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## Buckinghamshire County Council

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# Agenda

## SHADOW HEALTH AND WELLBEING BOARD

**Date:** Thursday 8 September 2011  
**Time:** 2.00 pm  
**Venue:** Mezzanine Room 1, County Hall, Aylesbury

Agenda Item	Time	Page No
1 <b>WELCOME AND APOLOGIES</b>		
2 <b>MINUTES OF THE MEETING HELD ON 11 AUGUST 2011</b>		1 - 4
3 <b>UPDATE FROM PARTNERS</b> This session is an opportunity for members to update each other on key national and organisational developments since the previous meeting.	5 mins	5 - 6
<u>Background paper:</u> Update Report		
4 <b>TESTING THE PRIORITY SETTING FRAMEWORK-WORKSHOP</b> As part of the process of developing the Joint Health and Wellbeing Strategy, the board has agreed to develop a priority setting framework. This framework will be the challenge process by which the board decides the strategic priorities for Buckinghamshire.  The purpose of the workshop session is: <ul style="list-style-type: none"><li>• To finalise a model for the board's priority setting framework;</li><li>• To consider the plans/strategies/data sources that will feed into the priority setting framework; and</li><li>• To test out the framework using inputs from the Joint</li></ul>	75 mins	7 - 14



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Strategic Needs Assessment (JSNA) and identify any gaps that exist.

Background papers:

Testing the Priority Setting Framework- background paper and proposed model

**5 PHYSICAL ACTIVITY: STATEMENT OF INTENT FROM THE BOARD 20 mins 15 - 16**

Physical activity is recognised by the board as one of the key ways to improve the physical and mental wellbeing of Buckinghamshire's residents.

The paper for this item proposes a draft statement of intent from the board and outlines the main benefits of increasing levels of physical activity in the county.

The purpose of this item is to:

- To finalise the statement of intent
- To consider the facts/figures presented and whether there is further detail members wish to publicise to partners

Background papers:

Physical Activity Statement of Intent

**6 FORWARD PLANNING 10 mins 17 - 18**

This is an opportunity for members to discuss any items that they feel should be included on a future agenda of the board.

Background paper:

Forward Plan

**7 KEY COMMUNICATIONS MESSAGES FROM TODAY'S MEETING 5 mins**

**8 AOB 5 mins**

**9 DATE OF NEXT MEETING**

13 October 2011, 2pm, Mezzanine Room 1, County Hall, Aylesbury

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*For further information please contact: Helen Wailling on 01296 383614  
Fax No 01296 382538, email: [hwailing@buckscc.gov.uk](mailto:hwailing@buckscc.gov.uk)*

## **Members**

Mrs P Birchley (Cabinet Member for Health and Wellbeing), Ms I Darby (District Council Representative), Dr A Gamell (Bucks Primary Care Collaborative), Mrs S Imbriano (Strategic Director, Children and Young People), Mrs R Lally (Strategic Director, Adults and Family Wellbeing), Ms N Lester (Bucks Primary Care Collaborative), Mrs V Letheren (Cabinet Member for Children's Services), Dr J O'Grady (Director of Public Health), Ms L Patten (United Commissioning GP Collaborative), Dr J Rose (The Practice Plc GP Collaborative), M R Shaw (The Practice Plc GP Collaborative), Mr C Thompson (Director of Commissioning, NHS Buckinghamshire), Mr A Walker (LINK Chairman) and Dr K West (United Commissioning GP Collaborative)



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# Minutes

## SHADOW HEALTH AND WELLBEING BOARD

**MINUTES OF THE SHADOW HEALTH AND WELLBEING BOARD HELD ON THURSDAY 11 AUGUST 2011, IN MEZZANINE ROOM 1, COUNTY HALL, AYLESBURY, COMMENCING AT 2.00 PM AND CONCLUDING AT 4.14 PM.**

