWCARD K AND CODE ONE ONLY.

- Almost all the time.....
- Quite often.....
- Only sometimes.....
- Never.....
- Prefer not to say.....

This next section asks questions about diet and exercise

Q19 How many portions of fruit and vegetables do you eat in a typical day? Please include fresh, frozen, dried and tinned fruit and vegetables, but exclude potatoes. Include leafy vegetables, root vegetables, salads, peas, beans, lentils, etc; vegetables included as part of a main dish such as a vegetable curry/cauliflower cheese; and fresh fruit juice or vegetable juice.

A portion = an apple, two plums, a cupful of grapes or a glass of fruit juice/smoothie or a handful of vegetables.

SHOWCARD L AND CODE ONE ONLY.

- At least 5 portions (5+).....
- At least 4 portions, but less than 5.....
- At least 3, but less than 4 portions.....
- At least 2, but less than 3.....
- At least 1, but less than 2.....
- Less than 1.....
- None.....

Q20 How often do you have/do the following: SHOWCARD M AND CODE ONE FOR EACH ROW.

	More than once a day	Once a day	Most days (3-6 times a week)	Once or twice week	Less than once a week	Never
Eat a meal prepared from scratch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A take-away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A ready meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q21 How far do you travel to do your usual food shopping? SHOWCARD N AND CODE ONE ONLY.

- Less than one mile
- 1-3 miles.....
- 4-6 miles.....
- 6+ miles
- Don't do the food shopping.....
- Don't know.....

Q22a During the last 4 weeks, on how many days did you do moderate physical activity? By this we mean activities that take medium physical effort and makes you breathe a little harder than usual. PROMPT IF REQUIRED: For example: fast walking, tennis, easy cycling, dancing, easy swimming, gardening, housework, domestic chores. Please think only about those physical activities that you do for at least 10 minutes at a time.

SHOWCARD O AND CODE ONE ONLY.

- Everyday = 28 times
- Every weekday = 20 times.....
- Every other day = 14 times
- Every day at the weekend = 8 times
- One day every weekend = 4 times.....
- Other (enter number of days 1-28 in the box below)
- None.....
- Don't know/can't remember.....

Q22b Other frequency (between 1 and 28 days)

Q23a During the last 4 weeks, on how many days did you do vigorous physical activity? By this we mean activity that includes activities that made you out of breath or sweaty. **PROMPT IF REQUIRED:** e.g. squash, running, aerobics, strenuous hill walking, weight training, boxing, football, rugby, hockey, vigorous swimming, vigorous cycling or similar activities.

Think only about those physical activities that you do for at least 10 minutes at a time.

SHOWCARD O AND CODE ONE ONLY.

- Everyday = 28 times
- Every weekday = 20 times.....
- Every other day = 14 times
- Every day at the weekend = 8 times
- One day every weekend = 4 times.....
- Other (enter number of days 1-28 in the box below)
- None.....
- Don't know/can't remember

Q23b

This section focuses on smoking and alcohol

Q24 Do you or have you ever smoked? **CODE ONE ONLY.**

- Yes, I currently smoke
- Yes, I used to smoke, but I no longer smoke.
- No.....

Q25 Thinking of the other people who live with you at home currently: how many smoke, excluding yourself? **SHOWCARD P AND CODE ONE ONLY.**

- None of them smoke
- One person smokes
- Two or more people smoke
- I don't know
- I live alone

Q26 How many cigarettes/cigars/roll ups do you/they smoke a day? SHOWCARD Q AND CODE ONE ONLY.

- Less than 1 cigarette/cigar/roll up per day
- 1-9 cigarettes/cigars/roll ups per day
- Between 10-19 cigarettes/cigars/roll ups per day.....
- Between 20-29 cigarettes/cigars/roll ups per day.....
- 30+ cigarettes/cigars/roll ups per day

Q27 Do you drink alcohol? CODE ONE ONLY.

- Yes
- No.....

Q28 How often do you have a drink containing alcohol? SHOWCARD R AND CODE ONE ONLY.

- Monthly or less
- 2-4 times per month
- 2-3 times per week
- 4+ times per week

Q29 Please refer to units guide pictures below when you answer the next question.

How many units of alcohol do you drink on a typical day when you are drinking? SHOWCARD S AND CODE ONE ONLY.

