Health and Wellbeing Community Insight Report for Didcot: Stakeholder Engagement

Atkin Consultancy

10/05/24 final

Contents

Table of Contents

Background

The briefing documentation for this project identified that Oxfordshire is one of the most affluent areas of the country. This hides the astounding fact that there are 10 wards in Oxfordshire that feature areas, which are in the 20 per cent most deprived in England.

Didcot is comprised of three wards: Didcot South, Didcot West, and Didcot North East. Each ward contains multiple Lower Super Output Areas (such as income and employment deprivation and barriers to housing and services) and rank between 40-50 per cent of the most deprived nationally on the overall index. Adjacent to these wards is Great Western Park, which at the time of the Census 2021 was in Harwell and Blewbury Parish but is now in a new ward called Western Valley Parish.

Community insight profiles are being created to ensure the health outcomes, and factors that influence these outcomes, where residents are most at risk of poor health, or experience health inequalities are understood as fully as possible.

The first phase of work focussed on wards identified in the 2019 Director of Public Health Annual Report – this report looked at the three wards that cover Didcot – Didcot South, Didcot West, and Didcot North East. Each ward contains multiple Lower Super Output Areas (such as income and employment deprivation and barriers to housing and services) and rank between 40-50 per cent of the most deprived nationally on the overall index.

An initial Didcot Community Profile was also developed in 2021, which saw obesity rates in year 6 children (aged 10-11 years) in Didcot South were above the district and national average. The figures also showed Didcot South and Didcot West are in the top six wards in the area that experience child poverty. According to Sport England's data the three wards identified are some of the least active in the district with the estimated proportion of adults aged 16+ who are physically active at least 150 minutes a week.

South Oxfordshire and Vale of White Horse District Councils commissioned community insight profile to help inform improvements to increase the health and wellbeing of residents living in the Didcot Garden Town area.

The project objectives are to:

- understand the experiences of local stakeholder groups in relation to residents' health and wellbeing, particularly in Didcot South, Didcot West and Didcot Northeast district council wards
- outline the health outcomes and the factors that influence stakeholders' support and bring this to life through their voices

- provide information and recommendations for local organisations, stakeholders and residents working together to improve health and wellbeing of the community in Didcot

In 2024, Atkin Consultancy was contracted to explore stakeholders' views on three topics:

- the strengths and assets in the area that support and enable residents' health and wellbeing - what matters to the local community
- the challenges and barriers that organisations experience that hinder residents' health and wellbeing and what they think would help to address these
- the long-term impacts of COVID-19 on residents' health and wellbeing

Atkin Consultancy undertook a process of engagement with key community groups, voluntary groups and charities from the three Didcot Parishes and Great Western Park and collected information on the organisations who are active within it. The key stakeholders were:

- Age UK, Didcot
- Baptist Church Foodbank
- The Buck Project
- Citizens Advice, Didcot
- Didcot Town Council
- Didcot Train
- Didcot Volunteer Drivers
- Earth Trust
- Home Start
- Primary Care Network
- SOFEA
- SOHA
- Sustainable Didcot

This report provides an overview of the area's profile, key themes from the engagement process, supported by a community asset map and qualitative data.

The project output will be used to put together a larger Community Insight Report that includes other findings from engagement work with residents. The final Community Insight Report and recommendations will help to inform future action planning. The profile will be shared with relevant boards such as the Didcot Garden Town Advisory Board, Oxfordshire Health and Wellbeing Board as well as being a useful resource for community organisations in Didcot.

Overview of the Area's Profile

Didcot has a large number and complex range of assets, networks, activities and services, which address the health and wellbeing of its residents. The following section provides an overview of the area's profile. In it, the health issues Didcot residents are experiencing, as reported by stakeholders, are provided. Also summarised are the community assets, services and networks active in Didcot.

Health Issues

Participants identified that Didcot's residents are experiencing a wide range of health issues. These issues can be loosely grouped into categories including physical health, mental health, social health and wellbeing. Other categories include indirect contributing factors or consequences of poor health. The following sections outline each category and provide representative examples for each category of issues.

Physical Health

Participants identified a range of common physical health issues that residents experience, which were highlighted as being particularly prevalent and/or important. These include (but aren't limited to) obesity, heart disease, diabetes, cancer, chronic obstructive pulmonary disease frailty, disability, poor mobility, dental health, foot care and other chronic diseases.

Mental Health

Mental health issues were frequently cited as being concerning to participants. It was highlighted that there are very high levels of neurodiversity amongst social housing residents and school children, and it was felt that the presentation of anxiety, stress, depression, ADHD, autism, Aspergers was high. A particular concern for one participant was high levels of self-harm in school children.

Wellbeing

Participants described the challenge residents have in maintaining wellbeing and lack of social interaction, lack of social contact, loneliness, isolation, reclusion, low self-esteem and lack of confidence were variously mentioned as being common in Didcot. Often, a direct link was drawn between the COVID-19 pandemic and these issues and identified as a cause. The low availability of social activities, particularly the absence of youth clubs for young adults was considered as an issue as was the availability and inflexibility of employment options, particularly for new mothers.

Contributing Factors

Amongst the discussions several issues were raised, which are either an indirect consequence of poor health or contribute to poor health. These included antisocial behaviour, substance use/abuse (e.g. alcohol, vapes, drugs), poor diet, lack of basic food knowledge, poor hygiene, lack of readiness for school, limited responsibility taken for own health issues, poor living conditions (e.g. hoarding or disability adjustments), breach of tenancy conditions, child protection plans and domestic abuse.