### MEMBERS PRESENT

Mrs P Birchley (Cabinet Member for Health and Wellbeing), Ms I Darby (District Council Representative), Dr A Gamell (Bucks Primary Care Collaborative), Mrs S Imbriano (Strategic Director, Children and Young People), Mrs R Lally (Strategic Director, Adults and Family Wellbeing), Dr J O'Grady (Director of Public Health), Ms L Patten (United Commissioning GP Collaborative), Dr J Rose (The Practice Plc GP Collaborative), Mr A Walker (LINK Chairman) and Dr K West (United Commissioning GP Collaborative)

### OTHERS PRESENT

Mr M Chard (Policy & Partnerships Officer, BCC), Mrs J Fisk (Team Leader, Policy and Partnerships, BCC), Lin Hazell (Chairman of the Overview and Scrutiny Committee for Public Health Services), Dr G Luzzi (Medical Director, Buckinghamshire Healthcare NHS Trust), Mr R O'Connor (Communications & Patient Information Director, NHS Buckinghamshire and Oxfordshire PCT Cluster), Dr G Payne (Cluster Medical Director, NHS Buckinghamshire and Oxfordshire PCT Cluster) and Ms H Wailing (Democratic Services Officer)

### 1 WELCOME AND APOLOGIES

Apologies were received from Nicola Lester, Val Letheren, Robert Shaw and Colin Thompson.

The Chairman welcomed Louise Patten, the new chief Executive Officer of United Commissioning.

### 2 MINUTES OF THE MEETING HELD ON 5 JULY 2011

The Minutes of the meeting held on 5 July 2011 were agreed and signed subject to the following amendments:

- Page 2, agenda item 3, 3<sup>rd</sup> paragraph to be amended to read, "...introduction of the Education White Paper brings further changes..."



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- Page 3, 3<sup>rd</sup> line to be amended to read, "...It is better to be fat and fit..."
- Page 4, 6<sup>th</sup> bullet point, to be amended to read, "Evidence of increase in activity in employees – increased productivity..."
- Page 5, agenda item 4 – the following wording to be added, "The Board agreed that it would look at what each organisation was doing to promote physical activity among its population (for councils) and patients (for GPs) and their staff AND what more they could do for their population/patients and staff."
- Page 6, 4<sup>th</sup> bullet point to be amended to read, "The strategy of the HWB Board needs to be developed."

### 3 UPDATE FROM PARTNERS

Michael Chard (Policy Officer, Policy and Partnerships) referred members to his report and specifically noted that by 30 September 2011, all PCT clusters, supported by pathfinder clinical commissioning groups, should have engaged patients, patient representatives, Health and Wellbeing Boards, healthcare professionals and providers on local priorities for extending choice of provider.

#### **Update from the Strategic Director for Children and Young People**

- The Government response to the Munro Review of Child Protection had now been published and supported greater integration of statutory bodies. The Implementation Plan was not yet available.

(Annet Gamell reported that a Buckinghamshire Transformation Group meeting that morning had endorsed the Munro Review).

- By 31 September 2011, 22 of the 34 secondary schools in Buckinghamshire would have become academies. The Board would have to consider how it could influence these.

#### **Update from the Director of Public Health**

The Strategic Health Authority (SHA) had asked if health and wellbeing boards would be in a position to advise clinical commissioning groups and Councils on the next commissioning round.

The SHA had also asked if the Board would be willing to share a case study and the Minutes of Board meetings.

It was noted that Minutes of Board meetings were not currently published as the Board was still in shadow form. Bullet points summarising each meeting were available on the Board's web-page.

**Members agreed that Minutes of Board meetings should be published (from the August 2011 meeting onwards), and that Minutes should be more concise if they were going to be in the public domain.**

### 4 DEVELOPING A PRIORITY SETTING FRAMEWORK

The Board considered different models of priority setting frameworks that would be used to inform the development of the Joint Health and Wellbeing Strategy (JHWS).

The Joint Strategic Needs Assessment (JSNA) would be used as the main source of information for the priority setting process. Members considered whether additional sources of information should feed into the priority setting process, such as the Children and Young People's Plan, GP patient survey results and partner priorities.

