Agenda

Health & Wellbeing Board Buckinghamshire

Date: Tuesday 7 June 2016

Time: 10.30 am

Venue: Mezzanine Room 2, County Hall, Aylesbury

9.15 am Pre-meeting Discussion

This session is for members of the Committee only.

10.30 am Formal Meeting Begins

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Agenda Item		Time	Page No
1	**WELCOME & APOLOGIES**	**10.30am**	
2	**ANNOUNCEMENTS FROM THE CHAIRMAN**		
3	**DECLARATIONS OF INTEREST**		
4	**MINUTES OF THE MEETING HELD ON** Thursday 31 March 2016 to be agreed as a correct record.		**5 - 12**
5	**PUBLIC QUESTIONS**		

6	**DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT AND ACTIVE BUCKS CAMPAIGN** Dr Jane O'Grady, Director of Public Health, to present Board Members with the Annual Report.	**10.40am**	**13 - 68**
7	**HEALTHWATCH UPDATE** Mr Phil Thistelton, Acting Chief Executive of HealthWatch, to provide an update.	**11.10am**	**69 - 82**
8	**UPDATE ON THE SUSTAINABILITY AND TRANSFORMATION PLAN** For Leaders on the Sustainability and Transformation Plan to provide Board Members with a progress review.	**11.30am**	**83 - 90**
9	**BETTER CARE FUND UPDATE** Devora Wolfson, Interim Director (Joint Commissioning), to provide Board Members with an update on the Better Care Fund.	**12 noon**	**91 - 96**
10	**CHILDREN AND YOUNG PEOPLE IMPROVEMENT PLAN** David Johnston, Managing Director of Children's Social Care, to provide a verbal update on the Children and Young People Improvement Plan.	**12.20pm**	
11	**UPDATES/AOB**	**12.30pm**	
12	**FORWARD PLAN AND SUGGESTED AGENDA ITEMS FOR FUTURE MEETINGS**	**12.35pm**	
13	**DATE OF NEXT MEETING** The next meeting will take place on Thursday 15 September 2016 at 2.30pm in Mezzanine Room 2, County Hall, Aylesbury.	**12.40pm**	

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For further information please contact: Liz Wheaton on 01296 383856
email: ewheaton@buckscc.gov.uk

Members

Ms J Adey (District Council Representative), Mr M Appleyard (Buckinghamshire County Council), Mr R Bagge (South Bucks District Council), Ms J Baker OBE (Healthwatch Bucks), Mr S Bell (Chief Executive, Oxford Health NHS), Mr T Boyd (Strategic Director for Communities, Health and Adult Social Care), Ms I Darby (District Council Representative), Mr N Dardis (Buckinghamshire Healthcare Trust), Dr A Gamell (Chiltern Clinical Commissioning Group), Lin Hazell (Cabinet Member for Children's Services), Dr G Jackson (Aylesbury Vale Clinical Commissioning Group), Ms S Jenkins (Aylesbury Vale District Council), Mr D Johnston (Buckinghamshire County Council), Ms N Lester (Chiltern Clinical Commissioning Group), Dr S Murphy (Chiltern Clinical Commissioning Group), Dr J O'Grady (Director of Public Health), Ms L Patten (Aylesbury Vale Clinical Commissioning Group), Dr G Payne (Medical Director, NHS England Thames Valley Area Team), Dr J Sutton (Aylesbury Vale Clinical Commissioning Group), Mr M Tett (C) and Dr K West (Aylesbury Vale Clinical Commissioning Group)

Minutes

Health & Wellbeing Board Buckinghamshire

MINUTES OF THE HEALTH AND WELLBEING BOARD HELD ON THURSDAY 31 MARCH 2016, IN MEZZANINE ROOM 2, COUNTY HALL, AYLESBURY, COMMENCING AT 2.30 PM AND CONCLUDING AT 4.30 PM.

MEMBERS PRESENT

Ms I Darby (District Council Representative), Dr J O'Grady (Director of Public Health), Ms N Lester (Chiltern Clinical Commissioning Group), Dr K West (Aylesbury Vale Clinical Commissioning Group), Ms L Patten (Aylesbury Vale Clinical Commissioning Group), Mr T Boyd (Strategic Director for Communities, Health and Adult Social Care), Dr J Sutton (Aylesbury Vale Clinical Commissioning Group), Dr G Jackson (Aylesbury Vale Clinical Commissioning Group), Mr M Appleyard (Buckinghamshire County Council), Lin Hazell (Cabinet Member for Children's Services), Ms J Adey (District Council Representative), Ms J Baker OBE (Healthwatch Bucks), Mr D Johnston (Buckinghamshire County Council), Mr N Dardis (Buckinghamshire Healthcare Trust), Mr R Bagge (South Bucks District Council) and Mr M Tett (Chairman)

OTHERS PRESENT

Mrs C Capjon, Mr C Thompson (Aylesbury Vale Clinical Commissioning Group), Ms T Ironmonger and Mr T Burton

1 WELCOME & APOLOGIES

Apologies were received from Mr S Bell, Dr A Gamell, Ms S Jenkins, Mr S Murphy, Mr G Payne and Mr D Williams.

2 ANNOUNCEMENTS FROM THE CHAIRMAN

The Chairman reported on his attendance at a recent LGA workshop on the role of Health and Wellbeing Boards, at which Mr G Jackson had made a presentation.

3 DECLARATIONS OF INTEREST

There were no declarations of interest.

4 MINUTES OF THE MEETING HELD ON

The Minutes of the meeting held on 28 January were agreed as a correct record.

5 PUBLIC QUESTIONS

Mr H Mordue, Director of Healthwatch Bucks and Cabinet Member at Aylesbury Vale District Council asked for clarity around future funding arrangements in relation to the Disabled Facilities Grant.

Mr T Boyd confirmed that the funding was no longer a separately ringfenced grant and agreed to discuss arrangements with District Council colleagues.

ACTION:

Mr T Boyd to hold a meeting with all District Council representatives on the Health and Wellbeing Board to discuss the Disabled Facilities Grant, and to report back subsequently to Mr Mordue.

6 UPDATE ON THE SUSTAINABILITY AND TRANSFORMATION PLAN

Mr N Dardis presented the report, highlighting that the Sustainability and Transformation Plan (STP) announced in health planning guidance in December, moves planning from an institution-based, single year approach to a multi-year, multi-agency basis.

Mr Dardis explained that work on the STP was being undertaken by the Healthy Bucks Leaders (HBL) group and that any agreed documentation would be taken by representatives for consideration by individual governing bodies.

Mr Dardis confirmed that the STP had provided the opportunity for Healthy Bucks Leaders to increase their pace of work and brought members' attention to the principles, governance and key areas of work outlined in the report.

The meeting was told that the STP was a locally driven agenda but that there were opportunities to work across boundaries on issues such as IT. Mr Dardis reported that a key area of focus was currently on engagement with communities.

In discussion, the following points were made by members of the Board:

- That it made sense for some areas to be considered at scale on a larger footprint than Buckinghamshire
- That the focus on the needs of local, smaller groups within the County should not be lost when considering issues on a larger scale
- That the Buckinghamshire STP was part of a number of building blocks across the Thames Valley and that the county footprint adjoined several neighbouring STP areas
- The initial submission of the STP, focusing on governance, needed to be made by 15 April, with a full submission made by the end of June
- That enough time needed to be built into the STP development process for thorough consideration by partner boards
- That public engagement was important and that although current work focused on the framework for future planning, public involvement would be needed at a service planning level
- That HBL also reported to the local Senior Responsible Officer, David Smith

ACTIONS:

- **David Smith to be invited to a meeting of the Health & Wellbeing Board in the autumn (Jane O'Grady)**
- **A further progress report be submitted to the next meeting of the Health and Wellbeing Board (David Williams/Neil Dardis)**

RESOLVED:

That the report was noted

7 COMMISSIONING OF PRIMARY CARE UPDATE

Ms L Patten updated the Board on the latest position in relation to the commissioning of primary care services, highlighting the following:

- That primary care services mainly included GPs and GP contracts, pharmacy, optometry and dentistry.
- That when CCGs were formed, NHS England retained the responsibility for commissioning GP practices
- NHS England was offering CCGs the opportunity to commission local GP practices as providers
- After a period of co-commissioning and a 95% vote of confidence by member practices, Aylesbury Vale CCG had made a successful application for the delegated responsibility for commissioning GP practices locally
- Aylesbury Vale CCG would have delegated responsibility for GP practices from 1 April 2016
- Chilterns CCG was working towards a similar application

Ms N Lester reported that Chiltern CCG was currently consulting members and would not be seeking delegated responsibility before April 2017. Ms Lester informed the Board that the opportunity to take on the responsibility was unresourced.

In response to a request for clarification, Ms Patten confirmed that existing contract funding would be transferred via NHS England to the CCG and that NHS England remained the accountable body for GP commissioning. Ms Patten explained that not all commissioning involved GP practices and that the CCGs would continue to work with partners on other aspects of primary care commissioning.

In relation to the patient experience, Ms Patten explained that local commissioning provided a better opportunity for local people to have their voice heard.

Mr Jackson reported that CCGs across the Thames Valley region had agreed collectively to move to delegated responsibility as this would ensure a single system for NHS England to administer.

8 BETTER CARE FUND UPDATE

Mr T Boyd introduced the report explaining that the Better Care Fund (BCF) had been set up to further the integration of health and social care and provided funding for the protection of adult social care services as well as the Disabled Facilities Grant and moneys for community hospitals and out of hospital care.

Mr Boyd explained that the Chief Officers Group, with membership from the County Council and Clinical Commissioning Groups (CCGs), were developing plans for allocation of the BCF locally, and that these needed to be submitted to the Department of Health by 25 April 2016.

Mr C Thompson took members through the presentation explaining that the BCF was a component of the Sustainability and Transformation Plan and had been introduced in 2015/16 as a driver for integration.

Mr Thompson highlighted successes of integration to date, which sought to deliver better quality, value and efficiencies, including:

- wheelchair services, which through application of the Fund had improved quality and decreased costs;
- data sharing through use of the NHS number in Councils and hospitals which could lead to integration of IT systems;
- progress towards 7 day service in social care;
- joint health and social care quality in care teams; and
- becoming an exemplar in delayed transfers of care but seeking now to focus on improving fitness for transfer.

In relation to the return required for the Department of Health, Mr Thompson confirmed that although all targets had been hit, there was scope for more ambition. Mr Thompson explained that although the Better Care Fund involved approx. £30m per annum, Buckinghamshire had the potential for integrated commissioning in the region of £350m.

The Board was told that a scope was being drafted to explore the potential for an integrated commissioning board.

The Chairman reminded members that the Government required local areas to have a plan for integration by 2017, with integrated services in place by 2020 and that local areas had the freedom to design locally. Mr Tett explained that as Leader of the County Council, it was important to understand the risks, rewards and full implications of integration plans.

In discussion, the following points were made:

- That the plan needed to have a stronger emphasis on children's services including successes such as Child and Adolescent Mental Health Services (CAMHS)
- That it could benefit the Board to apply a life-course approach to its work to ensure no groups were inadvertently missed
- That it was important to identify and include the most appropriate people at the start of any piece of work
- That the HBL considered implications for services across the county arising from decisions in response to financial challenges faced by individual organisations

Mr Thompson was thanked for his presentation.

RESOLVED:

The report was noted

9 A COORDINATED HEALTH AND SOCIAL CARE APPROACH TO INFLUENCING PLANNING OF THE BUILT ENVIRONMENT

Mrs T Ironmonger was welcomed to the meeting and presented the report, reminding the Board that all District Councils would be consulting on Local Plans in 2016. Mrs Ironmonger explained that recent discussions with planners around how to ensure health infrastructure and wider determinants of health were considered in planning work, had resulted in new proposals for the Board:

1. That NHS colleagues met with the Bucks Planning Officers Group to articulate the key pressures and priorities for the NHS, to feed into the work of the Bucks Planning Group; and

2. That Public Health and NHS colleagues met with the same group to share and explore key data to help inform discussions

Mr Tett confirmed that the Government required Local Plans to be in place by 2017.

In discussion, the following points were made:

- That Local Plans needed to have reference to requirements in order to ensure planning authorities could assess applications in the context of health priorities
- That influence was limited to new developments and the health priorities were often in older, fully developed housing areas
- That there would be value in including District Council officers in meetings
- That there was value in looking at developing areas of good practice in relation to planning for healthy communities
- That given the challenge of securing GPs, meeting health infrastructure needs could require a different approach to the traditional practice
- The checklist could include health aspects in relation to education and primary care needs in the widest sense
- The overview taken of health needs and implications could provide a valuable resource for planners who would not pick up on issues raised through incremental or individual planning applications
- That encouraging healthy lifestyles in planning was challenging and that, for example, changing allocation for parking could result in displaced parking rather than increased activity
- That safety at night could be a barrier to activity in some local areas
- That the Board should consider joint funding of priorities

Ms Ironmonger reminded the Board that general recommendations from the Board was an efficient mechanism for raising issues and that much evidence was already available, for example in the Joint Strategic Needs Assessment.

RESOLVED:

1. **That NHS colleagues meet with the Bucks Planning Officers Group to articulate the key pressures and priorities for the NHS, to feed into the work of the Bucks Planning Group; and**
2. **That Public Health, District and NHS colleagues meet with the same group to share and explore key data to help inform discussions**

10 PHYSICAL ACTIVITY UPDATE

Dr J O'Grady introduced the item explaining that the publication of the Childhood Obesity Strategy and the Sport England plan to deliver key elements of its Sporting Future Strategy had both been delayed. Dr O'Grady explained that the report was an update on activity currently taking place but that there would be a significant change once the two national documents had been implemented.

Mr T Burton was welcomed to the meeting and highlighted that one of the key elements of the report was the move to measuring impact rather than activity.

The following points were made in discussion:

- Schools provided enough spaces for all children to take part in sports and that competition was built in to all intensity levels, rather than restricted to elite participation
- The satellite clubs programme linked private sports clubs with schools to widen the opportunities available to students
- Work was being undertaken to communicate and engage with communities and to scale up proven programmes
- The importance of teachers and parents understanding the physical benefits of activity for children
- The importance of celebrating achievement by children at all levels and beyond the school gates
- Mr Burton had attended social care and headteacher meetings in the past to discuss engagement, particularly in relation to harder to reach communities
- Promotion needed to engage young people through the issues of importance to them, for example in connection with the benefits to mental health
- The potential of 'activity by stealth' should be considered
- Buckinghamshire has good trends in activity compared to the national picture
- That the Board needed to consider actions that could be taken to achieve improved activity levels within the County.

Mr Burton was invited back to the Board following publication of the national strategies.

ACTION:

Mr Burton to be invited to the Board following publication of the national strategies (Dr J O'Grady)

11 BUCKINGHAMSHIRE STRATEGY FOR TACKLING CHILD SEXUAL EXPLOITATION

Mr D Johnston presented the report, explaining that the core elements of the strategy were: protect; prevent; and pursue. Mr Johnston highlighted improvements in prevention work, with the instigation of the Swan Unit, and stressed the importance of awareness of the Strategy by all staff within partner organisations. Partners were asked for feedback to help improve strategies and services.

Mr Tett brought the Board's attention to the issues on page 62 of the report and the recommendations on page 63. Mr Johnston and Ms Hazell thanked partners for their engagement, particularly in relation to training.

RESOLVED:

The Board agreed the Buckinghamshire Strategy for Tackling Child Sexual Exploitation

12 CHILDREN AND YOUNG PEOPLES IMPROVEMENT PLAN

Mr D Johnston provided the Board with a verbal update on the Children and Young People's Plan, making the following points:

- The authority had been subject to a Department for Education (DfE) review in the autumn of 2015, following which further assurance work had been undertaken and an audit had been completed on 95 cases
- The subsequent letter received from the Minister confirmed the progress being made and further work to be done
- A further visit from the DfE would be made in summer 2016

- A number of multi-agency events were taking place to reaffirm the vision for children's safeguarding in Buckinghamshire
- The strapline 'Together keeping children safe' had been agreed and partners were encouraged to use this where appropriate
- Work had been undertaken to ensure social care was inspection-ready and future inspections would include partners
- The Improvement Plan had been revised and the number of workstreams reduced to four
- The Improvement Board would be meeting less frequently in future
- Mr J Goldup, Chairman of the Improvement Board, was spending time with the service prior to his submission to the DfE in May
- Increases had been seen in the numbers of Looked After Children (now at 480), in Children In Need and in children with a Child Protection plan (at 400, an increase of 100 over the past year)
- There were pressures on foster and general placements across the South East
- The support provided by colleagues from partner agencies in terms of provision of reports and information, and attendance at conferences, was welcomed
- Early help across agencies was resulting in improvements in the quality of referrals, identification of appropriate leads and the number of referrals back to the local authority, which had dropped from 90% to 60%

Reflecting that the responsibility for the issue would return to the Health and Wellbeing Board once the Improvement Board was disbanded, members agreed to receive an update at the next meeting.

ACTION:

Mr Johnston to provide a further update at the meeting on 16 June 2016

13 HEALTHWATCH BUCKS UPDATE

Ms J Baker presented highlights from the report, commenting on the value of the opportunity to Healthwatch of reporting at the Board to the health system. Ms Baker informed the Board of the appointment Ms Thalia Jervis as the new Chief Executive to the organisation.

Ms Baker was thanked for the update and the contribution of Healthwatch to the health system.

ACTION:

Ms T Jervis to be invited to attend the next meeting of the Board (Dr J O'Grady)

14 DATE OF THE NEXT MEETING

16 June 2016 at 2.30pm in Mezzanine 2, County Hall, Aylesbury.

CHAIRMAN

Health & Wellbeing Board
Buckinghamshire

Title	Director of Public Health Report Annual Report 2015 and Active Bucks Campaign
Date	7 June 2016
Report of:	Dr Jane O'Grady, Director of Public Health Buckinghamshire
Lead contacts:	Katie McDonald, Health and Wellbeing Lead Officer kamcdonald@buckscc.gov.uk 01296 382043

Purpose of this report:

1. **Director of Public Health Annual Report**

It is a statutory duty for the Director of Public Health to produce an annual report on the health of the population and the county council has a duty to publish it.

This year's report focuses on physical activity and highlights the wide range of benefits a more active population can bring. The report shows that places with active communities tend to have better social connectedness, be safer, greener and wealthier. Active communities are good for business and the taxpayer alike, increasing business productivity and reducing demands on health and social care services.

The report is of particular relevance to the Health and Wellbeing Board because it provides further evidence and local information to strengthen the Bucks Physical Activity Strategy 2014-17 formally endorsed by the Board to **'make physical activity a priority'** as part of its Joint Health and Wellbeing Strategy in May 2014.
The report is also published in the same year as the launch of new community based physical activity opportunities in Buckinghamshire as part of the Active Bucks Programme.

Given the huge benefits of physical activity and the missed opportunities resulting from low levels of physical activity evidenced in Buckinghamshire, the report calls for an urgent need for action across all sectors to improve the health and wellbeing of individuals and our communities to make the county an even better place to live.

The report was submitted to Buckinghamshire County Council Cabinet on 4 April and Cabinet members endorsed it as a basis for discussion with cabinet members and partners. The full report has been included in the agenda pack and is available alongside the supporting data supplement on the Public Health webpages.

http://www.healthandwellbeingbucks.org/Resources/Councils/bucks-public-health/DPHAR%20single%20new%20version.PDF

http://www.healthandwellbeingbucks.org/Resources/Councils/bucks-public-health/APPENDIX%20PH%20Outcomes%20Grid%202015.pdf

Summary of Recommendations of the 2015/16 DPHAR

Active environments

Local government and partners should work to ensure that:

- We make active travel a safe and attractive option for Buckinghamshire residents so they can easily build being active into their busy lives
- The design of the built environment promotes physical activity for all ages and abilities including provision of safe green spaces for play and recreation close to where people live
- New housing developments should be designed to promote physical activity and active travel
- Green spaces in urban areas are maintained or improved, especially in areas where there is poorer access to high quality green space and higher health needs
- Opportunities to be active throughout Buckinghamshire are widely promoted to residents and visitors.

Active communities

- Continue to work with communities to explore how best to make physical activity part of the social "norm" for that community, ensuring community ownership and engagement that can help bring about the changes needed.

Communities can also help by supporting and participating in local activities to help ensure they are sustainable. People can also become physical activity Community Champions as part of the Active Bucks programme to help promote physical activity opportunities in their community.

Local organisations and other bodies such as housing trusts and parish councils should consider whether there are more ways they could help their communities be more active.

Children and young people

- Buckinghamshire County Council, early years centres and schools should continue to work together to ensure all settings are able to deliver physical literacy skills to 3-7 year old children.
- Buckinghamshire County Council should continue to work with young people and their families, schools and other partners to ensure more children and young people are physically active particularly in the teenage years.

Working age adults

- Local businesses and employers should explore whether they could help more employees become more active e.g. through increasing active travel, greater awareness of opportunities to be active, participation in the Workplace Challenge initiative or by volunteering to support community activities. NHS organisations and local government as very significant local employers have a key role in this area.

Older adults

- Local organisations should continue to develop more opportunities for older adults to access regular group-based physical activity opportunities as a vital way to maintain health and independence and social networks.
- Ensure design of the built environment supports older people to be more active.
- Ensure that more residential care settings develop more opportunities for older adults to participate in regular evidence based physical activity that will help prevent falls and maintain physical and mental health.
- Social care services and commissioners should consider how best to support frontline staff in encouraging older people to be more active.

