Agenda

Health & Wellbeing Board Buckinghamshire

Date: Thursday 29 March 2018

Time: 10.15 am

Venue: Mezzanine Room 1, County Hall, Aylesbury

9.30 am Pre-meeting Discussion

This session is for members of the Committee only.

10.15 am Formal Meeting Begins

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Agenda Item		Time	Page No
1	**WELCOME & APOLOGIES**	**10:15**	
2	**ANNOUNCEMENTS FROM THE CHAIRMAN**		
3	**DECLARATIONS OF INTEREST**		
4	**MINUTES OF THE MEETING HELD ON 18 JANUARY 2018** The minutes of the meeting held on 18 January 2018 to be agreed as an accurate record and signed by the Chairman.		**5 - 12**

5	**PUBLIC QUESTIONS**	**10:20**	
6	**BUCKINGHAMSHIRE JOINT HEALTH AND WELLBEING BOARD PERFORMANCE DASHBOARD ANALYSIS REPORT: PRIORITY 2** Buckinghamshire Joint Health and Wellbeing Board Performance Dashboard Analysis Report: Priority 2 - Keep people healthier for longer and reduce the impact of long term conditions. Presenter: Dr J O'Grady, Director of Public Health.	**10:35**	**13 - 34**
7	**BUCKINGHAMSHIRE PHYSICAL ACTIVITY STRATEGY** Presenter: Dr J O'Grady, Director of Public Health.	**11:00**	**35 - 52**
8	**CHILDREN'S SERVICES UPDATE** Presenter: Mr T Vouyioukas, Executive Director Children's Services.	**11:20**	**53 - 54**
9	**UPDATE ON HEALTH AND CARE SYSTEM PLANNING/ SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP AND INTEGRATED CARE SYSTEM** Presenter: Mr R Majilton, Deputy Chief Officer, Clinical Commissioning Groups (CCG).	**11:35**	**To Be Tabled**
10	**BETTER CARE FUND UPDATE** Presenter: Ms J Bowie, Director of Joint Commissioning, Buckinghamshire County Council.	**12:00**	**55 - 56**
11	**BUCKINGHAMSHIRE PHARMACEUTICAL NEEDS ASSESSMENT** Presenter: Ms J Butterworth, Associate Director of Long Term Conditions and Medicine Management, Clinical Commissioning Groups.	**12:15**	**57 - 68**
12	**TIME TO CHANGE MENTAL HEALTH STIGMA APPLICATION** Presenter: Dr J O'Grady, Director of Public Health, Buckinghamshire County Council. For information.	**12:25**	**69 - 70**
13	**HEALTH AND WELLBEING BOARD WORK PROGRAMME** Presenter: Ms K McDonald, Health and Wellbeing Lead Officer, Buckinghamshire County Council.	**12:30**	**71 - 74**
14	**DATE OF NEXT MEETING** Date of next meeting: Thursday 3 May 2018.		

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For further information please contact: Sally Taylor on 01296 531024, email: staylor@buckscc.gov.uk

Members

Dr R Bajwa (Clinical Chair, Chiltern CCG), Ms J Baker OBE (Healthwatch Bucks), Mr S Bell (Chief Executive, Oxford Health NHS), Mrs I Darby (District Council Representative), Mr N Dardis (Buckinghamshire Healthcare Trust), Lin Hazell (Buckinghamshire County Council), Dr G Jackson (Clinical Chair, Aylesbury CCG), Ms A Macpherson (District Council Representative), Mr R Majilton (Deputy Chief Officer, CCGs), Mr N Naylor (District Council Representative), Ms S Norris (Managing Director, Communities, Health and Adult Social Care), Dr J O'Grady (Director of Public Health), Ms L Patten (Accountable Officer (Clinical Commissioning Group)), Mr G Peart (Wycombe District Council), Ms G Quinton (Buckinghamshire County Council), Dr S Roberts (Clinical Director of Mental Health, CCGs), Dr J Sutton (Clinical Director of Children's Services, CCGs), Mr M Tett (Buckinghamshire County Council) (C), Mr T Vouyioukas (Buckinghamshire County Council), Dr K West (Clinical Director of Integrated Care), Mr W Whyte (Buckinghamshire County Council) and Ms K Wood (District Council Representative)

Minutes

Health & Wellbeing Board Buckinghamshire

MINUTES OF THE HEALTH AND WELLBEING BOARD HELD ON THURSDAY 18 JANUARY 2018, IN MEZZANINE ROOM 1, COUNTY HALL, AYLESBURY, COMMENCING AT 10.06 AM AND CONCLUDING AT 12.22 PM.

MEMBERS PRESENT

Dr R Bajwa (Clinical Chair, CCG), Ms J Baker OBE (Healthwatch Bucks), Mrs I Darby (District Council Representative), Lin Hazell (Buckinghamshire County Council), Ms A Macpherson (District Council Representative), Mr R Majilton (Deputy Chief Officer, CCGs), Dr J O'Grady (Director of Public Health), Dr J Sutton (Clinical Director of Children's Services), Mr M Tett (Buckinghamshire County Council) (Chairman), Mr T Vouyioukas (Executive Director, Children's Services, Buckinghamshire County Council) and Mr W Whyte (Buckinghamshire County Council)

OTHERS PRESENT

Ms J Bowie, (Director Joint Commissioning, Buckinghamshire County Council), Ms D Clarke (Oxford Health), Mr N Macdonald (Buckinghamshire Healthcare NHS Trust), Ms K McDonald, Mr J Read (South Bucks District Council), Ms S Preston, (Public Health Principal), Ms M Seaton (Independent Chair) and Ms S Taylor (Committee Assistant)

1 MINUTES OF THE MEETING HELD ON 7 DECEMBER 2017.

The following actions were reviewed:

- Mr Naylor had provided a declaration of interest form.
- Ms Baker had sent the Healthwatch report on a joint project with Mind to Ms McDonald for circulation to the Board.
- The Health and Wellbeing Governance Review paper had been amended to include that Mr G Peart would be the district council representative.
- The action for a meeting to be arranged between Fiona Wise from the STP and the Chairman was carried forward.

Action: Ms K McDonald

The Chairman followed up on the winter preparedness item (item 7 of previous minutes) and asked for an update on how the healthcare system had performed recently.

Mr N Macdonald, Chief Operating Officer, updated that the organisation had been under significant pressure due to the bad weather and higher demand, which was more than forecast. Buckinghamshire Healthcare Trust (BHT) had received good support from partners resulting in a reduced number of people waiting for transfer of care; down to the lowest levels of the year. A & E attendance had been up by 3.5% and ambulance attendance by 10%. There had been 31 admissions for patients with flu since the second week of January and four were in critical care. Extra domiciliary care had been provided but it had not been physically

possible to use it all due to capacity; however, it had freed up medical staff. There had also been planned reduced out-patient work. The opening of the new space in A & E had to be delayed until 22 January. Mr Macdonald said that the figures compared to peers regionally and nationally. Mr Macdonald thanked all the staff in the care sector for their hard work over the last few weeks.

The Chairman asked for clarification on the four hour waiting time in A & E and was advised that the national standard was for 95% of patients to be treated or have left A & E within four hours. BHT had performed at 82% in December but was expecting a slightly higher figure for January. Mr Macdonald advised that nursing shortages, as highlighted in the media, was an issue for BHT.

Dr J Sutton, Clinical Director of Children's Services, CCGs, updated on the situation in secondary care and reported that it had been the worst winter for staff being off sick despite having had the flu vaccination. The levels of sickness had been unprecedented, contingency plans had been put in place and had been working but there were a lot of very sick people. The Chairman thanked everyone for their efforts.

Mr R Bajwa, Clinical Chair, Chiltern CCG, pointed out that the proportion of people attending A & E this year with acute care needs was higher due to primary care putting measures in place for people to receive care out of hospital.

In response to a comment that ambulance response times were very long due to ambulances being backed up at the hospital front doors, Mr R Majilton, Deputy Chief Officer, CCGs, said that the way in which ambulances responded had changed in November and was still in a period of transition but handover delays had been quite good generally.

In response to the Chairman's question on whether a lessons learned debrief would take place, Mr Macdonald said there would be national and local debriefs as is standard practice. Mr Macdonald also said he would discuss with Ms Baker how Healthwatch Bucks could help from a patient's perspective and that he would share the lessons learned with the Board.

Action: Mr N Macdonald

The minutes of the meeting held on 7 December 2017 were agreed to be an accurate record of the meeting and were signed by the Chairman.

2 WELCOME & APOLOGIES

Apologies had been received from:

- Mr N Naylor
- Ms S Roberts
- Mr G Jackson
- Mr N Dardis
- Ms K West
- Mr G Peart
- Ms G Quinton
- Ms D Richards

3 ANNOUNCEMENTS FROM THE CHAIRMAN

There were no announcements from the Chairman.

4 DECLARATIONS OF INTEREST

There were no declarations of interest.

5 PUBLIC QUESTIONS

There were no public questions.

6 HEALTH AND WELLBEING BOARD PERFORMANCE DASHBOARD ANALYSIS REPORT: OVERARCHING AND PRIORITY AREA 1 INDICATORS

Dr J O'Grady, Director of Public Health, reminded the Board that the Dashboard had been reviewed at the meeting in November and members had requested more detail on how to understand the data. The Board had been provided with data for the Children's Joint Health and Wellbeing Strategy Priority areas. Dr O'Grady briefly ran through the report and the following points were raised:

- The Chairman highlighted that the indicators were good and asked for clarification on the number of emergency admissions for 0-19 year olds. Dr Sutton advised that the data for 16/17 showed a decrease to 71.0 per thousand which was a significant reduction due to new initiatives. There were a number of reasons the number was higher in 15/16, one of which was an unprecedented high number of of bronchiolitis cases.

- The data needed to be broken down by age range on the Dashboard. Dr Sutton said the CCG had the breakdown and agreed to provide more detail.

Action: Dr Sutton

Discussion followed on the red NHS Health Check indicator and Dr O'Grady agreed to provide a more detailed report for the next meeting.

Action: Dr O'Grady

The Chairman steered the Board to the paper provided in the agenda pack. Dr O'Grady highlighted that a new 0-19 Service had been commissioned and that all babies were seen within two weeks of birth, at one year and two and a half years old. The Service provided a tiered offer i.e. if help was needed, more visits were made. The Health Visitor would ensure good engagement by visiting children in their own home if necessary.

The Chairman summarised as follows:

- To look at whether it was possible to restrict the scaling for better trends.
- Use of more recent data where possible.
- Further commentary to be provided on why the indicators were red or amber, including further explanation on the dental decay indicator.

Action: Dr O'Grady

- It was important not to become complacent on the green indicators.
- It was important to get the balance right and for the Board to watch the amber and red indicators and focus on indicators that something could be done about.
- Co-ordination was needed between boards to avoid duplication.
- It was worthwhile focussing on a section of the Dashboard at a time.
- It was good for the Health and Wellbeing Board dashboard to be in the public domain to provide an overview of key issues.

- The need to follow up on where the data was reported in other forums and what the national expectation was.

Action: Ms K McDonald

RESOLVED: The Board NOTED the report.

7 CHILDREN AND YOUNG PEOPLE UPDATE

Mr T Vouyioukas, Executive Director of Children's Services provided a brief overview of the report and clarification was requested on the late notification of a child coming into care.

Mr Vouyioukas explained that the late notification was likely to be due to an emergency admission over the weekend which could result in a delay of 2-5 working days in getting the information from the emergency duty service to the day service. If the performance was not satisfactory there would be a discussion with colleagues to improve the issue.

RESOLVED: The Board NOTED the report.

8 UPDATE ON HEALTH AND CARE SYSTEM PLANNING

Mr R Majilton, Deputy Chief Officer, CCGs updated the group and made the following points:

- There had been a whole system meeting which looked at leadership to develop future models and the capacity to support development of the system in the next phase.
- Louise Watson, who was currently the NHS England Director of the new care models programme, was joining in February as interim managing director to support the Buckinghamshire ACS for 12 months to lead the implementation of the strategic plans.
- A review of what had been delivered and what is to be delivered over the next few years had taken place.
- The system plan would be refreshed – Mr Majilton to provide a substantive update at the Board meeting in March.

Action: Mr R Majilton

9 BETTER CARE FUND

Ms J Bowie, Director Joint Commissioning, Buckinghamshire County Council introduced herself and said she would be presenting on behalf of herself and Ms D Richards, Director of Commissioning and Delivery, CCGs and Chair of the System A&E Delivery Board, who had sent her apologies.

Ms Bowie ran through the presentation and highlighted the following points:

- The definition and impact of delayed transfers of care (DToC).
- A multi-disciplinary group had to agree that the patient was ready for transfer.
- The causes of a DToC.
- There were approximately six hospital trust sites that Buckinghamshire patients use.
- The pathway for self-funders was different.
- There were core strategies and drivers which required the Better Care Fund (BCF) to look at DToC.
- The Buckinghamshire trend in DToC was improving; validated data for November expected by the end of January.
- Over target from June to November.
- Comparisons with CIPFA peers.
- The number of delayed days.

- The system approach to DToCs.
- Looking at areas for improvement and to utilise local strengths.
- Improvement in the discharge process.
- The High Impact Change Model contained 8 changes agreed by NHS England, NHS Improvement, DH, LGA and ADASS.
- Understanding what had been learnt nationally and to make better use of knowledge in Buckinghamshire.
- Trying to prevent admissions in the first place.

The following points/questions were raised.

The Chairman asked if the metric was for Buckinghamshire hospitals or Buckinghamshire patients. Ms Bowie clarified it was for the Buckinghamshire patients.

The Chairman added that the funding of the (BCF) was linked to the performance of DToC; therefore there was a linkage to healthcare and social care.

Ms Bowie said Buckinghamshire had been meeting its targets for the social care area but not as a system. However, the trajectory had been going in the right direction.

The Chairman asked if there was a risk of financial penalty next year if the authority did not meet the targets. Ms Bowie said the financial penalties were aimed at social care and that the social care targets in Buckinghamshire had been met. Ms Bowie had not seen any evidence that there would be any penalties against local authorities.

In response to a question as to why the July figure was so high, Ms Bowie explained it was due to the way the data had been collected and analysed. The season also had an impact on figures; July was the start of the summer holidays which had placed a challenge on the home care providers.

Ms Bowie confirmed that the numbers did include children and acknowledged that often the focus was on the over 85's but that there were other interesting aspects such as children and mental health patients which would be useful to consider and include in future updates.

Ms Baker asked if an evaluation was carried out from the patients' perspective. Mr Macdonald said that there was a user group who focussed on the experience of the discharge process and that the Health and Social Care Select Committee had also carried out a review and that they would be revisiting it next year.

The Chairman asked whether enough help was provided to self-funders. Mr Macdonald advised that an independent brokerage had been commissioned to help families make the right decisions.

The Chairman thanked Ms Bowie for the presentation.

10 BUCKINGHAMSHIRE SAFEGUARDING ADULTS BOARD ANNUAL REPORT

Ms M Seaton, Independent Chair, took the Board through her presentation and highlighted the following points:

- The Board had consisted of 40 members, who were very focussed on operational detail, it was felt that strategic decisions weren't being taken by the board and it lacked strategic leadership to make a difference to safeguarding adults.

- The Journey of the Board – there was now effective governance arrangements in place that includes a new structure and membership with clear objectives.
- Continuing journey – there was now collaborative leadership with a public facing business plan where many of the objectives were delivered in 2016/17.
- A positive development is clear ownership and engagement across Buckinghamshire of the adult safeguarding agenda.
- Achievements in 2016/17 included a service user and carer involvement through the SAFE Forum; an approved Multi-Agency Threshold document; completed Safeguarding Adult Reviews with learning being embedded across the safeguarding system.
- The Board had developed e-learning and a training competencies framework.
- The Board was seeking assurance that of Making Safeguarding Personal was being embedded in practice and across the partnership.
- A task and finish group on SCAMs and financial abuse in collaboration with Trading Standards had been implementing an Action Plan.

The following points/questions were raised:

In response to being asked what the area of greatest concern was for the Board; Ms Seaton said it was for practitioners and strategic leaders to develop awareness of the implications of the Care Act definition on self-neglect.

Ms Seaton advised that another major concern was the budget which had been very volatile over the last 5-6 years with no management control or monitoring of expenditure. This, however, was significantly improved in 2016/17. There was tight control over the budget during 16/17. The concern is that the Board was looking to set a lower budget in 2018/19 than in previous years, which would make it extremely challenging to deliver the priorities in the Strategic Plan.

RESOLVED: The Board NOTED and ENDORSED the report.

11 PREVENTION AT SCALE PILOT UPDATE

Ms S Preston, Public Health Principal, provided an update on Prevention at Scale in Buckinghamshire. Ms Preston highlighted the following points:

- The pilot was led by the LGA who would provide 20 days of support.
- The Public Health team had chosen to reach, engage and motivate residents to change their lifestyle behaviour by integrating with the new lifestyle service.
- There were three initial areas of focus: developing a whole system approach, developing insight and effectively engaging residents with digital lifestyle support.
- There had been an Initial stakeholder event on 10 January attended by 49 people from 32 organisations.
- The Initial findings were to ensure the new lifestyle service was well communicated.
- The team were looking at Making Every Contact Count.
- They were exploring how community capacity could be developed to support residents at a local level.
- There was an important potential role for faith groups, the fire service, DWP and other organisations in the continued resident engagement.
- They were developing Insight for a specific priority group, which was yet to be decided.
- Providing user testing of the digital support provided by the new integrated lifestyle service.

The Chairman thanked Ms Preston for the presentation and asked who made the decision on the target area and which priority group would be focussed on.

Ms Preston said the insight work had been completely under local control and not guided by the LGA; the LGA were looking at how they will offer the expertise. It was well known that men and the BME groups were under-represented and needed to be engaged and would be a priority.

Ms Preston confirmed that there was no budget from the LGA so the pilot had to be run alongside an existing area. The LGA were providing an evaluator but the details were not yet known. Data would be collected from the new integrated lifestyle service and the Public Health team would be sharing best practice with the other 15 pilot areas. Ms Preston said she would circulate the list of the other areas involved in the pilot to the Board.

Action: Ms S Preston

RESOLVED: The Board NOTED the report and COMMITTED to support and participate in the Prevention at Scale pilot.

12 HEALTH AND WELLBEING BOARD WORK PROGRAMME

Ms K McDonald, Health and Wellbeing Lead Officer, advised that the agenda for the next Board meeting would contain the following:

- The outcome of the governance review.
- Priority Area 2 of the Health and Wellbeing Board dashboard.
- The Pharmaceutical Needs Assessment for sign off ahead of publication in April.

Ms McDonald asked members to think about future items for the Board for the 2018 – 19 work programme.

13 DATE OF NEXT MEETING

Thursday 29 March 2108.

CHAIRMAN

Health & Wellbeing Board Buckinghamshire

Title	Health and Wellbeing Board Performance Dashboard Analysis Report: Priority Area 2 Indicators
Date	29 March 2018
Report of:	Dr Jane O'Grady, Director of Public Health

Purpose of this report:

Following agreement of the Buckinghamshire Health and Wellbeing Board Performance Dashboard reporting process in November 2017 this report provides information and commentary on indicators in **Priority area 2. Keeping people healthier for longer and reduce the impact of long term conditions.**

The analysis in Appendix 1 'Benchmarking of Health and Wellbeing Board Performance Dashboard Indicators 24-38' provides the most recent published data.

Summary of the issue:

Health outcomes are closely linked to measures of deprivation. Buckinghamshire is the 2nd least deprived County Council and the 5th least deprived Local Authority in the country. As a consequence, health and wellbeing outcomes within Buckinghamshire would be expected to be better than the national average. The majority of indicators reported here are better than the national average.

Indicators that are similar or worse than the national average or target are:

- Percentage of adults classified as overweight or obese
- Percentage of people who take up an invitation to have an NHS health check
- Flu vaccination in adults aged 65+
- Flu vaccination in pregnant women
- Recorded prevalence of dementia

Further commentary and explanation of these indicators is provided in the appendix.

Recommendation for the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

- Note the analysis for the indicators provided and performance against indicators;
- Propose any further action required based on the data presented and consider how it can contribute to improving system performance, particularly on obesity and uptake of NHS Health Check.

Health & Wellbeing Board Buckinghamshire

Appendix 1. Benchmarking of Health and Wellbeing Board Performance Dashboard Indicators 24-38

How to interpret the indicators:

For each indicator local data are compared to national figures.

