APPENDIX B
Agenda Item No. 5

HEALTHY LIVING CENTRES – STAGE ONE/TWO – SCOPING/EVIDENCE GATHERING

Acting Director of Housing and Health

1.0 Purpose

1.1 To provide background information to supplement that given in the stage one report (attached as Appendix 1). In doing this the Committee should be in a better position to decide what direction this review should take.

2.0 Recommendation

2.1 That the Committee note paragraphs 4.1 and 4.2 and recommend accordingly.

3.0 Background

3.1 The Committee agreed that "Improving the Health of the Citizens of the Vale" should be the theme for review work during the 2003/2004 municipal year. The Healthy Living Centre is clearly an ideal service to look at in-depth as a potential model for tackling health inequalities and in doing so address the Committee's theme.

3.2 The Stage One report which Members received at the Committee meeting on 25th September, 2003 provided a great deal of background information on the Healthy Living Centre (HLC). At that meeting it was noted that since the HLC was unique, Members would need to gain a better understanding of its purpose and impact before attempting to look at the Centre in terms of improvements or changes.

3.3 A guided tour of the HLC was arranged for 21st October, 2003 and the Manager of the HLC is attending tonight's meeting to talk more about the Centre and answer any of the Committee's questions.

3.4 The PSA Co-ordinator is also present at the meeting. Detailed background information concerning the Indices of Deprivation, health inequalities and the PSA has been provided (Appendix 2) which should establish the context for the HLC.

3.5 Officers were of the view that these witnesses would, in correlation with the Stage One report and visit to the HLC, provide Members with a better understanding of the HLC and therefore able to make a better judgement as to what steps it took next.

4.0 Next Steps

4.1 If, having heard the evidence provided and visited the HLC, Members are minded that there is value in continuing with this review the two questions which must be answered at this stage are:

- What aspects of the HLC can the Council hope to influence? Therefore, what should the review framework be?

- Which witnesses are best placed to contribute to this review?

4.2 With reference to the second question, the Stage One report suggests the following:

- the HLC Manager;
- a representative from the Vale of Aylesbury Primary Care Trust;
- the PSA Co-ordinator;
- an organisation providing a service or project at the HLC; and
- a local user of the HLC.

4.3 As the Committee has already received evidence from two of these witnesses the judgement must be made as to whether these individuals have any further contribution to make to this review.

5.0 Response to Strategic Objectives

5.1 One of the Council's key issues under health improvement is addressing health inequalities. One of the five year objectives associated with this issue is "to develop a network of healthy living centres at targeted locations throughout the Vale". The work of the Scrutiny Committee can provide an insight into the potential to apply different healthy living centre models to areas of health inequality throughout the Vale, and can provide guidance to the future development of this work.

5.2 The Committee should also bear in mind that by the time this review reaches the recommendation stage the Council is likely to be operating under a new model of Strategic Objectives. The issues covered by this review will be placed in the context of the new strategic objectives once they are approved.

Contact Officer: Clive Grimshaw (01296) 585043
Background Documents:

APPENDIX 1

HEALTHY LIVING CENTRES – STAGE ONE Head of Environmental Health Services

1.0 Purpose

0.1 To provide Members of the Safety and Health Scrutiny Committee with background information concerning Healthy Living Centres (HLC) to enable effective evidence gathering and scrutiny during the second stage of the scrutiny review.

2.0 Recommendation

2.1 That the Scrutiny Committee notes the contents of this report as the basis for the second stage scrutiny review.

2.2 That the Scrutiny Review focuses on the potential to apply the approaches of the HLCs to achieving local health targets.

1.3 To invite external partners to the next meeting and request further information and research on health improvement processes to be carried out as directed. This research should include service provision at the Walton Court Healthy Living Centre and the progress being made towards targets and objectives; and a comparative study of the different models of healthy living centres that are used in other locations.

2.4 That the Committee visit the Walton Court HLC as part of the Scrutiny process.

3.0 Background Information

2.1 <u>What is a Healthy Living Centre?</u>

3.1.1 HLCs are a community-based approach to achieving local health targets. They were launched by the Government in 1998 as complementary to the white paper 'Saving Lives: Our Healthier Nation'. An HLC is an opportunity to foster creative partnerships across the voluntary, public and private sectors. The emphasis is on quality and excellence; any partnership must be clear about the outcomes it is seeking from the projects and put in place arrangements for monitoring progress towards them. Funding for five years was made available to develop HLCs. There was no 'blue print' and communities were encouraged to be innovative in responding to local needs.

