

Creating the conditions so that everyone in Buckinghamshire can live healthier, happier lives for longer

Date: 26th May 2022

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Consideration: ☐ Information ☐ Discussion
☒ Decision ☒ Endorsement

This report links to each of the priorities in the [Happier, Healthier Lives Strategy \(2021-2024\): Start Well, Live Well, Age Well](#).

1. Purpose of report

- 1.1. In March 2022, the Local Government Association (LGA) facilitated a workshop for Health and Wellbeing Board members. The workshop provided the opportunity for colleagues to consider the work of the Board and its priorities in light of the impact of the Covid pandemic on the health and wellbeing of Buckinghamshire's residents. The Board also considered the implications of recent national policy changes including the Integration White Paper and the Health and Care Bill along with the growing importance that the Health and Wellbeing Board will play in terms of place leadership within the Integrated Care System.
- 1.2. This report summarises the output from the workshop and makes recommendations for a future approach to the Board's work.

2. Recommendation to the Health and Wellbeing Board

The Health and Wellbeing Board is asked to:

- Consider and approve the key priorities for the Board under Start Well, Live Well and Age Well as set out in paragraphs 3.22 and 3.23
- Consider and agree draft principles for the Board as set out in paragraph 3.24
- Consider and agree the concept of a Health and Wellbeing Board pledge or charter

3. Content of report

Introduction

- 3.1. The Health and Wellbeing Board is a statutory forum in the form of a partnership between local government, the NHS, voluntary sector and the communities of Buckinghamshire. It includes local GPs, councillors, statutory local government and NHS officers, Healthwatch

Start Well

Live Well

Age Well

Bucks and voluntary sector representatives. The Buckinghamshire Health and Wellbeing Board was formed in 2013.

3.2. The Health and Wellbeing Board aims to:

- Make a visible difference to health outcomes and reduce health inequalities across the county
- Put residents at the heart of its work, and
- Deliver its statutory responsibilities and drive integration for health and wellbeing across Buckinghamshire

3.3. In 2020, the Board agreed a Joint Health and Wellbeing Strategy 'Happier, Healthier Lives – A Plan for Buckinghamshire'. The Strategy set out priority areas under three key strategic themes: Start Well, Live Well and Age Well.

3.4. It is clear that the Covid-19 pandemic had, and continues to have, a significant effect both on the lives of residents and on demand for services. At the same time the Government is driving policy changes to improve joint working across the health and care sector, for example through the Integration White Paper and the Health and Care Bill. Given the impact of both, the Board considered it to be an appropriate time to review its approach and priorities. The Local Government Association offered to support the Board and this paper summarises the output of that work, together with proposed next steps.

Buckinghamshire

3.5. The Health and Wellbeing Board believes that all residents should have the opportunity to live healthier and happier lives.

3.6. Analysis of public health data (Appendix 2 and the Director of Public Health Annual Report 2020, and the Buckinghamshire Joint Strategic Needs Assessment) demonstrates that although Buckinghamshire's residents generally enjoy better health and wellbeing than the England average, there are significant health inequalities across the county.

3.7. Buckinghamshire has a population of over 540,000 and an age profile similar to the England average but with a higher, and growing, proportion of older people. 0.3% of our residents live in the 20% most deprived areas in England.

3.8. Life expectancy in the more deprived areas of Buckinghamshire is lower and the gap has widened in line with England trends. There is also a gap in healthy life expectancy. For example, a woman in Gerrards Cross can expect to spend 12 years of her life not in good health compared with 25 years for a woman living in Oakridge and Castlefield in High Wycombe. For a man, the comparative statistics are 9 years and 21 years.

3.9. The Director of Public Health Annual Report 2020 states that almost 1 in 10 children and young people, and 1 in 13 people aged over 65 live in poverty. This increases their risk of poorer health. The number of short (0-1) unplanned admissions at Buckinghamshire Healthcare Trust hospitals is approximately 1.5 times higher in the most deprived areas in Buckinghamshire than the rest of the county. This equates to an additional 2,000 short admissions per year costing approximately £1m.

3.10. Like many areas of the country, obesity is a significant issue in Buckinghamshire with more than 50% adults being overweight or obese. The gap between the most and least deprived areas has widened over the past decade with higher levels of obesity in the more deprived areas. Projections suggest that if the trend continues, as many as one in three children in these areas will be obese by 2030.

