Prevention

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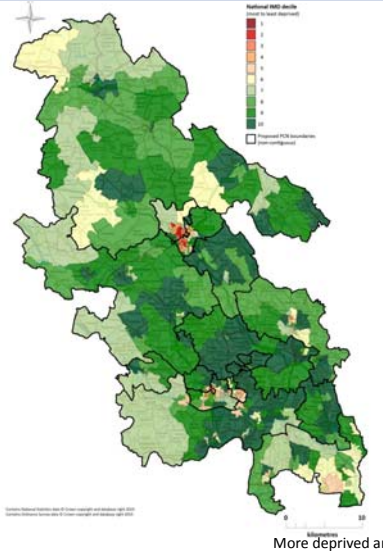
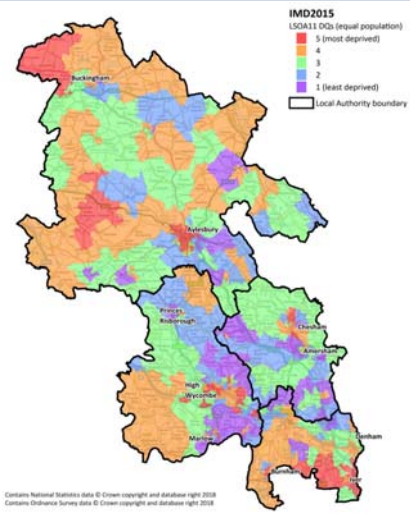
Buckinghamshire Context

- Population growing - 635K by 2039
- Those over 65 years will increase by 60,000, working age population by only 16,000
- People are living longer but not all those years in good health and there is variation in outcomes
- Men living to 82 years but only healthy to 69.6 yrs
- Women living to 85 years but only healthy to 70 yrs
- Much preventable ill health
- Unhealthy lifestyles
- 58% of people over 60yrs have long term condition
- Multi-morbidity is the new norm more common and develops 10-15 years earlier in deprived groups

Deprivation in Buckinghamshire

England Deprivation Deciles	Buckinghamshire Deprivation Quintiles





More deprived areas are shown in red.

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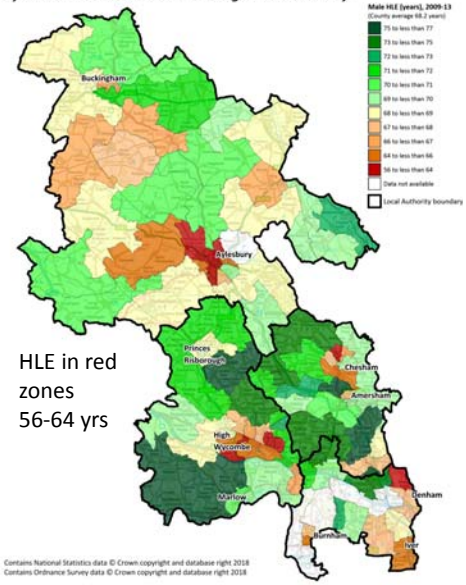
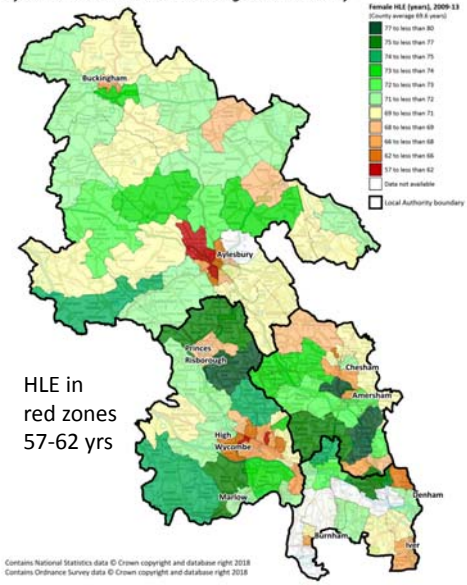


HLE in red zones 56-64 yrs



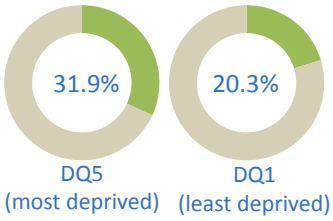
HLE in red zones 57-62 yrs

PLACE BASED APPROACH is VITAL TO IMPROVE HEALTH & WELLBEING

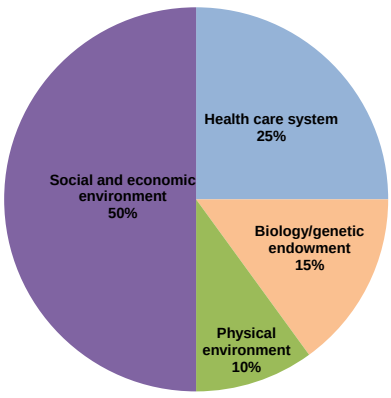
Multi-Morbidity

- = having multiple long term conditions
- 1 in 2 people in Buckinghamshire has a long term condition (LTC). 3 in 10 have two or more conditions.
- People who live in the most deprived areas (DQ5) become multi-morbid approximately 10 years earlier than in the least deprived areas (DQ1).

Proportion of 45 to 49 year olds with Multi-Morbidity by Deprivation Quintile



What determines our health ?



