

Healthy places, healthy futures growing great communities

Director of Public Health Annual Report 2018



Executive Summary



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1. The places and communities in which we live influence our health and wellbeing throughout life, the development and educational attainment of our children and young people, and the social and economic success of Buckinghamshire. This year's Director of Public Health Annual Report focuses on the importance of the physical and social environments in which we live to our health and wellbeing. The report covers the health of Buckinghamshire residents and some key factors affecting our current and future health. It highlights how positively shaping the places we live can help reduce the health and wellbeing challenges facing our residents throughout life. The report focuses on six areas of the physical and social environment that play an important role in health and wellbeing: community life; housing; healthy travel; pollution; healthy food; and the natural environment. It also identifies that certain groups are more likely to be exposed to adverse environmental conditions such as damp or cold housing, air and noise pollution and that children, older people and people with existing poor health are more vulnerable to the impacts of adverse conditions.

Health in Buckinghamshire

2.1 Buckinghamshire residents are some of the healthiest in the country but too many people are still living with potentially preventable ill health and disability and dying prematurely from preventable diseases. In addition not all residents enjoy the same levels of good health.

2.2 Life expectancy is increasing but not all those extra years are lived in good health. Healthy life expectancy is approximately 69.4 years for men and 70.3 years for women. Healthy life expectancy is 12 years shorter for men and 14 years shorter for women than life expectancy.

2.3 People living in our more deprived wards have poorer health and lower life expectancy and healthy life expectancy than the rest of Buckinghamshire. The life expectancy gap between wards is 12 years for men and 16 years for women and a similar pattern is seen for healthy life expectancy.

2.4 Many of the commonest causes of ill health and early death are long term conditions such as diabetes, heart disease, cancer, strokes and dementia and a significant proportion of these conditions are preventable. The chances of developing these conditions is influenced by the lives we lead, the places and communities in which we live, learn and work and the health

related behaviours we adopt such as being physically active, eating healthily, not smoking or drinking too much alcohol. As people age they tend to develop more long term conditions but this is not inevitable as adopting healthy lifestyles can prevent or delay the onset of a wide range of long term conditions.

2.5 Over the next 20-25 years the number of people aged 65 years and over in Buckinghamshire is set to increase by 60,000 which will increase the numbers of people living with long term conditions and disability unless we age more healthily. Although some health related behaviours have improved other behaviours have not. More than 6 in 10 adults are overweight or obese in Buckinghamshire and "millennials" (people born between early 1980s and late 1990s typically) are set to be the most obese generation on record with more than 7 in 10 overweight or obese by the age of 35-44 years. Overweight and obesity are driven by poor diet and low levels of physical activity and are key risk factors for a wide range of long term conditions including diabetes, heart disease, stroke, some cancers and dementia.

2.6 Good mental health is a vital resource for life and also an important driver of physical

health. It is estimated that 1 in 8 men and 1 in 5 women in Buckinghamshire have a common mental health problem such as anxiety or depression. People with poorer mental health are also at increased risk of poorer physical health. Poor physical health can also adversely affect mental health.

2.7 Loneliness and social isolation are increasingly recognised as raising the risk of developing depression and anxiety but also heart disease, stroke, dementia and early death. National estimates suggest that 1 in 20 people feel lonely often or all the time and that loneliness affects all ages with some surveys reporting loneliness to be highest in 16-24 year olds.

2.8 Children and young people make up one quarter of the Buckinghamshire population. Although children and young people in

Buckinghamshire tend to be healthier than the national average there is no room for complacency as UK children's outcomes are worse than in many other wealthy European countries.

2.9 Low levels of physical activity and unhealthy eating in young people in Buckinghamshire are leading to overweight and obesity that can lead to poorer physical and mental health in childhood and adulthood. There are also rising concerns around children's and young people's mental health and wellbeing. In Buckinghamshire it is estimated that 1 in 13 children and young people aged 5-16 years have a clinically diagnosable mental health disorder.

2.10 Children and young people are particularly vulnerable to threats to their health from adverse social and environmental conditions both from before birth and as they grow up.

Community life and wellbeing

3.1 The communities in which we grow up, live, work and play profoundly affect our happiness, physical and mental health and our chances of success in life.

3.2 Having supportive social networks, being able to participate in community life and having a voice in local decisions play a vital contribution to health and wellbeing.

