

## PUBLIC HEALTH AND THE ROLE OF HEALTHWATCH BUCKS

### 1 Purpose

- 1.1 This main purpose of the report is to provide Members with information about the role of Healthwatch Bucks. A representative from Healthwatch Bucks will attend the meeting to talk about the organisation and help answer any questions Members may have.
- 1.2 In addition the report provides an update on the public health profile of the Vale and the information that is available to Members about more localised health issues.

### 2 Recommendation

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| 2.1 That Members note the content of the report and identify any particular areas for future consideration by the scrutiny committee. |
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### 3 Structural changes in health

- 3.1 Members may recall that in June 2013 this scrutiny committee received a report on the changes that took place in the national health system in 2012/13. The new structure in Buckinghamshire includes the transfer of responsibilities for different aspects of health to Bucks County Council (BCC) and the Aylesbury Vale Clinical Commissioning Group (CCG), and the Health and Wellbeing Board which was established to promote the health and wellbeing of residents and focus on securing the best possible health outcomes for all.
- 3.2 Information about the work and progress in connection with these changes is available using the following links:
  - Public health – A report on the work and achievements of the public health team since moving over to the county council will be published on 20<sup>th</sup> November. On the same date the Director of Public Health Annual Report is due to be considered by BCC. Information about these reports will be circulated to Members at that time.
  - CCG - an annual report is available at <http://www.aylesburyvaleccg.nhs.uk/>
  - The Health and Wellbeing Board annual report will be considered by the Board on 20th November, and by the BCC Adult and Social Care select committee on 25th November. In the meantime information about the board can be accessed online at <http://www.buckscc.gov.uk/health-and-wellbeing/buckinghamshire-health-and-wellbeing-board/>.

### 4 Healthwatch

#### Background

- 4.1 Another body which was established in 2013 is Healthwatch Bucks which is a local independent consumer champion, commissioned by the county council, to help to ensure that the views of the public and people who use health and social care services are taken into account, and help to provide better outcomes in health and social care services in Buckinghamshire.
- 4.2 Healthwatch Bucks is accountable to the County Council as the commissioner, with regard to its operational procedures and compliance with

legal requirements. It is important to note that despite this, Healthwatch Bucks is an independent consumer organisation.

- 4.3 At the national level Healthwatch England<sup>1</sup> was also created to be the independent champion for consumers and users of health and social care in England, giving national influence to local voices. It is responsible for setting standards and providing support and leadership to local Healthwatch organisations, but they are not accountable to it.
- 4.4 Healthwatch England will be a partner of the Care Quality Commission (CQC), which is the independent regulator of all health and social care services in England and makes sure that care provided by hospitals, dentists, ambulances, care homes and services in people's own homes and elsewhere meets national standards of quality and safety. The CQC takes action against services that are not meeting those standards.
- 4.5 Healthwatch Bucks has replaced the Local Involvement Networks<sup>2</sup> (LINKs), but with additional functions in relation to: children; signposting patients to good practice; holding a statutory place on local health and wellbeing boards; and with the ability to feed views and recommendations to Healthwatch England to action at a national level.

#### Local Priorities

- 4.6 Healthwatch Bucks has recently published its annual report for 2013/14, which is available online at <http://www.healthwatchbucks.co.uk/reports-and-publications>. This report provides information about the organisation and its work to date. It also sets out the strategic plan for the period 2014 – 2017.
- 4.7 The four key aims of Healthwatch Bucks are:



**Influencing** - Collecting data and stories about the good and the bad, to use evidence based criteria to influence commissioning and policy.

**Signposting** - Helping individuals to navigate their way through the system by giving advice and information.

**Holding to account** - Using powers to 'enter and view' to be influential in achieving service improvements, through partnership with: the local safeguarding boards; service providers; the local health and social care voluntary sector; the Health Overview and Scrutiny and Committee; the Health and Wellbeing Board; Healthwatch England; Clinical Commissioning Groups and the local authority.

**Celebrating** - Finding and sharing areas of good practice and telling their networks about things that are working well.

- 4.8 A representative from Healthwatch Bucks will attend the scrutiny committee meeting to talk about the work of the organisation and answer any questions Members may have.