Accessibility

Participants provided their view on the challenges that residents experience in accessing services. Low awareness of services or benefits, technological barriers for the elderly, language barriers amongst refugees, high demand or competition for services, administrative barriers in navigating the complexity of the system or its administrative processes were all identified as negative factors that limit access to services by residents.

Complexity

Participants acknowledged the scale, diversity and prevalence of the residents' health and wellbeing issues in Didcot and felt that it was high. They identified that the nature of these factors results in a complex interplay and overlap of issues that amplify each other, for example someone requiring medical support may be hampered by other factors such as access to technology, access to services and compounded by mental health problems that results in an inability to resolve the issue. Participants observed that this can result in downward spirals of health and wellbeing in residents. These downward spirals may transfer to new generations of residents as issues such as poor social integration, nutrition, literacy and hygiene are passed down to children and present as school-readiness issues as they enter the school system.This complexity makes it difficult for services to provide adequate support and can lead to individuals and families being 'failed' by the system.

Summary

Among the issues identified there are undoubtedly strengths and assets that help residents resolve their health problems, however, the prevailing picture is that the health issues in Didcot are complex, which presents challenges and barriers that organisations experience, which in turn, hinder residents' health and wellbeing. The long-term impacts of COVID-19 on residents' health and wellbeing is seen as factor, especially in causing isolation, which continues to persist; however, it was not frequently identified as a sole or primary cause of health issues.

Community Assets

There are many community and voluntary organisations that are active in Didcot that have direct or indirect involvement in health-related issues. Building on an initial list of less than 30 organisations, a community asset map of over 300 organisations was created during this project (see Appendix A for the methodology).

These organisations exist within a complex environment. Each organisation often has more than one service with one or more objectives which they deliver in different contexts and through a variety of activities. Similarly, each organisation may link to other organisations within Didcot and beyond. Mapping this large number of organisations, the diversity of their services and activities and the complexity of their network would require a resource intensive process to map, even if the data were readily available.

To simplify this mapping exercise a small number of categories were created and applied to the stakeholder information. The categories focused on the type of organisation, the age range of residents they support, their focus, their geographical location and remit. This information is summarised in Appendix D.

To provide an overview of the information collected the number and type of organisations, their geographic location/reach and the age groups the organisations serve was prepared. From this the nature of the services provided, their scale and scope and the number of organisations (and their potential network) can be inferred.

Service Providers by Type

The organisations active in Didcot were split into different types, including organisations with:

- An overarching policy or governance view or who operate as part of council structures (category: Council) e.g. SODC Active Communities, Didcot Town Council
- A direct responsibility physical and mental health (category: Health) e.g. Riverside Counselling, Primary Care Network, Oxfordshire Mind
- An indirect role in health by virtue of looking after people (categories: Education, Housing, Childcare, Faith), Didcot Baptist Church, Ladygrove Church Toddler Group, SOHA, nurseries and schools)
- A community-facing role which may bring them into contact with health issues through their work but isn't the primary focus of their work (category: Community) e.g. Age UK, Great Western Park Residents Association, Didcot Volunteer Drivers
- A role providing social and wellbeing activities to residents which can be said to assist in maintaining mental and physical health. (categories: Arts, Hobby,

Outdoors, Sport & Exercise) e.g. Didcot Garden Party, Cornerstone Theatre Company, Earth Trust, Didcot Boxing Academy.

The number of organisations by each category are reported in Table 1. This shows that there is a wide range of organisations active, distributed across the categories.

Table 1 Number of organisations by category

	N =
Arts	15
Community	113
Council	7
Education	24
Faith	24
Health	35
Hobby	7
Housing	11
Nursery	4
Outdoors	17
Sport & Exercise	48
Total	305

Geographic Location and Reach

The location of service providers and their geographic reach was characterised and is summarised in Table 2.

The data demonstrates that Didcot is served by 136 organisations based in Didcot that serve predominantly Didcot (n= 35, the local area and the region). There is an ecosystem of organisations which operate in and around the town in the local area (32) and services based regionally (often in Oxford) which reach the local areas (14). Didcot also secures services from organisations based and active regionally (50) and nationally (19).

Table 2 Categorisation of organisations by geographic location and reach

		Organisation Reach			
		Didcot	Local	Regional	National
Organisation Location	Didcot	136	1	12	
	Local	1	32	14	
	Regional			50	

	National				19

Definitions: Didcot – Didcot Garden Town area; Local - surrounding towns and villages; Regional - within South Oxfordshire/Vale or Oxfordshire; National - Outside of Oxfordshire

Age Range

The likely age range for each organisation was determined and categorised by organisation type. This data is summarised in Table 3.

This information shows that there are a lot of organisations with the same age range focus (e.g. 173 'start well'), that organisations may cover multiple age ranges, and that when looking within an organisation 'type' there's likely to be several organisations concerned with supporting residents in the same age range (e.g. 24 education organisations/start well, 59 community organisations/live well).

Table 3 Categorisation of organisations by type and age range

	Start Well	Live Well	Age Well
Arts	8	7	1
Community	54	59	27
Council	1	2	1
Education	24		
Faith	23	18	18
Health	20	22	17
Hobby	1	7	1
Housing	1	7	5
Nursery	4		
Outdoors	4	14	4
Sport & Exercise	33	41	26
Total	173	177	100

Overview

Recognising that it is a large and complex picture of service providers working in Didcot, simple categorisations have been applied to provide an overview of the profile of the area. This shows that within organisation types there are several organisations working in a similar context. Didcot holds many organisations focusing on the area and Didcot also provides services to the wider local and regional areas as well as securing services from outside. Based on simplified categories it can be implied that there are many services and activities, that there are likely to be overlapping interest amongst these organisations which may form the basis for networks.

