PUBLIC HEALTH

1 Purpose

1.1 This report provides an overview of the public health reforms and the new structure in Buckinghamshire.

1.2 An officer from the public health team at Bucks County Council and the County Council Cabinet Member for Health and Wellbeing will attend the meeting to provide information about the County Council's role, the health profile of Aylesbury Vale, and to discuss the contribution that the district council, and local Members can make to public health.

2 Recommendation

2.1 That Members note the structural changes to the health service as set out in paragraph 3 below.

2.2 That Members discuss opportunities for the council to work more closely with local partners, to improve the health of our residents.

3 Health structural changes

3.1 The last two years have seen changes within the health service generally and public health specifically.

3.2 The Health and Social Care Act (2012) has created a new national health system, as outlined in the diagram at appendix 1

3.3 GP consortia, or clinical commissioning groups (CCG), are now responsible for the combined budgets of their member GP practices. The CCGs have freedom to buy in services from external organisations, including local authorities, to deliver a range of services. The CCGs are also being supported in their role by a Commissioning Support Unit (CSU), locally the south central[1] CSU is supporting the Aylesbury Vale CCG.

3.4 NHS England is an independent body at arms length to the government. It funds the CCGs to commission services, as well as commissioning some services directly, for example Dentistry. It is currently overseeing the CSUs nationally.

3.5 PCT responsibilities for health improvement have transferred to upper tier local authorities, funded by a government grant, which is ring fenced for two years. The list of commissioning responsibilities is long and can be found in a Dept. of Health factsheet by clicking *here*[2].

3.6 Health and Wellbeing Boards have been established to bring together local authorities and partners to address health inequalities and improvements to the health and wellbeing of the population. Boards are to be treated as if they were a committee of the lead authority (locally this is BCC); certain members are specified in the legislation (ie: representatives from upper tier councils – eg: adult social care and children's

[1] South central covers Bucks, Oxfordshire, Berkshire, Isle of Wight, Southampton, Portsmouth and Hampshire
[2] https://www.gov.uk/government/publications/public-health-in-local-government and select 'Public Health in Local Government – Commissioning responsibilities'

services, public health; CCGs, and Healthwatch[3]). Other members (including district councils) can be considered by the lead authority as appropriate[4].

3.7 The boards build on the power local authorities already have to promote wellbeing and their role will be joining up commissioning in relation to local health care, social care, health improvement, and children's services including safeguarding. Boards should develop a Health and Wellbeing Strategy for their area, informed by the Joint Strategic Needs Assessment (JSNA); and the Strategy for Buckinghamshire was agreed in February 2013[5]. The priorities of the local strategy are listed at Appendix 2.

3.8 AVDC is currently represented on the Health and Wellbeing Board by Councillor Pam Pearce who is one of two district representatives on the Board. Membership may change in the future as the terms of reference and practical issues around governance are finalised.

3.9 The public health priorities will be delivered by the Healthy Communities Partnership. Councillor Tom Hunter-Watts is the AVDC representative on the partneship which includes membership from each district council, county council services, and other partners such as the voluntary sector and health sector. Task and finish groups will be established to deliver the four priorities agreed by the Healthy Communities Partnership, which are:

i. Supporting the implementation of the Physical Activity Strategy
ii. Producing a healthy eating strategy
iii. Identifying and implementing the next steps for the '5 Ways to Wellbeing' Programme (to support mental wellbeing)
iv. Establishing a local work programme to co-ordinate cross cutting activity on the Big 4 health behaviours[6] and to addressing multiple risk behaviours and the clustering of unhealthy behaviours

A District Council Member champion has been identified for each priority. Cllr Hunter Watts will champion the priority to address clustering of unhealthy behaviours.

4 Aylesbury Vale Health profile

4.1 A copy of the NHS health profile for Aylesbury Vale, 2012, is attached as Appendix 3.

4.2 A presentation about the factors affecting the health of our residents will be made at the committee meeting in support of the public health priorities listed above.

5. Public Health and AVDC

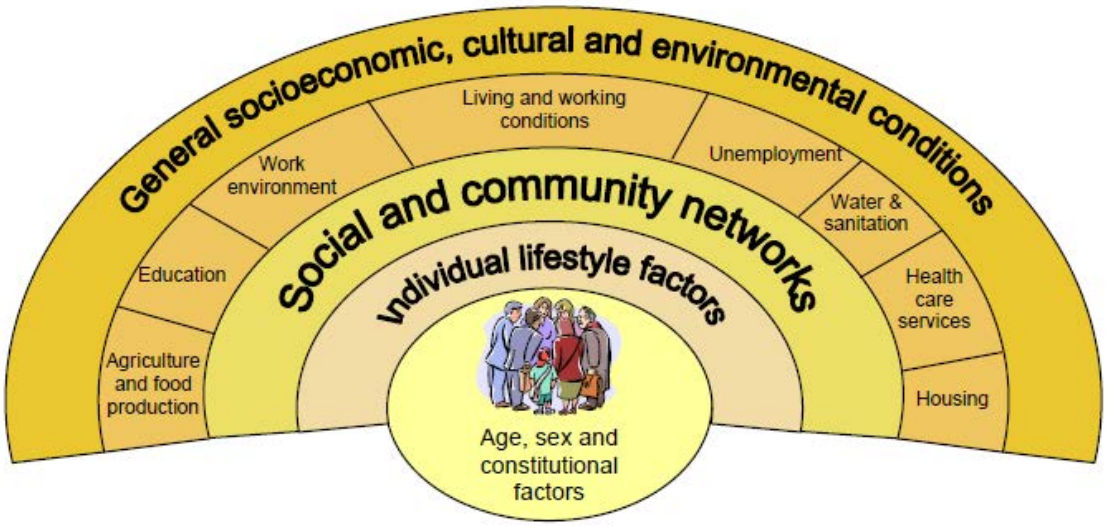
5.1 The diagram below illustrates the Dahlgren and Whitehead (1991) 'Policy Rainbow', which shows the factors which impact on health, known as the 'wider determinants of health'.

