

IMPROVING THE HEALTH OF THE POPULATION OF BUCKINGHAMSHIRE

SETTING PRIORITIES FOR IMPROVING THE HEALTH OF THE PEOPLE OF BUCKINGHAMSHIRE

1. In general the people of Buckinghamshire enjoy good health. When compared to England, performance on a many health indicators is better than the England average including better self-reported health, lower death rates for all age groups and longer life expectancy. Overall death rates have been falling over the last decade. However the benefits of good health are not shared equally across the population, with lower socio-economic groups experiencing significantly worse health. Also across the population there is a growing burden of preventable diseases such as heart disease, diabetes and cancer.
2. Within Buckinghamshire there is a history of partnership working to improve health through programmes such as community strategies and more recently through the Local Area Agreement (LAA). In February 2007 the Countywide Public Health Strategy Group was formed as part of the process of improving the strategic co-ordination of activity to promote health. Part of the remit of this group is to review the evidence on the health of the population and agree high level multi-agency priorities. These priorities will then form the basis for identifying health and wellbeing targets to be incorporated into key strategy and planning documents.
3. The Countywide Public Health Strategy Group has identified the following priorities for improving the health of the population of Buckinghamshire:
 - Improving health where needed most
 - Childhood poverty
 - Obesity & Physical activity
 - Alcohol
 - Smoking
 - Improving the Health of Vulnerable Groups:
 - Socio-economically deprived people
 - Children and young people
 - Certain minority ethnic groups
 - Older People
 - Prisoners

UNDERSTANDING THE PRIORITY AREAS

4. The Overview and Scrutiny Committee has received a previous presentation on health inequalities in Buckinghamshire on 3rd November 2006. This paper will focus on the position and issues related to the remaining priorities.

Childhood Poverty

- There is a critical link between health in childhood and health in adulthood. 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. Poverty in particular is a significant factor. Children living in poorer circumstances have

poorer health, poorer life expectancy and higher rates of suicide. They also tend to have poorer reading skills, more difficult school behaviour, poorer educational attainment, more drug misuse, more teen parent/lone parent, unemployed, homeless, involved in crime, reduced cognitive and emotional function. In Buckinghamshire there are over 10,000 children living in low income households. Work to tackle child poverty is being explored as part of the Children and Young People's plan.

Obesity

- There is a growing understanding of the significance of obesity in the health of the population. Obesity is a risk factor for a number of chronic disease including heart disease, stroke, Type 2 diabetes and some cancers. It is estimated that in England obesity is responsible for more than 9,000 premature deaths a year. The prevalence of obesity is increasing and it is estimated that by 2010 33% of men and 28% of women will be obese. This rising trend represents a significant burden on the health and quality of life of individuals and will result in increasing demand for health and social care.

The prevalence of obesity in Buckinghamshire compares well with the England average. In 2005/06 it was estimated that 17.8% of the adult population was obese, compared 21.8% across England. However there is still room for significant improvement. The best Local Authority with the lowest level of obesity in England has 14.8% of the adult population identified as obese. Examples from Europe also demonstrate lower prevalences than Buckinghamshire. For example in Italy only 9.3% of men are obese and only 8.7% of women. Last year Buckinghamshire established a child surveillance programme to monitor obesity. Children are monitored in Reception class and in Year 6 (aged 10/11). The current prevalence of obesity in this group is 11.4%. To reflect the importance of halting the rise in childhood obesity the current LAA includes a target on reducing the increase in childhood obesity.

Tackling obesity is a complex issue and requires a combination of increasing healthy eating, increasing physical activity levels and providing weight management support for those who need to lose weight.

Physical Activity

- Nationally the progress on increasing physical activity has been more promising than the position with obesity. The Health Survey for England shows that while physical activity levels remain below the recommended levels of 30 minutes 5 times a week, the proportion of adults meeting the recommended guidelines is rising. In addition a significant number of schools nationally and locally are achieving the standard of at least two hours of high quality physical education and school sport a week.

Locally there are well developed partnership structures to develop programmes of work to increase physical activity levels in Buckinghamshire. There are also 4 LAA targets addressing general uptake of sport and physical activity opportunities, sports and physical education in schools and targeted initiatives in the most disadvantaged areas.

Alcohol

- Alcohol misuse is related to increased risk of stroke, cancer and liver diseases. It is also implicated in a range of accidental deaths including deaths in fires, drownings and road accidents. In Buckinghamshire in 2004/05 alcohol accounted for 598 deaths (15% of all deaths) and hospital admissions from alcohol are increasing. The impact of alcohol misuse is wider than health effects. Alcohol misuse can adversely impact on families, society, crime and anti-social behaviour and the economy. It is difficult to estimate the numbers of people misusing alcohol. It is estimated that around 19.2% of adults in Buckinghamshire binge drink. It is important to remember that binge drinking is not only about the behaviours that can be observed in town centres, but it
- can be related to consistently drinking beyond safe levels within a persons own home. The Buckinghamshire estimate for binge drinking is slightly higher than the national average of 18.2%. The Local Authority with the lowest levels of binge drinking has an estimated level of 8.8%.