2.2 <u>What is the purpose of HLCs</u>

3.2.1 The common purpose of HLCs is to improve community health by tackling the wider determinants of health. The focus is on health as a positive attribute which helps people get the most out of life, embracing both physical and mental well being. Health is seen in its broadest sense and HLCs provide

opportunities to improve quality of life and aim to enable people to achieve their full potential.

3.2.2 The gap in life expectancy between the most affluent and the most deprived sectors of society has widened over the last 20 years. HLCs are always targeted to areas containing the most deprived sectors of the population in order to improve the health of the worst off in society and narrow the health gap.

3.2.3 Users and local communities must be involved in planning projects from the start and in their development and operation. HLCs are always based on the expressed needs of the local people and encourage community participation.

2.3 The Aylesbury HLC

2.3.1 From the outset of the concept Aylesbury Vale District Council has supported the development of the Aylesbury HLC. The catchment area for the HLC was the wards of Southcourt and Mandeville which stood out as a pocket of deprivation. Recent ward changes will affect the measurement of the levels of deprivation. Improvement in the well being of the people living in this area must be demonstrated to ensure continuity of the national lottery funding so all the activities at the HLC are focused on the local residents.

2.3.2 Over £20,000 matched funding was provided by the Council to renovate and adapt the old GP premises at the Walton Court Shopping Centre. Funding for a computer suite came from Bucks County Council while other charitable bodies provided funding for a kitchen/café and a crèche. The Housing Division continues with this support, accepting a reduced level of rent amounting to a subsidy of £10,000 per annum. The Council is represented on the HLC Board by an officer of the Environmental Health Service

2.3.3 The HLC initiative continues to be mainly funded by the New Opportunities Fund. The national HLC initiative is now closed, although many HLCs will continue to be funded for 4 more years. In its first year the Walton Court HLC has made excellent progress and is still in receipt of £175,000 p.a. grant for the forthcoming year costs (mainly revenue).

2.3.4 The portfolio of projects at the Aylesbury HLC has three themes:

- Learning and Work: e.g. Numeracy and Literacy, Personal Development, UK On Line, New Deal for Lone Parents etc

- Health: e.g. Smoking cessation, Sexual health advice, Drugs information and support, Fitness and Well-being class etc.

- Community Development: e.g. Credit Union, Asian women's group etc.

2.3.5 In the six month period following its launch, the Walton Court HLC had over 2,400 visits. Its facilities were on average in use for 60% of the available time; a more detailed breakdown should be available for Members by the time of the Committee meeting on 25th September.

2.3.6 An HLC can take many forms: the Aylesbury HLC is a single site scheme based in a community building. Residents are encouraged to join groups and help with a variety of projects. There is always a member of staff on site to talk to people who drop in and some services are offered on a drop in basis. Some HLCs are virtual, in that there is no building just one person to coordinate the work which happens at many sites across a town. It is also possible to run an HLC with a single theme such as physical activity.

4.0 How HLCs contribute to achieving government targets

4.1 National health inequalities targets

The government's aim is to reduce health inequalities by tackling the wider determinants of health inequalities, such as poverty, poor educational outcomes, worklessness, poor housing, homelessness and the problems of disadvantaged neighbourhoods. This approach is supported by a national Public Service Agreement target. This is underpinned by two more detailed objectives:

'starting with children under one year, by 2010 to reduce by at least 10% the gap in mortality between routine and manual groups and the population as a whole.'

and

'starting with local authorities, by 2001 to reduce by at least 10% the gap between the fifth of areas with the lowest life expectancy at birth and the population as a whole'.

Although Aylesbury Vale as a health area is not one of the most disadvantaged nationally, all Local Strategic Partnerships, have a key role in tackling health inequalities locally giving these objectives local significance.