[3] Local Healthwatch is commissioned by the local authority to involve patients, service users and the public in the commissioning, provision and scrutiny of health and social care services). This is part of the 2012 regulations http://www.legislation.gov.uk/uksi/2012/3094/part/6/made

[4] LGA publication "Health & wellbeing boards: A practical guide to governance and constitutional issues" March 2013.

[5] For a copy of the full strategy visit http://www.buckscc.gov.uk/bcc/research/hwb_strategy.page

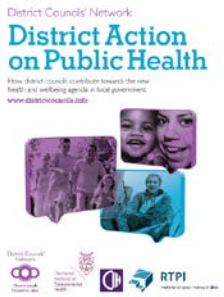
[6] The Big 4 relates to the unhealthy behaviours - smoking, excessive consumption of alcohol, poor diet and low levels of physical activity. A Kings Fund report highlights that people who engage in all four unhealthy behaviours significantly increase their health risks.



5.2 From environmental services and housing inspections, to the provision of leisure facilities and supporting economic growth, district council services have a vital impact on the wider determinants of health, health improvement and health protection. Removing health inequality and changing lifestyles is seen as having a bigger impact on life expectancy than health care (*'Healthy Lives, Healthy People'* White Paper November 2010).

5.3 The District Councils' Network has produced a useful document which explores district councils' role in public health[7]. It states that,

> "*In two-tier areas achieving improvements across the Public Health Outcomes Framework Indicators[8] will be dependent upon the delivery of district frontline statutory and discretionary services, innovative use of public assets and utilisation of local partnerships. With public sector resources shrinking, demand growing and health inequalities widening, Health and Wellbeing Boards must acknowledge the multifaceted role of districts and integrate this into a 'whole-system' focus on preventative public health policy.*
>
> *In continuing to deliver their core public health services from existing revenues, districts must seek new, pioneering ways of delivery to achieve more and produce better outcomes with fewer resources. Districts should take a strategic approach to public health across all services. This will help districts to better align and target their resources in line with local and county wide health and wellbeing priorities and focus on achieving improvements in key Public Health Indicators."* (p6)



Click on the image above to access the document

5.4 Health Inequalities locally are evidenced in the difference in life expectancy between different geographical areas of the county. For example, using 2007-11 life expectancy data, a baby born in the Southcourt ward can expect to live eleven years less than a baby born in the Weedon ward[9].

5.5 The Health and Social Care Act (2012) states that the council "*must take such steps as it considers appropriate for improving the health of the people in its area*". Many of our services impact on healthy lifestyles as well as the social, environmental and

[7] http://districtcouncils.info/2013/02/11/district-action-on-public-health/
[8] For a list of the Indicators visit http://www.phoutcomes.info/
[9] Source: SEPHO Life Expectancy Calculator

economic conditions of local communities, all of which have an impact on health and contribute to our Corporate Plan priority to *'protect and improve the living experience in the Vale'*.

5.6 Appendix 4 highlights how some of our services help to deliver the priorities in the Health and Wellbeing Strategy. Work is now underway to review our contribution to the priorities, and we are considering the approach used in the District Councils' Network publication, to assess the current, and potential future, offer of all of our services to the public health outcomes and indicators.

5.7 In order to raise awareness of the public health agenda an internal working group is to be established. The group will carry out the review, and promote the agenda to officers and Members.

5.8 As we continue to work within the health system (ie CCG, Public Health team and partnership boards) we must continue to raise the profile of our current offer. In light of the financial position of the council any new public health related initiatives will need to meet the needs of local commissioners, generate income or attract external funding.

There may be opportunities to generate income as part of the council's new business model; but it should be noted that these are likely to be through delivering services commissioned by local health providers such as CCG or BCC.

6. Opportunities for Member involvement

6.1 The information provided in this report – the new structure; the priorities of the Health and Wellbeing Strategy and the priorities of the Healthy Communities partnership – provides the context for a discussion about how AVDC, and local Members, might engage in health agenda and contribute to improving the health of our residents.

6.2 As AVDC has the role of champion for the priority to address the clustering of unhealthy behaviours, comments about this issue are particularly welcomed.

7. Resource implications

7.1 Reviewing the council's contribution to the health agenda may provide opportunities to review the way resources are currently employed; and may provide opportunities for income generation.