The finalised priority setting framework would need to take into consideration factors such as public and stakeholder engagement, democratic priorities/decisions and how local issues would be weighted against countywide issues.

**The Board agreed to adopt a high-level strategic framework. A draft framework to be brought to the next meeting.**

## **5 PHYSICAL ACTIVITY WORKSHOP: NEXT STEPS**

Following the workshop at the previous meeting, members had considered what each organisation could do to further promote physical activity. Each organisation on the Board was requested to submit information about how they promoted physical activity among their employees, and this was included within the background paper.

A number of potential 'quick wins' were identified by members of the Board to increase levels of physical activity across the County. These included:

- Physical activity had wide-ranging benefits, including preventing loneliness (e.g. Nexus health walks) – making a small change to make a big difference;
- The organisations represented on the Board could use their direct contact with residents and service users to promote physical activity, for example home care;
- Primary care could do more to promote physical activity, and suggestions included placing information in GP surgeries, exercise on referral and increased use of social media.

**The Board agreed to adopt physical activity as an area of early collaboration. Information about the benefits of physical activity, along with a statement from the Board, should be circulated to key partners to promote the increased uptake of physical activity.**

## **6 WYCOMBE HOSPITAL UPDATE- CONSULTATION ON RECONFIGURATION OF SERVICES**

Dr Geoff Payne (Cluster Medical Director, NHS Buckinghamshire and Oxfordshire PCT Cluster), Ronan O'Connor (Communications & Patient Information Director, Buckinghamshire and Oxfordshire PCT Cluster) and Dr Graz Luzzi (Medical Director, Buckinghamshire Healthcare NHS Trust) were welcomed to the meeting gave an update on proposals to change the configuration of services across Buckinghamshire Hospitals. The objective was that wherever a person lived, they would have access to quality services.

Attending this meeting was the beginning of an ongoing dialogue with the Board.

Members made the following comments:

- Of those who were 'walk-in' patients at the A&E at Wycombe Hospital, it would be useful to know how many were aged under 19 and how many aged 19 and over, (including a breakdown by geographical area and a socio-economic breakdown – **Action: information to be obtained.**)
- Discussions were needed about the integrated community teams for children and young people.

## **7 KEY COMMUNICATIONS MESSAGES FROM TODAY'S MEETING/FORWARD PLANNING**

The Board discussed future agenda items, and agreed that a future meeting would include a discussion about plans for local HealthWatch.

**8 AOB**

There was none.

**9 DATE OF NEXT MEETING**

8 September 2011, 2pm, Mezzanine Room 1, County Hall, Aylesbury

Andrew Walker sent his apologies for the October meeting.

**CHAIRMAN**



## Buckinghamshire Shadow Health and Wellbeing Board: Update

### NHS Future Forum

The Government has asked the NHS Future Forum to begin a [second phase of the Listening Exercise](#). The Forum will provide independent advice on the following themes:

- **information**: how to make information improve health, care and wellbeing
- **education and training**: how to develop the healthcare workforce to deliver world-class healthcare
- **integrated care**: how to ensure the Government's modernisation programme leads to better integration of services around people's needs
- **the public's health**: how to ensure the public's health remains at the heart of the NHS

The Forum will report back to ministers later this year.

### Developing Clinical Commissioning Groups: Towards Authorisation

The draft document outlines the details of the development and authorisation process for Clinical Commissioning Groups (CCGs). It reveals that by as early as October emerging CCGs should be rated red, amber or green, based on the likelihood of whether their size and shape will be approved.

The document states that CCGs can be authorised and become statutory bodies from October 2012. They will be required to "demonstrate an adequate level of competence... and the potential to achieve excellence in future" in the following areas:

- A strong clinical and professional focus which brings real added value;
- Meaningful engagement with patients, carers and their communities;
- Clear and credible plans which continue to deliver the quality, innovation, productivity and prevention challenge within financial resources, in line with national outcome standards and local joint health and wellbeing strategies;
- Proper constitutional and governance arrangements, with the capacity and capability to deliver all their duties and responsibilities including financial control as well as effectively commission all the services for which they are responsible;
- Collaborative arrangements for commissioning with other CCGs, local authorities and the NHS Commissioning Board as well as the appropriate external commissioning support
- Great leaders who individually and collectively can make a real difference.

