



Cabinet agenda

Date: Tuesday 11 October 2022

Time: 10.00 am

Venue: The Oculus, Buckinghamshire Council, Gatehouse Road, Aylesbury HP19 8FF

Membership:

M Tett (Leader), Cllr A Macpherson (Deputy Leader and Cabinet Member for Health and Wellbeing), G Williams (Deputy Leader and Cabinet Member for Climate Change and Environment), S Bowles (Cabinet Member for Communities), S Broadbent (Cabinet Member for Transport), J Chilver (Cabinet Member for Accessible Housing and Resources), A Cranmer (Cabinet Member for Education and Children's Services), C Harriss (Cabinet Member for Culture and Leisure), P Strachan (Cabinet Member for Planning and Regeneration) and M Winn (Cabinet Member for Homelessness and Regulatory Services)

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To approve as a correct record the Minutes of the meeting held on 22 September 2022.

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17	Exclusion of the public (if required) To resolve that under Section 100(A)(4) of the Local Government Act 1972 the public be excluded from the meeting for the following item(s) of business on the grounds that it involves the likely disclosure of exempt information as defined in Part I of Schedule 12A of the Act. Paragraph 3 Information relating to the financial or business affairs of any particular person (including the authority holding that information)	
18	Confidential Minutes of the meeting held on 22 September 2022	319 - 320
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Cabinet minutes

Minutes of the meeting of the Cabinet held on Thursday 22 September 2022 in , commencing at 9.00 am and concluding at 10.30 am.

Members present

M Tett, Cllr A Macpherson, G Williams, S Bowles, S Broadbent, J Chilver, A Cranmer, C Harriss, P Strachan and M Winn

Others in attendance

D King, P Martin and R Stuchbury

Agenda Item

1 Apologies

There were none.

2 Minutes

RESOLVED –

That the Minutes of the meeting held on 12 July 2022 be approved as a correct record.

3 Declarations of interest

There were none.

4 Hot Topics

The following hot topics were raised:-

Cabinet Member for Education and Children's Services

Following a question from the Leader, the Cabinet Member for Education and Skills reported that the Government were looking at removing restrictions on grammar schools moving to a school system with more Multi Academy Trusts. Cabinet would be updated once more information was released.

Cabinet Member for Homelessness and Regulatory Services

The Council had received a further grant of £2.274 million for the rough sleeping initiative with funding for the next three years. The Leader commented on the Council's work to eliminate rough sleeping and the multi-disciplinary approach required. The Cabinet Member also paid tribute to the work of partners such as

Aylesbury Homeless Action Group, Oxford Health and Wycombe Connections.

Cabinet Member for Communities

The Council had been allocated another £2.4 million for the Household Support Fund for the period October to March. The Leader reported that he was delighted to hear the news and commented that the Helping Hands Programme had been one of the most successful programmes the Council had run and it would help residents through the winter particularly with rising costs. The Cabinet Member then commented on the recent County Show where they had highlighted the work of the Community Boards which was well attended and the Community Safety Survey. The Survey would run until Sunday 16 October and residents were encouraged to take part including informing the Council on what areas they considered a priority. The Community Safety Team was also visiting Fresher Fairs at universities to help crime prevention particularly violence against women and girls and providing personal alarms. Teenage girls were particularly vulnerable.

<https://www.buckinghamshire.gov.uk/cost-of-living/>
<https://yourvoicebucks.citizenspace.com/communities/safety-2022/>

Cabinet Member for Planning and Regeneration

The Cabinet Member referred to the development of the Local Plan and Call for all sites which had been completed on 13 September 2022. 700 sites had been put forward and officers needed to look at these sites to see if they were suitable for development. Reference was also made to that fact that the Government might abolish the topdown housing targets.

Cabinet Member for Transport

Buckinghamshire Council and Carousel Buses were launching a new 'demand responsive transport' (DRT) service in and around High Wycombe. The new DRT service came as part of a pilot scheme funded by the Government's Rural Mobility Fund. The new service would run for the next 3 years, with scope to run for longer if the pilot is successful. The High Wycombe DRT pilot was set to launch from 27 September, with an Aylesbury pilot launching later in the autumn. Sitting under Carousel's 'PickMeUp' brand, the Wycombe pilot would serve several communities, including Booker, Daws Hill, Wooburn Green, Wycombe Marsh, Loudwater and Downley. These either have a limited bus service or a route which only served part of the community. Users would be able to book one of the five fully accessible minibuses to collect them either directly from their home, or from one of the 500+ pickup points – also known as 'virtual bus stops' – out and about in the local area. The Cabinet Member would report back on pilot data.

<https://www.buckinghamshire.gov.uk/news/wycombe-residents-will-soon-be-able-to-book-a-bus/>
<https://www.pickmeupwycombe.co.uk/>

Cabinet Member for Accessible Housing and Resources

The Cabinet Member referred to £150 energy rebate for most households in Council Tax bands A to D which could be distributed via post office vouchers if there were no bank details. Residents had a deadline of Friday 30 September 2022 to claim the

rebate. 8,000 vouchers had not been cashed and it was important for residents to do so before the deadline.

<https://www.buckinghamshire.gov.uk/council-tax/150-council-tax-energy-rebate/>

Deputy Leader and Cabinet Member for Health and Wellbeing

Reference was made to the Health and Wellbeing Board which was meeting this afternoon to discuss the Integrated Care Partnership and the Joint Local Health and Wellbeing Strategy Refresh. Residents were encouraged to attend the meeting or watch the webcast; it was an important meeting addressing health inequalities and discussing major transformation in the Health Service. A plea was made for additional funding to help with hospital discharge to move patients out of hospital back into the community.

<https://buckinghamshire.moderngov.co.uk/mgCommitteeDetails.aspx?ID=350>

Leader

Following issues with bin collections in the South of the County regular meetings with the Waste Contractor's Senior Management were being held to ensure that these issues were being addressed. There had been reports of misinformation and misreporting by operatives and this was being investigated. If residents had any issues with their bins they should report it online or escalate this to their local member if required.

<https://www.buckinghamshire.gov.uk/waste-and-recycling/report-a-missed-bin-collection>

5 Question Time

Question from Councillor Robin Stuchbury to Councillor Steve Broadbent, Cabinet Member for Transport and Councillor Peter Strachan , Cabinet Member for Planning and Regeneration

“The section 106 agreement for the Osier Way development has designated part of the £840,000 funding for a specific route upgrade on the A421 and A413 to dual – 2 lane standard carriageway, which predetermines the question of the outcomes of the Buckingham transport study to be undertaken this autumn, the results of which were being submitted to the Town Council and other parishes in early 2023. This project funding has now been included in the signed section 106 agreement which implies that the study will be concentrating on the implementation details of an agreed scheme not the feasibility of alternatives. Buckingham Town Council is in the process of reviewing and updating its Neighbourhood Plan and as I understand it would definitely prefer to discuss such matters thoroughly before decisions are taken and funds committed. In what way does the Cabinet Member consider that pre-empting the results of a survey and not consulting the local Council until some months after a decision is made is in the spirit of the Town and Parish Charter, which is to enable Parish and Town Councils to contribute to the planning process and to work together with Buckinghamshire Council? I look forward to a positive and engaging way forward within your response.”

RESPONSE from Councillor Broadbent

“The S106 agreement for Osier Way secures £840k towards all/any relevant parts of the Buckingham Transport Strategy, as listed in Policy T3 of Vale of Aylesbury Local Plan. This includes; route upgrade on the A421 and A413 to dual, left turn slip at A422/A413/Stratford Road roundabout, Buckingham town wide cycle network improvements and the Buckingham to Silverstone Park cycle route. As you are aware the Local Plan underwent consultation and considerable scrutiny through Examination before being adopted by the Council in September 2021. The schemes outlined in the Buckingham Transport Strategy were also agreed by the Town Council after consultation.

As you are aware, the Transport Strategy team are also in the process of undertaking a technical study to assess the A421 corridor and its links into the neighbouring areas (especially towards Milton Keynes, Bicester, Silverstone Enterprise Zone and the new station planned for Winslow). As we discussed when you raised this at Cabinet on 12th July, the Transport Strategy team will report back on the recommendations made to the Buckingham Town Council, and other parish councils along the route, when the study is completed (expected early 2023). The s106 funding you have referred to is for funding improvements to the A421 corridor, however the monies would not be committed until we have a defined scheme that has been through feasibility and assessment, to ensure it is both viable and represents value for money for the Council.

We are also developing a Buckinghamshire Local Cycling and Walking Infrastructure Plan (LCWIP) which will be an overarching strategy for cycling and walking investment in Buckinghamshire. This strategy will also help Community Boards and town and parish councils develop their own local LCWIPs to improve walking and cycling in their areas. The Buckingham Transport Strategy already identifies a number of walking and cycling initiatives. The identified s106 money could also be used to implement some of these schemes, as outlined above.

In terms of the Town and Parish Charter, we remain committed to working with town and parish councils and are adopting a Statement of Community Involvement regarding consultation with town and parish councils on planning issues.”

6 Forward Plan (28 Day Notice)

The Leader introduced the Forward Plan and commended it to all Members of the Council and the public, as document that gave forewarning of what Cabinet would be discussing at forthcoming meetings.

RESOLVED

That the Cabinet Forward Plan be noted.

7 Select Committee Work Programme

The Leader introduced the Select Committee Work Programme and commended it

to all Members of the Council and the public, as a document that gave forewarning of what Select Committees would be discussing at forthcoming meetings.

RESOLVED –

That the Select Committee Work Programme be noted.

8 Change to the Household Recycling Centre (HRC) service model from nine to ten sites

The Cabinet received a report which outlined a proposal to change the Household Recycling Centre (HRC) service model and HRC contract from a nine site model to a ten site model, with the opening of Bledlow HRC 5 days a week. As part of the proposal, it was recommended that the site be opened for Buckinghamshire Council residents and other aspects of the service be provided in line with the draft Waste Access and Acceptance Policy (WAAP), which was attached at Appendix 1 to the Cabinet report.

The Cabinet report also proposed that non-Buckinghamshire residents be charged for waste acceptance and access for all waste types in accordance with powers set out in Paragraph 51(3) of the EPA 1990, rather than prohibit use of the HRC amenities. To date the neighbouring Local Authority Oxfordshire County Council had not been amenable to enter into Service Level Agreements, therefore Buckinghamshire Council would be able to introduce charges for non-Buckinghamshire residents, for waste acceptance and access for all waste types, who might use Bledlow HRC site.

Buckinghamshire County Council introduced changes to the Household Recycling Centre service on 1st April 2019. This was a difficult decision made in the short term, due to the financial pressures the Council faced and the requirement to secure a balanced budget. The service changes included three HRCs opening 5 days (closing Wednesday and Thursday), Bledlow HRC being closed and the introduction of non-household waste charging at all HRCs. Due to future growth demands near the Princes Risborough area, there was a growing demand for HRC provision. The long-term aspiration would be to build a new HRC closer to the Princes Risborough area. However, a replacement site would have considerable lead in times, typically five years or more. This was due to the complexities such as land acquisition, development control (i.e. the planning process), procurement and construction phase. The recommendations, set out in the Cabinet report, would meet the Council's future needs in the short to medium term, whilst an alternative site was found.

Cabinet took into account the detailed representations which had been submitted by residents and external organisations including the supplementary information which was published on 21 September 2022 on the future tonnage and visitor forecast assumptions and a summary of the key themes where representations had been received such as traffic congestion, previous planning permissions, lack of consultation and site suitability. The supplementary information included

information on the methods used for calculating site use and tonnage forecast. Burnham HRC had been used as a suitable proxy site for modelling assumptions.

The Cabinet Member made reference to concerns regarding traffic congestion. He reported that over the past three years there had been reduced total waste volumes across all HRC sites by approximately 42% and previously when this site had been open 35% of residents had come from Oxfordshire. The Council was not encouraging “out of area” users as this would introduce inconvenience to Buckinghamshire residents and the new charges could mean that out of area residents would not wish to use the facility. In addition the neighbouring authority Oxfordshire County Council had previously not been amenable to enter into a Service Level Agreement with the Council.

A Community Interest Company, which had been formed by one of the local councillors had put an application in for the site to be reopened which the Council, as Planning Authority had opposed. However, this does not impact on this decision as the Council has the original permission to reopen the site as the Waste Authority.

With regard to consultation the Council was not legally required to carry out a consultation but the Cabinet Member had met with the Parish Council and spoken to local members. The Cabinet Member would continue to monitor the impact of any decision and liaise with the Parish Council. A consultation had been carried out in 2019 with a customer satisfaction survey.

The final concern related to site suitability and in particular fire risk. The land has been surveyed which had confirmed its suitability and there was a Fire Management Plan. This proposal was in budget and would be covered within the existing contract.

The Service Director for Legal and Democratic Services then referred to the Waste Access and Acceptance Policy Paragraph 2.7 which addressed some of the need across Buckinghamshire and there was a useful map on page 79 which showed the spread of the network for HRC’s. There was a space on the west side in relation to a suitable site for a HRC. The Waste Authority needed to look at this as a network and to balance the needs of the population. He referred to a letter he had sent to a resident of 20 September which had included some legal and technical points. There had been no promise of a consultation taking place. The earlier consultation had been a broader consultation not relating to this specific site. The argument relating to this being a breach of policy related to a separate application made by another organisation for permission which was refused on appeal and the Planning Inspector had given some reasons which did not apply to the Council as a Waste Disposal Authority. The Council were compliant with the relevant policies of the Waste and Minerals Local Plan. There were two duties that Cabinet Members needed to be aware of when making a decision; one was the Equalities Duty (the report included an Equalities Impact Assessment) and secondly under the Countryside and Rights of Way Act 2000 the Council needed to consider the impact of its decision on the Area of Outstanding Natural Beauty. This had been referred to in the Planning Inspector’s report as not being of concern and also there was no concern from a highways

perspective. If residents were driving around the county trying to dispose of their waste it would be more beneficial if the site was as close as possible to them which would enhance the AONB rather than have traffic driving a significant distance.

Each Cabinet Member in turn confirmed that they had read and considered all of the representations in full including any documents which had been sent by residents or organisations.

During discussion the following points were made:-

- The Cabinet Member who had previously looked after this portfolio commented that the Council had considered alternative sites but that there was a long lead in time to open another commissioned facility of at least five years which included finding a site and the budget, assessing it, obtaining planning permission and then building it. There was funding in the capital programme for a new site.
- In response to the representations a Cabinet Member asked about traffic management and fire risk. The Cabinet Member reported that the traffic flows would be monitored closely and he would liaise with the Parish Council but also referred to the fact they expected usage to drop. The Council would do their best to mitigate traffic congestion on the roads to the site. The Council had a fire management plan and would undertake due diligence. This was a requirement of the environmental permit. The plans were tailored to the site.
- Another Cabinet Member agreed that there was a gap in the geographical provision and that in the longer term there were plans to commission a new site which should help with the additional housing growth expected in Princes Risborough and Haddenham. He also asked whether vehicle checks for out of county users would impact on traffic congestion. There was a similar system for non-household waste charges. There would be check points at the front of the site of ID and residency checks and in addition the operatives would quickly check the car size before they administer any charge. It would take no longer than non-household waste charging.
- As it was a relatively high charge for out of county there were concerns about non local residents abusing the system by using other people's ID who lived in Buckinghamshire. Out of county residents would be asked for a council tax bill or a digital form of ID but misuse could not be eliminated fully. With any waste spillage the operatives would be vigilant if any evidence was provided of misuse.
- In terms of local feeling the Cabinet Member had been on a call with the Parish Council and there was a range of views; some in support and others against because of concerns raised by local residents who lived on the road of the site. There would be a review of the site in the next six months. He had also spoken to local members. Residents in the broader local area had been very supportive but there were some residents who were close to the site who would be impacted. It was a relatively small site and there were no plans for expansion.

- A query was raised about managing traffic flows and the data provided and whether residents would be aware of busy times so they could avoid travelling to the site at peak use. In response it was noted that there would be three webcams where officers could look at the demand on that site and they would show both directions on the external road as a livestream which residents could check before they travelled and an internal webcam to see how busy it was within the site. Google tools would help show traffic flows which would be posted on social media. Representatives from the team would be at the site in the first few weeks to ensure that there were no issues in accessing it. Traffic data counters were also installed.