3.11. Starting from birth and continuing throughout life, people living in the most deprived parts of the county tend to have poorer health across a wide range of areas:

Start Well	Live Well	Age Well
<p>The effects of deprivation:</p> <ul style="list-style-type: none"> • 2x as likely to be born with low birthweight • 2x as likely not to reach school readiness milestone • 2x as likely to be obese by the end of primary school, 1 in 4 children in year 6 are obese (nationally) • 4x more likely to have serious mental health difficulties by the age of 11 (nationally) 	<p>The effects of deprivation:</p> <ul style="list-style-type: none"> • More likely to have multiple long-term conditions & develop them 10 years younger • 2.5x more likely to smoke • 2x more likely to have emergency mental health admissions 	<p>The effects of deprivation:</p> <ul style="list-style-type: none"> • The life expectancy gap between least and most deprived areas in Bucks increased during 2001 and 2018 for both men and women • Premature death rates are 2x as high • More likely to die from Covid (50x higher for 70-79s and 70x higher for over 80s, nationally)

3.12. The major causes of disease, disability and death in Buckinghamshire among adults are long-term conditions, many of which are potentially preventable. The majority of people in Buckinghamshire now live with at least one long-term condition, and the prevalence of some of these conditions recorded on GP registers has increased significantly over the past decade, including depression (up by 50%) and diabetes (up by 25%).

3.13. Mental health problems have been rising and particularly during the pandemic. For example, responding to a 2021 study of Buckinghamshire schools, 20% of primary school children and 30% of secondary school children said they were too worried to sleep, and 20% of secondary school children had more serious anxiety and depression scores than pre-Covid.

3.14. This decrease in mental health was also reflected in the Health Impact Assessment undertaken in 2020, where two in five people reported concerns about their mental wellbeing with 25% reporting high anxiety. Loneliness and isolation affected 20% of respondents. In addition to worsening mental health across the county, a quarter of residents said their physical health had also deteriorated, and this was higher in more deprived places.

3.15. Healthy behaviours can make a substantial difference to health and wellbeing. Adopting healthy behaviours around smoking, physical activity, alcohol and eating is shown to reduce the chances of developing disability, dementia and disease in older age. Less than 50% of millennials are a healthy weight in their 20s, and obesity leads to increased risk of diabetes, coronary heart disease, strokes and cancer.

LGA Workshop

- 3.16. On 31st March the Health and Wellbeing Board partners¹ attended a workshop facilitated by the Local Government Association to consider the future focus for the Board. The workshop received a presentation from the Director of Public Health (Appendix 2) which provided the evidence base as context for discussions on priorities.
- 3.17. Workshop participants discussed the evidence, which highlighted the health inequalities across the county and that a number of conditions which seriously impact our residents' lives are preventable. The group concluded that to deliver a long-term improvement in some of the most challenging areas, the Board should focus on a limited number of key priorities; those where a greater impact could be achieved from the partnership approach.
- 3.18. Debate was had regarding the need for a long-term vision for the Board and a question raised regarding whether the Board's role should be one of co-ordinating and aligning strategies or whether it should identify gaps where joint working could deliver solutions. The concept of workshops or sub-groups for key priorities was raised as a mechanism to ensure oversight of delivery and as an escalation route for partner resolution.
- 3.19. A good discussion was had in relation to communications, both in terms of explaining the work of the Board to the public, improving engagement, sharing stories and the role of Community Boards.
- 3.20. The workshop also explored the need for better connections to understand, exploit and influence the wider determinants of health including green spaces, healthy homes, access to skills training and employment opportunities, and sustainable transport.
- 3.21. In relation to integration, participants recognised the need for culture change and a common language across the health and care system. Following the example of the response to the Covid pandemic, where organisations came together to resolve a common problem, the workshop discussed embedding this approach in the post-pandemic environment. The group considered it important for that all agencies continue to be willing to work on areas that although may not directly benefit one organisation, would benefit residents and the wider system.

Key Priorities

- 3.22. The workshop participants agreed that the life-course approach of Start Well, Live Well, Age Well remained appropriate and that the Board should consider adopting a vision or purpose statement to complement the Strategy 'Healthier, Happier Lives'. A wide-ranging discussion identified three critical areas of challenge in relation to the health and wellbeing of Buckinghamshire residents: mental health, obesity and cardiovascular disease.
- 3.23. Further discussions identified the following potential priorities for the Board within these three areas focusing on health inequalities and the need for ambitious targets:

¹ Buckinghamshire Council, Buckinghamshire CCG, Buckinghamshire Healthcare NHS Trust, Community Impact Bucks, Healthwatch Bucks, Oxford Health NHS Foundation Trust and The Clare Foundation