The final authorisation framework will be confirmed in a later publication.

To access the draft document, please follow the link below:

<http://www.hsj.co.uk/Journals/2011/08/11/r/e/e/AuthorisationFramework.PDF>



## Testing the Priority Setting Framework

### Background

1. During discussions at the August meeting of the shadow Health and Wellbeing Board, members requested agreed to develop a priority setting framework to inform the Joint Health and Wellbeing Strategy (JHWS).
2. The priority setting framework will be used as the main conduit for how the board identifies its priorities for the Joint Health and Wellbeing Strategy.
3. The board's terms of reference clearly outline the responsibilities of the board in developing its priorities and the JHWS:

*'To determine the priorities for, and prepare, the Joint Health and Wellbeing Strategy for Buckinghamshire, that spans the NHS, social care, public health, and wider health determinants. The Strategy will be based on the JSNA and will focus on outcomes'*

### Purpose

4. The purpose of the workshop session is:
  - To finalise a model for the board's priority setting framework;
  - To consider the plans/strategies/data sources that will feed into the priority setting framework; and
  - To test out the framework using inputs from the Joint Strategic Needs Assessment (JSNA) and identify any gaps that exist.

### What inputs should be considered for the priority setting framework?

5. For the workshop session the board will use priorities identified within the JSNA to input into the draft priority setting framework. This approach will provide members with opportunity to test the questions outlined in the draft priority setting framework, to identify any gaps in the framework and edit the existing text if required.
6. Once the board has finalised the priority setting framework, it will be important to consider other data sources and plans that may feed into the priority setting framework, such as:
  - Children & Young People's Plan
  - Local authority corporate aims
  - Housing strategies
  - National reviews, e.g. Marmot

### What does the board want its priorities to look like?

7. The type and level of priorities that members of the board want to set will impact on the inputs that will be fed into the priority setting framework. There are several approaches that the board may wish to consider, below are some examples drawn from existing Health and Wellbeing Strategies in the United Kingdom:

High Level Thematic	Specific	Mixed
<ul style="list-style-type: none"> <li>• Helping people to keep physically fit</li> <li>• Improving prevention, management &amp; outcomes for the priority health conditions in Bucks</li> <li>• Ensuring safe, modern, effective and accessible services</li> <li>• Improving outcomes for children, young people and their families</li> <li>• To improve public health</li> </ul>	<ul style="list-style-type: none"> <li>• Reducing levels of smoking</li> <li>• Improve sexual health</li> <li>• Reduce Obesity</li> <li>• Reduce substance misuse</li> <li>• Ensuring residents get the benefit of immunisation and screening programmes</li> <li>• Reducing levels of harmful drinking</li> <li>• Reducing levels of domestic violence</li> <li>• Improve the provision of suitable places to live</li> <li>• Improving the availability of high quality employment to improve the physical and mental health of the</li> </ul>	<p><b>Children &amp; Young People-</b>reducing child poverty, ensuring issues relating to safeguarding are integral to local plans, etc...</p> <p><b>To improve mental health and wellbeing:</b></p> <ul style="list-style-type: none"> <li>• Through mental health promotion.</li> <li>• Modernise and personalise services that are locally accessible, delivering high</li> </ul>