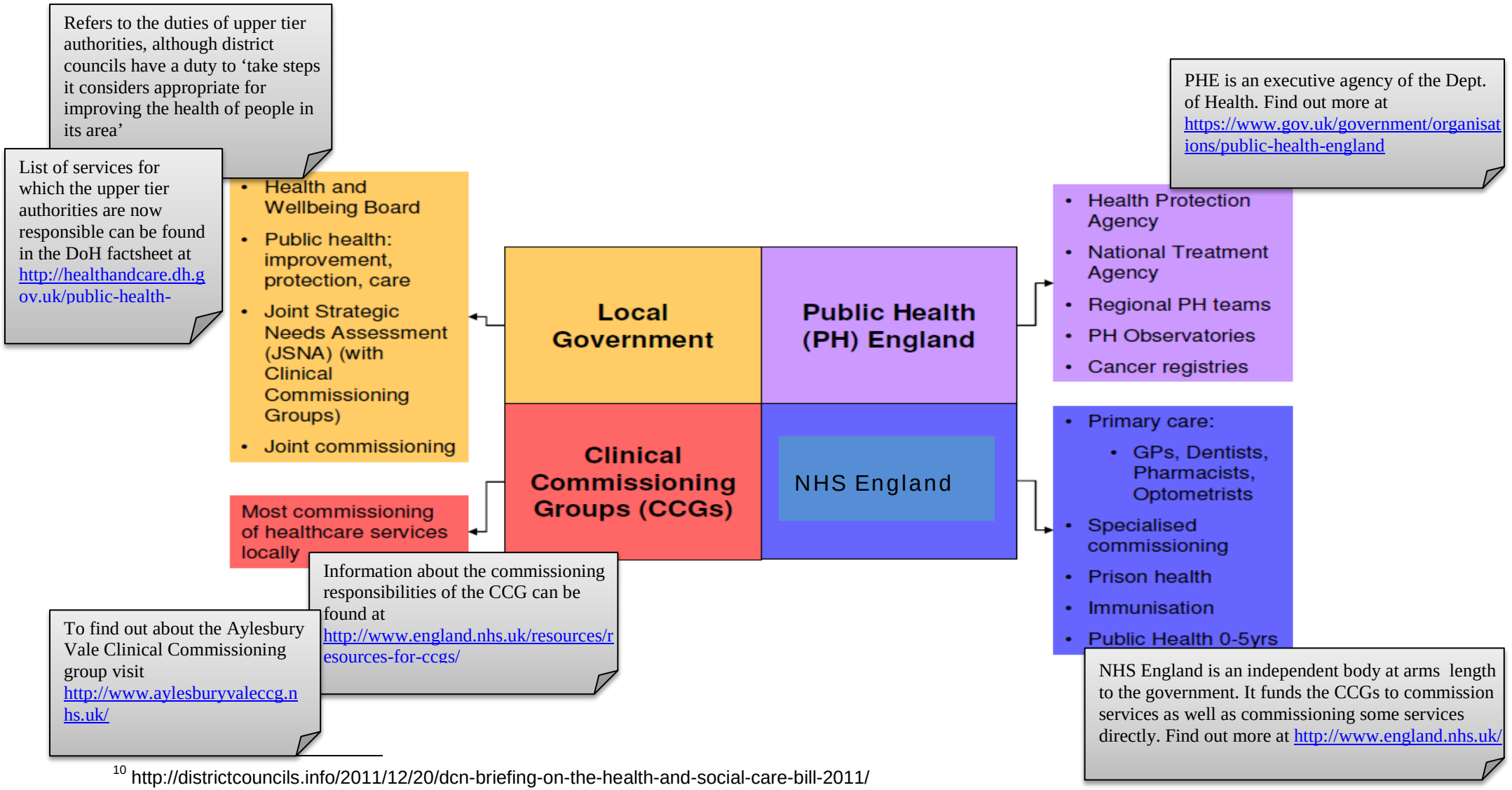
8. Response to Key Aims and Objectives

8.1 Supporting improvements in public health helps to protect and improve the living experience in the Vale, one of the council's key corporate plan priorities.

Contact Officer	S Moffat 01296 585295
Background Documents	Health and Social Care Act (2012) Dept. of Health factsheet, local authorities' commissioning responsibilities Dec 2011 LGA publication "Health & wellbeing boards: A practical guide to governance and constitutional issues" March 2013 Buckinghamshire Health & Wellbeing Strategy Aylesbury Vale Health profile 2012

The new health system

(Annotated extract from District Council Network briefing paper[10])



[10] http://districtcouncils.info/2011/12/20/dcn-briefing-on-the-health-and-social-care-bill-2011/

Health & Wellbeing Board
Buckinghamshire

Joint Health and Wellbeing Strategy: 2013/14 Action Plan Priorities (Appendix 2)

Introduction

The shadow Health and Wellbeing Board has developed the Joint Health and Wellbeing Strategy for Buckinghamshire 2013-16. To make this strategy a reality the Board will be working to deliver against a number of priorities over the next three years and beyond. For the first year of the Health and Wellbeing Strategy the Board has identified five priorities, shown below, where it can begin to make a difference through the collective organisations represented on the Board and through working with partners.

A more detailed action plan will be developed over the coming months once the two Clinical Commissioning Groups in Buckinghamshire have been authorised by the NHS Commissioning Board. Once authorised, the Board will be in a strong position to commit to detailed actions that will deliver on the priorities set out in the strategy.