These represent likely strengths and assets that support and enable residents' health and wellbeing. The following section explores the challenges and barriers that organisations experience that hinder residents' health and wellbeing.

Themes

Participants gave a wide variety of responses out of which themes emerged. Overall participants engaged willingly, and stakeholders were interested in the project, and some are, or have become, members of the Healthy Didcot Steering Group. However, there were some queries as to how the Healthy Didcot Steering Group and community insight report could provide value and concerns that this process might be covering old ground or might represent a top-down approach from the 'council'. It is against this background the perspectives summarised below were provided.

The key themes presented below emerged during the engagement process (Appendix A). After the initial round of consultations, the themes were consolidated and presented to Healthy Didcot Steering Group and subsequently written up and validated with participants. The remaining consultations were structured using these themes and the themes were circulated in advance.

The key themes were ordered in the following way: External Pressures, Strategy, Leadership, Network, Services, Sustainability. Each of these themes are defined and expanded upon in the following sections. The strengths, weaknesses, opportunities and threats under each theme are explored and recommendations new insight and next steps made.

External Pressures

External Pressures are defined as large, widespread and long-lasting trends which create pressures affecting the health of residents and the services that they access.

Participants were able to identify a wide range of factors including: the cost-of-living crisis, pressures on frontlines healthcare services and the increasing reliance on charity and community organisations to meet demand, the decrease in the availability of funding, the growth of Didcot and the evolution of housing estate age/demographic profiles and the decrease in civic pride over time affecting voluntary contributions. These pressures are in addition to the complexity of needs that residents are experiencing, which are outlined in previous sections. Some organisations were able to demonstrate direct correlation between the uptake in their services against these external pressures (e.g. foodbank use vs cost of living crisis).

Despite this demonstration of awareness of external pressures by some organisations, this was not uniform. For example, one organisation was unaware of the development of Valley Park to the West of Didcot and had not appreciated how this may affect their organisation in the future. Linked to this is a lack of a shared understanding across Didcot of the pressures; while one organisation may have in depth knowledge of an issues, this knowledge is not readily shared with, nor complemented by information from, others.

If a clearer picture of the external pressures were created and shared it would provide the basis for a coordinated response to the pressures at a point in time and to appreciate how these pressures are developing to plan more effectively to address them. Increasing the sophistication of this knowledge could assist in responses to the complexity of health issues residents are experiencing.

Without developing this shared knowledge and approach to understanding external pressures, Didcot's ability to respond to changes may remain limited or reactive in nature. As the population in Didcot is increasing sharply, the number and complexity of health issues are likely to increase, which may create problems that overburden individual organisations' capability and capacity which would in turn impact residents' health.

Further insight is recommended on the external pressures that Didcot is experiencing and requires leaders from the area to contribute to a list of issues and create a document summarising them and the scale and severity of the issues identified supported by evidence (e.g. from ONS data).

Strategy and Action Planning

Strategy is defined as the long-term plans to achieve objectives which will help respond to the external pressures associated with health and wellbeing.

Several participants were able to articulate their organisation's strategy and how it relates to health and wellbeing. For example, the Earth Trust publishes its five-year strategy[1] on their website. Other organisations were able to demonstrate how links to other, similar organisations allows the generation of strategies and plans.

However, most participants did not have a defined strategy and were not able to indicate any overarching strategy held by others, which they used to understand health and wellbeing issues. Organisations also identified that the development of strategy is fragmented and disjointed with only fragile links between regional, local and Didcot strategies and that it is difficult to achieve buy-in for the development of long-term plans

[1] https://earthtrust.org.uk/about/strategy/

(i.e. for plans greater than 4 years). It is likely that there is no single accepted, Didcot-specific strategy, which covers the health issues experienced by Didcot residents.

Through discussion it is anticipated that there is a need for a Didcot-specific strategy and that participants see the need for one to draw together the variety of contributions of organisations using experiences from grassroot to create a strategy that fits Didcot's needs.

Without a strategy it would remain difficult for Didcot to influence decision making, lobby for change and resources to support change. If a strategy were not developed using the experiences of those people and organisations involved in the delivery of services, it is possible that any strategy created in this way would not achieve buy-in from those people and organisations.

Further is insight is recommended on the extent to which health in Didcot is covered in organisational strategies. These strategies need to be collated and summarised. This body of work needs to be evaluated to determine its coverage and suitability and a long-term Didcot-specific strategy for health developed.

Leadership

Leadership is defined as the individuals who, through professional role, experience, length of service, size of organisation can provide direction and support to efforts to support health and wellbeing.

Didcot is served by a variety of leaders from trustees, CEOs, senior managers and longstanding volunteers. This local leadership has evolved over the years and there is a core group who have worked together in different contexts. For example, leaders in SOHA and Citizens Advice, and the Primary Care Network and SOFEA each have strong working relationships at senior levels. Organisations such as Didcot First also provide links and access to leadership levels across corporate and political levels.

Some leaders have a long history of working in Didcot on health issues and have found effective ways of working across power structures (e.g. Councils) to achieve progress. Some organisations have new and emerging leaders who don't have a long history in the Didcot area. These individuals may bring new energy to the development of strategies and networks to form joined-up leadership.