<p>by promoting factors which contribute to healthy lifestyles and well being</p> <ul style="list-style-type: none"> <li>• To develop and strengthen preventative work and service provision for vulnerable children and adults to prevent crisis.</li> <li>• Improving the economic, social and environmental factors which promote good health and wellbeing</li> </ul>	<p>working age population</p> <ul style="list-style-type: none"> <li>• Improve the availability of green spaces</li> </ul>	<ul style="list-style-type: none"> <li>• quality outcomes with a focus on recovery.</li> <li>• Help communities understand mental health and wellbeing by breaking down barriers, and reducing stigma about mental illnesses.</li> </ul> <p><b>Health and Wellbeing-</b> promote healthy lifestyles, reduce health inequalities, improve the quality of life for an ageing population, improve the quality of life for children and young people, Reduce homelessness, and create well-connected communities</p>
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8. To further assist the priority setting process the priorities from all of the organisations represented on the board have been included in Appendix 2. These on the whole are high level strategic priorities, many of which take on similar themes such as safer communities and helping the most vulnerable.

**Once priorities have been identified, what next?**

9. The JHWS should have well evidenced priorities for action that all partners involved in health and wellbeing should 'have regard' to when developing together their commissioning plans.
10. The board will need to consider how it will shape the JHWS. There are a number of issues that will need to be debated prior to the JHWS being finalised including:
  - Who will lead on the strategy? Will a project group approach be taken to shape the development of the JHWS?
  - The board has responsibility for promoting joint commissioning and integrated provision between health, public health and social care. Members may wish to consider how it wishes to pursue this responsibility;
  - At what stage will the board go out to consultation? It is important to note that the board will have to allow 12 weeks for a formal consultation;

## Appendix 1- Draft Priority Setting Framework

	<b>Score 3</b> (issue scores high)	<b>Score 2</b> (issue scores medium)	<b>Score 1</b> (issue scores low)	<b>Score 0</b> (issue scores zero)
<b>1. The Issue is listed as a priority in the JSNA</b>	The issue is identified as a priority in the JSNA			The issue is not identified as a priority in the JSNA
<b>2. The issue is a partner priority (e.g. CCG, local authority, etc...)</b>	Issue is flagged up in the majority of partner priorities	Issue is flagged up in several partner priorities	Issue is flagged up in a small number of partner priorities	Issue is not flagged up in any partner priorities
<b>3. Stakeholder, resident or service user views (incl local or national political views)</b>	Opinion is that there is a high need in this area	There is high concern at a very local level/for a specific group of population in this area	There has been a low level of concern in this area	The issue has not been raised as a concern
<b>4. Addressing the issue provides value for money</b>	Low cost and high effectiveness	High cost and high effectiveness	Low cost and low effectiveness	High cost but low effectiveness
<b>5. There are national targets or statutory and legal duties to address the issue</b>	There is a statutory duty to deliver services to address the issue	There are national targets/outcomes related to this issue	There are local targets related to this issue	There are no statutory duties to deliver services in relation to the issue raised
<b>6. Does this help to 'narrow the gap' &amp; reduce inequalities?</b>	Intervention from the board would be highly beneficial to the whole population	Intervention from the board would be most beneficial to a specific group of the population	Intervention from the board would have a limited impact	It is unlikely that the board through its collective efforts could assist in this area
<b>7. Is it a cross-cutting issue involving services across the Council, Health and wider stakeholders?</b>	The issue involves several organisations			One organisation delivers the service

<b>8. Is there evidence of significant variations in service?</b>	There is evidence of significant variations in service across the county	There is evidence of significant variations in service in a section of the county (such as a District area)	There are minor variations in service within the county	There is a consistent level of service across the county
<b>9. Has a recent inspection/investigation flagged this up as an area of concern?</b>	This issue has recently been highlighted as an area of significant concern	The issue has recently been flagged up as an area where there is some cause for concern	The issue has been flagged up as an area where there is some minor improvement needed	This issue has not been flagged up as an area of concern
<b>10. Are there any reasons not to select this as a priority for the Health &amp; Wellbeing Board at this time?</b>				
<b>10a) Is it already being tackled by some other means?</b>	The issue is not being addressed by any other means	There is some work in progress to address this issue, however this does not provide consistent countywide coverage	There are significant interventions already in place to addressing this issue, however this does not provide consistent countywide coverage	There are a number of schemes/organisations already addressing this issue evenly spread across the county
<b>10b) Is the situation unclear due to forthcoming legislation or changes currently taking place?</b>	There are no legislative changes scheduled in this area	There are likely to be minor legislative changes in this area in the long-term	There are likely to be minor legislative changes in the short-term	There are likely to be major legislative changes in this area in the short-term