Aim: Every child has the best start in life	
Priority	**Objectives**
We will champion better outcomes for all children by supporting parents to understand child development, become confident in their skills and be aspirational for their children.	i) Focus collective resources on the activities and initiatives which have been proven to make a positive difference ii) Commission parenting programmes iii) Provide universal information and guidance on how parents and families can best support their children at different developmental stages and on what to expect from organisations working with their children (e.g. children's centres and schools)

Aim: Everyone takes responsibility for their own health and wellbeing and that of others	
Priority	**Objectives**
Increasing the number of people who are physically active	i) We will promote prevention programmes that address the barriers people face for leading healthier lives and which support them to have more control over their health and wellbeing. ii) We will support services and partners to promote health through face to face contacts with clients as part of their core business. iii) We will ensure that campaigns and materials are tailored to target audiences.

Aim: Everyone has the best opportunity to fulfil their potential	
Priority	**Objectives**
We will work with individuals, communities and key organisations to recognise and support the contribution of carers.	i) Recognise and support Carer's as an expert care partner. ii) Support Carers to enjoy a life outside of their caring role. iii) Support Carers to not be financially disadvantaged through their caring role. iv) Support Carers to be mentally and physically well and treated with dignity. v) Ensure that Children thrive and are protected from inappropriate caring roles. vi) Provide carers with a range of services to support them in their caring role.

Aim: Everyone has the best opportunity to fulfil their potential	
Priority	**Objectives**
We will work with our communities to reduce the number of people experiencing loneliness and social isolation	i) Connect people with community networks, resources, capacity and knowledge in their local neighbourhoods ii) Work to support people with long term conditions to become socially included and improve their quality of life.

Aim: Adding years to life and life to years	
Priority	**Objectives**
We will work with key organisations to support the early diagnosis of long-term conditions and where these have been identified we will support people to manage their long-term condition.	i) We will roll out the NHS Health Checks programme to help prevent people developing long term conditions such as heart disease, stroke and diabetes. ii) Increase Self Care by encouraging individuals to live with their condition by equipping them and their carers with the necessary knowledge, skills and confidence. iii) Where people do have long term conditions they will be diagnosed early to prevent deterioration of the condition and dependency on more intensive services iv) Ensure that people with long term conditions receive appropriate healthy lifestyle support. v) Work across partnership to join up assessment and case management across health and social care for older people and people with long term conditions. vi) Improve the quality of life of people with a life threatening illness and their carers

Aylesbury Vale

This profile gives a picture of health in this area. It is designed to help local government and health services understand their community's needs, so that they can work to improve people's health and reduce health inequalities.

Visit the Health Profiles website for:

- Profiles of all local authorities in England
- Interactive maps – see how health varies between areas
- More health indicator information
- Links to more community health profiles and tools

Health Profiles are produced by the English Public Health Observatories working in partnership.

www.healthprofiles.info

Population 174,000

Mid-2010 population estimate

Source: National Statistics website: www.statistics.gov.uk

DH Department of Health

Aylesbury Vale at a glance

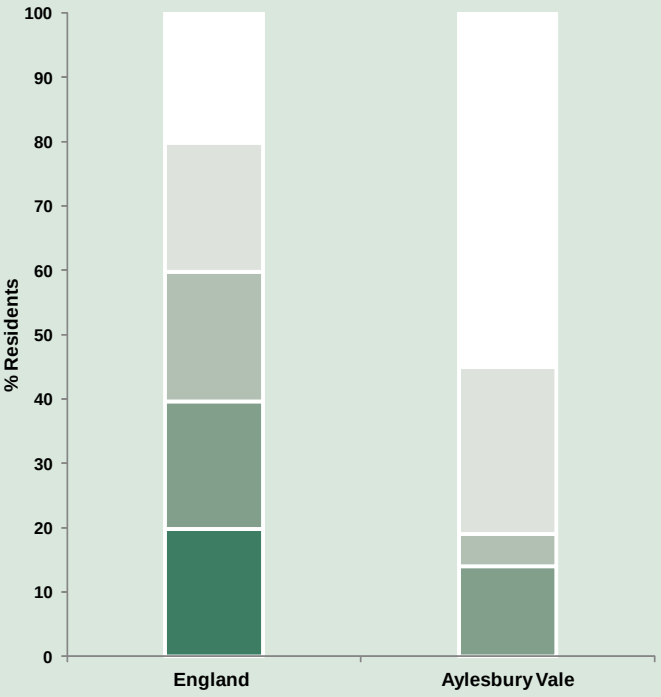
- The health of people in Aylesbury Vale is generally better than the England average. Deprivation is lower than average, however about 3,800 children live in poverty. Life expectancy for men is higher than the England average.
- Life expectancy is 6.8 years lower for men and 5.8 years lower for women in the most deprived areas of Aylesbury Vale than in the least deprived areas.
- Over the last 10 years, all cause mortality rates have fallen. Early death rates from cancer and from heart disease and stroke have fallen and are better than the England average.
- About 16.4% of Year 6 children are classified as obese, lower than the average for England. Levels of teenage pregnancy, GCSE attainment, alcohol-specific hospital stays among those under 18, breast feeding initiation and smoking in pregnancy are better than the England average.
- Estimated levels of adult smoking and obesity are better than the England average. Rates of sexually transmitted infections, smoking related deaths and hospital stays for alcohol related harm are better than the England average. The incidence of malignant melanoma is higher than average.
- Priorities in Aylesbury Vale include those outlined in Buckinghamshire's Joint Strategic Needs Assessment and the Director of Public Health's Report. For more information see www.buckinghamshire.nhs.uk

NHS

Deprivation: **a national view**

This map shows differences in deprivation levels in this area based on national quintiles (of the Index of Multiple Deprivation 2010 by Lower Super Output Area). The darkest coloured areas are some of the most deprived areas in England.