Health services

Ensure the promotion of physical activity is a major part of the "radical upgrade in prevention" that the NHS has to deliver by:

- Ensuring physical activity is a key part of the care planning discussions with patients and that patients can be signposted to appropriate local physical activity opportunities
- Commissioning clinical services that offer consistent physical activity advice as part of the treatment discussions with patients including services for people with diabetes, heart disease, cancer and musculoskeletal services
- Continuing to commission appropriate clinical services such as cardiac rehabilitation and pulmonary rehabilitation with evidence based physical activity components.
- Ensure appropriate training for the workforce to ensure they are skilled and confident in brief behaviour change advice, motivational interviewing and providing advice about physical activity to the people they are caring for.

Residents

- Residents should consider how they could build more activity into their daily lives to reap the benefits of a more active life.

2. Active Bucks

The Active Bucks project aspires to help all Buckinghamshire residents lead happier, healthier lives. Following consultation with Buckinghamshire residents last year, a wide range of activities have now been commissioned at both a Local Area Forum (LAF) and countywide level.

The Active Bucks promotional campaign launches on the 6 June. The Director of Public Health will provide an update on the campaign and activities at the Health and Wellbeing Board meeting on 7 June.

Overview:
The campaign offers a free first activity session, using the campaign website to link people with the ideal activity for them, from over 4000 activities across Buckinghamshire (including Active Bucks activities). 19 Community champions

(volunteers) have been recruited to support sustainability of the project and recruitment will continue for the duration. 142 Active Bucks activity programmes have been commissioned and each will run for 6 months, delivering 3408 Active Bucks activity sessions in total.

Up to date information about all Active Bucks activity sessions, including a description of the activity, venue, time etc. can be found on the Active Bucks webpages: **www.buckscc.gov.uk/activebucks.**

Recommendations for the Health and Wellbeing Board:

1. **Director of Public Health Annual Report:**

- The Health and Wellbeing Board is asked to note the Annual Report of the Director of Public Health and supporting Data Supplement, review the recommendations and discuss any actions required.

- Members to identify how they will support the recommendations in the report

2. **Active Bucks**

- The Health and Wellbeing Board is asked to identify how they can support and promote the launch of Active Bucks activities to engage communities, particularly inactive people.

Background documents:

Director of Public Health Annual Report 2015
Appendix – Director of Public Health Annual Report 2015 – Public Health Outcomes Grid

HOW TO

HAVE
MORE FUN

MAKE
NEW FRIENDS

BE
HAPPIER & HEALTHIER

BE MORE ACTIVE!

BUCKINGHAMSHIRE COUNTY COUNCIL

Foreword

I am pleased to present my annual report for Buckinghamshire. This year's report focuses on physical activity as one of the most important things we can do for our own health and wellbeing and that of our families and friends. As my report shows, it's not just our health and wellbeing that is improved by physical activity but also the educational attainment for our children and young people, the safety and quality of our environment and the connections we make in our communities. This year sees the launch of many new community based physical activity opportunities in Buckinghamshire as part of our Active Bucks programme so I hope many of you will take advantage of this to join in and try something new!

Dr Jane O'Grady
Director of Public Health for Buckinghamshire

March 2016

Thanks to Emily Youngman, Tom Burton, Shakiba Habibula, Sarah Mills, Ash More, Rebecca Dengler, Nicola Higgins, Ravi Balakrishnan, Karen Bulmer, Chantelle Fatania, Sally Taylor and Geir Kåre Resaland for their help writing this report and the Buckinghamshire Communications team for design.

Contents

INTRODUCTION

Being physically active is one of the keys to a long, happy and successful life. In our early years it plays a key role in brain and physical development, helps us develop social skills and make friends and promotes educational attainment and success. During our adult lives it helps give us the energy and health to enjoy life to the full and be productive at work. As we grow older being physically active slows the ageing process, keeping us fit, healthy and independent for longer.

Places with active communities tend to have better social connectedness, be safer, greener and wealthier as this report shows. Active communities are good for business and the taxpayer alike, increasing business productivity and reducing demands on health and social care services.

Despite all these benefits many of us are not active enough to benefit our health. We are 20% less active than we were in the 1960s and if current trends continue we will be 35% less active by 2030. Today's children are 15% less fit than their parents were at a similar age. International comparisons suggest the UK is more inactive than similar European countries and the USA.

Approximately half of all women and a third of men are not active enough for good health. Being inactive directly contributes to 1 in 6 deaths in the UK – equivalent to the harms from smoking - and around one fifth of adults in Buckinghamshire are currently inactive. The low levels of activity of our children are also concerning.

Humans were designed to move and stay active but slowly, under the guise of convenience, the need to be active has been designed out of everyday life for many of us. We need to reverse this trend and consider how we once again make being physically active part of our daily routines.

This requires sustained action across all sectors of society in Buckinghamshire – local government, schools and colleges, businesses and voluntary organisations, the health and care sector, communities and individuals. We need to make being active the easy and enjoyable choice every day. The good news is that if we can achieve an increase in physical activity everyone will benefit as this report shows.

In Buckinghamshire we recognise the vital importance of physical activity to everyone at all ages and levels of ability in Buckinghamshire. The desire to work together to address the issues resulted in the development of our multi-agency physical activity strategy for 2014-2017 *"Making physical activity a priority"*

The strategy has four strategic aims;

- ★ Ensuring an active start in life
- ★ Building activity into everyday life – creating environments that support physical activity
- ★ Adding active years to life – increasing activity levels of older people and those with disabilities
- ★ Incorporating physical activity into health and social care services

Given the huge benefits of physical activity and the missed opportunities resulting from our low levels of physical activity there is an urgent need for action across all sectors to improve the health of individuals and our communities.

This report highlights the benefits of physical activity and some key local initiatives . It calls for more action across Buckinghamshire to ensure we all benefit from longer, happier healthier lives, more connected communities, and makes Buckinghamshire an even better place to live.

How Much is Enough Physical Activity?

Being active is important throughout life. The benefits to health occur from the earliest years to old age and it's never too late to start. How much activity we should be doing depends on our age.

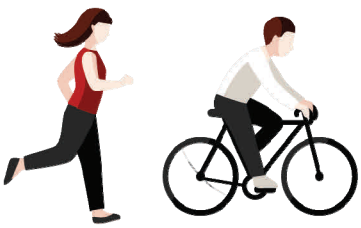
What activity should we be doing?

Activity should, as a minimum, be undertaken at a **moderate intensity** - meaning it will raise your heart rate and make you breathe faster and feel warmer.

Early years (under 5's)

Minimum 180 mins **every day** spread throughout the day

Particularly through floor-based play and water-based activities in safe environments



Children & young people (5-18 years)

Minimum 60 minutes **every day**

Moderate-vigorous intensity activities, including those that strengthen muscle and bone, should be incorporated at least three days a week

Adults (19-64 years)

Minimum 150 minutes **every week**

Moderate intensity activity in bouts of 10 minutes or more; physical activity to improve muscle strength on at least two days a week

Older adults (65+)

Minimum 150 minutes **every week**

Moderate intensity activity in bouts of 10 minutes or more; physical activity to improve muscle strength on at least two days a week; physical activity to improve balance and co-ordination on at least two days a week

For the greatest benefits, activity should be undertaken at least at moderate intensity but any amount is better than nothing.

What is moderate intensity and vigorous intensity activity?

It is also important to do regular activities that strengthen all the major muscle groups, including arms, legs and core abdominal muscles. Examples include exercising with weights, yoga, pilates and carrying or moving heavy loads such as groceries.

★ **Moderate** activity = you won't be able to sing but can speak in full sentences

Moderate activity raises our heart rate; we breathe faster and feel warmer e.g. a brisk walk, housework or gardening, recreational swimming or cycling.

★ **Vigorous** activity = you won't …be able …to speak…in full sentences…..

Vigorous intensity means you'll be sweating more, very out of breath and you struggle to talk during the activity! E.g. running, sports or climbing a lot of stairs.

Regardless of how much moderate and vigorous activity we do, everyone at all ages should minimise the amount of time they spend sitting still.

Too much sitting still

We spend a lot of our time sitting at home, at school or work, in our leisure time and travelling between the three. Sitting watching TV or playing computer games, sitting at a desk, travelling in a car, are all sedentary behaviours as they require very low levels of energy and muscle activity.

Sitting still appears to have damaging effects on the cells in our bodies. When we stand up, our muscles contract and stimulate an important enzyme that is involved in the metabolism of cholesterol and glucose. When we sit still the enzyme activity is suppressed, resulting in an increase in risk factors for diabetes and cardiovascular disease.

Sitting still for long periods has been associated with an increased risk of type 2 diabetes, cardiovascular disease and death. Breaking up long periods of sitting helps avoid this and can be done by simply standing up and walking around perhaps for 10 minutes every hour as evidence suggests that incidental physical activity is positively associated with cardiorespiratory fitness.

Family and home-level interventions have been shown to be effective in reducing sedentary behaviours in children and young people. For example, encouraging parents to reduce/limit the amount of screen time (watching TV; playing on the computer) their children have, can reduce the amount of time children and young people are sedentary at home.

The simplest solution to reduce sedentary time at school or work is to encourage regular active breaks during work and school time. Other possible solutions to reduce sedentary time at work include standing meetings or modified desks. Further information can be found here:
Get Britain Standing

Make your day harder

Some of the most commonly reported barriers to being more active are lack of time and money.

One of the easiest ways to be more active is build more activity into daily life by walking or cycling on journeys to school, work or the shops and being more active during the hours we spend at work or school. Being more active in our own homes is also a great investment in our health.

A set of really simple ways to build more activity into our daily routines is in this video *"Let's make your day harder" by Dr Mike Evans.*

Active Children and Young People

Why it's important

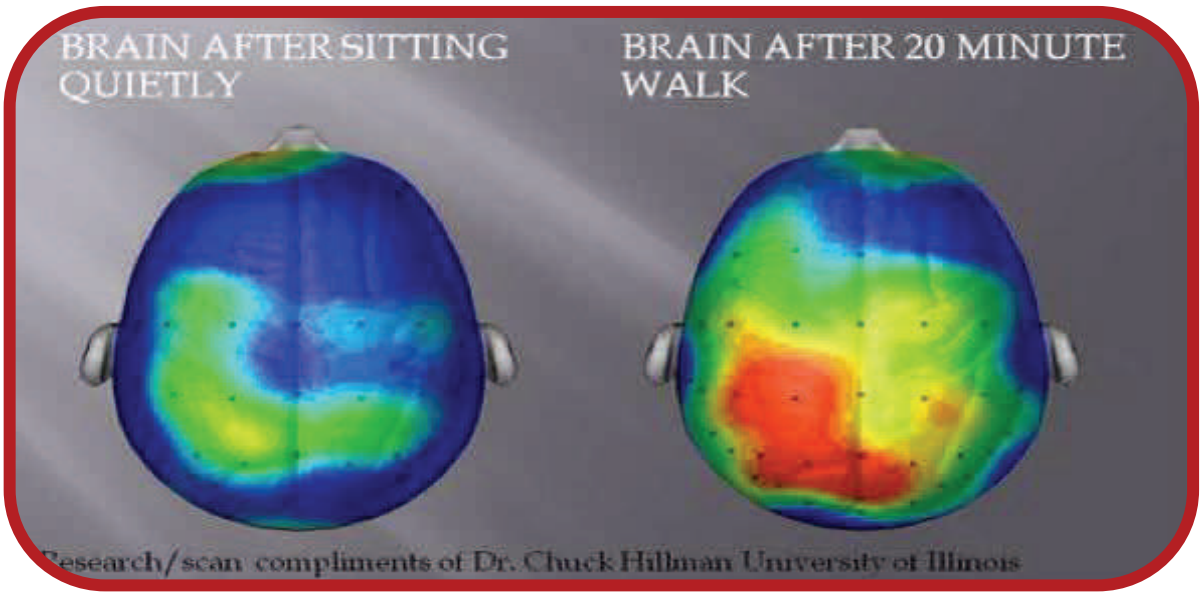
Physical activity is essential for the healthy growth and social development of children, their learning and educational attainment.

Being active in early childhood plays a key role in brain development. Children and young people who are active are happier, more confident, and are less anxious and stressed, than children who are not very active.

Physical activity provides a great opportunity to spend time with other children and develop social skills through play and team sports, which means that active children are more likely to have better social skills and be accepted by their peers than children who are inactive. It improves muscle strength, bone health and cardiorespiratory fitness. Physical activity is associated with better mental health in young people and sitting still for too long has been shown to be associated with poor mental health. Some studies have found that physical activity may be as effective at reducing depression in young people as psychosocial interventions.

Physical activity improves the ability of children to concentrate, think and remember things, which means that active children do better in school.

Studies have shown that increased childhood aerobic fitness is associated with better control and co-ordination of thoughts and actions and an increased size of the key regions of the brain responsible for this. The brain scans in the following picture show that active children had more activity going on in a key area of the brain responsible for coordinating thoughts and actions.



http://www.ncbi.nlm.nih.gov/pubmed/20693803

Physical activity can improve learning for children with learning difficulties by turning on the attention system including sequencing, working memory, the ability to prioritise and increased attention span making them more primed to learn.

Studies have shown that the GCSE results of active young people are 10-20% higher than those of inactive young people. A study identified that the amount of physical activity that 11 year old girls do, predicts how well they do in science at age 11 and 16 years of age and physically active young people are 15% more likely to go to university. Studies have also shown that physical activity is linked with improved classroom behaviour.

Alongside healthy eating, physical activity is important in maintaining a healthy weight. There are lifelong health benefits, such as reducing the risk of developing Type 2 diabetes and cardiovascular disease in later life. The more active a child is the greater the benefit they will get. In addition an active child is more likely to become an active adult, conferring lifelong benefits on health in adulthood and older age.

How active are today's children and young people?

The Chief Medical Officer (CMO) guidelines are that:

*Children under 5 years should be active for a minimum of **180 minutes every day** spread throughout the day.*

*Children and young people aged 5-18 years should be active for a minimum of **60 minutes every day.***

- ★ Only 1 in 10 children aged 2-4 years meet the recommended 180 minutes of physical activity a day in England.
- ★ Nationally only 1 in 5 children aged 5-15 meet the recommended 60 minutes of physical activity per day (boys 21% and girls 16%). Rates in South East England are 26% of boys and 16% of girls meeting recommendations.
- ★ Nationally 2 in 5 children aged 5-15 are classed as inactive. Girls are more inactive than boys - 45% of girls and 39% of boys are inactive. Rates of inactivity are highest in children from the 20% of families on the lowest income where almost 1 in 2 children are inactive.
- ★ Nationally the percentage of children being active fell between 2008–12 and those classed as inactive increased. Today's children are about 15% less fit than their parents were. In a race over 1 mile, on average a child from 1975 would beat a child from today by 90 seconds!

Activity levels fall in the teenage years particularly among girls and sedentary behaviour increases.

What Can We Do?

The Early Years

Being active is very important in early years. It helps to set positive physical activity habits early on and supports healthy physical and mental development at this crucial time. Physical literacy is about learning fundamental movement skills that will help children move confidently and with control, setting them on a good foundation. To understand this better, please take a look at this video - http://physicalliteracy.sportwales.org.uk/en/

Children are more active if their parents and carers are active. Children who spend longer periods outside are more active and engage in less screen time compared to children who spend more time indoors. Families and those who work with children have a crucial role to play in promoting activity and physical literacy at this vital time and policy and environment in childcare settings can influence activity levels in the early years . Interventions which include family, school and the local community are the most effective in promoting physical activity among children. Safe, enjoyable and accessible community activities and play and green spaces are important in supporting this.

Physical Literacy Project in Buckinghamshire

Physically literate children will be able to perform a range of movement skills e.g. hop, climb or catch that will improve agility, balance and coordination at levels appropriate to their capabilities. A child's movement confidence will develop as they become more competent in performing these skills.

The Bucks Physical Literacy Project focuses on engaging children aged 3-7 through the training and mentoring of staff in Children's Centres and primary school (KS1) settings. The project is currently in its pilot phase and 50 settings and up to 100 staff will have been involved over 2 academic years by July 2016.

Active Schools and Colleges

Schools and colleges have a very important role in encouraging and providing opportunities for children and young people to take part in physical activity. As young people spend a large amount of time at school or travelling to and from school, this provides crucial opportunities for us to promote physically active lives to young people from all backgrounds.

There is good evidence that school-based physical activity interventions are effective in increasing duration of physical activity, reducing blood cholesterol and time spent watching television. Current NICE guidance on physical activity for children and young people recommends multi-component physical activity programmes that include education about the benefits of physical activity, creating a more supportive school environment and engagement of the family and local community.

Further guidance can be found here https://www.gov.uk/government/publications/what-works-in-schools-to-increase-physical-activity-briefing

Schools can help children and young people to be more active in many different ways. A whole school approach should be taken, comprising physical activities in class, during break-time and after school; changes to the school curriculum, culture and environment and the promotion of active travel to and from school.

Important components of successful approaches include discussing levels of activity with children and young people; involving them in choosing from a range of activities; and providing appropriate activities and additional support for those with disabilities or health issues. There are opportunities to discuss and incorporate physical activity into the curriculum e.g. forces and energy transfer in physics, designing active cities.

Schools around the world are taking innovative approaches to increasing physical activity. In Finland more than 1,000 schools are taking part in a programme to increase physical activity. They are doing this by incorporating extra opportunities for physical activity into the school day e.g. standing to discuss lessons learnt and short breaks to stop students sitting too long in the classroom.

In Norway some schools are using physical activity during lessons to promote learning and physical activity at the same time. This approach recognised that children have different learning styles and the activity helps reinforce classroom taught lessons.

School design can play an important role in helping children be active. Fuji Kindergarten in Tokyo, Japan has used clever design to increase physical activity in children. The kindergarten is oval in shape with a perimeter of 183 metres. The classrooms run along this perimeter with sliding doors and no fixed walls; trees grow through the building; and there is a wide, area where children can run around all day. Without the need for any structured activity, the children run an average of 3.7 miles every morning.

Physical activity levels tend to fall in the teenage years especially among girls so this is an important group to target. Evidence suggests that teenagers are more likely to be active if:

- ★ They get to choose the activity or can help plan activity
- ★ The activities are appropriate for their own ability
- ★ Family, friends, teachers and other professionals are supportive

- ★ There are playgrounds and green spaces available
- ★ There are safe walking or cycling routes to school
- ★ Schools are committed to increasing levels of physical activity and provide good PE or sports activity.

This Girl Can is a national campaign developed by Sport England to engage women and girls aged 14-40 in regular sport and physical activity by reducing any stigma or fears attached to being active. Research undertaken showed that millions of women and girls are reluctant to exercise because of fear of judgement. For more about This Girl Can, go to www.thisgirlcan.co.uk where you can find out more, get tips on how to get active and join the national debate.

What we are doing in Buckinghamshire

Schools across the county are encouraged to actively discourage car use and promote safe and sustainable travel to pupils and families on the school journey. School Travel Planning work has led to an increase in active travel on the school journey from 40% in 2010 to 53% in 2014.

Local initiatives encourage active travel such as scavenger hunts on the walk to school or having passports stamped every time children travel actively to school. In order to help keep children safe on our roads children are offered Bikeability cycle training and in 2014-15 2,924 children in Buckinghamshire received this training.

Physical education and sports can be an important source of physical activity in schools. Each primary school currently receives annual funding from the Department for Education to deliver high quality sport and physical activity to their pupils.

Leap (our County Sport and Activity Partnership for Buckinghamshire) supports schools to make decisions on how to best use this money. The Youth Sports Trust also delivers opportunities for all school-aged pupils to engage in high quality competitive sport as part of the national school games competition.

A further initiative is the development of satellite clubs where established local sports clubs develop satellite clubs on secondary school sites, with the aim of developing better links between school and community activity.

Bucks 7-minute workout (B7MW): This project looked to address increasing levels of inactivity in young people aged 13-25 years old by giving them the opportunity to participate in a series of short equipment-free exercise videos (delivered through YouTube) which can be used at home or on the go.

There are six different workout categories each with five intensity levels so participants challenge themselves as they become fitter and more confident.

The videos generated over 900 separate views and, from the evaluation forms received, the young people mentioned that the main benefits of the videos included increased energy, healthier eating, encouragement to be more active and awareness of other sporting clubs and activities.

Girls on a Mission: Delivered by the BCC Children's Partnership Team, in partnership with the Royal Air Force, the programme was a free, eight-week motivational training programme for young women aged 16-24 years old. Its aim was to increase physical and emotional health whilst having fun and making friends. The programme received the status of 'Highly Commended' in the Children and Young People Now Awards 2015, Health and Wellbeing category. Outcomes included:

- ★ 75% of young people reported their physical fitness levels had increased
- ★ 50% of participants said they realised the benefits of regular exercise
- ★ 83% reported they had changed their attitude towards physical fitness
- ★ 67% were aware of other sporting activities and clubs

Source: Bucks Girls on a Mission Programme, 2015

What do young people in Buckinghamshire want?

As part of the Active Bucks survey 124 young people were asked what would encourage them to be more active and what the barriers to being more active were. The most popular activities identified by the pupils included team sports, activities in the park, swimming, martial arts/self-defence and running/jogging group sessions.

Barriers to physical activity in Buckinghamshire were identified as having the time or the money to participate in activities. When asked for potential solutions to these problems young people identified after school/college activity (48%), activity in weekends (37%), low cost activities (66%), and 'pay as you go' activities (28%). One fifth of respondents preferred activities with people of same age and ability.

This information will inform the design of our programme of activities as part of the Active Bucks programme (See Active Communities, page 42)

Active Adults

Why it matters

Active people live longer and in better health than their inactive neighbours. Evidence suggests that increasing activity levels will help prevent and manage as many as 20 chronic health conditions including heart disease, cancer, diabetes, depression, dementia, obesity and stroke.