To draw together and implement wider strategies and plans for a healthy Didcot, contributions are required from both established and emerging leaders. These leaders reflected that repletion of data/insight collection is less likely to achieve progress and more likely to increase fatigue amongst members of this group.

Further insight is recommended from those who have leadership roles in the area. These leaders should be brought together to share their perspectives and a suitable forum identified to maintain good contact amongst these leaders.

Network and Collaboration

Network is defined as the connectivity and assembly of groups of individuals and organisations who provide services in Didcot in short, medium and long-term discussions.

Amongst some organisations there are very strong networks, which arise because they take referrals from a wide range of entities. For example, Age UK and the Foodbank were able to supply the project with extensive lists of stakeholders who they take referrals and refer people onto. Similarly, the PCN and SOFEA have worked with wellbeing leads in schools to address a rise in self-harm amongst students. Organisations who are part of larger national or regional organisations (e.g. Home Start's three regional organisations in Oxfordshire or networks of Parish Clerks) can maintain good networks across their operations.

There is evidence of past formal or regular networks of organisations in Didcot, however, these are difficult to sustain. Newcomers to organisations reported finding it difficult to make connections and more established participants observed that networks are fragile, often built on a small number of peer-to-peer relationships and regular staff turnover makes long-term collaboration challenging. Opportunities to network were seen as limited and their format was not social enough or were held at times that are inaccessible to people with family commitments.

Despite the challenges in networking, there was a sense of a keenness to build a functional network, especially amongst members of organisations in a management or support role. Without supporting this aspect, it would be difficult to achieve effective integration of organisations to address the complex health issues being experienced by residents.

Informal networking opportunities should be supported to allow social contact amongst those people who are managing and delivering services in Didcot to gain familiarity with each other and to build a picture of how services overlap and interconnect through to support future collaboration and reduce further duplication. This could be initiated through a workshop-type activity.

Service & Service Integration

Services is defined as the range of services that residents need to address their health needs.

As discussed in previous sections, there are many services providers delivering a wide range of services and activities in Didcot. These services are either delivered in Didcot or residents must travel elsewhere for support. Many of the service providers are local to Didcot, although organisations based outside Didcot with a regional and national reach provide support to residents, particularly from Oxford.

The challenge with this is it is difficult to gain a clear overview of coverage, scale, diversity, availability, capability, capacity of services that Didcot needs to support its residents. It is also less clear how the service of one provider relates to that of another and so the paths by which services are integrated are under explored. For instance: Home Start, Didcot Train and SOFEA each support part of the development of children but the links between them may not be well established.

If gaps in service or capacity are perceived, for example by the loss in children centres and their associated services, the reduction in availability of English as a second language courses, or where funding has caused a key service to shrink, there is an opportunity ensure the gap could be acknowledged and addressed.

Without this, it is likely that focus on service provision will remain on single, or limited numbers of issues, and the increasing complexity and high demand for support may not be able to respond to this need.

Building on the initial community asset profile, the categories used should be further refined and the data should be validated with organisations who are represented in the asset profile. These organisations should be asked for their services and networks, and this built into a more granular asset profile. This asset profile should be maintained as part of broader strategy work.

Sustainability

During the engagement process, participants volunteered a variety of problems they are experiencing in sustaining and managing their services.

Some organisations were able to demonstrate good financial sustainability with a diversity of funding from the Powerhouse Fund (Didcot First), donations, Didcot Town Council, Comic Relief and other funders. It is possible that District Council grant schemes or Section 106 funding has been accessed by these organisations, but this was not referenced specifically. Some organisations noted they were also able to draw upon volunteers from the villages around Didcot, a favourable position to more affluent areas (where there is a surplus of volunteers) and less affluent areas (where there is a deficit of

volunteers) and could maintain good levels of support despite comparatively involved training.

However, for other organisations the picture was of long-term financial vulnerabilities, which present cash flow risks in the short term and/or the need to dramatically scale back services over years. Coupled with increased complexity of health issues, this results in fewer people being helped in more resource-intensive ways. It was also noted that, where volunteers are drawn from younger families, the cost-of-living crisis is reducing volunteer numbers as people take on additional paid work. The nature of funding bids was seen as a barrier in terms of high competition or low success rates but also because it discouraged collaboration with others.

In addition to sustainability, infrastructure challenges were identified with a lack of GP surgeries and access to their services (due to a lack of GP surgeries, high patient/GP ratio and consequent high competition for registration and appointments), lack of housing stock (especially social housing), community hubs and leisure facilities. While sustainability of organisations is a matter for each organisation, a more coordinated assessment of the risks and sharing or integration of resources could be beneficial.

Overview

The themes from the discussions have been summarised and explored above. In addition to the strengths, weaknesses, opportunities and threats for each theme, the themes are interconnected.

For example, without fully understanding the pressures that Didcot is experience, it is challenging to create a meaningful strategy and achieve resource to support it. Without creating a strategy, it is not possible to secure contributions from the leadership in the area to pursue it. Without the leadership it is challenging to interpret the strategy through networks. Without effective networks services can’t work together and provide feedback on evolving pressures that they are experienced to feedback into strategies and resourcing decisions.

Summary of Findings

This project has provided a snapshot of Health and Wellbeing Community Insight in Didcot.

More than 300 organisations were included in a list and 13 local organisations were contacted to give a summary of the health issues, the community resources and the positive and negative pressures that organisations face.

There were many different issues identified that included physical health, mental health and wellbeing. These issues have a lot of factors that make them worse and difficulties getting help that make them harder to solve. These individual issues combine to create a complex picture of health and wellbeing in Didcot.