3.2 Public health targets

The Council's work in health improvement should complement local and national strategies and programmes. The Director of Public Health for Aylesbury is of the view that joint working between the Council and the PC should focus on:

- Targeting the most deprived areas of Aylesbury
- Focussing on the early years of life - in order to have impact on the cycle of deprivation
- Targeting groups who experience the worst health e.g. homeless, travellers, black and minority ethnic groups

3.3 Public Service Agreement targets

4.3.1 Public Service Agreements (PSA's) have been made between the government and the local authorities. These document the local agreements to work towards particular targets in return for more flexibility in service provision.

3.2.2 Four geographic areas within Aylesbury Vale have been made subject to PSA targets, one of which is Southcourt / Mandeville. Target 11, which aims to improve the quality of community life, is relevant to the work of the Healthy Living Centre. This target covers three issues, each of which has it's own detailed targets. The issues are:

- Increasing the number of local people who are active in local communities
- Increasing the number of local people enrolling and completing training and learning opportunities
- Increasing the number of young people attending youth clubs and projects.

4.3.3 Using the HLC's community approach in less affluent areas of the Vale, following the health inequalities guidance from the government, would enable the Council to work towards its PSA targets in other PSA areas as well, such as Quarrendon and Meadowcroft.

5.0 Applying the lessons and approaches

5.1 Recent government guidance "Tackling Health Inequalities: A Programme for Action" Department of Health, July 2003 recognises that solutions to tackling major public health problems such as heart disease, cancer, accidents and mental health are complex. Interventions are required that cut across sectors to take account of the broader social, cultural, economic and physical environment.

5.2 Recent evidence shows that working in and with the community at grass roots level, may have considerable potential for health improvement particularly with those that suffer most disadvantages in society. Local authorities have a responsibility to promote the quality of life and are in a better position to influence this than the NHS.

6.0 Evidence gathering and research

6.1 Since the lottery funding for HLCs is no longer available it may not be possible to develop another single site HLC like the one at Walton Court. However, Members may like to consider developing alternative forms of the HLC to apply the preventative, community approach to health improvement. This could be applied to areas which are particularly less advantaged than the rest of the Vale.

6.2 It is suggested that the Scrutiny Committee consider hearing further evidence on the role of the HLCs and potential development of their concept from the following:

- The Committee to visit the Healthy Living Centre to see first hand the services that are provided, the use to which they are put, and the benefits to the local community

- The Walton Court HLC Manager to be asked to give evidence to Scrutiny Committee on the approach to health improvement in Southcourt and Mandeville wards and the progress being made.

- A representative from the Vale of Aylesbury Primary Care Trust to be asked to give evidence as to current health inequalities in the Vale in order to ascertain the potential targets which might be addressed using the HLC model..

- The PSA Coordinator should be asked to give details of the levels of deprivation in Aylesbury using the newly available census data for 2001 and the Index of Multiple Deprivation, as well as information on PSA targets. This will inform potential discussion concerning which geographical areas are most deprived and where the health inequalities are likely to be greatest.

- An organisation providing a service or project at the HLC should be asked to explain the value to that organisation of working with the HLC.

- A local user of the HLC may be able to provide information on the direct benefits of such a centre. However, as they are likely to be the most vulnerable members of society it may be more appropriate for Members to visit the HLC than for a user to attend the second stage of the scrutiny process.

7.0 Response to strategic objectives

7.1 One of the Council's Key Issues under health improvement is addressing health inequalities. One of the five year objectives associated with this issue is to "develop a network of healthy living centres at targeted locations throughout the Vale". The work of the scrutiny committee can provide an insight into the potential to apply different healthy living centre models to areas of health inequality throughout the Vale, and can provide guidance to the future development of this work.

Contact Officer: Valerie Elliott (01296) 585154
Background Documents: Saving Lives; Our Healthier Nation DoH, 2001
Tackling Health Inequalities: A Framework for Action, DoH, 2003
Healthy Living Centres: Information for Applicants NOF, 2001
Promoting Community Health: Developing the Role of Local Government, HEA, 1999

Healthy Living Centre Report version 7 – greens May 2003
Lsh2592003

DISADVANTAGE IN AYLESBURY VALE

1 Purpose

1.1 The purpose of this report is to provide Members with information regarding levels of deprivation in Aylesbury Vale, based on the OPDM Indices of Deprivation 2000 and census and also to provide Members with information regarding the Buckinghamshire Public Service Agreement (PSA), as it relates to the healthy living centre.