**Max points**

> x points= high priority  
x-x points= medium priority  
< x points = low priority

## Appendix 2- Summary of Partner Priorities

Strategy/Organisation	Priorities				
Joint Strategic Needs Assessment (JSNA)	Long-term conditions	Ageing population and a rise in healthy lifestyles	Inequalities in Health	Prevention- the big 4 lifestyle and mental wellbeing <ul style="list-style-type: none"> <li>• Smoking;</li> <li>• physical inactivity;</li> <li>• poor diet; and</li> <li>• excess alcohol</li> </ul>	A Good Start in Life
Sustainable Communities Strategy (SCS)	Thriving economy	Health and wellbeing	Sustainable environment	Safe communities	Cohesive and strong communities
Children and Young People's Plan 2011/14	Closing the Gap - working with the children and young people that most need extra support - to improve their learning at school/college, and their understanding of how to be healthy and where to get help if they need it.	Transitions – providing extra support to children and young people at times of change in their lives, such as: <ul style="list-style-type: none"> <li>• starting at an early years setting or school</li> <li>• changing school</li> <li>• moving from secondary school to further education, training or employment</li> <li>• when family arrangements change (e.g. when parents separate or a parent dies).</li> </ul>	Early Intervention and Secondary Prevention – providing help to children, young people and their families as soon problems begin, to stop things getting worse or out of control.	Family Focus – providing individual help and support to a family so that they can provide the best home for their children.	Children and young people's involvement in decision making – using the opinions and ideas of children and young people to make sure the services provided for them are what they really need.

<b>Buckinghamshire- A Draft Strategy for Wellbeing, Prevention and Early Intervention</b>	<b>Deliver and preserve independence and control</b>	<b>Promote and contribute to wellbeing</b>	<b>Apply the minimum intervention necessary</b>	<b>Safeguard the vulnerable</b>	<b>Provide timely access to BCC services for those people who are eligible</b>
<b>Buckinghamshire County Council- Corporate Plan</b>	<b>Helping the most vulnerable</b>	<b>Keeping Bucks special</b>	<b>Working with you</b>	<b>Helping people to help themselves and others</b>	
<b>Wycombe District Council- Corporate Plan</b>	<b>Delivering for younger people</b>	<b>Sustainable regeneration</b>	<b>Addressing homelessness</b>	<b>Excellent customer service</b>	
<b>Aylesbury Vale District Council- Corporate Plan</b>	<b>Thriving communities</b>	<b>Quality growth and regeneration</b>	<b>A great environment</b>	<b>A Council to be proud of</b>	
<b>Chiltern District Council- Corporate Plan</b>	<b>Efficient and effective customer focused services</b>	<b>Safe, healthy and cohesive communities</b>	<b>Conserve the environment and promote sustainability</b>		
<b>South Bucks District Council- Corporate Plan</b>	<b>Thriving Economy – lifelong enterprise, the entrepreneurial heart of Britain</b>	<b>Sustainable Environment – protecting our heritage, protecting our future</b>	<b>Safer Communities – being safe, feeling safe</b>	<b>Health and Well-Being – healthier, happier and longer lives</b>	<b>Cohesive and Strong Communities – strong, confident and active communities</b>
<b>The Practice</b>	<b>Development of clinical commissioning consortia</b>	<b>QIPP - Support for ImPACT – in particular around care homes</b>	<b>QIPP – medicines management and referral/elective care management</b>	<b>Ongoing delivery of safe, effective and VFM primary care services</b>	<b>Business Intelligence</b>
<b>United Commissioning</b>					
<b>Bucks Primary Care Collaborative</b>					