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<sup>1</sup> For more information visit <http://www.nhs.uk/NHSEngland/thenhs/healthregulators/Pages/healthwatch-england.aspx>

<sup>2</sup> For information about LINKs visit the national archives at [http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Managingyourorganisation/PatientAndPublicinvolvement/dh\\_076366#\\_1](http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Managingyourorganisation/PatientAndPublicinvolvement/dh_076366#_1)

## **5 Aylesbury Vale public health profile**

- 5.1 At its meeting last year the Scrutiny Committee received a presentation on the factors affecting the health of our residents from the Director of Public Health. Alongside this a copy of the public health profile for 2012 was provided.
- 5.2 Attached as appendix 1 is the latest public health profile for Aylesbury Vale, published in August 2014. This is also available online at <http://www.apho.org.uk/resource/view.aspx?RID=50215&SEARCH=aylesbury%20vale&SPEAR=>
- 5.3 The profile highlights that although generally the health of our residents is above the national average there are still pockets of deprivation in which health inequalities exist. In order to tackle those issues the countywide Healthy Communities Partnership, in which this council participates, has prioritised the following:
- 5.3.1 Physical activity – a strategy and action plan for increasing physical activity has been agreed and is available at <http://www.buckscc.gov.uk/health-and-wellbeing/physical-activity/>. Our Leisure team and the countywide sports partnership, Leap, work closely with a range of partners on this agenda. Examples of projects run by our Leisure team include: sports courses for young people (funded through 'Sportivate'), ladies only swimming, and multi-sports sessions for people with learning disabilities (DASH).
- 5.3.2 Healthy eating – information to support healthy eating is available at <http://www.buckscc.gov.uk/health-and-wellbeing/healthy-eating-healthy-weight/> and work is underway to bring together local stakeholders to develop a strategy for improving healthy eating in Bucks.
- 5.3.3 Adult mental wellbeing – the partnership has been promoting the 'five ways to wellbeing' which provide easy ways for individuals to boost their own wellbeing. For more information visit <http://www.buckscc.gov.uk/health-and-wellbeing/five-ways-to-wellbeing/>
- 5.3.4 Tackling multiple risk factors – ie The 'Big Four' lifestyles which in combination have a massive impact on health: physical inactivity; smoking; unhealthy eating; drinking alcohol. This is a complicated area but work is underway to identify the most effective ways of helping people to address these lifestyles; and links are being made between and within treatment services.
- 5.4 In addition to the district level profile, information has been compiled by public health colleagues at the county council about the health and wellbeing of residents at Local Area Forum(LAF) level <http://www.buckscc.gov.uk/health-and-wellbeing/buckinghamshire-health-and-wellbeing-board/director-of-public-health-annual-report-2012-2013/>. These profiles have been presented at LAF meetings, and may help Members to consider more local priorities for their communities.

## **6 Resource implications**

- 6.1 The council's current contribution to the health agenda is delivered within existing resources.

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Background Documents	Healthwatch Bucks Annual report 2013/14 Aylesbury Vale Health Profile 2014



# Aylesbury Vale

District



This profile was produced on 12 August 2014

## Health Profile 2014

### Health in summary

The health of people in Aylesbury Vale is generally better than the England average. Deprivation is lower than average, however about 10.4% (3,600) children live in poverty. Life expectancy for both men and women is higher than the England average.

### Living longer

Life expectancy is 7.5 years lower for men in the most deprived areas of Aylesbury Vale than in the least deprived areas.

### Child health

In Year 6, 15.0% (249) of children are classified as obese, better than the average for England. The rate of alcohol-specific hospital stays among those under 18 was 22.2\*, better than the average for England. This represents 9 stays per year. Levels of teenage pregnancy and GCSE attainment are better than the England average.