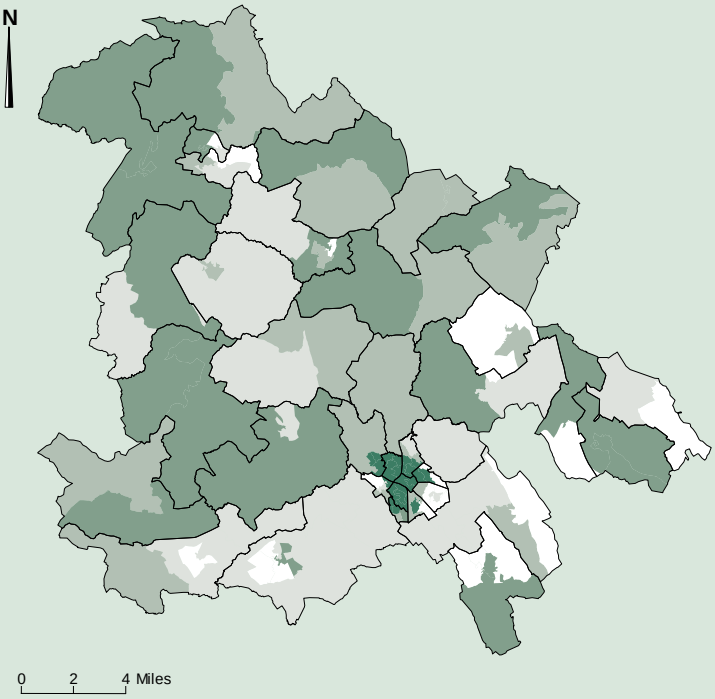
This chart shows the percentage of the population in England and this area who live in each of these quintiles.



1 - most deprived quintile | 2 | 3 | 4 | 5 - least deprived quintile

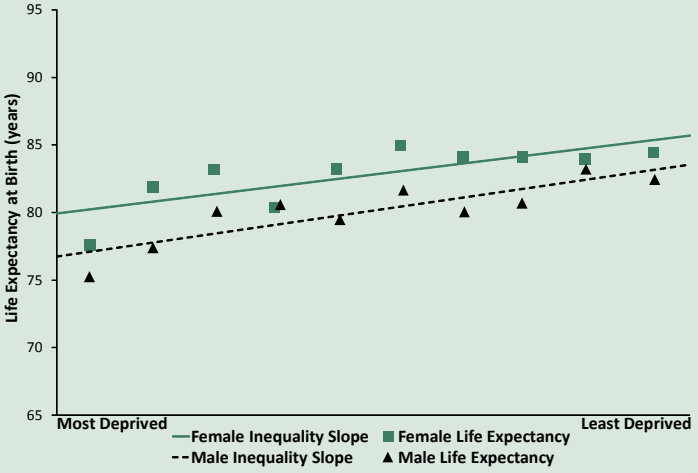
Health inequalities: **a local view**

This map shows differences in deprivation levels in this area based on local quintiles (of the Index of Multiple Deprivation 2010 by Lower Super Output Area). The darkest coloured areas are the most deprived in this area.



Legend as above

The lines on this chart represent the Slope Index of Inequality, which is a modelled estimate of the range in life-expectancy at birth across the whole population of this area from most to least deprived. Based on death rates in 2006-2010, this range is 6.8 years for males and 5.8 years for females. The points on this chart show the average life expectancy in each tenth of the population of this area.



Health inequalities: **changes over time**

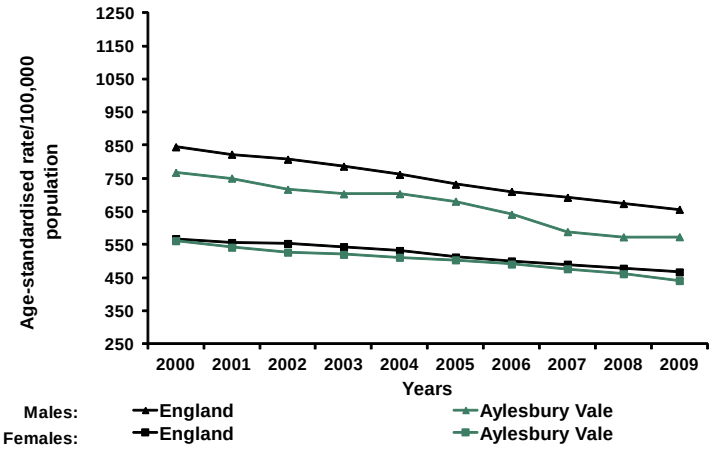
These graphs show how changes in death rates for this area compare with changes for the whole of England. Data points on the graph are mid-points of 3-year averages of yearly rates. For example the dot labelled 2003 represents the 3-year period 2002 to 2004.

Trend 1 compares rates of death, at all ages and from all causes, in this area with those for England.

