BUCKS STRATEGIC PARTNERSHIP

promoting prosperity, tackling inequalities

Agenda

BUCKS STRATEGIC PARTNERSHIP BOARD

Date Tuesday 16 September 2008

Time 2.30 pm – 4:30pm

Venue Lane End Conference Centre, Church Road, Lane End, HP14 3HH

Agenda Item		Time	Page No
1	**APOLOGIES FOR ABSENCE**		
2	**DECLARATIONS OF INTEREST**		
3	**MINUTES OF MEETING HELD ON 17 JUNE 2008**	**5 mins**	**1 - 6**
4	**HEALTHY COMMUNITIES STRATEGY** Presentation from Healthy Communities Thematic Partnership *This agenda item will be a workshop session, facilitated by Geoff Chilton, Associate Consultant, Improvement and Development Agency (IDeA).*	**75 mins**	**7 - 46**
5	**UPDATE REPORT ON CURRENT ISSUES**	**10 mins**	**47 - 48**
6	**BUCKINGHAMSHIRE HOSPITALS NHS TRUST - APPLICATION TO BECOME AN NHS FOUNDATION TRUST** Verbal Update – Lee Jones, Assistant Director of Communications, Buckinghamshire Hospitals NHS Trust	**5 mins**	
7	**THE EMERGING ECONOMIC ISSUES IN BUCKINGHAMSHIRE** Presentation – Alex Pratt	**15 mins**	
8	**RURAL STRATEGY FOR BUCKINGHAMSHIRE AND MILTON KEYNES** Presentation – Michael Hunt	**10 mins**	
9	**AOB**		
10	**DATE OF NEXT MEETING** 13 January 2009, 2:30pm – 4:30pm, venue tbc 31 March 2009, 2:30pm – 4:30pm, venue tbc 7 July 2009, 2:30pm – 4:30pm, venue tbc		

For further information please contact: Helen Wailling on 01296 383614
Fax No 01296 382538, email: hwailling@buckscc.gov.uk

Members

Mr J Booth
Ms J Brown
Mr A Busby
Ms J Clarke
Mr M Colston
Mr D Ebdon
Mr S George
Ms J Goddard
Ms J Godden
Ms S Knollys
Mrs R Lally
Mr A Pratt
Mr W Ralls
Mr D Rowlands
Mr P Tinnion
Mr W Whyte
Mr C Williams
Mrs L Clarke
Mr D Shakespeare OBE
Mrs I Thompson
Ms J Hunt
Ms L Walton
Mr J Warder
Mr M Hunt
Mr J Cartwright
Ms C Wormald

Minutes

BUCKS STRATEGIC PARTNERSHIP BOARD

MINUTES OF THE BUCKS STRATEGIC PARTNERSHIP BOARD HELD ON TUESDAY 17 JUNE 2008, IN THE LARGE DINING ROOM, JUDGES LODGINGS, COMMENCING AT 10.04 AM AND CONCLUDING AT 12.22 PM.

Members Present

Mr J Booth	Chief Executive, Thames Valley Police Authority
Ms J Brown	Joint Director of Strategy & System Reform, Buckinghamshire Hospitals Trust
Mr A Busby	Chairman of South Bucks LSP/Leader of SBDC
Mr D Ebdon	Chairman, Chiltern LSP
Mr T Egleton	Buckinghamshire and Milton Keynes Fire Authority
Ms J Goddard	Economic Development Director, LSC TV
Ms J Hunt	Voluntary Impact
Mr M Hunt	Buckinghamshire Community Action
Superintendent Ismay	Deputy Basic Command Unit Commander, Buckinghamshire, TVP
Mr C Meakings	Wycombe District Council
Mr A Pratt	Chair, Bucks Economic and Learning Partnership
Mr W Ralls	Area Director, SEEDA
Mr J Savage	Wycombe District Council
Mr C Scroggs	Non Executive Director, Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust
Mr D Shakespeare OBE	Leader of BCC
Mrs I Thompson	Buckinghamshire Association of Local Councils
Mr J Wallis	Non Executive Director, Buckinghamshire PCT
Mr W Whyte	Chair, Aylesbury Vale LSP
Mr C Williams	Chairman of Buckinghamshire Children's Trust

Observers

Mr C Furness, Observer - Chief Executive, SBDC

Mr A Goodrum, Observer - Chief Executive, CDC
Mr A Grant, Observer - Chief Executive, AVDC
Mr E Macalister-Smith, Observer - Chief Executive, Buckinghamshire PCT
Ms E Macdonald, Observer - Bucks Locality Manager, GOSE
Ms J Waldron, Observer - Oxfordshire and Buckinghamshire Mental Health Partnership NHS Trust

Officers

Mrs S Ashmead, Corporate Manager, Policy and Performance
Mrs J Fisk, Policy Officer (Local Area Agreement)
Ms H Wailling, Democratic Services Officer

1 APOLOGIES FOR ABSENCE

Apologies for absence were received from Julia Clarke (The Ridgeway Partnership), Lesley Clarke (Wycombe District Council), Stewart George (Buckinghamshire PCT), Janet Godden (OBMH), David Rowlands (Buckinghamshire and Milton Keynes Fire Authority), Karen Satterford (Wycombe District Council), Paul Tinnion (Safer and Stronger Bucks Partnership Board), Linda Walton (Business Representative) and John Warder (Chiltern District Council).
Members noted that:
John Savage was substituting for Lesley Clarke, Jon Wallis was substituting for Stewart George, Cedric Scroggs was substituting for Janet Godden, Trevor Egleton was substituting for David Rowlands, Charles Meakings was substituting for Karen Satterford and Tony Ismay was substituting for Paul Tinnion. All substitutions were for the duration of the meeting.

2 DECLARATIONS OF INTEREST

There were none.

3 BUCKS STRATEGIC PARTNERSHIP BOARD

Chairmanship
David Shakespeare, Leader of Buckinghamshire County Council, was elected as Chairman of the Bucks Strategic Partnership Board for the ensuing year, until further government guidance was issued.

Terms of Reference
Sarah Ashmead, Corporate Manager, Policy and Performance, took members through the draft Terms of Reference. The Board would work at a high strategic level, adding value to the work of other partnerships and providing a strategic overview for the County. The content of agendas for meetings would be informed by partnership issues feeding through, for example, from the thematic partnerships.
Local Area Forums were discussed and it was agreed that a link to these could be added to the Terms of Reference if necessary, once the Locality Strategy had been to County Council.
Members agreed the Terms of Reference.

Robin Douglas from the Leadership Centre for Local Government reported back on key issues from discussions held with some members of the board prior to the meeting, and then facilitated a workshop session to look at the format and shape of the Board. During the session the following points were made:

- The Board should be a place of challenge, and not just a forum for receiving reports.
- The Board would be an opportunity to develop partnerships and build on existing relationships.

- Members should ensure that they did not stick to old patterns of behaviour and thinking. There would also be a need to recognise the complexity and diversity of the membership of the Board.
- Work would need to be kept at an appropriate level, so that it was purposeful, strategic and challenging.
- Meetings should be challenging, but not assertive 'talking shops.'
- Thematic partnerships should be a standing item on the Agenda.
- Meetings could be held with a 'café-style' layout. Two agenda items could be discussed concurrently and then reported back to the full Board.
- Agendas needed to cover a wide range of issues, but not in too much detail.
- There was a need to look at how the Board linked with ground-level work in local areas. A dotted line was needed on the diagram between the thematic partnerships and the LSPs.
- Economy and skills issues differ between north and south Buckinghamshire. There needed to be a mechanism to bring both together. Buckinghamshire is a complex county. However most key decision-makers are on the Board.
- After two meetings the Board would need to review how it was working. A refresh would also be needed after the pilot locality work in High Wycombe.
- The Board should not just be about feeding upwards. It should also take account of organisations which are organised at a countywide level, such as the NHS.
- The Board would need to move quickly to focus on key priorities and to make specific agreements to challenge them.
- There would need to be a balance between content and process.
- The key overall priority is to improve outcomes for residents.

Agenda papers and Minutes

Members agreed that Agenda papers and Minutes should be published on the public website.

4 PREPARING FOR THE COMPREHENSIVE AREA ASSESSMENT

Robin Douglas then told members about the Comprehensive Area Assessment (CAA) which would begin in 2009.

The CAA was the new joint inspection framework, and would replace the current Comprehensive Performance Assessment (CPA).

Three significant questions which would be asked by the CAA were:

- How well do you understand your area(s)?
- How well are you delivering on the priorities you have set?
- How well are you working together to deliver these?

The CAA would be less-focussed on the details of services or specific organisations themselves, and much more focussed on the outcomes of those services, with an emphasis on partnership working. The CAA was currently being piloted in four authorities, and an additional ten authorities would also be involved in the pilot before the CAA was launched in 2009.

It was not yet clear if other inspection regimes would change following the introduction of the CAA (e.g. the Home Office inspection of Police).

The Audit Commission had promised that the burden of inspections would be lighter with the CAA, and that scores and league tables would be abolished. There would be an emphasis on self-assessment and there would be fewer field assessments, to save money. The stronger an authority was at knowing its area, the less likely it was to have multiple inspections. Satisfaction surveys would become a much bigger budget area for all organisations.

There would be 'naming and shaming' if one part of a partnership was not performing satisfactorily.

A representative from GOSE said that the evaluation of the two-tier pathfinder would also need to be considered.

The LGA had issued a framework which authorities could use to pilot the self-assessment. The intention that was that this would be used in Buckinghamshire at LSP level. The framework would be circulated to all members (attached).

Members discussed the CAA, and identified the following risks:

- Inspections might be very complex
- Inspectorates might not be aligned
- Government may not be focussed on local issues
- Could be over-technical and not sensitive to local needs

Robin Douglas then told the Board about the four parts of the assessment. There were discussions regarding these, and the main issues identified are summarised below.

1. Understanding Local Areas

- There was a large amount of data available.
- Border authorities needed to be considered.
- Local areas were not two-tier, but multi-layer.
- Operationally there is very good joint working, but it could be better at a strategic level.
- People's view of 'place' can be ephemeral and fickle.
- The 6% of residents who answer surveys can affect the 94% who do not.
- A reasonable understanding of area is already there, but still some way to go.
- Personalisation agenda – people will need more choice and a great deal of consultation.
- Place survey will be part of the CAA.

2. Community Leadership and Place-shaping

- Buckinghamshire not bold or brave in terms of collective civic leadership – tendency to blame others. Also a sense of confusion.
- Board can collectively choose to do the unnecessary if it is desirable.
- If an issue can be seen effectively from a local view, there may not be a need to bring it to the Board.
- Serious under-funding – no budget for more aspirational ideas.
- Limited budgets can be a catalyst for joint working.
- How will CAA compare Buckinghamshire with other local authorities who may have more funding? This issue may need to be taken back to central Government.