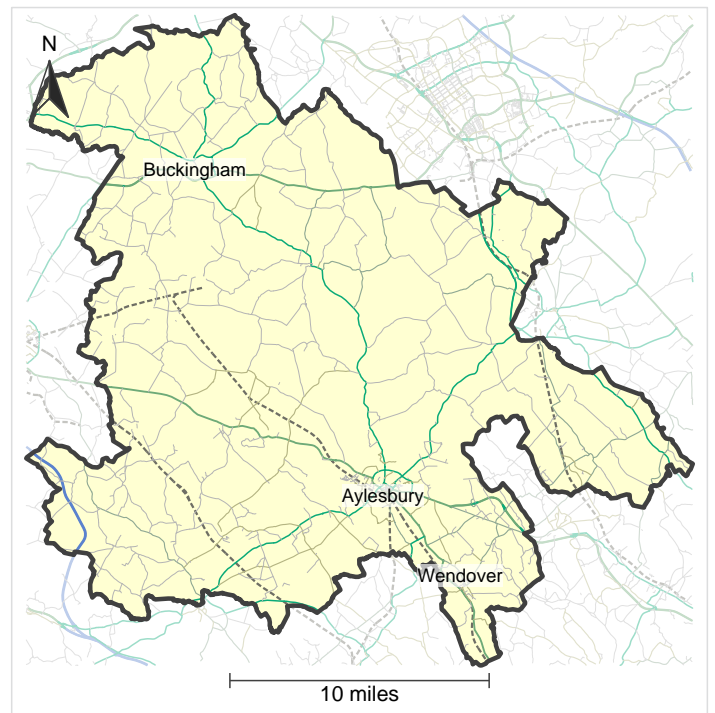
### Adult health

In 2012, 21.5% of adults are classified as obese. The rate of alcohol related harm hospital stays was 456\*, better than the average for England. This represents 768 stays per year. The rate of self-harm hospital stays was 98.8\*, better than the average for England. This represents 176 stays per year. The rate of smoking related deaths was 229\*, better than the average for England. This represents 195 deaths per year. Estimated levels of adult smoking are better than the England average. Rates of sexually transmitted infections and TB are better than average. Rates of statutory homelessness, violent crime, long term unemployment, drug misuse, early deaths from cardiovascular diseases and early deaths from cancer are better than average.

### Local priorities

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.buckscc.gov.uk](http://www.buckscc.gov.uk) or [www.buckscc.gov.uk/dphannualreport](http://www.buckscc.gov.uk/dphannualreport)

\* rate per 100,000 population



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### Population: 178,000

Mid-2012 population estimate. Source: Office for National Statistics.

This profile gives a picture of people's health in Aylesbury Vale. 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.

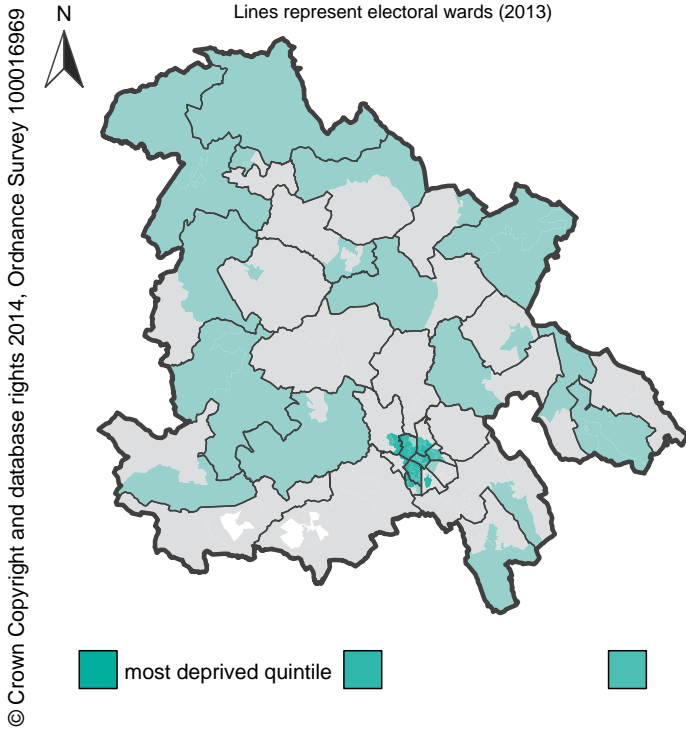
Visit [www.healthprofiles.info](http://www.healthprofiles.info) or scan this Quick Response code: for more profiles, more information and interactive maps and tools.