RESOLVED that Cabinet approves the following recommendations to take effect from the date the decision is taken unless otherwise stated –

- (1) That the revised Waste Access and Acceptance Policy (WAAP), Appendix 1 to the Cabinet report, be agreed.**
- (2) That the Bledlow Household Recycling Centre be re-opened in November 2022, or earlier if it is operationally possible. The HRC to operate on 5 days a week, with closing days being Wednesdays and Thursdays (Option F).**
- (3) That non-Buckinghamshire users be charged for waste acceptance and access for all waste types when using the Bledlow HRC.**
- (4) That the Service Director of Property and Assets, in consultation with the Cabinet Member for Accessible Housing and Resources be authorised to finalise, agree, exchange and complete the lease documentation.**
- (5) That the Service Director of Neighbourhood Services, in consultation with the Deputy Leader and Cabinet Member for Climate Change and Environment, be delegated authority to maintain service level agreement(s) and/or enter agreements with any other neighbouring authorities. This is to share costs for their residents to use Buckinghamshire HRCs on a fair basis.**
- (6) That the Head of Strategic Waste Management and Enforcement be delegated authority to undertake all necessary appropriate steps in relation to the Household Recycling Centre contract by executing a Deed of Variation.**
- (7) That it be NOTED that the financial implication associated with the recommendations are contained within the Council's Medium Term Financial Plan.**

9 Highways Service - Term Consultancy Contract Award

The procurement project team, with support from other disciplines from across the Council and externally, had made positive progress with the delivery of the new Highways operating model and the associated procurement activity and were on programme to deliver these key contracts for the Council. The first of these contracts was the appointment of a new Term Maintenance Contractor which was agreed by Cabinet on 12th July 2022.

The Cabinet report, and the confidential Appendix 1, reported on the outcome of

the procurement exercise for the second of these contracts, the Term Consultancy Contract (TCC) and recommended the award of contract to the preferred bidder with the most economically advantageous tender in accordance with the agreed assessment model for quality and price.

The Term Consultancy Contract was another key component of the new Highway service operating model for the Highways Service and would deliver a high-quality service and value for money.

The range of services that the Term Consultant would provide comprise of specialist support on structures and street lighting, project management and supervision and to compliment the client team on various activities including procuring and supervision of works through the frameworks, as well as general top up of capacity, applying innovation and ensuring best value was being delivered.

The Term Consultant had also been set up so that other service areas of the Council could make use of it for various disciplines and expertise and be able to provide advice and support on developing feasibility and detailed design for large scale capital funded infrastructure projects, flooding and environmental investigation and analysis and Traffic Modelling to deliver the most cost-effective solutions. A full list of activities was shown in Appendix 3.

The Cabinet Member for Transport reported that after a Market Engagement Day in July 2021 they had a strong response from the market with multiple bidders and following a rigorous process the following recommendations have been put forward to start the contract on 1 April 2023. The confidential appendix was discussed in exempt session.

RESOLVED –

- (1) That progress made to date on the procurement of the new Highways Services Contracts be NOTED.**
- (2) That the award of the Highways Term Consultancy contract to the preferred bidder be AGREED, as detailed within Confidential Appendix 1.**

10 Exclusion of the public (if required)

RESOLVED –

That pursuant to Section 100(A)(4) of the Local Government Act 1972 the public be excluded from the meeting during consideration of Minute No 12 and on the grounds that it involves the likely disclosure of exempt information as defined in Part I of Schedule 12A of the Act as defined as follows:

Minute 12 – Highways Term Consultancy Contract – Award

The item includes Information relating to the financial or business affairs of any particular person (including the authority holding that information) (Paragraph 3,

Part 1 of Schedule 12A, Local Government Act 1972) (The need to maintain the exemption outweighs the public interest in disclosure, because disclosure could prejudice the Council's position in any future process or negotiations).

11 Confidential minutes of 12 July 2022

RESOLVED –

That the confidential Minutes of the meeting held on 12 July 2022 be approved as a correct record.

12 Confidential appendix for Highways Service - Term Consultancy Contract Award

This item was undertaken in confidential session as part of Minute item 9 and details of the public discussion and the decisions taken are included within Minute number 9.

13 Date of next meeting

The next meeting would be held at 10am on Tuesday 11 October 2022.



Buckinghamshire Council Cabinet/Leader forward plan

The local authorities (executive arrangements) (meetings and access to information) (England) regulations 2012

This is a notice of an intention to make a key decision on behalf of Buckinghamshire Council (regulation 9) and an intention to meet in private to consider those items marked as 'private reports' (regulation 5).

A further notice (the 'agenda') will be published no less than five working days before the date of the decision meeting and will be available via the Buckinghamshire Council website ([Cabinet agendas](#) / [Leader decisions](#)).

All reports will be open unless specified otherwise.

Item and description	Wards affected	Councillor(s) / contact officer	Private report? (relevant para)	Date notified
Cabinet 11 October 2022				
Adult Social Care Update To provide an update on the current challenges and issues in relation to adult social care services in Buckinghamshire		Councillor Angela Macpherson Clare Capjon		16/6/22

Item and description	Wards affected	Councillor(s) / contact officer	Private report? (relevant para)	Date notified
<p>Children's Services Update Bi-annual report detailing the national and local developments across the Children's Services Directorate</p>		<p>Councillor Anita Cranmer John Macilwraith</p>		<p>30/8/22</p>
<p>Climate Change & Air Quality Strategy – Annual Update To receive the annual update on progress against the Climate Change</p>		<p>Councillor Gareth Williams Edward Barlow</p>		<p>8/9/22</p>
<p>Director of Public Health Annual Report 2021-2022 To approve the Director of Public Health Annual Report (DPHAR) 2021-2022 which addresses cardio vascular disease and its impact on inequalities in Buckinghamshire.</p>		<p>Councillor Angela Macpherson Dr Jane O'Grady</p>		<p>16/6/22</p>

Item and description	Wards affected	Councillor(s) / contact officer	Private report? (relevant para)	Date notified
<p>E-scooter trial extension (until May 2024) E-scooter trial extension (until May 2024)</p>	<p>Abbey; Aston Clinton & Bierton; Aylesbury East; Aylesbury North; Aylesbury North West; Aylesbury South East; Aylesbury South West; Aylesbury West; Booker, Cressex & Castlefield; Downley; Hazlemere; Ryemead & Micklefield; Stone & Waddesdon; Terriers & Amersham Hill; The Risboroughs; Totteridge & Bowerdean; Tylers Green & Loudwater; West Wycombe; Wing</p>	<p>Councillor Steve Broadbent Richard Lumley</p>		<p>8/9/22</p>

Item and description	Wards affected	Councillor(s) / contact officer	Private report? (relevant para)	Date notified
<p>Household Support Fund The report will provide details on the Government Household Support Fund 3 allocation for Buckinghamshire and detail options for the usage of this fund to support financially vulnerable residents of Buckinghamshire during the Fund period 1st October 2022 – 31st March 2023.</p>		<p>Councillor Steve Bowles Matthew Everitt</p>		28/9/22
<p>Little Marlow Lakes Country Park Report to consider the delivery options for the Little Marlow Lakes Country Park.</p>	Flackwell Heath, Little Marlow & Marlow South East	<p>Councillor Peter Strachan Steve Bambrick</p>		8/9/22
<p>Safer Buckinghamshire Board Annual Report 2021/22 To receive the annual report 2021/2022 of the Safer Buckinghamshire Board (the Community Safety Partnership for Buckinghamshire)</p>		<p>Councillor Steve Bowles Dr Jane O'Grady</p>		27/7/22
<p>Youth Justice Strategic Plan 2022-2023 The Buckinghamshire Youth Justice Strategic Plan 2022-2023 provides details of progress made against agreed outcomes for Children and Young People. It outlines priorities, alongside potential future challenges for the partnership over the coming year. It also highlights the partnership arrangements and budget position for the Youth Offending Service Partnership.</p>		<p>Councillor Anita Cranmer John Macilwraith</p>		30/8/22
Cabinet 15 November 2022				

Item and description	Wards affected	Councillor(s) / contact officer	Private report? (relevant para)	Date notified
Council Resilience Framework and Standards (CRF&S) To introduce the Council Resilience Framework and Standards Policy (CRF&S)		Councillor Steve Bowles Lloyd Jeffries		28/9/22
Horns Lane, High Wycombe Delivery options for development of 50 residential houses	Booker, Cressex & Castlefield	Councillor John Chilver John Reed	Part exempt <i>(para 3)</i>	30/6/22
Housing Infrastructure Fund Strategic Update Anticipation of contractual update to the Grant Funding Agreement.	Aston Clinton & Berton; Aylesbury East; Aylesbury South East; Aylesbury South West; Aylesbury West; Stone & Waddesdon	Councillor Martin Tett Robin Smith	Part exempt <i>(para 3)</i>	15/8/22
Q2 Budget Monitoring Report 2022-23 Quarterly report		Councillor John Chilver Dave Skinner		30/8/22
Q2 Performance Report 2022-23 Quarterly report		Councillor John Chilver Matthew Everitt		30/8/22

Item and description	Wards affected	Councillor(s) / contact officer	Private report? (relevant para)	Date notified
<p>Transport, Environment & Climate Change Select Committee Review of Pollution in Buckinghamshire's Rivers and Chalk Streams</p> <p>The Transport, Environment & Climate Change Select Committee set up a small review group to investigate pollution in Buckinghamshire's rivers and chalk streams. This report details their key findings and recommendations to Cabinet.</p>		<p>Councillor Robert Carington</p> <p>Chris Ward</p>		22/9/22
<p>Woodlands In Principle CPO</p> <p>Seeking authority to proceed with an In-Principle CPO (compulsory purchase order) process</p>	Aston Clinton & Bierton	<p>Councillor John Chilver</p> <p>John Reed</p>	Part exempt (<i>para 3</i>)	17/1/22
Cabinet 6 December 2022				
<p>Education Accessibility Strategy</p> <p>This strategy provides detail on the responsibilities of the Council and maintained schools, for ensuring all Children & Young People are able to access education, focusing on how to ensure those with disabilities are not disadvantaged.</p>		<p>Councillor Anita Cranmer</p> <p>Nichola Beagle</p>		11/8/22
<p>SEALR (South East Aylesbury Link Road) Update</p> <p>Project update for the South East Aylesbury Link Road.</p>	Aylesbury South East; Wendover, Halton & Stoke Mandeville	<p>Councillor Martin Tett</p> <p>Richard Lumley</p>	Part exempt (<i>para 3</i>)	25/5/22

Item and description	Wards affected	Councillor(s) / contact officer	Private report? (relevant para)	Date notified
Woodlands strategy for negotiated acquisition Recommendations to Cabinet regarding the freehold interest in the Woodlands development site.	Aston Clinton & Bierton	Councillor John Chilver John Reed	Part exempt (<i>para 3</i>)	17/1/22
Cabinet 5 January 2023				
Buckinghamshire Education Strategy 2022 - 2027 The Buckinghamshire Education Strategy is a refresh of the Education and Skills Strategy that was approved in 2018. Following initial collaboration and engagement and a public consultation process, the Education Strategy has been shaped and developed with a focus on 5 key priority areas in order to further improve educational provision for children and young people in Buckinghamshire.		Councillor Anita Cranmer Simon James		8/6/22
Highways Frameworks 1 & 2 Award To agree the award for the frameworks of the Highways Services.		Councillor Steve Broadbent Kevin Goad	Part exempt (<i>para 3</i>)	8/9/22
Cabinet 14 February 2022				
Kingsbury & Market Square, Aylesbury The regeneration of two historic town centre spaces. The aim is to make these spaces more accessible and attractive, giving priority to pedestrian use.	Aylesbury North	Councillor John Chilver, Councillor Peter Strachan John Reed	Part exempt (<i>para 3</i>)	22/4/22
September 2022 Leader Decisions				

Item and description	Wards affected	Councillor(s) / contact officer	Private report? (relevant para)	Date notified
Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Partnership (BOB ICP) Joint Committee Approval for the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) to establish an Integrated Care Partnership through a Joint Committee		Councillor Angela Macpherson Gill Quinton		8/6/22
October 2022 Leader Decisions				
Assets of Community Value To agree the changes to procedure for managing Buckinghamshire Council's Assets of Community Value and Community Right to Bid Process		Councillor Steve Bowles Nick Graham		8/9/22
Aston Clinton - Traffic Calming Vertical traffic calming and speed limit reduction	Aston Clinton & Bierton	Councillor Steve Broadbent Daniel Pearson		19/3/20
Aylesbury A41 Woodlands Roundabout Funding allocation for future works delivered in conjunction with developers.	Aston Clinton & Bierton	Councillor John Chilver David Pearce, Robin Smith	Part exempt (<i>para 3</i>)	15/8/22
Aylesbury Grid Reinforcements - New Primary Decision relating to progressing the Aylesbury Grid Reinforcement scheme design in South West Aylesbury.	Aylesbury South East; Wendover, Halton & Stoke Mandeville	Councillor Martin Tett David Johnson	Part exempt (<i>para 3</i>)	3/5/22

Item and description	Wards affected	Councillor(s) / contact officer	Private report? (relevant para)	Date notified
<p>Bierton Traffic Calming Public consultation is to be carried out on a traffic calming scheme along the A418 through Bierton. The proposals include; narrowings, chicanes, build-outs, and pedestrian, cycle, and bus stop improvements. Public consultation and the delivery of a traffic calming scheme was secured as a s106 obligation of the nearby Kingsbrook development.</p>	Aston Clinton & Bierton	Councillor Steve Broadbent Christine Urry		25/5/22
<p>Budget Adjustments to the Approved Capital Programme To approve changes to the Approved Capital Programme</p>		Councillor John Chilver Sue Palmer		14/9/20
<p>Business Case for the recommissioning of The Vines (respite service for Children and Young People) To agree the Business Case for the recommissioning of The Vines - a six bedded unit providing residential short breaks to disabled young people aged 11 – 19 years old with behaviours that challenge which is due for renewal on 1st April 2022. This is for a 2 year contract with one year extension.</p>		Councillor Anita Cranmer Tracey Ironmonger	Part exempt (para 3)	18/8/21
<p>Childcare Sufficiency Assessment Annual report detailing how the duty to secure sufficient childcare in Buckinghamshire is being met. The report will be made available and accessible to childcare providers and parents.</p>		Councillor Anita Cranmer Simon James, John Macilwraith		30/8/22

Item and description	Wards affected	Councillor(s) / contact officer	Private report? (relevant para)	Date notified
Denham Local Priority Key Decision Report for the S106 Denham Local Priority Scheme.	Denham	Councillor Steve Broadbent Daniel Pearson		28/9/22
Domiciliary Care Procurement Vehicle Decision to go out to tender to procure domiciliary care services for adults in Buckinghamshire.		Councillor Angela Macpherson Erica Taylor	Part exempt (para 3)	2/3/22
Eastern Link Road, Aylesbury Current Business Case for delivery	Aston Clinton & Bierton	Councillor Martin Tett John Callaghan, Robin Smith	Part exempt (para 3)	30/8/22
Extension of Public Space Protection Orders Decision and result of Public Consultation report in relation to 6 PSPOs recommended for extension.		Councillor Steve Bowles Gideon Springer		27/7/22
Fair Cost of Care To agree the council's Fair Cost of Care proposal for submission to the Department of Health & Social Care. The submission covers care homes for people aged 65+ and domiciliary care for people aged 18+. The Fair Cost of Care is one of the key measures to support the government's Social Care Reforms		Councillor Angela Macpherson Tracey Ironmonger	Part exempt (para 3)	8/7/22

Item and description	Wards affected	Councillor(s) / contact officer	Private report? (relevant para)	Date notified
<p>Gerrards Cross Waiting Restrictions Report to be written with recommendations upon the conclusion of a statutory consultation on waiting restrictions proposed in Gerrards Cross.</p>	Gerrards Cross	Councillor Steve Broadbent John Pateman		12/7/21
<p>Haddenham Parking Restrictions Scheme proposing to introduce parking restrictions on Tibbs Road, Haddenham.</p>	Bernwood	Councillor Steve Broadbent Daniel Pearson		24/3/22
<p>Harmonisation of Pest Control Fees The harmonisation of policy and fees regarding which residents are able to access subsidised pest control treatment.</p>		Councillor Mark Winn Jacqui Bromilow		30/8/22
<p>Land at Ashwells, Tylers Green and Bellfield, High Wycombe To approve the recommended Purchaser for land at Ashwells, Tylers Green and the Bellfield residential site in High Wycombe</p>	Tylers Green & Loudwater	Councillor John Chilver John Reed	Part exempt <i>(para 3)</i>	28/9/22
<p>Russet Street/Worcester Street, Berryfields, Aylesbury – Prohibition of Motor Vehicles Traffic Regulation Order Proposal to introduce a ‘Prohibition of Motor Vehicles’ Traffic Regulation Order (TRO) on Russet Street/Worcester Street, Berryfields, Aylesbury.</p>	Stone & Waddesdon	Councillor Steve Broadbent David Cairney		16/6/22