3. Working in Partnership

- Not always joined-up.
- Varies in perception.
- Political partnership challenge – different to other authorities.

4. Delivering outcomes

- Some issues are difficult to measure (e.g. fear of crime). Challenge to deliver from residents' perspective.
- Inspectors' priorities may be different to priorities of Board or of residents.
- Customer satisfaction surveys important, but imperfect. Mystery shopping might be better.

- Managing customer expectation needs to be improved.
- BSP Implementation Group has rolled out a piece of software which monitors all LAA targets. Exception reports will be brought to BSP Board, as well as a general overview.

5 THE BUCKINGHAMSHIRE LOCAL AREA AGREEMENT

Chris Williams told members that the 'Story of Place' was a narrative which set out what Buckinghamshire was trying to achieve through the LAA.
There had been extensive consultation with many partner organisations to ensure that the LAA targets reflected the views and priorities of the local community.

The 'Story of Place' and the draft targets had been submitted to the Government. There was an ongoing discussion with the Department for Communities and Local Government as to whether an additional target regarding house completions should be included for the Aylesbury Vale District. The Secretary of State was due to sign off the LAA within the next fortnight.

Jackie Fisk, Policy Officer, said that the indicators had been chosen following discussion with GOSE. Some indicators would be developed further at the first annual review/refresh.

There were a maximum of 35 national indicators, and Buckinghamshire's submission contained 26.

There were also 7 local indicators and 16 statutory education/early years targets.

The owner of each LAA target would co-ordinate a delivery plan overseen by the thematic partnership.

The siting of consultation meetings regarding the LAA south of Aylesbury, and the lack of mention in the 'Story of Place' of rural issues or of landmarks in northern Buckinghamshire were queried. Jackie Fisk commented that the siting of the second consultation event in High Wycombe was in response to feedback from an earlier event regarding space and facilities but agreed that siting of future events would be re-considered. Additions to the narrative could be considered at the refresh. An Equality Impact Assessment would be carried out at the end of July 2008, which would include a 'rural-proofing' exercise.

A member also said that it would be necessary to look at changing demographics, migration issues and the changing environment in Buckinghamshire, and to make projections for the next 25 years. Chris Williams said that at the next meeting a discussion would be held about the process for taking forward the Community Strategy (linked with work carried out by Dr Fosters).

6 FEEDBACK FROM BSP CONFERENCE 'SHAPING BUCKINGHAMSHIRE'

Jackie Fisk, Policy Officer, said that the BSP Conference 'Shaping Buckinghamshire,' had taken a long-term view of future impacts and threats on/to Buckinghamshire.
The Conference had been facilitated by 'Local Futures,' who had looked at the national drivers for change and brought these back to a local level.

Some key issues arising which had been identified were:
Affordable housing
Skills and qualifications
Sustainable economic prosperity
Sustainable communities and community leadership

The Conference had been a starting point for the development of a new Community Strategy. An in-depth report would be produced from the Conference, and this would be made available to the Board.

7 DATE OF NEXT MEETING

16 September 2008, 2:30pm – 4:30pm, Main Hall 2, Green Park Conference Centre, Aston Clinton

13 January 2009, 2:30pm – 4:30pm
31 March 2009, 2:30pm – 4:30pm
7 July 2009, 2:30pm – 4:30pm

CHAIRMAN

BUCKS STRATEGIC PARTNERSHIP
BSP
promoting prosperity, tackling inequalities

Report to BSP Board

Title: Draft Buckinghamshire Healthy Communities Strategy

Date: 16 September 2008

Summary

1. The draft Healthy Communities Strategy has been developed under the direction of the Healthy Communities Thematic Partnership. The BSP Board is asked to comment on the attached draft, which is now out for consultation with partners. Geoff Chilton, Associate Consultant for the Improvement and Development Agency (IDeA), will facilitate the agenda item to assist the Board in this task.

Background

2. The content of the draft strategy reflects the partnership discussions co-ordinated by the Healthy Communities partnership. It also reflects partnership discussions in response to the recommendations of an IDeA Peer Review on Healthy Communities. This took place in 2007 and focussed primarily on the healthy communities role of the County Council.

Content

3. The BSP Board is asked to comment on the draft Healthy Communities Strategy. Some issues which the Board may wish to consider are:

    a. Is the overall aim of "Buckinghamshire will be one of the healthiest places to live in the United Kingdom by 2015" realistic?
    b. Will delivery of the activities proposed in the strategy deliver this outcome?
    c. Are all relevant partner organisations signed up and committed to help deliver the strategy?

Recommendation

The BSP Board is asked to comment on and endorse the draft strategy and recommend it to their individual organisations or partnerships.

Healthy Communities Partnership

A Healthy Communities Strategy for Buckinghamshire 2008 - 2011

INSIDE FRONT COVER

This strategy has been developed by the Healthy Communities Partnership under the auspices of the Bucks Strategic Partnership. The Healthy Communities Partnership is a strategic, countywide, multi-agency group which will be responsible for monitoring the progress in achieving the aims set out in the strategy. Full Terms of Reference of the Healthy Communities Partnership can be found at Appendix 1.

Aylesbury Vale District Council

Buckinghamshire County Council

Buckinghamshire Fire and Rescue Service

Buckinghamshire Hospitals Trust

Buckinghamshire Primary Care Trust

Chiltern District Council

Oxfordshire and Buckinghamshire Mental Health Trust

South Bucks District Council

Thames Valley Police

Voluntary Impact

Wycombe District Council

CONTENTS

FOREWORD

Good physical, mental and emotional health is a resource for enabling people to live their lives to the full. Poor health can limit their ability to play a full part in society and make the most of life.

Who becomes ill and who stays healthy is determined by a wide range of influences such as employment, income, living and working environment, supportive social networks and personal skills. This strategy is about health and wellbeing in its widest sense. It is therefore targeted at all public sector organisations, partnerships and groups in the private, voluntary and community sector who have an important contribution to make to health and the wellbeing of our population.

In the Buckinghamshire population there is a large burden of preventable diseases such as heart disease, diabetes and cancer. Only 25% of the difference in ageing is due to the genes people inherit –the rest is due to their living and working circumstances and the personal behaviours they choose. This healthy communities strategy aims to prevent these conditions developing in the first place by highlighting actions that can be taken to improve both the broader determinants of health, such as income and living and working conditions and to support residents to make lifestyle choices that will improve their health and wellbeing. This is best done by a range of organisations working together in partnership with the public themselves.

This first version of the strategy seeks to provide an overarching framework for achieving our vision of Buckinghamshire being one of the healthiest places to live in the United Kingdom and Europe by improving health for all Buckinghamshire residents and narrowing the gap in inequalities in health. Many actions undertaken by existing partnerships such as the Children and Young Peoples Trust, Buckinghamshire Economic and Learning Partnership and the Drug and Alcohol Action team, are already contributing to improving the health and wellbeing of our population. This strategy does not replicate that work, but identifies new actions that will be taken forwards by the relevant countywide groups

Our main aim must be to ensure that while we work to improve the health and well being of the entire population of Buckinghamshire, the gap is narrowed between those experiencing the worst health and everyone else. The principle of working to narrow the inequalities gap can be applied to almost every aspect of our work including educational attainment, access to services, exposure to difficult living conditions or experience of crime. It is essential to apply this principle in planning and delivery of our services if we are to achieve our aims and see our vision become a reality.

Dr Jane O'Grady – Director of Public Health
Mike Colston – Cabinet Member for Adult Social Care and Community Health

EXECUTIVE SUMMARY

The Buckinghamshire Strategic Partnership sets the overarching strategy across all sectors within the county. It is committed to ensuring that Buckinghamshire is one of the healthiest places to live in the United Kingdom by 2015. This Healthy Communities Strategy for 2008-2011 is an essential element in achieving that vision. It is structured around three separate aims, namely:

1. To ensure that all Buckinghamshire residents live healthier, happier and longer lives.

2. To reduce health inequalities between different geographical areas and groups of people within Buckinghamshire.

3. To create an environment that supports the health and well-being of the population.

The Healthy Communities Strategy reflects the key health and wellbeing issues and challenges in Buckinghamshire. In general, Buckinghamshire has better than average health, good educational attainment and a strong economic base. The county's population is generally healthy with fewer people suffering from a long-term limiting illness than the national average. And yet…

- The benefits of good health are not shared equally across the population. The most disadvantaged 20% of the population have poorer life expectancy and experience worst health.
- Other groups within the population also experience poorer health outcomes including those from certain ethnic minorities, those with mental health problems (including learning disabilities) and other socially excluded groups
- There are signficant public health challenges with adverse trends in some lifestyles. Work is needed to continue to reduce smoking, reduce obesity and binge drinking and encourage higher levels of physical activity
- There is scope for improvement in a range of measures of health, including premature deaths from circulatory disease and cancer. Higher levels of circulatory disease in the most disadvantaged populations, makes the largest contribution to the difference in death rates between the most and least disadvantaged.
- The population is ageing

Buckinghamshire is a healthy place to live but there is much more that needs to be done to reduce health inequalities and to ensure that all residents live healthier, happier and longer lives in an environment that supports the health and well-being of our population. This Healthy Communities strategy describes how agencies will be working together over the next three years, across all age groups, to realise the ambition that Buckinghamshire should be one of the healthiest places to live in the United Kingdom.

Many factors affect our health, including homelessness, poverty, low educational attainment, transport and access to services, the built and natural environment, crime and fear of crimeand levels of community cohesion and social capital. Success in promoting good health therefore requires effective coordination of the many organisations (statutory, private and third sector) that have a contribution to make. This partnership model is a key component of the strategy. The Healthy Communities Strategy builds on a wealth of existing programmes of work that promote the health of the local population. These programmes are developed and implemented via a number of multi-agency strategy and planning groups. A key principle behind the development of the strategy has been to build on and add value to existing activity and while the strategic aims outlined in the strategy provide a longer term direction of travel and for promoting health and tackling health inequalities, the specific work streams focus on projects which address key gaps identified by partners or where concerted partnership working can enhance existing activity. These work streams are complimentary to existing work.

The Healthy Communities Strategy has the following strategic aims and work streams:

Strategic Aim 1
All Buckinghamshire residents live healthier, happier and longer lives

A. Children
B. Adults of working age
C. Older people

Key work streams under this aim for 2008/10:

- Addressing childhood poverty
- Improving workplace health
- Age Well in Buckinghamshire partnership project
- Promoting physical activity through walking

Strategic Aim 2
Reduce health inequalities between different geographical areas and groups of people within Buckinghamshire

A. Geographical areas of deprivation
B. Particularly vulnerable groups

Key work streams under this aim for 2008/10:

- Income maximisation – benefit take-up and debt management
- Tackling heart disease, diabetes and stroke in most “at risk” groups
- Affordable warmth
- Systematic adoption of health inequalities impact assessment by the public sector

Strategic Aim 3

Create an environment that supports the health and well-being of the population

Poor environments have a profound impact on health outcomes and tackling a range of issues is essential if health and wellbeing are to be improved.