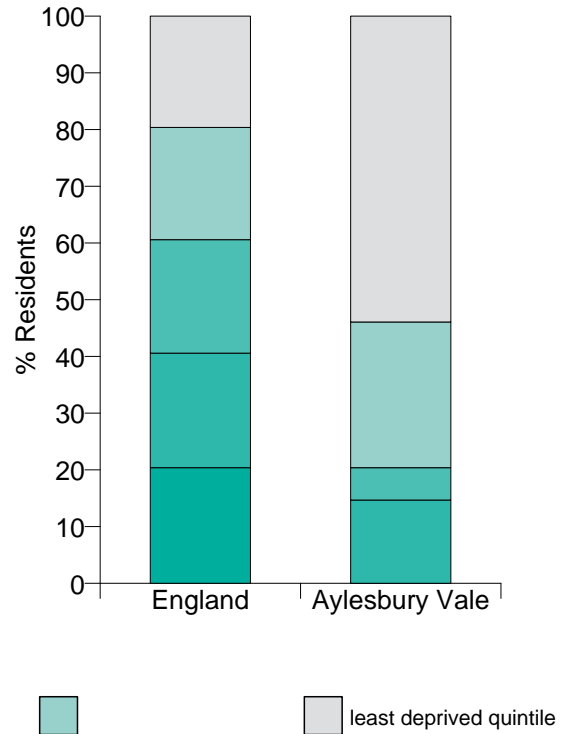
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# Deprivation: a national view

The map shows differences in deprivation levels in this area based on national quintiles (fifths) 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.



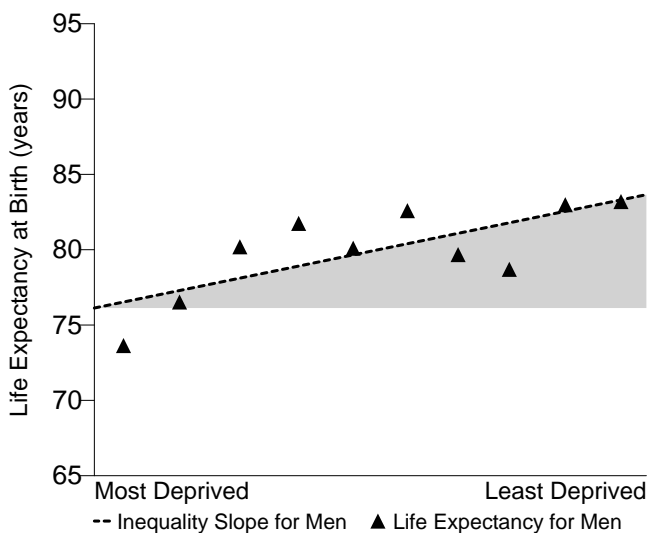
This chart shows the percentage of the population in England and this area who live in each of these quintiles.



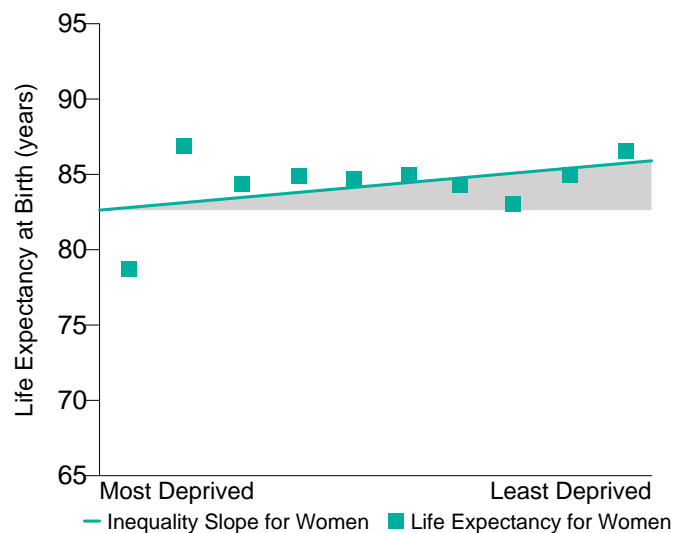
# Life Expectancy: inequalities in this local authority

The charts below show life expectancy for men and women in this local authority for 2010-2012. Each chart is divided into deciles (tenths) by deprivation, from the most deprived decile on the left of the chart to the least deprived decile on the right. The steepness of the slope represents the inequality in life expectancy that is related to deprivation in this local area. If there were no inequality in life expectancy as a result of deprivation, the line would be horizontal.