Physical activity also has a role in enhancing mental wellbeing by improving mood, self-perception, self-esteem and reducing stress and anxiety. Inactive people go to the GP more often, have more nurse visits and spend almost 40% longer in hospital than active people.

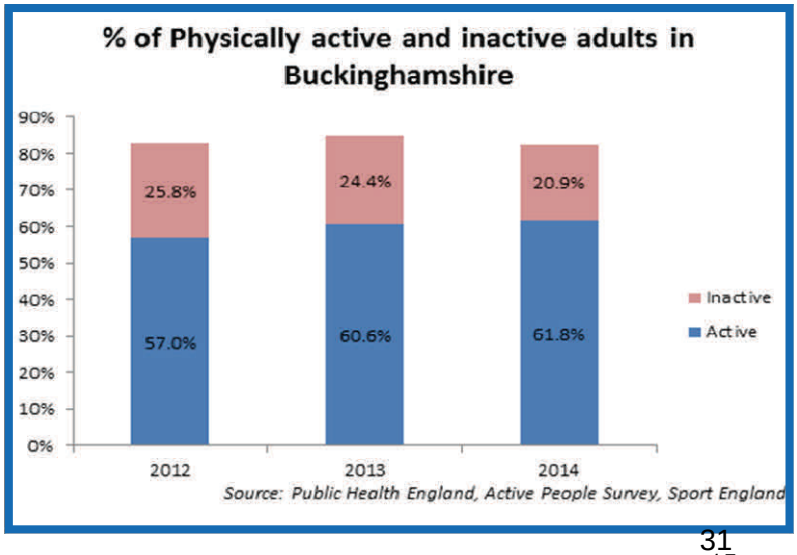
How active should adults be?

- ★ Adults (19 to 64 years) – should aim to be active daily.
- ★ Over a week, activity should add up to at least 150 minutes (2.5 hours) of moderate intensity activity in bouts of 10 minutes or more.
- ★ Alternatively, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or combinations of moderate and vigorous intensity activity.
- ★ Adults should also undertake physical activity to improve muscle strength on at least two days a week.

How active are adults in Buckinghamshire?

National data shows that 62% of men and 51% of women report that they meet the recommendations on physical activity. However estimating how much moderate intensity activity we do is difficult and objective measurement, such as using accelerometers which measure actual activity levels, suggest that in reality activity levels may be much lower, with less than 1 in 10 people achieving the recommended levels of physical activity.

In Buckinghamshire, the latest figures from the Active People Survey (2014-15) shows that 62% of adults report meeting the physical activity levels recommended by the CMO of 150 minutes per week (South East average 59%; England average 57%). Perhaps more importantly 21% of Buckinghamshire adults are considered to be inactive by not undertaking even 30 minutes of activity in each week (South East average 25%; England average 28%). The greatest health gains can be made by increasing the activity levels of inactive people.



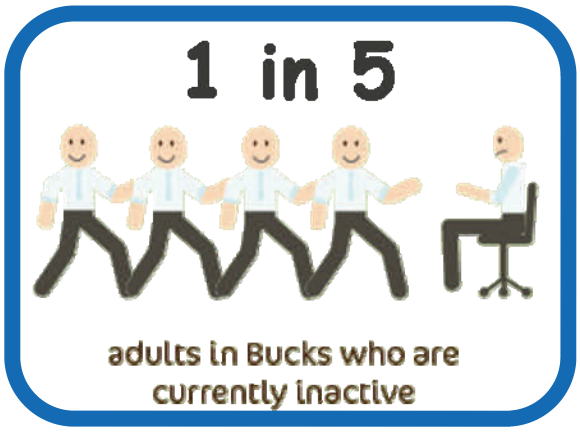
Evidence shows that increasing levels of activity in inactive people to just 30 minutes a week could increase life expectancy by 3 years.

This chart shows a modest increase in self-reported physical activity in Buckinghamshire over the last 3 years. The data suggests that the proportion of active people has increased from 57% in 2012 to 61.8% in 2014; and the proportion of inactive people has declined from 25.8% in 2012 to 20.9% in 2014.

How active should adults be?

This infographic from the CMO for England summarises what activity adults should do for their health.

Inactive groups
Activity levels vary by age, sex, ethnic group and income. Activity levels are lowest in older adults, women, Black and Asian groups, people with a disability and those on the lowest income.



As adults get older they are less likely to be active. According to the Active People Survey (2013-14) 40% of 65+ years are inactive in Buckinghamshire compared with 22% of 35-44 year olds. Nationally, by the age of 75 years only one in ten men and one in 20 women are active enough for good health.

Workplaces
Adults in the UK spend much of their waking time at work and the UK workforce tends to spend more hours at work than in most other EU countries. Workplaces are therefore a crucial setting for promoting physical activity however more than 40% of women and 35% of men spend more than six hours a day desk-bound or sitting still at work.

Staff ill health has cost implications for businesses through loss of productivity, early retirement, staff turnover and absenteeism including long term sick pay and the cost of temporary staff. Businesses with active workforces are more productive, have lower sickness rates and lower staff turnover. Physical activity also increases workplace productivity by improving concentration and alertness. According to the Physical Activity Task Force 2003, physically active employees take 27% fewer days of sick leave.

Back pain is the most common cause of sickness absence from work in the UK, with an estimated 16 million people affected each year, at a cost to industry of £5.7 billion each year. Work related stress, depression and anxiety form the second most common reasons for work related sickness absence, costing the UK economy between £3.7 and £7 billion each year.

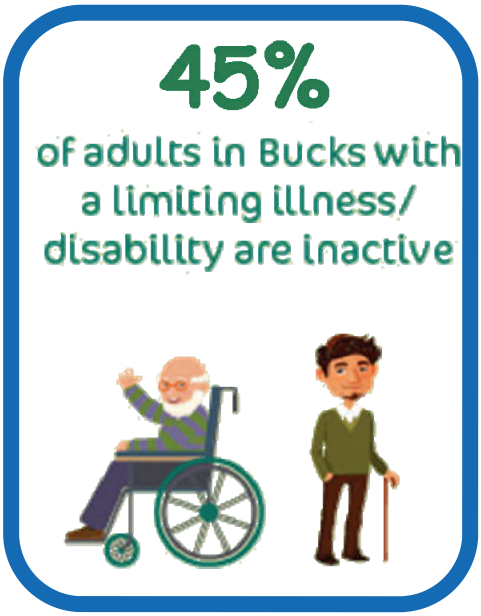
Evidence shows that physical activity can reduce a person's risk from suffering from back pain and can also aid recovery from back pain and other musculoskeletal disorders. Physical activity has been shown to have an anxiety-reducing effect and single sessions of moderate intensity exercise have been shown to reduce short term reactions to stress and enhance recovery from stressors. Physical activity also helps reduce the risk of depression and can be an important part of recovery from depression.

Employees are more likely to be active if there is a supportive environment, facilities such as conveniently located and good quality places to shower and change, the stairs are located more conveniently than the lift and there are safe cycle routes to work with secure places to leave bicycles.

Buckinghamshire Public Health Team on the ‘Midday Mile’

Disability

Almost 1 in 5 people in England have a long standing limiting disability or illness. Disabled people are half as likely to be active as those without a disability. 45% of people with a limiting illness or disability are inactive compared to 22% of those without a limiting illness or disability.



Buckinghamshire has a long association with sport for those with a disability. In 1948, the Stoke Mandeville Games were founded with 16 ex-members of the British forces and by 1954, 14 nations were represented at the Games.

In 1961, Guttmann founded the British Sports Association for the Disabled, introducing organised sport to men, women and children with disabilities other than spinal paraplegia. Stoke Mandeville has since been known as the home of the Paralympic movement.

There are a range of organisations that deliver physical activity opportunities to people with a range of disabilities in Buckinghamshire including:

★ Wheelpower is a charity dedicated to providing opportunities for disabled people to live healthy active lifestyles. Based at Stoke Mandeville Stadium, Wheelpower deliver a large number of sports and link to many competitions. More info can be found on their website www.wheelpower.org.uk

★ Some of our local leisure centres deliver the Inclusive Fitness Initiative to ensure equipment is accessible for people with a disability - these include Stoke Mandeville Stadium (Aylesbury), Chesham Leisure Centre and Fitness First (High Wycombe)

★ Horizon Sports Club is a registered charity which provides a unique after-school sports club for children and young people with disabilities who live in South Buckinghamshire, creating the opportunity to develop both physically and socially through the enjoyment of sport. More information can be found on their website www.horizonsportsclub.org.uk

★ Halton Tennis Club has many years experience as a Disability Tennis provider recognised by the Tennis Foundation and each year they hold an Inclusive Tennis Festival. They offer tennis to people with different disabilities including learning disabilities, wheelchair users, blind/visually impaired and deaf. More information on their webpages http://www.haltontennis.co.uk/tennis/disability/

★ The Buckinghamshire Disability Service (BuDS) is an independent charity which speaks up for the interests of disabled people in Buckinghamshire. BuDS helps ensure many services are accessible for people with a disability and were involved in the London 2012 Buckinghamshire Legacy programme which included the 'Stoke Mandeville Way' – an accessible pathway route linking Aylesbury town centre to Stoke Mandeville Stadium,

Hospital and village. Intended to be the first of many, it shows how collaboration can make public spaces accessible to all. More information about BuDS can be found by visiting their website www.buds.org.uk.

The Buckinghamshire Public Health team commissioned Leap, the Buckinghamshire Sport and Physical Activity Partnership, to undertake a disability needs assessment for physical activity. The needs assessment included an overview of existing activity for disabled people across Buckinghamshire, along with some key recommendations to improve access further through a 10 Point Plan.

As a result of this, in September 2016, the first Buckinghamshire Disability Sport and Physical Activity Summit will be held. It is being coordinated by Leap, to work with activity providers to enhance opportunities for disabled people to become more active.

Active Older People

Active older people are healthier, happier and more independent

Being active throughout life helps slow the ageing process. Active people age well and older people who have been active in middle age are more likely to age with fewer long term conditions, a 30% lower risk of dementia and have greater independence. Physical activity declines with age to the extent that by the age of 75 years only one in ten men and one in 20 women are active enough for good health but it doesn't have to be this way! Although being active before you reach older age and continuing to be active in during old age has the greatest benefits, it is never too late to benefit from physical activity. Older people living alone, those living in poorer neighbourhoods and those suffering from dementia tend to be less active.

Staying active (whether walking, dancing, playing bowls, working on allotments or volunteering in the community) is important to ensure older people can keep mobile. It enables them to get out and see their friends and to stay connected with their community thus reducing social isolation and loneliness. This in turn can contribute to higher levels of mental wellbeing and longer happier lives. Physical activity can therefore help to contribute to a higher quality of life, regardless of level of intensity.

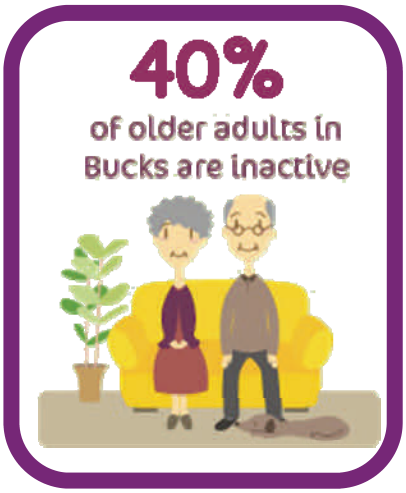
By the age of 70, in England 25% of women and 7% of men lack the leg strength to get out of a chair without using their arms. Older people should do activities to improve balance and strengthen the thigh muscles and arm muscles to avoid falls. Being active also helps reduce osteoporosis and thus makes older people less likely to fracture their bones if they fall. Even amongst the frailest of older people, small amounts of physical activity will promote blood flow and help prevent blood clots in the leg veins, pressure sores and other complaints.

How active should older people be?

Recommendations:

- ★ Older people (65 and over) should aim to be active daily.
- ★ Over a week, activity should add up to at least 150 minutes at a moderate intensity.
- ★ Older adults should also undertake physical activity to improve muscle strength on at least two days a week and those at risk of falls should incorporate physical activity to improve balance and coordination on at least two days a week.
- ★ All older adults should minimise the time spent sitting for extended periods.

How active are older people in Buckinghamshire?



The Active People's Survey 2013 shows that 45% of people aged 65+ in Buckinghamshire report achieving at least 150 minutes of physical activity each week which is better than the national average of 38%.

40% of the 65+ population in Buckinghamshire achieve less than 30 minutes of physical activity each week which is better than the national average of 47%.

In Buckinghamshire, 50% of men aged 65+ are active, compared to 42% of women. 42% of women are inactive compared to 39% of men.

What is happening in Buckinghamshire?

Programmes such as Simply Walk offer opportunities for older adults to participate in a range of guided walks with different distances/difficulty on a regular basis in sociable settings. In fact, 56% of those that access the Simply Walk programme are aged 65+.

For those who have more problems with walking or standing, chair-based exercise (CBE) is an ideal alternative, with a strong evidence-base to support participants to progress from sit to stand exercise.

To ensure some of our most vulnerable and inactive older adults have the opportunity to access regular physical activity, Buckinghamshire Public Health commissioned free CBE training to staff from 15 residential care settings across Buckinghamshire.

Regular CBE sessions were then subsequently delivered to residents in those settings on a weekly basis. The training offered teaches care home staff to be knowledgeable and competent in delivering the 22 exercises that make up the evidenced based 'Sit Tall, Stand Strong' CBE programme.

Delivery of CBE training to other residential care settings across Buckinghamshire is due to be delivered in 2016/17.

As part of the Active Bucks programme (see Active Communities, page 42), funding from the Department of Communities and Local Government has enabled the development of a targeted campaign to encourage Buckinghamshire residents aged 60-70 to create a 'pension for your body' through increasing the amount of regular physical activity they undertake – particularly walking. More information can be found at http://www.buckscc.gov.uk/healthy-living/active-bucks/pension-for-your-body/ .

In addition, many of the Active Bucks activities developed in collaboration with Local Area Forums (LAFs) will provide new opportunities to engage older adults in regular physical activity. Examples include:

Yoga & Pilates in Denham and Fulmer

Gentle exercise in Marlow and Stokenchurch

Dance in Princes Risborough

Nordic Walking in High Wycombe

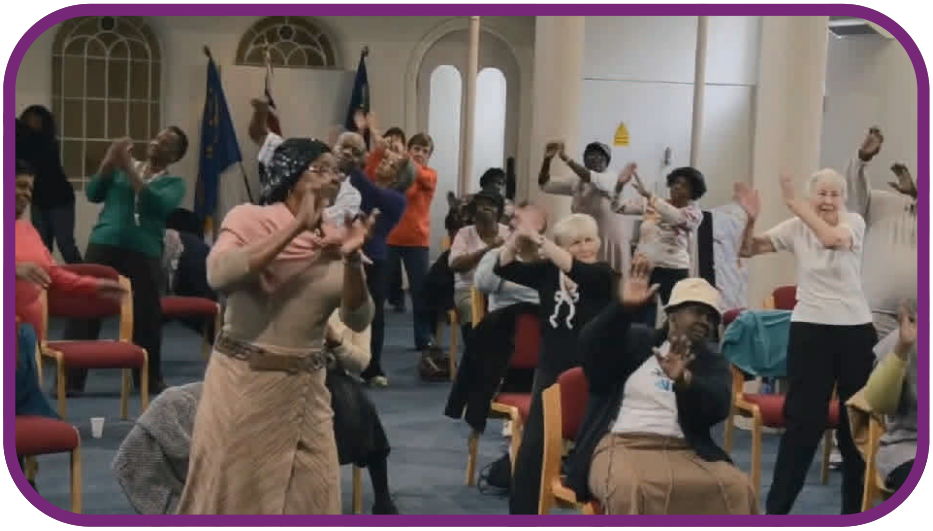
Walking Football in Burnham and Stoke Poges

The Movers and Shakers programme is an award winning health and wellbeing initiative that supports older people to stay fitter for longer. Members attend weekly sessions that encourage a healthier lifestyle.

A typical session consists of an hour of physical activity: Zumba Gold, Jazzercise or Tai chi, an hour of social activities and a healthy lunch in a communal setting. There are:

- ★ 5 sessions in Aylesbury
- ★ 7 sessions in Wycombe
- ★ 2 sessions in Chesham

New sessions have started in Gerrards Cross, Burnham, Stoke Poges, Farnham Common and Iver.



Movers and Shakers getting together for an exercise session (Source: Bucks New University)

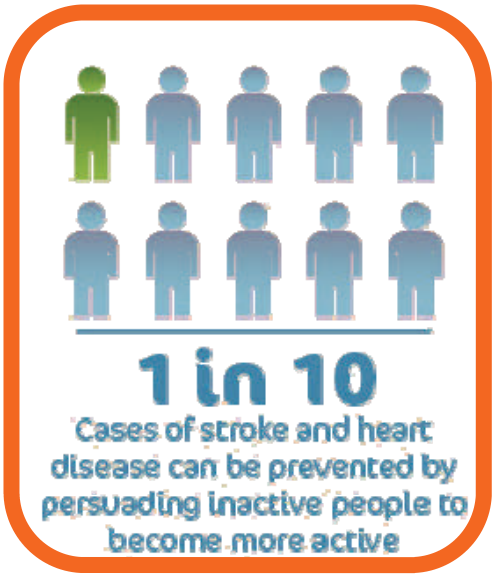
More information can be found by visiting:
http://bucks.ac.uk/research/research_institutes/idrics/Current_Projects/movers-and-shakers/

Being Active Each Day Keeps the Doctor Away

Introduction

Increasing physical activity levels will significantly improve both physical and mental wellbeing, reduce death rates and improve life expectancy in Buckinghamshire.

Physical inactivity has been estimated to cause 17% of all deaths and is a major risk factor for a wide range of health conditions. Active adults have a 25-35% reduced risk of premature deaths from all causes, this rises to a 50% or greater reduction if objective measures of fitness are used rather than the self-reported activity levels.



Long term conditions such as heart disease, stroke, diabetes, cancer and depression account for approximately 70% of health and social care spending. The prevalence of these conditions increases with age but staying physically active reduces the risk of these conditions by 30-50%. Physical activity is also an effective part of treatment for many long term conditions.

Inactive people go to the GP more often, have more nurse visits and spend almost 40% longer in hospital than active people.

Dr Stephen Murphy says *"I'm trying to get all my patients to get moving a little more each day, because even a small increase in activity makes a difference - and the more we do, the greater the benefits. As a GP I could sit in my room all day without needing to walk very far. Instead I don't use the phone for internal calls, I go and seek out the individual I need to speak to in person; I always collect my patients from the waiting room at the surgery instead of sending a message to the TV screen; I walk an extra half a mile a day doing that."*

The benefits of physical activity on health have been well documented and follow a dose-response relationship i.e. a small amount of physical activity is good but more is better. The greatest health benefits are achieved in those who are inactive and begin to undertake even a small amount of physical activity.

Local GPs recommend activity to their patients and follow the same advice themselves.

Dr Annet Gamell, local GP and Chief Clinical Officer for Chiltern Clinical Commissioning Group CCG) keeps active by *"walking my grandson to school, playing football with him in the garden, parking at furthest part of car parks, using stairs instead of lifts, making time for brisk walking and gardening whenever possible i.e. cheap and cheerful activities. I talk about these to all my patients and tell them 30 minutes of physical activity 5 times a week can reduce risk of heart attack, stroke and dementia more than any tablet I can prescribe."*

Nationally physical inactivity costs the NHS an estimated at £1.06 billion based on national cases of heart disease, stroke, diabetes, colorectal cancer and breast cancer (all conditions that are potentially preventable or manageable through physical activity). This is a conservative estimate, given the exclusion of other health problems that physical activity can help manage and prevent including osteoporosis, falls and high blood pressure.

The total cost of inactivity further increases when considering the wider economic costs. These include sickness absence, estimated at £5.5 billion per year, and the premature death of productive people of working age from 'lifestyle-related' diseases, estimated at £1 billion per year.

Dr Karen West, a local GP and member of the Buckinghamshire Health and Wellbeing Board says *"When the Buckinghamshire Health and Wellbeing Board was first created, physical activity was the first priority we focused on as a board. Through the presentation of evidence regarding the benefits of physical activity at this board, my behaviour changed, both personally and professionally. I now focus on physical activity as part of my family life and I promote it through my work as a GP. I believe strongly in the value of physical activity and widely advocate it as part of prevention and treatment strategies."*

Physical activity and its impact on common health problems in Buckinghamshire
In Buckinghamshire, the commonest causes of death are cardiovascular disease and cancer, accounting for 29% and 30% of overall deaths respectively. The commonest causes of disability in Buckinghamshire are diseases of musculoskeletal system such as arthritis, mental health problems and long term conditions such as heart disease, stroke, diabetes, depression and cancer. Being physically active is a very effective way to prevent and reduce the impact of over 20 common chronic conditions. If activity were a pill, it would be one of the most cost-effective drugs ever invented.

Physical activity and cardiovascular disease
Cardiovascular disease includes a range of conditions including coronary heart disease and stroke, and is one of the commonest causes of death in Buckinghamshire accounting for 29% of all deaths in Buckinghamshire between 2010 and 2014.

Physical inactivity carries a similar risk of increasing cardiovascular disease as smoking and high blood pressure. Regular physical activity reduces the risk of developing cardiovascular disease by 35% and best results are obtained by meeting the CMO's recommendations of 150 minutes a week of moderate intensity physical activity.

Physical activity also has a positive effect on the risk factors for cardiovascular disease including high blood pressure, high cholesterol levels, and high blood sugars. Adults who are inactive have a 30% higher risk of high blood pressure than active adults and aerobic activity reduces blood pressure levels in people with "normal" blood pressure and with high blood pressure.