Key work streams under this aim for 2008/10:

- Reducing carbon emissions for all public sector organisations
- Developing a proposal about how local programmes, policies and projects impact on health and health inequalities

INTRODUCTION

Healthy Communities is a theme of the Buckinghamshire Sustainable Community Strategy. Achieving healthy communities requires action on a wide range of factors that determine the health of communities including creating a physical, social and economic environment which supports the health of local communities and makes healthy lifestyles the easy and obvious choice for local people. Our vision for healthy communities supports the Buckinghamshire Strategic Partnership vision of "*promoting prosperity, tackling inequalities*" by ensuring that:

Buckinghamshire will be one of the healthiest places to live in the United Kingdom 2015

The three strategic aims of the strategy are as follows:

1. **To ensure all Buckinghamshire residents live healthier, happier and longer lives**
2. **To reduce health inequalities between different geographical areas and groups of people within Buckinghamshire**
3. **To create an environment that supports the health and well-being of the population**

Informed by previous Director of Public Health Annual reports and previous needs assessments, the Healthy Communities Partnership, identified their priorities for health improvement as

- Improving health where needed most
- Addressing childhood poverty
- Reducing obesity
- Promoting physical activity
- Reducing harms caused by alcohol
- Reducing smoking
- Improving the health of vulnerable groups
- Promoting mental health

There is a significant amount of work currently underway to improve the health of our population and action is already being taken to address key health challenges for Buckinghamshire. Areas covered by existing strategies and multi-agency partnerships include alcohol related harm, smoking, physical activity and road traffic accidents. There is also a PCT obesity strategy.

The Healthy Communities Strategy identifies new areas for focus that are not covered by existing partnerships. The Healthy Communities Partnership agreed to develop complementary work around major additional opportunities to improve health where a partnership approach could add value and so the list of work streams does not duplicate work on health priorities already underway.

Under each of the themes the partnership is progressing work steams as follows:

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Poor environments have a profound impact on health outcomes and tackling a range of issues is essential if health and wellbeing are to be improved.

Key work streams under this aim for 2008/10:

- Reducing carbon emissions for all public sector organisations
- Developing a better understanding of how local programmes, policies and projects impact on health and health inequalities

BUCKINGHAMSHIRE HEALTH PROFILE

This data has been taken from community health profiles, the Joint Strategic Needs Assessment, Residents Survey and other available sources.

The population of Buckinghamshire is generally healthier than the national average. Yet when compared with the healthiest places in England, there is scope for improvement on a range of measures of health, including life expectancy, early deaths from heart disease and cancer, deaths from smoking and the determinants of health such as educational attainment and childhood obesity.

The health of our population cannot be taken for granted. Threats to health such as the rising prevalence of obesity, which can lead to increased Type 2 diabetes, heart disease and stroke, upward trends in alcohol related harm as measured by admissions to hospital and a growth in childhood obesity may mean life expectancy gains are reversed. Therefore we have to act now to keep our population healthy.

Lifestyles
Healthy lifestyles in Buckinghamshire generally compare well with England as a whole but best estimates suggest that there are still approximately 1 in 5 people who binge drink, 1 in 5 people who smoke, 1 in 5 people who are obese and only 1 in 8 take the recommended level of physical activity.

In Buckinghamshire

- Levels of adult obesity are similar to the national average at 21.7% with a UK average of 22.6%. In the county, 6.4% of 4- 5 year olds and 13.9% of 10 – 11 year olds are obese.
- There are approximately 80,000 smokers aged 16 and over, approximately half of whom wish to quit. The best estimate of smoking prevalence is around 19%.
- Almost half the population do not participate in sport or active recreation of at least 30 minutes in the previous 4 weeks. In the most deprived areas in the County more than 4 out of 5 young people do not take the recommended level of physical activity.
- Rates of chlamydia diagnoses and teenage pregnancy rates are significantly lower than the England average.
- It is estimated that around 19.2% of adults binge drink which is slightly higher than the national average of 18.2%. In 2004/05 alcohol accounted for 598 deaths (15% of all deaths) and hospital admissions from alcohol are increasing. Alcohol related admission rates are higher in the people living in the most deprived wards in Buckinghamshire.

Determinants of Health
Poor physical, social and economic environments have a profound impact on health and improving these factors is essential if the overall aim of improving health is to be achieved and inequalities are to be reduced. Towards this end, it is vital that health is seen as everyone's business. These factors include

- Housing and homelessness

- Fuel poverty
- Education and skills
- Crime and fear of crime
- Low income or unemployment
- Poor job quality
- Built and natural environment and air quality
- Transport and access to services
- Stress and levels of social cohesion and support

Inequalities in Health

- There are specific areas of the county with significant levels of deprivation. Health is worst and death rates are highest amongst people living in the most deprived wards. The most deprived populations in Buckinghamshire have relatively poor health outcomes when compared to similar populations across the rest of the UK.
- The population as a whole has a higher life expectancy than the national average but life expectancy varies by more than 10 years across the county, being worst in our more deprived areas.
- Health also tends to be worse in older people, Black and Minority Ethnic Groups, people with learning disability and mental health problems and other socially excluded groups
- Population projections show that the number of older people will continue to grow.

Long Term Conditions

- Buckinghamshire's population is generally healthy, with fewer people reporting that they suffer from a long-term limiting illness than on a national scale.
- Across the population there is a growing burden of preventable diseases such as heart disease, diabetes and cancer. National rankings per 100,000 population under 75 show our heart disease death rate is 66.6 compared to the best in England of 44.9 and deaths from cancer stand at 104.1 compared to 81.6 best of England. However, half of all heart disease deaths and half of all cancers are preventable.
- The proportion of people reporting living with a long term limiting illness in 2001 was 12.8%, compared with 18% nationally.

The following table summarises how Buckinghamshire fares compared to the English average and best performance. The indicator for road injuries and deaths is the only one on which Buckinghamshire is significantly worse than the English average. The BCC Casualty Reduction Team is taking a co-ordinated approach to reducing the number of killed and seriously injured (KSI) people on all roads within Buckinghamshire by 40% by the year 2010. BCC is working closely with partners within the Thames Valley Safer Roads Partnership (TVSRP), most notably the Police, the Highways Agency and Bucks Fire and Rescue Service to deliver on an Integrated Risk Management Plan 2009-12.

Indicator	English Average	English Best	Bucks	CDC	SBDC	AVDC	WDC
Deprivation	19.9	0.0	0.4	0.0	0.0	0.0	1.2
Children in Poverty	22.4	6.0	11.5	8.9	9.7	10.7	14.6
Statutory Homelessness	4.4	0.0	2.0	3.3	1.4	1.1	2.5
GCSE Achievement (5 A*-C)	60.1	82.7	69.6	69.5	67.6	67.1	72.2
Violent Crime	19.3	4.5	16.6	14.1	15.2	16.3	18.8
Carbon Emissions	7.6	4.6	7.0	6.9	9.1	6.9	6.4
Smoking in Pregnancy	16.1	4.4	9.7	9.7	9.7	9.8	9.7
Breast Feeding Initiation	69.2	90.9	81.2	81.2	81.2	81.1	81.2
Physically Active Children	85.7	99.2	87.6	85.7	91.1	88.7	86.3
Obese Children	9.9	4.9	6.6	6.8	11.4	5.6	5.7
Children's Tooth Decay (at age 5)	1.5	0.4	1.4	1.1	1.2	1.6	1.6
Teenage Pregnancy (Under 18)	41.1	12.5	21.9	12.9	23.8	24.0	23.9
Adults who Smoke	24.1	13.7	13.9	14.5	15.2	19.9	16.8
Binge Drinking Adults	18.0	9.7	13.2	14.5	14.9	15.7	15.5
Healthy Eating Adults	26.3	45.8	35.9	36.2	35.2	29.3	32.8
Physically Active Adults	11.6	17.2	13.4	14.0	12.4	13.9	12.9
Obese Adults	23.6	11.9	20.4	17.9	18.7	22.2	20.9
Under-15s 'not in good health'	11.6	6.4	8.5	7.0	6.5	9.5	9.1
Incapacity Benefits for Mental Illness	27.5	8.4	12.6	11.7	10.6	12.8	13.6
Hospital Stays Related to Alcohol	260.3	87.6	117.4	120.8	126.7	97.5	133.0
Drug Misuse	9.9	1.3	4.4	4.5	6.0	3.4	4.6
People Diagnosed with Diabetes	3.7	2.1	3.1	2.9	3.3	3.0	3.3
New Cases of Tuberculosis	15.0	0.0	7.0	4.0	7.0	5.0	12.0
Hip Fracture in over-65s	479.8	219.0	492.7	503.8	503.2	471.8	500.0
Life Expectancy - Male	77.3	83.1	79.1	79.4	79.7	78.4	79.2
Life Expectancy - Female	81.6	87.2	82.7	83.4	82.5	81.8	83.4
Infant Deaths	5.0	0.0	3.8	3.7	1.5	3.6	4.8
Deaths from Smoking	225.4	139.4	176.3	151.6	177.2	202.6	165.6
Early Deaths: Heart Disease & Stroke	84.2	39.7	60.8	47.0	60.1	64.2	65.9
Early Deaths: Cancer	117.1	76.7	105.8	101.4	105.2	113.9	100.7
Road Injuries and Deaths	56.3	20.8	69.9	67.2	121.9	65.0	56.0

THE STRATEGIC AIMS

Strategic Aim 1 - All Buckinghamshire residents to live healthier, happier and longer lives

Introduction

The health of individuals is influenced by a range of biological, social and environmental factors that affect them throughout their life. These factors can change through the various phases of childhood, adulthood and older age. These stages present different opportunities and challenges to health and each stage can be affected by earlier experiences. Examining the different stages of our lives is a useful approach to improve the health of the people of Buckinghamshire.

Children

The importance of ensuring children's and young people's health and wellbeing is self evident. However, children are susceptible to harm to their physical, social and emotional health. Studies have demonstrated that disadvantage and poor health in childhood has a lifelong impact on health and achievement in life. This highlights the importance of promoting the health of children and families.

In Buckinghamshire:

- There are around 124, 00 children and young people aged 0-19 years which is 25.8% of the county's population.
- 16% of children and young people aged 0 – 19 years are from black and minority ethnic communities compared with 8% for the whole population.
- Child poverty, as measured by parental income shows that more than 11,000 children are in poverty (Health Profile 2007).
- Overall there is a high level of educational attainment with 70% of Buckinghamshire pupils attending Buckinghamshire schools gaining 5 or more A* -C GCSEs (2007 results). However for the 30% who do not achieve 5 or more GCSE's, this will significantly limit their opportunities.
- 3.5% of young people aged 16 – 18 are not in employment, education or training.
- 6.4% of 4-5 year olds and 13.9 % of 10–11 year olds are obese. 9.6% of our 4–5 year olds are overweight, and 13.1% of our 10–11 year olds, giving a total for this older age group of 27% overweight or obese.