Life Expectancy Gap for Men: 7.5 years



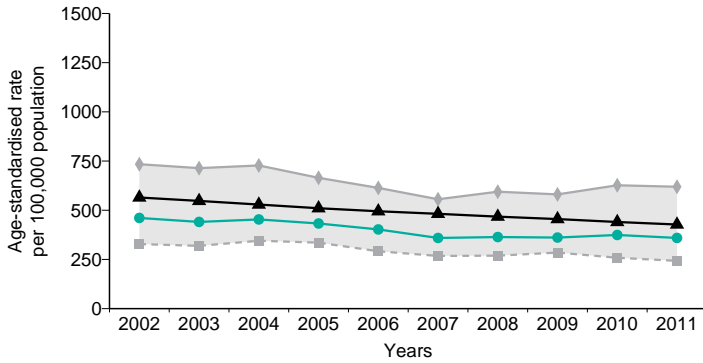
Life Expectancy Gap for Women: 3.3 years



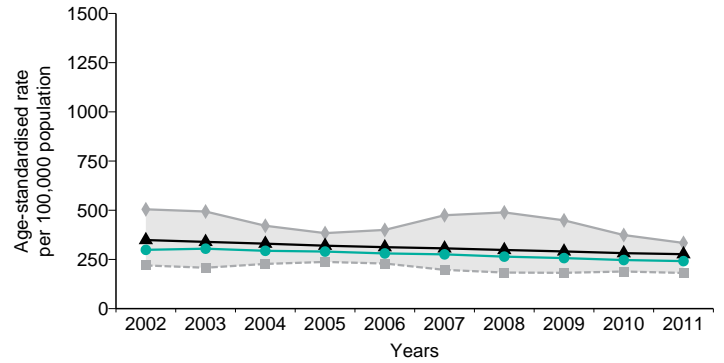
# Health inequalities: changes over time

These charts provide a comparison of the changes in early death rates (in people under 75) between this area and all of England. Early deaths from all causes also show the differences between the most and least deprived quintile in this area. (Data points are the midpoints of 3 year averages of annual rates, for example 2005 represents the period 2004 to 2006).