- Where Buckinghamshire data are statistically significantly better than the national average, the indicator is highlighted green
- Where Bucks data are statistically the same as the national average, the indicator is highlighted amber
- Where Bucks data are statistically significantly worse than the national average, the indicator is highlighted red
- Where Bucks data are statistically significantly higher than the national average but there is no judgement as to whether this constitutes being better or worse, the indicator is highlighted light blue
- Where Bucks data are statistically significantly lower than the national average but there is no judgement as to whether this constitutes being better or worse, the indicator is highlighted dark blue.

The trend in Buckinghamshire is provided for each indicator and compared with trends for England and the South East. Trends vary in how many time points they include based on the number of data points available for benchmarking.

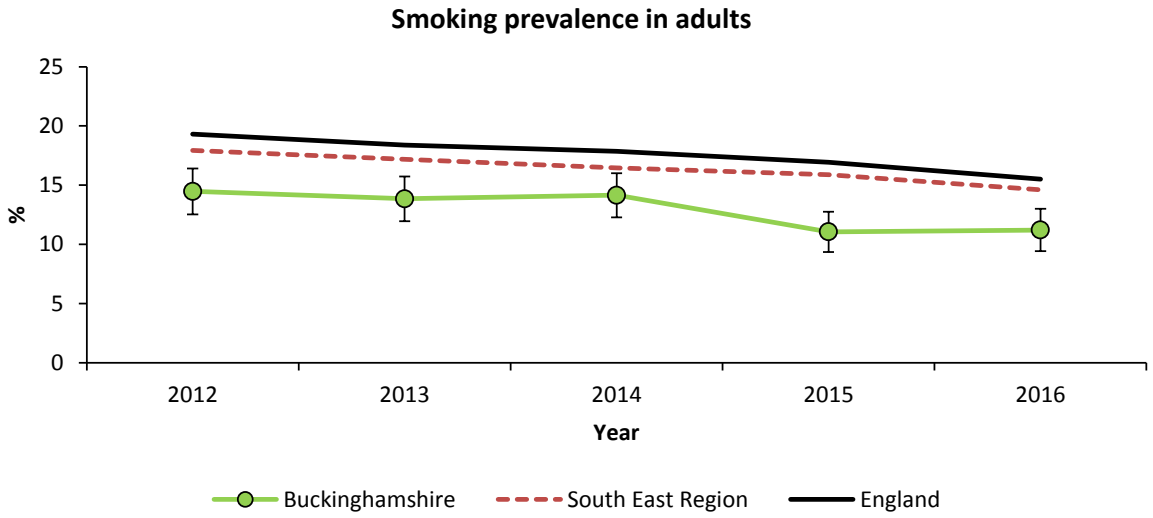
Comparison of the most recent data for Buckinghamshire that can be benchmarked is made with a set of 15 similar local authorities, identified by the Chartered Institute of Public Finance and Accountability (CIPFA). Buckinghamshire's CIPFA peers are:

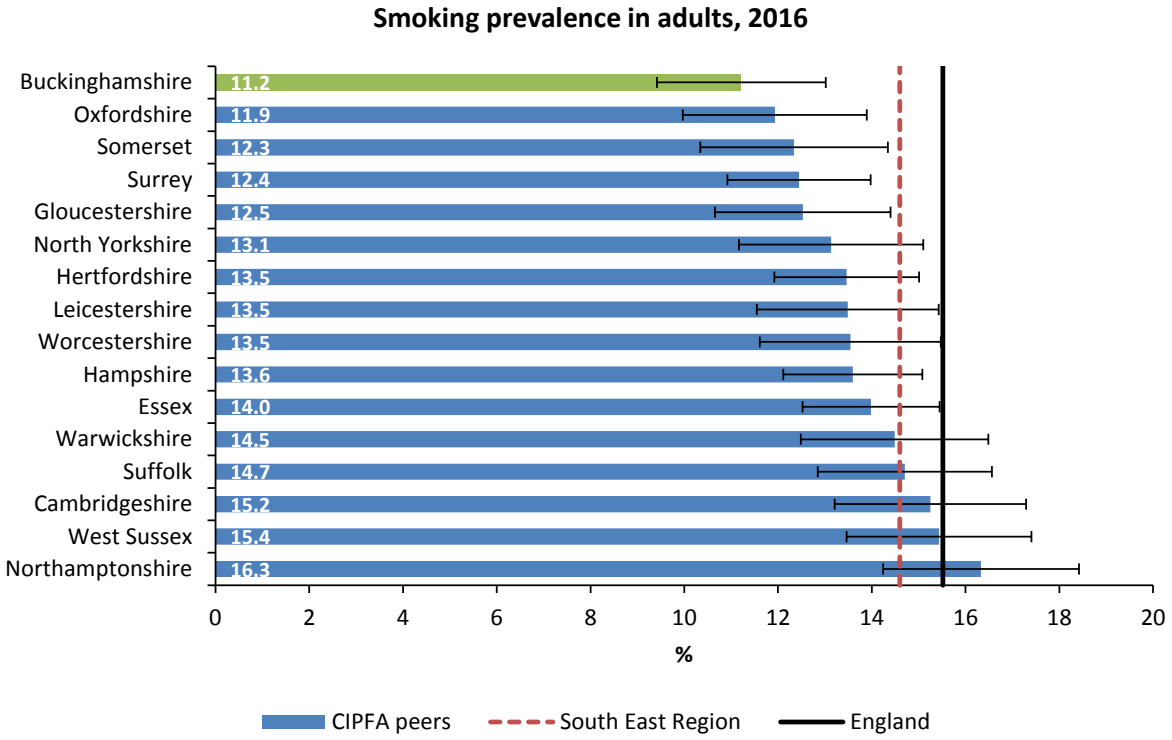
- Cambridgeshire
- Essex
- Gloucestershire
- Hampshire
- Hertfordshire
- Northamptonshire
- North Yorkshire
- Leicestershire
- Oxfordshire
- Somerset
- Suffolk
- Surrey
- Warwickshire
- West Sussex
- Worcestershire

Priority 2. Keep people healthier for longer and reduce the impact of long term conditions

Indicator 24. Smoking prevalence in adults - current smokers (%) – GREEN (better)
Proportion of all adults (aged 18 years and over) who are classified as currently smoking.

Smoking prevalence in Bucks was 11.2% in 2016, equating to approximately 47,000 smokers. This is statistically significantly lower (by 27.2%) than the England value of 15.5%. Since 2012, the smoking prevalence in Bucks has decreased by 22.5%. In 2016, Bucks had the lowest prevalence among its CIPFA peers.

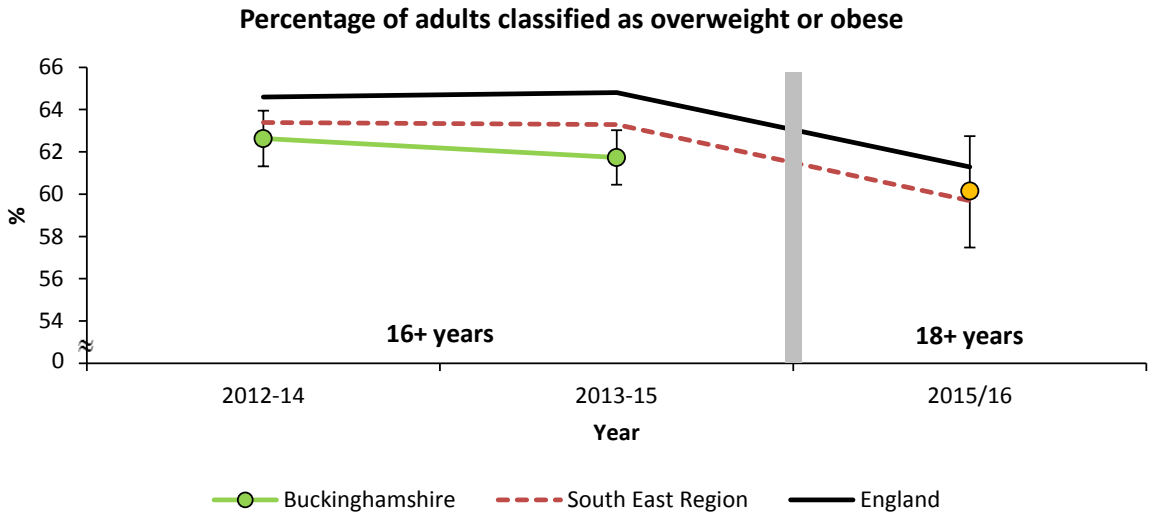


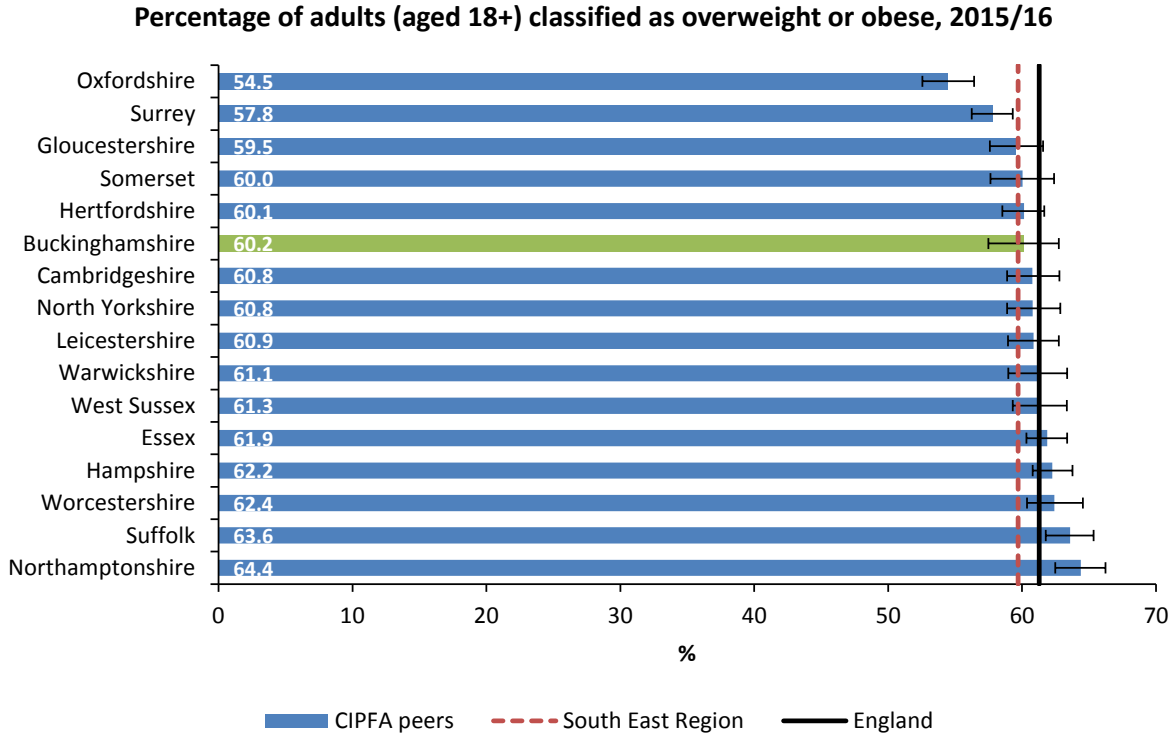


Indicator 25. Percentage of adults (aged 18+) classified as overweight or obese (%)[1] – AMBER (similar)

Percentage of adults aged 18 years and older classified as overweight or obese (body mass index ≥ 25 kg/m^2).

The proportion of overweight or obese adults in Bucks (60.2%) was statistically similar to the England value (61.3%) in 2015/16. The definition of this indicator has changed[1], so comparison to previous values should not be made. In 2015/16, Bucks had the 6th lowest proportion among its CIPFA peers.



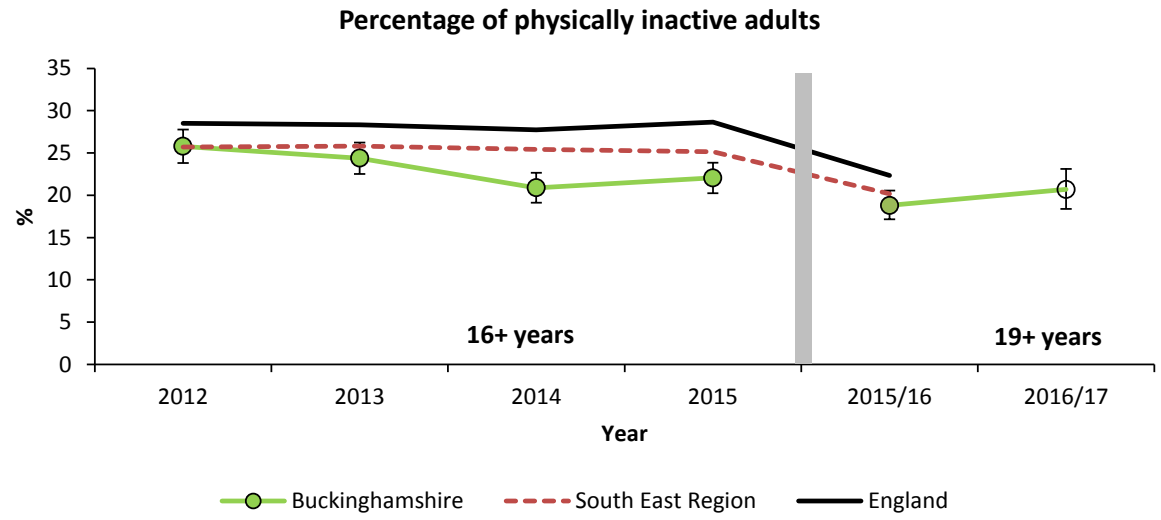


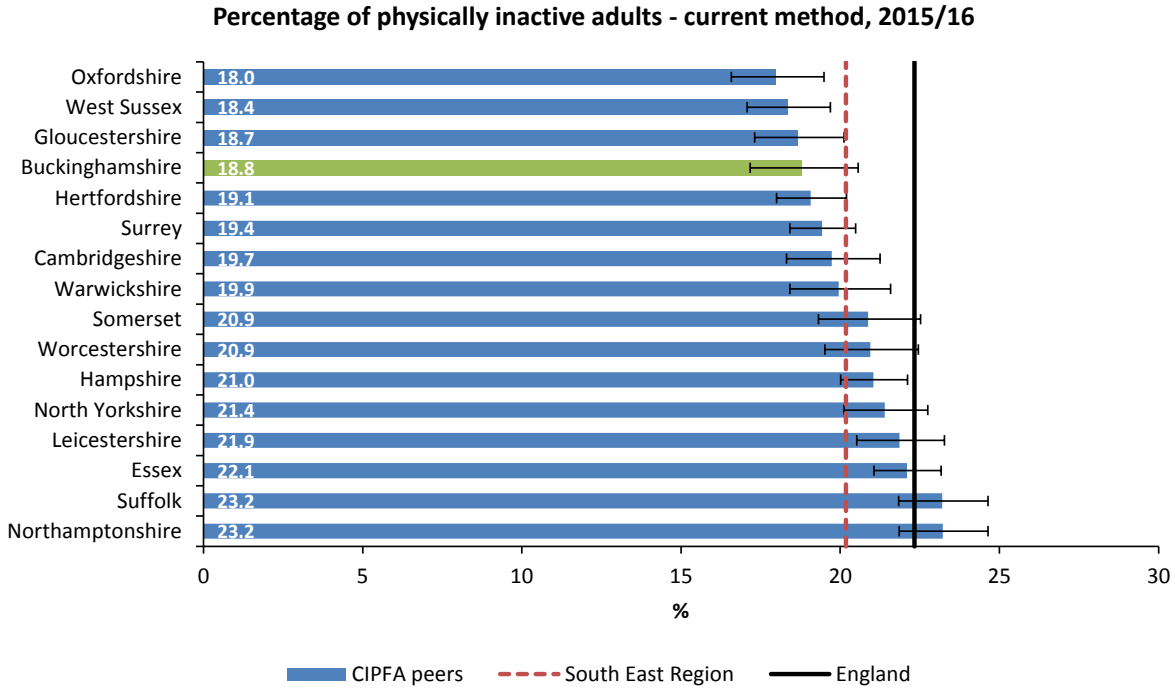
[1] The indicator now uses data for: (i) single years instead of a 3-year moving average; and (ii) adults aged 18 years and older, rather than those aged 16 years and older.

Indicator 26. Percentage of physically inactive adults - current method (%)[2] – GREEN (better)

The number of respondents aged 19 years and older doing less than 30 minutes of moderate intensity physical activity (or equivalent) per week in bouts of 10 minutes or more as a percentage of the total number of respondents aged 19 and older.

The proportion of Buckinghamshire adults considered physically inactive in 2016/17 was 20.7%, equivalent to approximately 88,000 adults doing less than 30 minutes of physical activity per week. Benchmarked data, from 2015/16, show that the proportion of physically inactive adults in Bucks (18.8%) was statistically lower than the England value (22.3%). In 2015/16, Bucks had the 4th lowest proportion among its CIPFA peers. The definition of this indicator has changed, so comparison to previous values should not be made.



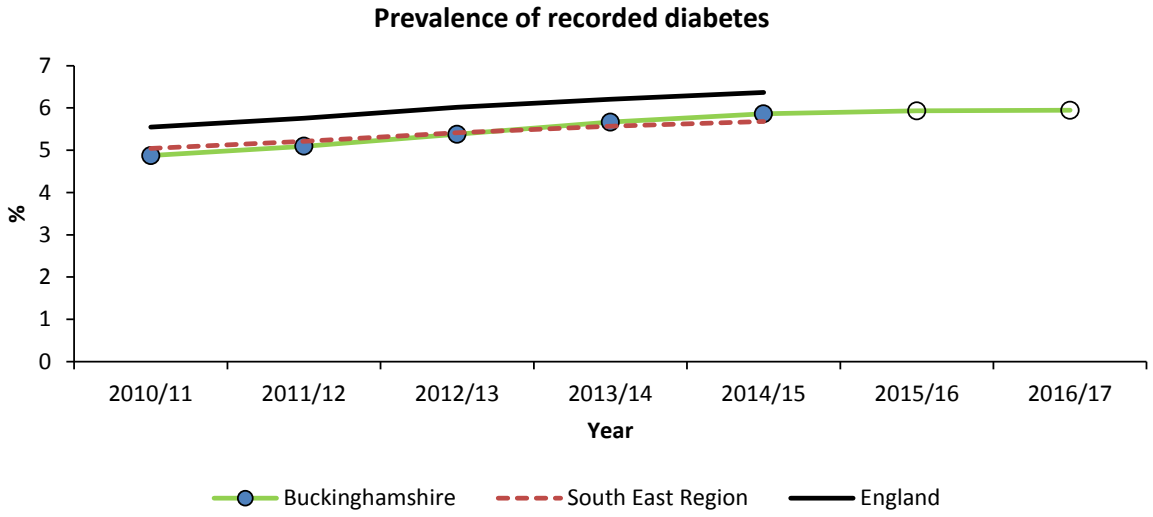


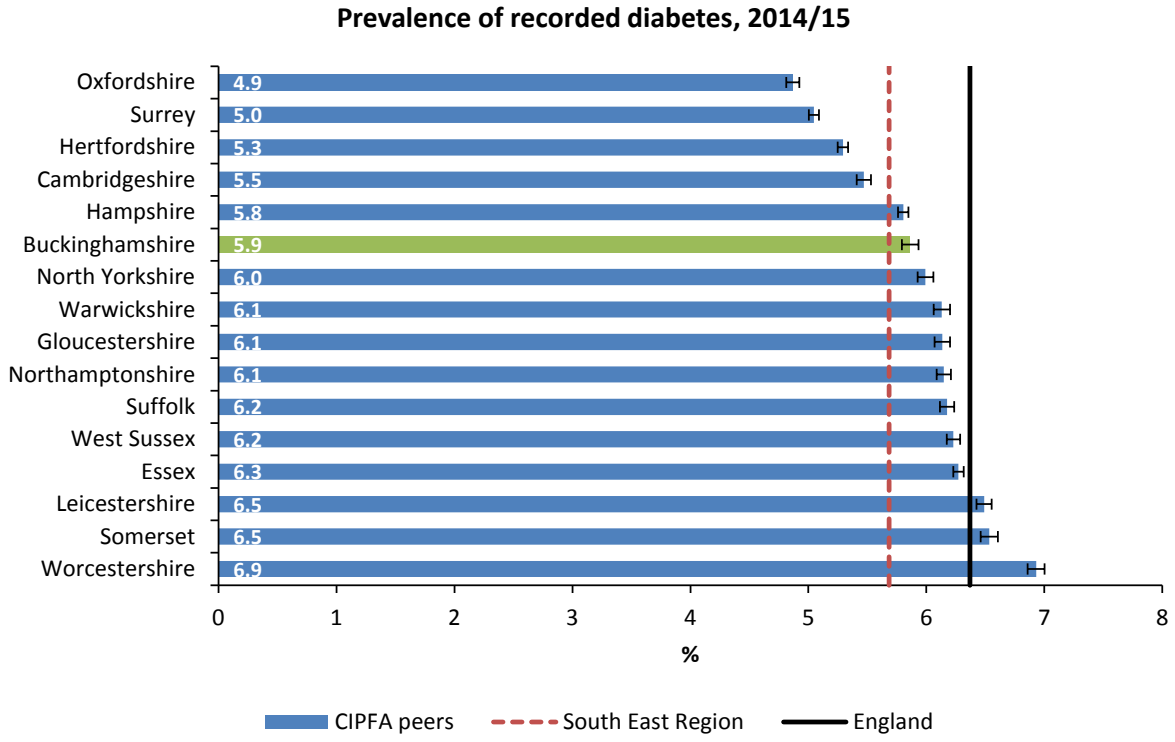
[2] This now uses data for adults aged 19 years and older, rather than those aged 16 years and older.