3.3 People who have strong social networks tend to live longer and have better mental and physical health than those who don't. Conversely social isolation and loneliness is linked to a range of physical and mental health problems. People experiencing social isolation are more likely to visit their GP, attend accident and emergency departments and be admitted to hospital as an emergency and three and a half times more likely to enter local authority funded residential care. Social isolation and loneliness can affect anyone at any age but there are risk factors that help predict who may be more likely to become socially isolated or feel lonely e.g. children in care, people

with ill health or disability, bereavement, living alone, caring responsibilities. Strong cohesive communities can reduce levels of social isolation and loneliness, help lower levels of crime, social disorder and depression.

3.4 Young people growing up in communities with positive role models and social norms are less likely to participate in health harming behaviours and more likely to engage in health promoting behaviours.

3.5 The strength and cohesiveness of communities is reliant on the people who live in them. However planning, policies and design can make it easier for people to meet, make friends and get involved in their communities. Good design can help by creating safe, attractive multi-use indoor and outdoor spaces that are accessible and welcoming for everyone to use to make it easy for people to meet informally and connect with friends and neighbours. Involving a wide range of users of all ages in the design of public spaces can improve wellbeing, foster a sense of

community and place and is more likely to result in spaces that people will use and care for. People who live in environments that encourage people to walk or cycle rather than using the car are more positive about the places they live and engage more in community life. Good design can also reduce the levels of crime in an area and make people feel safer. This helps encourage more

people to get out into their community and reduces social isolation.

3.6 A strong programme of cultural and social activities co-designed with residents also helps develop cohesive communities and foster a sense of place and pride in an area and can benefit health and wellbeing at all ages.

Healthy Homes

4.1 The ability to stay healthy and independent, access and maintain education, training and employment and contribute to community life depends on having a safe, affordable and stable place to live.

4.2 The affordability of housing is a key issue for Buckinghamshire. House prices in Buckinghamshire are among the highest in the country and rents are also higher than the national average. A lack of affordable housing can lead to financial hardship and stress, overcrowding and in the most severe cases homelessness. Families living in overcrowded housing can experience a range of health problems and strained family relationships. Their children are also at risk of emotional problems, developmental delay and difficulty studying.

4.3 Poor housing conditions such as housing in poor repair, being cold or damp or having poor indoor air quality are linked to poorer physical and mental health, poorer educational attainment, accidents, higher hospital admissions and excess winter deaths. Children and older people and those with long term conditions or disability are particularly vulnerable to poor housing conditions. Poor quality homes cost the NHS at least £1.4bn

and wider society over £18.6bn per year nationally.

4.4 Home improvements have been shown to improve health outcomes particularly for older people and those living with long term conditions on lower incomes.

4.5 Homes also need to be designed to be flexible and to be able to be adapted to peoples changing needs throughout life, enabling them to remain safe and independent in their own home as they age. A range of well-designed property types to meet a range of needs including the needs of people with specific disabilities is essential to keep people healthy and independent. The benefits include reducing the need for health and social care, enabling timely discharge from hospital and rapid recovery from ill health. This is important now and for the future with the predicted growth in our older population.

4.6 Ensuring neighbourhoods are also designed to meet the needs of all ages from the very young to the very old and people with disabilities is also important to maintaining good health and ensuring everyone can participate in community life and access the services and facilities they need.

Healthy Travel

5.1 We travel for work and play, to get to school, shops and other services, but how we travel and for how long and how far has significant implications for our health, the health of others and society as a whole.

5.2 Active travel such as walking and cycling improves our health through promoting physical activity but also by reducing air and noise pollution, increasing community connections and making communities safer. Active travel improves our mood, reduces stress and reduces the risk of developing many long term conditions including diabetes, heart disease, cancer, high blood pressure and obesity. Active travel also reduces congestion, absenteeism and boosts economic productivity. Communities where more people walk and cycle are healthier, safer and have better social connections.

5.3 Motor vehicles have enabled people to travel further for work, school and leisure but the benefits need to be weighed against the harms. Long commutes have a detrimental effect on health and wellbeing. They are associated with higher levels of stress, anxiety, depression, higher blood pressure, higher weight, risk of diabetes and cardiovascular disease. They also reduce the amount of time people have for recreational activities, cooking, sleeping and participating in

community life. Effects are seen even with commutes of 10 miles one way. In Buckinghamshire the average commuter travels nearly 11 miles each way to work which is longer than the England and South East average.

5.4 Motor vehicles are a major contributor to noise and air pollution which is detrimental to health and children's development.