There is a close response relationship between physical activity and reduction in death from cardiovascular disease, ie a small amount of physical activity is good but more is better. Just 1 hour of walking per week reduces risk of death from cardiovascular disease. Inactive patients with cardiovascular disease should be able to participate in some activity by starting at 10 minutes walking a day and then slowly introducing other activity. Inactive men who become active at 50 years old can halve their risk of death from cardiovascular disease at the age of 60 years compared to those who remained inactive.

Similar results are found in women who become active later in life. After a heart attack, if a patient receives cardiac rehabilitation that includes physical activity, their risk of dying is reduced by 20-30%.

Local consultant cardiologist Dr Piers Clifford says *"There is no doubt in my mind that physical exercise is crucial in preventing the development of cardiovascular disease and in rehabilitating patients who have already suffered from a cardiac event. At Buckinghamshire Healthcare NHS Trust we have developed an award winning cardiac rehabilitation program. The exercise program within this is the main factor in allowing heart attack patients to regain their confidence, lose weight, stop smoking and generally feel better about themselves. Patient feedback has been incredibly positive and over 90% of them now continue to exercise even after they have been discharged. The success of this program has encouraged us to consider developing a program for individuals at high risk of developing cardiovascular disease. It is my firm belief that we should consider exercise in the same way we see medical drugs - if we can deliver an adequate dose on a regular basis we will see a disease changing response."*

Physical activity and cancer

Cancer is the commonest cause of death in Buckinghamshire accounting for 30% of all deaths between 2010 and 2014. It accounts for 44% of all deaths under 75 years. The four commonest cancers that account for over half (53%) of all new cases of cancer in the UK are breast, lung, prostate and bowel cancer. Breast cancer is the most common cancer in the UK, despite the fact that it is rare in men. In men, prostate cancer is the most common form of cancer.

Physical activity has a strong protective effect against breast and colon cancer and a moderate effect against prostate and lung cancer. Those who are active have a 20% lower risk of developing colon and breast cancer. Physically active women also have a 27% lower risk of developing endometrial cancer.

Physical activity also reduces the risk of dying from cancer. Evidence suggests that women reaching the equivalent of the recommended minimum levels of physical activity (i.e. 150 minutes of moderate intensity activity per week) had a 40% lower risk of breast cancer recurrence, and 40% lower risk of dying from breast cancer compared to women who were active for less than one hour a week. Undertaking the recommended levels of physical activity reduces the risk of dying from prostate cancer by 30-40%. Undertaking physical activity for 6 hours a week decreases the risk of dying from colon cancer by 50%.

There is increasingly strong evidence that physical activity can help prevent and manage the side effects caused by cancer and its treatment. Tiredness and lack of energy is one of the troubling symptoms of cancer or its treatment. Evidence shows that keeping active during and after treatment of cancer improves or prevents the decline of physical function without increasing fatigue. Physical activity, during treatment, has been shown to have a positive effect on anxiety and self-esteem. Following treatment, quality of life, depression and anxiety is significantly improved in people continuing to be active. In advanced cancer, physical activity can help maintain independence and wellbeing.

Dr Nicholas Bates, Consultant in Clinical Oncology, Buckinghamshire Healthcare NHS Trust says *"There are many benefits from being more physically active. It can give a sense of greater wellbeing and confidence, helps in weight control and reduces the risk of developing some types of cancer. When people need treatment for cancer, maintaining physical activity helps them cope with side effects more easily and maintain a good quality of life."*

For this reason the Macmillan Cancer Support charity has called physical activity "the underrated wonder drug" and in its report Move More recommends that physical activity should be part of standard NHS care for cancer because of its beneficial impact on the side effects associated with cancer and its treatment. They recommend that every patient with cancer should be offered a brief intervention on physical activity to encourage people to gradually build up to 150 minutes of physical activity per week supported by goal setting and written resources. They also recommend that clinicians are trained in behaviour change techniques such as motivational interviewing to help people become more active. It has a range of useful resources on its website to help people with cancer get more active.

Physical activity and diabetes

Diabetes is one of the most common long term conditions and there are currently 23,865 people known to have diabetes in Buckinghamshire. The prevalence of diabetes in Buckinghamshire is predicted to increase by 42% by 2025. Diabetes can have a significant impact on individuals and their families.

The commonest type of diabetes is Type 2 diabetes which is associated with being overweight or obese and leading a sedentary lifestyle. Type 2 diabetes increases the risk of coronary heart disease by five-fold and stroke by three-fold and is a major cause of blindness and limb amputation and often leads to a 10 years reduction in life expectancy. Type 2 diabetes is more common in people of Asian, African, Afro-Caribbean, Middle Eastern and Chinese descent. Physical inactivity is a major factor increasing the risk of diabetes and physical activity reduces the risk of developing diabetes by up to 50%. If all inactive people were to become active 13% of cases of Type 2 diabetes in the UK could potentially be prevented.

There is also good evidence to suggest that Type 2 diabetes can be prevented or delayed in people with pre-diabetes. There is strong evidence that in those patients with pre-diabetes, increased physical activity and a good diet can reduce the incidence of type 2 diabetes by 58%.

Physical activity improves blood glucose control in Type 2 diabetes and this may lead to a reduction or even discontinuation of medication in a proportion of patients. Physical activity is also important in reducing the risk of complications in Type 1 diabetes.

Consultant Diabetologist, Dr Henrietta Brain says *"Regular physical activity can improve insulin resistance and improve diabetes control even in the absence of weight loss. Exercise can also aid weight loss which can improve diabetes control and slow down the progression of Type 2 diabetes."*

In 2014-15 Buckinghamshire CCGs spent over £23 million on treating diabetes and over £7 million on prescribing medicines for diabetes.

Physical activity and lung diseases

Chronic obstructive pulmonary disease (COPD)

Physical activity improves cardiorespiratory health by improving breathlessness and a person's ability to get on with their life. Physical activity is the strongest predictor of life expectancy in patients with COPD and exercise training via pulmonary rehabilitation can help improve functional capacity and quality of life. Encouraging even the smallest increase in daily levels of physical activity can

bring significant benefits for patients with COPD. Where there is no formal exercise programme the physician can use clinical judgement to recommend moderate intensity exercise (eg light walking) for a total of at least 20-30 minutes a day broken down into bouts of 10 minutes. For every four people who receive pulmonary rehabilitation including physical activity after an exacerbation of their COPD, then one hospital admission will be prevented and for every six people receiving pulmonary rehabilitation one death will be prevented.

Breathlessness caused by COPD can cause anxiety and as a result many people reduce the amount of activity they do. In the long term, this physical inactivity not only increases people's chance of developing heart and circulation problems but it leads to a feeling of being tired, unfit and even more breathless. Starting and maintaining regular activity can improve breathing and make day to day activities easier.

Asthma
Similarly people with asthma feel anxious about exercising because it can make them feel breathless but having asthma doesn't mean they can't exercise. Exercising regularly has a long list of physical and emotional benefits and it can help patients cope better with their asthma.

Physical activity and depression
Active adults are 20% to 33% less likely to develop depression than inactive adults. There is evidence that regular physical activity not only reduces the risk of developing depression by up to a third but can also be used as an effective part of treatment for depression for some people.
150 minutes of moderate activity and/or 75 minutes of vigorous activity is recommended with possible greater benefit from being outdoors in green space. Activity also improves the tiredness and other symptoms of depression.

Physical activity and dementia
There is consistent evidence that physical activity in mid-life reduces the risk of dementia in later life by up to 30%. Leading a physically active lifestyle can also have a significant impact on the wellbeing of people with dementia. Physical activity improves the quality of life for people in all stages of the condition and may improve memory and slow down mental decline.

Evidence suggests that in adults with subjective memory impairment, a 6 month program of physical activity provided a modest improvement in cognition over an 18 month follow up period.

Physical activity and musculoskeletal problems
Osteoarthritis can cause pain and stiffness in joints. This is often accompanied by muscle weakness which can increase joint problems. There is good evidence that people who undertake moderate physical activity have a lower risk of developing osteoarthritis.

Regular moderate physical activity not only helps to prevent the development of osteoarthritis but also reduces pain and increases function in patients with existing hip or knee osteoarthritis and improves quality of life and confidence. Moderate activity also increases the quality of cartilage and muscle strength. The effect of physical activity on pain is similar to the treatment effect of non-steroid anti-inflammatory drugs (NSAID).

Lack of physical activity is also associated with low bone mineral density and increased risk of osteoporosis in later life. Women can lose up to 20% of their bone mass in the 5 to 7 years after menopause and this can result in higher incidence of osteoporotic fractures in women as compared to men. Regular aerobic, weight-bearing and resistance exercise training has been shown to have a positive effect on the bone mineral density of the spine in post-menopausal women. Walking is effective for hip bone mineral density .

Rheumatoid arthritis also causes inflammation, pain and swelling of joints. Overall, moderate levels of activity have no ill effects on joints and importantly it has a positive effect on reducing the risk of osteoporosis.

Staying physically active can both prevent and treat lower back pain. There is good evidence that physical activity can prevent lower back pain in asymptomatic individuals. There is moderate evidence that physical activity can prevent further recurrence of lower back pain.

Physical activity improves muscle strength, balance and coordination, all of which reduce the risk of someone falling. Being more active has consistently been proven to reduce the risk of falls by 30-50%.

The role of the health and social care professionals

The NHS Five Year Forward View highlights the importance of preventing ill health saying "*the future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health. Twelve years ago Derek Wanless' health review warned that 'unless the country took prevention seriously we would be faced with a sharply rising burden of avoidable illness. That warning has not been heeded -and the NHS is on the hook for the consequences.'*

Given the huge importance of physical activity to people's health and its role in maintaining independence, both health and social care professionals should consider how they can promote physical activity to the people they come in contact with. There is good evidence from NICE guidelines that there is an increase in the self-reported physical activity levels in people who received brief advice, or who were seen by primary care professionals trained to deliver brief advice.

Best practice involves staff identifying inactive people using a standard question and using a brief intervention to motivate patients to become more active. A brief intervention consists of:

- ★ Identifying the inactive patient and use your clinical judgement to assess suitability
- ★ Exploring how they might change their behaviour
- ★ Helping to find suitable activities locally
- ★ Goal setting, feedback and reinforcement.

Brief interventions are most effective when clinicians are involved, but can be carried out by different members of the healthcare team.

As this chapter has shown physical activity has very beneficial effects for a wide range of conditions and should be a routine part of the advice offered to patients and clients of health and social care services.

Creating Active Environments

Finding time to be active in our busy lives can be a challenge and success is more likely if we can incorporate being active into our daily routines such as travelling to work or the shops, or socialising with friends and family. Creating environments that help and encourage people to be more active as part of daily life doesn't just make people healthier, but also contributes to those areas being wealthier, safer, greener and friendlier.

Healthier
Urban design affects residents' levels of physical activity and therefore their health. Areas that encourage people to walk and cycle more for travel have healthier residents than areas where urban design doesn't encourage active travel. Urban sprawl encourages more car use and studies have shown that significant increases in urban sprawl cause an increase in health problems which is equivalent to the population ageing by 4 years.

Walking or cycling regularly is a great and simple way to stay healthy, and are activities that can be built into everyday life. According to the World Health Organisation Economic Assessment Tool (HEAT), if all adults in Buckinghamshire walked for 30 minutes every day, this would lead to a reduction in death rates across the population of 14%. If we could encourage all Buckinghamshire adults to undertake an average of 30 minutes of cycling every day, this would lead to a reduction in the risk of death across the population by 21%. So the message seems to be - burn calories not carbon!

Wealthier
People, who walk, cycle or use public transport to travel into town tend to spend more money in shopping streets than car users. Promoting walking and cycling can boost trading by up to 40%. Walkability and easy proximity to local shops and services is associated with higher property values. Improvements to the design and maintenance of streets that encourage people to walk and cycle can increase property values and retail rents by up to 30%.

Delays from congestion have been estimated to cost £10.9 billion per year in England and the best way of reducing congestion is to help people switch from cars to other modes of transport, such as public transport, cycling and walking.

Safer
Active cities have less crime and fewer pedestrian and cyclist injuries. Marked bicycle lanes can reduce vehicle-bicycle collisions by up to 50%.

Greener
Air pollution has a significant public health impact in the UK with an effect equivalent to 29,000 deaths a year. The main cost of air pollution comes from the impact on health, which was estimated to be between £8.5 billion and £20.2 billion a year in England in 2009.

Exposure to high levels of particulate matter from vehicle exhausts and other sources in the air we breathe (eg during short term pollution episodes) can exacerbate lung and heart conditions, significantly affecting quality of life and increasing deaths and hospital admissions. Children, the elderly and those with pre-existing lung and cardiovascular disease are known to be more susceptible to the health impacts from air pollution.

In Buckinghamshire, 5.3% of all adult (30+) deaths every year can be attributed to particulate air pollution which amounts to around 205 deaths. This is similar to the England average of 5.3% and the south east regional average of 5.2%. This varies across the district council areas in Buckinghamshire, from 5.1% in Aylesbury Vale to 5.8% in South Buckinghamshire.

Air pollution also causes significant damage to the environment. Car travel is estimated to cost £1.2 to £3.7 billion due to greenhouse gas emissions (2009). Short car journeys of less than 5 miles account for 20% of all car-related carbon dioxide emissions. Encouraging people to walk or cycle for some of these journeys will help reduce air pollution.

Friendlier
Active environments strengthen communities by connecting residents with one another. People who live in environments that encourage people to walk or cycle rather than use the car and are active outdoors have a stronger sense of community and feel more positive about the places they live. Attractive open public spaces encourage people to use those spaces and can help reduce loneliness and improve social integration.

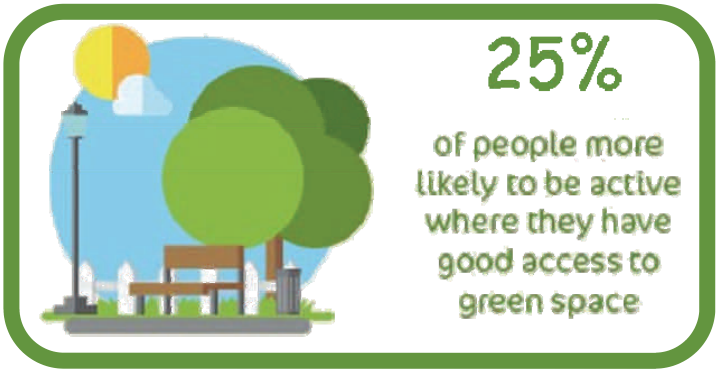
The benefits of green space

Giving everyone the opportunity to enjoy greater access to safe, green spaces and reconnect with nature has multiple benefits for physical and mental health at all ages from the earliest years to old age.

Many studies have shown the importance of incorporating green spaces e.g. parks, tree-lined streets and green communal spaces into the design of towns, cities and housing developments.

In addition, access to “blue spaces” e.g. open water, streams, ponds, canals, rivers is also good for health and wellbeing, and although there are currently fewer studies, blue space also appears to have a positive effect on mental wellbeing.

Studies have shown that those living near green spaces are more likely to be physically active and that the presence of nature influences perception and motivation for physical activity. People make more walking trips to shops or cafes when they perceive there are many natural features along the route including roadside trees. In less green neighbourhoods people judge distances to be further than they actually are which may discourage walking.



The creation or improvement of a park or open spaces was shown to lead to a 25% increase in nearby residents exercising on 3 or more days a week and a 48% increase in physical activity. Physical activity in green spaces appears to offer additional health benefits compared to physical

activity in indoor settings with a greater positive effect on mental health.
Another study estimated that every 10% increase in green space is associated with a reduction in disease equivalent to gain of 5 years of life.

The presence of green spaces in urban areas can also help reduce health inequalities. Urban green spaces offer a free, accessible environment in which to be active to those who cannot afford to pay for leisure activities. A study across England showed that people who lived closer to greener environments had death rates 25% lower than people living further from green spaces even after taking account other factors such as income and deprivation.

Studies have found the health benefits of urban green spaces are most marked among the elderly, housewives and people from lower socio-economic groups.

Benefits of green space at different ages

Children

The ability to participate in outdoor play is one of the most important social benefits of green spaces for children and young people. Open spaces enable children to develop imagination and creativity and interact with the natural environment. Play enables children to socialise and meet others from different backgrounds, bridging cultural and socio-economic divides. Adventurous outdoor play such as climbing, rough and tumble play, and exploring improves children's physical health while also helping them develop creativity, social skills and resilience. Playing in green spaces has also been found to lessen the symptoms for children with attention deficit hyperactivity disorder (ADHD).

Green spaces also offer opportunities for teenagers to be more active. Physical activity levels decline in girls at adolescence. Studies have found that girls participated in more non-school physical activity if nearby parks with shaded areas were available. Girls' activity rates more than doubled in areas conducive to walking.

There is also an association between exposure to green spaces at school and cognitive development in primary school children. Researchers found that exposure to green spaces within and around schools promoted enhanced mental abilities and also reduced inattentiveness.

Green spaces also have benefits for the health of economically disadvantaged children where studies have found that children living in areas with more green space were less likely to be obese and overweight than children living in areas with less green space over a 2 year period.

Adults

Exposure to green spaces and the natural environment also benefits adults. Adults living in areas with the highest levels of greenery were 3 times as likely to be physically active and 40% less likely to be overweight and obese than those living in the least green settings.

Studies have shown that exposure to green spaces improves mental wellbeing and reduces stress. For example residents living in housing with nearby trees and grass were more able to cope with major life issues compared to those with homes surrounded by concrete. Clinical studies have shown that within 5 minutes of viewing a nature setting positive changes occur in blood pressure, heart rate, muscle tension and brain activity occur and that people who walked in a nature reserve

showed a fall in blood pressure and also reported an increase in positive emotions. In people with depression exercising in natural environments was associated with greater feelings of positivity, increased energy and decreases in tension, confusion, anger and depression compared to being indoors. Caring for the natural landscape improves self-reported health and depressive symptoms especially in mid-life volunteers. Outdoor activities also improve exposure to sunlight which is important for strong bones and improving sleep. Studies have also shown that having views of nearby nature can improve worker productivity and reduce stress.

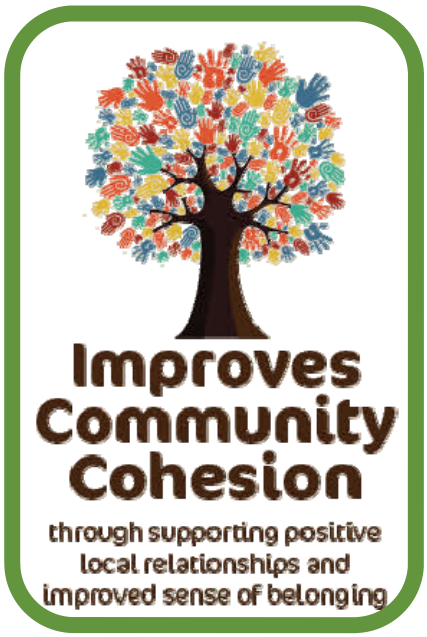
Older people
Physical activity improves the health and wellbeing of older people. Research has shown that older people who lived near parks, tree-lined streets and space for taking walks showed greater longevity over a 5 year period. Studies in Japan of forest walking have found that this boosted immunity, lowered stress indicators and reduced depression.

Studies have also shown potential benefits of gardening for healthy ageing as physical health was better and perceived stress levels decreased significantly among those aged 50-88 years who maintained a community garden plot compared to those who exercised indoors.

People with dementia who have access to gardens have improved socialisation and sleep, less agitation and are less likely to display aggression or experience injuries. Quality of life measures for people with dementia, their families and staff appear to improve at long term care facilities with therapeutic gardens.

Benefits of green space to communities

Strong social ties in a community are good for the people that live there. Communities where residents have high levels of community trust and connectedness have better health on a range of indicators. Neighbourhoods lacking positive social connections have higher rates of social disorder, anxiety and depression and crime. Children and young people in close-knit communities are less likely to participate in health harming behaviours. Older people with strong social connections have lower rates of early death, reduced suicide rates, less fear of crime and better physical health.



Well designed environments can facilitate the building of well-connected communities. Good natural landscaping encourages greater use of outdoor areas by residents and well managed green common spaces are very important in promoting the development of social ties.

Studies have shown that more social activities occurred in green common spaces than treeless spaces of the same size. Older adults who have more exposure to green common spaces report a stronger sense of unity among residents and a stronger sense of belonging to the neighbourhood.

There is less graffiti, vandalism and littering in outdoor spaces with natural landscapes than in comparable plant-less spaces and residents in these areas also report fewer acts of domestic aggression, property crime and violence.

What works?
We can encourage people to be more active by making sure that the environment they live in makes this easy and appealing and by addressing any barriers to being active. Attractive, safe, welcoming and accessible environments which are traffic free, e.g. tree lined streets and parks encourages physical activity, walking and cycling. Conversely neglected streets, playgrounds and public spaces, may stop people from wanting to use these areas.

Other barriers to physical activity include a lack of confidence to cycle, particularly if there are no designated cycle lanes and lack of suitable places to lock up bicycles or wash and change upon arrival at school or work .

It is important to create liveable, green developments that prioritise walking and cycling by considering the design of the environment, the open public spaces and how people move around the community. Providing practical support such as information about the options (including public transport links to support longer journeys), routes, cycle parking and individual support available is essential.

Public Health England, in collaboration with University College London Institute of Health Equity, has outlined what works to increase access to areas of green space:

- ★ **Creating new areas of green space and improving the quality of existing green spaces**
- ★ **Increasing accessibility and engagement:**

  Innovative strategies to encourage people to try green spaces and motivate them to venture outdoors can help to improve usage of green space.
- ★ **Increasing the use of good quality green space for all social groups**

How are we doing in Buckinghamshire?