The Children and Young People's Plan (CYPP) is the overarching plan for all services for children and young people and their families across Buckinghamshire. The top 3 priorities for promoting the health and wellbeing of children and young people in the CYPP are:

- Keeping children and young people safe – from maltreatment, violence, neglect and sexual exploitation; from accidental injury and death; from bullying and discrimination; from crime and anti-social behaviour and ensuring they have security, stability and are cared for;
- The promotion of active lifestyles which contribute to a reduction in childhood obesity (and the associated health risks in later life) and also improves their general sense of wellbeing/mental health; and
- Tackling under-achievement so that the most disadvantaged young people will have more choices for their future and be able to make a positive contribution to their community and to society as a whole. This includes targeting the most disadvantaged and more vulnerable children and young people in order to tackle health issues at the earliest stages, where possible.

The actions to achieve the outcomes associated with these priorities are set out in the CYPP and the Local Area Agreement (LAA).

Adults of working age

Buckinghamshire's population is generally healthy, with fewer people reporting that they suffer from a long-term limiting illness than the national average. One in four of the workforce is educated to degree level, but 21% of the population aged 16–74 has no qualifications.

High quality employment is a major contributor to the physical and mental health of the working age population, where people feel in control of their work, are recognised for their efforts and are treated well. Jobs at any level of an organisation that provide this are shown to be good for health and the impact of this can be enhanced if there is a work environment that supports healthy lifestyles. Being unemployed, employed in low quality jobs or working excessively long hours harms health.

Given this, the top 3 priorities for promoting the health and wellbeing of adults of working age in Buckinghamshire are:

- Developing work environments that promote and support healthy lifestyles
- Managing work stress and promoting positive mental health
- Encouraging the development of high quality jobs.

Older People

In line with demographic change across England as a whole, the population of Buckinghamshire is ageing as birth rates fall and people live longer. The proportion of people aged 65 and over is increasing and the most significant growth will occur among those aged 85 and over.

- In 2006, there were nearly 75,000 people over the age of 65, representing 15% of the Buckinghamshire population (16% of the UK population is over 65). Over 20,400 of these are over 80. The risk of

experiencing poor health and one or more functional limitations increases with age.

- Currently just under a third of people in Buckinghamshire aged 65 or over live alone. It is estimated that over the next 5 years the numbers of older people living alone will increase and this has implications for increasing social isolation.

The Healthy Communities Partnership supports the aim of the Buckinghamshire Older People's Strategy 2005 – 2011 to assist older people to live full, active and independent lives, adding "life to years as well as years to life".

There are a number of existing programmes of work as part of the prevention agenda for older people. Based on the key areas where the Healthy Communities Strategy can make an additional contribution, the priorities within this strategy for promoting the health and wellbeing of older people in Buckinghamshire are:

- Healthy active living
- Preventing falls
- Improving the living environment, notably by reducing social isolation and minimising the fear of crime

Key work streams under Strategic Aim One (healthier, happier and longer lives) for 2008/10 are:

1.1 Addressing childhood poverty

Material circumstances shape health and wellbeing, impact on educational attainment and achievement in life and influence obesity, healthy eating and physical activity, smoking, substance misuse and alcohol misuse. Children growing up in poverty are more likely to have poorer health in childhood and adulthood, more likely to misuse drugs, become unemployed, be involved in crime, homeless and die younger than children born into less materially deprived homes. They also tend to have poorer reading, are more likely to become teenage or lone parents and have reduced cognitive and emotional functions.

Where are we now?

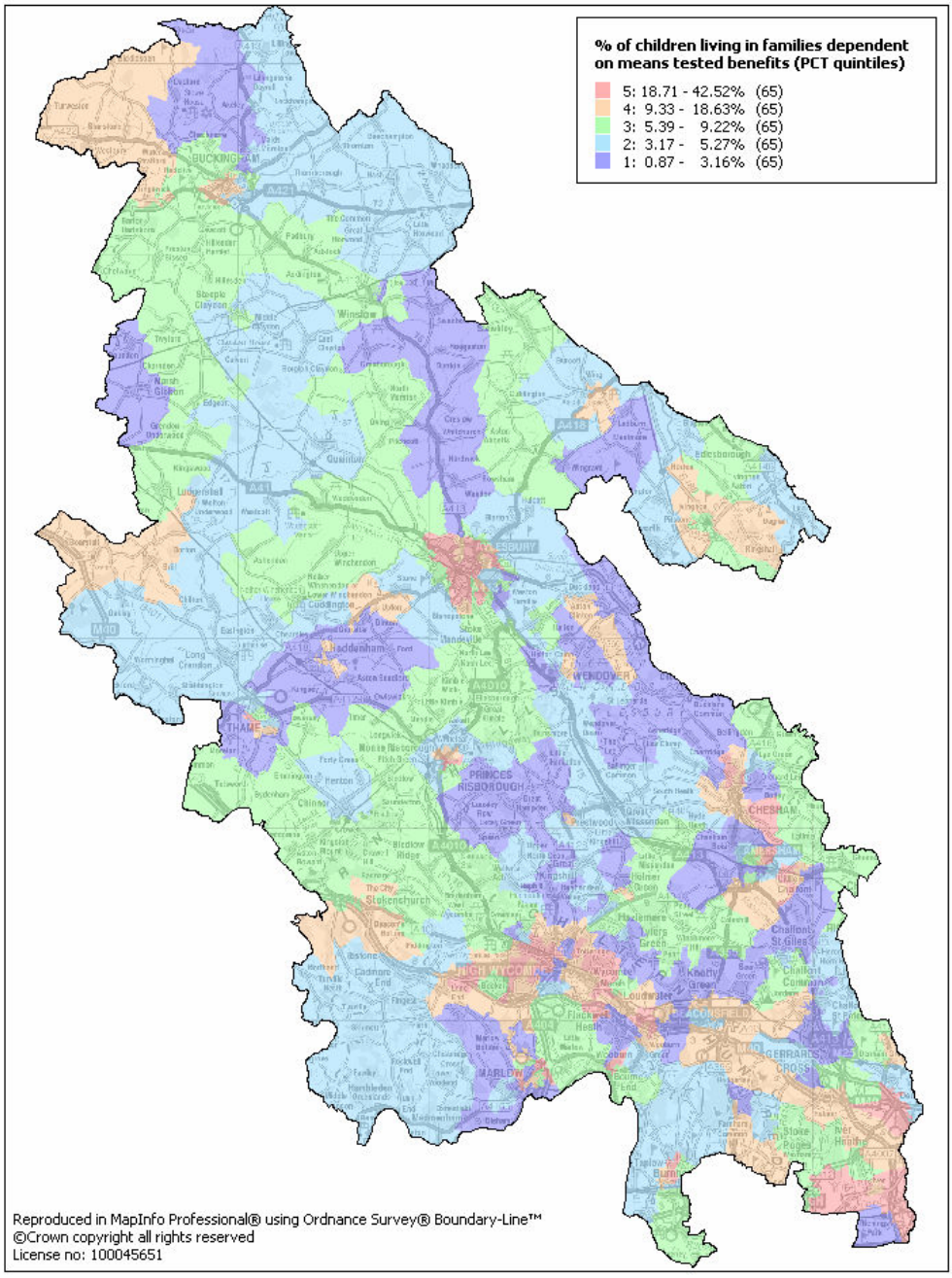
In Buckinghamshire:

- Approximately 11,000 children live in income deprived homes where income deprivation is defined as families receiving means tested benefits.
- 1% of children in the five least deprived super output areas (i.e. geographical areas covering around 1500 people) live in poverty compared with 38 – 43% in the five most deprived.

Figure 2 shows the percentage of families affected by income deprivation across Buckinghamshire.

If areas in Buckinghamshire are compared with the rest of England, small areas in Aylesbury, High Wycombe and Chesham appear in the most disadvantaged fifth of the population for both adult and child income deprivation.

Income Deprivation Affecting Children Domain 2007 based on Buckinghamshire PCT Quintiles



Our Ambition for Buckinghamshire

This strategy supports the vision of the Children and Young People's Trust that "In Buckinghamshire, we want all our children to have the best start in life

and to be able to lead safe, healthy and fulfilling lives and to be able to make a contribution to their community and to society".

What is already happening to contribute to this?
The Buckinghamshire Children and Young People's Trust is committed to closing the gap between the majority of children and young people and those who are most disadvantaged. This commitment is reflected in targets within the Children and Young People's Plan and within the Children and Young People's block of Buckinghamshire's Local Area Agreement.

Where we want to get to?
This is still under discussion. The Children and Young People's Trust Delivery Group will be taking forward work on addressing child poverty. Addressing child poverty incorporates many factors including employment, education, access to childcare and health and social care. This section will be updated following a workshop of the Delivery Group in September.

What we will do
We will work with the Children and Young People's Trust to explore development of a multi-agency project to reduce child poverty through co-ordinated action to increase benefit uptake, improve financial management in low income families and provide the infrastructure to support parents back into work.

The Children and Young People's Trust Delivery Group will be taking forward work on addressing child poverty. The Group will be framing a debate on child poverty with reference to employment, income, education, health and social care. It will consider using the "Childhood Poverty Toolkit" which has been developed by *Inclusion* and the Child Poverty Action Group. As a result of this work the Trust will be asked to agree a specific local target on child poverty. Specific objectives for addressing child poverty will be set as the project develops.

1.2 Improving Workplace Health

Approximately 97,000 working age adults in Buckinghamshire are not actively seeking work for reasons such as they are retired, students, choosing to stay at home and look after families or they are permanently sick or disabled and unable to work. Of the remaining approximately 250,000 adults of working age who are classified as economically active, 4% of these are unemployed. Good quality employment is good for mental and physical health; it empowers people and reduces poverty and social exclusion. It is also good for business as it can reduce sickness absence and improve productivity. If the workplace enables and supports health, employees are more likely to make healthier choices. Encouraging and educating our employees to make healthier choices in their lives will have a positive impact on their families and friends – the people of Buckinghamshire. A healthier, more engaged workforce makes good business sense.

The working environment, work culture and management styles all contribute to sickness absence and stress in the workplace. Stress also contributes to physical health problems, including alcohol and drug misuse, smoking and heart disease.

Where are we now?

The data in this area is primarily national and shows that:

- 13.8 million working days were lost to work related stress, depression and anxiety and 9.5 million days to musculoskeletal problems. These are now the largest cause of sickness related absence.
- 29% of absence in the public sector is long-term (20 days or more) compared to 13% in the private sector and the sickness cost to Buckinghamshire County Council alone for 2006/07 was £3,642,000.

Our Ambition for Buckinghamshire
This strategy aims to promote well-being in the workplace so that Buckinghamshire employees can maximise their health for the benefit of themselves, their families and friends and their organisation.