There is a large and complex ecosystem of community assets, organisations who are active within Didcot, which provide services to the residents. Overall, this work provides a useful snapshot, however this information will go out of date, and it is important that it is used to inform action planning.

The challenges that local organisations faced were recognised and grouped into clear themes with their input. These themes were external pressures, strategy and action planning, leadership, network, service & service integration and sustainability. Each of these themes has its own strengths, weaknesses, threats and opportunities and more work is required to address each theme. Overall, there is a need to create a comprehensive approach over the top of these themes as pursuing one without the others is not likely to be successful.

The project demonstrates that health and wellbeing are complex issues that involve many factors. As Didcot expands, this complexity will also grow, and it will need a comprehensive (or integrated) solution to ensure residents have good health and wellbeing. To do this, a long-term action plan that addresses the themes needs to be created. Both top-down contributions (e.g. from Councils and other leaders) and bottom-up contributions (e.g. from community organisations) are needed to build agreement on this long-term action plan.

Appendix A: Methodologies

The following sections detail the project methodology, the community asset map methodology and the stakeholder engagement methodology.

Project Methodology

The methodology for the project overall was outlined in the programme of work submitted as part of the original tender application. The project was broken down into phases six phases. These phases are outlined below and delivered between the 10th January 2024 and the 17th May 2024. Progress was monitored in a series of meetings (Table 4).

Within this framework there were minor variations agreed between the consultant and the Didcot Garden Town Project Manager. Due to budget constraints, the number of engagements in Phase 3 & 4 were reduced. At the conclusion of Phase 3, it was agreed that the systematic engagement in Phase 4 should focus on additional 1-2-1 discussions with priority groups, instead of broader discussion groups and workshops.

This methodology focused on high-quality discussions from a small number of people which explored the issues in the broadest context, rather than data collection around highly specific questions.

Table 4 Schedule of project monitoring

	Date (2024)
Project kick off meeting	10th Jan
Stakeholder interviews	25th Jan – 22nd Feb
Project meeting	7th Feb
Healthy Didcot Board Chair update	15th Feb
Healthy Didcot Board update	15th Feb
Interim report	20th Feb (draft submitted), 8th Mar (approved)
Project update (confirmed stakeholders)	29th Feb
Stakeholder interviews	27th Mar – 11th Apr
Project Meeting	15th Apr
Draft Final Report	21st May (draft submitted)
Final Report	4th Jun

Original Programme of Work

The programme of work will be broken down into six phases:

Phase 1: Briefing meeting with Didcot Garden Town team and review of relevant existing material identified. The deliverable for this meeting would be a summary of documentation and a repository of the information collected.

Phase 2: Scoping the project fully will be undertaken during this phase. Stakeholder types will be categorised (e.g. by business, charity, sport, community, health, education, faith, wellbeing, employability, networks, social) and contact information identified. These stakeholders will then be prioritised for engagement. The deliverable will be a spreadsheet which lists and categorises stakeholders by priority.

Phase 3: Initial engagements. Based on the deliverable in Phase 1 initial contact will be made with high priority groups. These groups will be those who are very active in Didcot, or who provide access to a wider group of stakeholders through their network. Desk based research of these organisations will be undertaken to capture their reach and activity. The deliverable for this phase will be an updated (expanded) spreadsheet which includes additional stakeholders identified through these initial conversations as well as more detail on the initial contact. This output will be reviewed with the Didcot Town Team to prioritise discussion group and workshops undertake in Phase 3

Phase 4: Systematic engagements. A series of targeted engagements with stakeholders will be agreed with the Didcot Garden Town team. These will be in the form of interviews, small discussion groups and/or small workshops. Accompanying each engagement will be a survey which covers the key points to capture information for the final report. The following table provides an indicative breakdown of the format, number of participants, duration, and number of engagements. In these engagements participants will be asked to volunteer the challenges and problems that they experience and that their community experiences. Participants will be asked to outline the 'services' that they deliver to their community. In the final part of the engagement participants will be asked to reflect on whether COVID-19 has had an appreciable effect on these challenges and if so what. For the purposes of accurate record, conversations will be recorded subject to the agreement of all participants. Consent will be sought to enable a summary of their reflections to be validated and to seek permission to share outputs of the project in the future and to share their reflections with the Didcot Garden Town team (and District Council more broadly). The deliverable of this phase is successful engagement with a representative section of organisations.

Indicative estimate of engagement process, to be refined on conclusion of Phase 2/3

	Participants	Duration	Estimated number
Initial engagement interview	n = 1	30 min (+write up)	10
Interview with organisation (online or in person)	n = 1-3	60 min (+write up)	10
Small group (café discussion)	n = 5	60 min (+ write up)	10
Large group (workshop format)	n = multiples of 5-6	2.5 h	2
Survey	n = 50	NA	NA

Phase 5: Notes from each of the engagements will be compiled, transposed, and anonymised. To make comments unattributable, categories will be employed to indicate stakeholder type. The problems and challenges identified will be combined and structured according to type (e.g. 'health', 'social'). The nature of the interventions will be combined and structured according to type (drop-in centre, events, coffee mornings, coaching). For each problem category and each intervention, an overall statement on how COVID -19 has exacerbated the problem and how demand for the interventions have changed will be drafted. The deliverable of this phase is a clean and structured record of the conversations.