5.5 Road accidents are also a significant source of early death and disability, especially among younger age groups, claiming 21 lives and over 200 serious injuries each year in Buckinghamshire.

5.6 Good public transport links benefit people who cannot drive due to age or disability and reduces travel costs for all. People using public transport increase their levels of physical activity and have lower stress and exposure to air pollution compared to car travel.

5.7 Designing places to support active travel and good public transport will improve the health and wellbeing of communities. A key facilitator of healthy travel is designing places where houses, employment opportunities, shops, leisure and amenities are close together, reducing the need to travel long distances and ensuring places are connected by safe and attractive walking and cycling routes and public transport so that people have a range of travel options.

Air and Noise Pollution

6.1 Air pollution is the most significant environmental hazard to health. Exposure to air pollutants increases the risk of lung cancer and other lung diseases, cardiovascular disease and increases the risk of death. There is also emerging evidence that long term exposure to air pollution is linked to low birthweight and poorer development in children and the progression of Alzheimer's and Parkinson's diseases.

6.2 Short term episodes of high air pollution are linked to a rise in heart attacks, strokes and exacerbations of lung problems and increased emergency admissions to hospital.

6.3 Many of the air pollutants impacting on health result from road traffic and in urban areas where pollution is a problem, 80% of pollution arises from road traffic. The eight air quality management areas in Buckinghamshire all relate to the road network.

6.4 Children, older people and those with existing cardiovascular or lung disease are more vulnerable to the effects of air pollution.

6.5 Excessive noise impacts on health through sleep disturbance and increased stress and is

linked to increased blood pressure and increased risk of conditions such as heart disease and stroke as well as poorer educational attainment in children.

Green spaces and the natural environment

7.1 Being in contact with the natural environment is vital for our physical and mental health and wellbeing at all ages.

7.2 People with access to green spaces have better self-reported health and are more likely to be physically active and be a healthy weight.

7.3 Exposure to green spaces reduces stress levels and depression and caring for natural landscapes has been shown to improve health and depressive symptoms.

7.4 Patients in hospital recovering from surgery who have views of green and open spaces have a shorter recovery time and lower levels of pain and anxiety.

7.5 Every 10% increase in green space is associated with a reduction in disease equivalent to a gain of 5 years of life

7.6 Green spaces are beneficial for children's play and physical activity and exposure to green spaces within and around schools improves children's attention, learning and educational

attainment. Children living in deprived areas with more green spaces were less likely to be overweight and obese than children living in comparable areas with less green space.

7.7 People walk more and socialise more in areas where there are more green spaces and trees which helps to build community ties and reduce social isolation. In addition there is less graffiti vandalism and littering in outdoor spaces with natural landscapes than in comparable plant-less spaces and residents report fewer acts of aggression and violence in these areas.

7.8 Urban greening incorporates green infrastructure such as trees, green walls and roofs and natural drainage measures. This can protect human health by reducing the heat island effect of towns and reducing the impact of heatwaves which can harm the health of the very young and older people particularly. Urban greening can also reduce air pollution by absorbing pollutants and create natural sound barriers reducing noise pollution too. Trees and green roofs also reduce flood risk by absorbing water.

Healthy Food

8.1 The quality and quantity of the food and drink that we consume are important contributors to our health. A poor diet increases the risk of becoming overweight or obese, developing diabetes, heart disease, stroke, some types of cancer and dementia and contributes to 30% of years lived in disability and early deaths. For every additional sugar sweetened drink consumed per day the risk of developing high blood pressure increases by 8% and the risk of developing heart disease increases by 17%.

8.2 Trends in food consumption show that we are eating more meals out of the home and these are often in larger portions and less healthy when compared to food cooked in the home. Research suggests that access to unhealthier food retail outlets is associated with increased weight in the general population and increased obesity and unhealthy eating in children living in low income areas. In addition there is often a higher density of takeaway food outlets in areas of higher deprivation and these communities can often

have limited access to alternative options.

8.3 Increased access to outlets selling healthier food is associated with improvements in diet and adult weight. Providing healthy affordable food in schools is associated with better dietary behaviours and nutrition.

8.4 Growing your own food, in a private or community garden or allotment has many

benefits. It has been shown to improve people's diet, reduce overweight and obesity in children, lower levels of stress and depression and increase physical activity through gardening. Community allotments and gardens are an important asset and have also been shown to increase social networks and can support the wellbeing of people with long term physical and mental health conditions and socially excluded groups.