Source: Canadian Institute for Advanced Research, Health Canada, Population and Public Health Branch AB/NWT 2002

"Lifestyles" - 30% - but choices not made in a vacuum

4 pillars to improve population health

- Communities – social cohesion, community resilience and empowerment, community safety
- Lifestyles
- Broader determinants – income, education, employment, housing conditions, neighbourhood environment
- Access and quality of integrated health and social care

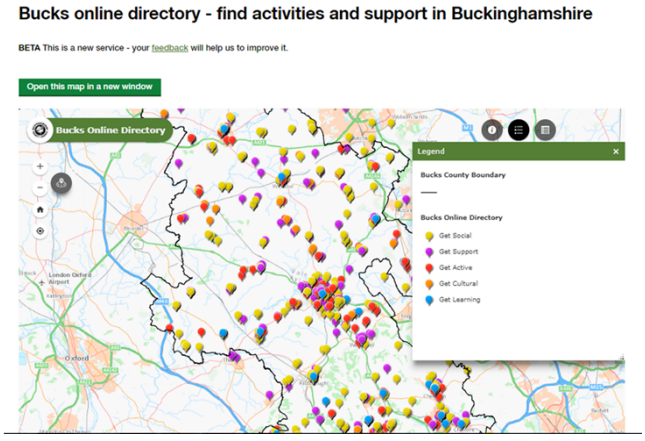
Better Lives – The Partnership Journey

- Building on existing multi-agency strategies and action plans
- Looking to ‘Add Value’ to existing work
- Diverse group of partners including NHS, Local Authorities, Fire and Rescue, Thames Valley Police, Department of Work and Pensions, Community Impact Bucks
- Iterative process building on areas of joint interest
- Building commitment

Better Lives – Shared Approach to Prevention – Working with Partners

- Developed a Shared Approach to Prevention set of principles with 13 partners
- Partners agreed social isolation as a system wide priority
- Developed a work programme for the Healthy Communities Partnership including supporting the development of new action plans for healthy eating and tobacco control
- Population Health Management
- Developing a co-ordinated approach to social prescribing with CCG
- Strength Based Discussions and Making Every Contact Count – 45 minute training session and animation
- Bucks Online Directory
- Supporting development of organisations prevention plans

Bucks Online Directory (BOD)



- https://www.buckscc.gov.uk/services/community/bucks-online-directory

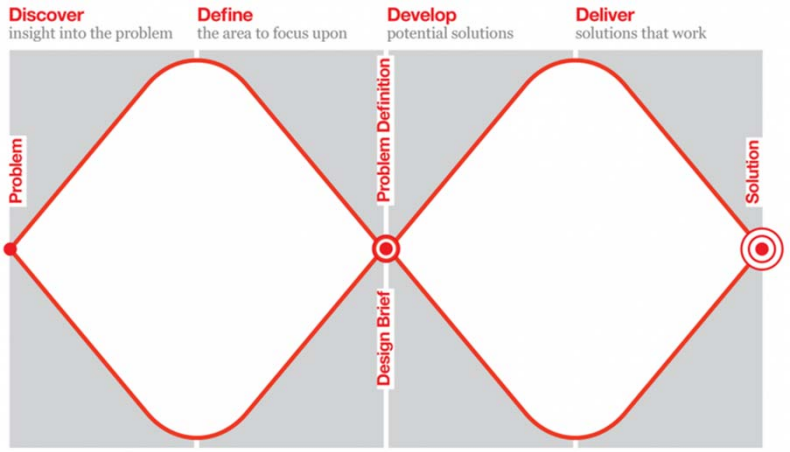
Better Lives - Strengthening Communities

- A planned programme of community appraisals
- Identify and quality assure Community Assets for the database
- Expand the number of Street Associations
- Expand the number of Dementia Friendly Communities and support the Dementia Friendly Alliances

Better Lives – System Wide Project on Social Isolation

- Agreed as a system wide priority that all partners could contribute to and an issue that has significant impact on health and wellbeing
- Social isolation vs loneliness
- Adopting a design process, including co-design with communities
- Launched with a 2 day workshop attended by 30 organisations
- Workshop considered two challenge statements:
  - How might we support and develop the assets and strengths of individuals and communities:
    - To prevent social isolation at key life events?
    - To prevent social isolation in those with limiting health conditions and disabilities?

Social Isolation – The Design Process



Social Isolation – The Projects

- 'Quick Wins'
- Developing or sourcing a screening tool and then developing and implementing across partners a pathway for those 'at risk' of social isolation (prototyping)
- Pilot work in small geographical areas to get greater local insight into social isolation and then to co-design solutions with local communities (co-design)

Supporting Action to Reduce Health Inequalities

- Shared Approach to Prevention
- Needs assessments
- DPH Annual Reports
- Health Profiles for NHS and Community Boards
- Focus and monitoring of Public Health commissioned services – smoking cessation, substance misuse, early years and young mothers
- Public Health funding for Community Boards
- Supporting partners to develop inequalities approach

Working with NHS partners

- **Smoking - accounts for half of life expectancy gap between rich and poor**
- **Maternity** physical, mental & social health & smoking cessation
- **Alcohol**
- **Mental wellbeing**
- **Severe mental illness, learning disability & autism**
- **Rough Sleepers**
- **Partnerships -** Encourage innovation and new ways of working to address inequalities

Bucks CCG's Priorities - the next 5 years

Your community Your care
Developing Buckinghamshire together

- Smoking: reduction overall, with a focus on the most deprived populations
- Mental health for young people: increasing mental health support teams in schools in deprived areas
- Care & support planning: improving the gap in patient experience between the Black and minority ethnic (BAME) & white communities
- Improving the detection of hypertension and it's management in our deprived and BAME communities

THANK YOU

BUCKINGHAMSHIRE COUNTY COUNCIL