Phase 6: Reporting the information generated by the engagement process will be summarised and structured for presentation in reports and presentations, which will be the deliverables alongside the stakeholder map and structured record of conversations.
Reporting: Throughout the project duration, regular contact with the Didcot Garden Town team will be necessary on a fortnightly basis in the form of a 30 min catch up. Presentation to relevant committees will be agreed between Atkin Consultancy and Didcot Garden Town team.

Community Asset Map Methodology

A Community Asset Map was created to assist in describing the local activities, networks and services using the following approach and methodology.

Methodology

To create this output a categorisation approach was taken, rather than attempting to list every activity, network and service. Preliminary reviews of existing data and other community asset maps and with knowledge of the size and scale of Didcot indicated that there are many service providers, that each provider may have multiple services, which comprise many activities. For example, the initial stakeholder list provided by the Didcot Garden Town Team had more than 50 organisations, one of which was known to have at least four discrete services with activities that covered Didcot, surrounding area and Oxford. To systematically capture every activity, network and service would result in an unmanageably large task which created an unwieldy data set (even before assuming all the data were readily available). Therefore, a simple categorisation approach was developed by iteratively developing categories, adjusting them and standardising for clarity.

The core of the map is the name of the organisation after which the following categories are applied

- Type of organisation (arts, community, council, education, health, hobby, housing, nursery, outdoors, sport & exercise)
- Age range (e.g. adult, youth, child, early years)
- Focus (e.g. mental health, business and community, learning disabilities etc)
- Geographic location (e.g. Didcot, Blewbury, Chalgrove, Chilton, Oxford, Oxfordshire, South, UK)
- Geographic reach (e.g. Didcot, Oxfordshire, Thames Valley, UK)
- Website (website link, FB link where no website)

Combinations of these categories can provide insight into services (e.g. focus and age range), networks (e.g. organisations with similarities in location and age range/focus) and activities can be viewed via their website.

The categorisations were undertaken with minimal information taken from organisations websites, sourcing information from two or three ‘clicks’ away from the main page. The accuracy of the data may therefore be low and open to improvement.

Data Gathering

The Community Asset Map was populated with data sourced from:

1. Stakeholder list from Didcot Garden Town
2. Stakeholder lists from organisations (e.g. Boundary Park Sports Association, SOHA, SOFEA, Sustainable Didcot, Age UK, Dicot Food Bank)
3. Organisations listed on websites (Didcot Community Partnership, Wellbeing Web, Cornerstone, Council)
4. Organisations listed by participants in the Phase 3 and 4 interviews undertaken in this project

Stakeholder Engagement Methodology

A series of engagements with stakeholder were undertaken with stakeholders to gain their perspectives. The approach taken in the engagement process was to have multiple, informal discussions with the aim of drawing out participants' views.

Typically, the format of the discussion was to understand:

1. The work the organisation undertakes
2. The health challenges they observe or respond to in Didcot residents
3. The organisational challenges they experience
4. Any next steps and ideas they have which would be beneficial to Didcot

The discussions were conducted at the organisation's premises, or a local café and the duration was 1 hour. One meeting was conducted online via Teams. Informal notes were taken by the consultant to provide a series of prompts for reporting.

Over the course of the discussions in Phase 3, the consultant noted and developed common themes. These themes were summarised during the project delivery (project updates and Healthy Didcot Board) and validated with participants and documented in an interim report. In Phase 4 discussions the interim report was circulated in advance and the discussion was structured according to these themes.

Following the conclusion of Phase 4 the prompts from the meeting notes were collated form all conversations, anonymised and categorised according to the themes. This data set was captured in an excel spreadsheet and formed the basis for aspects of this report.

Stakeholders were selected by the Didcot Garden Town Project Manager and the consultant. The criteria for selection included the extent to which an organisation had engaged with or expressed an interest in the Healthy Didcot Project, the scope of their organisation's work and the breadth of their knowledge and experience of health in Didcot and its networks. Consideration was also given to gaining views from a broad range of organisations who interact with health issues in different ways.

The organisations selected are listed in Table 5.

Table 5 Organisations engaged with as part of the project

Organisation	Project Phase
Age UK	4
Baptist Church	4
Buck Project	4
Citizens Advice	4
Didcot Town Council	4
Didcot Train	3/4
Didcot Volunteer Drivers	3
Earth Trust	4
Home Start	4
Primary Care Network	3
SOFEA	3
SOHA	3
Sustainable Didcot	3

Appendix B: Interim report

Interim Summary of Stakeholder Engagement for Community Insight Profile

Didcot Garden Town; Healthy Didcot Steering Group

This document provides an interim summary of the stakeholder engagement undertaken by Atkin Consultancy as part of the Community Insight Profile project.

Overview

As part of the work of the Didcot Garden Town Team and the Healthy Didcot Steering Group, community-facing organisations were approached to gain their perspectives through an informal discussion with Atkin Consultancy to understand health-related issues in Didcot. These organisations included: Woodlands Health Centre, SOFEA, Sustainable Didcot, Didcot Volunteer Drivers and SOHA. These organisations were chosen as their representatives have a broad view of health and wellbeing challenges and issues in Didcot.

Participants provided their reflections on two areas: the first focused on the problems and challenges that residents experience which relate to physical and mental health and wellbeing. The second related to the challenges that residents have in accessing 'services' to address these problems and challenges.

A verbal summary of the points raised was shared with the Didcot Garden Town representative, the incoming Chair of the steering group and its members on 15/02/24. Additional feedback from the wider group was offered and captured in the summary in this document.

This document contains a narrative summary of those discussions. The purpose of this narrative is to provide a brief overview in a suitable structure to build on in the next phase of engagement. It is not an extensive record, but the categories aim to cover the breadth of the topics discussed.