Item and description	Wards affected	Councillor(s) / contact officer	Private report? (relevant para)	Date notified
<p>Station Road, Quainton - Proposed Traffic Calming Build Out Barwood Homes propose to fully fund and construct a Traffic Calming Build Out on Station Road, Quainton. This is to facilitate the widening of the existing footway to 1.5m beside No.17 Station Road. Works would be carried out via a Section 278 Legal Agreement.</p>	Great Brickhill	Councillor Steve Broadbent Darryl Bonsor		22/10/21
<p>Tree Planting Programme, Part of Burcott Hall and part of Soulbury Road Farm, Wing Tree Planting Programme on Council owned land</p>	Wing	Councillor Gareth Williams David Johnson	Part exempt (<i>para 3</i>)	22/9/22
November 2022 Leader Decisions				
<p>Adult Social Care Travel Assistance Policy To agree the travel assistance policy for Adult Social Care</p>		Councillor Angela Macpherson Tracey Ironmonger		22/9/22
December 2022 Leader Decisions				
<p>Buckinghamshire Combatting Drugs Strategy To agree the Buckinghamshire Multi-Agency Combatting Drugs Strategy. This will support delivery of the government's 10 year strategy to reduce drug use, drug-related crime, deaths and other harms.</p>		Councillor Angela Macpherson Dr Jane O'Grady		8/9/22

Item and description	Wards affected	Councillor(s) / contact officer	Private report? (relevant para)	Date notified
CYP Integrated Therapies Recommission of the Buckinghamshire Children and Young People's Integrated Therapies service		Councillor Anita Cranmer Marie-Claire Mickiewicz	Part exempt (<i>para 3</i>)	30/6/22
CYP Integrated Therapies Strategy Sign off of CYP Integrated Therapies Strategy		Councillor Anita Cranmer Marie-Claire Mickiewicz	Part exempt (<i>para 3</i>)	30/6/22
February 2023 Leader Decisions				
All-age Autism Strategy To agree the All-age Autism strategy for Buckinghamshire		Councillor Angela Macpherson Simon Brauner-Cave		11/5/22

Individual Leader decisions (in consultation with the Cabinet Member) are not discussed at meetings – a report is presented to the Cabinet Member and the Leader will decide whether to sign the decision.

If you have any questions about the matters contained in this forward plan, please get in touch with the contact officer. If you have any views that you would like the cabinet member to consider please inform the democratic services team in good time ahead of the decision deadline date. This can be done by telephone 01296 382343 or email democracy@buckinghamshire.gov.uk. You can view decisions to be made and decisions taken on the council's website.

The council's definition of a 'key decision' can be seen in part 1 of the council's [constitution](#).

Each item considered will have a report; appendices will be included (as appropriate). Regulation 9(1g) allows that other documents relevant to the item may be submitted to the decision maker. Subject to prohibition or restriction on their disclosure, this information will be published on the website usually five working days before the date of the meeting. Paper copies may be requested using the contact details below.

*The public can be excluded for an item of business on the grounds that it involves the likely disclosure of exempt (private) information as defined in part I of schedule 12a of the Local Government Act 1972. The relevant paragraph numbers and descriptions are as follows:

Paragraph 1 - Information relating to any individual

Paragraph 2 - Information which is likely to reveal the identity of an individual

Paragraph 3 - Information relating to the financial or business affairs of any particular person (including the authority holding that information)

Paragraph 4 - Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the authority

Paragraph 5 - Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings

Paragraph 6 - Information which reveals that the authority proposes:

(a) to give under any enactment a notice under or by virtue of which requirements are imposed on a person; or

(b) to make an order or direction under any enactment

Paragraph 7 - Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime

Part II of schedule 12a of the Local Government Act 1972 requires that information falling into paragraphs 1 - 7 above is exempt information if and so long, as in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information. Nothing in the regulations authorises or requires a local authority to disclose to the public or make available for public inspection any document or part of a document if, in the opinion of the proper officer, that document or part of a document contains or may contain confidential information. Should you wish to make any representations in relation to any of the items being considered in private, you can do so – in writing – using the contact details below.

Democratic services, Buckinghamshire Council, The Gateway, Gatehouse Road, Aylesbury, Buckinghamshire HP19 8FF 01296 382343
democracy@buckinghamshire.gov.uk

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Select Committee Work Programmes 2022/23

Children’s and Education Select Committee (Chairman: Julie Ward, Scrutiny officer: Katie Dover)

Date	Topic	Description & Purpose	Lead Officer	Contributors
3 November 2022	Children’s Services Six Month Update report	To receive an update on Children’s Services in the months since the Ofsted inspection	John Macilwraith	John Macilwraith
	Children Missing from Education	For the Select Committee to receive a report on children missing from education, and in particular vulnerable children and those with EHCP, traveller children	Gareth Drawmer	Gareth Drawmer John Macilwraith
	Buckinghamshire Safeguarding Children’s Partnership Annual Report	To receive an annual report 2021/22 from the Partnership Chairman	Richard Nash/Francis Habgood/John Macilwraith	Chairman of the Partnership John Macilwraith
26 January 2023	Education Standards Report	For the Select Committee to receive the assessment outcomes for the years 2021/22 for children and young people in Buckinghamshire	Simon James	Simon James Anita Cranmer John Macilwraith
	Education Strategy 2022-27	To receive an update on the agreed Strategy	Simon James	Simon James Anita Cranmer John Macilwraith
	Update on Children’s Mental Health (CAMHS to present)	To receive an update on service provision following the increased demand post-Covid	Richard Nash/John Macilwraith	CAMHS representatives – Donna Clarke? Grant Macdonald/Nick Broughton Anita Cranmer John Macilwraith

	Update on progress of recommendations on Social Worker recruitment & retention report	For the Select Committee to receive an update on departmental progress against the recommendations in the rapid review group's report	Richard Nash	Richard Nash Anita Cranmer
	Update on Progress of SEND Written Statement of Action	The first update following the report to 30 th June 22 Select Committee on the SEND inspection	Richard Nash	Richard Nash John Macilwraith
23 March 2023	Fostering and Adoption Service	To receive an overview of the service and hear progress through 2021/22	Palvinder Kudhail	Anita Cranmer Richard Nash John Macilwraith
	MacAlistair report – independent review of children's social care	Information report update	Palvinder Kudhail	Palvinder Kudhail
	Out of County Placements	To update the committee on the current challenges with regards to out of county placements	Richard Nash/John Macilwraith	John Macilwraith

Communities and Localism Select Committee (Chairman: Mimi Harker, Scrutiny officer: Kelly Sutherland)

Date	Topic	Description and Purpose	Lead Officer	Contributors
5 October 2022	Library Strategy	Early engagement discussion on the developing Library Strategy	David Jones	
	Update on Chiltern Lifestyles Centre	The Select Committee will receive an update on the Chiltern Lifestyles Centre after its first full year of operation.	Sophie Payne	
	Support to Guests from Ukraine & Afghanistan	The Select Committee will review the support that the Council has put in place to support guests from the Ukraine.	Matt Everitt	Arif Hussain, Richard Barker
22 November 2022	HS2 (TBC)	A discussion with HS2 focussing on their engagement with communities impacted by construction and the opportunities available through their community investment funding.	Laura Leech	Steve Bowles Peter Martin
	Devolution (TBC)	The Select Committee will receive an update on devolution of services and assets and assess how effectively the Council has delivered devolution at pace.	Matt Everitt?	Steve Bowles
	Community Board Review – 6-month progress report	The Select Committee will review the progress of work on implementation of recommendations made in the Community Board review report which was presented to Cabinet on 10 th May 2022.	Roger Goodes/ Wendy Morgan-Brown	Steve Bowles
8 th February 2023	Violence against Women and Girls	The Select Committee will review how the Council and Partner organisations are working together to prevent violence against women and girls.	Gideon Springer	Zahir M for Public Health
	Film Office	Members will learn about the work of the newly established Buckinghamshire Film Office.	Ruth Bryant	Clive Harriss, Sophie P, Ruth Bryant

19 April 2023	Community Resilience Update (TBC)	Members will receive an update from the Resilience Service on their work with town and parish councils to strengthen community resilience.	Vince Grey	Steve Bowles, Vince Grey, Lloyd Jeffries
	Town and Parish Charter	Members will receive an update on the implementation of the Town and Parish Charter Action Plan.	Simon Garwood	Steve Bowles, Roger Goodes, Simon Garwood

Finance and Resources Select Committee (Chairman: Ralph Bagge, Scrutiny officer: Chris Ward)

Date	Topic	Description & Purpose	Lead Officer	Contributors
1 December 2022	Budget Performance Monitoring Q2	To review the Quarter 2 Budget Monitoring Report	David Skinner	John Chilver
	Q2 Performance Report 2022-23	To review the Quarter 2 Performance Report	Matthew Everitt Holly Pedrick	John Chilver
	Commercial Investments and Loans	To consider a report on the council's commercial investments and loans	David Skinner Mark Preston	John Chilver
	Customer First	To receive an update on the programme	Sarah Murphy-Brookman	John Chilver Tim Butcher
	Work Smart Programme	To receive an update on the programme	Sarah Murphy-Brookman John Reed	John Chilver
	External Property Companies	To consider a six-month update report.	John Reed	John Chilver
	Budget Scrutiny Inquiry Group Scoping Paper	The Committee will discuss the budget scrutiny inquiry group proposals.	Chris Ward	Ralph Bagge Martin Tett
9 – 13 January 2023	Budget Scrutiny		All Corporate and Service Directors	Cabinet Members, Deputies, Corporate and Service Directors
23 February 2023	Budget Inquiry 2022 Recommendations: 12-month review	To receive an update on the process of the budget scrutiny recommendations made in January 2022	David Skinner	Martin Tett
	Budget Performance Monitoring Q3	To review the Quarter 3 Budget Monitoring Report	David Skinner	John Chilver
	Q3 Performance Report 2022-23	To review the Quarter 3 Performance Report	Matthew Everitt Holly Pedrick	John Chilver
6 April 2023	External Property Companies	Report on the performance and business plans of the Council's companies: AVE, Consilio, London Road Management Company, and Buckinghamshire Advantage	John Reed	John Chilver

	External Company Governance Annual Update	To receive a report following one year of the new governance arrangements with the external property companies	John Reed	John Chilver
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Growth, Infrastructure and Housing Select Committee (Chairman: David Carroll, Scrutiny officer: Tom Fowler)

Date	Topic	Description & Purpose	Lead Officer	Contributors
6 October 2022	National Model Design Code Pilot	Buckinghamshire Council was chosen as one of 16 local authorities to pilot the National Model Design Code, which has been introduced to encourage quality design and to allow some local influence over design to preserve local character. The Select Committee will receive a report on how this pilot is progressing and review any key findings.	Ed Barlow, Rebecca Hart	Peter Strachan,
	Local Plan Update	Members will receive an update on progress with the development of the Buckinghamshire Local Plan.	Darran Eggleton	Peter Strachan, Darran
	Affordable Housing (TBC)	Members will receive an update on the Council's approach to delivery of Affordable Housing, following Cabinet's adoption of an Interim Affordable Housing Position Statement in May 2022. This statement set out the Council's plans for encouraging more Affordable Housing in the county including the possibility of delivering affordable residential properties on Council owned sites.	Nigel Dicker	John Chilver, Peter Strachan?, Nigel Dicker
1 December 2022	Local Plan Update	Members will receive an update on progress with the development of the Buckinghamshire Local Plan.	Darran Eggleton	Peter Strachan, Darran
	Member Engagement in Planning – 6-month progress update	The Select Committee will review the progress of work on implementation of the 6 recommendations made in the Member Engagement in Planning review which was presented to Cabinet on 1 st March 2022.	Steve Bambrick/Chrissy Urry	Peter Strachan, Steve Bambrick
	Regeneration Framework Update (TBC)	An opportunity for members to be updated on progress with the Regeneration Framework.	Lisa Michelson	
	Aylesbury Garden Town (TBC)	The Select Committee will receive an update on progress with Aylesbury Garden Town.	Lisa Michelson	

16 February 2023	Local Plan, LTP and Infrastructure Plan – How do these crucial plans link together? **	An opportunity for members to understand and discuss the synergies between the emerging Local Plan, Local Transport Plan and Infrastructure Plan.	Steve Bambrick, Darran Eggleton, Richard Lumley,	Peter Strachan, Steve Broadbent, Martin Tett?
	Planning Enforcement Plan review and update	The Select Committee will review the effectiveness of the Planning Enforcement Plan in light of an up to date performance report.	Darran Eggleton	Gary Hall, Darran
6 April 2023	Member Engagement in Planning – 12-month progress update	The Select Committee will review the progress of work on implementation of the 6 recommendations made in the Member Engagement in Planning review which was presented to Cabinet on 1 st March 2022.	Steve Bambrick/Chrissy Urry	Peter Strachan

Health and Adult Social Care Select Committee (Chairman: Jane MacBean, Scrutiny officer: Liz Wheaton)

Date	Topic	Description & Purpose	Lead Presenters	Contributors
17 November 2022	Buckinghamshire Healthcare NHS Trust's (BHT) Clinical Strategy and Estates Strategy	<p>The Committee reviewed BHT's clinical strategy in its early stages in February 2022. Five themes are identified in this strategy – the services under each theme are due to start the reconfiguration process in early 2023. This item provides an opportunity for Members to hear more about the plans under each theme.</p> <p>This item to also include an update on BHT's Estates Strategy.</p>	Neil Macdonald, Chief Executive, Buckinghamshire Healthcare NHS Trust	
	Buckinghamshire Healthcare NHS Trust's Business Case for Supporting Sustainable Intermediate Care	At its February 2022 meeting, the Committee reviewed the progress in the development of the community hubs in Marlow and Thame. As part of this review, Members remain concerned about the provision of services for people who are fit to be discharged from Hospital but need further support services. The Committee will hear more about the business case for supporting intermediate care.	Neil Macdonald, Chief Executive, Buckinghamshire Healthcare NHS Trust	
	Director for Public Health Annual Report	For the Committee to review and discuss the Director for Public Health Annual Report.	Dr Jane O'Grady	

9 February 2023	System-wide approach to tackling obesity	Following a 2018 HASC Inquiry into child obesity, the Committee heard at its November 2021 meeting about the work underway to develop a system-wide approach to tackling obesity. This item will be an opportunity for Members to review the progress being made in this area.	TBC	
	Dementia	Item to be developed in light of any refreshed Government strategy on Dementia. This issue has already been identified as part of Adult Social Care's refreshed Better Lives Strategy. The Committee will hear about the progress made in developing services to meet the needs of people with dementia and their carers and review how this delivers against the national agenda.	TBC	
20 April 2023	PCN Inquiry – 6 month recommendation monitoring	For the Committee to receive a progress report on the implementation of the recommendations made in the HASC's Inquiry into Primary Care Development in Buckinghamshire.	TBC	

Transport, Environment and Climate Change Select Committee (Chairman: Bill Chapple, Scrutiny officer: Chris Ward)

Date	Topic	Description & Purpose	Lead Officer	Contributors
3 November 2022	Climate Change & Air Quality Strategy: Annual Review	To review the strategy one year after its implementation.	Ed Barlow Alexander Beckett	Gareth Williams
	School Transport	To receive an update on the service including SEND transport and PTBs	Sara Turnbull Neil Beswick Cheryl Platts	Steve Broadbent
	Electric Vehicle Action Plan	The Action Plan will be the council's plan to increase EV charging infrastructure in Buckinghamshire, in support of its commitment to net zero carbon by 2050.	Hannah Joyce Richard Lumley	Steve Broadbent Gareth Williams Peter Strachan
	Inquiry Report: Pollution in Buckinghamshire's Rivers and Chalk Streams	To consider the inquiry report before it is submitted to Cabinet.	Chris Ward	Robert Carington
2 February 2023	East West Rail	To receive an update on the project	Dr Laura Leech Richard Lumley	Steve Broadbent Peter Martin EWR Reps
	Public Transport	To receive a report including progress on Demand Responsive Pilots	Richard Barker Sara Turnbull James Loader	Steve Broadbent
	Overall Performance on Waste Collection	To consider the last six months of performance.	Martin Dickman Richard Barker	Gareth Williams Veolia Reps
30 March 2023	HS2	To receive an update on the project	Dr Laura Leech Richard Lumley	Steve Broadbent Peter Martin HS2 Reps
	New Highways Model	To hear details regarding the mobilisation of the new Highways model	Richard Barker Kevin Goad	Steve Broadbent

			David Farquhar	
	Air Quality Monitoring in Buckinghamshire	To provide an overview of air quality monitoring across the county	Ben Coakley	Gareth Williams



Report to Cabinet

Date:	11th October 2022
Title:	Director of Public Health Annual Report: Hearts and Minds – Preventing Heart Disease and Stroke in Buckinghamshire
Cabinet Member(s):	Deputy Leader and Cabinet Member Health and Wellbeing
Contact officer:	Dr Jane O’Grady, Director of Public Health and Community Safety
Ward(s) affected:	All Wards
Recommendations:	Cabinet is requested to note the Director of Public Health Annual Report and endorse the recommendations within it and the draft action plan.