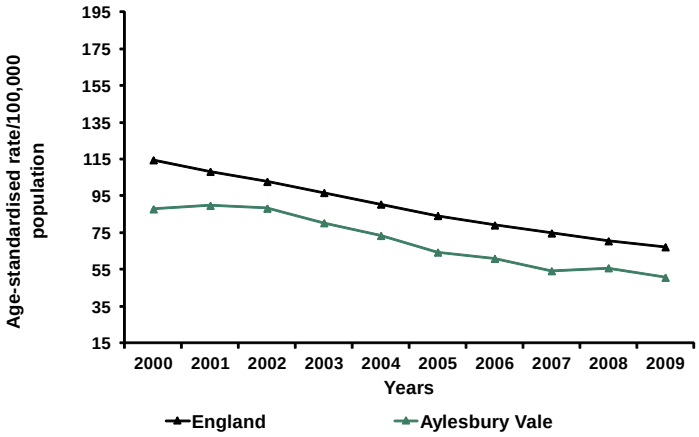
Trend 2 compares rates of early death from heart disease and stroke (in people under 75) in this area with those for England.

Trend 3 compares rates of early death from cancer (in people under 75) in this area with those for England.

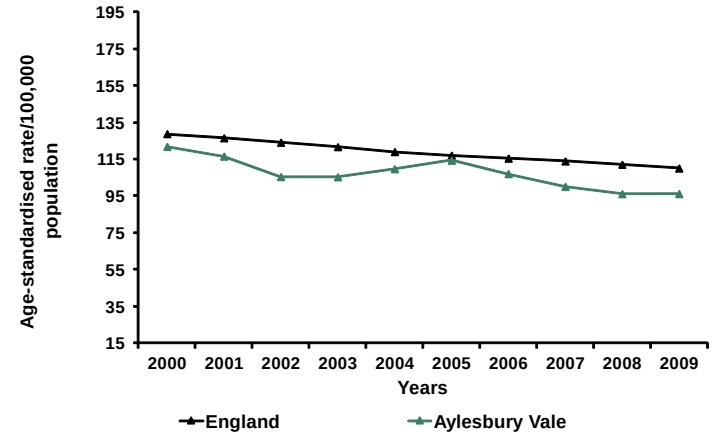
Trend 1:
All age, all cause mortality



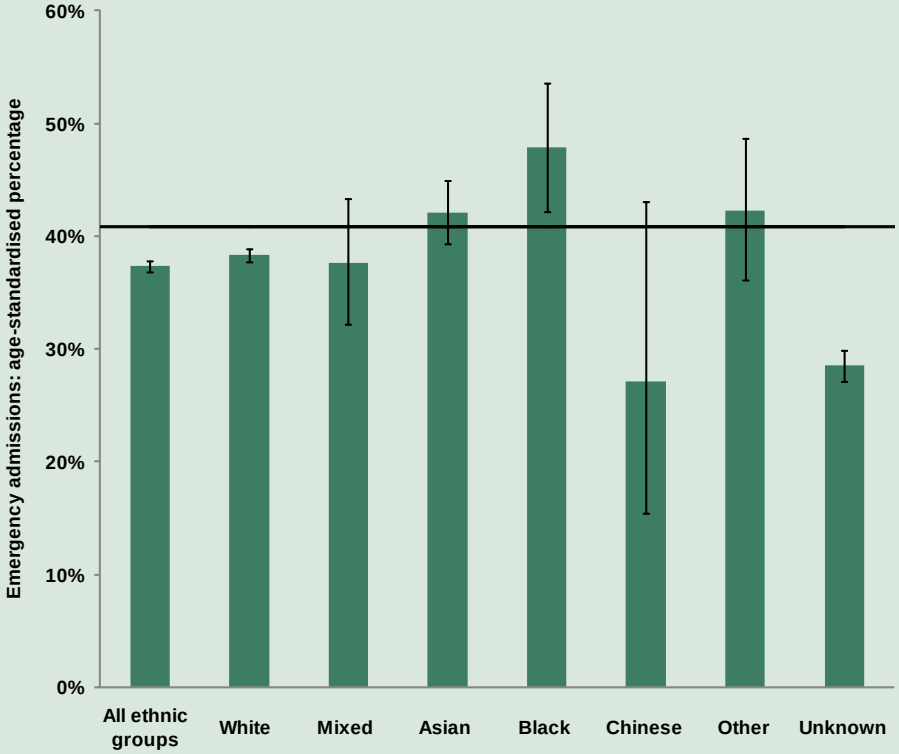
Trend 2:
Early death rates from heart disease and stroke



Trend 3:
Early death rates from cancer



Health inequalities: **ethnicity**



This chart shows the percentage of hospital admissions in 2010/11 that were emergencies for each ethnic group in this area. A high percentage of emergency admissions may reflect some patients not accessing or receiving the care most suited to managing their conditions. By comparing the percentage in each ethnic group in this area with that of the whole population of England (represented by the horizontal line) possible inequalities can be identified.

Aylesbury Vale

England average (all ethnic groups)

95% confidence intervals

Figures based on small numbers of admissions have been suppressed to avoid any potential disclosure of information about individuals.