Area 1: Residents' physical and mental health and wellbeing

Participants reflected on the challenges of health in terms of physical, mental and social that residents experience. The following section provides categories of issue to help break down this topic. These can be supported with data from other areas of the Health Community Insight Profile work.

Causes of health issues: Participants reflected that there are several external factors that cause or exacerbate health issues. These include the cost-of-living crisis, the aftereffects of COVID-19.

Physical health: Several physical health issues that residents experience were identified as being particularly prevalent and/or important. These include (but aren't limited to) poor diet, obesity, heart disease and cancer, which are presented at high rates in areas of Didcot.

Mental health: Alongside physical health, mental health issues were highlighted as being particularly concerning. Self-harm amongst school age children and very high levels of neurodiversity amongst social housing residents were identified as particular problems for Didcot.

Social health: Factors such as isolation amongst the aging population, antisocial behaviour, substance abuse and low living standards (e.g. housing) were perceived as having an important role in affecting residents' health.

Wellbeing: Participants described the challenge residents have in maintaining wellbeing (i.e. the absence of negative health influences) in the current environment. This drew issues relating to employment and employability into the discussion as well as the availability of social activities, particularly the absence of youth clubs for young adults.

Summary: The scale, diversity and prevalence of the residents' health and wellbeing issues in Didcot is felt to be high and that the severity of individual issues experienced by residents can be significant. The nature of these factors results in a complex interplay and overlap of issues which amplify each other and create feedback loops which result in downward spirals of health and wellbeing. These can lead to individuals being 'failed' by the system and can lead to intergenerational issues where families continue to struggle.

Area 2: Residents' access to services

Participants provided their view on the challenges that residents experience in accessing services. These views were typically framed in terms of the organisations' challenges in providing these services. It is assumed that if organisations are experiencing difficulties, then this will translate to residents experiencing issues securing appropriate support.

In this section the term 'service provider' and 'service' is used as a catch-all term for any organisation that provides support for residents through their actions, and no distinction is drawn between whether this is a voluntary organisation, charity, statutory body etc.

The problems these organisations outlined fall into the following broad categories: external pressures, strategy, leadership, network, service, sustainability, management, funding, infrastructure, and attitudes.

External pressures: The wider economic pressures on public funding are causing issues with service providers. Public sector budgets are stretched which is creating unmet demand for services. This demand is being picked up by charity and voluntary organisations. For example, the withdrawal of funding for child centres has left a gap which some Didcot support providers have had to fill. The consequence of these pressures is increased health and wellbeing issues while simultaneously limiting providers' response to those pressures.

Strategy: In discussions with participants, it became clear they did not strongly identify with an overarching strategy for understanding health and wellbeing related issues or for directing a response to them. The consequence of this lack of strategy is a lack of long-term and coordinated direction amongst stakeholders.

Leadership: The leadership for the response to health issues in Didcot is an issue for service providers. It was felt that County and District provides high level support but not tailored to Didcot's needs and consequently there is a significant disconnect. Local leadership has evolved from a core group of individuals, either by respect of the importance or scale of organisations (e.g. PCN, SOFEA) or by the length of their involvement. A lack of empowerment and recognition has a result of high levels of fatigue amongst service providers especially where they are overlooked, resulting in disengagement. Where leadership is developing from within Didcot it frequently bypasses formal power structures to achieve progress. The consequence of this is an overall lack of effective and joined up leadership.

Network: The connectivity of service providers in Didcot is limited. In some instances, small but influential groups assemble for specific purposes (Well Being Web, social prescribing) and achieve collective progress. Otherwise, personal connections between peers are leveraged to progress issues. It is likely that many organisations that could have a role in supporting the health of Didcot residents (for example sports organisations such as Boundary Park Sports Association) are not doing so because they are not sufficiently networked with service providers who have a more direct role; the Cornermen would be an exception here. Previous formal networks have been difficult to maintain and sustain and despite initial enthusiasm they tend to be short lived. The need for a functional network is recognised by providers to allow greater coordination, integration, cross referral, collaboration, cooperation and to avoid duplication of effort, however there is no current forum to achieve this, so barriers to collaboration remain high in places.

Services: Didcot residents access services from a wide range of organisations. Some are local to Didcot and provide services only within the Garden Town area. Some 'export' services from Didcot to - or bring in people from - the surrounding Didcot area (e.g. Woodlands Health Centre) and the county (SOFEA). Additionally, Didcot 'imports' services - or residents need to access services - from providers beyond the town to meet the needs of residents (e.g. The Abingdon Bridge, The Buck Project). While services may focus on a single issue that residents are experiencing, the complex needs and high demand for support may mean a focused initiative will respond to many issues (e.g. Sustainable Didcot initiatives providing a response to isolation and loneliness and cultural integration). Currently there is no clear overview of coverage, scale, diversity, availability, capability, capacity of services that Didcot needs, and it is therefore difficult to assess any gaps.

Sustainability & Management: Participants reflected that they experience problems in sustaining and managing their services. The need of residents is high, and services are stretched to respond to them. This can result in initiatives (e.g. infant first aid) having exceptional high take up, which outstrips demand, but the organisation is unable to continue to provide it in the long term. Recruitment of staff and volunteers can be a challenge, which affects sustainability and management of services. For volunteer organisations (e.g. Didcot Volunteer Drivers), the cost-of-living crisis is reducing the pool of volunteers as people need to take additional work hours/jobs.