2.0 Indices of Deprivation

1.1 The Indices of deprivation were published in 2000 by the Department of Environment, Transport, and the Regions (DETR), and are now the responsibility of the Office of the Deputy Prime Minister (ODPM).

1.2 The DETR report describes the Index as follows

"Index is based on the premise that multiple deprivation is made up of separate dimensions, or 'domains' of deprivation. These domains reflect different aspects of deprivation. Each domain is made up of a number of indicators which cover aspects of this deprivation as comprehensively as possible. The criteria for selecting the indicators are that they should be statistically robust, up to date, available at a small area level for the whole of England and that they should directly measure a major aspect of the dimension of deprivation under consideration. This necessarily restricts the indicators which can be included. Nevertheless, this review has incorporated data sources hitherto unused for measuring deprivation. The Index is based on the broadest range of data possible in the country to date. Each of the domains is measured at ward level, **using the administrative boundaries as at 1st April 1998."**

The indices do not identify smaller pockets of disadvantage which may exist within particular wards.

1.3 The domains are:

- Income (forms 25% of the overall index)
- Employment (forms 25% of the overall index)
- Health Deprivation and Disability (forms 15% of the overall index)
- Education, Skills and Training (forms 15% of the overall index)
- Housing (forms 10% of the overall index)
- Geographical Access to Services (forms 10% of the overall index)

In addition, a supplementary Child Poverty index was created at ward level.

2.4 Consultation is currently underway regarding an update to the indices but revised statistics based on current ward boundaries will not be available for some time.

3 Deprivation in Aylesbury Vale

3.1 The table attached as Appendix 1 indicates those wards which are in the 25% most deprived wards nationally under each domain, and under the index of multiple deprivation, based on old ward boundaries. A map comparing the old and new ward boundaries is attached at Appendix 2.

3.2 The table shows that a number of wards fall into this category in the "Access" domain and this reflects the geography of the district as a rural area. These wards do not demonstrate any other indicators of deprivation, in fact in the other domains they rank amongst the least deprived. The Access domain is measured using the following information:

- Access to a post office (General Post Office Counters) for April 1998
- Access to food shops (Data Consultancy) 1998
- Access to a GP (NHS, BMA, Scottish Health Service) for October 1997
- Access to a primary school (DfEE) for 1999

3.3 The DETR report states that, "Access to essential services is an important aspect of people's everyday lives. While this is true for all people, we have focused solely on people with low incomes (on benefits) for the first three indicators as they are more likely to be experiencing the disadvantage of lack of access to services more acutely than those on higher incomes, who are in principle more able to afford public or private transport. Access to primary schools was measured for all 5-8 year olds".

4. Rank of Health Domain

4.1 Members will note that none of the wards rank in the lower quartile on the health domain, although Aylesbury Central, Gatehouse, Mandeville and Southcourt are below average.

4.2 The Health domain is measured using the following information

- Comparative Mortality Ratios for men and women at ages under 65. District level figures for 1997 and 1998 applied to constituent wards (ONS)
- People receiving Attendance Allowance or Disability Living Allowance (DSS) in 1998 as a proportion of all people
- Proportion of people of working age (16-59) receiving Incapacity Benefit or Severe Disablement Allowance (DSS) for 1998 and 1999 respectively
- Age and sex standardized ratio of limiting long-term illness (1991 Census)
- Proportion of births of low birth weight (<2,500g) for 1993-97 (ONS)

4.3 The DETR report states that "This domain identifies people whose quality of life is impaired by either poor health or disability. While ill health is closely intertwined with other aspects of deprivation, it is also an important aspect of deprivation in its own right. Premature death is the ultimate manifestation of this, but chronic ill health and disability will also greatly impair the quality of people's lives".