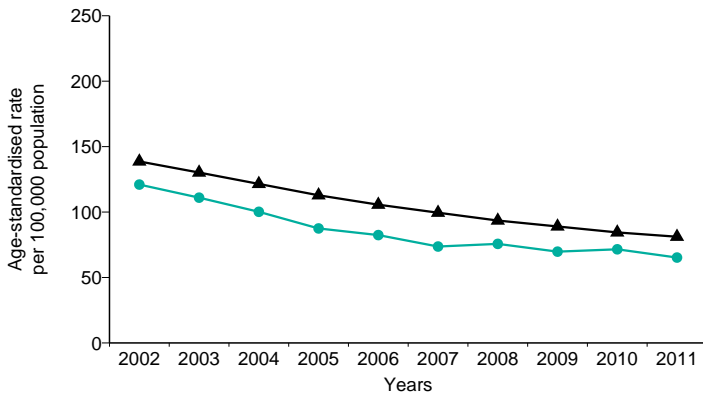
Early deaths from all causes: MEN



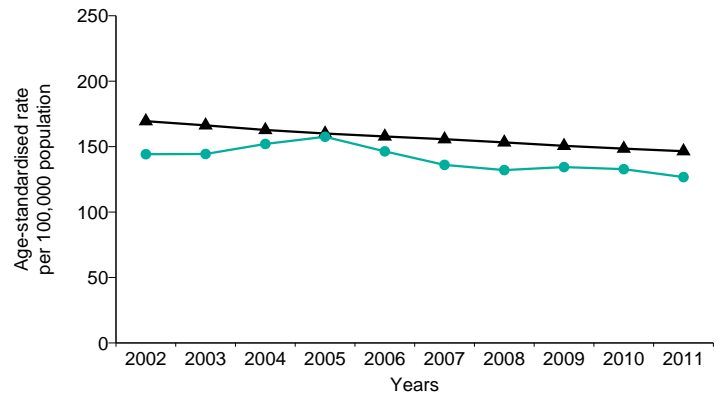
Early deaths from all causes: WOMEN



Early deaths from heart disease and stroke



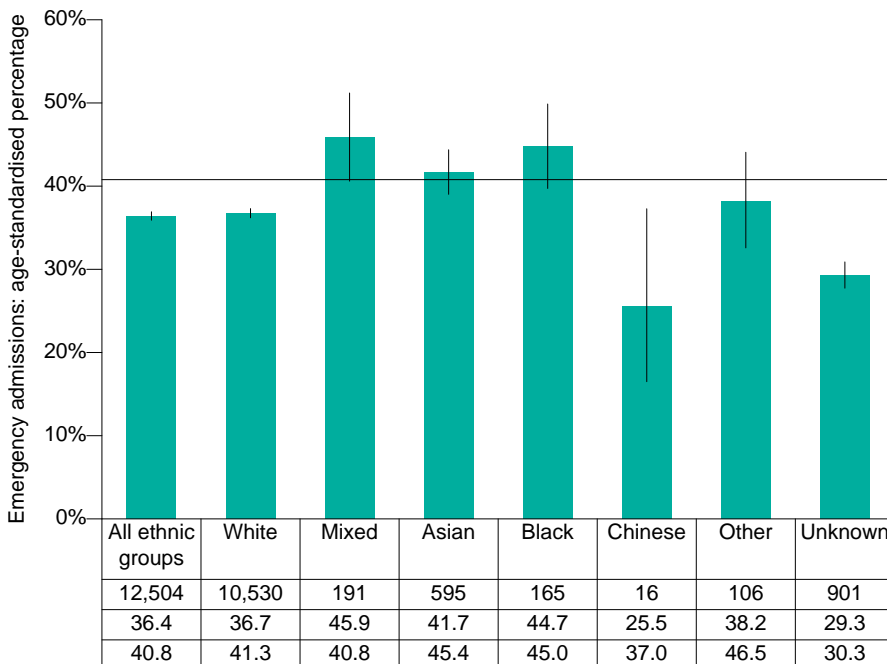
Early deaths from cancer



▲ England average    ● Local average    ■ Local least deprived    ◆ Local most deprived    ■ Local inequality

# Health inequalities: ethnicity

Percentage of hospital admissions that were emergencies, by ethnic group



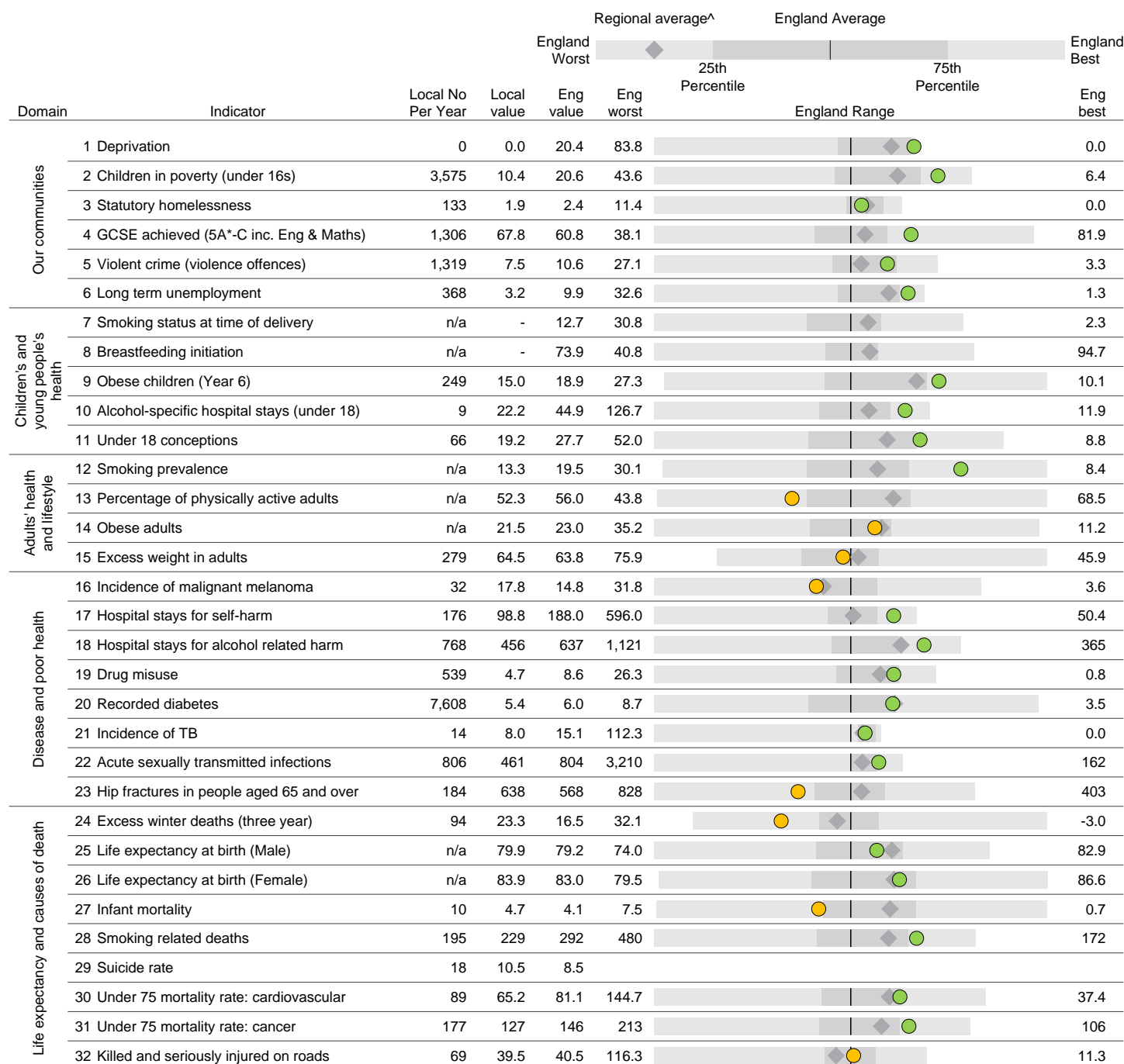
This chart shows the percentage of hospital admissions in 2012/13 that were emergencies for each ethnic group in this area. A high percentage of emergency admissions may reflect some patients not accessing or receiving the care most suited to managing their conditions. By comparing the percentage in 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 interval