Active Travel
Buckinghamshire has high levels of car ownership and car travel. 87% of households have access to one or more cars compared to 82% in the South East and 74% nationally. Since the 2001 census, there has been an increase in the ownership of vehicles with more households owning four or more cars and a decrease in those owning only one car. In Buckinghamshire only 13% of households don't have access to a car compared with 27% nationally, reflecting the economic affluence and rural nature of much of the county.

According to the 2011 Census, the majority of journeys to work in Buckinghamshire are made by car. Approximately 43% of people travel to work by car, higher than the national average of 35%.

Driving to work by car has increased by 8% since 2001; however, there has also been an increase in use of other transport modes for journeys to work with use of public transport seeing a significant increase of 35% and a modest increase in cycling and walking of 6%. Buckinghamshire has only 6% of people travelling to work by sustainable transport compared to 9% in the South East region. Data from 2013-14 shows that Buckinghamshire has similar rates of adults cycling once per week for recreational purposes to the South East average (6.5% compared to 6.4%); but lower rates of adults cycling once a week for utility purposes (3.8% compared to 5.6%). For utility purposes, rates of cycling are highest in Wycombe and lowest in Chiltern (5.4% and 2.1%) and for recreational purposes, rates are highest in South Buckinghamshire and lowest in Wycombe (10.3% and 4.6%).

Schools across the county are encouraged to promote safe and sustainable travel to pupils and families on the school journey through a variety of ways. School travel planning work has led to an increase in active travel on the school journey from 40% in 2010 to 54% in 2014.
Buckinghamshire County Council and the 4 District Councils work closely together to try to ensure all new developments encourage safe walking, cycling and physical activity.

Examples of this include cycle routes around Marlow, along the Aylesbury Arm of the Grand Union Canal, work on the High Wycombe to Bourne End Bridleway and planning to ensure appropriate access and facilities for walkers and cyclists at the new railway station at Winslow.

The cycle network across the county continues to grow, ranging from on-road routes such as the Chilterns Cycleway and Sustrans National Cycle Network to the Gemstone Routes off-road network which covers Aylesbury Town.

Councillor Mark Shaw, Cabinet Member for Transportation says *"Cycling and walking are key modes of travel for shorter journeys, not only to improve the health and wellbeing of our residents but also to help reduce congestion and the negative impact on air quality within Buckinghamshire. We are working hard to promote and facilitate increased walking and cycling through providing new and improved infrastructure, training and incentives. We have recently secured government funding which will see over £3 million of new shared used paths implemented over the next 2 years to create safe routes to rail stations. We have a number of other exciting bids in development and hope to deliver even more positive schemes in the future to help ensure that walking and cycling become a regular form of people's daily travel behaviour".*

Green spaces in Buckinghamshire

Buckinghamshire has a rich and varied landscape offering lots of opportunities to be active in beautiful surroundings. This includes the Chilterns Area of Outstanding Natural Beauty, the Colne Valley Regional Park and the rolling scenery of the Vale of Aylesbury and several Royal Hunting Forests e.g. Bernwood Forest and Whaddon Chase. Opportunities to be active in "blue spaces" include the River Thames and Grand Union Canal.

There are over 3000 kms (2000 miles) of public footpaths, bridleways and byways, in Buckinghamshire and over 800 acres of beautiful park land in our country parks. Currently only 28.8% of Buckinghamshire residents aged 16+ access areas of local green space for health and/or exercise reasons. Due to the wealth of opportunities across Buckinghamshire to access green space, there is clearly scope to increase this proportion through accessible, attractive, fun opportunities to be active locally and publicising more widely the opportunities that already exist.

Councillor Warren Whyte, Cabinet Member for Planning and Environment says *"Being a rural county with the Chilterns Area of Outstanding Natural Beauty at its heart, Buckinghamshire has a lot of green space for its residents to enjoy.*

We have an abundance of green infrastructure ranging from formal parks, Rights of Way, canals and rivers, and we are working to ensure that these are well-connected to communities so that they are easily accessible. We are working very closely with developers so that new developments across Buckinghamshire incorporate active environments within their design, and also link into existing green spaces which surround them. It is vital that our residents have the opportunity to lead active lifestyles, our current (and future) green infrastructure across the county provides the environment for this to happen."

Green space means health project
People living in the most deprived urban areas are less likely to live near green spaces and may therefore have fewer opportunities to experience the health benefits of green space compared with people living in less deprived areas.

The Buckinghamshire and Milton Keynes Natural Environment Partnership (NEP) worked with the Buckinghamshire Public Health Team and key officers from each of the district councils, to develop a project to help increase use of green spaces in urban areas in Buckinghamshire. Three areas of green space were selected: Aylesbury Riverside Walk (Aylesbury), Windsor Road Recreation Ground (Chesham), Gomms Wood Local Nature Reserve and Highfield and Hangingcroft Woods (High Wycombe).

Working with residents, the sites were assessed to highlight strengths and opportunities for improvement . Key points raised by local residents to increase usage included:

- ★ Improved awareness of local opportunities to be more active
- ★ Increased opportunities to be active in the green spaces that enable increased community cohesion (e.g. community events) and increased physical activity
- ★ Increased provision in the green spaces that enable residents to be more active in their own time (e.g. measured distance markers; activity trails)
- ★ Encourage greater walking and cycling as a means to access the green spaces and as part of group activities starting from/ending at/within local green spaces
- ★ Continue to engage local residents around key areas of green space to ensure provision continues to reflect local need
- ★ Deliver activities that provide tailored approaches to engaging specific inactive groups
- ★ Local action plans have been developed for each area, some of which will be addressed through the Active Bucks project (see Active Communities, page 42).

Opportunities to be active outdoors in Buckinghamshire

There are many opportunities to be active outdoors in Buckinghamshire suitable for a wide range of preferences and abilities only a few are highlighted below.

Simply Walk
Walking has been described as near perfect exercise. It is free, acceptable to most people, requires no special equipment, can be incorporated into everyday life and has significant health benefits. Simply Walk is a programme of over 60 volunteer-led health walks for adults in order to get them active and connect with other people. The walks run throughout the year with over 500 walkers taking part every week. Between 1st April 2014 and 31st March 2015 2,260 people walked with Simply Walk - a 6% increase on the previous year.

Approximately a quarter of Simply Walk participants are aged 45-64 years and half are over 65 years old.

The following map shows where the walks are located (start points) in relation to the 19 Local Area Forum (LAF) areas across Buckinghamshire. More information can be found on the Simply Walk webpage (www.buckscc.gov.uk/simplywalk) and several new walks will be starting as part of the Active Bucks project in the following 7 LAF areas, to take place in venues and on days/times that don't duplicate existing walks: Chepping Wye Valley, Great Brickhill, Wing and Ivinghoe, High Wycombe, The Chalfonts, Waddesdon, Wendover, Winslow.

Buckinghamshire Simply Walk Locations showing Local Area Forums (LAF) Boundaries

Simply Walk in Buckinghamshire

Simply Walk—Julia's story

"I had long wanted to express my appreciation for the Simply Walk programme. Three years ago I was fit and active, in work and a member of the Ramblers, walking 7-10 miles every Sunday. In April 2013 I injured my back and have been off work since then, having to resign from my job last summer as I was (and still am) unable to sit down without considerable pain and discomfort.

Since the injury I became incredibly depressed, frightened and in pain, spending most of my time housebound and lying down. However one day last April, feeling slightly better I tentatively joined the Tuesday Bedgrove Health Walk (wearing my TENS machine) I was made very welcome, and continued with these walks for a few weeks until progressing to the Friday ones and also the Wendover, Stone and Haddenham ones.

Sometime after than I was able to join some of the shorter ramblers' walks. I still have pain, which fluctuates, but my general wellbeing has improved greatly. The benefits of walking in the countryside and the friendship of the other walkers all contribute to this. All the leaders are very kind, caring and welcoming and I am extremely grateful.

So again, many thanks for such a brilliant scheme."

Simply Walk—Jean's story

"By taking such an interest I feel you have given me back a bit of myself. Having a chronic illness and being severely deaf with the horrible tinnitus noise in my head can be very isolating. Walking helps me relax too and I forget the noise.

As I told you I think a walk helps us mentally as well as physically and my spirits were lifted by people taking an interest in the poetry. We forget our problems and get stronger at the same time."

Chiltern Rangers
Chiltern Rangers delivers practical woodland management and advice in Buckinghamshire. The scheme works with local communities to conserve and enhance the local environment.
It operates in and around the Chilterns Area of Outstanding Natural Beauty. The programme manages 13 woodlands, including 3 Local Nature Reserves for Wycombe District Council.

The scheme benefits the volunteers, communities and the environment. Studies have shown that volunteers benefit from improved physical and mental health and can help improve employment prospects. Communities benefit from an improved natural environment and reduced flooding risk.

There are many opportunities to volunteer with Chiltern Rangers, for example: working in practical conservation, office administration, marketing, social media and other areas. If you would like to volunteer some of your time please visit http://www.chilternrangers.co.uk/.

Chiltern Rangers volunteers in woodlands (Source: Chilterns Rangers)

Lindengate
Lindengate is a Buckinghamshire-based charity that offers specialised gardening activities from their base in Wendover to help those with mental health needs in their continuing recovery. Lindengate offers a wide range of gardening/horticulture activities so that users can spend time in a managed, calm and safe environment, either singly or in small groups, working towards recovery.

Alongside professional and self-referrals, Lindengate actively recruits volunteers to support service delivery. More information can be found by visiting: http://www.lindengate.org.uk

(Source: Lindengate website photo courtesy of http://davidpoolephotographer.com/)

Berks, Bucks and Oxon Wildlife Trust
The Berks, Bucks & Oxon Wildlife Trust protects wildlife and enhances iconic landscapes across the three counties. They look after 86 nature reserves, run events, speak up for wildlife and inspire thousands of children to discover the joys of the natural world.

Many of the opportunities on offer involve being physically active, including work on allotments with local communities, conservation activity and cycling.

More information can be found on their website: http://www.bbowt.org.uk/

Pond Dipping with Berks, Bucks and Oxon Wildlife Trust, by Robert Lewis

Walking Football
Walking football is aimed at those who are over 55 years of age. It has the same rules as normal football, except players are not allowed to run. The game relies on accurate passing, good positional play, and strong tactical knowledge.

Walking football takes place in various locations across Buckinghamshire and, along with details of other activities, can be found by visiting the Leap website and accessing their online activity search – www.leapwithus.org.uk.

(Source: Image from the Department of Health and Make Sport Fun http://www.makesportfun.com)

Parkrun
Parkrun are fun, free weekly events organized by volunteers. They are open to everyone and are safe and easy to take part in. The course is 5000 m (5 km) long. Park Runs are available in: Aylesbury, Buckingham, Rushmere, Wycombe Rye and Black Park. Further information is available on http://www.parkrun.org.uk/buckingham/.

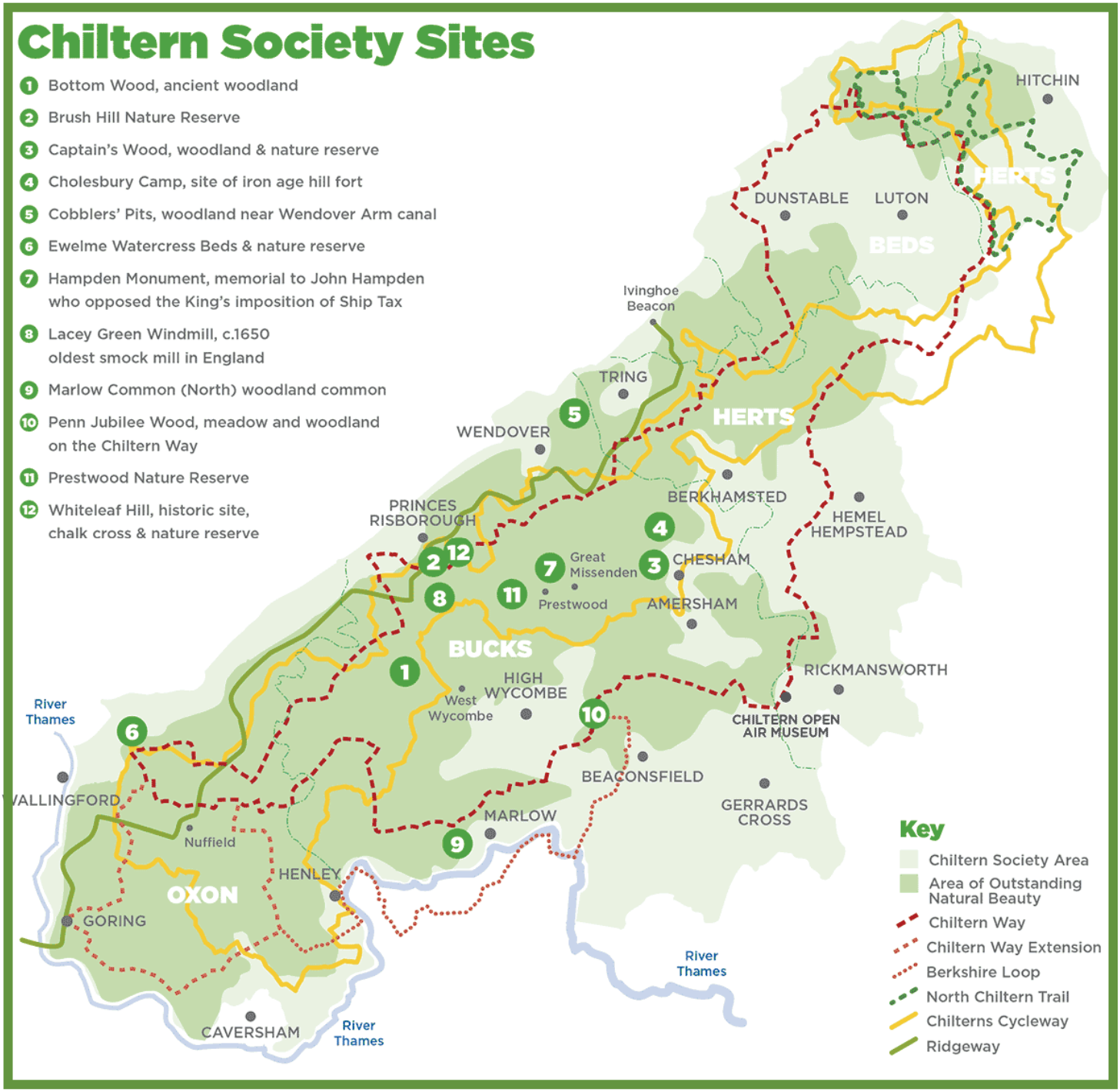
Junior Parkrun is a series of 2 km runs for children aged 4 to 14 years old held in areas of open space around the UK. They are open to all, free, and are safe and easy to take part in. The courses are marshalled so that children will be in sight of at least one marshal at all times. Junior Parkrun takes place in Buckingham and Aylesbury.

Further information can be found by contacting Buckingham-juniorsoffice@parkrun.com and aylesbury-juniorsoffice@parkrun.com.

(Source: R. Denley)

For more details of physical activity opportunities in Buckinghamshire visit the Leap website www.leapwithus.org.uk.

Chilterns Cycleway project
The Chilterns Cycleway is a 170 mile (274 km) circular route in the Chilterns Area of Outstanding Natural Beauty, linking attractions, market towns and places of interest. The route is on road, mostly on quiet lanes and clearly signposted to encourage cycling amongst the population.



(Source: Chilterns Cycleway 2015)

Active Communities

We know that one of the best ways to get more people more active is if it becomes part of the fabric of everyday life and part of the "social norm" in all communities. To do this takes time and a huge shift in attitudes but change on such a scale is possible . To change attitudes and behaviour at a local level it is crucial that we involve all communities in Buckinghamshire. The evidence shows that the best ways to achieve sustainable change is to listen to the ideas of residents and involve them in helping to design solutions to increase activity levels.

Different communities across Buckinghamshire have different health needs and aspirations and so as far as possible we need tailored solutions for each community. If we want to change behaviours in communities we also know the most successful agents of change are those from the communities themselves.

This evidence has guided the approach to the design of our Active Bucks programme which aims to get more people engaged in physical activities in the communities in which they live.

Councillor Martin Phillips, Cabinet Member for Community Engagement and Public Health says *"I'm a firm believer in the strength of our communities and the importance of physical activity so I'm delighted to be supporting a community oriented approach to improving physical activity in Buckinghamshire. Being more active is one of the best things we can do for ourselves, our families and our communities so I would urge our residents to get out there and have some fun being active. I would also encourage people to join in the activities we have commissioned as part of the Active Bucks project and even volunteer to be community champions for physical activity."*

Active Bucks

The Active Bucks programme aims to increase levels of activity in all communities in Buckinghamshire, particularly the least active. It aims to harness the ideas of local residents about what would work in their community to help more people to be more active and respond to these ideas by commissioning more local opportunities to be active.

Active Bucks
move more, feel great!

t also provides residents with opportunities to become more involved in helping people become more active by becoming community champions for activity. Community champions receive training and can help promote activities in their local area or even volunteer to lead activities if they wish.

The first phase of the programme took place from May to September 2015 when we worked closely with our 19 Local Area Forums (LAFs – see map page 36) and other partners across Buckinghamshire to ask local residents about their levels of activity, what currently stops them being as active as they could be and what would help get them more active. A process of asset mapping was also undertaken to identify existing assets in each LAF area so that we could build on these.

The residents' ideas were then used to help decide on what new activities would be delivered in each of the 19 local areas.

Between May and September 2015, 2,063 residents were engaged through surveys and conversations at interactive workshops and public events. A wide range of people responded the following infographic shows the breakdown of age groups of those who responded.

19% of respondents had a disability or long term condition. 16% responding said they did less than 30 minutes physical activity a week and 55% did more than 30 minutes but less than the recommended 150 minutes a week.

When we asked residents what was stopping them being more active more than 90% of residents said access to suitable opportunities was a barrier, more than two thirds of residents said time was a barrier and more than 60% of residents said cost was a barrier. Residents also identified potential solutions to these issues. Residents suggestions for improving access included more information about local activities, more activities for beginners, activities that welcome new people, activities with people of own age/ability and activities that helped with childcare. The most popular solutions addressing time barriers were shorter activities and activities after 5pm and to address cost were low cost activities and pay as you go activities. This information was used to commission the new activities.

One of the main aims for this project is to encourage inactive people (ie those undertaking less than 30 minutes activity per week) to be more active, as this is where the greatest health gains can be made. The solutions identified by this group were similar to the findings overall. This group identified that shorter activities and those happening after 5pm, low cost activities and pay as you go activities and activities aimed at beginners would be of most value.

The top 5 activities residents said they would like to participate in were community group walks, activities in the park, yoga/pilates, dance, and swimming. The top 5 were similar among different groups but inactive residents also favoured community led cycling rides. Black and minority ethnic groups also favoured a similar top 5 with the addition of community gardening and conservation.
The top 5 activities young people would like to engage in were team sports, activities in the park, swimming, martial arts/self defence and running/jogging group sessions.

The top 5 motivations cited by residents for being more active were to feel fitter, get healthier, enjoyment/fun, feel better about myself and lose weight. The top 3 motivations for young people were enjoyment/fun, get healthier and opportunity to meet others.

The Active Bucks programme has a multi-agency steering group that includes District Councils, Buckinghamshire County Council transport, social care and communities services and our County Sports Partnership Leap to help ensure we can maximise the opportunities to get residents moving more and feeling great.

Based on residents' responses, each LAF has chosen activities to be delivered in its area. The table below sets out the activities identified that will start from May 2016 in each area:

LAF	Chosen Activity
Amersham	Activities for children and young people
Beaconsfield	Activities for children and young people
Beeches	Walking football
	Tea dance
Buckingham	Activity in the parks
Chepping Wye Valley	Community group walks
Chesham and Chiltern Villages	Activity in the parks
Gerrards Cross and Denham	Yoga/Pilates
	Community group walks
Great Brickhill, Wing and Ivinghoe	Community group walks
Greater Aylesbury	Activity in the parks
Haddenham and Long Crendon	Activities for children and young people
High Wycombe	Community group walks
	Activity in the parks
North West Chilterns	Dance
SW Chilterns and Marlow	Gentle exercise (yoga/pilates/tai chi/seated)
The Chalfonts	Community group walks
The Missendens	Activity in the parks
Waddesdon	Community group walks
Wendover	Community group walks
Wexham and Ivers	Activity in the parks
Winslow and District	Community group walks
	Yoga/Pilates

In addition to the LAF activities above, based on the feedback from residents and the strong evidence base for increasing physical activity through better use of local green spaces, there will be a range of fun and engaging projects delivered from May 2016 to September 2017 with a focus on green spaces.

Details of all activities will be available on the Active Bucks pages of the Buckinghamshire County Council website, as well as on the Leap online activity search. More information about the Active Bucks project can be found by visiting www.buckscc.gov.uk/activebucks

To help us engage less active residents in physical activity, we also carried out two projects funded by the Department for Communities and Local Government. One project worked with people aged 60-70 years and the second project worked with Asian women to identify key messages that people from these communities thought would help encourage their peers to be more physically active and these messages will be used to help promote physical activity to these groups.

There are many other opportunities for people to be active in Buckinghamshire and we cannot provide an exhaustive list in this report. Leap www.leapwithus.org.uk has a list of searchable opportunities and District Councils also have a key role in providing sport and leisure opportunities to residents.

Other opportunities to be active

District Councils:

Aylesbury Vale
Aylesbury Vale District Council (AVDC) offers a wide range of opportunities to be more active, whether through their 3 local leisure centres, or various projects to engage key target groups.