Indicator 27. Prevalence of recorded diabetes – DARK BLUE (lower)

The prevalence of Quality and Outcomes Framework (QOF) recorded diabetes in the population registered with GP practices aged 17 years and older.

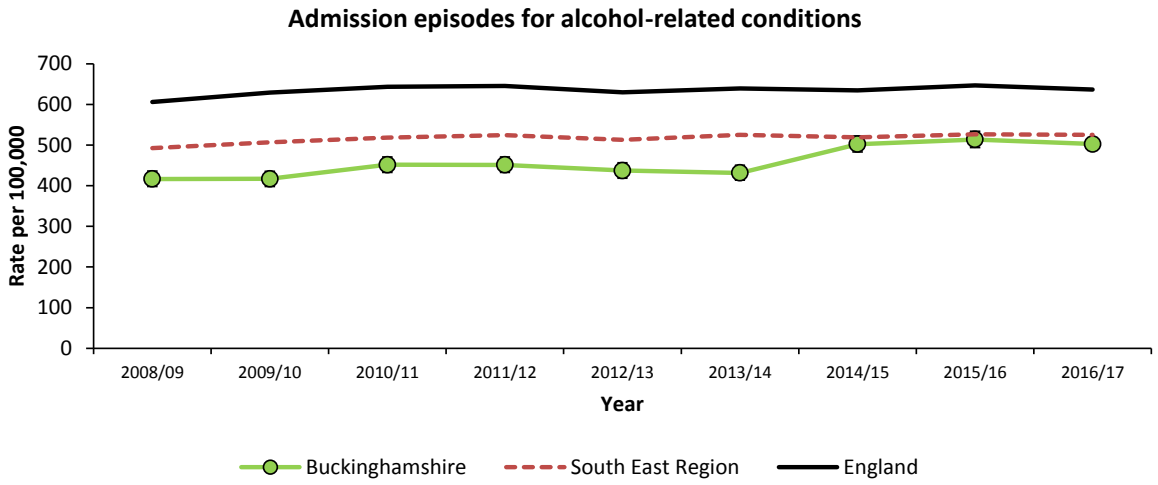
In 2016/17, the prevalence of recorded diabetes in Bucks was 5.9%, with over 25,000 people diagnosed with diabetes in Bucks. Benchmarked data from 2014/15 show that prevalence in Bucks was 8.0% lower than England (6.4%), which is statistically significant. Between 2010/11 and 2014/15, recorded prevalence in Bucks has increased by 20.3% compared to an increase of 14.9% in England. In 2014/15, Bucks had the 6th lowest prevalence among its CIPFA peers.

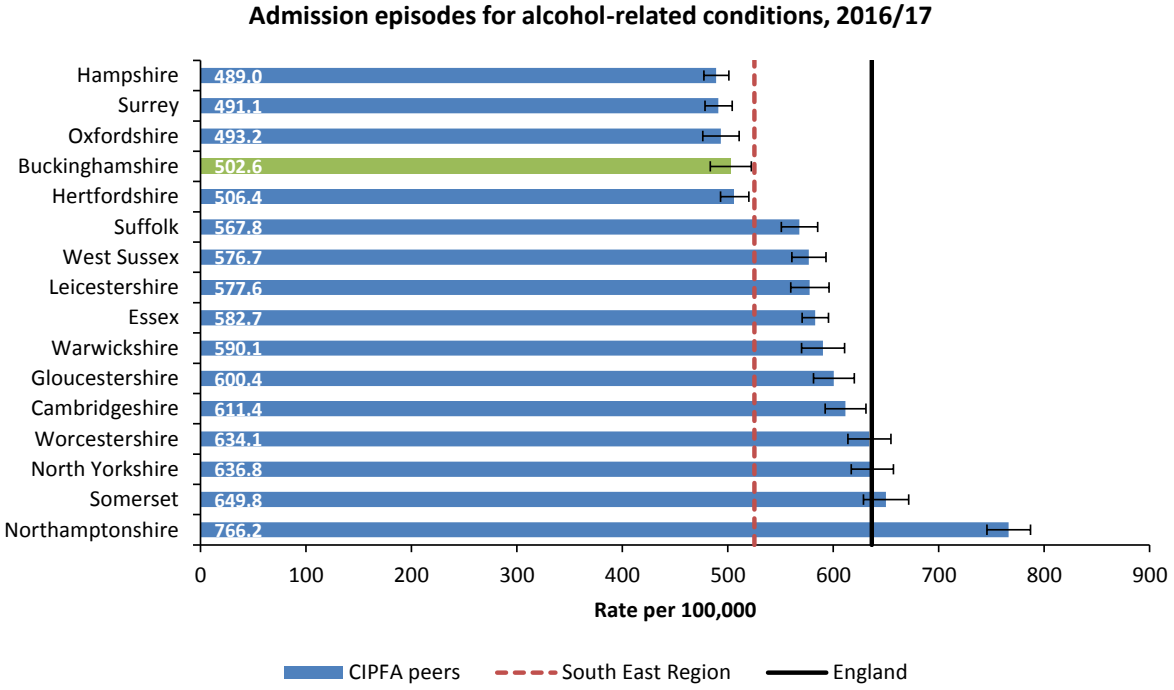




Indicator 28. Admission episodes for alcohol-related conditions (per 100,000) – GREEN (better)
Admissions to hospital where the primary diagnosis is an alcohol-attributable code or a secondary diagnosis is an alcohol-attributable external cause code. Directly age standardised rate per 100,000.

The rate of admissions for alcohol-related conditions in Bucks (502.6 per 100,000) was statistically lower than the England rate (636.4 per 100,000) in 2016/17. This equates to 2,594 admissions per year which are attributed to alcohol. In 2016/17, the admissions rate in Bucks was 21.0% lower than that in England. Since 2008/09, admissions have increased by 20.6% in Bucks, and 5.1% in England. In 2016/17, Bucks had the 4th lowest rate among its CIPFA peers.

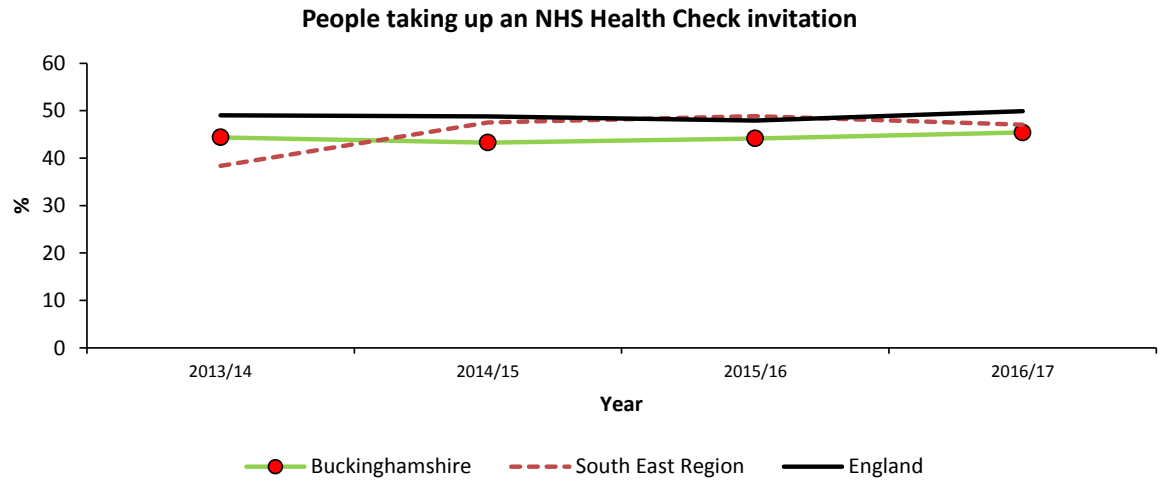


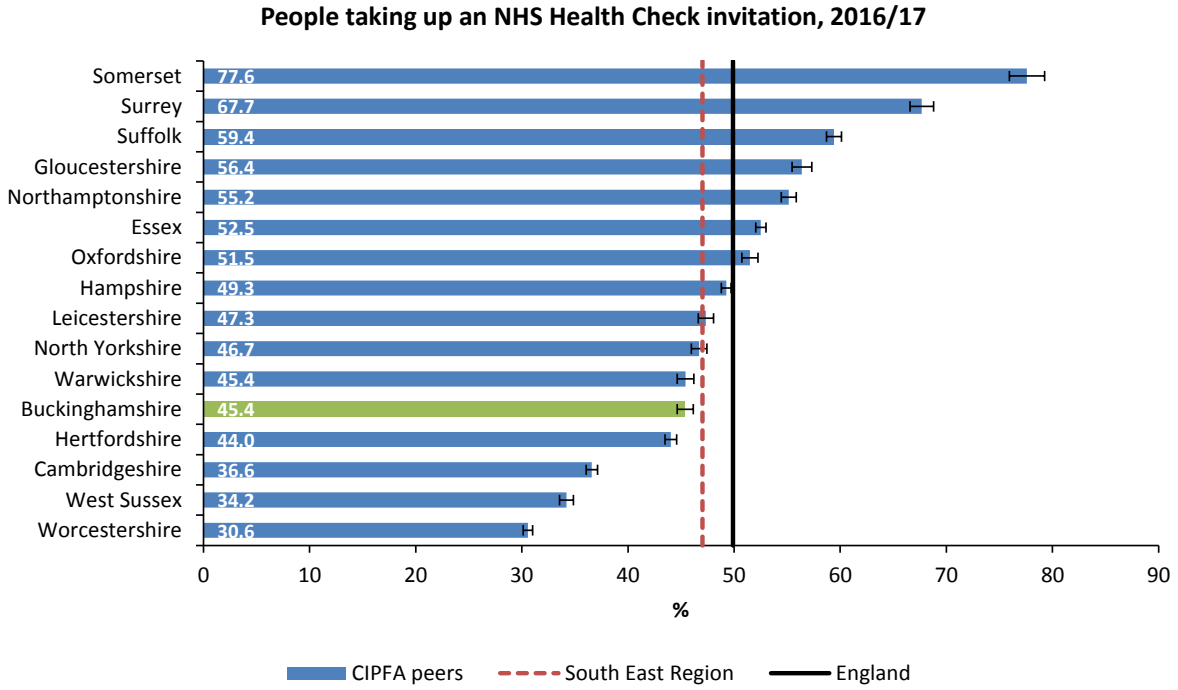


Indicator 29. People taking up an NHS Health Check invite per year (%) – RED (worse)

Percentage of people invited for an NHS Health Check taking one up in the financial year.

In 2016/17, the proportion of invited people who received an NHS Health Check in Bucks was 45.4%. This is statistically significantly lower that the uptake across England (49.9%). In 2016/17, Bucks had the 12th highest proportion among its CIPFA peers.

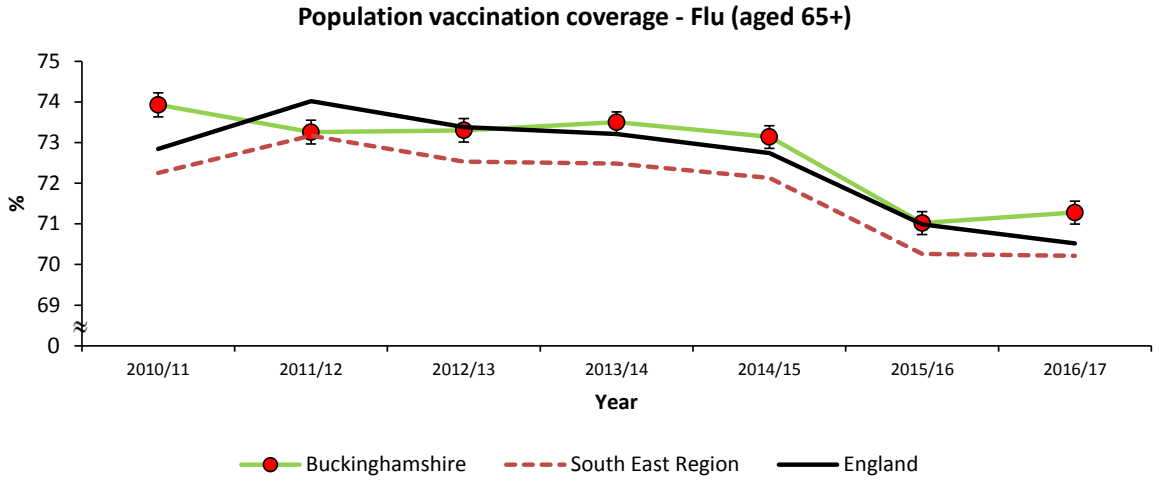


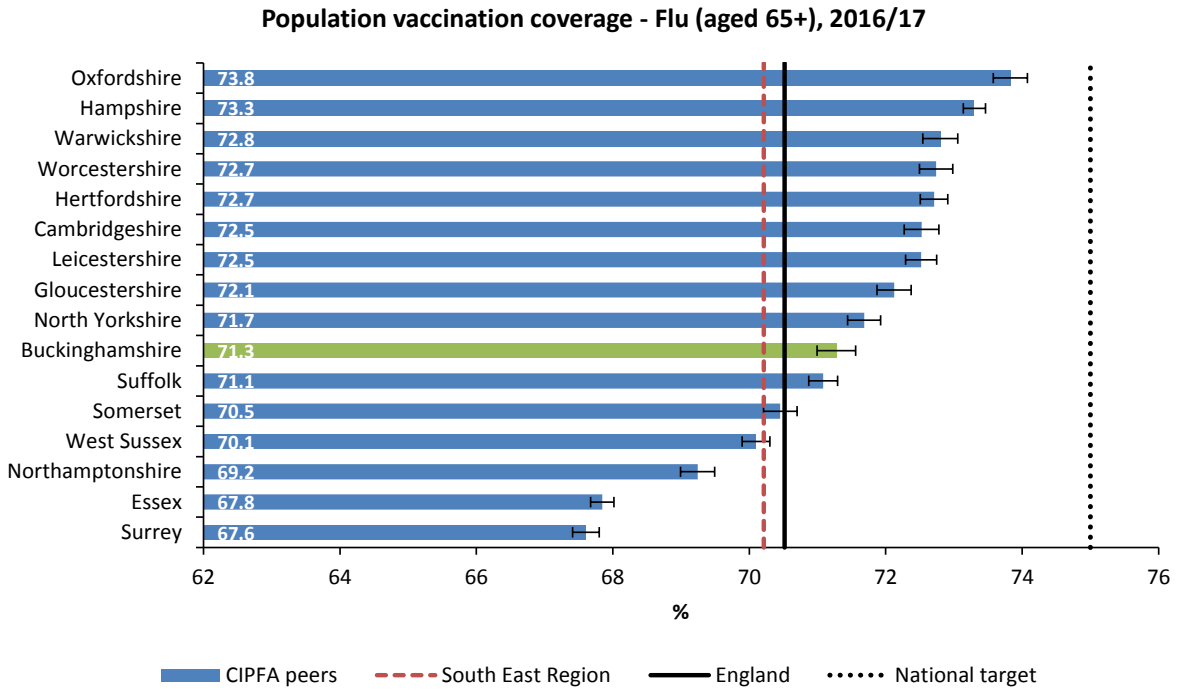


Indicator 30. Population vaccination coverage - Flu (aged 65+) (%) – Red (not met national target)

Flu vaccine uptake (%) in adults aged 65 years and older, who received the flu vaccination between 1 September to 31 January in a primary care setting (GPs).

The proportion of people aged 65+ years having an influenza vaccination in Bucks (71.3%) was statistically significantly higher than the England proportion (70.5%) in 2016/17. Nationally, the target is to vaccinate 75% of people over 65 years, making this indicator red. Since 2010/11, vaccination coverage has decreased by 3.6% in Bucks and 3.2% in England. In 2016/17, Bucks had the 10th highest proportion among its CIPFA peers.

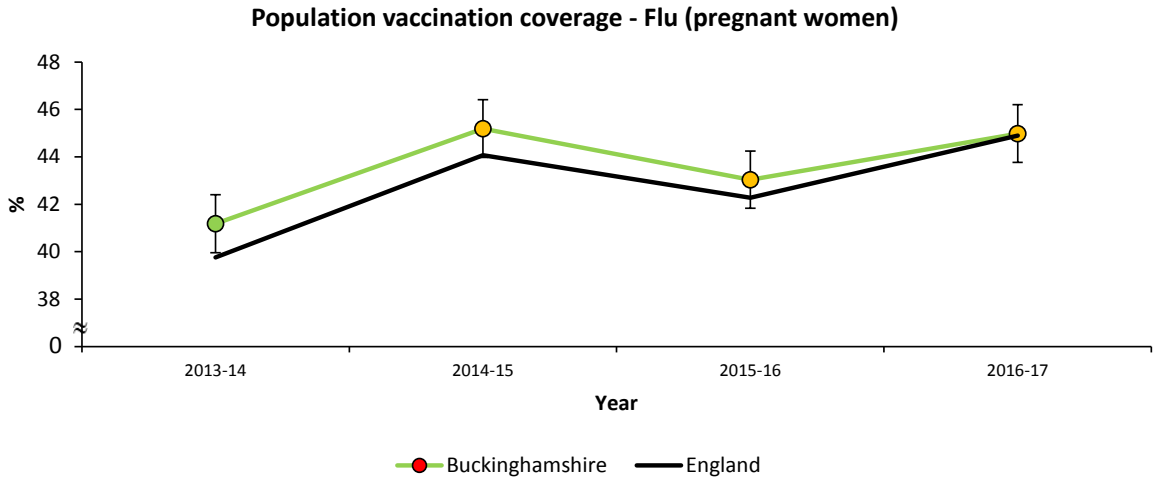


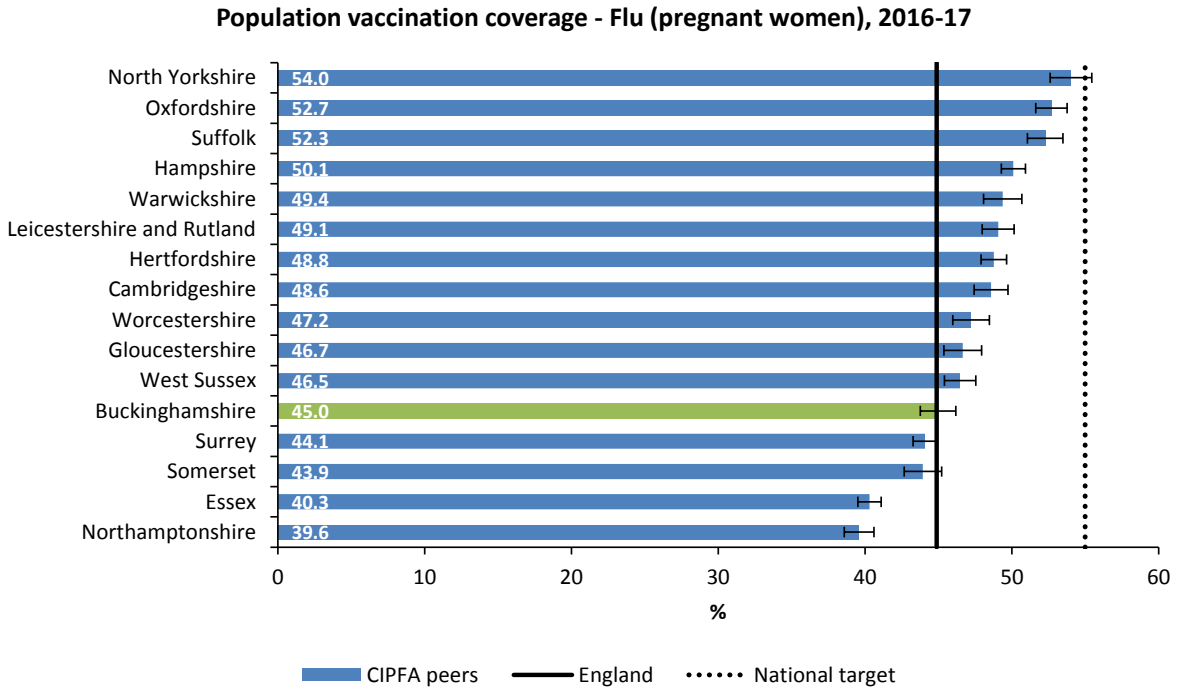


Indicator 31. Population vaccination coverage - Flu (pregnant women) (%) – AMBER (similar)

Final end of January 2017 cumulative uptake data for England on influenza vaccinations given from 1 September 2016 to 31 January 2017.