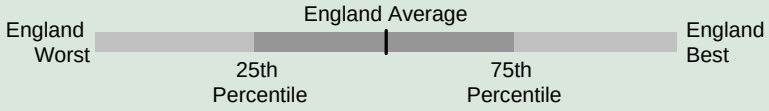
All ethnic groups	White	Mixed	Asian	Black	Chinese	Other	Unknown	
12315	10305	114	532	142	10	98	1114	**Local number of emergency admissions**
37.3%	38.3%	37.6%	42.1%	47.9%	27.1%	42.3%	28.5%	**Local value**
40.8%	41.3%	39.7%	45.3%	44.2%	37.4%	46.6%	31.1%	**England value**

Health summary for Aylesbury Vale

E07000004

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average



Domain	Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1 Deprivation	0	0.0	19.8	83.0		0.0
	2 Proportion of children in poverty ‡	3790	11.2	21.9	50.9		6.4
	3 Statutory homelessness ‡	112	1.6	2.0	10.4		0.0
	4 GCSE achieved (5A*-C inc. Eng & Maths)	1297	67.9	58.4	40.1		79.9
	5 Violent crime	2246	12.9	14.8	35.1		4.5
	6 Long term unemployment	248	2.2	5.7	18.8		0.9
Children's and young people's health	7 Smoking in pregnancy ‡	155	7.7	13.7	32.7		3.1
	8 Breast feeding initiation ‡	1642	81.9	74.5	39.0		94.7
	9 Obese Children (Year 6) ‡	287	16.4	19.0	26.5		9.8
	10 Alcohol-specific hospital stays (under 18)	15	36.4	61.8	154.9		12.5
	11 Teenage pregnancy (under 18) ‡	77	23.4	38.1	64.9		11.1
Adults' health and lifestyle	12 Adults smoking ‡	n/a	15.3	20.7	33.5		8.9
	13 Increasing and higher risk drinking	n/a	23.4	22.3	25.1		15.7
	14 Healthy eating adults	n/a	29.3	28.7	19.3		47.8
	15 Physically active adults ‡	n/a	11.7	11.2	5.7		18.2
	16 Obese adults ‡	n/a	22.4	24.2	30.7		13.9
Disease and poor health	17 Incidence of malignant melanoma	31	17.5	13.6	26.8		2.7
	18 Hospital stays for self-harm ‡	124	76.3	212.0	509.8		49.6
	19 Hospital stays for alcohol related harm ‡	2351	1123	1895	3276		910
	20 Drug misuse	471	4.1	8.9	30.2		1.3
	21 People diagnosed with diabetes ‡	6664	4.9	5.5	8.1		3.3
	22 New cases of tuberculosis	14	8.1	15.3	124.4		0.0
	23 Acute sexually transmitted infections	1068	612	775	2276		152
	24 Hip fracture in 65s and over ‡	175	479	452	655		324
Life expectancy and causes of death	25 Excess winter deaths ‡	101	25.3	18.7	35.0		4.4
	26 Life expectancy – male	n/a	80.1	78.6	73.6		85.1
	27 Life expectancy – female	n/a	83.0	82.6	79.1		89.8
	28 Infant deaths ‡	14	6.6	4.6	9.3		1.2
	29 Smoking related deaths	202	163	211	372		125
	30 Early deaths: heart disease and stroke ‡	96	50.7	67.3	123.2		35.5
	31 Early deaths: cancer ‡	181	96.2	110.1	159.1		77.9
	32 Road injuries and deaths ‡	81	46.9	44.3	128.8		14.1

‡ Substantially similar to indicator proposed in the Public Health Outcomes Framework published January 2012

Indicator Notes

1 % people in this area living in 20% most deprived areas in England, 2010 2 % children (under 16) in families receiving means-tested benefits & low income, 2009 3 Crude rate per 1,000 households, 2010/11 4 % at Key Stage 4, 2010/11 5 Recorded violence against the person crimes, crude rate per 1,000 population, 2010/11 6 Crude rate per 1,000 population aged16-64, 2011 7 % mothers smoking in pregnancy where status is known, 2010/11 8 % mothers initiating breast feeding where status is known, 2010/11 9 % school children in Year 6 (age 10-11), 2010/11 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population, 2007/08 to 2009/10 (pooled) 11 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2008-2010 12 % adults aged 18 and over, 2010/11 13 % aged 16+ in the resident population, 2008/2009 14 % adults, modelled estimate using Health Survey for England 2006-2008 15 % aged 16 and over, Oct 2009-Oct 2011 16 % adults, modelled estimate using Health Survey for England 2006-2008 17 Directly age standardised rate per 100,000 population, aged under 75, 2006-2008 18 Directly age sex standardised rate per 100,000 population, 2010/11 19 Directly age sex standardised rate per 100,000 population, 2010/11 20 Estimated users of opiate and/or crack cocaine aged 15-64, crude rate per 1,000 population, 2009/10 21 % people on GP registers with a recorded diagnosis of diabetes 2010/11 22 Crude rate per 100,000 population, 2008-2010 23 Crude rate per 100,000 population, 2010 (chlamydia screening coverage may influence rate) 24 Directly age and sex standardised rate for emergency admissions, per 100,000 population aged 65 and over, 2010/11 25 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 1.08.07-31.07.10 26 At birth, 2008-2010 27 At birth, 2008-2010 28 Rate per 1,000 live births, 2008-2010 29 Directly age standardised rate per 100,000 population aged 35 and over, 2008-2010 30 Directly age standardised rate per 100,000 population aged under 75, 2008-2010 31 Directly age standardised rate per 100,000 population aged under 75, 2008-2010 32 Rate per 100,000 population, 2008-2010