Summary and Recommendations

9.1 Good health helps people live rewarding lives and achieve their goals. It supports children's educational attainment, adult's ability to work and everyone's ability to participate in and contribute to community life. The health and wellbeing of our population is vital for the social and economic success of Buckinghamshire. Planning for and investing in the health of our population should be regarded as vital as investing in the infrastructure of our county and take the same long term view.

9.2 This report has shown the myriad ways in which the places where we grow up, live, work, play and age impact on our mental and physical health and wellbeing. It has also highlighted that key groups are more vulnerable to the impact of less healthy environments particularly children, older people and people with existing health problems. In addition some groups are more often exposed to poorer environmental conditions such as people on low incomes, people living in more deprived areas, older people and those with long term conditions. Communities and neighbourhoods need to be designed with this in mind to ensure they meet the needs of all residents and ensure that everyone has a chance to live as healthy a life as possible.

9.3 The impacts of our living environments are wide ranging and are felt throughout life. Where we live can influence how happy we are, whether we know our neighbours and how strong the community ties are and our opportunities to live healthy lives. It can also influence how well

children develop and how they do at school, crime levels, fear of crime and economic productivity. All these factors interact and influence our risk of developing a wide range of long term conditions such as high blood pressure, obesity, diabetes, heart disease, stroke, cancer and dementia.

9.4 Improving the health of our residents also makes sound economic sense and reduces demand on health and social care and other public sector services. As our population grows and ages it is more crucial than ever that all our residents start well, live well and age well and delay or prevent the onset of ill health, disability and frailty.

9.5 Improving health through improvements to the environment and community life has additional benefits as it helps Buckinghamshire remain a thriving and attractive place to live and work, can contribute to reducing congestion, air and noise pollution, mitigate the impact of climate change and attract inward investment.

9.6 A wide range of stakeholders have a role in influencing whether our environment is healthy. This includes residents and communities, community, voluntary and faith groups, local authorities, developers, schools, businesses and the public and private sector. Much good work is already underway across Buckinghamshire to protect and improve the places we live and to strengthen communities. However there are significant opportunities for us all to work

together to further improve the health and wellbeing of the people who live and work in Buckinghamshire.

To continue and support this good work the following recommendations are for all stakeholders.

Recommendations

R.1 The promotion and protection of the health and wellbeing of everyone who lives and works in Buckinghamshire should be a major consideration when planning new developments or improving existing developments. This should be supported by health impact assessments where appropriate, to understand the impact on health and wellbeing of these changes, particularly for those most vulnerable and with the greatest risk of poor health.

R.2 Where possible, local authorities and developers should engage communities in co-designing new developments and making improvements to existing developments. They should ensure input from a wide range of current and future residents of all ages and abilities to ensure developments work for all. The WHO 'Age Friendly' Cities guidance and UNICEF Child Friendly Cities and Communities initiative offer useful principles to inform discussions.

R.3 Local authorities, communities, town and parish councils and local area forums should use this report to consider how they might work together to improve the health and wellbeing of their residents, drawing on the assets in their communities and their local knowledge of what might need to change. This could include strengthening the social ties in an area, increasing community engagement and reducing social isolation or making improvements to the built and natural environment. A useful set of questions to inform discussions is the Place Standard toolkit which uses 14 questions designed to cover the physical and social aspects of a place and help determine priorities for action.

R.4 The public and private sector, voluntary, community and faith sector including local authorities, the NHS, schools, universities and businesses should use this report to consider how they can help improve health and wellbeing through their actions that impact on the environment or strengthen communities in Buckinghamshire. This can include the services they provide, their policies on community engagement and co-design of services with communities, travel, land use and corporate social responsibility.

R.5 We should, where possible, encourage planning for new and existing developments to:

- Be socially inclusive, welcoming and accessible to all sections of our community. Designed on a human scale for people and taking into account the needs of children and older people and those with disabilities.
- Provide safe, welcoming indoor and outdoor public places where people can meet.
- Encourage physical activity, active travel and access to good public transport.
- Incorporate natural landscaping and urban greening and good access to high quality green and blue public spaces e.g. parks and community gardens that people of all ages and backgrounds can enjoy.
- Improve access to healthy affordable food.
- Be designed to help reduce crime.
- Provide good quality homes using lifetime home principles and affordable housing.
- Provide good access to employment, retail and community facilities and health services which can ideally be accessed by walking or cycling through mixed land use policies.
- Minimise the impact of climate change and minimise air, water and noise pollution.
- Foster strong social connections and a sense of belonging and link new and existing communities effectively.