What is already happening to contribute to this?

Negotiations are underway between Buckinghamshire County Council, Bucks PCT and London WASPS rugby club regarding the introduction of a healthier workplace co-ordinator. Partners in the Countywide Workforce Development Strategy are each developing an Employee Well-Being Plan and public sector organisations are mapping their sickness and absence data. Furthermore, smoke free workplaces are to be delivered through enforcement of the Smokefree legislation.

Where do we want to get to?
The key objective here is to change lifestyle behaviours. More employees will be taking part in physical activity in line with the Get Active South East Framework. This includes compliance with the guidance from the National Institute for Health and Clinical Excellence (NICE) covering physical activity in the workplace. Other lifestyle changes include reducing smoking, improving dietary choices, stopping the rise in stress-related absences, encouraging walking and cycling to work and achieving a year on year increase of 1%, of the employees who increase the number of days per week when they undertake physical activity

Businesses will see the benefits of reduced sickness absence rates, improved productivity through better health, more suitable workplace environments, greater staff enjoyment and reduced turnover. They will also enhance their reputations as good employers, cut the number of staff who say that their job adversely affects their health and reduce the number of employees who feel threatened or harassed when carrying out their jobs.

What we will do
All public sector organisations in Buckinghamshire will have a healthy workforce strategy in place by 2011 and embed this target within the Cross Countywide Workforce Development Strategy. To allow comparability across the county, all public sector organisations will ensure robust systems are in place regarding collection of workforce data, particularly regarding the reasons for absence by 2011. In addition, public sector organisations in Buckinghamshire will ensure all managers are trained in sickness absence policy and how to manage sickness absence by January 2010, with a rolling training programme for new managers.

Each public sector organisation will consult their staff regarding healthier workplaces within the first year (by January 2010) and there will be greater efforts to support people to overcome barriers (such as long term unemployment or mental health problems) and re-enter the workplace.

1.3 Age Well in Buckinghamshire Partnership Project

Where are we now?
The current population of people who are 65 and over is around 75,000. The main causes of mortality in those aged 65 and over are cancer, heart disease, stroke, other circulatory diseases and respiratory diseases. As with younger age groups there is potential to prevent some of these conditions or to slow the progression by promoting and supporting older people to develop healthy lifestyles.

- Just over 40% of the people in Buckinghamshire aged 65 or over reported having a long term limiting illness, compared with almost half the 65+ population nationally (source: 2001 census)
- Over 37% of men and 40% of women locally reported having at least one functional limitation (seeing, hearing, communication and walking or using stairs). This rises with age and 57% of men over 85 and 65% of women over 85 report these problems, which are often related to social isolation.
- There is evidence that older people living in more disadvantaged areas have poorer health. Emergency hospital admissions for people aged 65 and over are 38% higher in the most deprived 20% of the Buckinghamshire population when compared with the least deprived 20%.
- National data reveals that less than a third of men and women aged 65 and over eat the recommended five portions of fruit and vegetables a day and around 70% of men and more than 60% of women are overweight. One in four older people are obese.

Promoting healthy active living, including healthy lifestyles, falls reduction and promoting positive mental health therefore has the potential to not only increase life expectancy, but to improve the quality of life in older age.

Our Ambition for Buckinghamshire
This programme of work supports the vision of the Buckinghamshire Older People's Strategy 2005 -2011 that as far as possible, being an older person should be about maximising well being, having more leisure time, independence, being fulfilled and enjoying quality of life. The Healthy Communities Partnership supports the Older People's Strategy, which, amongst other ambitions, aims to:

1. Promote quality of life and well-being to maintain health and independence into later life
2. Ensure that older people are in receipt of adequate income in order to retain choice, control and independence

What is already happening to contribute to this?
A wide range of measures have been introduced in recent years to improve health and well-being of older people across Buckinghamshire including the Older People's Prevention strategy. This strategy includes initiatives to improve lifestyles, tackle affordable warmth, improve support for carers, and falls prevention schemes.

Where we want to get to?
The aim is to improve overall health and tackle inequalities relating to the health and well-being of older people in Buckinghamshire. This will deliver not only longer life expectancy but also quality of life. Further work is required to agree specific measures but will concentrate on the areas described in the next section.

What we will do
The Age Well Partnership is to be relaunched, chaired by Aylesbury Vale District Council, and will develop a work programme for promoting the health of older people. Key prevention initiatives to be considered include:

- Promoting the uptake of flu immunisation and protecting vulnerable older people from cold and heat related illness
- Reducing social isolation to improve mental wellbeing
- Promoting "active citizenship" and enabling older people to stay involved in their communities
- Promoting independence and health through promoting the schemes for safe and secure homes
- Promoting healthy active living and access to health promotion activities e.g. physical activity programmes, falls prevention, healthy eating and good hydration.

1.4 Promoting physical activity through walking

This is the last element addressing the strategic aim of healthier, happier and longer lives. It is well-established that physical activity has a positive impact on the physical, mental and emotional health of people at all ages. The recommended level of physical activity each week for adults is 5 times 30 minutes a day of activity working until you are breathing a little harder, feel a little warmer but can still hold a conversation. This can be done through

shorter bouts of activity of 10 minutes. In order to prevent obesity 45 – 60 minutes of activity is required. For children the recommendation is 60 minutes' daily activity.

Walking is one of the easiest and cheapest forms of activity that most people can participate in, whether for recreation or as a means of transport. Making physical activity part of daily life is crucial to sustaining physical activity levels. Walking to work, or whilst at work in breaks, walking to local shops or for other short journeys can help increase a persons activity levels significantly.

Where are we now

- Only 1 in 8 people in Buckinghamshire take the recommended level of physical activity.
- Almost half the population of in the county do not participate in sport or active recreation of at least 30 minutes in the previous 4 weeks
- 33% of children travel to school by car, 40% walk and 3% cycle
- In the most deprived wards in Buckinghamshire more than 4 out of 5 young people do not take the recommended level of physical activity

Figure 4. No. of recreational walks in 4 week period

	No walks of moderate intensity recreational walks 30 mins in last 4 week period	Highest walks by age group	Lowest walks by age /pop^{n} group
Bucks	2.5	35-54	Non white population
Wycombe	2.4	35-54	Non white population
Chiltern	2.9	35-54	55 and over
South Bucks	2.6	16-34	55 and over
Aylesbury	2.3	35-54	55 and over

Our Ambition for Buckinghamshire

This strategy aims to increase the number of people enjoying the benefits of walking on a regular basis.

Where we want to get to?

We want to increase the overall number of people who walk at least once for 30 minutes in a 4 week period by 2011. We also want to increase the number of people from lower income groups and minority ethnic groups who walk at least once for 30 minutes in a 4 week period to the level comparable with other groups. (These will both be measured in the Active People Survey)

What is already happening to contribute to this?

A wide ranging programme is already in place including the Travel Choice team at Bucks County Council which promotes (among other things)

alternative routes of transport to work. There are also school travel plans and walk to school schemes. Structural changes have seen an improvement programme to Rights of Way, better signposting, improved maintenance of pavements and footpaths and more cycle racks. New developments include walkability criteria and the Simply Walk programme promotes recreational walking.

What we will do

Future work will be informed by a Buckinghamshire Walking Strategy. This will help to ensure that the environment supports walking, allowing people to walk from their home to local sites in safety and promoting a culture of walking short journeys. Further use will be made of the 'Manual for Streets' guidance produced by the Department of Transport and the Department for Communities and Local Government to inform the planning of new streets and footways in residential areas. Finally, we will encourage the use of Local Committee schemes and delegated budgets to be utilised to bid for minor infrastructure improvements such as footway extensions.

THE STRATEGIC AIMS

Strategic Aim 2 - Reduce health inequalities between different geographical areas and groups of people within Buckinghamshire

Introduction

Disadvantage has many forms and can include having a poor education, poor quality employment, trying to bring up a family in difficult circumstances or living on an inadequate pension. These disadvantages tend to cluster among certain groups and the effects on health accumulate during life. The longer people live in stressful economic and social circumstances the greater the harm done to their mental and physical health.

Where are we now?
Buckinghamshire is a much more affluent county than the national average. However, there are specific areas of the county with significant levels of deprivation. The most deprived populations in Buckinghamshire have relatively poor health-outcomes when compared to similar populations across the rest of the UK. There are also specific groups whose health is significantly poorer than that of the population as a whole.

Needs in different parts of Buckinghamshire
Of the 354 district councils ranked on the basis of the index of multiple deprivation (where 1 is the most deprived) local district councils rank: Wycombe DC 299th, Aylesbury Vale 324th, South Bucks DC 327th and Chiltern DC 349th. Buckinghamshire County Council ranks 144th out of 149 county councils. Nonetheless, there are significant pockets of deprivation in Wycombe, Aylesbury and Chesham. In the most deprived 20% of the population in Buckinghamshire:

- Admission rates for heart attack 60% are higher
- Emergency psychiatric admission rates are more than 2.5 times higher
- Emergency admission rates for accidents 30% are higher
- Death rates are higher at all ages
- Life expectancy is 6 years shorter
- Unemployment stands at 4% or 9,300 people of working age.
- 42,000 adults of working age are on state benefit, unemployed or a “lowest grade worker”.
- In each District Council the most deprived 20% of the population lives at least 1 year less than the average for that District Council

Figure 5 shows the population of Buckinghamshire Primary Care Trust grouped by deprivation[1]

[1] Because of the availability of population information, the Index of Multiple Deprivation (IMD) for 2004 is used for monitoring the health of the population. Individual indicators from the index of multiple deprivation, such as income, can be taken from the IMD 2007