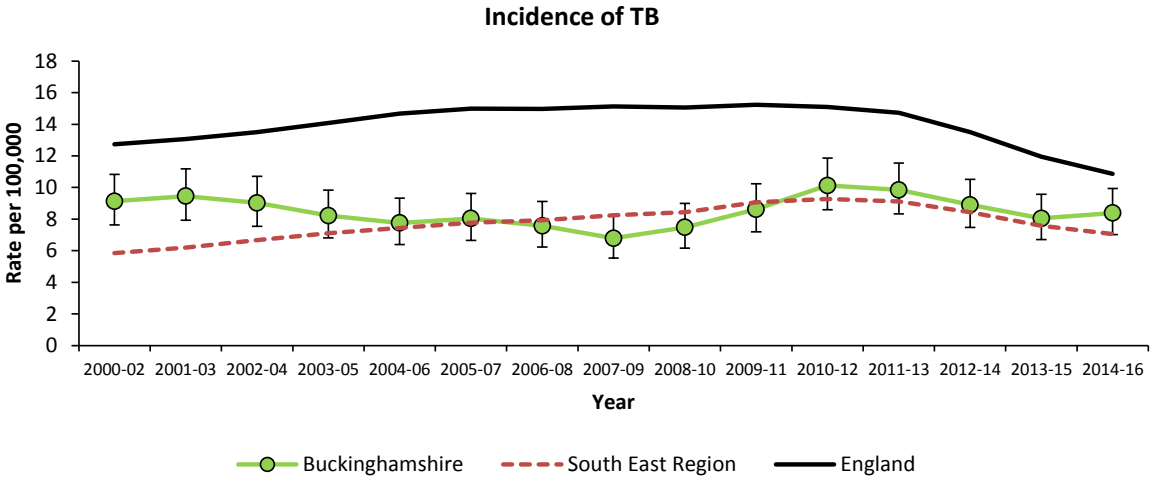
The proportion of pregnant women having an influenza vaccination in Bucks (45.0%) was not statistically different to the England proportion (44.9%) in 2016/17. The locally set target for the South East is 55% and comparison is made to uptake nationally, making this indicator amber. In 2016/17, Bucks had the 12th highest proportion among its CIPFA peers (note one comparator is Leicestershire and Rutland rather than Leicestershire). Values for the South East Region are not available.

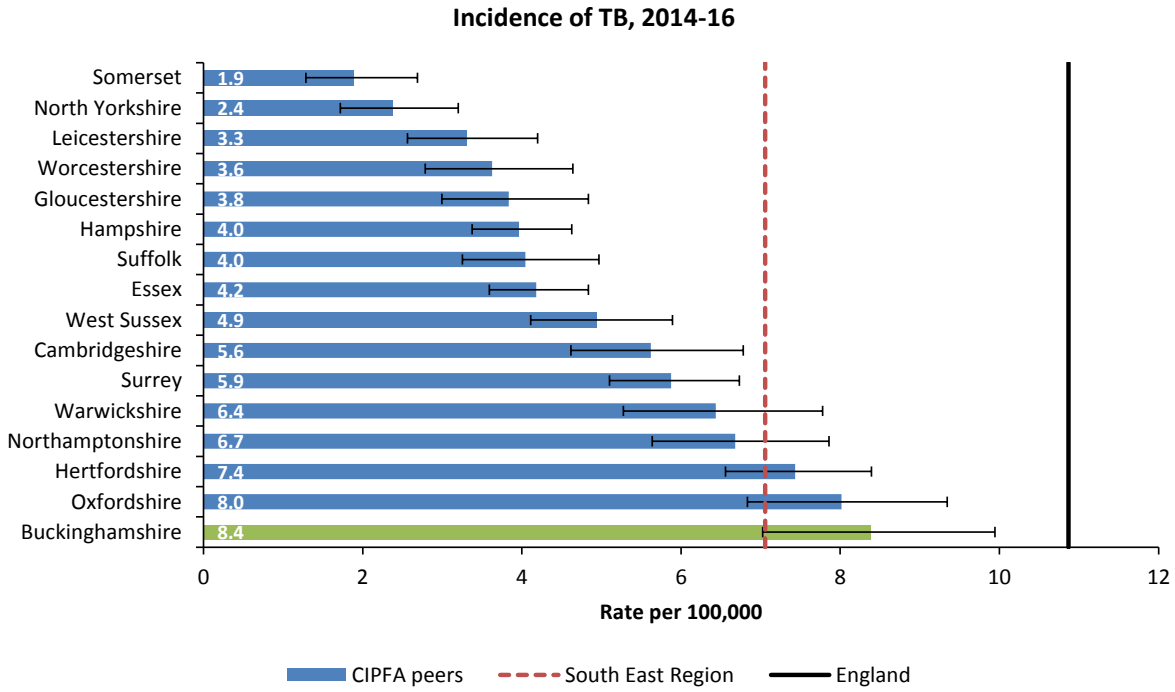




Indicator 32. Incidence of TB (per 100,000) – GREEN (better)
Three-year average incidence of tuberculosis per 100,000 population.

The incidence of tuberculosis in Bucks (8.4 per 100,000) was statistically lower than the England value (10.9 per 100,000) in 2014-16. This equates to approximately 45 new cases each year. This is a decrease of 22.8%. In 2014-16, Bucks had the highest incidence among its CIPFA peers.

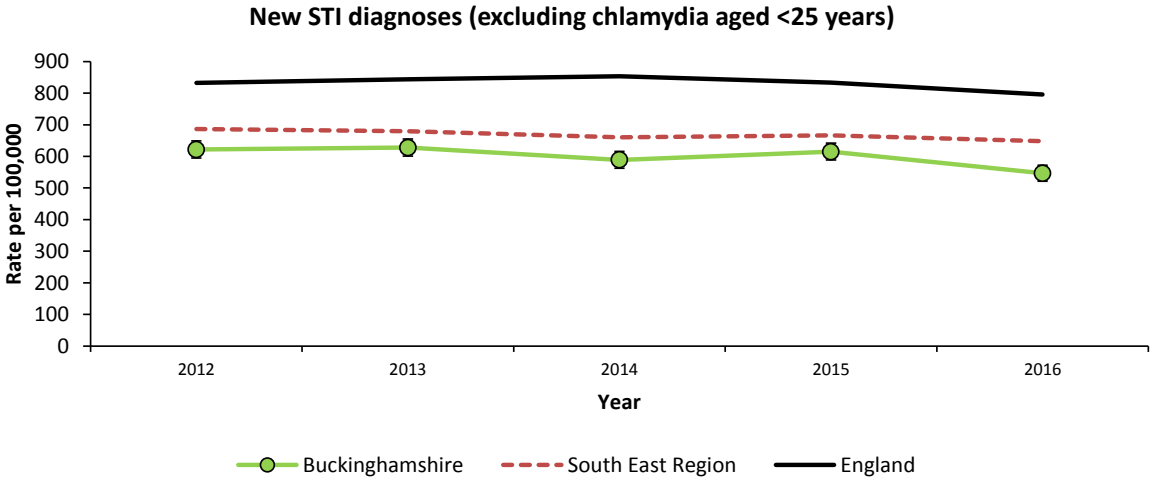


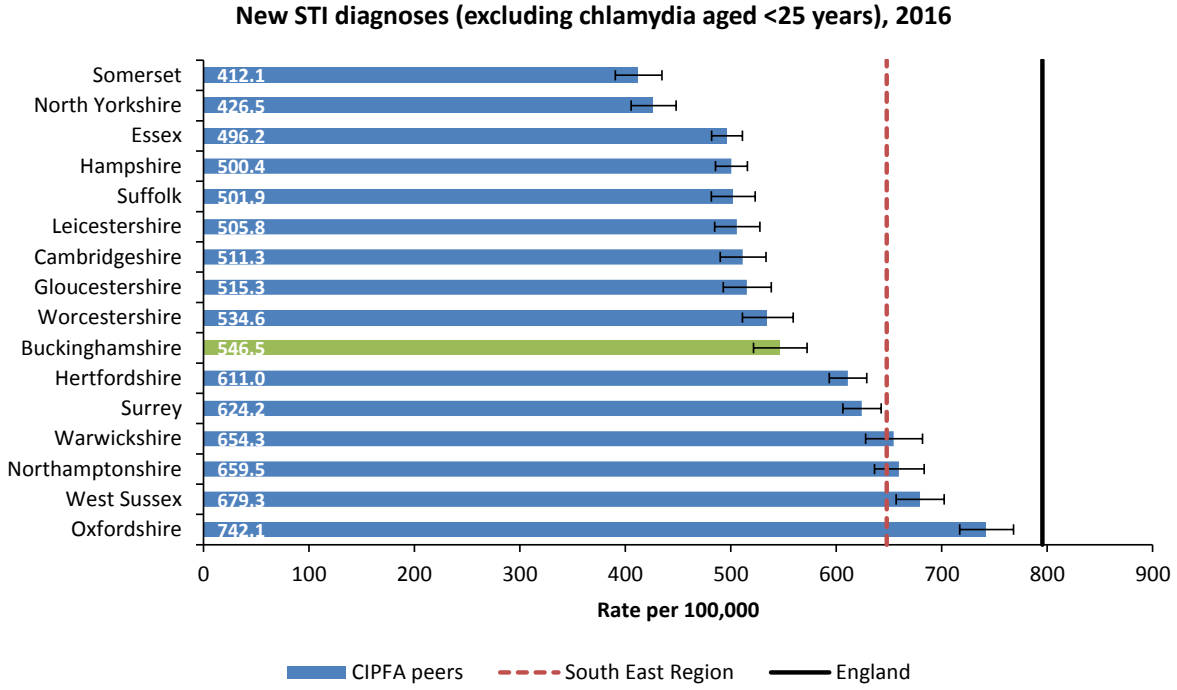


Indicator 33. New sexually transmitted infections diagnoses (excluding chlamydia in <25 year olds) in people aged 15-64 years (per 100,000) – GREEN (better)

Number of new STI diagnoses (excluding chlamydia in under 25 year olds) per 100,000 people aged 15-64 years.

The rate of new diagnoses in Bucks is 546.5 per 100,000 in 2016. This is 31.3% lower than the rate in England (795.4 per 100,000) and the difference is statistically significant. Since 2012, the rate has decreased by 12.1% in Bucks and 4.4% in England. In 2016, Bucks had the 10th lowest rate among its CIPFA peers.

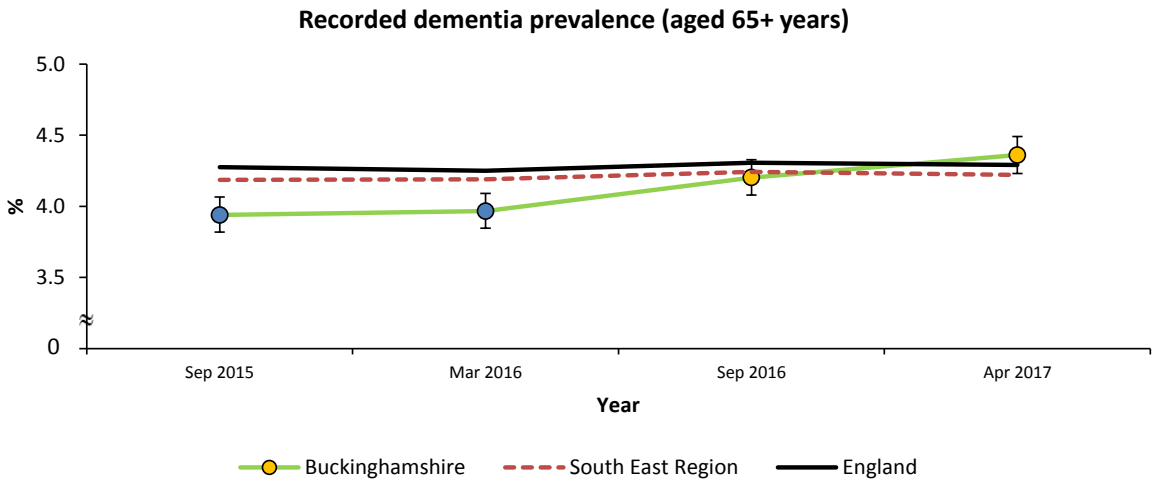


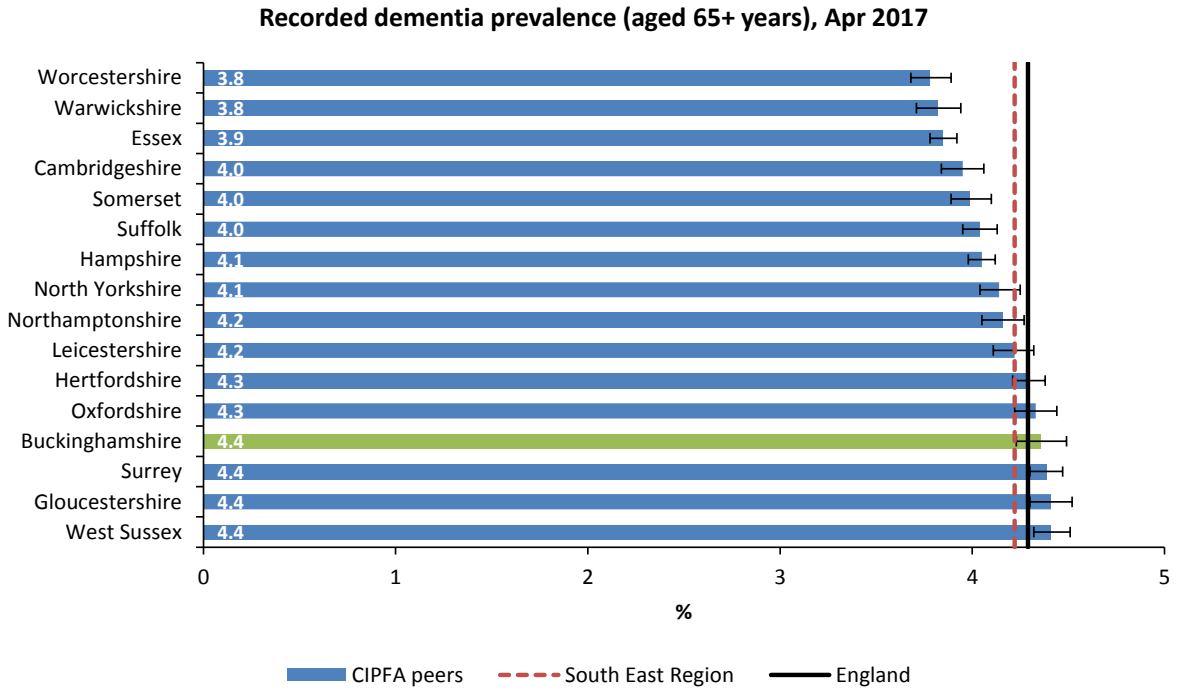


Indicator 34. Dementia recorded prevalence for adults aged 65+ (%) – AMBER (similar)

The percentage of patients (aged 65 years and over) with dementia as recorded on all open and active GP practice disease registers.

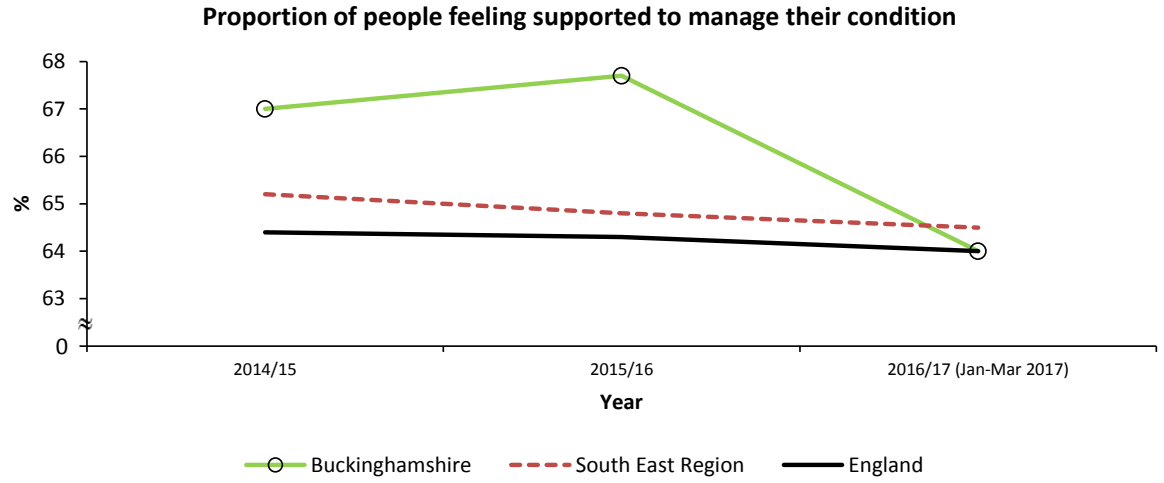
The prevalence of recorded dementia in Bucks (4.4%) was statistically similar to the England value (4.3%) in April 2017. Prevalence in Bucks has increased by 10.7% since September 2015. In April 2017, Bucks had the 4th highest proportion among its CIPFA peers.

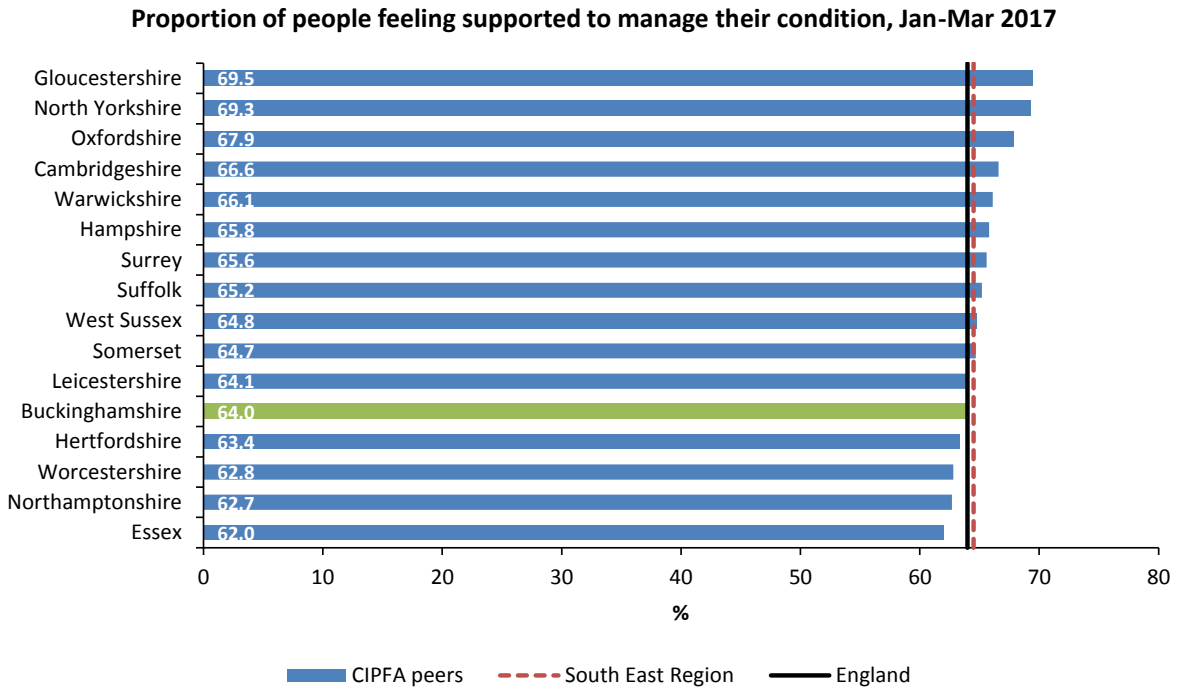




Indicator 35. Proportion of people who feel supported to manage own condition (%) – NOT RAG RATED
Directly standardised percentage of people who feel supported to manage their long-term condition, weighted for design and non-response.