- 1-2 units
- 3-4 units
- 5-6 units
- 7-9 units
- 10+ units

					
Pint of beer/ lager 4% ABV 2.3 units	Can of beer/ lager 440ml 5% ABV 2.2 units	175ml medium glass of wine 12% ABV 2 units	250ml large glass of wine 12% ABV 3 units	25ml single spirit and mixer 40% ABV 1 unit	50ml double spirit & mixer 40% ABV 2 units

Finally in this section we would like to ask you some questions about yourself and your household. This is to make sure we speak to a range of different people living in Barton.

Q30 INTERVIEWER CODE GENDER

- Male
- Female.....
- Prefer not to say

Q31a How old were you on your last birthday? write a number i.e. 25

Q31b IF AGE ON LAST BIRTHDAY REFUSED, ASK: Within which of these age bands do you fall? SHOWCARD T and CODE ONE ONLY

- | | |
|-------------------------------------|---------------------------------------|
| 18-19..... <input type="checkbox"/> | 45-59..... <input type="checkbox"/> |
| 20-24..... <input type="checkbox"/> | 60-64..... <input type="checkbox"/> |
| 25-29..... <input type="checkbox"/> | 65+..... <input type="checkbox"/> |
| 30-44..... <input type="checkbox"/> | Refused..... <input type="checkbox"/> |

Q32 And how would you describe your ethnicity? SHOWCARD U AND CODE ONE ONLY

- | | |
|--|--|
| White British..... <input type="checkbox"/> | Asian: Bangladeshi..... <input type="checkbox"/> |
| White Irish..... <input type="checkbox"/> | Asian: Other..... <input type="checkbox"/> |
| White Other..... <input type="checkbox"/> | Black: Caribbean..... <input type="checkbox"/> |
| Mixed: White and Asian..... <input type="checkbox"/> | Black: African..... <input type="checkbox"/> |
| Mixed: White and Black Caribbean..... <input type="checkbox"/> | Black: Other..... <input type="checkbox"/> |
| Mixed: White and Black African..... <input type="checkbox"/> | Chinese..... <input type="checkbox"/> |
| Asian: Indian..... <input type="checkbox"/> | Other..... <input type="checkbox"/> |
| Asian: Pakistani..... <input type="checkbox"/> | Refused..... <input type="checkbox"/> |

Q33 What is your employment status? SHOWCARD V AND CODE ONE ONLY.

- | | |
|--|--|
| Working full time (30+ hours)..... <input type="checkbox"/> | Long term sick/disabled..... <input type="checkbox"/> |
| Working part time (less than 30 hours)..... <input type="checkbox"/> | Retired..... <input type="checkbox"/> |
| Self employed..... <input type="checkbox"/> | Full time education or student..... <input type="checkbox"/> |
| Training scheme or apprenticeship..... <input type="checkbox"/> | Doing unpaid /voluntary work..... <input type="checkbox"/> |
| Unemployed or actively seeking work..... <input type="checkbox"/> | Carer..... <input type="checkbox"/> |
| Looking after the family..... <input type="checkbox"/> | Other (please specify below)..... <input type="checkbox"/> |

Q34 IF WORKING / STUDENT: Normally, how much time does it take you to travel to work/education on a daily basis? SHOWCARD W AND CODE ONE ONLY.

- | | | | |
|----------------------------|--------------------------|-----------------------------------|--------------------------|
| Less than 15 minutes | <input type="checkbox"/> | Over 1 hour | <input type="checkbox"/> |
| 15 - 30 minutes | <input type="checkbox"/> | Work mainly at or from home | <input type="checkbox"/> |
| 31 - 45 minutes | <input type="checkbox"/> | No fixed place of work | <input type="checkbox"/> |
| 46 minutes to 1 hour | <input type="checkbox"/> | | |

Q35 In which of these ways do you occupy your accommodation? SHOWCARD X AND CODE ONE ONLY.

- | | |
|---|--------------------------|
| Own outright..... | <input type="checkbox"/> |
| Own with a mortgage or loan..... | <input type="checkbox"/> |
| Pay part rent and part mortgage (shared ownership)..... | <input type="checkbox"/> |
| Rent from Oxford City Council | <input type="checkbox"/> |
| Rent from a housing association | <input type="checkbox"/> |
| Rent from a private landlord | <input type="checkbox"/> |
| Other (please specify)..... | <input type="checkbox"/> |
| <input type="text"/> | |

Q36 What is your current marital status? SHOWCARD Y AND CODE ONE ONLY.