The Drug and Alcohol Action Team has been undertaking work in relation to an alcohol strategy for Buckinghamshire and will be taking a lead on the development of action to promote sensible drinking.

Smoking

- Smoking is the single greatest cause of preventable illness and premature death in the UK where it accounts for 1 in 5 deaths. It is also estimated that around 50% of the difference in health status between the most and least deprived populations is attributable to smoking. Buckinghamshire benefits from a relatively low smoking prevalence (19% compared with 26% England average) and is in lowest 25% of local authorities. Nationally it appears that the percentage of people smoking is falling more slowly in adults working in routine and manual jobs where there has been only a 6% reduction in smoking compared with an 11% reduction for all adult smokers. The Primary Care Trust has a target to ensure 2,800 are helped to stop smoking in 2007/08. In order to ensure focused efforts are directed at those in lower socio-economic group an additional target has been included in the LAA to increase the proportion of quitters from the most disadvantaged 20% of the population

Significant work has been undertaken in Buckinghamshire to support smokers to quit through NHS services, prevent the uptake of smoking and reduce exposure to second hand smoke. The Bucks Alliance for Action on Smoking has a multi-agency work programme to address the prevention agenda.

Improving the Health of Vulnerable Groups

- There are already well developed structures to develop comprehensive programmes of work to support older people and children and young people. A key area of development to promote the health of older people is to target adults approaching retirement. Retirement can have significant impact on the health and wellbeing of individuals. Withdrawal from the workplace can have an economic and social impact and herald a more sedentary lifestyle for some. It is a key transition point. Also increasingly retirement is being delayed with new working arrangements being developed and the need to support individuals to be economically active for longer. It has been demonstrated that targeting the 50+ age group to develop healthier lifestyles can deliver

longer term benefits and a healthier old age. The LAA incorporates a target on increasing the access of workers from Bucks County Council into pre-retirement courses.

The health of non-white ethnic groups is often different from the white population. Some minority ethnic groups have a higher prevalence of cardiovascular disease and Type 2 diabetes. Large national surveys also show that there are differences in both the broader determinants of health such as income levels, educational attainment, living and working conditions as well as differences in lifestyle. There have been developments in improving the health of people from minority ethnic groups including the development of interpreter services, Asian Women's Health Fairs and structured education for people with Type 2 diabetes from the Asian community. Key to understanding the issues around the health and wellbeing of minority ethnic groups and developing appropriate responses is having comprehensive monitoring information to determine whether people from key groups are able to access and benefit from the services they need. There is scope for improvement in the monitoring of ethnicity across a range of services.

Buckinghamshire has 3 prisons, all based in Aylesbury. Both prisoners and offenders on non-custodial sentences report worse health than the general population. In general, prison populations are younger, have a higher proportion of people from lower socio-economic groups, with lower educational attainment and a higher proportion of black and minority ethnic groups than the general population.

National statistics suggest that approximately 80% of the prison population smoke and prior to detention about half of prisoners were dependent on drugs and half were heavy alcohol users. It is estimated that 1 in 4 adult prisoners have engaged in activities, which put them at risk of blood borne infections such as HIV, Hepatitis B and Hepatitis C. The majority of prisoners have experienced three or more stressful life events such as bereavement, expulsion from school, running away from home. Many prisoners also have a history of difficult childhoods including spending time in local authority care, an institution or a special school.

Addressing the health needs of offenders is an important component of addressing the wider determinants of health that contribute to offending behaviour and through this reducing the risk of re-offending. This is particularly relevant in relation to accessing support in relation to drug, alcohol and mental health problems. Of particular concern is ensuring that on release from prison individuals register with a GP and there is successful transfer into community services to ensure that any treatment programmes are continued. The health challenges for prisoners are well documented, but the issues around access to healthcare for offenders is not as well understood. Access to healthcare services is an important part of the rehabilitation process and a better understanding of this locally is important.

IMPLICATIONS OF THE PUBLIC HEALTH PRIORITIES FOR THE FORWARD WORK PROGRAMME OF THE OVERVIEW AND SCRUTINY COMMITTEE

5. A number of the priorities identified by the Countywide Public Health Strategy Group are already supported by multi-agency strategy groups and well developed strategies and work programmes. The following areas are gaps in the current work and may be of interest to the Overview and Scrutiny Committee:

- Reviewing the work programmes targeted at improving the health of people in their 50's
- Reviewing the monitoring of ethnicity
- Reviewing the status of access to healthcare for offenders
- Reviewing local weight management services