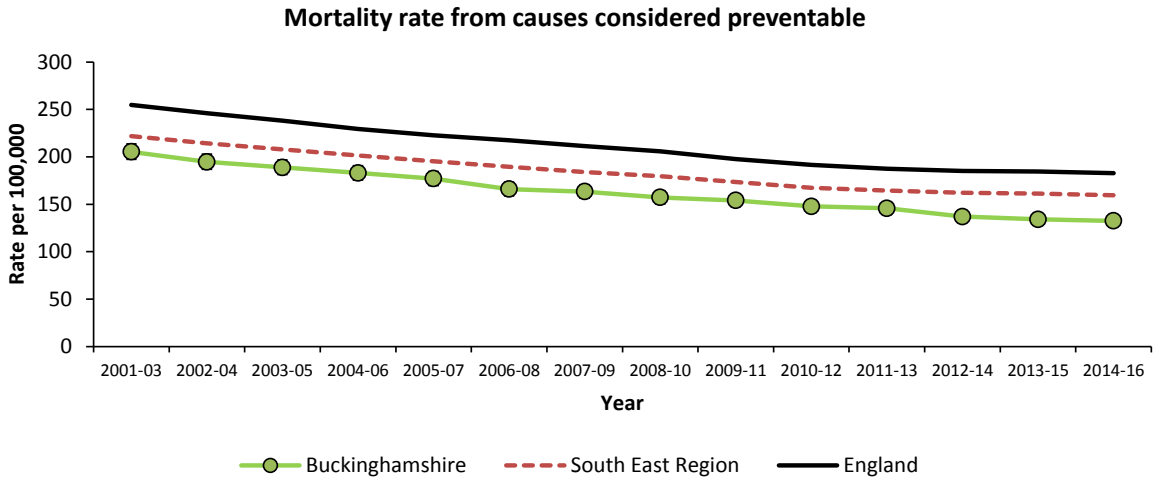
In 2016/17, the proportion of people who feel supported to manage their own condition is 64% in both Bucks and England. This estimate is only for January to March of 2017. This indicator cannot be RAG rated. In Jan-Mar 2017, Bucks had the 12th highest proportion among its CIPFA peers.

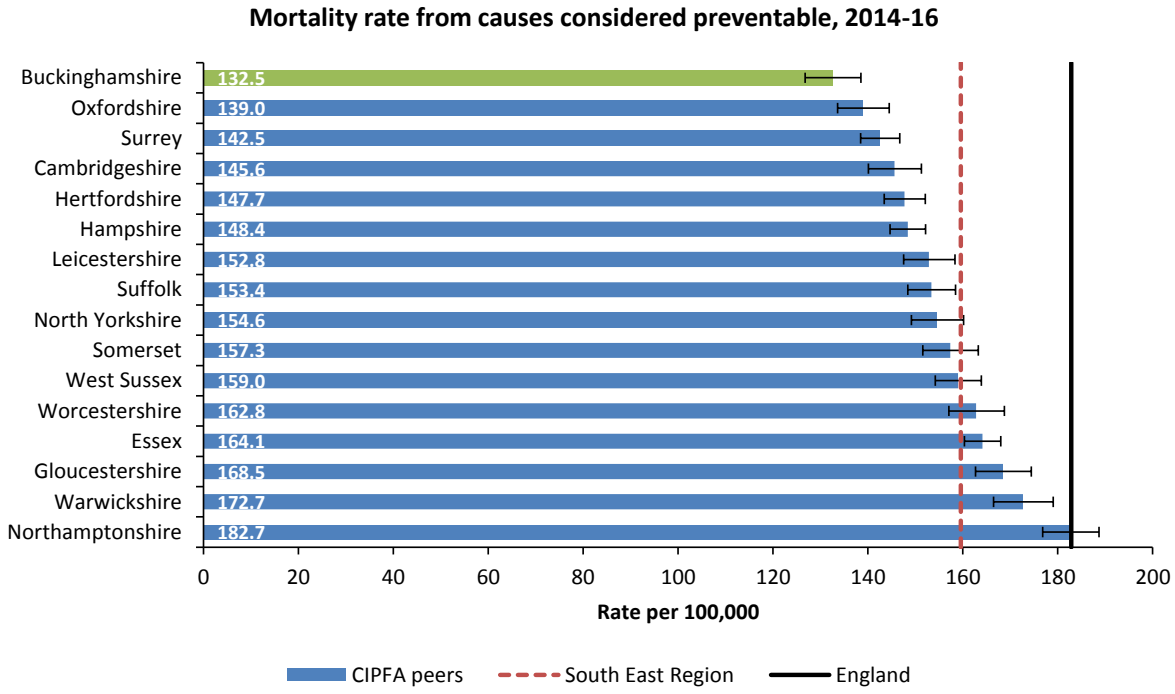




Indicator 38. Mortality rate from causes considered preventable[3] (per 100,000) – GREEN (better)
Number of deaths from causes considered preventable per 100,000 population, adjusted for age.

Between 2014 and 2016, the mortality rate in Bucks from causes considered preventable was 132.5 per 100,000 people. This was 27.5% lower than the England rate (182.8 per 100,000) and the difference is statistically significant. Since 2001-03, the rate has decreased by 35.5% in Bucks and 28.2% in England. In 2014-16, Bucks had the lowest rate among its CIPFA peers.





[3] These include but are not limited to infectious diseases (such as tuberculosis, measles, whooping cough, viral hepatitis and HIV), many cancers, type II diabetes mellitus, heart disease, stroke and diseases related to alcohol and substance misuse.

Health and Wellbeing Board Dashboard Indicator Commentary – Review of Red and Amber Indicators

Indicator 25 – Percentage of adults (aged 18+) classified as overweight or obese (%)
Percentage of adults aged 18 and over classified as overweight or obese (body mass index ≥25kg/m^2).
Explanation
• This indicator supersedes the previous indicator and there is only a single time point using the current method. As a result, it is difficult to fully understand performance against the indicator at this early stage due to the change in methodology. • The new methodology results in wider degree of uncertainty, meaning that the difference between values for Bucks and England needs to be larger for this indicator to be green.
Are more recent data available?
The most recent data comes from the Active Lives survey 2015/16. The 2016/17 results will be published in March 2018.
What work has been done?
• A four tier weight management service is provided within Bucks offering a comprehensive range of services with specific eligibility criteria. • This current provision of all 4 tiers of weight management support fully complies with NICE recommendations and is seen as an example of good practice which the STP hope to learn from and expand into the other STP areas.
What work is planned?
• In April 2018, the new Integrated Lifestyle Service (ILS) will be introduced. This aims to improve access, assessment, referral and signposting and management of a range of lifestyle factors including weight management. • The ILS service will provide a broader range of tools and services to support people to make lifestyle changes. This includes digital self-help, a structured 12 week remote (digital/phone) programme and a 12 week face to face programme. • Bucks is a 'Prevention at Scale' LGA pilot site. This initiative focuses on the prevention challenge of engaging and motivating residents to make a lifestyle behaviour change. Actions include developing a whole systems approach, ensuring the digital element of the new Integrated Lifestyle Service is accessible and engaging and to develop insight into engaging and motivating at risk groups
Can the Health and Wellbeing Board support work targeting this indicator?

• Obesity is a very complex multifactorial issue, and more work is required in all areas to address it. Members of the Health and wellbeing board and their partner organisations can look to address the wide range of factors that impact on healthy weight, including:
  ○ Identifying residents who would benefit from losing weight and offer brief intervention/advice to signpost/refer to support services
  ○ Commissioning, promoting and referring to treatment services to support those who are overweight and obese at the scale required
  ○ Contribute to the multiagency communications plan for the new integrated lifestyle service, to increase resident awareness
  ○ Supporting staff to adopt healthy lifestyles
  ○ Influence the planning and design of the built environment to support people to be more active and eat more healthily.
• Ongoing support from the HWB for the Prevention at Scale pilot will be a valuable asset to addressing our prevention challenge.

Indicator 29 – People taking up an NHS Health Check invite per year (%)
Proportion of people invited for an NHS Health Check who attend
Explanation
• Buckinghamshire aims to invite all eligible people over the course of a five year cycle of the NHS Health Check programme, as required by the Public Health Functions Regulations 2013. Comparing Buckinghamshire with other sites and to England is difficult due to different approaches that are adopted to the invitation process.
Are more recent data available?
Data for the current financial year 2017/18 (Q1-Q3) show that uptake is 49.7%. This is an improvement on the previous year.
What work has been done?
• Through the quality assurance process, the QA officer works closely with practices to improve the content of invitations sent out along best practice guidelines and using guidance from the national behaviour insights team to increase uptake. • Bucks commissions both GP practices and an outreach service to deliver Health Checks, allowing people not registered with a GP to access this service. • Last year a campaign targeting men, South Asian communities and those in more deprived areas was used to increase uptake in these groups with a higher risk of cardio-vascular disease. This has been nominated for a national award with the result awaited.
What work is planned?
• A campaign for 2018/19 is planned to focus specifically on eligible South Asian people and those in more deprived communities, where risk of heart disease, diabetes and stroke are highest, building on the work carried out in 2017/18. • A new performance dashboard for each practice has been developed so that practices can see their performance in a more timely way (quarterly rather than annual) and be able to act on changes to their uptake level.
Can the Health and Wellbeing Board support work targeting this indicator?
• Publicise NHS Health Check in their organisation where applicable (workforce or clients includes those 40-74 years and Bucks residents) by linking into our next campaign to promote awareness. • Ability to have outreach health checks delivered in organisations that are in our priority areas or work with our priority groups.

Indicator 30: Population Vaccination coverage – Flu in adults aged 65+ years (%)
Proportion of all adults aged 65 years and over who receive the seasonal flu vaccine
Explanation
• The most recent benchmarked data are available for the 2016/17 season, when 71.3% of adults aged 65 and over received the seasonal flu vaccine. The target uptake is 75%, meaning that this indicator is RAG rated as red. Buckinghamshire performs better than England, the South East and many of its CIPFA peers.
Are more recent data available?
Provisional data up to week 3, 2018 show that uptake in over 65 year old is 72.6% for Chiltern CCG and 73.0% for Aylesbury Vale CCG. This shows an improvement of approximately 1.5% compared to last year, with similar improvements nationally.
What work has been done?
• A multiagency flu oversight group looks at uptake and gaps in uptake of the flu vaccine, identifying evidence based targeted interventions. For example, during the 2017/18 seasonal flu vaccination programme, targeted work was undertaken, using pharmacists to deliver vaccines in care homes, where historically uptake has been low.
What work is planned?

• The population aged over 65 years has been increasing by approximately 1,000 every year. There are currently around 100,000 people in Buckinghamshire aged 65 years and over who are eligible for the seasonal flu vaccine. • The flu oversight group will continue its work, assessing the data and evidence of what works to increase uptake.
Can the Health and Wellbeing Board support work targeting this indicator?
Organisations can promote the flu jab to staff and members of the public.

Indicator 31: Population Vaccination coverage – Flu (pregnant women) (%)
Proportion of all pregnant women who receive the seasonal flu vaccine
Explanation
The most recent benchmarked data are available for the 2016/17 season, when 45.0% of pregnant women received the vaccine. Buckinghamshire has a similar uptake to England but a lower uptake compared to 11 of 15 CIPFA peers.
Are more recent data available?
Provisional data up to week 3, 2018 show that uptake in pregnant women is 44.1% for Chiltern CCG (from 42.5%) and 48.3% for Aylesbury Vale CCG (from 47.6%). Compared to the 2016/17 season, there has been an increase in uptake among pregnant women in Chiltern and a decrease in uptake in Aylesbury Vale.
What work has been done?
• A multiagency flu oversight group looks at uptake and gaps in uptake of the flu vaccine, identifying evidence based targeted interventions. • Community Pharmacy NHS Flu service has been extended to offer flu jabs for pregnant women • More targeted flu jab promotion during season through all health care contact with pregnant women e.g. antenatal classes, Scanning appointment etc.
What work is planned?
• The flu oversight group will continue its work, assessing the data and evidence of what works to increase uptake. • Explore opportunities to expand and improve uptake with BHT maternity services • Community Pharmacy to proactively identify pregnant women who walking through their doors and promote flu jabs
Can the Health and Wellbeing Board support work targeting this indicator?
Organisations can promote the flu jab to staff and members of the public.

- Indicator 27. Prevalence of recorded diabetes: Un-benchmarked data are available for 2014/15 and 2016/17. These show that recorded prevalence in Buckinghamshire has remained constant at 5.9%. The 'expected' prevalence of diabetes in Buckinghamshire (7.7% in Aylesbury Vale CCG and 8.3% in Chiltern CCG) is lower than for England (8.5%). Therefore, it would be expected that recorded diabetes prevalence in Bucks would be lower than England. The difference between expected and recorded prevalence equates to approximately 9,000 people in Bucks with diabetes who are currently undiagnosed.
- Indicator 34. Dementia recorded prevalence for adults aged 65+ (%): Recorded prevalence for dementia among Buckinghamshire residents aged 65 and over is 4.4%. This is statistically similar to England and is rated as amber. The estimated dementia diagnosis rate in Buckinghamshire is 67.4% which is statistically similar to England. This suggests that over two thirds of people suffering with dementia have received a diagnosis.

Health and Wellbeing Board Performance Dashboard Indicator Commentary – Further Information for Priority Area 1.

Indicator 12: Proportion of 5-year-old children free from dental decay (%)
Percentage of 5 year olds who are assessed as being free from dental decay (evidence of decay, missing due to decay or filled teeth, DMFT)
Explanation
• The 2014/15 survey shows that 76.5% of 5 year olds were free from obvious signs of dental decay. This result is slightly less than the previous survey in 2012. • Whilst the percentage of children free from dental decay has reduced, the average number of decayed, missing (due to decay) or filled teeth per child is 3 (reduced from 3.31 in 2012). A higher proportion of children have dental decay, but there are fewer decayed teeth per child. The average number of decayed teeth per child in Bucks is lower than the South East (3.2) and England (3.4). • What is clear from the data is the levels of decay have changed at the lower tier level, with Wycombe having the highest percentage of children with decay in 2015 (28.9% compared to 24% in 2012). The reason for the change in prevalence in Wycombe is unclear and could be as a result of the particular schools sampled in that year, it may be changes to the local demographics across the 2 survey years or an outcome of the opt in nature of the survey - parents who know their child has decay may have opted out in previous year.
Are more recent data available?
This data comes from the Public Health England (PHE), Dental Public Health Intelligence Programme. The next data set will be the 2016/17 survey. These results are expected to be published by Public Health England in May 2018. We will have a better understanding of trends in childhood dental health with the additional results from the survey due in May.
What work has been done?
There has been a large effort to address to the indicator, including: • **Staff training**: training of health visitors, school nurses, Family Nurse Partnership and Early Years workforce to support families from the very beginning to develop a positive approach to good oral health. • **Fluoride**: there has been targeted distribution of appropriate fluoride toothpaste via the family nurse partnership, and a number of children centres and the Healthy Living Centre have engaged in programmes to provide toothpaste. • **Early years setting**: a large cohort of early years settings (over 150 settings) currently demonstrate they have a whole setting approach to good oral health, by providing healthy foods and drinks, education (to children and parents), food policies and appropriate dummy and bottle use. This is supported by the revised early years menus published by PHE / Action for Children.
What work is planned?
It is clear that the work undertaken in previous years does not go far enough to address the issue. There are some national changes coming in which should have a greater impact to reducing tooth decay these include: • **Healthy eating**: Frequent exposure of teeth to free sugars, most commonly through eating and drinking sugary snacks and drinks, is the cause of decay. Free sugars are also contributory factors to other issues of public health concern in children, for example, childhood obesity and development of Type II diabetes later in life. The national reformulation work to reduce sugar in foods will make it easier for parents to select lower sugar foods and drinks. • **Dentists:** play an important role, however there has been a discrepancy in the advice of taking children to the dentist by the time the first tooth comes through (which is a universal message that has been spread out in Bucks via Health Visitors), and dentists being reluctant to see children if they do not have all 20 baby teeth (2 - 2.5 years of age). However there has been a recent addition to the dental contract encouraging dentist to see children from the age of 1. This

should therefore assist in children getting access to treatment before decay is widespread.
Can the Health and Wellbeing Board support work targeting this indicator?
The health and wellbeing board can support this indicator by cascading out to families the key message of *'taking children to the dentist by the time the first tooth appears'.*

Health & Wellbeing Board
Buckinghamshire

Title	Buckinghamshire Physical Activity Strategy
Date	29 March 2018
Report of:	Jane O'Grady, Director of Public Health
Lead contacts:	Sarah Preston, Public Health Principal, spreston@buckscc.gov.uk, 01296 382 539

Purpose of this report:

The purpose of this report is to update the Health and Wellbeing Board on the multiagency Buckinghamshire Physical Activity Strategy 2018-2023, and request that the Board approves the strategy and that member organisations continue to support the development and delivery of the strategy action plan.

Summary of main issues:

The Public Health Team at Buckinghamshire County Council has worked with all Health and Wellbeing Board member organisations and wider partners through a strategy steering group and stakeholder workshop to develop a five year multiagency physical activity strategy for Buckinghamshire.

The strategy will support the delivery of the Buckinghamshire Joint Health and Wellbeing Strategy which includes a focus on helping people adopt healthier lifestyles.

The aims of the strategy are to:

I. **Increase levels of activity by encouraging inactive residents into regular activity throughout life**

II. **Increase the number of residents achieving the Chief Medical Officer guidelines for physical activity throughout life**

The strategy reviews why being physically active is important in Buckinghamshire and outlines some of the realisable benefits in tackling this issue. The strategy identifies the groups that are most likely to be inactive and sets out a framework of four principles based on national policy, evidence and best practice that can support the achievement of the aims; Active Environments, Active Communities, Skilled Workforce and Working Collaboratively.

The case for being regularly active is compelling, with a wealth of evidence highlighting that activity helps us lead healthier and happier lives. Yet a significant number of people in Buckinghamshire do not achieve the levels of activity that will

keep them physically and mentally well. One in five adults in Buckinghamshire do less than 30 minutes of activity a week and these people will see the greatest gains from increasing levels of activity.

We need to make physical activity part of everyone's everyday life and need a system wide approach to making being active the easy choice for residents, particularly for those who are currently inactive.

This physical activity strategy provides guidance to strategic leads, policymakers, commissioners and providers on the key approaches and priority groups we need to focus on to improve the activity levels of Buckinghamshire residents. We can make a greater impact across our county by encouraging other organisations to align strategies and plans that impact on physical activity with these priorities.

An annual multiagency action plan will be developed to deliver the strategy, involving all Health and Wellbeing Board member organisations and wider partners.

Recommendation for the Health and Wellbeing Board:

1. To approve and adopt the Buckinghamshire Physical Activity Strategy
2. To commit to supporting the development and delivery of the strategy action plan.