Recommendations within the Director of Public Health Annual Report:

We need to work together with partners and communities across Buckinghamshire to

- 1. Act on the broader determinants of health** such as income, debt, good quality employment, high quality education and healthy environments to level up outcomes across Buckinghamshire. Tackling these issues is an essential component of reducing inequalities in health and cardiovascular disease.
- 2. Support a systematic large-scale improvement in behavioural risk factors** by
 - ensuring the physical, social, commercial and economic environments in which people live, work and learn support healthy behaviours
 - increasing the understanding and the skills required to design effective behaviour change interventions across Buckinghamshire Council, the NHS and partners including rolling out the behaviour change Making Every Contact Count programme. This enables people to have “healthy conversations” to support behaviour change in their day-to-day interactions
 - working with communities to understand what would support them to reduce their risk of cardiovascular disease and co-design and evaluate appropriate approaches

- supporting NHS trusts to implement the NHS Long Term Plan smoking cessation support requirements as smoking is the single biggest modifiable driver of health inequalities
 - working together with partners and communities to develop a whole system approach to healthy eating and physical activity to combat the rise in unhealthy weight and obesity.
 - working together to tackle smoking via the Tobacco Control Action Plan.
 - working together to address harmful alcohol misuse through development of our new drug and alcohol strategy
3. **Increase detection and management of modifiable risk factors in people at higher risk of cardiovascular disease** including those living in more deprived areas, ethnic groups at higher risk of cardiovascular disease and those with mental illness by
- increasing capacity in primary care in more deprived areas to undertake NHS health checks and detect and manage clinical risk factors such as high blood pressure and diabetes, and refer to appropriate interventions such as smoking cessation
 - working with people from ethnic minority groups to design effective, culturally competent approaches to increase detection of risk factors and management of risk factors
 - working with NHS and local authority partners to develop and implement the whole system plan to tackle inequalities in cardiovascular disease
4. **Improve data collection and monitoring to track progress**
- Improve data collection in primary and secondary care to enable monitoring of outcomes by ethnicity and areas of deprivation and improve the quality, accuracy and completeness of ethnic monitoring data
 - Undertake equity audits to determine access to and uptake of prevention and treatment initiatives of cardiovascular disease by different groups

Reason for decision: The Director of Public Health is required to produce an annual report on the health of Buckinghamshire population. This report provides an overview of the impact of cardiovascular disease on the health and wellbeing of Buckinghamshire residents. Cardiovascular disease is one of the largest drivers of poor health and death in the county and the biggest contributor to the gap in life expectancy between residents. The report highlights the need for a renewed focus on preventing cardiovascular disease and the risk factors that lead to it. This means tackling the key social, economic and environmental risk factors. The Council has a key role in this agenda through its day to day services and the Opportunity Bucks programme. Addressing the key risk factors will improve health in a variety of other ways including reducing the risk of cancer, diabetes, dementia, musculoskeletal problems

and poor mental health and produce many other societal and economic benefits, making Buckinghamshire an even better place to live.

1. Executive summary

- 1.1 Each year the Director of Public Health produces an annual report on the health of their population. There are two versions of this year's report - the full version and a short read version, both are included in the Cabinet papers.
- 1.2 This report focuses the importance of the prevention of cardiovascular disease for Buckinghamshire's population. It serves as a baseline against which progress in improving cardiovascular disease prevention and outcomes for our population can be measured. It highlights the opportunities that the Council, the NHS, the voluntary sector and residents have to reduce the risks of cardiovascular diseases in the County by working together on this agenda.
- 1.3 The aim is to support a strategic approach for the Council and partners to address the cardiovascular health and risk factors of our population.
- 1.4 The report summarises the many risk factors for cardiovascular disease. The risk factors include behavioural, clinical and environmental risk factors. It provides recommendations on how residents can reduce their risk of cardiovascular disease and what partners including the council can do to reduce these risk factors. The environmental risk factors include stress at work, the quality of housing and poor air quality.
- 1.5 Some groups of residents are at an increased risk of cardiovascular disease compared to others. These include older residents, men, people on lower incomes, those living in deprived areas and people from some ethnic groups. People living with severe mental illness are also more at risk.
- 1.6 Differences in cardiovascular disease between different groups are a significant driver of health inequalities across Buckinghamshire. Cardiovascular disease is the largest contributor to the gap in life expectancy between people living in our most and least deprived areas. This makes cardiovascular disease a key concern for levelling up health outcomes in Buckinghamshire.
- 1.7 The report highlights a range of programmes in Buckinghamshire designed to address the main behavioural and clinical risk factors for cardiovascular disease.

- 1.8 A multi-agency plan to address inequalities in cardiovascular disease across Buckinghamshire is being developed and implemented. It will be overseen by the Buckinghamshire Health and Wellbeing Board.
- 1.9 To tackle cardiovascular disease and reduce inequalities in illness and premature death in Buckinghamshire we need a multilevel approach, at individual and community level and across the whole county. We need a range of programmes that will impact over the short, medium and long term.

2. Content of report

- 2.1 Cardiovascular disease describes diseases of the heart and blood vessels. It includes heart disease, stroke, transient ischaemic attacks (mini-strokes) and vascular dementia which is the second commonest type of dementia. It is responsible for 1 in 4 premature deaths in the UK and is the biggest contributor to the gap in life expectancy between those living in the most and least deprived areas.
- 2.2 Buckinghamshire is one of the least deprived and consequently healthiest counties in England. However, our residents still suffer from a significant burden of preventable diseases including cardiovascular disease. Although our death rate is lower than the national average, cardiovascular disease is a significant cause of ill health and disability in Buckinghamshire. It causes more than 1 in 5 deaths in Buckinghamshire and is the biggest contributor to the gap in life expectancy between people living in our most and least deprived areas.
- 2.3 Death rates from cardiovascular disease had been falling in Buckinghamshire over the last 20 years but progress has been slowing and premature death rates have plateaued recently. The good news is that up to 80% of cardiovascular disease can be prevented. Many of the risk factors for cardiovascular disease also cause other disease such as cancer, lung and liver disease so addressing these risk factors will reduce other diseases too.
- 2.4 Acting on the risk factors for cardiovascular disease can improve people's health, quality of life and independence as well as the quality of our environment, help mitigate the impact of climate change and increase the economic and social success of Buckinghamshire.
- 2.5 The risk factors for cardiovascular disease are a mix of personal characteristics such as age and ethnicity which cannot be changed and factors that are modifiable such as the environments and circumstances in which people live, people's opportunities to adopt healthy behaviours and exposure to chronic stress.
- 2.6 The modifiable risk factors can be categorised as: behavioural risk factors, clinical risk factors and environmental risk factors. These factors are often inter-related and

therefore we need a multi-agency and multi-level approach to address them. This approach combines actions people can take themselves, actions at a community level and Buckinghamshire wide level. National action is also required to help address some of the risk factors.

- 2.7 Changing behaviour requires much more than a focus on the individual and their behaviour but a whole system approach that supports the individual to make healthy choices and makes healthy choices the easy choices. Interventions that introduce structural changes and require less effort on the part of the individual often have a larger health impact and reduce health inequalities more effectively.
- 2.8 Anyone can develop cardiovascular disease, but some people are more likely to develop it than others.
- 2.9 Cardiovascular disease increases with age and is more common in men, people living on lower incomes or living in more deprived areas and people from certain ethnic groups especially black and South Asian ethnic groups. It is also more common in people living with severe mental illnesses such as schizophrenia or bipolar disease. People with certain inherited conditions such as familial hypercholesterolaemia are also at an increased rate. Although cardiovascular disease increases with age it occurs at a younger age in certain groups at risk.
- 2.10 Differences in cardiovascular disease between different groups are a significant driver of health inequalities across Buckinghamshire. Cardiovascular disease is the largest contributor to the gap in life expectancy between people living in our most and least deprived areas.
- 2.11 People living in the most deprived areas of England are 4 times more likely to die early from cardiovascular disease compared with people who live in the least deprived areas.
- 2.12 National data shows that people from South Asian groups are more likely to develop and die from cardiovascular disease than white groups and have the highest risk of death from heart disease of any ethnic group. South Asian people also tend to develop cardiovascular disease at a younger age than their white counterparts. People from black ethnic groups appear to have a lower risk of heart disease but are more likely to have high blood pressure and die from stroke than other ethnic groups and more likely to have a stroke at a younger age.
- 2.13 Men are more likely to have cardiovascular disease and more likely to die from it than women. Before the menopause female hormones have a protective effect on cardiovascular disease in women but after the menopause the prevalence of cardiovascular disease increases in women. However, when women develop heart

disease there are often disparities in treatment when compared to men for a range of reasons.

- 2.14 The COVID pandemic has also increased the risk of cardiovascular disease both directly and indirectly. The pandemic has had an indirect impact on cardiovascular disease by worsening some people's mental health and economic circumstances and increasing the proportion of people with unhealthy behaviours such as eating unhealthily, being less active, drinking more alcohol and gaining weight.
- 2.15 The pandemic also reduced access to routine health care and preventive interventions such as NHS health checks and management of blood pressure and diabetes. COVID infection has had a direct impact on cardiovascular disease and led to an increase in cardiovascular disease events after infection, even in those who were not admitted to hospital.
- 2.16 We have a range of programmes in Buckinghamshire designed to address the main behavioural and clinical risk factors for cardiovascular disease. These include smoking cessation, physical activity programmes, weight management, substance misuse support and healthy eating programmes. We are also developing and implementing a multi-agency plan to address inequalities in cardiovascular disease across Buckinghamshire, overseen by the Buckinghamshire Health and Wellbeing Board.
- 2.17 People may be unaware they have some of the clinical risk factors such as high blood pressure, high cholesterol or diabetes as they may not have any symptoms. It is best to detect these conditions early as they can be effectively treated which will reduce the risk of developing cardiovascular disease. The free NHS health check is offered to eligible adults aged 40-74 and is designed to spot risk factors such as high blood pressure and high cholesterol or early signs of heart disease, type 2 diabetes, stroke, kidney disease or dementia.
- 2.18 Buckinghamshire Council and partners have a variety of plans to improve the wider environmental risk factors for cardiovascular disease including action on climate change, air quality, active travel, employment and housing.

3. Other options considered

- 3.1 The recommendations in this report aim to capitalise on the opportunities afforded by the relationship between the Council, community boards, the NHS, the voluntary sector and the community to prioritise cardiovascular disease prevention and management. If the recommendations are not supported and implemented, there is potential that valuable opportunities to improve the health and wellbeing of our residents and tackle health inequalities within the County may be missed.

4. Legal and financial implications

- 4.1 This is a report setting out the high-level summary of cardiovascular disease prevention and outcomes for Buckinghamshire's residents. There are no direct financial implications of adopting this report. Any financial implications arising from implementing actions in the action plan would be subject to the usual financial processes and value for money assessments.
- 4.2 No direct legal implications for this report.

5. Corporate implications

- 5.1 Value for Money: This is a high-level report covering a range of areas and therefore cannot be covered by a single value for money assessment. Individual policy decisions may flow from the report which will have individual value for money assessments.
- 5.2 Other Consideration: This report is for partners as well as Buckinghamshire Council and will be disseminated and presented after approval by Cabinet in a variety of forums.

6. Local councillors & community boards consultation & views

- 6.1 The Deputy Leader and Cabinet Member for Health and Wellbeing and the Deputy Cabinet Member for Public Health have reviewed and approved the report.
- 6.2 Local Members will be sent copies of the report after Cabinet Decision and the report is also being presented at the Health and Adult Social Care Select Committee and the Health and Wellbeing Board.

7. Communication, engagement & further consultation

- 7.1 Normal communication channels will be used to disseminate the report to partners and residents.

8. Next steps and review

- 8.1 Partners and the council can use the report to understand the potential for beneficial impacts on cardiovascular disease of a wide range of their own plans including the regeneration of town centres, transport planning and housing development or local health and wellbeing plans. The report will also inform the work plan being developed as part of the Health and Wellbeing Strategy and the Opportunity Bucks programme. A joint high level action plan to implement the

recommendations of the DPHAR will be developed and monitored through the Health and Wellbeing Board.

9. Background papers

- 9.1 The full Director of Public Health Annual Report and a short read version are included as appendices to this report.

10. Your questions and views (for key decisions)

- 10.1 If you have any questions about the matters contained in this report please get in touch with the author of this report. If you have any views that you would like the cabinet member to consider please inform the democratic services team. This can be done by telephone 01296 382343 or email democracy@buckinghamshire.gov.uk.



Director of Public Health Annual Report 2022

Hearts and Minds

Preventing heart disease and stroke
in Buckinghamshire

SHORT READ VERSION



1. Introduction

Cardiovascular disease describes diseases of the heart and blood vessels. It includes heart disease, stroke, transient ischaemic attacks (mini-strokes) and vascular dementia, which is the second commonest type of dementia. Cardiovascular disease costs the NHS in England £7.4 billion and the wider economy £15.8 billion every year. It is responsible for one in four premature deaths in the UK and is the biggest contributor to the gap in life expectancy between those living in the most and least deprived areas.

Buckinghamshire is one of least deprived and consequently healthiest counties in England. However, our residents still suffer from a significant burden of preventable diseases, including cardiovascular disease. Although our death rate is lower than the national average, cardiovascular disease is a significant cause of ill health and disability in Buckinghamshire. It causes more than one in five deaths in Buckinghamshire and is the biggest contributor to the gap in life expectancy between people living in our most and least deprived areas.

Death rates from cardiovascular disease had been falling in Buckinghamshire over the last 20 years but progress has been slowing and premature death rates have plateaued recently. Risk factors for cardiovascular disease, such as obesity and diabetes, are rising nationally and locally and could lead to rising rates of cardiovascular disease again.

The COVID pandemic has also had an impact on cardiovascular disease risk by increasing unhealthy behaviours and affecting other cardiovascular disease risk factors. Provisional data covering the pandemic period also revealed a rise in cardiovascular disease death rates between 2020 and 2021. The rise in the cost of living may also have an adverse impact on the development of cardiovascular disease in our residents. We need to act now to reduce the burden of ill health experienced by our communities.

The good news is that the majority of cardiovascular disease can be prevented. Many of the risk factors for cardiovascular disease also cause other diseases, such as cancer, lung and liver disease. Acting on these risk factors will reduce these diseases too and bring many benefits to individuals and communities. It can improve people's health, quality of life and independence as well as the quality of our environment, help mitigate the impact of climate change and increase the economic and social success of Buckinghamshire.



2. Risk factors for cardiovascular disease

We understand a lot about what increases people's risk of developing cardiovascular disease so we can act effectively to prevent it developing in the first place. It is estimated that up to 80% of cardiovascular disease is preventable.

The risk factors for cardiovascular disease are a mix of personal characteristics, such as age and ethnicity, which cannot be changed and factors that are modifiable, such as the environments and circumstances in which people live, people's opportunities to adopt healthy behaviours and exposure to chronic stress.

The modifiable risk factors can be categorised as behavioural risk factors, clinical risk factors and environmental risk factors and these are discussed below. These factors are often inter-related and therefore we need a multi-agency and multi-level approach to address them. This approach combines actions people can take themselves, actions at a community level and a Buckinghamshire-wide level. National action is also required to help address some of the risk factors.

2.1 Behavioural risk factors

Smoking, being physically inactive, drinking too much alcohol and eating an unhealthy diet increase the risk of cardiovascular disease. The greater the number of risk factors a person has the greater the risk of developing cardiovascular disease. In Buckinghamshire, 13% of adults smoke but this rises to 22% in the most deprived areas of Buckinghamshire according to primary care data.