Their broad offer can be found at:
https://www.aylesburyvaledc.gov.uk/section/sports-clubs

AVDC were successful in securing funding from Sport England to deliver the 3 year Active Vale project - helping women and girls aged 14-40 across the Vale to be more active, more often. Based on local research undertaken, Active Vale will deliver a range of activities across the area starting with netball, swimming and gym-based activity from early 2016.

More information can be found at:
https://www.aylesburyvaledc.gov.uk/active-vale-active-women

Chiltern and South Bucks
Chiltern District Council and South Bucks District Council, through Greenwich Leisure Limited (GLL), deliver a number of opportunities for residents to engage in regular physical activity. Whether it is at their 7 local leisure centres, team sports, extreme sports or activities for older people, there is something for everyone.

GLL also offer exercise referral programmes for patients with a long term health condition, and support residents aged 65+ that have had a fall through use of Postural Stability Instructors as part of the Better Balance programme.

More information can be found at:
http://www.chiltern.gov.uk/article/897/Sport-Physical-Activity-and-Leisure

Wycombe
Wycombe District Council offer a range of opportunities for residents to get active, including through their 4 local leisure centres (including the brand new Wycombe Leisure Centre) and a wide range of provision offered by Active-In, a team commissioned by Wycombe District Council to increase activity levels of residents across the district.

One element offered by Active-In is their support to local sport and activity providers, particularly through their Sport Education Week which supports the sport and physical activity workforce across Wycombe.

More information can be found at:
http://www.wycombe.gov.uk/council-services/leisure-and-culture/sports.aspx

Summary and Recommendations

It is clear from this report that if we could increase physical activity levels across Buckinghamshire there would be a huge range of benefits to residents' health and quality of life, communities, businesses, the environment and the taxpayer. Buckinghamshire would be healthier, happier, wealthier, safer and greener.

To increase physical activity we need action across a wide range of organisations and settings in Buckinghamshire – local government, the NHS, schools and colleges, businesses, communities and residents themselves. We need to ensure that we promote physical activity at all ages starting in the earliest years and right through to old age. It is particularly important to encourage those who are inactive (doing less than 30 minutes physical activity a week) to become more active as this group will see the greatest benefit.

My recommendations to help achieve this are set out below and will form the basis for ongoing discussions with partners about how we can bring about the best results for the residents of Buckinghamshire.

Recommendations

Active environments

Local government and partners should work to ensure that:

- ★ We make active travel a safe and attractive option for Buckinghamshire residents so they can easily build being active into their busy lives
- ★ The design of the built environment promotes physical activity for all ages and abilities including provision of safe green spaces for play and recreation close to where people live
- ★ New housing developments should be designed to promote physical activity and active travel
- ★ Green spaces in urban areas are maintained or improved, especially in areas where there is poorer access to high quality green space and higher health needs
- ★ Opportunities to be active throughout Buckinghamshire are widely promoted to residents and visitors.

Active communities

- ★ Continue to work with communities to explore how best to make physical activity part of the social "norm" for that community, ensuring community ownership and engagement that can help bring about the changes needed.

Communities can also help by supporting and participating in local activities to help ensure they are sustainable. People can also become physical activity Community Champions as part of the Active Bucks programme to help promote physical activity opportunities in their community.

More information on Community Champions is available at:
http://www.buckscc.gov.uk/community-champions

Local organisations and other bodies such as housing trusts and parish councils should consider whether there are more ways they could help their communities be more active.

Children and young people

- ★ Buckinghamshire County Council, early years centres and schools should continue to work together to ensure all settings are able to deliver physical literacy skills to 3-7 year old children.
- ★ Buckinghamshire County Council should continue to work with young people and their families, schools and other partners to ensure more children and young people are physically active particularly in the teenage years.

Working age adults

- ★ Local businesses and employers should explore whether they could help more employees become more active e.g. through increasing active travel, greater awareness of opportunities to be active, participation in the Workplace Challenge initiative or by volunteering to support community activities. NHS organisations and local government as very significant local employers have a key role in this area.

Older adults

- ★ Local organisations should continue to develop more opportunities for older adults to access regular group-based physical activity opportunities as a vital way to maintain health and independence and social networks.
- ★ Ensure design of the built environment supports older people to be more active.
- ★ Ensure that more residential care settings develop more opportunities for older adults to participate in regular evidence based physical activity that will help prevent falls and maintain physical and mental health.
- ★ Social care services and commissioners should consider how best to support frontline staff in encouraging older people to be more active.

Health services

- ★ Ensure the promotion of physical activity is a major part of the “radical upgrade in prevention” that the NHS has to deliver by
- ★ Ensuring physical activity is a key part of the care planning discussions with patients and that patients can be signposted to appropriate local physical activity opportunities
- ★ Commissioning clinical services that offer consistent physical activity advice as part of the treatment discussions with patients including services for people with diabetes, heart disease, cancer and musculoskeletal services
- ★ Continuing to commission appropriate clinical services such as cardiac rehabilitation and pulmonary rehabilitation with evidence based physical activity components.
- ★ Ensure appropriate training for the workforce to ensure they are skilled and confident in brief behaviour change advice, motivational interviewing and providing advice about physical activity to the people they are caring for.

Residents

- ★ Residents should consider how they could build more activity into their daily lives to reap the benefits of a more active life.

PUBLIC HEALTH OUTCOMES GRID - BUCKINGHAMSHIRE - Appendix to the Director of Public Health's Annual Report 2015 [See Notes & Metadata for details]

DOMAIN	REF. NO.	INDICATOR	UNIT	YEAR	BUCKS (Number)	BUCKS Value	SOUTH EAST Value	ENGLAND Value	TREND Spark Lines	CIPFA Rank 1=Best
Overarching	0.1i	Healthy Life Expectancy - Males	Years of life	2011 - 13	x	68.23	65.56	63.27		1
	0.1i	Healthy Life Expectancy - Females	Years of life	2011 - 13	x	69.13	66.72	63.95		1
	0.1ii	Life expectancy at birth (Male)	Years	2012 - 14	x	81.4	80.5	79.5		4
	0.1ii	Life expectancy at birth (Female)	Years	2012 - 14	x	85.0	84.0	83.2		1
	1.02i	School readiness: % Children achieving good level of development at the end of reception	Percentage	2014/15	4,364	68.36	70.08	66.26		4
	1.09i	Sickness absence - % Of Employees who had at least one day off in the previous week	Percentage	2010 - 12	x	2.71	2.51	2.50	N/A	14
	1.10	Killed or seriously injured casualties on England's roads	Rate per 100,000	2012 - 14	675	43.60	47.92	39.26		9
Wider Determinants	1.12ii	Violent crime including sexual violence - violence offences per 1000 population	Rate per 100,000	2014/15	3,864	7.49	12.72	13.54		3
	1.18i	Social Isolation - % Of Adult social care users who have as much social contact as they would like	Percentage	2014/15	x	45.40	47.10	44.80		9
	1.17	Fuel poverty	Percentage	2013	15,492	7.50	8.12	10.39		3
	CYPi	Children in care	Rate per 10,000	2014	445	37.75	47.56	59.83		4
	CYPii	Low birth weight of babies - All	Percentage	2013	423	7.3	6.8	7.4		13
	2.06i	Excess weight in 4-5 year olds (NCMP)	Percentage	2014/15	1,090	18.63	20.32	21.89		2
	2.06ii	Excess weight in 10-11 year olds (NCMP)	Percentage	2014/15	1,377	26.69	30.06	33.24		1
	2.14	Smoking prevalence in adults	Percentage	2014	x	15.12	16.59	17.99		4
	2.12	Excess weight in adults	Percentage	2012 - 2014	x	62.63	63.39	64.59	N/A	2
	2.13ii	% Adults reporting as physical inactive (<30 mins of moderate to high intensity physical activity/week)	Percentage	2014	544	20.88	25.44	27.73		2
	2.17	Recorded Diabetes	Percentage	2014/15	25,116	5.86	5.68	6.37		n/a
Health Improvement	2.18	Admission episodes for alcohol-related conditions(narrow) - Persons	Rate per 100,000	2013/14	2,148	431.59	524.81	645.13		1
	2.20i	Cancer screening coverage - Breast	Percentage	2015	45,703	79.90	76.80	75.40		2
	2.20ii	Cancer screening coverage - Cervical	Percentage	2015	102,872	75.87	74.68	73.45		5
	2.20iii	Cancer screening coverage - Bowel	Percentage	2015	43,522	57.27	59.19	57.09	N/A	15
	2.22iv	% Of eligible population aged 40-74 offered an NHS Health check who received an NHS Health check	Percentage	2013/14 - 14/15	29,251	43.79	43.18	48.93	N/A	10
	2.23iii	Self-reported wellbeing - People with a low happiness score	Percentage	2014/15	x	7.7	7.97	8.95		7
	CYPiii	Self harm in children: Hospital admissions as a result of self-harm 10-24yrs	Rate per 100,000	2013/14	220	243.23	422.57	412.07	N/A	2
	2.08	Emotional wellbeing of looked after children SDQ scores: <14=Normal 14-16=Borderline 17+=Causeconcern	Average score	2013/14	x	13.00	14.60	13.90		n/a
	SMIi	Self harm in adults: Emergency Hospital Admissions for Intentional Self-Harm	Rate per 100,000	2014/15	691	135.13	193.11	191.43		3
	2.04	Teenage conception rate	Rate per 1,000	2013	167	17.21	20.55	24.35		5
	3.02	Chlamydia detection rate (15-24)	Rate per 100,000	2014	817	1409.40	1681.68	2012.00		4
	CYPiv	Children in care with up to date immunisations	Percentage	2014	285	90.48	84.41	87.08		3
Health Protection	3.03xiv	Population vaccination coverage - Flu (aged 65+)	Percentage	2014/15	70,895	73.14	72.13	72.74		9
	3.03xv	Population vaccination coverage - Flu (at-risk individuals)	Percentage	2014/15	27,982	50.42	49.55	50.27		5
	3.04	People presenting with HIV at a late stage of infection	Percentage	2012 - 14	36	53.73	45.29	42.23		13
	3.05ii	TB rate	Percentage	2012 - 14	136	8.78	8.44	13.52		14
	4.01	Infant mortality	Rate per 1,000	2011 - 13	69	3.80	3.34	3.98		13
	4.04i	Under 75 mortality rate from all CVD - Persons	Rate per 100,000	2012 - 14	718	55.24	64.05	75.72		1
	4.05i	Under 75 mortality rate from all Cancers - Persons	Rate per 100,000	2012 - 14	1,483	113.50	131.23	141.51		1
Healthcare & Premature Mortality	1.5.i	Excess under 75 mortality rate in adults with serious mental illness: Standardised mortality ratio	Rate per 100,000	2013/14	x	302.60	338.87	351.8		3
	4.10	Suicide rate (Persons)	Rate per 100,000	2012 - 14	123	8.35	9.02	8.94		6
	4.14i	Hip fractures in people aged 65 and over - Persons	Rate per 100,000	2014/15	532	533.90	559.68	571.34		7
	4.15iii	Excess winter deaths Index - 3 years - Persons	Ratio	Aug 2011 - Jul 2014	508	13.62	15.90	15.65		2
	HSCIC	Under 75 mortality rate from all causes - Persons	Rate per 100,000	2012-2014	3,384	257.25	300.4	337.15	N/A	1

NOTES:	
DOMAIN	Public Health Outcomes Framework (PHOF) Domain title. More information at www.phoutcomes.info
INDICATOR	Name of the indicator as listed on the Public Health Outcomes Framework or Adults and Social Care Outcomes Framework (Public Health England) or other 'fingertips' based outcomes frameworks.
YEAR	Latest available Year of data. This can be a calendar year or financial year or three-year rolling average depending on how data is reported.
BUCKS (Number)	Count or actual number of individuals or patients for the indicator for Buckinghamshire where available and published. This can be for single year or three years depending on the indicator.
BUCKS - VALUE	Buckinghamshire rate; This can be a percentage or crude rate per 1000 or per 10,000 or per 100,000 or standardised rate per 100,000 population depending on the indicator. Please see the metadata. RAG (Red, Amber or Green) status as published in the outcomes framework comparing Buckinghamshire's performance against England. Red = Significantly worse than England. Amber = Similar to England. Green = Significantly better than England. Blue or White indicates no comparison is made for that indicator. **Key** Better Similar Worse Lower Similar Higher Not Compared
SOUTH EAST - VALUE	South East England regional rate.
ENGLAND - VALUE	England rate.
TREND - SPARK LINES	Spark lines denoting trend in performance are created where atleast three data points are available for that ndicator and published on the PHOF. The CIPFA peers used as Cambridgeshire, Essex, Gloucestershire, Hampshire, Hertfordshire, Leicestershire, Northamptonshire, North Yorkshire, Oxfordshire, Somerset, Staffordshire, Suffolk, Warwickshire, West Sussex, Worcestershire. Please note that spark lines are created for indicators with minimum three data points. N/a is stated for those Indicators with trend data published for less than three data points and for indicators where there is no trend data available due to coding or other issues.
CIPFA RANK	Buckinghamshire is ranked against 15 statistically similar local authorities (LA) with regard to performance for each indicator. The LAs similar to Buckinghamshire are determined by the Chartered Institute of Public Finance and Accountancy (CIPFA) and are classed as CIPFA peers. Rank is stated as n/a where there is no value published for any of Buckinghamshire's CIPFA peers which may be due to data quality or submission issues.
Data Sources:	http://www.phoutcomes.info/

METADATA - PUBLIC HEALTH OUTCOMES - DIRECTOR OF PUBLIC HEALTH'S ANNUAL REPORT - BUCKINGHAMSHIRE 2015

Domain	No.	Indicator	Definition	Trend Data used for Spark Lines	Data Year	Unit	Age	Gender	Source: Numerator	Source: Denominator	Data Source
Overarching	0.1i	Healthy Life Expectancy - Males	Healthy life expectancy at birth: the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health.	2009-11 to 2011-13	2011 - 13	Years of life	All ages	Male	Office for National Statistics (ONS) death extracts, Annual Population Survey (APS)	ONS mid-year population estimates for the respective calendar years, Annual Population Survey sample weighted to local authority population totals.	Public Health England
	0.1i	Healthy Life Expectancy - Females	Healthy life expectancy at birth: the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health.	2009-11 to 2011-13	2011 - 13	Years of life	All ages	Female	Office for National Statistics (ONS) death extracts, Annual Population Survey (APS)	ONS mid-year population estimates for the respective calendar years, Annual Population Survey sample weighted to local authority population totals.	Public Health England
Wider Determinants	1.02i	School readiness: % Children achieving good level of development at the end of reception	School Readiness: All children achieving a good level of development at the end of reception as a percentage of all eligible children.	2012/13 to 2014/15	2014/15	Percentage	5 years	Persons	www.gov.uk/government/statistics/eyfsp-attainment-by-pupil-characteristics-2013-to-2014	www.gov.uk/government/statistics/eyfsp-attainment-by-pupil-characteristics-2013-to-2014	Public Health England
	1.09i	Sickness absence - % Of Employees who had at least one day off in the previous week	% of employees who had at least one day off due to sickness absence in the previous working week	2009-11 and 2010-12 avlb	2010 - 12	Percentage	Adults 16+	Persons	Labour Force Survey - Data provided by ONS	The weighted number of employees (aged 16+) who worked at least one day in the previous week	Public Health England
	1.10	Killed or seriously injured casualties on England's roads	Rate of people KSI on the roads, all ages, per 100,000 resident population	2009-11 to 2012-14	2012 - 14	Rate per 100000	All ages	Persons	Department for Transport	Office for National Statistics (ONS)	Public Health England
	1.12ii	Violent crime including sexual violence - violence offences per 1000 population	Crude rate of violence against the person offences per 1,000 population	2010/11 to 2014/15	2014/15	Rate per 100000	All ages	Persons	Home Office	Office for National Statistics (ONS)	Public Health England
	1.18i	Social Isolation - % Of Adult social care users who have as much social contact as they would like	% of adult social care users who have as much social contact as they would like according to the Adult Social Care Users Survey	2010/11 to 2014/15	2014/15	Percentage	18+	Persons	Health and Social Care Information Centre - Personal Social Services Adult Social Care Survey England	Health and Social Care Information Centre - Personal Social Services Adult Social Care Survey England	Public Health England
	1.17	Fuel poverty	The percentage of households that experience fuel poverty based on the "Low income, high cost" methodology	2011 to 2013	2013	Percentage	All ages	Persons	Department for Energy and Climate Change (DECC)	Department for Energy and Climate Change (DECC)	Public Health England
	CYPi	Children in care	Children looked after at 31 March (rate per 10,000 population aged under 18 years)	2011 to 2014	2014	Rate per 10000	<18 years	Persons	The figures are based on data from the SSDA903 return collected from all local authorities.	Office for National Statistics	Public Health England
Health Improvement	CYPii	Low birth weight of babies - All	% of all live births at term with low birth weight - <37 weeks gestational age at birth	2011 to 2013	2013	Percentage	>=37 weeks gest age	Persons	Office for National Statistics	Office for National Statistics	Public Health England
	2.06i	Excess weight in 4-5 year olds (NCMP)	% of children aged 4-5 classified as overweight or obese	2006/07 to 2014/15	2014/15	Percentage	4-5 years	Persons	Health and Social Care Information Centre, National Child Measurement Programme	Health and Social Care Information Centre, National Child Measurement Programme	Public Health England
	2.06ii	Excess weight in 10-11 year olds (NCMP)	% of children aged 10-11 classified as overweight or obese	2006/07 to 2014/15	2014/15	Percentage	10-11 years	Persons	Health and Social Care Information Centre, National Child Measurement Programme	Health and Social Care Information Centre, National Child Measurement Programme	Public Health England
	2.14	Smoking prevalence in adults	Prevalence of smoking among persons aged 18 years and over	2010 to 2014	2014	Percentage	18+	Persons	Integrated Household Survey	Integrated Household Survey	Public Health England
	2.12	Excess weight in adults	Percentage of adults classified as overweight or obese	Only 2012 availb	2012 - 2014	Percentage	18+	Persons	Active People Survey, Sport England	Active People Survey, Sport England	Public Health England
	2.13ii	% Adults reporting as physically inactive (<30 mins of moderate to high intensity physical activity per week)	The percentage of adults classified as "inactive"	2012 to 2014	2014	Percentage	18+	Persons	Active People Survey, Sport England	Active People Survey, Sport England	Public Health England
	2.17	Recorded Diabetes	% of QOF-recorded cases of diabetes registered with GP practices aged 17+	2010/11 to 2014/15	2014/15	Percentage	17+	Persons	Health and Social Care Information Centre (HSCIC)	Health and Social Care Information Centre (HSCIC)	Public Health England
	2.18	Admission episodes for alcohol-related conditions(narrow) - Persons	Hospital admissions for alcohol-related conditions (narrow definition), all ages, directly age standardised rate per 100,000 population European standard population.	2008/09 to 2013/14	2013/14	Rate per 100000	All ages	Persons	Calculated by Public Health England: Knowledge and Intelligence Team (North West) using data from the Health and Social Care Information Centre - Hospital Episode Statistics (HES)	Office for National Statistics (ONS)	Public Health England
	2.20i	Cancer screening coverage - Breast	% of eligible women screened adequately within the previous 3 years on 31st March	2010 to 2015	2015	Percentage	53-70 yrs	Female	Health and Social Care Information Centre (Open Exeter)	Health and Social Care Information Centre (Open Exeter)	Public Health England
	2.20ii	Cancer screening coverage - Cervical	% of eligible women screened adequately within the previous 3.5 or 5.5 years (according to age) on 31st March	2010 to 2015	2015	Percentage	25-64 yrs	Female	Health and Social Care Information Centre (Open Exeter)	Health and Social Care Information Centre (Open Exeter)	Public Health England
	2.20iii	Cancer screening coverage - Bowel	The percentage of people in the resident population eligible for bowel screening who were screened adequately within the previous 2½ years on 31 March	Only 2015 availb	2015	Percentage	60-74 yrs	Persons	Health and Social Care Information Centre (Open Exeter)	Health and Social Care Information Centre (Open Exeter)	Public Health England