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

# Health Summary for Aylesbury Vale

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.



## 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, 2011 3 Crude rate per 1,000 households, 2012/13 4 % key stage 4, 2012/13 5 Recorded violence against the person crimes, crude rate per 1,000 population, 2012/13 6 Crude rate per 1,000 population aged 16-64, 2013 7 % of women who smoke at time of delivery, 2012/13 8 % of all mothers who breastfeed their babies in the first 48hrs after delivery, 2012/13 9 % school children in Year 6 (age 10-11), 2012/13 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population, 2010/11 to 2012/13 (pooled) 11 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2012 12 % adults aged 18 and over, 2012 13 % adults achieving at least 150 mins physical activity per week, 2012 14 % adults classified as obese, Active People Survey 2012 15 % adults classified as overweight or obese, Active People Survey 2012 16 Directly age standardised rate per 100,000 population, aged under 75, 2009-2011 17 Directly age sex standardised rate per 100,000 population, 2012/13 18 The number of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause, directly age standardised rate per 100,000 population, 2012/13 19 Estimated users of opiate and/or crack cocaine aged 15-64, crude rate per 1,000 population, 2010/11 20 % people on GP registers with a recorded diagnosis of diabetes 2012/13 21 Crude rate per 100,000 population, 2010-2012 22 Crude rate per 100,000 population, 2012 (chlamydia screening coverage may influence rate) 23 Directly age and sex standardised rate of emergency admissions, per 100,000 population aged 65 and over, 2012/13 24 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 1.08.09-31.07.12 25 At birth, 2010-2012 26 At birth, 2010-2012 27 Rate per 1,000 live births, 2010-2012 28 Directly age standardised rate per 100,000 population aged 35 and over, 2010-2012 29 Directly age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population, 2010-2012 30 Directly age standardised rate per 100,000 population aged under 75, 2010-2012 31 Directly age standardised rate per 100,000 population aged under 75, 2010-2012 32 Rate per 100,000 population, 2010-2012 ^ "Regional" refers to the former government regions.

More information is available at [www.healthprofiles.info](http://www.healthprofiles.info) Please send any enquiries to [healthprofiles@phe.gov.uk](mailto:healthprofiles@phe.gov.uk)

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