More information is available at www.healthprofiles.info Please send any enquiries to healthprofiles@sepho.nhs.uk

Appendix 4

BUCKS HEALTH AND WELLBEING BOARD STRATEGY
AVDC CONTRIBUTION TO PRIORITIES - DRAFT

Aim: Every Child has the best start in life

Areas of Focus	Current AVDC activity
Champion better outcomes for all children by supporting parents to understand child development, become confident in their skills and be aspirational for their children	Play around the Parishes – Easter and Summer rural play activities where parents must attend with children and focus is on encouraging joint play between them Jonathan Page – An affordable child care provider, parents have the opportunity to go to work, education or attend parenting classes

Aims: Everyone takes greater responsibility for their health and wellbeing

Areas of Focus	Current AVDC activity
Increasing the number of people who are physically active	Sportivate – Sport England funded sports activities for 14-25 year olds, focused on retention over 6-8 weeks. Reactivate – Adult sports participation programme led by Bucks Sport Weekly classes and clubs – disability sports clubs in Aylesbury and Buckingham, Street Cheer, Ballroom Dancing, Handball, Ladies Only Swimming etc. Ongoing inclusion of active ageing messages through range of methods, for example May 2013 factsheet for older people focused on walking and Simply Walks. Provision of parks and open spaces

Aim: Everyone has the best opportunity to fulfil their potential

Areas of Focus	Current AVDC activity
We will work with individuals, communities and key organisations to recognise and support the contribution of carers	
We will work with our communities to reduce the number of people experiencing loneliness and social isolation	Women's Forum: a network which provides women with information and opportunities for engagement. Cohesion and Integration Strategy- Has four main priority areas, two of which link with this area of focus – 'Building relationships between new and existing communities' and 'Tackling deprivation and disadvantage in the district'. A variety of initiatives are delivered and supported by the council which deliver against these priorities. Our community capacity building project aims to identify isolated older people and provide advice and information about local services; improve and increase the information available to older people; and support voluntary groups which provide services to older people. We have worked in the Haddenham and Long

Areas of Focus	Current AVDC activity
	Crendon LAF area, the Buckingham LAF area and we have recently moved to the Winslow LAF area. We work in partnership with other agencies to support older people, for example the Older People's Partnership Board, and the Prevention Matters Board. Our Passport to Leisure scheme scheme provides discounted leisure opportunities. Funding for Aylesbury Vale Dial-a–ride and subsidised taxi tokens for older people and people with disabilities. Funding support for lunch clubs. Community chest funding for clubs and voluntary sector which work to provide community based services and activities.

Aim: Keeping people healthier for longer – adding years to life and life to years

Areas of Focus	Current AVDC activity
We will support agencies in raising awareness about the importance of early diagnosis	Advice and information fairs – primarily in rural locations linking up service providers and users. Work with those living in the poorest housing to improve their living conditions/environment. There is a string causal links between poor housing e.g. excess cold, damp and mould, and long term chronic illness.

Cross cutting themes

Theme	Current AVDC activity
*** Addressing unhealthy lifestyles**	Various initiatives to encourage participation in physical activity Various awareness raising campaigns to highlight the risks related to drugs and alcohol and binge drinking Environmental Health has a direct role in smoking enforcement and the potential to come into contact with people via our licenced alcohol premises and food premises where we could provide more proactive preventative advice, gather information etc.
*** Supporting emotional and mental wellbeing**	Safer Places scheme: shops and businesses provide a temporary place of safety for a vulnerable person until such time additional help can be summoned. Environmental Health work to tackle noise issues in the community – there is a strong causal link between noise and mental health. Grants and loans to help disabled and elderly people remain in and maintain their own homes are available We provide a 'hard target' response to anybody who has suffered a burglary to provide improved home security and help them recover from the affects of crime.
Supporting families with multiple problems	Homelessness Prevention: debt advice and homelessness prevention services assist families in crisis and at risk of losing their homes.

Theme	Current AVDC activity
	Provision of temporary accommodation. Involvement with Families First: Bucks County Council led programme which supports families with multiple and complex needs. Working in a multi-agency setting to address issues relating to ASB
Maximising the potential of an ageing population	Community capacity building project as mentioned above, working in Haddenham, Buckingham and Winslow LAF areas. AVDC Web pages: http://www.aylesburyvaledc.gov.uk/community-living/older-residents-50/ Assist vulnerable households in maximising income and receiving appropriate support through welfare benefits, taxi tokens, Handy Man Scheme, Budget Advice service. Also by providing funding to voluntary sector organisations such Dial-a- ride, Citizens Advice Bureaux; Age UP, Healthy Living Centre, Community Centres etc.
Involving communities in everything we do	Residents' Surveys Relationship with Parish Councils Community Led Planning Community Safety Survey Aylesbury Vale Times

*These are the priorities for the Healthy Communities Partnership:

- Physical Activity
- Healthy Eating
- 'Big 4' - clustering unhealthy behaviours – smoking, alcohol, activity and diet
- Mental and emotional wellbeing - 5 Ways to Wellbeing activity