Changing behaviour is not just a matter of will power. Most health related behaviours are shaped in childhood and adolescence and are influenced by a wide range of factors when we are at an impressionable age. The health behaviours of young people are strongly influenced by the people they see around them,

including parents, other adults and their peers. For instance, we know that children who have parents who smoke are more likely to become smokers themselves.

The conditions in which people live also profoundly influences their ability to adopt healthy behaviours. For example, to eat healthily or keep homes warm requires a sufficient level of income. Studies show the poorest 10% of UK households would need to spend 75% of their disposable income on food to meet the recommendations for healthy eating compared to just 8% for the richest 20%. The density of fast food outlets is higher in more deprived areas increasing the availability of unhealthy food. The ability to build physical activity into daily routines is supported by safe cycling or walking routes and safe places to play and be physically active. The pricing, advertising and availability of food and alcohol affect consumption significantly and the food and alcohol industry spend many millions on advertising their products to influence cultural norms and consumption. For all these reasons the prevalence of health promoting or health harming behaviours varies across the population and over time.

Changing behaviour requires much more than a focus on the individual and their behaviour but a whole system approach that supports the individual to make healthy choices and makes healthy choices the easy choices. Interventions that introduce structural changes and require less effort on the part of the individual often have a larger health impact and reduce health inequalities more effectively. The most effective approaches combine population level interventions and individual support. Smoking provides a good example of this combined approach. National action helps produce an environment that discourages smoking through legislation, taxation and advertising and individual support is offered to help people stop smoking.

2.2 'Clinical' risk factors

High blood pressure, being overweight or obese, having high levels of cholesterol in the blood and diabetes increases the risk of cardiovascular disease. The health behaviours described above often contribute to the risk of developing these conditions and addressing health behaviours can help reduce the risk of developing these conditions and help treat them. There are also effective treatments for these clinical conditions that reduce the risk of developing cardiovascular disease.

It is estimated that more than half of cases of type 2 diabetes can be prevented or delayed. The risk factors for type 2 diabetes are an unhealthy diet, being overweight and lower levels of physical activity. In Buckinghamshire, 6% of adults are recorded as having diabetes which is lower than the national average of 7%.

In Buckinghamshire, 16% of adults are recorded as having high blood pressure and the prevalence is higher than the national average, which may reflect better detection or recording. The risk of developing high blood pressure is increased by being overweight, an unhealthy diet, including eating too much salt, lack of physical activity and higher levels of alcohol consumption.

People often do not know they have high blood pressure, high cholesterol or diabetes as clinical tests are required to detect them. The recorded prevalence of both high blood pressure and diabetes has increased by 8% and 16% respectively in Buckinghamshire since 2012 according to GP data. However, estimates suggest that in Buckinghamshire there may be 10,000 people who have diabetes and 47,000 people who have high blood pressure but it has not yet been recorded or diagnosed. The longer any of these conditions remain undetected and untreated the greater the risk of developing serious complications, such as heart attacks and strokes.

The prevalence of obesity is increasing both in children and adults in Buckinghamshire. More than six in ten adults in Buckinghamshire are

overweight or obese and one in three 10-11 year olds are overweight or obese. The prevalence of obesity in 10-11 year olds in Buckinghamshire is highest in the most deprived areas where 26% of children are obese and 14% are overweight.

Some people may not be aware that their weight is putting them at risk. People with a Body Mass Index (BMI) over 30 are classed as obese and have an increased risk of diabetes, high blood pressure, heart disease and dementia. People from South Asian and black ethnic groups have a higher risk of diabetes and cardiovascular disease at lower BMI than people from white groups. Waist circumference is also an indicator of cardiovascular disease risk - a waist measurement of more than 102cm for a man and 88cm for a woman increases the risk of cardiovascular disease.

2.3 Environmental risk factors

Certain types of stress at work have been found to be associated with an increased risk of death from cardiovascular disease. Stressful jobs are particularly damaging to health, and these can be either jobs that make high demands of employees but offer little control, or those that ask for a great deal of effort but provide little reward in the form of pay, recognition or status. These jobs are associated with worse physical and mental health, including higher risks of obesity, heart disease and diabetes. In addition, international evidence has shown that people who work more than 55 hours per week are more likely to die from heart disease and stroke than people working 35-40 hours per week.

Very high and very low temperatures are associated with increased risk of death from cardiovascular disease. Without mitigation climate change will lead to increased summer deaths. Cold homes are also associated with an increased risk of cardiovascular disease and other health problems. Before the COVID pandemic one in five excess winter deaths were due to cardiovascular disease.

Poor outdoor air quality is responsible for up to 36,000 deaths per year in the UK, the majority of which are from heart disease and stroke.

3. Who is more at risk of cardiovascular disease?

While anyone can develop cardiovascular disease, some people are more likely to develop it than others. It is important to understand who is at greater risk of cardiovascular disease to ensure that initiatives to prevent and treat cardiovascular disease are reaching those who need it most and are effective. Increasing people's awareness of their increased risk also enables people to take appropriate steps to reduce their risk by acting on the risk factors that they can change themselves.

Cardiovascular disease increases with age and is more common in men, people living on lower incomes or living in more deprived areas and people from certain ethnic groups, especially black and South Asian ethnic groups. It is also more common in people living with severe mental illnesses, such as schizophrenia or bipolar disease and people with certain inherited conditions, such as familial hypercholesterolaemia. Although cardiovascular disease increases with age it occurs at a younger age in certain groups at risk.

Differences in cardiovascular disease between different groups are a significant driver of health inequalities across Buckinghamshire. Cardiovascular disease is the largest contributor to the gap in life expectancy between people living in our most and least deprived areas.

3.1 People living in deprived areas

People living in the most deprived areas of England are four times more likely to die early from cardiovascular disease compared with people who live in the least deprived areas. This is due to the complex inter-relationship of factors, such as income, employment and environment, their impact on the opportunity to adopt healthy behaviours and the development of conditions such as diabetes. Nationally, people living in deprived areas have higher

levels of smoking, physical inactivity and harmful alcohol consumption. They also have higher levels of clinical risk factors such as high blood pressure, diabetes and overweight. They are more likely to live in poorer quality housing and areas with lower environmental quality, have lower incomes and poorer quality jobs, all of which increase the risk of cardiovascular disease.

In Buckinghamshire, data shows that people living in our most deprived areas have a premature death rate from cardiovascular disease which is 2.6 times higher than those living in the least deprived areas. Emergency admission rates to hospital for cardiovascular disease are 60-90% higher from our most deprived areas compared to our least deprived areas but rates of planned admissions are only 20% higher from these areas.

People living in our more deprived areas have higher rates of smoking, overweight and diabetes than in other areas of Buckinghamshire. The frequency of these conditions shows a stepwise increase as area deprivation increases.

3.2 Differences in cardiovascular disease risk between ethnic groups

South Asian ethnic groups

National data shows that people from South Asian groups are more likely to develop and die from cardiovascular disease than white groups and have the highest risk of death from heart disease of any ethnic group. South Asian people also tend to develop cardiovascular disease at a younger age than their white counterparts. South Asian men have been found to develop cardiovascular disease on average at around 60 years of age which is eight years younger

than white men. South Asian women develop cardiovascular disease around 63 years of age which is 11 years earlier than white women. This reflects the complex mix of environmental, social, behavioural and clinical risk factors highlighted above and is not inevitable.

The increased prevalence of diabetes in South Asian groups is a significant driver of increased cardiovascular disease risk. People from South Asian groups are up to six times more likely to develop diabetes than people from white groups and develop diabetes at a younger age at around 62 years compared to 67 years for white European groups. The risk of developing type 2 diabetes increases from age 25 in South Asian groups compared to age 40 in white groups.

By the age of 80 years 40-50% of South Asian people will have diabetes which is twice the prevalence in Europeans.

Being a healthy weight, having a healthy diet and being physically active help prevent or delay the onset of diabetes. Although adults of South Asian ethnicity tend to be a lower weight than white groups, they develop diabetes and cardiovascular disease at a lower weight as measured by Body Mass Index than white groups.

Other risk factors, such as smoking and drinking harmful levels of alcohol, are lower in South Asian groups than white groups which helps protect their health.

In Buckinghamshire, people of Pakistani ethnicity have the highest prevalence of coronary heart disease and diabetes.

Black ethnic groups

People from black ethnic groups appear to have a lower risk of heart disease but are more likely to have high blood pressure and die from stroke than other ethnic groups and more likely to have a stroke at a younger age. Black ethnic groups in the UK may be three to four times more likely to have high blood pressure than white groups and there is some evidence to suggest when blood pressure is detected it is less likely to be well controlled in these groups.

People from black ethnic groups are also up to three times more likely to develop diabetes and have a higher risk of dying from diabetes than the white population. People from black ethnic groups also tend to develop diabetes at a lower weight than white groups.

People from black ethnic groups are less likely to smoke or consume alcohol to harmful levels than white groups which helps protect their health.

In Buckinghamshire, according to primary care records, black ethnic groups have the second highest prevalence of diagnosed high blood pressure (white British groups have highest prevalence) and the second highest prevalence of diagnosed diabetes. People from black ethnic groups have the lowest prevalence of diagnosed heart disease.

Social and economic factors

Social and economic factors are also likely to play a role in the increased risk of cardiovascular disease in black and South Asian groups. Some ethnic groups are more likely to live in deprived areas and it is likely that this is a marker for other social factors, such as income, experience of work related stress and environmental quality, that are important components of the increased risk of cardiovascular disease in these groups. Experience of racism is also known to affect health by increasing stress levels and may also play a role.

The accuracy and completeness of ethnic recording of hospital health care data for Buckinghamshire residents is incomplete making assessment of access and outcomes by ethnicity more difficult. In addition, death certificates do not currently record ethnicity to allow analysis at local level.

3.3 Differences in cardiovascular disease risk by gender

Men are more likely to have cardiovascular disease and more likely to die from it than women. Before the menopause female hormones have a protective effect on cardiovascular disease in women but after the menopause the prevalence of cardiovascular disease increases in women. In Buckinghamshire, men are 2.3 times more likely to die prematurely from cardiovascular disease than women. Between 2019 and 2021 death rates from cardiovascular disease increased in both men and women but much more markedly in men.

Men are more likely to have diabetes than women at the same age and more likely to smoke and drink to harmful levels.

However, international evidence shows that women are less likely to correctly identify the

symptoms of a heart attack, that they are slower to seek treatment, that they are 50% more likely to receive the wrong initial diagnosis and that when a heart attack is diagnosed, they received unequal care. Prompt treatment is critical to reduce complications and damage after a heart attack.

3.4 People with severe mental illness

People with a severe mental illness (such as schizophrenia or bipolar disorder) have a greater risk of developing cardiovascular disease and dying from it than people without a serious illness of a similar age. Some risk factors are more common in people with severe mental illness, such as smoking and alcohol consumption. Diabetes and obesity are also more common in people with severe mental illness and some of this increase may partly be due to the side effects of some medication.

4. Cardiovascular disease and COVID

People with cardiovascular disease or the risk factors for cardiovascular disease, such as high blood pressure, diabetes or obesity, tended to experience more serious outcomes from infection with COVID.

The COVID pandemic has also increased the risk of cardiovascular disease both directly and indirectly. The pandemic has had an indirect impact on cardiovascular disease by worsening some people's mental health and economic circumstances and increasing the proportion of people with unhealthy behaviours, such as eating unhealthily, being less active, drinking more alcohol and gaining weight.

The pandemic also reduced access to routine health care and preventive interventions, such

as NHS health checks and management of blood pressure and diabetes. COVID infection has had a direct impact on cardiovascular disease and led to an increase in cardiovascular disease events after infection, even in those who were not admitted to hospital.

COVID will continue to impact on society and we are still learning about the impact COVID has on long-term health. There is some emerging evidence that COVID itself may increase the risk of cardiovascular disease in people who get infected. COVID will continue to circulate and will impact more severely on those with pre-existing cardiovascular disease or its risk factors, which gives us added incentive to tackle cardiovascular disease now.

5. What are we doing now?

We have a range of programmes in Buckinghamshire designed to address the main behavioural and clinical risk factors for cardiovascular disease. These are highlighted in the main report. We are also developing and implementing a multi-agency plan to address inequalities in cardiovascular disease across Buckinghamshire, overseen by the Buckinghamshire Health and Wellbeing Board.

5.1 Addressing behavioural risk factors

Smoking is addressed through the multi-agency [Buckinghamshire Tobacco Control Strategy](#) and implementing the NHS Long Term Plan for smoking cessation. The council provides free smoking cessation support to those who wish to quit smoking through the Live Well Stay Well service.

Physical activity is addressed via the multi-agency [Buckinghamshire Physical Activity Strategy 2018-2023](#) and action plan. Examples of successful programmes include [Active Communities](#), a pilot project taking a whole community approach to reduce sedentary behaviour in two communities, and an Active Movement in Schools programme to reduce sedentary behaviour in children and families. Other programmes support Active Travel and Play Streets.

Healthy eating and a healthy weight are addressed through several programmes, including the Buckinghamshire 'Whole Systems Approach To Healthy Weight'. The approach brings together partners, including housing, planning, transport, leisure and schools and local communities, to develop and agree on a shared action plan that addresses the wider environmental factors that make it easier for people to maintain a healthy weight.

Healthy eating activities include increasing access to healthy affordable food through community growing schemes such as [Grow It Cook It Eat It](#), which supports communities to grow their own food and offers cookery courses,

including basic cookery skills and healthy meals on a budget. [Grow to Give](#) encourages people to grow more food in their gardens and allotments and donate the surplus to food banks and community fridges. In 2021 the community of growers donated 3.22 tonnes of produce for food parcels that supported over 600 families, that's the same weight as 403 baskets of fruit and vegetables, three giraffes or two family sized cars.

Buckinghamshire Council commissions some weight management services, including through our integrated lifestyle service, Live Well Stay Well. The NHS also offers some weight management support and programmes to prevent the development of diabetes.

5.2 Detecting and managing clinical risk factors

The free NHS health check is offered to eligible adults aged 40-74 and is designed to spot risk factors such as high blood pressure and high cholesterol or early signs of heart disease, type 2 diabetes, stroke, kidney disease or dementia.

It offers opportunities for people to be tested and be given advice about reducing their risk of cardiovascular disease and referred on for treatment if required. The NHS health check was paused during the pandemic but has now restarted and we are working to increase uptake in groups at greatest risk of cardiovascular disease. The NHS is also working to support management of high blood pressure and diabetes as we adapt to living with COVID.

5.3 Addressing environmental risk factors

Buckinghamshire Council and partners have a variety of plans to improve the wider environmental risk factors for cardiovascular disease, including action on climate change, air quality, active travel, employment and housing.

6. Recommendations

We need a renewed focus on preventing cardiovascular disease in Buckinghamshire. This needs to address the key social, economic and environmental risk factors for cardiovascular disease, alongside the behavioural and clinical risk factors to keep our residents healthy and narrow inequalities. Tackling the key risk factors will also improve health in a variety of other ways, including reducing the risk of cancer, diabetes, dementia, musculoskeletal problems and poor mental health, and produce many other societal and economic benefits, making Buckinghamshire an even better place to live.

To tackle cardiovascular disease and reduce inequalities in illness and premature death in Buckinghamshire we need a multilevel approach that addresses risks at the individual, community and Buckinghamshire-wide level that will impact over the short, medium and long term.

We need to work together with partners and communities across Buckinghamshire to:

1. Act on the broader determinants of health, such as income, debt, good quality employment, high quality education and healthy environments to level up outcomes across Buckinghamshire. Tackling these issues is an essential component of reducing inequalities in health.

2. Support a systematic large-scale improvement in behavioural risk factors by:

- Ensuring the physical, social, commercial and economic environments in which people live, work and learn support healthy behaviours.
- Increasing the understanding and the skills required to design effective behaviour change interventions across Buckinghamshire Council, the NHS and partners, including rolling out the behaviour change Making Every Contact Count programme. This enables people to have 'healthy conversations' to support behaviour change in their day-to-day interactions.
- Working with communities to understand what would support them to reduce their risk of cardiovascular disease and co-design and evaluate appropriate approaches.

- Supporting NHS trusts to implement the NHS Long Term Plan smoking cessation support requirements as smoking is the single biggest modifiable driver of health inequalities.
- Working together with partners and communities to develop a whole system approach to healthy eating and physical activity to combat the rise in unhealthy weight and obesity.
- Working together to tackle smoking via the Tobacco Control Action Plan.
- Working together to address harmful alcohol misuse through development of our new drug and alcohol strategy.