Map of Buckinghamshire PCT showing ward average IMD 2004

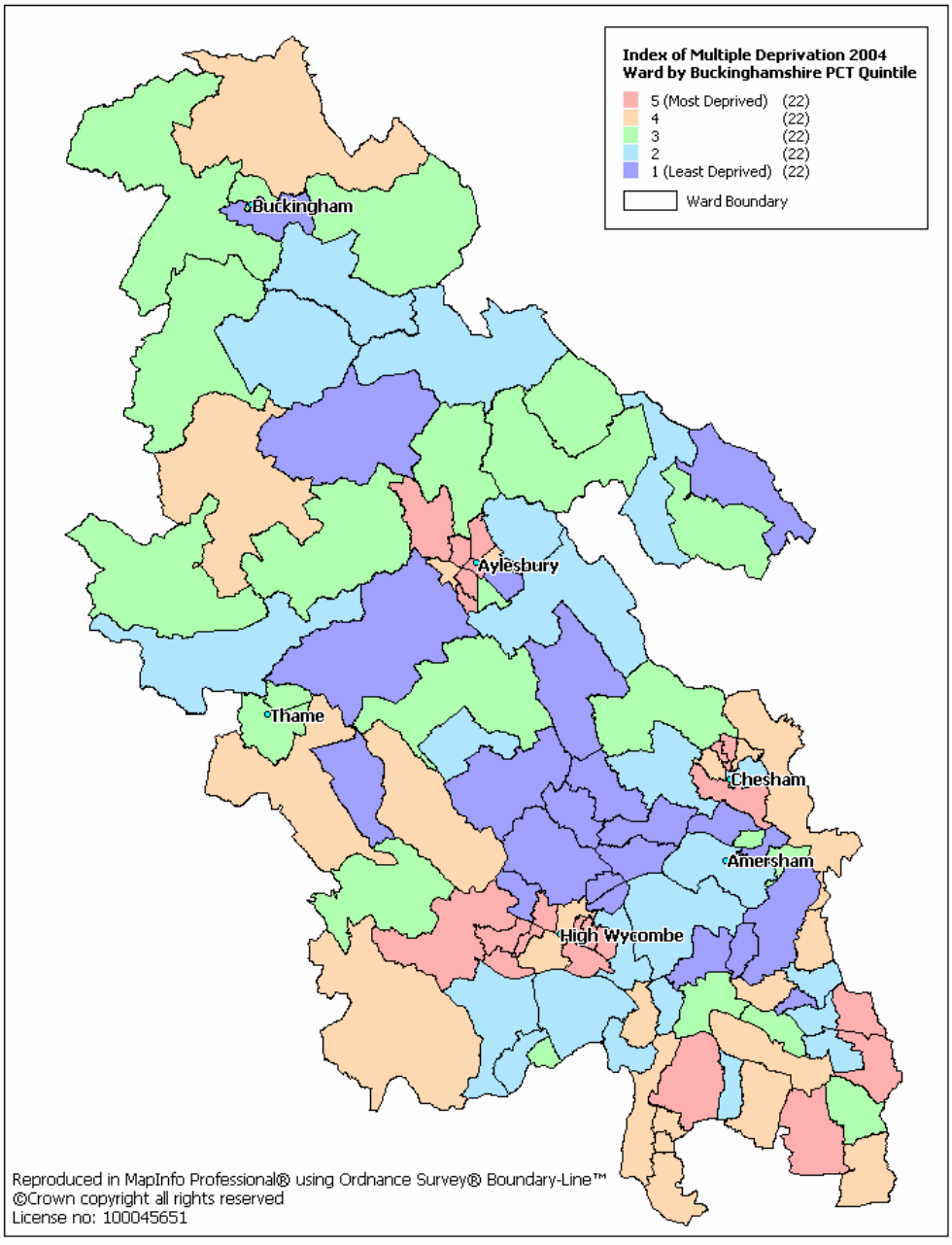


Figure 5

Health needs of different groups of people

The previous section looked at inequalities related to geography. This section considers inequalities faced by particular groups. As well as those living in the more deprived areas, those most at risk of poor health are people on low incomes, some minority ethnic groups, travellers and gypsies, homeless people, older people, people with enduring mental health problems, people with learning disabilities, people with physical disabilities, prisoners and offenders, those with low educational attainment and those claiming benefits.

Key work streams under Strategic Aim Two (reducing health inequalities) for 2008/10 are:

2.1 Income maximisation – benefit take up and debt management

Poverty limits access to the fundamental building blocks of health such as adequate housing, good nutrition, and opportunities to participate in society. People on lower incomes often live in poorer quality neighbourhood environments with higher levels of crime. Income levels affect the way parents are able to care for their own and their children's health. The combination of material difficulties and the stress of living in materially deprived circumstances often result in reduced ability to make healthy choices.

Where are we now?
Overall Buckinghamshire is a relatively affluent area with higher than average household income compared to the rest of England. However, nearly 30,000 people are on means tested benefits. Personal debt is on the increase. In 2004, across Buckinghamshire around 2700 individuals had County Court Judgments taken out against them. This represents the tip of the iceberg for personal debt.

Across Buckinghamshire, 21,000 people of working age are claiming benefits. In addition to this around 13,000 pensioners are claiming pension credits. The proportion of working age population claiming Job Seekers Allowance is lower than the rest of the South East of England and is currently 1%. The percentage of those claiming Disability Living Allowance is slightly lower than the South East at 0.6%. The proportion of those claiming Incapacity Benefit is also lower than the South East at 0.9%.

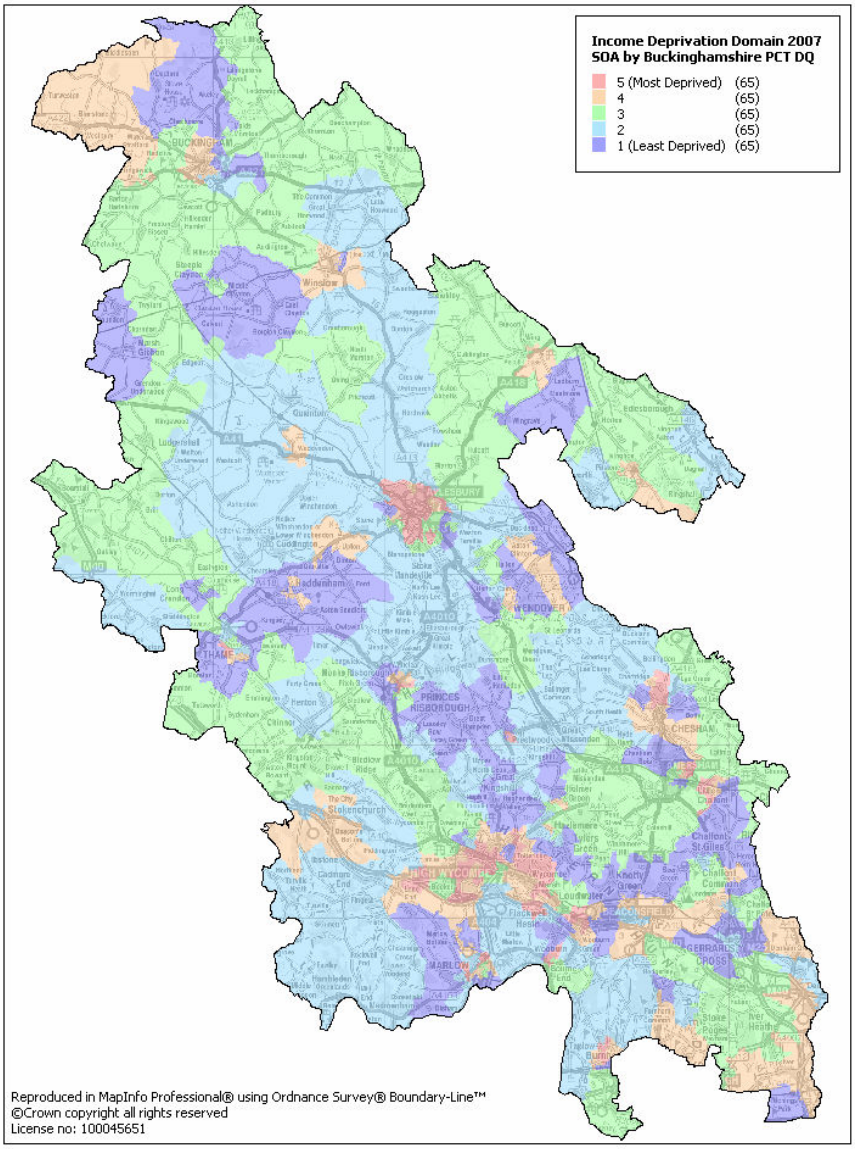
The Department for Work and Pensions publishes estimates of the take-up of the main income related benefits: income support, pension credit, housing benefit, council tax benefit and job seeker's allowance. The most recent (Feb 05) publication estimates that nationally there was between £3,300 and £6,260 million left unclaimed in 2002/03. For council tax benefit the figures nationally are £880 and £1,200 million – with take up amongst pensioners being the lowest (52% to 62%).

The map below shows income deprivation in Buckinghamshire with the areas in red representing the areas with the highest concentration of people

claiming benefits. To demonstrate the differences between the most and least deprived, in the five least deprived super output areas in Buckinghamshire around 1% of the population are experiencing income deprivation. By comparison in the five most deprived super output areas this rises to 30 – 41%.

The figure below shows the percentage of families affected by income deprivation across Buckinghamshire.

Income Deprivation Domain 2007 based on Buckinghamshire PCT Quintiles



Our Ambition for Buckinghamshire

For the working age population, statutory agencies need to support those who can work to find rewarding employment. However, there are some who will need additional support through benefits. We are committed to working towards maximising uptake of benefits both in terms of the number of people

claiming benefits and individuals accessing all the benefits available to them. Work on welfare benefits makes an important contribution to preventing homelessness by supporting people to pay rents and stay in their own homes.

What is already happening to contribute to this?
There are a number of initiatives across Buckinghamshire aimed at providing advice and support on welfare benefits and debt management. Local Authorities have Welfare Benefits Advisors, the Primary Care Trust funds welfare benefits advice in selected general practices and some voluntary sector organisations provide advice services.

Key Statistics

Name of Bureau	Total Issues	Value of Debt Management	Average Debt	Number of Debt Enquiries	Prevention of Homelessness	Benefit Enquiries
Chilterns District	17,062	£2,870,000	£25,400	2,704	193	4,185
Buckingham & Winslow	6,914	£2,000,000		1,078	116	2,125
High Wycombe	19,011			3,601	288	3,647
Aylesbury	6,562			1,145	54	1,324
South Bucks Project						

In 2006/07 the Chiltern Citizen's Advice Bureau dealt with in excess of 17,000 clients and supported 4185 people with benefits advice. They managed £2.8 million in debt and prevented 193 persons from becoming homeless. The average debt experienced by people attending the CAB for debt management support was £25,000.

Aylesbury Vale District Council budget advice team and CAB place a strong emphasis on *income maximisation through benefit eligibility* to prevent homelessness. Both agencies support a weekly Court Desk, advocating for clients at risk of homelessness through debt. The team negotiates with creditors, utilities and benefits services preventing 143 cases of homelessness during 2006/07.

In 2007/8 a Supporting People Floating Support service was established countywide, which, in addition to other support services provides debt and money advice to clients across the county. This service builds on the range of providers (both voluntary and statutory) that are operating to support vulnerable individuals and to help families to maximise their income.

Where do we want to get to?
We want to improve the access to benefits and debt management advice by achieving a more co-ordinated approach to how individual agencies fund these activities. The full scope of any unmet demand is currently unknown but the provision of these services is in line with local policy and remains a priority of local authorities.

The long term aim would be to ensure that everyone who has a need for debt or benefit advice can gain early access to the service. In order to deliver this then there would need to be:

- better coordination of commissioning advice services and coordination between providers

- sufficient capacity delivered in a format required by the service user when it is required
- clear and widespread distribution of information and advice on how to access the services
- effective signposting to other services.