- | | | | |
|-------------------------------------|--------------------------|----------------------------|--------------------------|
| Married | <input type="checkbox"/> | Widowed | <input type="checkbox"/> |
| Living together/have a partner..... | <input type="checkbox"/> | Separated | <input type="checkbox"/> |
| Divorced | <input type="checkbox"/> | Single-never married | <input type="checkbox"/> |

Q37 Do you have children living in the household - in these age groups? SHOWCARD Z and CODE ALL THAT APPLY

- | | | | |
|--|--------------------------|-------------------------------------|--------------------------|
| Have child/children aged under 5 | <input type="checkbox"/> | Have child/children aged 11-16..... | <input type="checkbox"/> |
| Have child/children aged 5-10..... | <input type="checkbox"/> | No dependent children..... | <input type="checkbox"/> |

Q38 Would you consider yourself a carer? i.e. Do you provide unpaid care to any family members, friends, neighbours or others because of long-term physical or mental ill health or disability, or problems related to old age? Please note this does not include any activities as part of paid employment.

- | | | | |
|-----------|--------------------------|---------|--------------------------|
| Yes | <input type="checkbox"/> | No..... | <input type="checkbox"/> |
|-----------|--------------------------|---------|--------------------------|

Q39 Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? CODE ONE ONLY.

- | | |
|------------------------------|--------------------------|
| Yes, limited a lot..... | <input type="checkbox"/> |
| Yes limited a little | <input type="checkbox"/> |
| No, not at all limited | <input type="checkbox"/> |

Q40 What is the nature of your condition(s)? SHOWCARD A1 AND CODE ONE ONLY.

- Physical impairment (such as wheelchair to get around and/or difficulty using your arms or walking)
 - Sensory impairment (such as being blind/having a serious visual impairment/ deaf/having a serious hearing impairment)
 - Mental health condition (such as depression, schizophrenia or severe anxiety)
 - Learning disability, (such as Downs syndrome or dyslexia)
 - Cognitive impairment (such as autism or head injury)
 - Longstanding illness or health condition (such as cancer, chronic heart disease or epilepsy)
 - Other (please specify below)
 - Don't know
 - Prefer not to say
-

Q41 Please can you tell me which doctor's surgery you are registered with? SHOWCARD B1 AND CODE ONE ONLY.

- No surgery
 - Bury Knowle (Barton branch)
 - Manor GP
 - Other (please specify below)
-

Q42 Does your household have private use of a car or van (motorbikes included)? CODE ONE ONLY

- Yes
- No

FURTHER CONSULTATION

Q43 We will be conducting some focus group/telephone interviews later this month. This will give residents the opportunity to help inform our research better. Would you be interested in taking part? As a thank you for your time, you will be given a £25 Love2Shop Voucher at the end of the focus group/5 working days after completing the telephone interview.

- Yes, I'm happy to be re-contacted and invited to take part
- No, I'm not interested

Q44

- Name
- Telephone Number
- Email Address
- Best days of week and time to call

Q44e May we have your postcode? The information will only be used by M·E·L Research and NHS/Oxford City Council for the purpose of geographical analysis.

Q45 **To check that I have conducted this survey courteously and professionally and for quality control purposes the office is required to verify a small proportion of my work. Can I please take your full name, address and telephone number. These details are held in confidence and are not linked to your answers, neither are they passed on to any third party.**

Yes

No

Q46

Full Name

Telephone Number

Email Address

This is the end of the questionnaire. Thank you for your time.

Q47

viewer name

Interviewer name

Postcode

MEL ID from Excel Sheet

Appendix F: Telephone Survey Topic Guide

Telephone Interviews with Barton Residents

INTRODUCTION & BACKGROUND TO PROJECT

Hello my name is xxx and I'm calling from M·E·L Research, an independent research company. Earlier this month, one of our researchers visited you at home and you kindly took part in our doorstep Health and Well-being Survey. At the end of the survey, we mentioned we may like to contact you again so that we could discuss your views in more detail. As a thank you for your time, we mentioned you would receive £25 in high street vouchers. As you very kindly agreed to take part in a follow up telephone interview, is it convenient now to have a chat? It should take around 20 to 30 minutes, depending on your views and all your comments will be totally confidential and only used for research purposes.