Start Well	
Priority	Example measures (preference for outcome measures)
Improving outcomes during maternity and early years	<ul style="list-style-type: none"> • Increase in proportion of children achieving a good level of development at end of Reception • Reduction in the number of women who smoke during pregnancy • Reduction in the prevalence of low birthweight babies
Improving mental health support for children and young people	<ul style="list-style-type: none"> • Increase in the number of children & young people with SEND who have better outcomes • Increase in access to CAMHS for children and young people from deprived areas
Reducing the prevalence of obesity in children and young people	<ul style="list-style-type: none"> • Reduction in the % of children leaving primary school as obese
Live Well	
Priority	Measure
Reducing the rates of cardiovascular disease	<ul style="list-style-type: none"> • Reduction in adult smoking rates to less than 5% • Increase in the uptake of NHS health checks in most deprived areas
Reducing the prevalence of obesity in adults	<ul style="list-style-type: none"> • Reduction in the % of adults who are overweight or obese
Improving mental health support for adults particularly for those at greater risk of poor mental health	<ul style="list-style-type: none"> • Reduction in the proportion of adults whose first contact with mental health services is as an emergency
Age Well	
Priority	Measure
Improving mental health support for older people and reducing feelings of social isolation	<ul style="list-style-type: none"> • Increase in the number of older people diagnosed with dementia who start treatment within 6 weeks of referral • Increase in the number of older people supported through social prescribing • Increase in the number of carers who find the information & support they need (IAG offer)
Increasing the physical activity of older people	<ul style="list-style-type: none"> • Reduction in the proportion of residents who are inactive • Increase in the number of people achieving national guidelines for physical activity
Improving places and communities to support healthy ageing	<ul style="list-style-type: none"> • Implementation of the WHO Age Friendly Communities initiative

Start Well

Live Well

Age Well

Health and Wellbeing Board Principles

3.24. The LGA workshop discussed the Board's role in driving integration for the benefit of residents and identified a number of principles for the health and wellbeing partnership. It was felt that these principles could provide a common understanding and underpin the approach that partners on the Board would then adopt in working together across the Buckinghamshire system. The proposed principles are:

- **Integrating** services and service provision
- Ensuring all our services are **personalised** – centring on the individual
- **Pooling budgets** where possible
- **Co-designing** services with residents, particularly those with lived experience
- **Measuring** impact to ensure improvements
- Shifting to a **preventative** approach, making it easier for residents to live healthy, happy lives
- Focusing the partnership on **tackling health inequalities**
- Making it easier for communities to **support each other**

3.25. To demonstrate the Board's commitment to these principles and to explain the ambition it has to improve health and wellbeing opportunities and experiences for Buckinghamshire residents, the workshop also proposed developing a Health and Wellbeing Board charter or pledge. Appendix 1 provides an example for the Board's consideration.

4. Next steps and review

- 4.1. The Board is asked to consider the output from the LGA workshop and is recommended to approve the proposed priorities, principles and the Health and Wellbeing charter/pledge.
- 4.2. If the Board agrees, further workshops would be held on each of the priorities to understand the breadth of work being undertaken and agree Board metrics, targets and activity required to ensure delivery of improvements.
- 4.3. A revised Health and Wellbeing Strategy along with an action plan and measures would be presented to the Board for approval later in the year and action plan progress reports brought to the Board on a quarterly basis to enable the Board to actively monitor its priorities. These would form the Place priorities and would be the focus of activity across the health and care system for Buckinghamshire.

5. Background papers

Director of Public Health Annual Report 2020

[DPHAR-2020-appendix.pdf \(healthandwellbeingbucks.org\)](#)

[Buckinghamshire Joint Strategic Needs Assessment](#)

Appendix 1

Draft Health and Wellbeing Board Pledge

The Health and Wellbeing Board brings together leaders of organisations which work with communities and individuals across Buckinghamshire to help them improve their health and wellbeing.

We know some of the areas that we need to improve, like working better together so that you don't get passed from one person or organisation to the next. This is our commitment to you, our residents:

Our Pledge:	What you will notice:
We will integrate services or work much closer together with you in mind	I have care and support that is co-ordinated, and everyone works well together and with me
We will make it easier for you to comment on what we do and our services	I am valued for my opinion and my views are listened to
We will put you at the heart of our services	I am supported by people who see me as a unique person with strengths, abilities and aspirations.
We will work with you when changing or designing services	I can get involved in changes that affect me or my local community
We will provide clear advice, information, guidance and pathways to & through services	I can get information and advice that helps me think about and plan my life
We will take a preventative approach where possible	I can get information and advice about my health and how I can be as well as possible – physically, mentally and emotionally
We will focus our resources on areas that need our help the most	I know that I will receive help if I am unable to help myself.