APPENDIX - DIRECTOR OF PUBLIC HEALTH'S ANNUAL REPORT 2015

METADATA - PUBLIC HEALTH OUTCOMES - DIRECTOR OF PUBLIC HEALTH'S ANNUAL REPORT - BUCKINGHAMSHIRE 2015											
Domain	**No.**	**Indicator**	**Definition**	**Trend Data used for Spark Lines**	**Data Year**	**Unit**	**Age**	**Gender**	**Source: Numerator**	**Source: Denominator**	**Data Source**
	2.22iv	**% Of eligible population aged 40-74 offered an NHS Health check who received one**	Cumulative percentage of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check in the five year period 2013/14 - 2017/18	5 year data n/a	2013/14 - 14/15	Percentage	40-74 years	Persons	www.healthcheck.nhs.uk	www.healthcheck.nhs.uk	Public Health England
	2.23iii	**Self-reported wellbeing - People with a low happiness score**	% of respondents scoring 0-4 to the question "Overall, how happy did you feel yesterday?"	2011/12 to 2014/15	2014/15	Percentage	16+	Persons	Annual Population Survey (APS); Office for National Statistics (ONS).	Annual Population Survey (APS); Office for National Statistics (ONS).	Public Health England
	CYPiii	**Self harm in children: Hospital admissions as a result of self-harm 10-24yrs**	Hospital admission directly standardised rate per 100000 as a result of self-harm (10-24 years)	Single year avlb	2013/14	Rate per 100000	10-24 years	Persons	Hospital Episode Statistics (HES) Copyright © 2014	Office for National Statistics	Public Health England
	2.08	**Emotional wellbeing of looked after children**	Average difficulties score for all looked after children aged 5-16 who have been in care for at least 12 months on 31st March. *SDQ scores: <14=Normal; 14-16=Borderline; 17+=Cause for concern*	2010/11 to 2013/14	2013/14	Average score	5-16 years	Persons	www.gov.uk/government/statistics/outcomes-for-children-looked-after-by-local-authorities	Department for Education	Public Health England
	SMIi	**Self harm in adults: Emergency Hospital Admissions for Intentional Self-Harm**	Emergency Hospital Admissions for Intentional Self-Harm	2011/12 to 2014/15	2014/15	Rate per 100000	18+	Persons	Hospital Episode Statistics (HES) Copyright © 2015	Mid-year estimates - Office for National Statistics.	Public Health England
	2.04	**Teenage conception rate**	Rate of conceptions per 1,000 females aged 15-17	1998 to 2013	2013	Rate per 1000	15-17 years	Female	Office for National Statistics (ONS), Conception Statistics	Office for National Statistics (ONS), mid year population estimates	Public Health England
Health Protection	**3.02**	**Chlamydia detection rate (15-24)**	Rate of chlamydia detection per 100,000 young people aged 15 to 24	2012 to 2014	2014	Rate oer 100000	15-24 years	Persons	National chlamydia screening prgoramme - Chlamydia testing activity dataset	Resident population aged 15-24.	Public Health England
	CYPiv	**Children in care with up to date immunisations**	Proportion of children in care for at least 12 months whose immunisations were up to date.	2012 to 2014	2014	Percentage	<18	Persons	http://www.education.gov.uk/rsgateway/DB/SFR/s000842/index.shtml	Dept for Education	Public Health England
	3.03xiv	**Population vaccination coverage - Flu (aged 65+)**	% of eligible adults aged 65+ who have received the flu vaccine	2010/11 to 2014/15	2014/15	Percentage	65+	Persons	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/428972/Seasonal_Flu_	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/428972/Seasonal_Flu_	Public Health England
	3.03xv	**Population vaccination coverage - Flu (at-risk individuals)**	Flu vaccination coverage (at risk individuals aged 6 months to under 65 years, excluding pregnant women)	2010/11 to 2014/15	2014/15	Percentage	6months - 64 years	Persons	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/428972/Seasonal_Flu_	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/428972/Seasonal_Flu_	Public Health England
	3.04	**People presenting with HIV at a late stage of infection**	% of adults (aged 15+) newly diagnosed with HIV with a CD4 count <350 cells per mm^3	2009-11 to 2012-14	2012 - 14	Percentage	15+	Persons	Number of adults (aged 15 years or more) newly diagnosed with HIV infection with CD4 counts available within 91 days and indicating a count of less than 350 cells per mm^3 with known residence base information.	Integrated HIV surveillance data: Survey Of Prevalent HIV Infections Diagnosed (SOPHID), HIV and AIDS New Diagnoses Database (HANDD), and CD4 Surveillance.	Public Health England
	3.05ii	**TB rate**	Rate of reported new cases of TB per year per 100,000 population	2004-06 to 2012-14	2012 - 14	Percentage	All ages	Persons	Enhanced Tuberculosis Surveillance System (ETS), Public Health England	Office for National Statistics (ONS)	Public Health England
Healthcare & Premature Mortality	**4.01**	**Infant mortality**	Rate of deaths in infants aged under 1 year per 1,000 live births	2001-03 to 2011-13	2011 - 13	Rate per 1000	<1	Persons	Office for National Statistics (ONS)	Office for National Statistics (ONS)	Public Health England
	4.04i	**Under 75 mortality rate from all CVD - Persons**	Age-standardised rate of mortality from all cardiovascular diseases (including heart disease and stroke) in persons less than 75 years of age per 100,000 population	2001-03 to 2012-14	2012 - 14	Rate per 100000	<75	Persons	Public Health England (based on ONS source data)	ONS 2011 Census based mid-year population estimates	Public Health England
	4.05i	**Under 75 mortality rate from all Cancers - Persons**	Age-standardised rate of mortality from all cancers in persons less than 75 years of age per 100,000 population	2001-03 to 2012-14	2012 - 14	Rate oer 100000	<75	Persons	Public Health England (based on ONS source data)	ONS 2011 Census based mid-year population estimates	Public Health England
	1.5.i	**Excess under 75 mortality rate in adults with serious mental illness: SMR**	Excess under 75 mortality rate in adults with serious mental illness	2009/10 to 2013/14	2013/14	Rate per 100000	<75	Persons	HSCIC	HSCIC	Public Health England
	4.10	**Suicide rate (Persons)**	Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population	2001-03 to 2012-14	2012 - 14	Rate per 100000	All ages	Persons	Public Health England (based on ONS source data)	ONS 2011 Census based mid-year population estimates	Public Health England
	4.14i	**Hip fractures in people aged 65 and over - Persons**	Age-sex standardised rate of emergency admissions for fractured neck of femur in those aged 65+ per 100,000 population	2010/11 to 2014/15	2014/15	Rate per 100000	65+	Persons	Hospital Episode Statistics (HES), Health and Social Care Information Centre	Local Authority estimates of resident population, Office for National Statistics (ONS)	Public Health England
	4.15iii	**Excess winter deaths Index - 3 years - Persons**	Excess Winter Deaths Index (3 years, all ages)	Aug 01-Jul 04 / Aug 11-Jul 14	Aug 2011-Jul 2014	Ratio	All ages	Persons	Annual Public Health Mortality File (ONS)	Annual Public Health Mortality File (ONS)	Public Health England
	HSCIC	**Under 75 mortality rate from all causes - Persons**	Age-standardised rate of mortality from all causes in persons less than 75 years of age per 100,000 population	Only 2011-13 & 2012-14 available	2012-14	Rate per 100000	<75	Persons	Office for National Statistics (ONS), original cause of death data	ONS 2011 Census based mid-year population estimates	Health and Social Care Information Centre

PUBLIC HEALTH OUTCOME INDICATORS' GRID - BUCKINGHAMSHIRE

Health & Wellbeing Board Buckinghamshire

Title	Update on Healthwatch Bucks Achievements 2015/16
Date	26th May 2016
Report of:	Healthwatch Bucks
Lead contacts:	Jenny Baker OBE (Chair of the Board of Directors)

Purpose of this report:
To update the Board on Healthwatch Bucks achievements during 2015/16 and strategic priorities for 2016/17. An update will be provided on these key achievements and priorities at the meeting.

Recommendation for the Health and Wellbeing Board:

To note and comment on the update at the meeting on 7 June.

Background documents:
Dignity in Care Annual Review 2015/16 (attached)
Healthwatch Bucks Achievements 2015/16 presentation (tabled)

healthwatch Bucks

A Review of our Dignity in Care

Enter & View Visits to Adult Care Homes

July 2015 - March 2016

A snapshot of what we observed or were told during our visits to 20 care homes in Buckinghamshire

April 2016

1. Executive Summary:

Introduction

Over a seven month period we spoke to 109 residents, 17 visitors and 80 staff and observed further 213 residents, 2 visitors and 95 staff in 20 adult care homes across Buckinghamshire.

Summary of key findings

All the care homes visited were rated 3-5 stars with no challenging behaviour seen or issues necessitating any calls to the Adult Safeguarding Board. There were some excellent examples of dignity in care together with a few poor ones. The latter were often as a result of low staff numbers or a high proportion of agency staff who did not know the individuals in the care home.

Impact

We have given 206 individuals an opportunity to tell us about dignity in care whilst living, visiting or working in a care home. Changes such as bespoke staff training being arranged, personalising doors in a learning disabled home and the heating thermostats being checked in another location have been immediately made as a result of our reports. Other changes, such as more activities being organised or refurbishment, have been acknowledged by care home managers as being as changes needed in the short term. One care home has also met with Buckinghamshire County Council's Quality in Care team to ensure that residents are encouraged to be as mobile as they are able to and ensure hoists are moved to the appropriate parts of the home when needed.

Our 20 reports are online and have attracted comments from others involved with the homes, enabling us to provide a more rounded view of each location, which we hope will help people make choices about the care they may need.

Overall Recommendations

Every home and its' residents are different and so most recommendations have been made in the individual reports. However, looking across all our visits this year we can recommend that:

- A consistent, preferably permanent, staff are employed
- Homes are encouraged to introduce more I-pads etc. which opens up the world via skype, accessing music or news or enhancing a hobby for residents
- More emphasis should be placed on enabling individuals to be as mobile and independent as possible
- Activities organised should be as personalised as possible to encourage participation
- More involvement by some homes with their local community

Lessons Learned

More electronic communication with care homes seems to generate better engagement and a quicker response so this will now be our preferred communication tool. We have also met fewer visitors than expected no matter what day or time we visited. In future, order to gather more of their feedback, we will ask care homes to put up a poster, encouraging them to contact us directly.

Next steps

We will aim to visit at 24 different adult care homes, using Enter & View, in the next twelve months endeavouring to build in any lessons learned and continue to collect the experiences of those living and working in care homes in the county. We will also endeavour to build on our pool of volunteers providing this lay perspective on Buckinghamshire care homes.

2. Background

Buckinghamshire County Council has commissioned Healthwatch Bucks to report on the way that dignity is considered where social care is provided in Buckinghamshire. The aims of the project are to:

- Give service users and their carers a voice about their views and experiences of dignity
- Make recommendations for improvements and highlight good practice
- Publically share information to help people make choices about the care they may need

3. How we have done this in 2014-15

Healthwatch Bucks recruited and trained thirteen volunteers, who, with the project manager, visited 20 adult care homes, chosen by Buckinghamshire County Council. These care homes are located across the county and range from those providing care for individuals with learning disabilities (3), physical disabilities (2),to others providing residential (7), or nursing (8) care for older people or those living with dementia.

Each Enter and View visit for this project was unscheduled in that Healthwatch Bucks only wrote to each care home up to 2 weeks prior to our visit. We notified them of our intention to visit but not the time and date in that two week period.

On arrival we asked to see the person in charge before we spoke to anyone in the care home and took their advice on whether any residents should not be approached due to their inability to give informed consent, or due to safety or medical reasons. Between 2-4 authorised representatives went on each Enter & View visit and reported what they saw and heard. We observed and talked to residents, visitors and staff, depending on who was around, about dignity in care. We explained why we were there and asked the manager to pin an explanatory form to the noticeboard subsequently. Healthwatch Bucks postcards were also left to encourage individuals to contact us about any health or social care experience. At the end of the visit, we discussed the findings with the provider if a senior member of staff was available. We have ensured that views have been reported anonymously and where this was not possible we have not included the response in any report. A draft report was then sent to each provider, and 30 days given to respond prior to the final report being published.

You can see each individual report here http://www.healthwatchbucks.co.uk/dignity-care-reports-0. We have only reported what was seen and / or heard during the time of our visit and no CQC or other reports were read prior to any visit.

What is Enter & View?

Healthwatch Bucks was established in April 2013. It has a number of statutory functions and powers, one of these being the power to Enter & View publically funded health and social care services. The duty on providers, to allow us entry, only applies to the communal parts of care homes. As such, we did not see personal care being provided in individual's bedrooms although we did talk to some residents in their rooms where we were invited to do so by them.

Healthwatch Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they will be reported to Buckinghamshire Safeguarding Adults Board. None were raised in relation to any visit in this report.

4. What we found

During our visits to these 20 care homes, we talked to 109 residents, 23 visitors and 80 members of staff. We also observed a further 190 residents, 2 visitors and 95 members of staff.

We have summarised what we found across all these visits below, but a high level summary, by care home, can be found in Appendix 1.

How People are Treated

"the staff are ever so good"

On the whole, we found residents and staff were treated in a dignified way. Most addressed each other by name and the correct one of voice was used. In many care homes, we saw that staff had time to chat to the residents although in others this was not the case. Where there was a higher level of agency staff care, there seemed to be less interaction. It was in these homes where we were told statements like "the staff do their best". In 2 homes, there were no staff present for over an hour during our visits. In some homes however, we were told of examples of small extra requests or saw caring gestures which showed personal centred care in action. Several care homes also had regular meetings with residents and relatives which were appreciated. Only in one care home were we told of a reluctance to report complaints.

"they are open and constructive (meetings)"

"the food's smashing"

Personal Choice

There was a range of choices dependent on which home we visited. However, all provided options at mealtimes and most provided pictorial as well as written menus where appropriate. In some homes, residents were more involved than in others in choosing what was available to eat. There were a range of drinks given in a variety of receptacles and many care homes encouraged their residents to participate as much as possible in the life of the home. In the homes where we saw I-pads in use, individuals were able to skype relatives, follow the news or watch films giving them a wide range of access to life outside the home without necessarily leaving it.

In some homes, residents chose to have breakfast in bed whilst in others residents, on the whole, chose not to come downstairs before lunch. Residents in all homes seem to have a choice about staying in their rooms or getting more involved in communal activities. The location of a home, in proximity to local transportation, often governed how involved the residents with the local community unless there was a minibus and or relatives / volunteers to help.

"I can have my room decorated how I like"

"My dad flourishes here"

"I help order food online"

Just Like Being at Home

Where we saw them, all bedrooms were personalised with furniture and or photos in every home. Most communal areas were warm with only one dining room that was too hot and two lounges which were cool. The gardens were all accessible and many had bird feeders, lakes with ducks as well as having their own birds, cats or rabbits or else encouraging pets to visit. In all homes except one, which did not have a dining area, residents would eat their meals around the table together or in small groups. In homes where individuals lived with dementia, we frequently saw memory boxes on or near bedrooms as well as nostalgic mementos in the corridors or in lounges. In 5 homes, we saw evidence of individuals being helped to maintain their independence for example, by being encouraged to walk rather than being pushed in a wheelchair, helping to fold napkins, laying the table or going out. However, some felt they did not have the flexibility they might have if they lived in their own homes. In 2 homes, there was a very strong smell of urine.

"I'm encouraged to do things; I do what I can."

"Some afternoons, we don't do anything, just sit here like zombies"

Privacy

On the whole, we saw good examples of privacy where medical conditions were not discussed in front of others, personal care was given behind closed doors and there was a mixture of bedroom doors open and closed in every home. However, in one home we were told that staff sometimes knock and enter immediately and forget to wait for a response before walking in. In another, clothes were not always well adjusted when individuals were being hoisted in the lounge.

Quality of Life

"the next pub lunch is in a fortnight."

Although we witnessed very few activities being undertaken during our visits, we were told of a wide range of opportunities available. Some people took up these whilst others were not interested in communal activities. Other residents sometimes perhaps needed reminding about what they might be able to do. Some care homes need to review periodically what they offer to ensure it appeals to as many of their residents as possible.

In one home though, a resident did say that the home seems to promise more activities than actually take place. In another, there was a concern about what activities were available when the day centres were closed in the school holidays and in another there were no activities in the morning. Others looked at each individual and tried to accommodate their interests and wishes. A couple of homes ensured that residents could go to a local gym. In another, we saw a member of staff playing four in a line with a resident, and others took individuals clothes shopping or to a café. The elderly ladies we talked to all liked having their hair and nails done.

"I am happy here"

5. Limitations

There were a few circumstances where we were unable to report certain evidence because the individual concerned would have been easily identifiable in any report. It is important that we maintain the anonymity of those who talk to us.

In addition, several care home managers chose not to respond to our draft report within 30 days so we have been unable to publish their feedback. They were all contacted again at the start of 2016 to ask if they would like to give us any feedback for this report but none of them responded. Although this was 25% of the managers, 2 of these homes were rated 5 star so perhaps the managers did not feel they needed to respond.

6. Impact

We have given 206 individuals an opportunity to tell us about dignity in care whilst living, visiting or working in a care home. Changes have resulted following our visits although some of these are small and some longer term. The immediate changes made, that we have been told about, include bespoke staff training being arranged, personalising doors in a learning disabled home and the heating thermostats being checked in another location. Other changes, such as more activities being organised or refurbishment, have been acknowledged by care home managers as being as changes needed in the short term. One care home has also met with Buckinghamshire County Council's Quality in Care team to ensure that residents are encouraged to be as mobile as they are able to and ensure hoists are moved to the appropriate parts of the home when needed.

Our 20 reports are online and have attracted comments from others involved with the homes, enabling us to provide a more rounded view of each location, which we hope will help people make choices about the care they may need.

7. Overall Recommendations

Every home and therefore the people who live and work there are different and so most recommendations have been made in the individual reports. However, looking across all our visits this year we can recommend that:

- A consistent, preferably permanent, staff are employed in every home to help everyone provide, and/or live in a place where, dignified care.
- Care homes should be encouraged to introduce more I-pads etc. to opens up the world via skype, accessing music, news or other apps. as well as enhancing or introducing a hobby.
- A higher priority should be placed on enabling individuals to be as mobile and independent as possible whether this is maintaining physical suppleness or remaining involved with the local community
- Activities organised should be as personalised as possible to encourage participation. This means that they need to be reviewed regularly and discussed with the homes' residents.
- More involvement by some homes with their local community. Some homes have found that not only does this benefit residents by getting them involved in outside activities but it can also bring them friendship and also volunteers into the home.

8. Lessons Learned

- Letters we sent often got 'lost' under paperwork or were not prioritised. Several managers or senior staff did not seem to recollect having seen any letters about our visit but all did allow us to enter the home on the day. Unfortunately, draft reports also seemed to be treated in the same way and several that we posted received no feedback from the manager in the following 30 days. We found that emailed draft reports did get to the provider and generated a response (often in less than a week). In future, all draft reports will be e-mailed and we will look to e-mail and post our initial letters notifying care homes of our forthcoming visit.
- We spoke to fewer visitors than expected because in some care homes there were none and frequently only one no matter what time or day we visited. Leaving postcards with freepost envelopes has increased comments after our visit and these have been posted on our website next to the relevant report. In future, we will send out a poster (as well as freepost envelopes & postcards) with the notification letter and ask managers to get visitors to feedback to us prior to our visit.

9. Next Steps

Our individual care home reports continue to be located on the Healthwatch Bucks website http://www.healthwatchbucks.co.uk/dignity-care-reports-0 They have been sent to various members of Buckinghamshire County Council, Aylesbury and Chiltern CCGs as well as the CQC. We also actively encourage GPs and their PPGs to publicise these via their noticeboards and / or websites. This summary report will also be sent to these bodies as well as to other interested parties.

We will continue to visit adult care homes, using Enter & View, in the next twelve months endeavouring to build in any lessons learned and continue to collect the experiences of those living and working in care homes. What about what we do with the overall recommendations – pass to QIC team, BCC? Get a response from them to include here?

10. Acknowledgements

We would like to thank all the residents, their visitors and staff in every care home we visited for sharing their experiences of care with us and allowing us into their home. Our thanks also extends to all thirteen of our Enter and View volunteers for their time, thought and all their hard work on this Dignity in Care project.

Please note that these Enter and View visits show a brief snapshot view of the home at a particular point in time, looking particularly at 'dignity and care '.Our reports are not a representative portrayal of the experiences of all residents and staff, only an account of what was seen and heard at the time. Healthwatch Bucks recommends that all potential beneficiaries and their families carry out a thorough personalised visit before making any decisions about a care home.