We will monitor the effectiveness of the strategy by looking at the numbers of people accessing services with multiple debt or benefit issues, the number of clients that have managed to secure increased benefit or have in place debt management agreements as a result of accessing the service, the value of debt subject to debt management agreements and the value of benefit uptake

What we will do
We will establish a steering group to identify needs and map existing capacity. We will also develop and implement a joint benefit uptake and debt management strategy to maximise income for our residents and improve their quality of life. That strategy would address issues of capacity, early intervention and communication

2.2 Tackling Heart disease, diabetes and stroke in most "at risk" groups

Circulatory disease refers to all diseases of the heart and circulatory system, including heart disease and stroke. Circulatory disease is the biggest cause of premature death in the population of Buckinghamshire, but is largely preventable. Type 2 diabetes is a type of diabetes most commonly diagnosed in adults aged over 40 and is related to being overweight or obese and low levels of physical activity. Like circulatory disease, Type 2 diabetes can be prevented or delayed by a healthy lifestyle. Diabetes is a risk factor for developing circulatory disease.

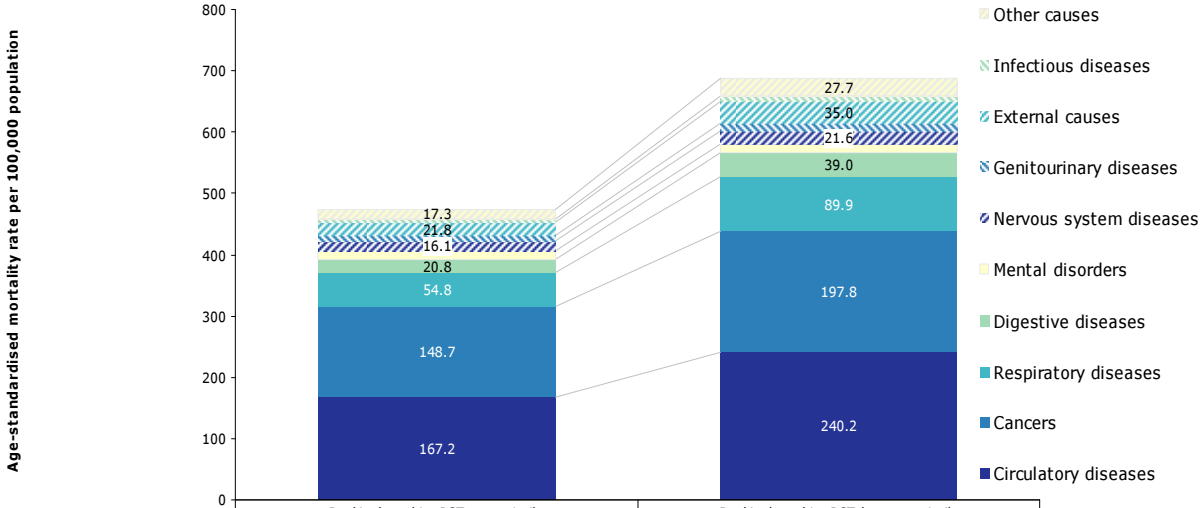
Nationally, premature deaths from circulatory disease have reduced significantly over the last 20 years. In contrast, the number of people diagnosed with Type 2 diabetes is increasing. National data demonstrates that lower socio-economic groups and certain minority ethnic groups are more likely to develop circulatory disease and diabetes. This will be partly as a result of differences in broader determinants of health such as income levels, and educational attainment, and differences in lifestyle.

Where are we now?
- Buckinghamshire has mirrored the national trend of a reduction in deaths from circulatory disease over the last 20 years. However, it is still the main cause of death being responsible for 35% of deaths in the county. Circulatory disease is also the second most commonly reported long term illness after musculoskeletal problems
- Premature death from circulatory disease is of particular concern. In 2004 / 06, the rate of people under 75 dying from heart disease and stroke in Buckinghamshire was significantly lower than the national average at a rate of 60.8 per 100,000 population. However the best

performing authority has a rate of 40 per 100,000 population demonstrating that there is still room for improvement.

- Circulatory disease makes the largest contribution to health inequalities locally. The Figure below shows the causes of death for the most advantaged 20% of the Buckinghamshire population (Buckinghamshire PCT top quintile) and the most disadvantaged 20% of the Buckinghamshire population (Buckinghamshire PCT bottom quintile). For the most advantaged circulatory disease accounts for 167 deaths per 100,000 population, compared with 240 deaths per 100,000 population in the most disadvantaged.
- Nationally, mortality from circulatory disease is around 3 times higher in more socially-economically deprived groups.
- Certain minority ethnic groups have greater levels of circulatory disease and Type 2 diabetes. People born in South Asia have the highest mortality rates from circulatory disease and Black Caribbean, Indian, Pakistani and Bangladeshi men and women are more likely to have Type 2 diabetes than the general population.
- Locally emergency admissions for heart attack are over 50% higher in the fifth of the population in the most deprived wards.

Comparison of the causes of death between the least and most disadvantaged 20% of the population of Bucks



	Buckinghamshire PCT top quintile	Buckinghamshire PCT bottom quintile
Other causes	17.3	27.7
Infectious diseases	4.0	9.5
External causes	21.8	35.0
Genitourinary diseases	9.3	12.7
Nervous system diseases	16.1	21.6
Mental disorders	14.6	13.5
Digestive diseases	20.8	39.0
Respiratory diseases	54.8	89.9
Cancers	148.7	197.8
Circulatory diseases	167.2	240.2

In February 2007 information from GP practices showed that there are at least 15,000 people with heart disease in Bucks and 7,500 with stroke. It is estimated that there are 120,000 people with high blood pressure. This is a

major risk factor for heart disease and stroke. However, only half of these people have been diagnosed and treated.

Our Ambition for Buckinghamshire
This strategy aims to reduce the number of people dying prematurely from circulatory disease and reduce the gap in premature deaths from circulatory diseases between the most disadvantaged 20% of the population and the rest of Buckinghamshire.

What is already happening to contribute to this?
Across Buckinghamshire there is already a range of activities aimed at tackling the factors that contribute to circulatory disease. These are being progressed by partnerships such as Bucks Alliance for Action on Smoking, The County Sports Partnership, Sports and Physical Activity Networks and the Drug and Alcohol Action Team.

People who have heart disease receive secondary prevention services in primary care and education sessions are available for people who have been diagnosed with Type 2 diabetes to help them to understand and manage their condition. Interpreter services are available. Asian Women's Health Fairs are being held and structured education for people with Type 2 diabetes from the Asian community is available.

Where do we want to get to?
In the longer term, we want to achieve a significant reduction in the number of people developing circulatory disease and to close the gap between the general population and the most disadvantaged groups and minority ethnic groups with the greatest risk. This is reflected in the following targets for circulatory disease that have been included in the Local Area Agreement. The first target aims to reduce premature deaths across the population of Buckinghamshire. The second target aims to reduce the gap in deaths in the most disadvantaged and the rest of the population.

- By 2010/11 reduce the mortality rate from all circulatory diseases at ages under 75 from a baseline of 81.70 per 100,000 in 2001 to 42.5 per 100,000 population in 2011
- By 2010/11 reduce the gap in mortality from circulatory diseases at ages under 75 between the most disadvantaged 20% in Bucks and the average of the remaining population from a baseline 52.02 per 100,000 in 1999 / 2001 to 31.33 per 100,000 in 2009/2011

What we will do
Initiative 1 – Primary prevention of Cardiovascular Disease Targeting the Populations at Greatest Risk
There is evidence to support the benefits of identifying people at high risk of cardiovascular disease who haven't yet developed the disease. This can lead to interventions such as promoting healthy lifestyles and prescribing drugs.

Necessary support can also be provided to reduce their risk of developing the disease. This work should be targeted at the disadvantaged populations who

are at the greatest risk. The Primary Care Trust will be working with the practices who serve the most disadvantaged populations to establish a mechanism to identify proactively adults with a high risk of developing cardiovascular disease.

Healthy Communities Partners will work together to co-ordinate a package of lifestyle support for those at high risk including access to:

- Weight management support in primary care
- Smoking cessation support
- Community sports and physical activity programmes
- Cook and eat programmes
- Health walks
- Alcohol brief interventions

Media campaigns and social marketing will be undertaken to raise awareness of the risks for cardiovascular disease.

Initiative 2 – Reducing Cardiovascular Disease in the Minority Ethnic Population

There is also a need to target those minority ethnic groups who are at greater risk of cardiovascular disease and diabetes and poorer health outcomes than the general population. The main aims of this initiative are to pilot techniques to increase the monitoring of ethnicity in primary care in a small number of practices and to use the available data to analyse the cardiovascular health of people from high risk minority ethnic groups and develop appropriate support.

This will be achieved through surveying the target communities, studying risk factors, linking to community leaders, analysing primary care data by ethnic group and understanding how best to secure behavioural change among different ethnic minority and other groups

2.3 Affordable warmth

This is the third strand of the work to tackle health inequalities. Fuel poverty is 'where a household cannot afford to keep warm'. A commonly used definition to quantify this is where a household would need to spend in excess of 10% of income in order to achieve a satisfactory heating regime. Links between fuel poverty, low income and health inequality are well documented. Nationally fuel poverty causes in excess of 40,000 winter deaths associated with cold homes. The recent increase in fuel costs will have caused an increase in the numbers experiencing fuel poverty.

Where are we now

- It is estimated that there are 10,000 households are at risk from fuel poverty in Buckinghamshire. At District Council level the breakdown is:
    - 3634 households in Aylesbury
    - 1935 households in Chiltern
    - 1344 households in South Bucks
    - 3390 households in Wycombe

- Fuel poverty is a particular concern for older people and families with young children

Our Ambition for Buckinghamshire
This strategy aims to prevent people falling in to fuel poverty or to support people out of fuel poverty by addressing the most at risk properties and income groups and support communities in planning for their future needs for the provision of energy use over the next 3-5 years. This aim links to the maximising income work stream.

What is already happening to contribute to this?
The Affordable Warmth Steering Group of the Local Area Agreement (LAA) manages a multi-agency partnership with local authorities, business and not for profit organisations and delivers approximately 1800 improvements to homes per year. This partnership has far exceeded the target of a 10% increase on the 2003 baseline of 448 households supported out of fuel poverty and is estimated to bring over £500,000 of investment into Buckinghamshire per annum.

Where do we want to get to?
We want to increase take-up of fuel poverty measures by potential claimants measured by number of households receiving heating and insulation improvements per year. We will monitor this by looking at the numbers of people accessing services, the number of clients that have managed to secured heating/insulation improvements and the value of improvements.

What we will do
A Countywide Affordable Warmth Policy will be developed that will include a communication and marketing strategy that promotes widely the range of insulation and heating improvements that can be accessed through the grant funded schemes or Carbon Emission Reduction Targets schemes. Improvements will be targeted at the most vulnerable groups.