IF YES, CONTINUE – IF NO, BOOK APPOINTMENT

1. *Are you aware of the new Barton Park Development? IF NO, BRIEFLY EXPLAIN USING REMINDER ON FIRST PAGE.*

READ OUT IF REMINDER IS REQUIRED:

Barton Healthy New Town is one of 10 healthy new towns sites, which are part of a NHS England programme that looks at how new developments can help promote healthier lifestyles, in Barton the projects is looking at understanding the health issues of an areas to better plan health services. This project is linked in with the new development which will consist of 885 new homes, new park, a new primary school which will have a community hub, new sports pitches and pavilion. There will also be two public squares for residents to meet and get together. If you require more information on the project, please contact Azul Strong, Barton Locality Officer on 01865 252033 or at astrong@oxford.gov.uk.

NOTE TO INTERVIEWER: CONSENT TO BE RECORDED, NO NAMES GIVEN IN REPORT, QUOTES OR TRANSCRIPTIONS, USE OF DATA IN REPORT. EMPHASISE NO RIGHT OR WRONG ANSWERS. PROVIDE ASSURANCE THAT COMMENTS WILL BE CONFIDENTIAL.

BARTON AS A PLACE TO LIVE

2. *So just to start, can you remind me how long you have lived in Barton?*
3. *And what **three words** would you use to describe the local area? Why is that?*
4. *In our doorstep survey, you mentioned that xxx was a key strength(s) for Barton. What are the reasons for this being a key strength? And what else?*
5. *You also mentioned xx was a weakness (es) for Barton, why do you say that?*

HEALTHY BEHAVIOURS

6. *From our doorstep survey results, some people living in Barton suggest they are not as healthy as they would like to be. What do you think are the key reasons that may prevent residents in Barton being as healthy as they can be? And what one thing would help people in Barton to be healthier?*

PROBE FOR:

- *Lack of exercise/being physically active*
 - *Poor diet*
 - *Smoking*
 - *Drinking too much alcohol/ taking drugs/substance misuse*
 - *Unemployment, lack of opportunity, low wages, access to benefits, self-worth, mental health issues, living environment/situation/conditions etc*
 - *Social Isolation*
7. *If you felt you needed to, what could potentially help you (and your family) lead a healthier life style? Why do you say that?*
8. *To make Barton a healthier place to live, what key improvements/ enhancements need to be made to the physical area and surroundings of Barton, if anything? (E.g. pollution levels, road noise, traffic, lighting, pathways, green spaces etc)? Why do you say that?*

HEALTH & CARE SERVICES/ADVICE

9. *If you needed advice on health issues, where or who would you go to for support?*
10. *How far would you be willing to travel to your GPs?*
11. *What do you think about the current health and care services provided in Barton and surrounding area? (for example, services at the Bury Knowle/Manor GP surgeries etc) Do you think they are sufficient for your (and your family's) current needs? And what about the needs of other residents? If not, what needs/how does it need to be improved?*
12. *What do you think to the idea of a new Healthy Living Centre (a one stop shop' for healthy living services such as typical GP services and some specialist services, i.e. MIND (mental health) / Go Active) would you use it? Why do you say that?*
13. *Another finding from our survey suggests that some residents maybe lonely or lack contact between other individuals and the wider community – sometimes referred to as social isolation. What practical steps do you think can be taken to reduce social isolation/loneliness in Barton? Why do you say that?*

LOOKING AHEAD TO THE FUTURE

14. *What key thing(s) do you think would help and support the following groups of residents to become healthier in the future?*

- *Barton residents overall*
- *Children/young people*
- *People of working age*
- *Older people*
- *Vulnerable groups and those that are socially isolated*
- *New residents moving to the area*

15. *How do you think the new Barton Park Development will benefit the local area in terms of improving health and well-being? Why do you say that?*

FURTHER COMMENTS

16. *Are there any other comments that you would like to add or things that we should consider that have not been covered already?*

THANK AND CLOSE - Ask for address to send voucher

Appendix G: Sample Profile

SUB-GROUP	FREQUENCY	%
Gender		
Male	139	46%
Female	161	54%
Age		
18-19	15	5%
20-24	26	9%
25-29	45	15%
30-44	89	30%
45-59	66	22%
60-64	15	5%
65+	44	15%
Ethnicity		
White	220	73%
BME	80	27%
Employment status		
Working	168	56%
Not in employment	88	29%
Retired	44	15%
Children		
Have dependent children	215	72%
No dependent children	162	54%
Health problems or disability		
Day-to-day activities limited a lot by health problems or disability	24	8%
Day-to-day activities limited a little by health problems or disability	17	6%
Day-to-day activities not at all limited by health problems or disability	255	86%

* NB: Frequency counts exclude those that preferred not to answer



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