Background documents:

Buckinghamshire Physical Activity Strategy 2018 - 2023

Making Physical Activity a Priority

Buckinghamshire Physical Activity Strategy 2018 - 2023

Introduction

The case for being regularly active is compelling, with a wealth of evidence highlighting that activity helps us lead healthier and happier lives. Yet a significant number of people in Buckinghamshire do not achieve the levels of activity that will keep them physically and mentally well. One in five adults in Buckinghamshire do less than 30 minutes of activity a week and will see the greatest gains from increasing their levels of activity.

This multi-agency strategy aims to encourage everyone in Buckinghamshire to be more active and therefore gain the many benefits that being active can bring, whatever your age or ability, but with a particular focus on those who are currently inactive – defined as doing less than 30 minutes moderate intensity physical activity per week. Physical activity helps people feel good, helps children and young people grow well and achieve at school, improves physical health and reduces the risk of developing many illnesses including serious diseases such as cancer, heart disease and dementia. In fact, it has been widely acknowledged that if exercise were a pill, it would be the most cost-effective medicine available. It also supports people to live independently as long as possible and can reduce social isolation which is a key priority for us.

We would like to thank all the organisations that helped develop this strategy and who are all keen to play their part in implementing it, including District Councils, Leap, Buckinghamshire Clinical Commissioning Groups, wider Buckinghamshire County Council services and voluntary sector partners. We will work together to achieve our ambitions, ensuring we plan and share ideas at the earliest opportunity, learn from each other about what works, and scaling up successful initiatives.

Everyone has a role to play in increasing activity levels – whether at school, at work, in your community or at home and as you travel around.

Please help us to implement this strategy and keep Buckinghamshire a great place to live and our residents more active, healthier and happier.

Dr Jane O'Grady
Director of Public Health

Cllr Noel Brown
Cabinet Member for Community Engagement and Public Health

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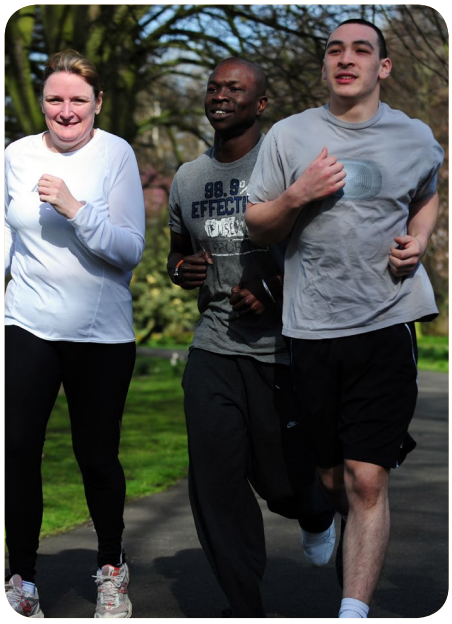


1. Purpose

The purpose of this Strategy is to provide clear guidance to strategic leads, policy makers, commissioners and providers across different areas of responsibility to help drive an increase in the physical activity levels of Buckinghamshire residents and support delivery of the Buckinghamshire Health and Wellbeing Strategy 2016-2021.

The Strategy sets out 4 key evidence-based principles that provide the framework for embedding activity into everyday life, across the life course, and making activity the social 'norm'. Achieving this ambition isn't possible by any one organisation alone and relies on a whole-system, joined-up approach to action.

The Strategy will be overseen by a multi-agency steering group and will link to the Buckinghamshire Healthy Communities Partnership, and ultimately the Buckinghamshire Health & Wellbeing Board.

2. Aims and Outcomes

Aims

1. Increase levels of activity by encouraging **inactive** residents into regular activity throughout life.

2. Increase the number of residents achieving Chief Medical Officer guidelines for physical activity throughout life.

Outcomes

The high level outcomes are:

1. A reduction in the proportion of Buckinghamshire residents who are **inactive** by 2023.

2. An increase in the proportion of Buckinghamshire residents who achieve the Chief Medical Officer guidelines for physical activity by 2023.

People who do less than 30 minutes per week of moderate intensity physical activity are defined as being inactive. In Buckinghamshire almost 1 in 5 (18.8%) of adults aged 16+ are inactive. The greatest health gains are made by moving people from "inactive" to more active categories. Our second aim is to increase the proportion of residents who meet national guidelines for physical activity – for adults aged 16+ years this is 150 minutes of moderately intense physical activity per week and for young people age specific recommendations are even higher. In order to achieve our aims we will need to identify the most effective methods to increase activity levels in people who are currently inactive.

National research identifies that a higher proportion of people from the following groups are more likely to be inactive:

Lower Socio-economic groups
Those who are long term unemployed or have never worked are the most likely to be inactive (37.5%) while those in managerial, administrative and professional occupations are the least likely to be inactive (17%).

Women and girls
Girls (45%) are more likely to be inactive than boys (36%).[1]
Women (27%) are more likely to be inactive than men (24%).

Older people
Inactivity levels increase with age. Older people aged 75 – 84 (48%) and 85+ (71%) are most likely to be inactive.

People with disability
51% of those with three or more impairments are inactive compared with 21% of those without a disability.

People from some ethnic groups
Whilst nationally 25% of White British people are inactive the levels of inactivity for some ethnic groups are higher, South Asian 31%, Black 30% and Chinese 30%.

We aim to achieve this through the 4 principles of our strategy described on the following pages

- Active environments
- Active communities
- Skilled workforce
- Working collaboratively

We need to make physical activity part of everyone's every day life and need a system wide approach to make being active the easy choice for residents, particularly for those who are currently inactive. We need our workforce to be skilled in supporting residents to be active by providing brief advice and signposting particularly to those who are inactive and to encourage sustainable physical activity opportunities in key communities where levels of inactivity are higher . We will develop co-ordinated multiagency action plans to help us achieve our aims.

[1] Data source – Health Survey for England 2012

3. Physical Activity - an overview

3.1 What is physical activity?

Being physically active can incorporate many types of informal and structured activity:

Physical Activity
(expenditure of calories, raised heart rate)

Everyday activity:

- Active travel (cycling/walking)
- Heavy housework
- Gardening
- DIY
- Occupational activity (active/manual work)

Active recreation:

- Recreational walking
- Recreational cycling
- Active play
- Dance

Sport:

- Sport walking
- Regular cycling (≥ 30 min/week)
- Swimming
- Exercise and fitness training
- Structured competitive activity
- Individual pursuits
- Informal sport

3.2 Why be active?

Economy

£85m

approx. cost of physical inactivity to Buckinghamshire each year

Businesses with active employees are **more productive** and have a **lower staff turnover**

Active employees take **27%** fewer days sick leave than inactive employees

Health

20 number of chronic health conditions that physical activity can help prevent and treat

1 in 10 cases of heart disease and stroke could be prevented by persuading inactive people to become active.

Being active makes the majority of 5-11 year olds feel happier (**79%**), more confident (**72%**) and more sociable (**74%**)

Physical inactivity directly contributes to **1 in 6** deaths in the UK

An inactive person is likely to spend **37%** more time in hospital and visit the doctor **5.5%** more than an active person

Physical activity can help with:

improving sleep

maintaining healthy weight

managing stress

improving quality of life

Education

Improves concentration and learning

GCSE results of active young people are **10-20%** higher than those of inactive young people

Participating in extra-curricular activities has a positive effect on attainment

Physically active young people are **15%** more likely to go to university

3.3 What are the guidelines?

Early years (0-5 years)

What?	How much?
Floor-based play and water-based activities in safe environments.	At least 180 minutes spread throughout the day.
Time spent being sedentary.	Minimise time (except time sleeping).

How active are we? [2]
Early years (2-4)

10% of boys
9% of girls
meet recommended activity guidelines

83%
of boys and girls are classified as 'low active' (the lowest activity category)

22% of boys
27% of girls
are sedentary for between 4-6 hours on weekend days

Children and young people (5-18 years)

What?	How much?
Moderate to vigorous intensity physical activity.	At least 60 minutes per day.
Activities to strengthen muscle and bone.	At least 3 days each week.
Time spent being sedentary.	Minimise time.

How active are we? [2]
Children and young people (5-15)

23% of boys
16% of girls
meet recommended activity guidelines

36% of boys
45% of girls
are classified as 'low-active' (the lowest activity category)

19% of children aged 8-10
35% of children aged 13-15
are sedentary for 6+ hours on weekend days

[2] Data source – Health Survey for England 2015

Adults (19-64 years)

What?	How much?
Moderate to vigorous intensity physical activity.	At least 150 minutes per week in bouts of 10 minutes or more.
Activities to improve muscle and strength.	At least 2 days each week.
Time spent being sedentary.	Minimise time.

Older adults (65+)

Moderate to vigorous intensity physical activity.	At least 150 minutes per week in bouts of 10 minutes or more.
Activities to improve muscle and strength.	At least 2 days each week.
Activities to improve balance and co-ordination.	At least 2 days each week.
Time spent being sedentary.	Minimise time.

How active are we?
Adults (16+)

64.5% meet recommended activity guidelines[3]

14.9% are classified as 'fairly active'

20.7% **are classified as 'inactive'[4]**

40% of men
35% of women
are sedentary for 6+ hours on weekend days[5]

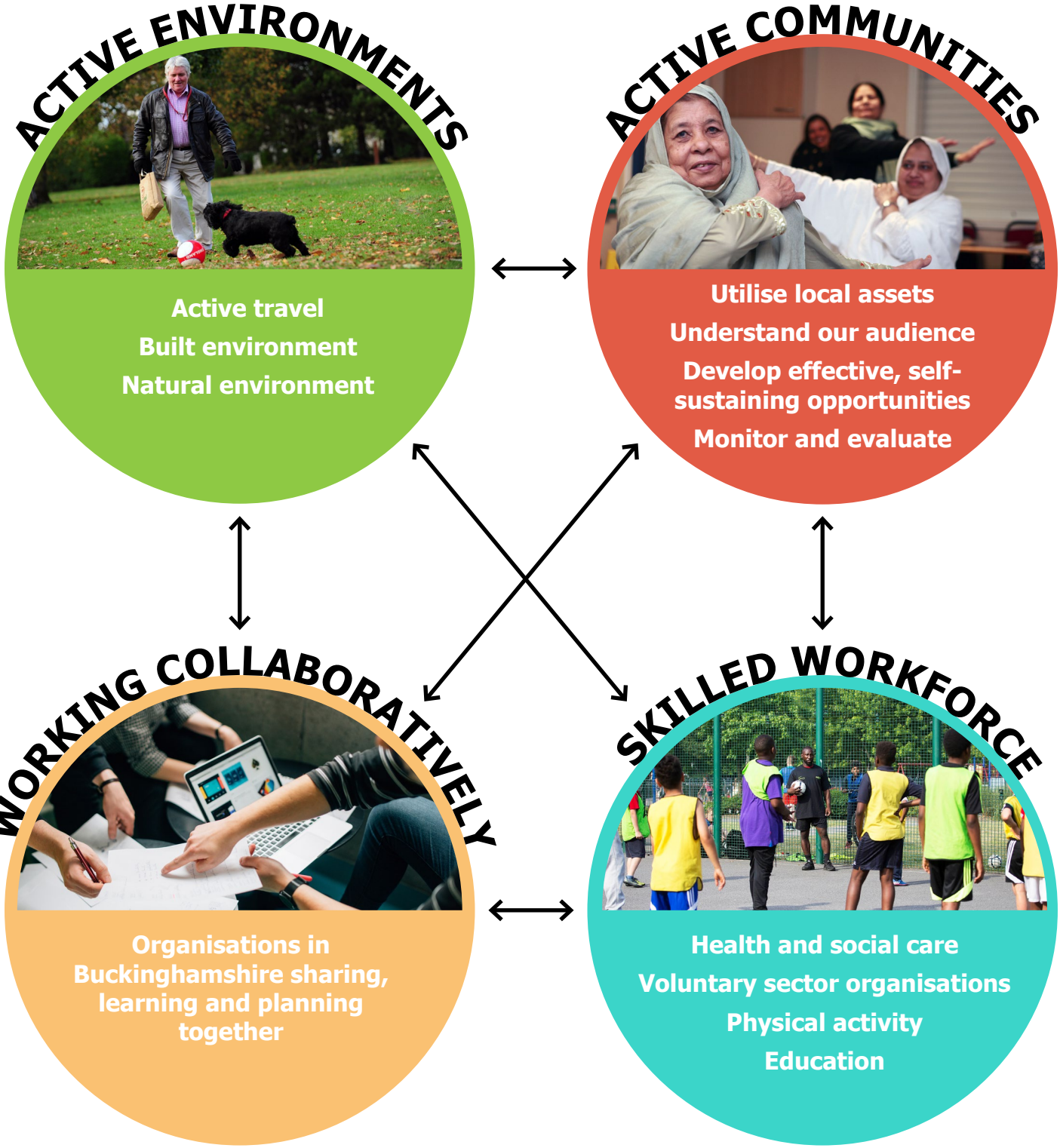
Did you know?

- **Moderate intensity** means you can talk during an activity but you can't sing!
- **Vigorous intensity** means you struggle to say more than a few words during an activity!
- **Sedentary behaviour** is not simply a lack of physical activity - it is spending too much time in positions that do not use energy – such as watching TV, playing computer games or sitting at a desk.

[3] Self-reported data.
[4] Data source - Active Lives Survey October 2017.
[5] Data source - Health Survey for England 2016.

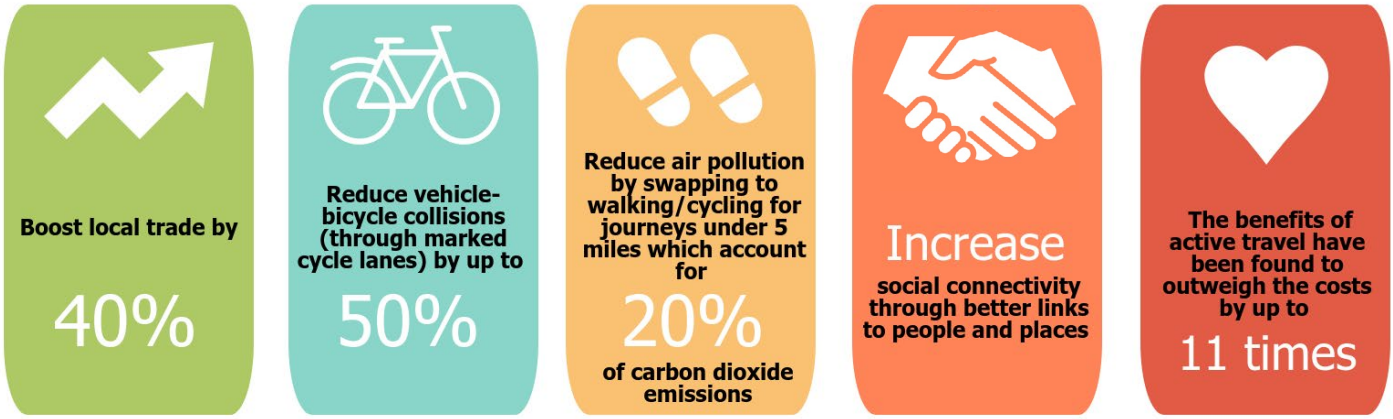
4. Achieving our aims through 4 principles

The following four principles are based on national policy, evidence and best practice. Each principle interlinks so that each Area for Action supports achieving other principles. For example, increasing active travel not only supports active environments but contributes towards active communities too.



4.1 Active Environments

The World Health Organisation defines a 'Healthy City' as one that supports health, recreation and wellbeing, safety, social interaction, easy mobility, a sense of pride and cultural identity and is accessible to the needs of all citizens. The same can be applied to towns and villages throughout Buckinghamshire. Living in an activity-friendly neighbourhood can provide up to 59% of weekly activity. There is strong evidence that improving environments to increase active travel can significantly increase levels of physical activity – as well as provide the following benefits:



Neighbourhood design, housing and transport can all support active lifestyles but it's crucial that pedestrians and cyclists are prioritised when developing or maintaining streets and roads.

Areas of Buckinghamshire will be undergoing significant growth over the coming years which presents opportunity to design activity into people's lives right from the planning stages.

The built environment is key to maintaining wellbeing, mobility and independence in older adults through factors such as including pedestrian infrastructure, safety, access to amenities and services, aesthetics and environmental conditions.

If all Buckinghamshire adults walked for 30 minutes a day, this would lead to a reduction in death rates by 14%, with 30 minutes of daily cycling leading to a reduction in death rates of 21%

As well as ensuring we have fit-for-purpose facilities such as leisure centres and places to be physically active, the National Institute for Health and Care Excellence (NICE) recommends that other spaces support active travel:

Hospitals and Universities encourage pleasant and accessible walking and cycling options to and between sites.

Schools need active playgrounds; safe routes to school and high-quality, safe bicycle parking.

Workplaces can promote regular breaks/ walking meetings and provide shower facilities and bicycle parking.

Access to open and green space – parks, gardens, tree-lined streets, communal squares and allotments – is not only important to support increased physical activity, but important for quality of life and for the sustainability of towns and cities. Public green space needs to be maintained to a high standard, be safe, attractive and welcoming and be accessible on foot, bicycle and public transport.

Key Facts

- Those with access to good quality green space report: better self-rated health, lower body mass index, lower overweight and obesity levels.
- The creation or improvement of a park/open space leads to an increase in local peoples' activity levels by up to **48%**.
- Every 10% increase in green space is associated with a reduction in disease equivalent to a gain of **5 years of life**.
- **18%** of Buckinghamshire households live within 300m of a natural green space of at least 2 hectares, and only **58%** of households live within 2km of a natural green space of at least 20 hectares.
- **11.4%** drop since 2013/14 in the proportion of Buckinghamshire residents that use green space for exercise/health reasons.

Increasing the use of good quality green space for all social groups can improve health outcomes and reduce health inequalities. It can also bring other benefits such as greater community cohesion and reduced social isolation.

Although Buckinghamshire is renowned as a green and rural county, much of its green infrastructure is not directly accessible to residents. When applying the Accessible Natural Green Space Standard (ANGSt), a large proportion of households aren't near to large (20+ hectares) accessible areas of green space, affecting opportunities to be regularly active. Given that significant growth in Buckinghamshire is planned over the next 10+ years, prioritisation must be given in these areas to incorporating good quality, accessible green and open spaces.

Certain socio-demographic groups, including those with a long-term illness or disability, aged 65 and over, and of Black or Minority Ethnic origin, are consistently less likely to use the natural environment for physical activity.

A state of the environment report by the Buckinghamshire and Milton Keynes Natural Environment Partnership reinforces the need to better connect Bucks residents through physical activity and conservation to their local natural environment.

Active Environments - Areas for Action

1. **Ensure improved opportunities for walking and cycling, which includes embedding new areas of accessible green space into planning processes.**
2. **Implement evidence-based approaches to increase active travel – particularly to/from schools and workplaces and facilities such as hospitals, universities and colleges.**
3. **Improve the quality of, and access to, existing green spaces.**
4. **Increase the use of green space for all social groups - targeting those less likely to access it.**
5. **Ensure there is a range of fit-for-purpose, accessible leisure facilities and places to be physically active across Bucks.**

4.2 Active Communities

Creating social networks

People are more likely to be active if it is seen as 'the norm', and if their friends and peers are also active. The evidence shows that to change attitudes and behaviour at a local level, we must involve residents in designing solutions to increase activity levels. Achieving small shifts in behaviour across whole communities could give more significant public health benefits than just increasing activity among small, targeted groups.

- We know that physical activity, particularly when group-based, can bring people together to improve social networks and reduce isolation.
- Evidence suggests that the social element behind physical activity aids enjoyment and that social support encourages sustained behaviour change.

Individuals who are socially isolated are between 2-5 times more likely than those who have strong social ties to die prematurely.

Utilising assets

Understanding and utilising community assets (individuals, associations and organisations) can be an effective driver of increasing levels of physical activity.

In 2015, 56% of Buckinghamshire residents had volunteered within the past 12 months

- Asset-based working promotes well-being by building social capital - high levels of which are correlated with positive health outcomes, well-being and resilience.
- An asset-based approach also allows for any gaps in physical activity opportunities to be identified and addressed.