3. Increase detection and management of modifiable risk factors in people at higher risk of cardiovascular disease, including those living in more deprived areas, ethnic groups at higher risk of cardiovascular disease and those with mental illness by:

- Increasing capacity in primary care in more deprived areas to undertake NHS health checks and detect and manage clinical risk factors, such as high blood pressure and diabetes, and refer to appropriate interventions, such as smoking cessation.
- Working with people from ethnic minority groups to design effective, culturally competent approaches to increase detection of risk factors and management of risk factors.
- Working with NHS and local authority partners to develop and implement the whole system plan to tackle inequalities in cardiovascular disease.

4. Improve data collection and monitoring to track progress.

- Improve data collection in primary and secondary care to enable monitoring of outcomes by ethnicity and areas of deprivation and improve the quality, accuracy and completeness of ethnic monitoring data.
- Undertake equity audits to determine access to and uptake of prevention and treatment initiatives of cardiovascular disease by different groups.

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Director of Public Health Annual Report 2022

Hearts and Minds

Preventing heart disease and stroke
in Buckinghamshire



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Foreword

This year my annual report is about cardiovascular disease in Buckinghamshire and how we can prevent it.

Cardiovascular disease causes heart disease, stroke and the second commonest type of dementia -vascular dementia. It causes 1 in 5 of all deaths in Buckinghamshire and is the major contributor to the gap in life expectancy between people living in our most deprived and least deprived areas. Whilst cardiovascular disease can affect anyone, it is more common in men, some ethnic groups, such as South Asian and black ethnic groups and people living in more deprived areas. However, cardiovascular disease is not inevitable and there is a lot we can do as individuals, communities and organisations in Buckinghamshire to prevent it.

The main modifiable risk factors for cardiovascular disease include behavioural risk factors, such as smoking, 'clinical' risk factors and social and environmental risk factors. People can take action themselves on some risk factors but there is more that organisations and society can do to help people do this.

For the behavioural risk factors a whole system approach that makes healthy choices the easy choices is more effective in changing behaviours than focusing on the individual alone.

Raising awareness of other risk factors is also important. Many people do not know they have 'clinical' risk factors, such as high blood pressure, high cholesterol or diabetes, as they may not have any symptoms. However, if these conditions are found early there are very effective treatments to manage them and reduce the risk of people developing cardiovascular disease.

Finally, the conditions in which people live and work can also impact on their risk of cardiovascular disease. The social and environmental risk factors mean that a diverse range of people and organisations can impact on our residents' risk of cardiovascular disease through their role in planning, transport, air quality, housing conditions and stress at work.

Addressing the key risk factors successfully will improve health in many additional ways, including reducing the risk of cancer, diabetes, dementia, musculoskeletal problems and poor mental health. It will also produce many other benefits, including improving child health and learning, economic productivity, improving air quality, helping to mitigate the impacts of climate change and improving quality of life for our residents. To do this we will need action from a wide range of partners, including communities and individuals themselves, local government, the NHS, voluntary sector, businesses and national government but the benefits are definitely worth it!

Dr. Jane O'Grady

*Director of Public Health and Community Safety,
Buckinghamshire Council*

Acknowledgements

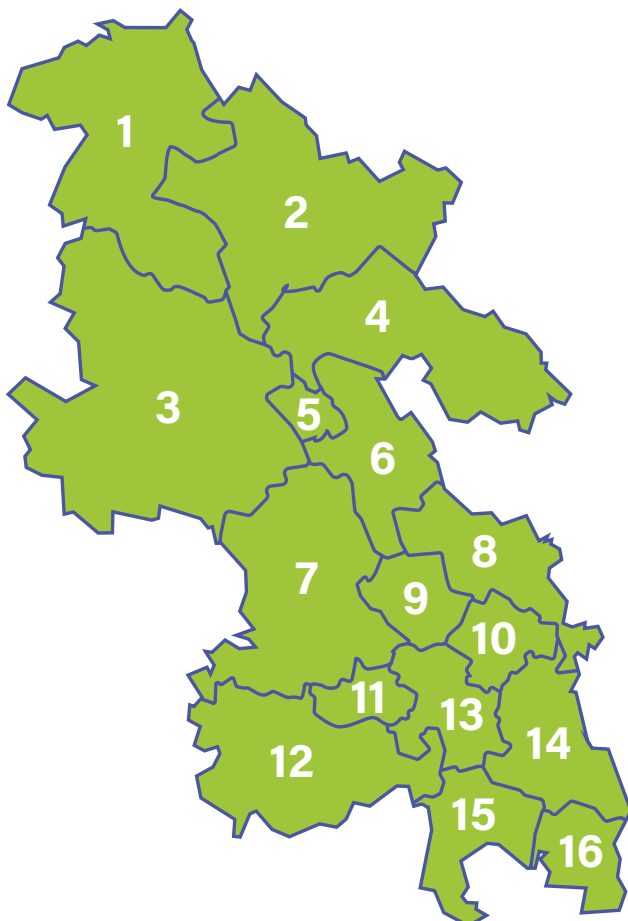
Thanks to Abigail Moffat, Caroline Thickens, David Stoye, Elizabeth Biggs, Elkie Dolling, Emma Dillner, Josiane Dyson, Layla Ravey, Louise Hurst, Lucie Smith, Michelle Baragona, Nicola Higgins, Sally Hone, Sarah Preston, Sarah Winchester, Thilina Jayatilleke, Tiffany Burch and Victoria Cooke.



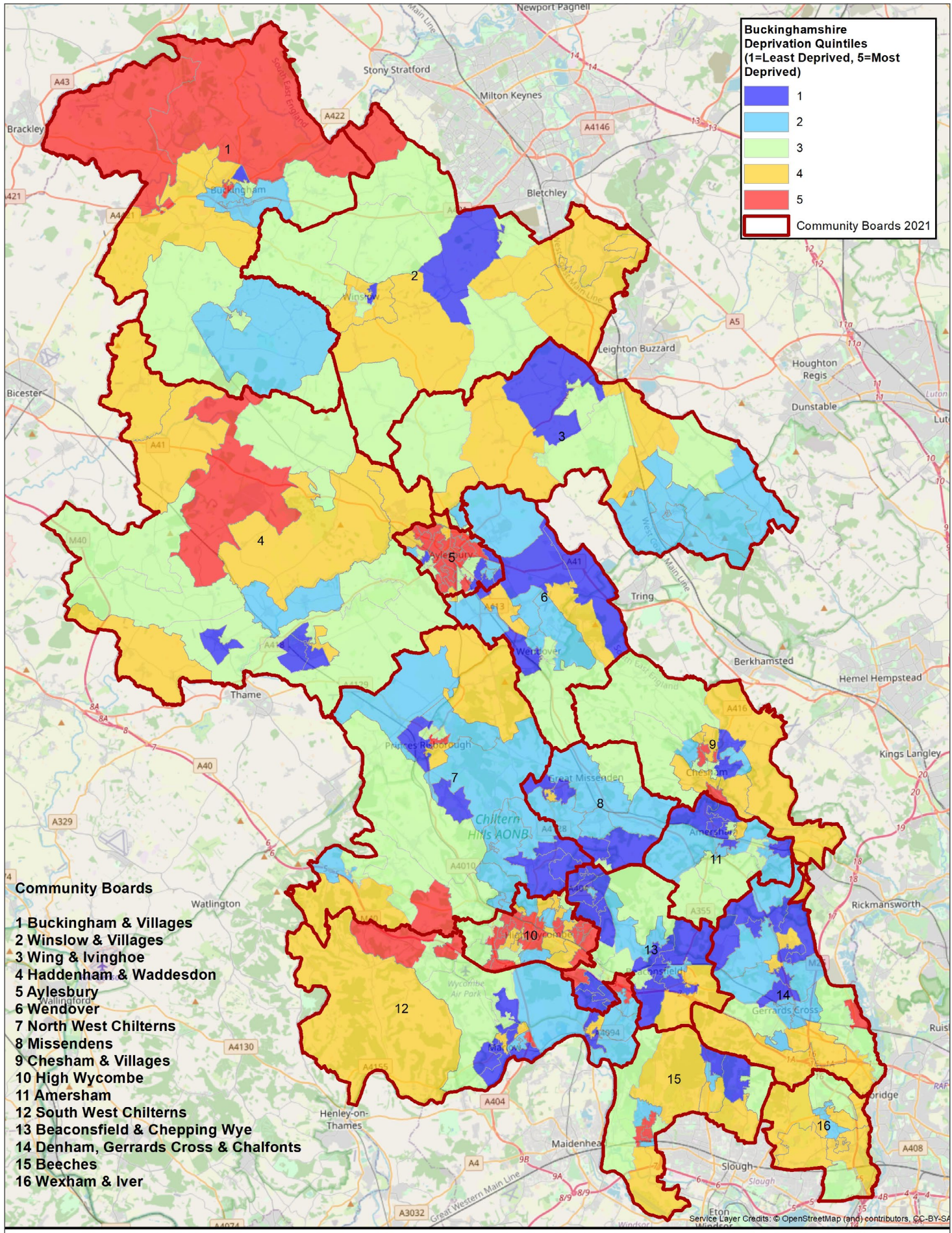
How to use this report

In addition to the report, there are a few tools to help with understanding the content.

- A glossary is available at the end of the document to clarify some of the technical language used.
- Analysis in this report sometimes mentions 'deprivation', 'least deprived' and 'most deprived'. Deprivation in England is measured using the Index of Multiple Deprivation (IMD). It is an official measure of relative deprivation and defines deprivation to include a wide range of an individual's living conditions. Within Buckinghamshire, the population for our county is split into five even groups (quintiles) containing 20% of the population each, based on the deprivation score of the areas they live in. When the term 'least deprived' is used, it means the 20% of the Buckinghamshire population who live in the least deprived areas within the county using the Index of Multiple Deprivation. The 'most deprived' means the 20% of the Buckinghamshire resident who live in the most deprived areas within the county using the Index of Multiple Deprivation. A map of deprivation quintiles for the county is on the next page.
- Some of the analysis also mentions community boards. These are boards that allow council members and communities to come together to address local issues that matter to them. There are 16 community boards across the county. A map for the boards is below.



- 1 Buckingham & Villages**
- 2 Winslow & Villages**
- 3 Haddenham & Waddesdon**
- 4 Wing & Ivinghoe**
- 5 Aylesbury**
- 6 Wendover**
- 7 North West Chilterns**
- 8 Chesham & Villages**
- 9 Missendens**
- 10 Amersham**
- 11 High Wycombe**
- 12 South West Chilterns**
- 13 Beaconsfield & Chepping Wye**
- 14 Denham, Gerrards Cross & Chalfonts**
- 15 Beeches**
- 16 Wexham & The Ivers**



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Produced by Public Health Intelligence
Buckinghamshire Council
30/06/2021

1. Introduction

Cardiovascular disease describes diseases of the heart and blood vessels. It includes heart disease, stroke, transient ischaemic attacks (mini-strokes) and can cause heart attacks, heart failure, chronic kidney disease, peripheral arterial disease and vascular dementia which is the second most common type of dementia. Cardiovascular disease costs the NHS in England £7.4 billion and the wider economy £15.8 billion every year. It is responsible for 1 in 4 premature deaths in the UK and is the biggest contributor to the gap in life expectancy between those living in the most and least deprived areas.

Buckinghamshire is one of least deprived and consequently healthiest counties in England. However, our residents still suffer from a significant burden of preventable diseases, including cardiovascular disease. Although our death rates from cardiovascular disease are lower than the national average, cardiovascular disease is a significant cause of ill health and disability in Buckinghamshire. It causes 1 in 5 deaths in Buckinghamshire and is the biggest contributor to the gap in life expectancy between people living in our most and least deprived areas.

The good news is that most cardiovascular disease can be prevented.



2. Risk factors for cardiovascular disease

The risk of cardiovascular disease is determined by a range of interlinked factors. Some risk factors are personal characteristics that cannot be changed, such as age and ethnicity. Modifiable risk factors include health-related behaviours such as smoking or biological or clinical risk factors such as high blood pressure. The physical, social and economic environment in which people live, learn and work also has a profound impact on their risk of cardiovascular disease. These broader determinants of health affect people's stress levels, ability to adopt healthy behaviours or avoid exposure to harmful environmental conditions such as poor air quality which all impact on their cardiovascular health.

The risk factors are dealt with in turn in the following sections.



2.1 Behavioural risk factors

2.1.1 The challenge of changing behaviour and best practice

The health behaviours that increase the risk of cardiovascular disease are smoking, unhealthy eating, drinking too much alcohol and being insufficiently physically active. These risk factors increase the risk of cardiovascular disease but also contribute to the development of clinical risk factors such as high blood pressure, obesity, diabetes and high cholesterol that also increase the risk of cardiovascular disease. Addressing these risk factors holistically would also decrease the risk of many other diseases, including cancer and dementia, and improve many other aspects of life from birth to old age, increase economic productivity and contribute to a better quality of life for residents.

However, changing behaviours is hard and these behaviours do not occur in a vacuum. These behaviours are influenced by the social, economic, cultural and physical environment in which people live. For a person to change their behaviour they must have the Capacity (including knowledge, skills and ability), Opportunity and Motivation to perform the desired Behaviour – known as the COM-B model of behaviour change. For instance, it is hard to eat healthily if you do not have enough money. It has been shown that families from the poorest tenth of the population need to spend 75% of their disposable income to eat the recommended healthy diet. Likewise, if there are not safe places to play, safe walking or cycling routes to school, work or shops it is harder to build in the required level of physical activity into the day.

In addition, most health-related behaviours are shaped in childhood and adolescence and are influenced by a wide range of factors when we are an impressionable age. The health behaviours of young people are strongly influenced by the people they see around them, including parents, other adults and their peers. For instance, we know that children who have parents who smoke are more likely to become smokers themselves. The pricing, advertising and availability of food and alcohol

affect consumption significantly and the food and alcohol industry spend many millions on advertising their products to influence cultural norms and consumption. The density of fast food outlets is higher in more deprived areas. For all these reasons the prevalence of health promoting or health harming behaviours varies across the population and over time. Changing behaviour requires much more than a focus on the individual and their behaviour but a whole system approach that supports the individual to make healthy choices and makes healthy choices the easy choices.

Stopping smoking is a good example of the variety of interventions needed to change behaviour: legislation creates 'smoke free' environments making it harder to smoke in public places, cigarettes are less affordable because of taxation, pictures on packaging show the real effect on people bodies, cigarettes are less visible within society due to a lack of advertising, and smoking cessation services support people develop skills to stop smoking.

To enable people to live healthy lives we must understand their barriers to making behaviour change and what would help them make a change. This differs for diverse groups of people. The best way to do this is to use co-design to involve people in shaping and testing and evaluating services and interventions that they will want to use. Co-production takes this process one step further where communities and individuals help deliver the service or intervention themselves. Effective behaviour change also requires that we understand people's views on the wider environmental changes that would be necessary to enable behaviour change.

Evidence shows that interventions that alter our environments to promote health, such as structural changes that require little or no action from individuals, see the largest population health gains and gains in the most vulnerable communities compared to individual-based approaches. For example, more than 50% of the population are overweight or obese. A strategy that focuses solely on changing the behaviour of individuals one person at a time cannot reverse this epidemic. A whole system approach at population level is required that addresses a

wide range of factors such as food formulation, pricing, advertising, availability of healthy food and social norms.

2.1.2 What we are doing

Recognising the importance of effective behaviour change, we are training teams in the council, NHS and wider partners in the use of the COM-B model described above to co-design services with communities.

We are also rolling out the Making Every Contact Count programme to support behaviour change across the council and partners. Making Every Contact Count (MECC) is an evidence-based approach to behaviour change which uses the day-to-day interactions people and organisations have with others to cascade health and wellbeing messages and information, whilst supporting people to make plans and identify actions that will improve their health. MECC gives people the skills to have 'healthy conversations' with their friends, family and community which can help sow the seeds of change and improve health and wellbeing

Public Health and partners have trained 245 people in MECC, including people from several organisations including adult social care staff and social care providers, voluntary and community organisations, schools, food banks, housing trusts and parish councils.

We are also working with partners across Buckinghamshire to produce multiagency strategies and action plans on the four risk factors that consider the impact of the wider environment on health behaviours. This includes strategies and plans on:

- [Physical activity](#).
- [Tobacco control](#).
- Whole systems approach to healthy weight.
- The Buckinghamshire Drug and Alcohol Strategy is being reviewed and updated by the local multi agency partnership in 2022.