5 Health Inequalities

4.1 In 2002 the Government conducted a cross cutting review into health inequalities, in which it defined the problem as follows:

> "Inequalities in health outcomes persist between socially disadvantaged and affluent sections of the population, males and females, and people from different ethnic groups. Health inequalities affect people at all stages of life and across different parts of the country. There are wide geographical variations in health status, reflecting the multiple problems of material disadvantage facing some communities. These differences begin at conception and continue throughout life. Babies born to poorer families are more likely to be born prematurely, are at greater risk of infant mortality and have a greater likelihood of poverty, impaired development and chronic disease in later life. This sets up an inter-generational cycle of health inequalities.
>
> An individual's risk of developing ill-health and dying are related in part to the circumstances of the previous generation. Intervening before and during pregnancy and early in life should therefore improve health. Data from actual intervention studies bear this out. An increasing amount of evidence, from the US and elsewhere, shows overwhelmingly that early intervention makes a difference. The earlier, the more intensive and the greater the quality of intervention the greater likelihood there is of long term, sustainable success. Early investment programmes can produce significant long and short term benefits for children in terms of improved health, improved social and emotional development and improved educational attainment.
>
> Health inequalities follow a social gradient, with the health gap increasing steadily with poorer social class. Because of this gradient, and the distribution of the population in the different social groups, analysis in the Review shows that interventions must reach more than the most deprived areas and the most disadvantaged, socially excluded populations to meet the national targets and make progress on health inequalities more generally. It will be necessary to achieve change in all the manual social groups and to tackle pockets of deprivation in all parts of the country".

5.2 Copies of slides from a presentation given by Director of Public Health at the Primary Care Trust regarding health inequalities are attached as Appendix 3. Whilst the indices of deprivation would not indicate any particular disadvantage in the Health domain, the statistics provided by the

PCT regarding admission rates identify some real disparities in terms of the health of the most deprived wards in the area.

5.3 Members will note that the map and specific statistics relating to the Vale of Aylesbury PCT 2000-2002 included with the slides, refers to the geographical area covered by the PCT. The area covered is not co-terminus with Aylesbury Vale District Council (ie: we do not share exactly the same boundary) and so the map would look slightly different if only AVDC wards were included. However, it is clear that within the area covered by the PCT the six wards in Aylesbury are the most deprived in the area.

6. 2001 Census

6.1 It is not possible to compare the indices of Deprivation 2000 directly with the 2001 census because the census information is based on the administrative boundaries in May 2003. As an indication of how the statistics compare the following census information relates to the current ward of Southcourt:

	Southcourt	**Aylesbury Vale**
Population	5,849	165,748
Age profile	25.7% under 16 years 17.4% over 60 years	21.4% 17.3%
Ethnicity	90.1% white or mixed 9.9% other	96.3% 3.7%
Description of health	65.3% good 25.2% fairly good 9.5% not good	74.6% 19.5% 5.9%
Employment	4.4% unemployed 6.6% permanently sick or disabled	2% 2.7%
Lone parent households with dependent children	9.1%	4.6%
Rented accommodation	54.4%	24.3%
Council tenants	46.2%	12.5%
No car or van	34.8%	14%
Had no qualifications	41.6%	22.2%

7. Public Service Agreement

Target 11 of the county-wide public service agreement aims to improve the quality of community life and four areas have been selected across the county for the focus of the target, one community in each of the four districts. The target covers three issues:

- Increasing the number of local people who are active in local communities
- Increasing the number of local people enrolling and completing training and learning opportunities
- Increasing the number of young people attending youth clubs and projects.

Within Aylesbury Vale the wards of Southcourt and Mandeville were chosen as the focus for this target. This decision was based on the Indices of Multiple Deprivation and the work undertaken in researching the Healthy Living Centre. It was recognised that the healthy living centre would provide a focus for the delivery of the target in this area. The ward of Meadowcroft was also considered, however a well established community action group already existed in this ward, supported by our tenant participation officer.

Sources:

Reference: DETR Indices of Multiple Deprivation 2000
:
http://www.odpm.gov.uk/stellent/groups/odpm_urbanpolicy/documents/downloadable/odpm_urbpol_021680.pdf

Reference: Department of Health – Tackling Health Inequalities, summary of the 2002 cross cutting review
http://www.doh.gov.uk/healthinequalities/tacklinghealth.pdf

Reference 2001 Census – Southcourt Ward
http://neighbourhood.statistics.gov.uk/AreaProfileFrames.asp?TID=1&AREA=Southcourt+ward&AID=179384

Presentation by Dr Jane O'Grady – Director of Public Health, Vale of Aylesbury PCT July 2003