Opportunities to be active

Opportunities should take an evidence-based, resident-centred approach:

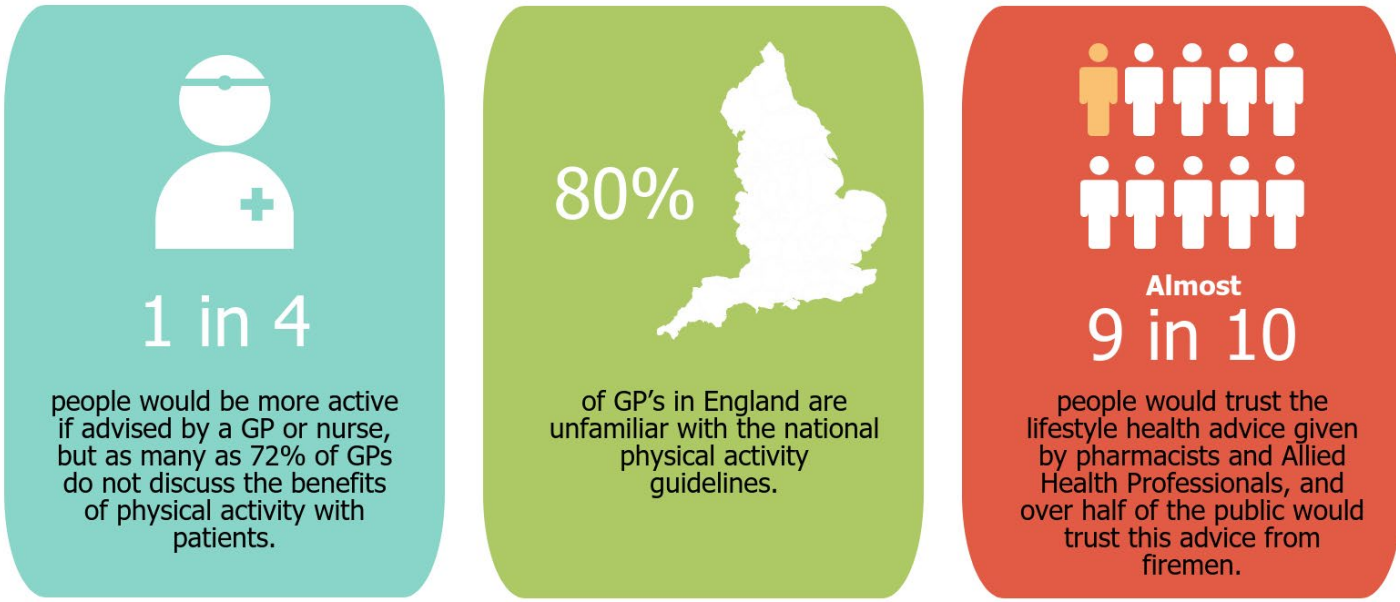
- utilising local data and audience insight
- mapping existing provision to avoid duplication and identify gaps
- understanding what works to recruit and retain your target audience
- ensuring accessibility for those with more complex needs
- focusing from the beginning on becoming self-sustaining
- be robustly and consistently monitored and evaluated to demonstrate impact.
- effective promotion of opportunities to be active to suit different audiences

Active Communities - Areas for Action

1. **Understand and utilise local physical activity assets (individuals, associations and organisations).**
2. **Better understand our audience through strong insight, particularly those who are inactive/less-active.**
3. **Develop targeted, accessible, self-sustaining opportunities to be active based on evidence and best practice.**
4. **Develop comprehensive local physical activity profiles to inform and support local planning.**
5. **Develop robust and consistent monitoring and evaluation processes.**

4.3 Skilled Workforce

We can help change behaviour by making every contact count – supporting staff across health, local authority and voluntary sectors, who have contact with residents every day. Sport England states we need to "improve a person's experience of physical activity by providing guidance aligned to their individual needs and aspirations". We must equip key members of the workforce and volunteers in Buckinghamshire with the knowledge, enthusiasm and skills to deliver effective physical activity brief advice to inactive/less-active residents.



Health and social care staff, as well as other professionals, are perfectly placed to support residents to increase their activity levels, by:

- including physical activity advice in face to face meetings/consultations
- delivering evidence-based support such as motivational interviewing
- ensuring physical activity is embedded into long-term condition care pathways
- embedding physical activity in personalised care and support planning
- signposting/referring to local activity pathways directly, such as Active Bucks and local Exercise Referral Schemes, or for further support through the Single Point of Access for Lifestyles and Long-term Conditions[6].

Did you know?

As we get older, regular physical activity is key to maintaining independence and wellbeing, helping to prevent or delay the need for health and social care support for conditions such as dementia, disability and frailty.

[6] https://www.livewellstaywellbucks.co.uk

For the existing physical activity workforce, the biggest challenge is often supporting people new to activity on a journey that supports their gradual introduction to a new behaviour. It is often the 'softer skills' that can have the biggest impact on sustained participation, including providing a welcoming environment, understanding the factors that can put off new attendees and developing supportive and social environments.

Our experiences of being active at an early age can shape lifelong activity habits. We know that children and young people who are aerobically fit have higher academic scores, and that physical activity has been linked to improved classroom behaviour across the whole school - including improved pro-social behaviour and peer relationships. We also know that girls, and those from lower socioeconomic families, are more likely to lead less active lifestyles. Worryingly, one in three children across the UK are leaving primary school with negative feelings about being physically active. Training and supporting all education staff, but particularly those in less affluent areas, can ensure that a positive experience for children translates into an active habit into adulthood. Opportunities include:

- Improving 'physical literacy' in the early years
- Improving the PE offer in primary schools through effective use of the Primary Sport Premium funding
- Creating more high-quality opportunities to be regularly active for inactive students at secondary school and in further/higher education

Research by the University of Buckingham of 400 primary teachers revealed that

28%

do not feel qualified to teach PE and more than

50%

want more professional development in the subject

Skilled Workforce - Areas for Action

1. **Provide training to health and social care staff and the voluntary sector to deliver effective brief physical activity advice.**
2. **Embed physical activity in long-term condition and other relevant health pathways.**
3. **Provide the physical activity workforce with the 'softer' skills to engage inactive people.**
4. **Provide education staff with the knowledge, skills and tools to increase levels of physical activity amongst children and young people.**

4.4 Working Collaboratively

Achieving a step-change in the activity levels of Buckinghamshire residents isn't the responsibility of any one organisation. Instead, success will only be possible by a network of organisations working together and using resources intelligently.

At a national scale, we know that cross-organisational collaboration can support achieving common goals – such as the Public Health England 'Active 10' and Sport England 'This Girl Can' campaigns.

This strategy needs to build on the great work already taking place to engage residents in regular activity. It will support countywide collaboration by making the best use of meetings and creating the local digital platforms in Buckinghamshire that allow us to better share, understand and scale-up best practice.

As part of this, an annual theme each year would enable organisations across Buckinghamshire to work together to increase participation through a particular area of work, enabling greater reach to communities and utilising local assets.

According to research, large, community-wide campaigns have been effective in increasing physical activity, but only when supported by local level community activities

Working Collaboratively - Areas for Action

1. **Review and develop opportunities for key stakeholders to engage in physical activity development through relevant meetings and networking events.**
2. **Utilise a digital platform to share and plan work at the earliest possible stage, as well as understand best practice and lessons learned.**
3. **Explore developing a different physical activity theme that takes place in each year of the Strategy – enabling joint planning, promotion and delivery.**

Health & Wellbeing Board Buckinghamshire

Title	Children's Services Update
Date	29 March 2018
Report of:	Tolis Vouyioukas - Executive Director Children's Services Cllr Warren Whyte - Cabinet Lead for Children's Services Cllr Mike Appleyard – Cabinet Member for Education and Skills
Lead contacts:	Gail Hancock – Service Director, Children's Social Care Sarah Callaghan – Service Director, Education

Purpose of this report:

1. To provide the Health and Wellbeing Board with an update on current issues within Children's Services.

Recommendation for the Health and Wellbeing Board:

2. To note the report and the specific issues identified in relation to children's health and wellbeing.

Ofsted Action Plan Update

3. Following the inspection of Children's Safeguarding Services in November 2017, a high level Action Plan has been submitted to Ofsted and Department for Education (DfE). The action plan is split into priority areas based on the finding and recommendations in the Ofsted report.

4. The high level action plan is supported by detailed operational plans which focus on the 3 areas of the inspection framework: leadership, management & governance, children who need help & protection and children looked after and achieving permanence.

Children's Commissioner

5. The DfE has announced the Children's Services Commissioner for Buckinghamshire, John Coughlan CBE. You can access the revised direction from the Secretary of State here.

6. Mr Coughlan is the current Chief Executive of Hampshire County Council, a former Director of Children's Services and a past President of The Association of Directors of Children's Services (ADCS). He will work closely with the council over the next few months and will report to the Department for Education with a recommendation about the future of Children's Services in Buckinghamshire.

SEND Improvement and Inspection

7. Work has been ongoing to ensure the local area is prepared for the inspection of its SEND services by the Care Quality Commission and Ofsted. This will be a 5 day inspection that covers Education, Health and Social Care.

8. Areas of strength identified in the self-evaluation of our SEND services include:
    - Integrated leadership that is driving change
    - Effective identification of need in early years
    - Engagement at a strategic level with parents, carers and young people to inform service development

- Strong and effective support for children looked after who have SEND

9. Areas for development include:
    - Preparation for adulthood and transition arrangements
    - Co-production with families to ensure needs are met in a collaborative and timely way
    - Inclusion of children and young people with SEND in education settings
    - Timeliness and person-centred approach to EHC planning

10. The Improvement Plan continues to be updated weekly, focusing on the development areas identified. We have been working differently with settings and families to identify needs earlier and intervene in a timely manner. It is too early to assess the impact of this pilot.

Conversions of Statements to Education Health & Care Plans

11. Conversions of Statements of Educational Needs to Education Health & Care Plans (EHC Plans) will be completed by 31st March 2018.

Health & Wellbeing Board
Buckinghamshire

Title	Better Care Fund
Date	29 March 2018
Report of:	Jane Bowie Director of Commissioning
Lead contacts:	Jane Bowie

Purpose of this item:

To update the Health and Wellbeing Board on the progress in relation to the Better Care Fund (BCF) Plan for 17-19.

Summary of main issues:

The present BCF Plan is a 2-year programme covering to 31 March 2019 which was submitted to NHS England (NHSE) on 11 September 2017. The Bucks BCF Plan was approved and in December, we were further informed that following a national review of the 2018/19 improved Better Care Fund (iBCF) allocations, Buckinghamshire's funding allocation would continue as previously assigned.

We have been advised that we will be required to undertake a light touch refresh of our plan mid-term (April 2018) and though we haven't yet received the guidance for this, we have been told there will remain a strong focus on continuing to reduce DToCs (delayed transfers of care).

We will be asked to refresh our DToC trajectory for 18/19. The NHSE is in discussions with the Department of Health about the methodology for the refresh, which is being designed to take account of areas which have already made significant and sustained progress and to provide a consistent methodology across health and social care.

Better Care Fund targets and trajectories have been significantly challenged nationally and have been under pressure within the Buckinghamshire system and remain the focus of considerable attention.

Recommendation for the Health and Wellbeing Board:

- To note the update and presentation at the meeting.
- To support continuation of governance and sign-off arrangements in place

Health & Wellbeing Board
Buckinghamshire

Title	Buckinghamshire Pharmaceutical Needs Assessment
Date	29 March 2018
Report of:	Jane Butterworth, Head of Medicines Management, Aylesbury Vale CCG & Chiltern CCG
Lead contacts:	Katie McDonald, Health and Wellbeing Lead, Public Health BCC

Purpose of this report:

Since 1 April 2015, every Health and Wellbeing Board (HWB) in England has had a statutory responsibility to publish and keep up-to-date a statement of the needs for pharmaceutical services for the population in its area, referred to as a 'pharmaceutical needs assessment' (PNA).

PNAs are used by the NHS to make decisions on which NHS funded services need to be provided by local community pharmacies. PNAs help the NHS decide if new pharmacies are needed.

The purpose of this report is to update the Health and Wellbeing Board on the 60 day consultation and final stages of Buckinghamshire's Pharmaceutical Needs before it is published on 1 April 2018.

Summary of main issues:

This is Buckinghamshire's second Pharmaceutical Needs Assessment under the regulations and requirements set out by the NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013.

The draft PNA was approved prior to consultation at the HWB meeting in on 7 November 2017. The mandatory consultation period ran from 14 November to 12 January 2018.

This report includes the executive summary and the consultation report which details the responses received and how these responses are addressed within the final PNA. The consultation report is included as an appendix in the final document.

The final draft of the PNA is not included in the reports pack but is available on the Health and Wellbeing Board webpages at the following link:

https://democracy.buckscc.gov.uk/ieListDocuments.aspx?CId=710&MId=9542&Ver=4

Recommendation for the Health and Wellbeing Board:

- To note the Executive Summary and PNA Consultation report and final amendments to the PNA document.
- To agree for the report to be published
- Delegate any final responsibility for approval of the PNA following this meeting to the PNA Steering Group.

Background documents:

Executive Summary

Background

Since April 2015, every Health and Wellbeing Board (HWB) in England has had a statutory responsibility to publish and keep an up-to-date statement of the needs for pharmaceutical services for the population in its area, referred to as a pharmaceutical needs assessment (PNA).

This PNA describes the needs for the population of Buckinghamshire and considers current provision of pharmaceutical services to identify whether they meet the identified needs of the population. The PNA considers whether there are any gaps in service delivery.
The PNA will be used by NHS England to determine whether to approve applications to join the pharmaceutical list under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The relevant local arm of the NHS England team will then review the application and decide if there is a need for a new pharmacy in the proposed location. When making the decision, NHS England is required to refer to the local PNA.

PNAs are also used by the NHS to make decisions on which NHS-funded services need to be provided by local community pharmacies. These services are part of local health care, contribute to public health and affect NHS budgets. The PNA may also be used to inform commissioners, such as Clinical Commissioning Groups and Buckinghamshire County Council, of the current provision of pharmaceutical services and where there are any gaps in relation to the local health priorities. Where such gaps are not met by NHS England, these gaps may then be considered by those organisations.
The PNA includes information on:

- Pharmacy contractors in Buckinghamshire on the pharmaceutical list for Buckinghamshire's Health and Wellbeing area and the essential and advanced services they currently provide
- other local pharmaceutical services, such as enhanced and locally commissioned services
- relevant maps relating to Buckinghamshire and providers of pharmaceutical services in the area
- services in neighbouring Health and Wellbeing Board areas that might affect the need for services in Buckinghamshire
- the population and health of Buckinghamshire
- potential gaps in provision that could be met by providing more pharmacy services, or through opening more pharmacies, and likely future needs.

Overview of pharmaceutical services in Buckinghamshire

Buckinghamshire is well provided for with respect to dispensing pharmaceutical services. There are 91 community pharmacies, one dispensing appliance contractor, four internet pharmacies and 12 dispensing doctor practices across 16 locations in Buckinghamshire's Health and Wellbeing Board area.
The county has less than the national average of pharmacies per 100,000 head of population. However, it has a high proportion of dispensing doctor practices due to the rural nature of the county. Buckinghamshire has the national average for GPs per 100,000 head of population.

Pharmacies are well used by the public – on average, around 14 times a year per person (11 times for health reasons). They also have a key role in contributing to the health and wellbeing of the local population in a number of ways, including providing information and brief advice, plus signposting to other services.

The contractual framework for pharmaceutical services
The pharmaceutical services to which each pharmaceutical needs assessment must relate are defined within both the NHS Act 2006 and the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended (the 2013 regulations).
Pharmaceutical services may be provided by:

- a pharmacy contractor who is included in the pharmaceutical list for the area of the Health and Wellbeing Board
- a pharmacy contractor who is included in the local pharmaceutical services list for the area of the Health and Wellbeing Board
- a dispensing appliance contractor who is included in the pharmaceutical list held for the area of the Health and Wellbeing Board
- a doctor who is included in a dispensing doctor list held for the area of the Health and Wellbeing Board

In 2005, the national framework for community pharmaceutical services identified three levels of pharmaceutical service: essential, advanced and enhanced. The purpose of this pharmaceutical needs assessment, as well as identifying overall pharmacy and medicines management needs for the population, will identify how, within the existing contractual framework, these needs can be addressed.
Buckinghamshire Health and Wellbeing Board wishes to ensure that all the opportunities within the currently funded essential and advanced service elements of the community pharmacy contractual framework are fully utilised to ensure maximum health gain for our population.
Where there is evidence that additional pharmaceutical services may be needed, the evidence base for this is presented so that commissioners can make informed decisions for investment.

Essential pharmaceutical services
Community pharmacies in Buckinghamshire receive approximately £18.6 million of national funding to provide pharmaceutical services, both essential and advanced within the national framework. This is based on Buckinghamshire dispensing 0.72% of the national number of items dispensed. The total national funding for 2017/18 being £2,592 million (Community pharmacy in 2016/17 and beyond final package published Department of Health. The national framework for community pharmacy requires every community pharmacy to be open for a minimum of 40 hours per week and provide a minimum level of essential services comprising:

- dispensing medicines and actions associated with dispensing
- dispensing appliances
- repeat dispensing
- disposal of unwanted medicines
- public health (promotion of healthy lifestyles)
- signposting
- support for self-care
- clinical governance

Advanced services

In addition to the essential services, the community pharmacy contractual framework allows for advanced services which currently include:

- Medicines Use Review and prescription intervention services
- New Medicines Service
- Stoma Appliance Customisation Service
- Appliance Use Review Service
- Flu vaccination

Advanced services have nationally agreed specifications and payments. They are funded by the NHS and incur no charges by patients.

Enhanced and Locally Commissioned Services

These are local services directly commissioned by NHS England. Service specifications for enhanced services are developed by NHS England and then commissioned to meet specific health needs. Services commissioned by clinical commissioning groups or the local authority, such as public health services, are known as locally commissioned services.

There are currently no enhanced services commissioned in Buckinghamshire. Buckinghamshire County Council currently commissions five locally commissioned services from community pharmacies:

- Stop Smoking Support
- Supervised Consumption (e.g. methadone)
- Needle Exchange Service
- Emergency Hormonal Contraception
- Chlamydia Screening.

Approach to developing the pharmaceutical needs assessment

The Health and Wellbeing Board established a Pharmaceutical Needs Assessment Steering Group whose purpose was to ensure that the Health and Wellbeing Board develops a robust pharmaceutical needs assessment that complies with the 2013 regulations and the needs of the local population.

The pharmaceutical needs assessment draws significant needs and health assessment work, including the Joint Strategic Needs Assessment[1] and Joint Health and Wellbeing Strategy published by Buckinghamshire Health and Wellbeing Board, as well as other complementary data sources comprising:

- Information from NHS England, Buckinghamshire County Council, Aylesbury Vale Clinical Commissioning Group and Chiltern Clinical Commissioning Group including:
    - services provided to residents of Buckinghamshire Health and Wellbeing Board area, whether provided from within or outside of this area
    - changes to current service provision
    - future commissioning intentions
    - known housing developments within the lifetime of the pharmaceutical needs assessment
    - any other developments which may affect the need for pharmaceutical service
- A public survey conducted by Healthwatch Bucks

[1] http://www.healthandwellbeingbucks.org/what-is-the-jsna

Summary of main issues:

The Pharmaceutical Needs Assessment Steering Group considered access (distance, travelling times and opening hours) as the most important factor in determining the extent to which the current provision of pharmaceutical services meets the needs of the population.
The steering group considers access to a pharmacy of primary importance during normal working hours and at times when GP surgeries are open. Where there is no pharmacy, but there are GP dispensing premises, the steering group considers that the latter mitigates against any potential gap in need for pharmaceutical services, although noting that dispensing practices can only provide limited essential pharmaceutical services and only to identified patients of the practice. Hence, there is a wider range of pharmaceutical services available from a community pharmacy, provided to a broader client base. The steering group also recognises that there are some GP practices that are open at different times to nearby pharmacies.

Generally, community pharmacies in Buckinghamshire are well distributed, are accessible and offer a convenient service to patients and members of the public. They are available on weekdays and at the weekend (often until late at night) without the need for an appointment.
Reviewing pharmacy hours during evenings and weekends, particularly in regard to extended GP opening hours, the group considered that there is some 100-hour provision and a number of pharmacies providing supplementary hours into evenings and weekends. The steering group also recognised that there are some GP opening hours not directly matched by pharmacy opening hours. While the steering group would wish pharmacies to mirror these opening hours they consider that people could reasonably wait until pharmacies open in the morning or that they could reasonably travel during evenings and weekends to where pharmaceutical services are provided at those times.