The next section looks at each of these behavioural risk factors in turn and highlights what we can do about them locally.



2.1.3 Smoking and tobacco

Smoking and cardiovascular disease risk

Smoking is a major cause of cardiovascular disease (CVD) and accounts for approximately one of every four deaths from cardiovascular disease nationally. Smoking is also the single biggest driver of inequality in death rates between the least and most deprived communities. Over half the difference in the risk of premature death between the least and most deprived is due to smoking.¹ Most smokers started smoking in their teenage years and the addictive nature of tobacco makes it more difficult to stop.

Smokers are two to four times more likely to get heart disease compared to people who do not smoke, and smoking doubles the risk of a stroke and the risk of dying from a stroke.

People who smoke are also 30-40% more likely to develop type 2 diabetes and need more insulin to regulate their blood sugar.² Dementia is also more likely to develop in smokers than people who have never smoked.³

The risk of cardiovascular disease increases with the number of cigarettes smoked per day and the numbers of years people have been smoking. Even people who smoke fewer than five cigarettes a day may show signs of early cardiovascular disease. People who smoke 20

cigarettes a day are six times more likely to have a stroke compared to non-smokers. Exposure to second-hand smoke can also cause heart disease, heart attacks and strokes in non-smokers.

Smoking rates have been falling nationally for many years and during the COVID pandemic in 2020, in England at least 300,000 people quit smoking successfully. Over two million people cut down on the number of cigarettes they smoke each day.⁴ However, during the first lockdown in 2020, a study found that there was a 25% rise in 18 to 34-year-olds who smoke - resulting in more than 652,000 new smokers among this age group.⁵

Smoking prevalence in Buckinghamshire

In Buckinghamshire, it is estimated that about 11.3% of adults smoked in 2019. While the prevalence of smoking in Buckinghamshire has been falling and is lower than the national average, unfortunately our smoking rates have increased since 2017 when 9.6% of adults were smokers in Buckinghamshire.

The prevalence of smoking varies across residents in Buckinghamshire. Men have higher smoking rates than women. One in five people living in our most deprived areas are smokers compared to one in ten in our least deprived areas. Residents in routine and manual occupations are 2.5 times more likely to smoke in Buckinghamshire compared to people in managerial and professional occupations. Almost three in ten unemployed residents smoke compared to one in ten employed residents.

Residents with serious mental illness are three times more likely to smoke (three in ten smoke) compared to other residents (one in ten).

In England, residents from minority ethnic groups are less likely to smoke compared to residents from predominantly white ethnic groups (9.7% of black adults and 10.8% of Asian adults smoke compared to 14.7% of white adults). Within all ethnic groups, women are less likely to smoke compared to men - 15.9% of men in England smoke compared to 12.5% of women.⁶ When looking at some minority ethnic

groups the difference is larger. For example, 13.9% of Asian men smoke compared to 2.9% of Asian women.⁷

Smoking and the NHS

One in every 20 NHS hospital beds are occupied by someone with a smoking-related illness.

In Buckinghamshire in 2019/20 there were 3,085 hospital admissions attributable to smoking resulting in a rate of 957 per 100,000 which is lower than the England average of 1,398 per 100,000.⁸ An audit in 2016 of admissions in the local hospital found that one in four were smokers but the majority were not asked if they would like to quit smoking. People who smoke are more likely to have complications after surgery, such as infections or delayed healing, and need to stay longer in hospital.

Evidence shows that smoking cessation interventions delivered as routine within hospitals could have a major impact on the number of smokers making a quit attempt.

The NHS Long Term Plan has set a goal to support people in contact with NHS services to quit smoking. This is based on an evidence-based model already implemented in Canada (Ottawa model) and Manchester (CURE model).

The model relies on health care professionals identifying patients who smoke at the time of admission. Patients then receive brief advice from that health care professional before being referred to a tobacco dependency advisor in the hospital. Patients receive appropriate nicotine replacement therapy and counselling to aid them to quit. The Ottawa Model can improve long-term quit rates by 11% and could save the NHS nearly 100,000 admissions by the end of 2023/24.

The CURE project is also estimated to save 30,880 bed days per year across England.

By applying the Ottawa Model outcomes to the that in Buckinghamshire population, the following benefits over five years:

- 284 lives saved.
- 9,429 extra quitters.
- A net saving of £5,490,884.

Quitting smoking

The best thing all smokers can do for their heart and general health is to quit smoking. Even long-term smokers can see rapid health improvements when they quit. Within one year of quitting smoking, the risk of a heart attack drops significantly. In addition, within five years of quitting smoking, smokers lower their risk of a stroke to almost that of a person who has never smoked.

People's success at quitting smoking varies 44.5% of people under 18 years old report successful quitting compared to 61.4% of people aged over 60 years old.⁹ Men are also more likely to quit successfully at 62% compared to women at 54%. Residents in the most deprived areas are just as likely to try to quit smoking, but they often find it harder to stop smoking compared to people in less deprived areas.¹⁰ Data from ONS (Office for National Statistics) 2012 showed that of all those people who had ever smoked (current and ex-smokers), men and women in the most deprived fifth of areas were less likely to have given up smoking (46.5% and 48.5% respectively) than those in the least deprived fifth (74.0% and 76.0% respectively).¹¹ Ethnicity does not seem to impact on a person's chances of quitting.

What we are doing in Buckinghamshire

A wide range of partner organisations in Buckinghamshire, including public and voluntary sectors, are working together to help people to stop smoking and reduce the harm from tobacco. The [Buckinghamshire Tobacco Control Strategy](#) sets out our ambitions to achieve a smokefree future for residents. The three main aims of the strategy are to:

1. Continue to reduce smoking prevalence rates and inequalities caused by smoking for adults, children and young people.
2. Reduce the harms associated with second-hand smoke.
3. Reduce the supply and demand of illicit tobacco.

Partners are now working together as the Buckinghamshire Tobacco Control Alliance to implement the annual action plan against the four themes of the strategy: Prevention first,

Supporting smokers to quit, Eliminate variations in smoking rates and Effective enforcement.

Work which is taking place to support this includes:

Smoking cessation support and e-cigarette pilot: Buckinghamshire's Stop Smoking Service, Live Well Stay Well, offers free stop smoking support to residents in Buckinghamshire. They have launched a new e-cigarette pilot so that clients can choose this method to support them to quit smoking.

Surgery waiting lists: Increase the number of patients on surgical waiting lists who quit smoking while waiting for their operation, including training staff in Making Every Contact Count (MECC).

NHS Long Term Plan – tobacco dependency services: A dedicated inpatient model that will ensure that all inpatients for acute, maternity and mental health services are screened for their smoking status, offered in-house support services to quit, including access to stop smoking aids such as nicotine replacement therapy, and then discharged into community services. Services must have a fully functioning service, with a trained workforce and appropriate IT systems and processes in place by 2023/24.

Dedicated campaigns: Promoting national campaign such as Stoptober, No Smoking Day and Better Health. Partners are encouraged to also share messages through their own channels. Smokefree Sidelines – a grass roots football campaign aimed at encouraging parents and spectators not to smoke around the pitch sidelines in front of children and young people.



2.1.4 Physical activity

Regular physical activity can reduce the risk of heart disease and stroke by 25%.¹² It also reduces the risk factors that lead to an increased risk of these diseases¹³ such as high blood pressure and type 2 diabetes by one third. Regular physical activity can improve cholesterol levels by raising your HDL ('good') cholesterol levels and simultaneously lower your LDL ('bad') levels.¹⁴

Recommended levels of physical activity are at least 150 minutes a week of moderate-intensity physical activity or at least 75 minutes a week¹⁵ of vigorous-intensity physical activity.

Physical inactivity (defined as less than 30 minutes moderate physical activity per week) increases the risk of high blood pressure, high cholesterol levels and increase the chances of being overweight or obese and having diabetes, all of which are risk factors for cardiovascular disease. Increasing levels of activity in inactive adults in England to just 30 minutes per week could increase overall life expectancy of inactive adults by three years.¹⁴

Sitting down for long periods also increases the risk of heart disease, high cholesterol, type 2 diabetes, obesity and even some cancers.¹⁶ Increased sitting time is associated with an increased risk of death regardless of physical activity levels, and therefore is now recognised as an independent risk factor in addition to lack of exercise.

The Buckinghamshire picture

In 2020 67.5% of people in Buckinghamshire said they met the recommended physical activity levels which is a slight increase over the last four years. However, studies show that people often overestimate the amount of activity they do. More than one in five adults are currently inactive and this has not improved over this period. The greatest health gains will be made by increasing activity levels in inactive people. If we increased physical activity levels from current 67.5% of adults meeting national guidelines to 71% of Buckinghamshire adults,

163 deaths could be avoided and 59 cases of diabetes prevented over five years (Source: Revised Health Impact of Physical Inactivity Model [2013], 2018).

Who is less active?

National data show that men and women have similar activity levels with 62% and 60% respectively reporting that they meet physical activity guidelines.³ Activity levels generally fall with age, the sharpest decrease coming at age 75+ years. Those who are long-term unemployed or have never worked are the least likely to be active (52%).¹⁵ There are also significant differences in activity levels based on ethnic background with 63% white adults, 52% black adults and 48% South Asian adults¹⁵ reporting that they meet the physical activity guidelines.

COVID and physical activity

COVID and lockdown had a significant impact on activity levels and the impact has been greater on those with long term conditions, older adults and people from black, Asian and minority ethnic groups.¹⁵ The largest fall in activity levels was seen in those with the lowest activity levels initially and so the inequalities in physical activity have widened. Adult physical activity levels decrease as deprivation increases, and if you live within a deprived area, you are almost four times more likely to die early than someone in the least deprived area.¹⁴

What we are doing in Buckinghamshire

A wide range of partners are working together to help people to increase their physical activity levels and have developed the [Buckinghamshire Physical Activity Strategy 2018-2023](#). There is an annual action plan delivering the four pillars of the strategy: Active Environments, Active Communities, Skilled Workforce and Working Collaboratively.

Two subgroups focusing on older adults (Live Longer Better Alliance) and disabilities (The Sport and Physical Activity for All Network) have also been developed. Work which is taking place includes:

Skilled workforce: [Active Medicine](#) – free training for frontline workers and volunteers

to improve knowledge, skills and confidence to promote physical activity and empower patients/residents to be more active. A total of 1,301 people have been trained via 68 training sessions.

Managing long-term conditions – providing specialist training for instructors to develop physical activity interventions to support residents to manage their long-term condition(s).

Active Communities and reducing sedentary behaviour: Active Movement is a whole school approach to inspire children and families to sit less and move more. The 12 month programme educates and empowers teachers to include movement into everyday class routines. Four Buckinghamshire schools took part in phase one, involving 1,579 pupils and two more schools joined in January 2022. Schools have reported benefits such as improved concentration levels and better engagement from pupils. For more details on how to implement this programme into your school, home and/or office contact the Public Health team.

The [Active Communities](#) pilot launched in May 2021 for wards in Aylesbury (Aylesbury northwest) and Wycombe (Abbey; Booker; Cressex & Castlefield; West Wycombe) to encourage residents to sit less and move more. The programme has been designed to take a whole community approach to help everyone make small changes to increase movement in our daily routine. Within the first six months the project has engaged with 2,777 residents, introduced four [Active Park Walks](#) with 575 walkers so far and has linked with over [50 different local services and organisations](#), which include doctors surgeries, pharmacies,

care homes, nurseries, schools, faith settings and community centres. These settings have introduced a range of healthier changes.

Active Environments: [Simply Walk](#) – offering over 60 volunteer-led walks across the county, all walkers are welcome whether fit and active, require a walking aid or new to exercise. The service runs all year round, in all weathers, giving the opportunity for residents to meet new people improve physical activity levels and general wellbeing. All walks are led by trained volunteers and range from 30 minutes to over 90 minutes. Walkers can either [book online](#) or just turn up and complete a registration form with a walk leader. A map of walk locations can be found [here](#).

Active Travel – multiagency working to increase the number of residents cycling and walking as part of the Active Travel Fund actions of Tranche one and two and supporting schools to achieve the mode shift award as part of the national school travel awards scheme.

Play Streets - implementing temporary road closures on residential roads, to allow for chaperoned children's play and community connection on the street.

Working collaboratively: Increasing awareness of local activity opportunities – all partners supporting the use of the Bucks Online Directory and the Bucks Family Information Service to stakeholders and residents.

We are working together to support the Buckinghamshire leisure strategy and health based physical activity programmes across the county.



Eatwell Guide

Use the Eatwell Guide to help you get a balance of healthier and more sustainable food. It shows how much of what you eat overall should come from each food group.



Water, lower fat milk, sugar-free drinks including tea and coffee all count.

Limit fruit juice and/or smoothies to a total of 150ml a day.

Check the label on packaged foods

Each serving (150g) contains				
Energy 1046kJ 250kcal	Fat 3.0g	Saturated 1.3g	Sugars 34g	Salt 0.9g
	LOW	LOW	HIGH	MED
13%	4%	7%	38%	15%

of an adult's reference intake
Typical values (as sold) per 100g: 697kJ/167kcal

Choose foods lower in fat, salt and sugars



Eat less often and in small amounts

Per day 2000kcal 2500kcal = ALL FOOD + ALL DRINKS

Figure 1: Eatwell Guide

Healthy Eating

A healthy diet can reduce the risk of heart disease and stroke significantly. A poor diet is one of the biggest risk factors for preventable ill health in England.¹⁷

The Eatwell Guide (Figure 1) shows the different types of foods and drinks we should be eating – and in what portions to have a healthy balanced diet.¹⁸ Foods high in salt, fat and sugar lead to conditions such as high blood pressure, high cholesterol and obesity, all of which are risk factors for cardiovascular disease.

Eating at least five portions of a variety of fruit and vegetables a day could reduce the risk of deaths from chronic diseases, such as heart disease, stroke and cancer by up to 20%,¹⁹ with each increase of one portion of fruit or vegetables a day lowering the risk of coronary

heart disease by 4% and the risk of stroke by 6%.²⁰ There are variations in fruit and vegetables consumption across communities and only 20% of adults meet the recommended five-a-day guideline in the most deprived areas.²¹

Currently, only 55.4% of adults in England eat the recommended five portions a day, with Buckinghamshire slightly higher at 58.4% (2019/20),²² with fewer men than women meeting the guideline.²³ However, other data sources put the figure even lower, according to Health Survey for England data only 28% of adults and 18% of children are eating the recommended five portions of fruit and vegetables per day, with fewer men than women meeting the guideline.¹

Too much salt in our diet leads to high blood pressure, which is a major cause of heart disease and 69% of adults in England are estimated to be eating too much salt. For every gram of salt we remove from the average UK diet, we can reduce deaths from heart attacks

and strokes and save 4,147 lives per year. Up to 75% of the salt we eat comes from processed foods (e.g., bread, cheese, meat products like bacon) and food eaten out of the home.²⁴

Eating away from home

More than one quarter of adults and one fifth of children in England are eating food from out-of-home food outlets (restaurants and takeaways) at least once a week.²⁵ These meals tend to have higher fat, saturated fats, sugar and salt, and lower levels of healthy nutrients. Often eating meals prepared away from home is linked with cardiovascular disease, with those regularly eating two meals or more per day prepared away from the home having a greater risk of death from cardiovascular disease and cancer.²⁶ Fast food outlets (including chip shops, burger bars and pizza places) account for more than a quarter of all eateries in England. More deprived areas tend to have higher concentrations of fast-food outlets, with five times more outlets found in these areas than in the most affluent areas.²⁷

Food insecurity

Food insecurity is when people cannot afford enough food to meet their basic needs.

The poorest 20% of UK households would need to spend 39% of their disposable income on food to meet the NHS Eatwell Guide costs and the poorest 10% would have to spend 75%. This is in contrast to just 8% for the richest 20%.²⁸

COVID-19 has increased the number of people in food insecurity and the numbers of people using food banks. Pre-COVID 7.6% of the UK population were facing food insecurity, increasing to 9.9% (5.2 million adults) between February and July 2021.²⁹ The priority for people

affected by food insecurity is to put food on the table that is filling, rather than focusing on the nutritional value of the food.