Funding: Service providers reflected that there were issues with funding provision. Grant funding frequently comes with terms and conditions which restrict the use of funds for core funding (e.g. staff). The low availability of funding results in high competition amongst providers. Smaller organisations may

not have the capability or experience within to apply for grants. Additionally, the competitive landscape does not encourage collaboration amongst providers and funders are rarely able to form a cohesive view of the issues to orchestrate a coordinated response.

Infrastructure: Some providers identified specific infrastructure needs that may be needed to be fulfilled to support residents more effectively. These range from a new GP surgery to better and more varied housing stock (especially social housing) to community hubs and leisure facilities.

Attitudes: Overall participants provided their perspectives freely. Some expressed that another consultation exercise was not necessarily viewed as a helpful intervention. There was some scepticism as to whether the Healthy Didcot Steering Group and Community Insight Report could provide the value and changes required as well as open new avenues for funding. At this early stage, stakeholders are interested in the project and some have become members of the steering group, however, some view this project is a top-down proposal from the 'council', whereas the project is defined as community-led.

Summary: There are a wide range of challenges that the participants described in the engagement process which are categorised above. Overall, the impression gained through this exercise is that there are many committed and dedicated individuals working on their own aspect of the 'puzzle' that is health in Didcot, but that these contributions are not systematically drawn together or maximised. Where this group of stakeholders do come together in the right circumstances (for example SOFEA, GPs, Schools, and the Wellbeing Web) significant gains can be made. Clearly the intent of the Healthy Didcot initiative initiated by the Didcot Garden Town Team offers some potential solutions to some of these categories of issue.

Conclusion

The conclusion from these reflections is that the health and wellbeing issues that are being experienced by residents are complex, and the environment that the stakeholders operate in is equally complicated. A consideration for the Healthy Didcot Steering Group and the future phases of this project is to further unpick and articulate this complexity, to judge how well the residents' needs are being met by the available services and to identify what actions are required to address any imbalance between the two.

Anthony Atkin, Atkin Consultancy

anthony@atkinconsultancy.co.uk
13/03/24

Appendix C: Project Requirements

The organisation completing our community insight work will be expected to:

- produce a community asset map with details of local activities, networks and services
- produce a brief overview of the area's profile
- carry out a stakeholder mapping exercise to ensure relevant representative groups are included in the insight gathering activities
- review and use the data already gathered by the Councils to underpin the project
- collect qualitative data to capture what stakeholders feel about these three topics:
- strengths and assets in the area that support and enable residents' health and wellbeing - what matters to the local community
- challenges and barriers that organisations experience that hinder residents' health and wellbeing and what they think would help to address these
- long term impacts of COVID-19 on residents' health and wellbeing
- carry out engagement with stakeholder community groups and organisations, particularly in the three wards identified - Didcot South, Didcot West and Didcot North East
- gather the experiences of local stakeholder groups in relation to residents', from all age groups, health and wellbeing in the area with a focus on the three ward areas experiencing the most disadvantages
- gather insight on the views of the three topics identified above, from local organisations who work with Didcot residents
- provide a description of the methodology used to gather the insight and any limitations to the data
- provide anonymised raw data of the insight gathering and an analysis of the gathered insight to draw out key themes from the responses and produce a summary of findings
- provide recommendations for further insight needed and/or actions to take forward from the findings and these should be in an accessible format, easily understood by all. We encourage creative approaches for the presentation of these findings

The organisation could deliver the project alone or act as a coordinating organisation working closely with other groups in the area to directly engage with specific groups.

The community insight gathering should use appropriate techniques such as face to face visits, one to one or through different focus groups. The choice of these

techniques used by the organisation is flexible and can be adapted based on the respondent or group being engaged with. These gathering techniques should consider the appropriate use of technology.

This report will be used to compile a larger Community Insight Report, which will be published on the Oxfordshire Insight website and will incorporate:

- A range of quantitative data indicators of health and the wider determinants of health for the area
- Qualitative information from all community insight work will include:
- strengths and assets in the area that support residents and stakeholder's work to benefit residents' health and wellbeing (what matters to the local community)
- challenges and barriers to residents and stakeholders that hinder residents' health and wellbeing and what the groups think would help to address these
- long term impacts of the COVID-19 pandemic on residents' health and wellbeing

Background information

Oxfordshire is one of the most affluent areas of the country. This hides the astounding fact that there are 10 wards in Oxfordshire which feature areas, which are in the 20 per cent most deprived in England.

Community insight profiles are being created to ensure that we understand as fully as possible the health outcomes, and factors that influence these outcomes, within Didcot where residents are most at risk of poor health, or experience health inequalities.

The first phase of work focussed on wards identified in the 2019 Director of Public Health Annual Report – this report looked at the three wards that cover Didcot – Didcot South, Didcot West, and Didcot North East. Each ward contains multiple Lower Super Output Areas (such as income and employment deprivation and barriers to housing and services) and rank between 40-50 per cent of the most deprived nationally on the overall index.

An initial Didcot Community Profile was also developed in 2021, which saw obesity rates in year 6 children (aged 10-11 years) in Didcot South were above the district and national average. The figures also showed Didcot South and Didcot West are in the top six wards in the area that experience child poverty. According to Sport England's data the three wards identified are some of the least active in the district with the estimated proportion of adults aged 16+ who are physically active at least 150 minutes a week. Didcot South came in at 63 per cent, Didcot West at 66 per cent and Didcot North East at 70 per cent.

Appendix D: Community Asset Map

See accompanying spreadsheet

Appendix E: Problem Framework

See accompanying spreadsheet and pdf file