Appendix 1 - Summary of Findings

Care Home & date visited	Findings	Recommendations	Impact
Avondale 10.07.15	★★★★★ -very high standards of care with regard to dignity -staff told us they enjoyed working there -visitors & residents told us of highly individualised care	-periodically suggest residents move to underutilised locations such as the garden and quiet rooms -regularly review the temperature in communal rooms	The manager agreed that the report was factually accurate and had no other comments to make.
Buckingham Road 25.01.16	★★★★ -a calm relaxed environment which felt like a home -residents supported to participate in a wide range of activities	-increase signage internally using pictures to identify toilets, the office, individual's bedrooms etc.	Manager's response: "…during your visit we were redecorating our hallway so had removed all signage… just while the paint dried. All of these are now in place. Since your visit though we have planned a project for the guys to individualise their bedroom doors …"
Birchwood 02.07.15	★★★★ -high standards of care with regard to dignity & respect -staff were patient and treated each resident as an individual -wide range of group and individual activities	-contact Choice Support to involve residents as Experts By Experience.	The manager said that the report was fair and objective. "…The principles of person centred care underpin everything we do here and dignity is at the heart of our care. We strive to keep getting feedback and pride ourselves on improving as a result of it."
Cherry Garth 14.11.15	★★★★ -few staff in communal areas so little interaction between staff & residents -extensive range of activities	-reassess the staffing levels for all floors of the home, to allow a more focussed 1-1 care for all residents. -eliminate the smell of urine from the ground and first floors.	Manager's response: "…we will be looking at our budget in January to reassess our staffing… hopefully our vacant hours will be filled in the New Year….Our household team is working hard to eliminate any odours."
Cherry Tree 09.09.15	★★★★ -needs were quickly anticipated by attentive staff -lots of movement between rooms by residents just like you	-replaces the plastic biscuit boxes with old fashioned tin ones and serve tea in crockery, rather, than plastic mugs, where this is safe to do so.	Manager's response: "…due to infection control risk … it has not been possible to replace the plastic biscuit boxes with old fashioned tin ones. Crockery is available in the

	would at home		home, including facilities to prepare their own tea and coffee in the dining room…"
Chesham Leys 07.10.15	★★★ -staff not always aware of individual needs -seems to be minimal interaction between staff & residents -high proportion of agency staff	-contact the Home Library Service & Calibre Audio Library to borrow audio books for those with limited or no sight. -provide further support and training to improve person centred care. -recruit volunteer befrienders & create links with local schools to increase social contact for those who would like it.	No response provided
Chiltern Grange 01.12.15	★★★★★ -wide range of activities and residents seemed well supported by staff to take advantage of these -staff have time to positively engage with residents	None	No response provided
Chiltern House 04.02.16	★★★★ -personalised care provided by regular staff -independence encouraged -residents participation in external activities are dependent on volunteer availability	-staff should not walk into bedrooms univited -more menu variety -look for more volunteers to expand the opportunities for all the residents -follow up on residents suggestions at meetings -provide evening entertainment on an ad hoc basis	-residents regularly meet with kitchen staff to make changes -we have 58 volunteers at present -minutes from meetings are posted on noticeboards -the activities dept. organise an extensive variety of activities
Chiltern View 03.08.15	★★★★ -residents seemed comfortable and staff had time to engage with them -staff we talked to were able to communicate well with all residents	-find other suitable meaningful activities when the day centres are closed for academic holidays	No response provided
Denham Manor 07.01.16	★★★★ -staff seem to be caring and treat residents with respect -there are few activities to give residents, who are	-expand the range of home based activities e.g. bring in Pets As Therapy -involve some residents more in the home	Manager's response: "I accept the comments around activities but as outlined we have now recruited a new activity co-ordinator and hope that

	able, a reason to leave their bedrooms	through simple tasks to encourage independence -invest in a minibus to enable residents to go out more	the activities will flourish."
Gracewell of Maids Moreton 18.12.15	★★★★★ -friendly, confident staff who give lots of encouragement and support -great communication -extensive range of options and activities	None	Manager's response: "It was a pleasure having you visit our family at Maids Moreton"
Holmers House 25.08.15	★★★ -a lot of interaction in one unit but not in another - a choice of drinks given in one area but not another -the home seemed well worn although comfortable	-ensure all staff take time to talk directly to all individuals at eye level -encourage all staff to interact more on a one to one basis with residents -ensure all staff have an opportunity to attend dignity in care and person centred training -repair or replace items as soon as possible.	Manager's response: "…our Person Centred Planning Trainer… is scheduling some bespoke training for the staff … to address some of the issues raised….. we had already started (to)… improve our outdoor space. The unfortunate temporary odour of urine was in relation to one resident who was awaiting a move to a more appropriate environment."
Lakeside 24.09.15	★★★★ -confident staff who provide care whilst supporting residents to be independent -a lovely environment where choice is encouraged	-encourage residents to smoke in the garden or outside the front of home away from the balcony doors when open and food is being served. -encourage elderly residents in wheelchairs to sit in some of the chairs in the communal areas rather than just in their wheelchairs.	No response provided
Mandeville Grange 18.11.15	★★★★ -care staff spend a lot of time moving residents around and less time interacting more positively with them -8 out of 14 residents were hoisted in one lounge whilst we were there	-manage the temperature of the lounges in line with the weather outside -ensure residents maintain their independence and mobility as much as possible whilst ensuring	Manager's response: "…Many of our residents' choose to have their door open even when they are in bed. This is in keeping with our home's policy on individual choice. This is also reflected in the way that the residents choose

	-the activities we were told about were appreciated	staff and residents remain safe and healthy -obtain another hoist if so many residents are dependant being moved in this way	to be addressed. Residents, who are referred to in affectionate terms, have previously indicated to staff that this is their preference." No comment was made on the numbers hoisted but Buckinghamshire County Council's Quality In Care team subsequently visited Mandeville Grange in relation to hoisting and independence.
Micholls House 15.03.16	★★★★ -many activities on and off site -high ratio of long term staff seems to result in good personalised care	-murals/stencils on communal walls in flats where those living with autism dwell -ensure bereavement counselling is available	Manager's response: "We value all feedback we receive so will be looking at our practices and ways for improvement. Micholls House has a full redecoration plan which is due to start in the spring."
Penley Grange 04.11.15	★★★★★ -staff were constantly engaging with residents as you would do in a family situation -the manager is very creative in her ideas for days out and ideas for sensory stimulation	None	No response provided
Rayners 24.02.16	★★★★ -a bright cheerful home -residents seem very comfortable, physically and emotionally.	-provide books, magazines, games in the lounge	-several board games, jigsaws etc are stored within our library area & scrabble matches are a regular afternoon activity
St Leonards 22.07.15	★★★★ -the staff seemed to have a very good rapport with the residents -residents are encouraged to help themselves and be independent	-post a standard daily written menu outside the Beeches dining room as well as having the picture version up on the board.	The manager said that the menu "is actually written in the dining room on a chalk board"
Swan House 24.02.16	★★★★ -Staff are very good "we're just a happy family" -activities are person-centred and very community based	-refurbish the lounge in the residential suite as this is tired -look to cook meals on site -regularly book the minibus to take those who wish to go out on	Manager's response: -redecoration of the home has been budgeted to start in April 2016. -a full time cook on site is in the longer term plans -taking residents out in the minibus will be frequent

		more trips	now activities coordinator has appropriate licence - will ask night staff to remember to put seat cushions back down once dry after cleaning
The Croft 14.01.16	★★★★ -very homely although one end of the first floor was cool whilst the other was a better temperature -residents seem very comfortable , physically and emotionally	-maintain a reasonable level of heat in all areas of the home.	Manager's response: "…. We would always endeavour to meet a residents wishes regarding going out independently but taking into account their safety. The garden is always accessible … I will contact our maintenance service today to request that they check the heating thermostats for us … We are regularly informed that the Home is too warm by visitors but I appreciate that our older residents feel the cold easily …."

Health & Wellbeing Board
Buckinghamshire

Title	**Sustainability and Transformation Plans (STPs)**
Date	**7th June 2016**
Report of:	**Lou Patten, Chief Officer, Aylesbury Vale CCG**
Lead contacts:	**Ann Donkin, Interim Programme Director (STP)**

Purpose of this report: To brief the Health & Wellbeing Board on the STP process and next steps

Summary of main issues:

Background

The NHS Shared Planning Guidance asked every health and care system to come together to create their own ambitious 5 year local blueprint to accelerate implementation of the *Five Year Forward View (FYFV).* These plans are known as Sustainability and Transformation Plans (STPs).

Plans should:

- be place-based and multi-year built around population needs;
- help ensure that the investment secured in the *Spending Review* does not just prop up individual organisations;
- drive a sustainable transformation in patient experience & health outcomes; and
- build & strengthen local relationships with a shared understanding of challenges & scale of ambition.

Plans are required to close the health and wellbeing gap, the care and quality gap, and the financial gap in the NHS, working with partners. 44 STP footprints have been defined across England largely based on patient flows into tertiary acute centres. The overall approach is based on developing STP plans in local systems where it makes sense with key partners e.g. for integrated health & care, and collaborating across the STP footprint as necessary on cross system issues e.g. for urgent & emergency acute care.

Each footprint has a named 'system leader' to drive development of plans. David Smith, Chief Executive, Oxfordshire Clinical Commissioning Group, is the system leader for the local footprint which includes Buckinghamshire, Oxfordshire, and Berkshire West, known as BOBW. The footprint covers a population of 1.8m population, a £2.5bn place based allocation, 7 Clinical Commissioning Groups, 16 Foundation Trust & NHS Trust providers and 14 Local authorities.

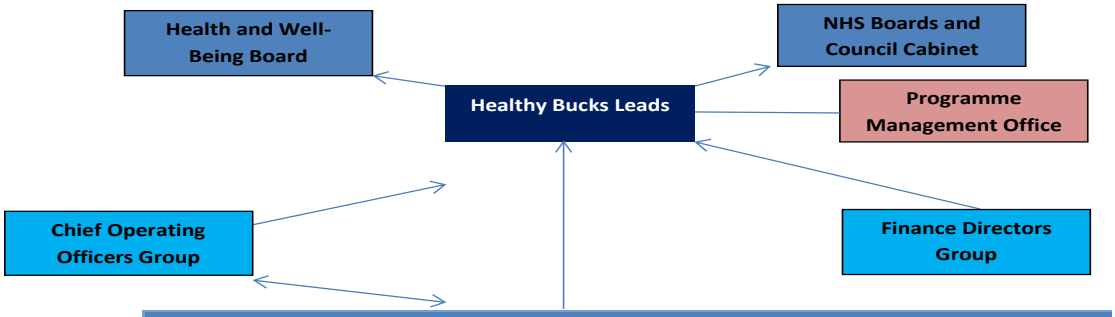
A map of the 'footprint' is shown at appendix 1.

Governance

The BOBW footprint STP is being developed at two levels, at a footprint level for services such as specialised tertiary acute services, and at a local level (County/sub County) for integrated health and care services. There are differences in approach across the NHS England to reflect the size and shape of footprints and issues to be tackled.

Buckinghamshire is therefore developing its' own local 'chapter' of the STP with an emphasis on integrating the commissioning and delivery of health and care.. The development of this plan is overseen by the *Healthy Bucks Leaders Group*. The governance arrangements are shown in figure 1.

Figure 1 Governance Structure for HBL delivery of the STP



Transformation Workstream	Delivery Vehicle
Prevention & Self Care	Healthy Communities Partnership
Integrated Health & Social Care	Integrated Care Programme Board
Mental Health & Learning Disabilities	Integrated Care Programme Board
Planned Care	Planned Care Programme Board (links with Thames Valley Networks)
Urgent & Emergency Care	System Resilience Group (links with Thames Valley Urgent & Emergency Care Network)
Digital Roadmap/Interoperability	Integrated Care Programme Board ('My Care Record' Sub Group)

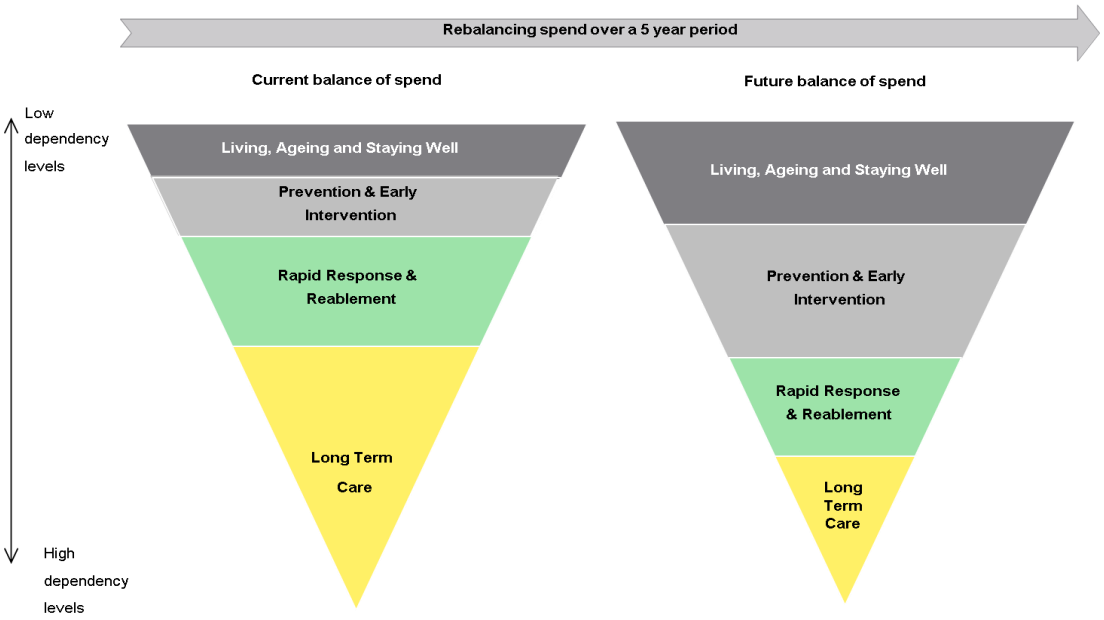
The timescale for development of a first draft plan, for submission by 30th June 2016, is shown at appendix 2.

Key goals

The key STP outcomes for Buckinghamshire residents, by working both strategically across the footprint and locally in the health and care system, are:

- To place an emphasis on prevention and self care to reduce ill health
- To integrate health and care services and avoid unnecessary steps in pathways to reduce waste and duplication
- To deliver urgent and emergency care services in the right place at the right time
- To deploy technology to enable rapid access to advice, care and support – technology enabled service redesign.

The overall focus is to reduce spend on expensive bed-based care into more cost effective prevention & care at home.



Financial implications

STPs will be the single application & approval process for 'growth' funding for 2017/18 onwards. It should be noted that most of the 2016/17 STP resources are already allocated and have largely been used to support NHS organisations in serious deficit.

The size of the financial deficit that would accrue over the 5 year planning period across the health and care system if nothing is done to reduce costs and transform services was estimated two years ago to be £185 million. This sum has now risen, following a refresh of the strategic modelling, to circa £200 million.

Buckinghamshire's notional fair share of transformational resources is in the region of £30 million on a notional 'fair shares' weighted capitation basis.

Whilst there is an emphasis upon stream-lining care pathways, proposals for the deployment of these resources are to be linked to delivering new models of care in different forms of 'organisation ' e.g. *Vanguard* models such as Multi Specialty Community Providers, Primary & Acute Care Systems. A Multi

Specialty Community Provider is a model where groups of GPs join with nurses, other community health services, hospital specialists, mental health & social care to create integrated out-of-hospital care. A Primary & Acute Care System is one where the hospital & primary care providers bring together for the first time General Practice and hospital services in a vertically integrated organisation.

Key next steps – developing the STP

It should be noted that Buckinghamshire is not starting with a 'blank sheet' in terms of developing its STP 'chapter' and progressing the integration of health and care commissioning and delivery. A lot of excellent work is already going on across the health and care system to achieve the desired outcomes for residents.

Most performance benchmarking suggests that the health & care system is in upper decile or upper quartile performance cohorts in the NHS in England. However, the significant issues to tackle are both avoiding the need for acute hospital admission and reducing unnecessary lengths of stay in hospital. Over 60% of acute hospital beds used for non elective (emergency) patients are occupied by around 8% of patients i.e. those whose length of stay is greater than two weeks.

This is a significant opportunity to redesign care pathways to reduce this dependence on acute hospital bed based care and support.

A work programme is being developed, under the auspices of the Integrated Commissioning Board and the STP process, to build on these excellent partnership arrangements.

Consultation

The local STP governance arrangements are supported by the health and care system Communications and Engagement Group which is developing the 'branding' of the plan and the process for any formal consultation on the plan should that be required e.g. for any significant changes in the range and location of services.

The Group is also supporting local involvement processes, for example, seeking the community's views on developing integrated care services.

Next steps

The next key point is to submit the STP footprint first draft submission of the plan by 30th June 2016.

Please note it is unlikely that draft STPs will be in the public domain at this point.

Recommendation for the Health and Wellbeing Board:

This paper is principally for briefing members of the Health and Wellbeing Board and views on progress to date.

Background documents:

The link below enables access to NHS England's website pages on STPs.

https://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/stp/support/

Appendix 1

STP footprint map

Health & Wellbeing Board
Buckinghamshire

Appendix 2

Key tasks by week to end June 2016

Action	1 18/4	2 25/4	3 2/5	4 9/5	5 16/5	6 23/5	7 30/5	8 6/6	9 13/6	10 20/6	11 27/6
Assure the governance structure & programme plan	√										
Reset the planning baseline – health & care data analysis				√							
Ensure completion of financial modelling & confirm assumptions						√					
Draft the plan to test with stakeholders & reposition in context of *FYFW*					√						
Refine communications & engagement plan										√	
Align budgets and resource targets to programme workstreams										√	
Submit draft plan & ensure convergence with STP footprint											√

Health & Wellbeing Board
Buckinghamshire

Title	Better Care Fund 2016 to 2017
Date	7 June 2016
Report of:	Devora Wolfson – Interim Director, Joint Commissioning
Lead contacts:	Devora Wolfson – BCC Ali Bulman – BCC Debbie Richards - CCGs

Purpose of this report:

This report provides the Health and Wellbeing Board with information on the 2016/2017 Better Care Fund (BCF) and the metrics that will be used to measure our progress. The report also provides a summary of our performance against some of the key metrics in the BCG in 2015 to 2016 and our targets and planned performance in 2016/17.

Summary of main issues:

The BCF programme is a mechanism for driving the agenda for the integration of health and social care. It requires an agreement between partners about how integration will be taken and the pooling of budgets.

The total of the 2016/17 Better Care Fund for Buckinghamshire is £30.2 million. This incorporates money which has hitherto been passed from health to social care to protect social care under a previous mechanism of Section 256 funding.

- £7.79m has to be allocated to 'protecting social care' in line with national conditions and funds a number of schemes, many of which have an associated health benefit
- £2,7m for Social Care Capital Grant and DFG allocation plus £1.4m for Care Act Implementation.
- £18.6 Million is NHS money which is committed to NHS block provisions for Community Hospital Provision and Adult Community Health Teams
- Any underspends will be spent following discussion with partners in line with national conditions and as laid out in the S75 agreement. The social care element will only be committed in line with the protection of social care.
- Any overspends are the responsibility of the CCG or BCC respectively depending on which part of the financial allocations overspends e.g. if a social care element overspends and is not offset within the wider social care allocation this will cause a pressure for Buckinghamshire County Council.

Local areas are required to demonstrate that they meet the following conditions in order for the funding to be released. NHS England has the ability to withhold or redirect funds if the following conditions are not met.

- Establishment of a Section.75 agreement and pooled budgets.
- A requirement for Health and Wellbeing Boards to jointly agree the plans to spend the BCF and to take forward integration
- A requirement for plans to be approved by NHS England and DCLG
- A requirement that a proportion of the areas' allocation will be subject to a new condition around NHS commissioned out of hospital services and reducing DTOCs (delayed transfers of care) through a local action plan.

Plans are also required to meet the following national conditions:-

- Maintain provision of social care services
- Agreement for the delivery of 7 day a week health and social care services to reduce unnecessary non elective admissions.
- Better data sharing across health and social care
- NHS numbers being used across the system
- Ensure a joint approach around assessment and care planning ensuring that there is an accountable professional for integrated packages of care.
- Agreement on consequential impact of the changes on providers that will be substantially affected by the plans.
- Agreement to invest in a range of NHS commissioners out of hospital services which may include investment in social care.

In addition to this, it is expected that local systems will develop a clear set of commissioning and decommissioning priorities to support the integration of health and social care services. In Buckinghamshire in 2015.16 the health and social care system signed off an integrated model for Older People services with a view to the investment in the BCF being reshaped over time to deliver this, as well as other funding in the health and social care economy. As part of the 2016/17 BCF there will be a requirement to review this integration plan and determine the detailed priorities to support integration during 2016/17, the appropriate governance to oversee the delivery of this and the commissioning capacity required to drive this forward on behalf of the CCGs and the County Council.

Overview of performance against the BCF metrics in 2015/16:

A summary of our performance against key BCF metrics is set out below.

Delayed transfers of care

The BCF programme of work has helped manage and reduce DTOCs although we need to continue to focus on this area of work

Integrated approach to reablement
Following the establishment of our integrated reablement provision, we have seen an improvement in the numbers who are still at home 91 days following discharge from hospital, however performance dipped in the last quarter of the year. The reasons for this are being investigated.

Non elective admissions
Performance in reducing non elective admissions has remained a key challenge for the Health and Social Care economy in Bucks. The non elective position did not improve as planned however this position is reflected nationally because of additional pressures on the system.

Admissions to residential and nursing homes
There has been a positive impact on those over 65 who are permanently admitted to residential or nursing care.

Performance Targets for 2016/17

As part of the 2016/17 BCF plan, we have set targets and estimated performance for 2016/17 against the metrics based on our previous performance and the projected impact of our BCF programmes of work. Progress with each of the BCF programmes of work will be monitored and reviewed quarterly and our performance will be reported to the Health and Wellbeing Board.

Our performance during 2015/16 and our performance projections for 2016/17 are set out in the background document attached.

Recommendation for the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to note the content of this report and comment on the performance against the metrics.

Background documents:
The document attached is analysis of performance against the BCF metrics.

Performance against BCF Metrics

1. Non Elective admissions

Performance - non elective admissions have exceeded the planned target for each quarter in 15/16.

Baseline		**Plan 15/16**		**Actual 15/16**		**Plan 16/17***	
Q1 14/15	12,417	Q1 15/16	**12,984**	Q1 15/16	**13,477**	Q1 16/17	11,774
Q2 14/15	12,511	Q2 15/16	**13,082**	Q2 15/16	**13,173**	Q2 16/17	11,899
Q3 14/15	13,658	Q3 15/6	**14,295**	Q3 15/16	**14,551**	Q3 16/17	11,924
Q4 14/15	12,417	Q4 15/16	**12,545**	Q4 15/16	**12,545**	Q4 16/17	11,649

*BCF submission 16/17

2. Permanent admissions to residential care homes – Long term support needs of people over 65, met by admission to residential or nursing care homes per 100,000 population

Measure	14/15 target	14/15 outturn	15/16 target	15/16 outturn	16/17 target	
OP admissions to residential & nursing, per 100,000 population	697	553.3	697	485.5	550	

Performance has been good with a reduction between 14/15 (553.3) and 15/16 (485.8) of 12.2% or 67.5 per 100,000. The target for 16/17 is 550 per 100,000

3. Reablement - change in the annual % of people still at home 91 days after discharge from hospital

Baseline	Planned 15/16	Actual 15/16	Planned 16/17
71%	75%	66.3%	75%

This performance was unexpected. This dip in performance is being investigated.

4. Patients over 65 discharged to the same place from which they were admitted

Performance has improved from 92% in 14/15 to 93.2% in 15/16. The target for 16/17 is 90%

5. Satisfaction of people who use services with their care and support (the data for this comes from the social care survey). Performance has improved from 58% satisfaction in 14/15 to 61% in 15/16. The target for 16/17 is 60%