When reviewing locality settlements with no pharmaceutical services provision by those on the pharmaceutical list (i.e. community pharmacies) – in particular where there is a GP surgery – the steering group had regard to national analysis of travel times and compared local analysis of travel times in Buckinghamshire. The group considered that a reasonable standard for considering a gap in pharmaceutical services provision was where the GP surgery was both more than five miles and greater than a 20-minute drive from a pharmacy. Where that standard is not met, the steering group identified that an improvement or better access could and should be achieved by a pharmacy at those locations. No areas were identified for improvement or better access.

The results of the Healthwatch Bucks' survey indicate that awareness of the various pharmaceutical services that are on offer varies widely. Notably, awareness of the role of pharmacies in providing healthy living advice was surprisingly low. There is a need for better communication with the public to ensure everyone knows about the full range of essential, advanced and locally commissioned pharmaceutical services that each community pharmacy is able to provide.

Key Messages

Buckinghamshire is a relatively affluent county with pockets of urban and rural deprivation. It is well provided with pharmaceutical services. Across Buckinghamshire, the number of pharmacies per 100,000 population is less than the national average. However, the number of dispensing practices is greater than the national average.

Buckinghamshire is not in need of further pharmaceutical services. When local housing developments are considered over the next three years it is concluded that, in relation to the current provision of pharmacies, a gap in pharmaceutical services is unlikely to exist during the lifetime of this PNA.

All pharmacies should make full use of NHS Choices and other internet-based information sources to promote their services, to improve communications so patients and carers are aware of the range and availability of all services.

Appendix – Report on the public consultation

Introduction
As part of the PNA process there is a statutory provision that requires consultation of at least 60 days to take place to establish if the pharmaceutical providers and services supporting the population in the Health and Wellbeing Board (HWB) area are accurately reflected in the final PNA document, which is to be published by 1st April 2015. This report outlines the considerations and responses to the consultation and describes the overall process of how the consultation was undertaken.

Consultation Process
In order to complete this process the HWB has consulted with those parties identified under Regulation 8 of the NHS (Pharmaceutical and Local Pharmaceutical Services Regulations) 2013, to establish if the draft PNA addresses issues that they considered relevant to the provision of pharmaceutical services.
Examples of statutory consulted parties included:

- Buckinghamshire LPC
- Buckinghamshire LMC
- Healthwatch Bucks and voluntary sector stakeholders
- Buckinghamshire Healthcare NHS Trust
- South Central Ambulance Services SCAS
- Neighbouring HWB areas such as Oxfordshire and Milton Keynes HWB
- Those on the pharmaceutical and doctor dispensing lists.

In addition, other local stakeholders were invited to consult on the draft. These included commissioners such as local CCGs and patient groups and the consultation was widely publicised on social media and the 'Let's Talk Health Bucks' platform.

Each consultee was contacted via email explaining the purpose of the PNA and that as a statutory party; the HWB welcomed their opinion on whether they agreed with the content of the proposed draft. They were directed to the Buckinghamshire County Council website to access the document and accompanying appendixes, and offered the option of a hard copy if they wanted one.

Consultees were given the opportunity to respond by completing a set of questions and/or submitting additional comments. This was undertaken by completing the questions online, via a link or alternatively email, post or paper copy.
The questions derived were to assess the current provision of pharmaceutical services, have regard to any specified future circumstance where the current position may materially change and identify any current and future gaps in pharmaceutical services. The consultation ran from 14th November 2017 until 12th January 2018.

Results

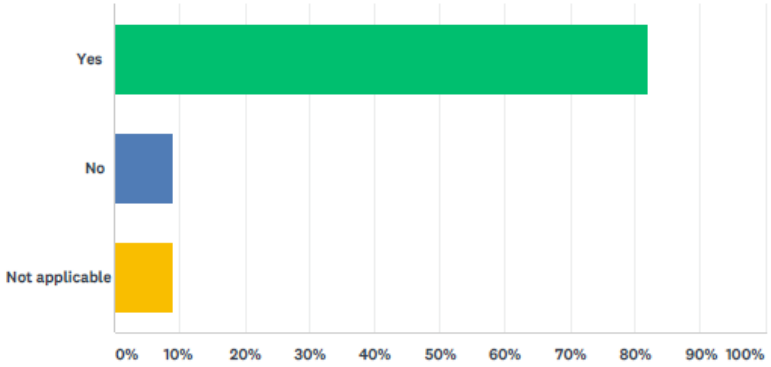
1. The online consultation received a total of 60 responses, which identified themselves as the following:

ANSWER CHOICES	RESPONSES	
On behalf of a pharmacy / dispensing appliance contractor / dispensing doctor (please specify which one):	20.00%	12
On behalf of an organisation (please specify which one):	10.00%	6
A personal response	70.00%	42
TOTAL		60

Participates in the consultation were not required to compete every question. As a result percentages are derived from the number of responses to the questions rather than the number of overall respondents.

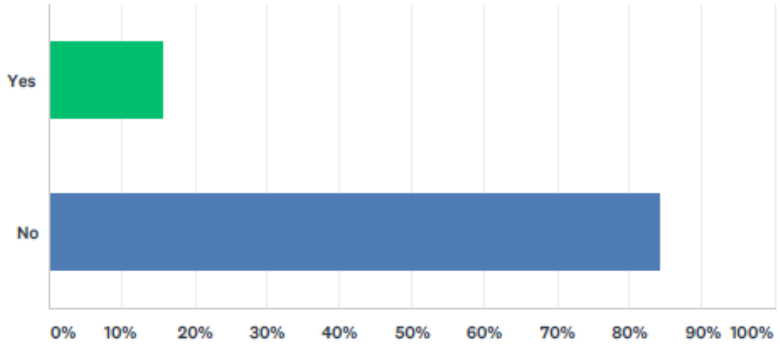
Summary of Online Questions, Responses and HWB Considerations

2. In asking **"Does the PNA reflect the current provision of pharmaceutical services within Buckinghamshire"**, 33 people answered the question and the majority (81%) responded positively, three additional comments were offered as to why not and are summarised with the Health and Wellbeing Board response below:

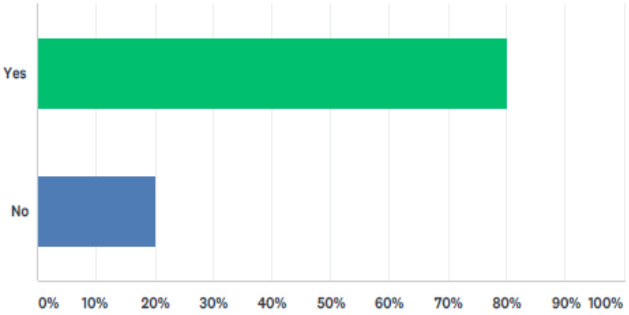


Summary of comments	Response
A comment was received in regards to patients who are not over 65 requiring dosette boxes and the pressure on pharmacists to deliver.	The HWB took account of the comment, however dosette Boxes are not a pharmaceutical service and are therefore not in the remit of the PNA.
A comment was received to say that the PNA was not up to date with current developments in Denham.	The HWB welcomed the information; and is aware of further developments in the Denham area, but agree the pharmaceutical needs are being met in the life time of the PNA.
A comment was received in regards to not being able to see the link to the PNA due to re-tweeting.	The HWB looked into this issue; there was an issue with one re-tweet early in the process which did not include a link to the website. The HWB apologises if there were any issues directing from social media but is satisfied with the consultation process and all further tweets had the correct link to a visible PNA platform on the BCC webpages.

3. In asking **"Are there any gaps in the service provision; i.e. when, where and which services are available that have not been identified in the PNA"**, 32 people answered the question with the following responses, those that responded yes did not provide supporting comments:

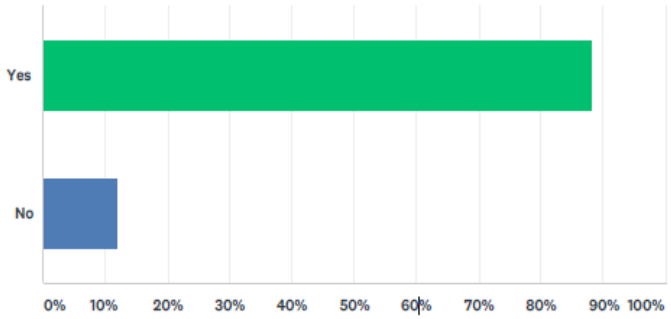


4. In asking **"Does the draft PNA reflect the needs of the Buckinghamshire population"**, 25 people answered the question and the majority of the respondents (80%) responded positively, with three comments offered as to why not as shown below, with the HWB response:

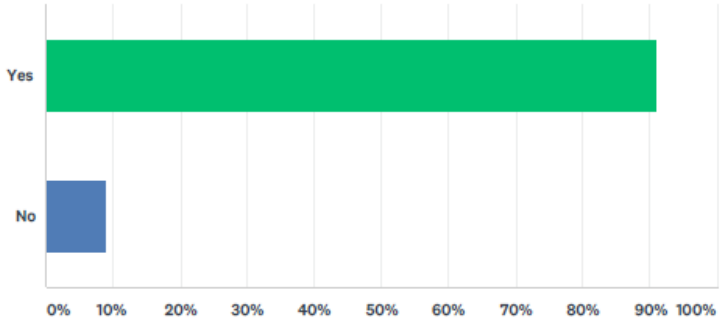


Summary of comments	Response
A comment was received indicating the PNA does not take into account new developments such as Kingsbrook, Buckingham Park and Berryfields already under construction or those planned such as Hampden Fields and Woodlands	The HWB considered the comments and are aware of the further developments in the areas noted, but agreed the pharmaceutical needs are met in the life time of this PNA. If there are any significant changes this will be reviewed in 12 months.
A comment was received to say that the PNA did not accurately reflect the recent developments in the Ivers area.	The HWB welcomed the comment and confirmed that the Iver Richings local plan had been considered in the development of the 2018 PNA and agreed that pharmaceutical needs are met in the life time of the PNA. If there are any significant changes this will be reviewed in 12 months.

5. In asking **"Has the purpose of the PNA been explained sufficiently"**, 25 people answered the question and 88% responded positively. Those that responded 'No' did not offer supporting comments.

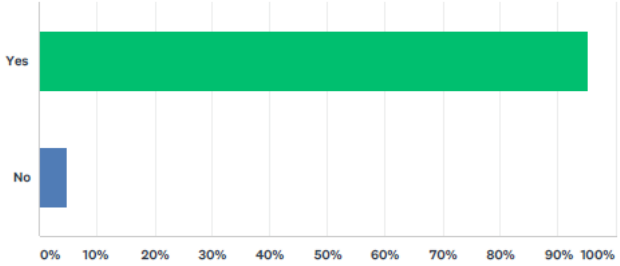


6. In asking **"Are localities clearly defined throughout the draft PNA",** 22 people answered, the HWB were pleased to note the positive response from the majority with only one comment offered, which is described below:



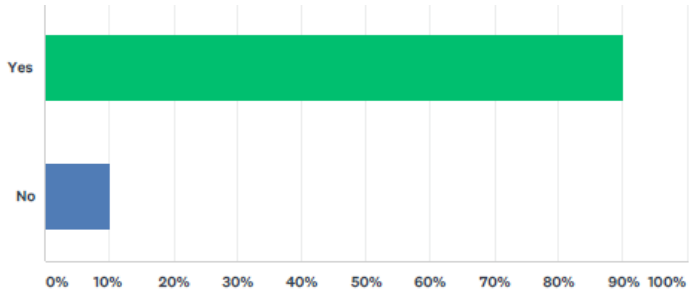
Summary of comment	Response
A comment was received stating the villages of Iver and Richings Park are omitted but Iver Heath included.	The HWB welcomed the comment and in response have agreed that all localities are clearly defined in the localities maps and have been considered. All Maps are included in the PNA appendix.

7. In asking **"Has the PNA provided adequate information to inform the market entry decisions",** the HWB were pleased to note only one negative response from the 21 responders to the question. No comment was offered by the dissenting party.

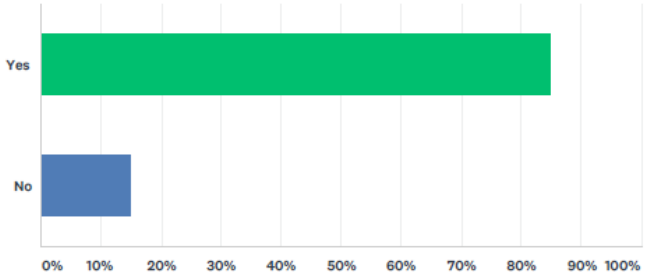


8. In asking **"Has the PNA provided adequate information to inform how services may be commissioned in the future",** the HWB were pleased to note that 90% of

the 20 respondents confirmed it did. No comments were offered by the dissenting party.

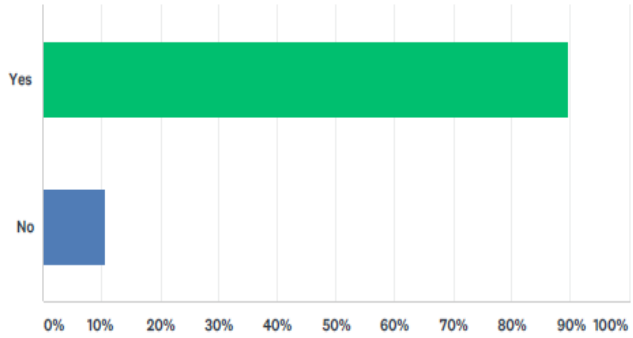


9. In asking **"Has the PNA provided enough information to inform future service provision and plans for pharmacies and dispensing appliance contractors",** the HWB were pleased to note the majority confirmed such with two comments offered by the dissenting parties, as detailed below:



Summary of comments	Response
One comment received indicated that more information was needed in the future with the increasing population.	The HWB considered local plans in the development of the 2018 PNA and no significant changes were found, however should the population increase significantly this would be reviewed as part of an annual process and a supplementary statement published.
A comment was received indicating that proposed housing developments in the area had not been taken into account.	The HWB have considered all housing plans and made contact with all local authorities and their housing development teams. No significant changes were found, however should the population increase this would be reviewed as part of an annual process and a supplementary statement published.

10. In asking **"Do you agree with the conclusions of the PNA"**, the HWB were pleased to note that 89.47% of respondents concurred with one comment offered.



Summary of comments	Response
The comment received indicated that more services would be required due to an increasing population, particularly in Aylesbury.	The HWB considered local plans in the development of the 2018 PNA and no significant changes were found, however should the population increase significantly this would be reviewed as part of an annual process and a supplementary statement published.

11. Additional comments received:

Summary of comments	Response
A comment was received which said how important local pharmacies were to the elderly and parents with children.	The HWB noted the comment.
A comment was received which indicated that pharmacies close to larger surgeries were overworked.	The HWB noted the comment but it is not within the remit of the PNA to comment on workforce issues only access of the population to services.
A comment was received in relation to in-correct opening hours recorded in the PNA.	The HWB noted the comment and advised that any comments in relation to incorrect opening hours should be referred to NHS England so that they can update data held. All information within the PNA is the official data provided by NHS England.

Health & Wellbeing Board
Buckinghamshire

Title	Time to Change Mental Health Stigma Application
Date	3 March 2018
Report of:	Jane O Grady, Director of Public Health, BCC
Lead contacts:	Becky Hitch, BCC Public Health Team Ruth Page, BCC Communities Team

Purpose of this report:
This report is to update the Board on the application for Buckinghamshire to become a Time to Change Organic Hub.

Summary of main issues:
In November 2017 the Health and Wellbeing Board approved an application to Time to Change for Bucks to become a local Time to Change hub. A hub is a partnership of local organisations and people who are committed to ending mental health and discrimination, and the key partners in the Bucks hub will be the Health and Wellbeing Board, Bucks Mind and Bucks CC. Wider partners include Oxford Health NHS Foundation Trust, NHS Aylesbury Vale and NHS Chiltern Clinical Commissioning Groups, the Districts, The Buckinghamshire Recovery College and Bucks Business First.

At the end of February we were notified by Time to Change that our application to become an organic Time to Change Hub had been successful.

The Time to Change team provided positive feedback on the Buckinghamshire bid, highlighting the following areas:

- A strong and real partnership approach came across in the application
- Good range of organisations involved, NHS involvement and HWB as host to be commended
- Clear ground level support and pledges from District Councils.
- Financial commitment to provide stability and awareness about future sustainability.
- Future activity has been well thought through and clear presentation of priority groups

Achieving Organic Hub status will provide a strategic focus for local campaigning work, and the support of the national organisation for our local work. This covers support for community work, schools, emergency services, workplaces, marketing and communications (including use of the Time to Change 'brand'), evaluation tools and access to a hubs peer support network. We are currently talking with Bucks Mind, finalising details for them to provide the Co-ordinator support for the Hub. A programme of induction and training with Time to Change for BCC and other key partners will take place through March to June 2018 as part of the set up phase. Initial meetings with key partners to start planning delivery will take place over the next 3-4 months.

A Partnership Group is being set up with representatives of key and wider partners, together with at least three Time to Change Champions - people with lived experience. We expect delivery of activities to begin in the summer of 2018, and continue for a 12 month period.

Recommendation for the Health and Wellbeing Board:
To note the report and progress at the meeting on 29 March.

Background documents:
Buckinghamshire Organic Hub application (attached)

Health & Wellbeing Board Buckinghamshire

Draft Health and Wellbeing Board Forward Plan 2017/18:

Date	Item	Lead officer	Report Deadline	Further Information
7 December 2017	Health and Wellbeing Board Governance Review 2017/18 Scoping paper	*Katie McDonald*		For agreement by the Board
	Update on Health and Care System Planning Including an update on winter planning	*Lou Patten*	**Monday 27 November**	To provide an update to the Board on progress
	Better Care Fund	*Jane Bowie*		To provide an update to the Board
	Progress on delivery of the mental health priority in the Buckinghamshire Health and Wellbeing Strategy.	*Jane O'Grady*		Update for the Board
	CAHMS Transformation Plan	*Caroline Hart*		For information
	Children and Young People Update	Tolis Vouyioukas, Executive Director Children's Services		To provide an update to the board
	Buckinghamshire Safeguarding Children Board Annual Report	Frances Gosling – Thomas		For information
	Female Genital Mutilation update following multi-agency meeting on 23 November	Katie McDonald		Verbal update
18 January 2018	Buckinghamshire Joint Health and Wellbeing Board Performance Dashboard Analysis Report on Children's Priorities	Jane O'Grady	**Monday 8 January**	To be agreed

Health & Wellbeing Board Buckinghamshire

	Update on Health and Care System Planning	Robert Majilton		Update
	Better Care Fund	Jane Bowie		To include update on progress of BCF and Scorecard
	Children and Young People Update	Tolis Vouyioukas, Executive Director Children's Services		Update
	Buckinghamshire Safeguarding Adults Board Annual Report	Marie Seaton, Independent Chair		For information
	Prevention at Scale Pilot update	Jane O'Grady/ Sarah Preston		Update
29 March 2018			**Monday 19 March**	
	Buckinghamshire Joint Health and Wellbeing Board Performance Dashboard Analysis Report: Priority 2 – Keep people healthier for longer and reduce the impact of long term conditions.	Jane O'Grady/ Sam Williamson		Analysis report on the dashboard indicators relating to priority 2.
	Update on Health and Care System Planning/ Sustainability and Transformation Partnership and Integrated Care System	Robert Majilton/ Noel Burkett		To provide an update to the board
	Better Care Fund Update	Jane Bowie		To provide an update to the board
	Children and Young People update	Tolis Vouyioukas, Executive Director Children's Services		High level update for the Health and Wellbeing Board
	Pharmaceutical Needs Assessment	Jane Butterworth		To be agreed
	Physical Activity Strategy	Jane O'Grady		To provide the board with an update on the refreshed Physical Activity Strategy
	Update for information on Time to	Jane O'Grady		For information

	Change mental health stigma application			

May 2018	Buckinghamshire Joint Health and Wellbeing Board Performance Dashboard Analysis Report – Priority areas 3: Promote good mental health for everyone	Jane O'Grady		
	Update on Health and Care System Planning/ Sustainability and Transformation Partnership and Integration Care System	Louise Watson		
	New Integrated Lifestyle Service	Jane O'Grady Sarah Preston		
	Better Care Fund Update	Jane Bowie		
	Children and Young People update	Tolis Vouyioukas, Executive Director Children's Services		