2.4 Developing a Better Understanding of How Local Programme, Policies and Projects impact on inequalities in Health

What we will do
We will embed the reduction of health inequalities within the decision making of all public agencies so that health impact and the reduction of inequalities are considered in relation to broader determinants of health and access to services.

THE STRATEGIC AIMS

Strategic Aim 3 - Create an environment that supports the health and well-being of the population

Happiness and wellbeing are affected by the physical, social and economic environments in which people live, work and socialise. Access to high quality housing, good jobs, a pleasing built and natural environment and worthwhile relationships within families, neighbourhoods, schools and workplaces play a key role in supporting health and happy individuals and communities.

The evidence base demonstrating the impact of the environment on health is increasing. For example cold and poor quality housing can have a direct impact on health increasing the risk of respiratory disease, circulatory disease and the risk of fire and accidents. In relation to the external environment access to the natural environment has been shown to improve mood, increase social contact and cohesion, improve mental health and promote physical activity.

Some of the other environmental factors which can affect health are set out below. Interventions to increase the positive health impact of these factors can be addressed at a local level and can be influenced by local authorities and other local public sector organisations.

Where are we now?

- Housing and Homelessness
    - The Department for Communities and Local Government measures the number of households making a homelessness application. In October to December 2007, 161 households in Buckinghamshire made an application for accommodation because they believed they were homeless. 137 of these claims were accepted for the provision of temporary accommodation.
    - Affordable housing is a particular issue in Buckinghamshire and District Councils in Buckinghamshire are aiming for 35-40% affordable homes to be delivered on new sites above fifteen dwellings
- Education and skills
    - Of the Buckinghamshire pupils in Bucks Schools in 2007, 70% achieved 5 A* to C grade GCSE's but this means 30% of local pupils are not achieving this.
    - 26% of the adult population in Bucks are educated to degree level, but 21% of adults have no qualifications.
- Crime and fear of crime
    - Buckinghamshire is a safe place to live, with low crime rates (burglary is the only offence with a higher rate in Buckinghamshire than in other areas in the Thames Valley).

    - However, the level of fear of crime is comparatively high, particularly among older women. Fear of crime is a key issue as it can lead to isolation, loneliness and deterioration in health.
- Transport and access to services
    - Buckinghamshire is a largely rural area with around 311,000 people living in urban areas (65% of the population), but around 168,000 people in rural areas (35% of the population)
    - Of around 188,000 households in the county, 87% have one car or more but this means it is difficult to sustain transport services to the rural areas. Households in rural areas without access to a car can have significant difficulties getting to a range of services
- Stress and levels of social support
    - 88% of Buckinghamshire residents definitely agree or tend to agree that people of different backgrounds get on well together.
- Natural environment
    - Over a quarter of the county sits within the Chilterns Area of Outstanding Natural Beauty and a significant percentage of Buckinghamshire is Green Belt.

An additional challenge for Buckinghamshire is the new housing that will be built as part of the Milton Keynes and South Midlands Growth agenda. Between 2001 and 2031, 23,500 new houses are planned for Aylesbury. It is anticipated that the population in the Aylesbury Vale area could increase by over 50,000 people.

Good design of new developments and development of the surrounding infrastructure can provide green spaces, communal areas and increase walkability. Well designed and well maintained public spaces can reduce crime and fear of crime and promote community interaction and social cohesion. The quality of build of housing can make a real difference to mental wellbeing and to long term conditions that are affected by damp and air quality.

Housing growth offers potential opportunities to develop health promoting environments for existing and new populations. If not managed well, growth also brings potential threats. There is potential that the growth could worsen health inequalities and weaken social cohesion. Growth will bring social, economic and environmental changes. Local statutory sector agencies, voluntary and private businesses will all have a role to play in shaping these changes to ensure that growth supports healthy and sustainable.

The longer term health outcomes of achieving high quality design and living and working environments which support health and healthy lifestyles are potentially lower levels of chronic diseases, better mental health, reductions in accidents and reversing the adverse trend in obesity.

Key work streams under Strategic Aim Three (creating an environment that supports health and well-being) for 2008/10 are covered below:

Our Ambition
Our ambition is to work in partnership to achieve maximum health benefit from the social, built and natural environment.

What is already happening?
Local authorities are already playing an important role in influencing the local environment. This is being achieved through work on sustainable communities, action to improve education, skills and the economy and the Local Transport Plan. Local authorities also affect the environment through their regulatory functions in relation to planning the built environment and environmental health.

Where do we want to get to and how will be measure it?
Systematic and co-ordinated action to develop a local environment that supports healthy choices and social cohesion can add value to the existing activity. This can include the systematic use of Health Impact Assessments to understand and manage the health impacts of policies, projects and programmes of work. Public sector organisations acting as corporate citizens and being socially responsible in their employment and procurement processes can also improve the environment and health.

Indicators to monitor progress will be identified as work streams develop.

What will we do?
The factors that impact on the social, built and natural environment are many and varied. Further work will be undertaken to identify additional joint priorities for action. One of the objectives is to reduce carbon emissions, an important priority for both local authorities and the NHS. In the next 1 – 3 years, local government, TVP, Buckinghamshire Fire and Rescue Service and the NHS will work to secure reductions in this area. We will also develop a proposal of how local programmes, policies and projects impact on health and health inequalities.

Appendix 1

HEALTHY COMMUNITIES PARTNERSHIP

Terms of Reference

Purpose of the Group

- To work in a collaborative way to promote the public health agenda across the county of Buckinghamshire identify and respond to local priorities to improve the health of and tackle health inequalities in the local population

- To agree priorities and develop a coherent set of targets within a public health agenda

- To identify and respond to local priorities aimed at improving health and tackling health inequalities, as a means of creating healthier and happier communities

Functions

- To identify opportunities to improve population health through better co-ordination across strategic planning groups and local agencies

- To commission research and projects in response to identified priorities

- To agree priority areas for local health needs assessment

- To agree local public health priorities for inclusion in the Local Area Agreement and Buckinghamshire Community Strategy

- To monitor the delivery of the health improvement components of the LAA and Bucks Community Strategy

- To make recommendations within partner agencies on investment and deployment of resources in order to improve health

- To work within own organisations to maximize improving health and wellbeing through mainstream services

Appendix 2 – Will be the mapping of healthy communities related activity

GLOSSARY

BCC	Buckinghamshire County Council
BME	Black and Minority Ethnic
BSP	Buckinghamshire Strategic Partnership – We need to put the abbreviations in the text not in the glossary
C2DE	All skilled manual workers and those manual workers with responsibility for other people; retired people with pensions from their jobs; widows receiving pensions from late husbands jobs; All semi-skilled and unskilled manual workers, apprentices and trainees to skilled workers; all those entirely dependent on state long-term; those unemployed for a period exceeding 6 months; casual workers and those without a regular income
CAB	Citizen's Advice Bureau
CHD	Coronary Heart Disease
CYPP	Children and Young People's Plan
Obese	
GCSE	General Certificate of Secondary Education
HCP	Healthy Communties Partnership
HCS	Healthy Communities Strategy
LAA	Local Area Agreement
NHS	National Health Service
PCT	Primary Care Trust
SE	South East region of England
SOA	Super Output Area – Lower super output areas are geographical areas covering a population of around 1,500 people
UK	United Kingdom

BUCKS STRATEGIC PARTNERSHIP
BSP
promoting prosperity, tackling inequalities

Report to BSP Board

Title: BSP Update Report

Date: 16 September 2008

1. **Preparing for Comprehensive Area Assessment (CAA):** The BSP Implementation Group is actively planning for the introduction of CAA, including undertaking a self-assessment exercise in October. Work is ongoing in continuing to build a shared understanding amongst partners of the current and future shape of communities in Buckinghamshire by developing a stronger partnership approach to the different information held by individual partners.

2. **Review of the Sustainable Community Strategies (SCS):** The Board is aware of the shared vision and priorities agreed between partners as set out in the LAA/Story of Place documents. Further work is needed to refresh the 'family' of community strategies for April 2009 to ensure that these are clearly linked together. This is part of the development of an annual refresh process to inform the LAA and a regular check that the priorities expressed for the area are up-to-date and relevant.

3. Pricewaterhouse Coopers is currently undertaking a piece of work related to the review of SCS in Bucks, via a questionnaire and interviews with partners. The outcomes from the exercise will be used to explore options on how our Local Strategic Partnerships (LSPs) can work more effectively together. The overall aim is to deliver SCS that are mutually supportive across the county whilst continuing to focus on the local distinctiveness of each LSP area.

4. The BSP Implementation Group has agreed a timetable for the review of the Sustainable Community Strategies, including a consultation exercise between November 2008 and end January 2009. The BSP Board is asked to consider the emerging priorities for the family of SCS at its January meeting, ahead of the production of the draft strategies. The final SCS will be brought back to the Board for ratification.

5. **Local Area Agreement (LAA):** The BSP Implementation Group is monitoring the delivery of the first phase of the LAA. Key issues from the 2nd Quarter performance monitoring will be reported to the next meeting of the BSP Board. The refresh process will commence during the autumn, including discussions with Government over the targets to be set for those indicators which could not be established from the outset of the LAA.

6. *Resourcing the new LAA*: All relevant partners have now agreed to pool a total of £1.5m of funding to resource areas of work across the 3 year period of the LAA. The BSP Implementation Group will shortly be finalising the areas to be funded during the first year. The BSP Board is asked to delegate authority to the BSP Implementation Group to allocate resources and report back to the Board on its decisions.

7. Today's agenda includes three update items from partners. Board members may wish to read the background documents referred to in the updates which are accessible from the links below:
   a. Buckinghamshire Hospitals NHS Trust application to become an NHS Foundation Trust*:* *www.buckinghamshirehospitals.nhs.uk/foundation*
   b. The 2008-2016 Economic Development Strategy for Buckinghamshire: accessible shortly from the Buckinghamshire Economic and Learning Partnership website *Buckinghamshire Economic Partnership* (www.bucks-ep.co.uk/)
   c. Buckinghamshire and Milton Keynes Rural Strategy 2008-2012: accessible shortly from the BCA website *www.bucks-comm-action.org.uk*

8. **Actions from 17 June meeting:**

   - *Link to Local Area Forums to be added to the terms of reference (once Locality Strategy agreed by County Council – agreed summer 08).* The terms of reference are being updated, and latest version will be posted to the website shortly. *Action; underway*
   - *IDeA/LGA self*-assessment tool for CAA to be circulated: Tool circulated with the minutes. *Action; complete.*

Recommendation

The BSP Board is asked to:

- **Agree to focus the January meeting on discussing priorities for the Sustainable Community Strategies, informed by emerging consultation results,**
- **Note and comment on the issues/developments set out above, and inform their individual organisations/partnerships accordingly.**
- **Delegate authority to the BSP Implementation Group to allocate resources from the planned pooled fund, and report back to the BSP Board on its decisions.**