<b>NHS Bucks Strategic Commissioning Plan</b>	Improve the health status of our local population and reduce inequalities in health	Enhance the quality and safety of patient services that we commission	Enable local people to have a greater influence on services that we commission, and increase the ability of people to manage their own care	Achieve financial sustainability with headroom to invest	Changing the way you receive care
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## Physical Activity

### Statement of Intent from the Health & Wellbeing Board

*'The Buckinghamshire Health and Wellbeing Board are promoting increased participation in physical activity across all age groups in the county. The Board want residents, businesses and health professionals to take action to improve the physical and mental wellbeing of the local population. Simple changes to people's everyday routines, such as going for a short walk regularly or doing some gardening, can have a big impact in the prevention of disease.'*

### Why do we need to increase participation in physical activity?

At present 7 in 8 adults in Buckinghamshire are not active enough to reap the health and wellbeing benefits of regular physical activity.

### What is physical activity?

Physical activity includes all forms of activity, such as:

- Everyday walking or cycling
- Active play
- Work-related activity
- Active recreation (such as working out in a gym)
- Dancing
- Gardening or playing active games
- Organised and competitive sport.

Physical activity does not have to be expensive, many of the activities listed above are either free or can be taken part in for minimal expense.

### What are the benefits of physical activity?

There are many health benefits of physical activity, these include reducing the:

- Risk of depression, anxiety and helps manage stress
- Risk of stroke by 27%.
- Incidence of heart disease and high blood pressure by approximately 40%.
- risk of developing type II diabetes by 33-50% and in high risk people by 58%
- risk of developing of Alzheimer's disease by approximately 40%; and
- Physical **inactivity** increases the risk of nursing home admissions by 40%

But also:

- Improving children's educational attainment and reduces discipline and behaviour problems
- Helps people to relax and sleep better
- Improves confidence and self esteem
- Helps people to maintain independence and live a healthier, happier life.
- Can help people make new friends and improve their social life

### How much physical activity should I do to improve my physical and mental health?

- Physical activity should be encouraged from birth, particularly through floor-based play and water-based activities in safe environments
- All children and young people should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day.
- For general health benefit adults need at least 5 x 30 minutes moderate intensity physical activity per week

### As an employer, what are the benefits of physical activity for my business and my staff?

Employers should invest in the health of their employees to reap the potential benefits of a fitter, more active workforce, including decreasing sickness absence and potentially increasing productivity.

Workplaces are major influences on behaviour, and employers' health promotion policies can help people to be more active and less sedentary as part of their working lives. This is not just about providing gyms at the office, but it is also about enabling employees to be active in different ways by providing showers for cyclists and walkers, prioritising stairs over lifts and encouraging active commuting.

### **Where can I find out more information?**

Start Active, Stay Active:

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_128210.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_128210.pdf)

Simply Walk: [http://www.bucksc.gov.uk/bcc/row/simply\\_walk.page](http://www.bucksc.gov.uk/bcc/row/simply_walk.page)

Reactivate Bucks: <http://www.buckssport.org/en/reactivate/>

Change 4 Life: <http://www.nhs.uk/Change4Life/Pages/change-for-life.aspx>

Shadow Health and Wellbeing Board – tentative ideas for content of 11/12 **forward plan** (for discussion/development)

Topic	May 12	June 9	July 5	Aug 11	Sept 8	Oct 13	Nov 9	Dec 6	Jan 12	Feb 9	Mar 8	Apr 12
<b>Delivering outcomes for local people: Understanding our communities</b>												
JSNA – current status and areas for development												
Defining our priorities based on JSNA evidence												
Prepare joint Health & Wellbeing Strategy												
<b>Board Development needs</b>												
Getting to know each other	What each org does	Understand what info we share/need to share?										
Understanding what we each mean by 'commissioning'												
Exploring different cultures												
<b>Defining what success looks like</b>												
For local people ,GPs, local authorities, etc												
<b>Governance</b>												
Agree terms of reference, regular review												
<b>Communications</b>												
Agree key messages for dissemination												
Agree audiences												