The Bucks Local Public Service Agreement 2002-2005

	Rank of Income Domain	Rank of Employment Domain	Rank of Health Domain	Rank of Education Domain	Rank of Housing Domain	Rank of Access Domain	Rank of Child Poverty Index	Rank of Index of Multiple Deprivation
Aston Clinton	**7720**	**7836**	**7859**	**6590**	3377	2014	**7760**	**7382**
Aylesbury Central	2059	3218	2952	2309	1244	**7256**	1668	2537
Bedgrove	**7890**	**6916**	**6869**	**6495**	5500	**6464**	**8226**	**8126**
Bierton	**8115**	**8026**	**7665**	5505	**7390**	1302	**8145**	**7583**
Brill	**8066**	**8153**	**7675**	**7202**	6247	356	**8004**	**6882**
Buckingham North	5064	**7200**	**7001**	5034	**7636**	5600	**6726**	**7361**
Buckingham South	**7797**	**8072**	**8162**	5583	4521	3172	**6954**	**7855**
Cheddington	**8093**	**7854**	**8056**	**7626**	**7088**	1668	**8035**	**8021**
Edlesborough	**8246**	**8255**	**8158**	5517	6202	1013	**8168**	**7408**
Elmhurst	3410	5586	5437	1749	1597	**6519**	2620	3873
Gatehouse	3043	3368	3037	1700	935	**6964**	2388	2664
Grange	**6998**	**6673**	**6997**	5085	**6966**	4182	**7614**	**7572**
Great Brickhill	**7783**	**7740**	**7344**	**5724**	**7444**	1003	**6842**	**7215**
Great Horwood	**8214**	**8076**	**7785**	**6829**	**7198**	862	**7799**	**7577**
Grendon Underwood	**7835**	**8074**	**8019**	**7454**	5959	396	**7705**	**6933**
Haddenham	**7254**	**8011**	**8049**	**8169**	4567	2977	**7025**	**8022**
Hogshaw	**8325**	**7919**	**7992**	**7778**	4606	787	**8253**	**7323**
Long Crendon	**8059**	**8059**	**7902**	**7221**	6150	4146	**8054**	**8283**
Luffield Abbey	**8096**	**8121**	**8050**	5529	**7392**	698	**7721**	**7197**
Mandeville	2374	3420	3356	470	1780	**6505**	2540	2170
Marsh Gibbon	**7833**	**8217**	**8139**	7163	**6829**	1138	7198	**7759**

Meadowcroft	1896	3877	4688	305	1433	6868	1977	2046
Newton Longville	**6808**	**7475**	6309	**6764**	**6403**	3120	**7696**	**7657**
Oakfield	4231	4608	4556	4665	5045	4669	3334	5067
Oakley	**7838**	**7934**	**8260**	**7991**	**7206**	1400	**7703**	**7960**
Pitstone	**6804**	**7434**	**7713**	4753	4005	1206	**6630**	**6337**
Quainton	**8198**	**7359**	**7732**	**7659**	5527	1229	**8013**	**7559**
Southcourt	1725	3102	3900	699	1065	6070	1274	1926
Steeple Claydon	**6626**	**7658**	**7213**	5737	**7786**	2770	**6688**	**7676**
Stewkley	**7982**	**8195**	**8093**	**7607**	**7842**	1517	**7763**	**8062**
Stone	**6709**	**6876**	**7219**	6112	5599	1467	**6594**	**6795**
Tingewick	**7419**	**7845**	**7847**	5825	4173	1277	**7241**	**6976**
Waddesdon	**7432**	**7542**	**7315**	3941	**7435**	2487	**7341**	**7327**
Wendover	**7745**	**8256**	**7913**	**7558**	**6908**	2737	**7753**	**8202**
Weston Turville	**8069**	**8089**	**8192**	6048	6219	2168	**7849**	**7943**
Wing	**6089**	**7060**	**6471**	**7375**	5983	3191	**6840**	**7406**
Wingrave	**7915**	**7353**	**7225**	**7520**	4167	771	**7542**	**6802**
Winslow	**6972**	**6966**	**6544**	**7477**	6308	3660	**7099**	**7812**

There are 8,414 wards counted nationally and they are ranked from 1 (most deprived) to 8,414 (least deprived).

KEY:	Rankings shown in bold are in 25% LEAST deprived wards nationally
	Rankings shown in shaded boxes are in 25% MOST deprived wards nationally