Eating habits during the pandemic

During the COVID-19 pandemic 40% of adults gained on average half a stone (one stone is the same as 14 pounds in weight).³⁰ Eating habits during the pandemic changed with a third of people reporting snacking on unhealthy food and drinks at least once a day (35%), an increase from 26% pre-pandemic. Sales data also showed an increase of 15% in take-home snack foods, such as crisps, sweets and biscuits. A quarter of alcohol drinkers also said their intake had increased since the second lockdown, with sales showing a 28% increase in shops compared to 2019.³¹ In Buckinghamshire food bank use during the pandemic increased significantly compared to pre-pandemic levels. There are six food banks in Buckinghamshire with the number of food parcels distributed increasing from 16,158 in 2019 to 26,514 in 2021.

2.1.5 Body weight

A healthy weight is defined using a measure called by a Body Mass Index (BMI).³² A BMI of more than 25 is defined as being overweight and over 30 as being obese.

Obesity and being overweight is one of the leading risk factors for cardiovascular disease, particularly where people carry excess weight around their waist.³³ In the UK, around one in six heart and circulatory disease deaths are associated with being overweight.³⁴



Obese people are also more likely to develop other risk factors for cardiovascular disease. They are more likely to develop high blood pressure and type 2 diabetes than those with a normal range BMI.³⁵ People who are obese are also 30% more likely to develop dementia than those with normal range BMIs.³⁶

The risk of developing cardiovascular disease increases the more overweight a person is.³⁷ Waist circumference is also an important indicator of the risk of cardiovascular disease. Adults with a very high waist measurement (Men: more than 102cm. Women: more than 88cm) have an increased risk of cardiovascular disease compared to adults with the 'ideal' waist circumference (Men: less than 94cm. Women: less than 80cm).

Most adults in the UK are overweight or obese: almost seven in ten men and six in ten women are overweight or obese. Furthermore, 26% of men and 29% of women are obese. Unfortunately, during the COVID-19 pandemic 40% of adults gained on average half a stone in weight, of whom 21% gained a stone or more.³⁸ Children who are obese are more likely to be obese as adults.^{39, 40} One in five children aged ten to 11 are classified as obese.⁴¹

Overweight and obesity in Buckinghamshire

In Buckinghamshire six in ten adults (63.1%) are overweight or obese, and the numbers who are obese has been increasing since 2017/18. Almost one in five (18.2%) of four to five-year-olds and almost one in three (31%) of ten to 11-year-olds are also overweight or obese. Childhood obesity has also increased since 2017/18 in children aged ten to 11 years.⁴²

Both cardiovascular disease and obesity are strongly associated with health inequalities. Both adults and children in the most deprived areas have almost double the chance of being obese compared with the least deprived.^{43, 44} In the ward of Micklefield in High Wycombe, one in four Reception age children are overweight or obese, increasing to two in five in Year 6. Likewise, in Southcourt one in five Reception age children are overweight or obese, increasing to two in five in Year 6. This is in comparison to the more affluent area of Greater Marlow

where one in seven Reception age children are overweight or obese, increasing to one in five in Year 6. People of South Asian ethnicity also have an increased risk of cardiovascular disease and diabetes at a lower weight compared with white groups.⁴⁵

What are we doing to support healthy eating and a healthy weight?

Obesity is difficult to address, affected by a mixture of social, economic, biological and environmental factors that shape how we live and our individual behaviours. By creating healthier places to live and addressing other factors that affect our health and choices, such as education, employment and income, the quality and safety of the environment and the places we live and work in, it will help people maintain a healthy weight and improve overall health.

Whilst eating a healthy diet and maintaining calorie balance is down to individuals, the availability of food high in calories is now making it much harder for people to maintain healthier lifestyles. It is important the food environment supports people to improve their health. Improving the nutrient content of the food and drink we buy, cook and eat must be a priority at both a national and local level. We can take practical steps at a local level to enhance the healthy eating options available.

We also need to create an environment which provides people with the opportunity to be active and move more throughout their day. The built environment (e.g., housing, estates, workplaces etc.) can play a significant role in increasing the opportunities for people to be active and can impact on both physical and mental wellbeing. By protecting and enhancing green spaces for allotments, park runs and children's play areas we can create an environment that helps to shape people's preferences and behaviours to encourage activity.

Whole system approach to obesity

Within Buckinghamshire we have recently started taking a 'whole systems approach to obesity'. This brings together partners from a wide variety of backgrounds, such as housing, planning, transport, leisure, schools and local

communities, to develop and agree on a shared action plan to address obesity, looking at these wider environmental factors.

- **Food knowledge and environment** – improving the food environment to support people to make healthier choices and improve food knowledge and understanding.
- **Transport** – reducing sedentary behaviour and encourage communities to increase active transport and travel options to increase physical activity levels.
- **Physical activity** – increasing physical activity uptake through promotion and increasing the range of activities offered.
- **Schools** – enabling schools to contribute to children and young people achieving a healthy weight, creating consistent messages on food and physical activity for both pupils and parents.

Some examples of community projects we are delivering with communities and partners to increase people's access to fresh fruit and vegetables, improve their knowledge to cook their own nutritious meals and try their hand at growing their own produce are included below:

Grow to Give

Grow to Give encourages people to grow more food in their gardens and allotments and donate this surplus to food banks and community fridges in their local area to support people experiencing food insecurity. It was set up by residents Justine Hamer and Sheila Bees in Aylesbury and Wycombe in 2019. With support and funds from Buckinghamshire Council and Feedback the scheme has gone from strength to strength with 14 allotment sites and 200 community growers now participating.



In 2021 the community of growers donated 3.22 tonnes of produce for food parcels that supported over 600 families, that is the same weight as 403 baskets of fruit and vegetables, three giraffes or two family sized cars.



In 2022 the project will partner with five new allotment sites in the Chesham and Iver/ Wexham area in addition to the 14 existing sites in Aylesbury and High Wycombe. The project relies on the generosity of local food growers and champions at each allotment site, helping to keep the scheme running on the ground. We are also keen to expand to as many plot holders as possible so even more produce could be donated.

The project has also developed 20 recipe cards and videos to ensure people receiving the produce get healthy and simple recipe ideas to use the donated food. It also helped develop a community of eco-friendly growers and held eco-growing master classes to support growers get the most out of their site, engaging 100 people in the sessions.

Starting your own scheme is a simple, fun and healthy way to bring your community together while helping those in need. On the [Grow to Give website](#) there are free downloadable resources including a how to guide, posters to advertise the scheme at your allotment or in your local community.

Adam Townsend, Foodbank Manager at the Aylesbury Vineyard Storehouse commented:

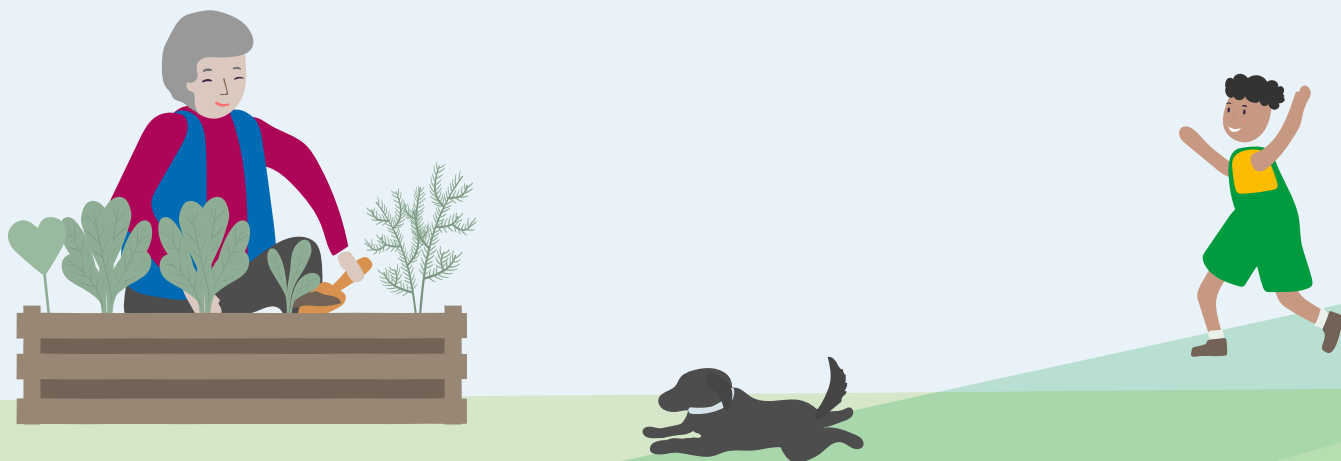
"Having fresh, seasonal, locally grown food to give our food bank clients is just fantastic! It's even encouraged some of our customers to start growing themselves. It's been a really tough year and the Grow to Give donations just show how much people care."

Justine and Sheila who run the project are in awe of the generosity of local growers. The pair said:

"We just can't believe people have taken Grow to Give into their hearts so quickly, and it's all down to our local allotment champions and fabulous growers... Each week it's so uplifting seeing the fabulous produce they donate, it's a great example of community spirit and what can be achieved working together."

A grower from Ashbrook Allotment said:

"I've really enjoyed donating some of my surplus crops to Grow to Give. I always grow too much of most crops throughout the year and it is good to know it can be put to such a great cause. If this helps in anyway to help get someone through a difficult time that is really satisfying to know. Our allotment site has really come together to support Grow to Give and I am sure all who contribute very much enjoy the regular updates on how much has been collected so far."



Community growing sites – Grow It, Cook It, Eat It

Grow It, Cook It, Eat It brings communities together to create shared growing sites in their local area. Open to all, the sites provide a supportive area where people can develop their skills, knowledge and confidence to grow their own fruit and vegetables. There are currently four sites across the county in High Wycombe, Aylesbury and Chesham, with plans to develop a further two sites in the Iver and Buckingham areas. Each site is led by an experienced 'Expert Gardener' who is on hand to offer support and guidance as needed, with the aim being the local community will take ownership of the site and keep it going long-term.

During the set-up phase of the sites this year, many community members and local organisations have generously stepped forward offering workforce, tools, sheds, greenhouses and plants to help get the sites off the ground.

The project also has a cooking element which launched late 2021. Local community volunteers are trained to empower and inspire others to cook healthy and nutritious meals from scratch. Delivering a five-week cookery course, volunteers cover topics such as healthy meals on a budget, basic cookery skills and reducing waste.

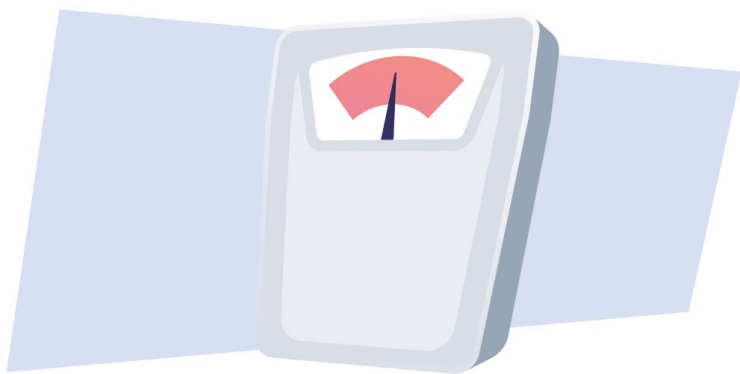
For further details of each of the growing sites, and to register your interest in getting involved on a growing site and/or as a volunteer cookery tutor, please visit the [Grow It Cook It Eat It webpages](https://healthandwellbeingbucks.org) (healthandwellbeingbucks.org).

Veggies in containers

The veggies in containers project was developed to show people how easy it is to grow their own food regardless of the space they have available whether in the garden, on balconies, in window boxes and even indoors.

As part of the project Restore Hope (Chesham and Latimer), The Vineyard Foodbank (Aylesbury) and The Women's Cultural Arena (High Wycombe) distributed a total of 251 growing kits to households who were currently using their services. Kits included containers, soil, seeds, equipment, and full instructions to allow people to try their hand at growing. Each kit also came with recipe cards enabling people to cook healthy and nutritious meals with the foods they have grown.

The project was well received by those involved with many stating they had increased confidence to try growing their own vegetables. Those with young children found the children really got engaged and provided opportunities for shared enjoyment with parents, but also provided educational value and introduced children to new foods.



Weight management

Buckinghamshire Council commissions some weight management services through our integrated lifestyle service, Live Well Stay Well.⁴⁶ Additional funding was received in 2021/22, for a one-year period, from the government to support weight management in groups with higher need of these services.

A review of current services and people accessing them in relation to need for weight management services identified three groups of people who were not attending services in the numbers expected: men, people from minority ethnic backgrounds and those with

mild learning disabilities. Services were further targeted to areas with the highest rates of diabetes, and excess weight in adults which were Aylesbury and Wycombe.

We worked with the following organisations to help improve healthy eating and healthy weight in these groups.

- **Talkback-UK** - a service for adults with a mild learning disability, based on developing the knowledge and understanding of food, nutrition, and weight issues. Taking a practical approach, they are educating people around shopping for the right food, reading food labels, cooking and trying new foods and selecting healthy foods, as well as including physical activity into everyday life.
- **Karima Foundation** (High Wycombe) - a local community organisation will provide lifestyle advice and physical activity sessions that are culturally appropriate to the black and ethnic minority population of High Wycombe.
- **Wycombe Wanderers Sports and Education Trust** - the charity of Wycombe Wanderers Football Club, using the appeal of football to deliver healthy weight services. Providing men and women only sessions across both High Wycombe and Aylesbury.
- **The Fitness Garden** - a community interest company working to improve the health of the people of High Wycombe through education and engagement in health fitness and mental wellbeing. Providing dedicated services for men and black, Asian, and ethnic minority groups, the Fitness Garden deliver services using both face to face contact and technology to keep people motivated and engaged in their journey to losing weight.
- **Man v Fat** - UK's largest male only weight loss programme. Based around a football league where all players want to enjoy football, lose weight and get healthier. The league is not just decided on goals scored, but also weight lost. Sessions start with dietary advice (and a weigh-in) followed by 28 minutes of football. Sessions run in both Aylesbury and High Wycombe.

We are currently reviewing the outcomes of each of the above programmes to help support future commissioning of services across Buckinghamshire.

2.1.6 Alcohol

Chronic alcohol consumption of more than 3.75 units per day (approx. 280ml wine or 660ml beer) is associated with an increased incidence of high blood pressure and of cardiovascular diseases, such as heart attack, heart failure and stroke.⁴⁷ One unit is 8g of pure alcohol and a standard glass (175ml) of wine contains 2.1 units and a bottle (330ml) of beer contains 1.7 units. This [calculator](#) works out the number of units in a particular drink.

Global estimates indicate that the alcohol accounts for 16% of high blood pressure worldwide.⁴⁸ Regular excess alcohol consumption also contributes calories which may lead to weight gain and abnormal heart rhythms can be exacerbated by alcohol consumption.

UK health advice is that, for both men and women, it is safest not to drink more than 14 units of alcohol a week to keep alcohol health risks to a low level. It is estimated that over one quarter (29%) of Buckinghamshire residents drink more than 14 units per week, compared to 26% nationally. This equates to 120,000 adults in Buckinghamshire drinking above recommended levels.

On average, people on low incomes drink less alcohol than people on higher incomes. However, people from deprived areas are more likely to die or suffer from a disease related to their alcohol use.⁴⁹

Adults in ethnic minority groups are less likely to report drinking alcohol at a hazardous, harmful or dependent level compared to white groups.⁵⁰

What we are doing

The Buckinghamshire Drug and Alcohol Strategy is being reviewed and updated by the local multi-agency partnership in 2022. The updated Buckinghamshire strategy will also take account of the [new national drugs plan](#).

As part of the NHS Health Check simple questions are asked about people's health. This includes how much alcohol people drink, enabling advice about alcohol to be offered. Further details are available on the [NHS website](#).

Buckinghamshire Council commissions a range of services to support people with problematic alcohol use.



2.2 Clinical risk factors

2.2.1 High blood pressure

High blood pressure (also called hypertension) affects more than one in four adults and increases the risk of stroke, heart disease, kidney failure and some types of dementia.

Surveys suggest that 30% of men and 26% of women have high blood pressure and the prevalence increases with age, rising to more than 50% in people aged over 60 years. It is more common in men than women up to the age of 65 years. High blood pressure is more common in people of South Asian, black African, black Caribbean or Irish ethnicity and people who have a relative with high blood pressure. People living in the most deprived areas are 30% more likely to have high blood pressure compared to people living in the least deprived areas.

High blood pressure is responsible for 12% of all visits to GPs with an estimated annual cost to the NHS of over £2 billion.

In England, only 57% of the estimated number of adults who have high blood pressure have had it detected, and only 56% of people under 80 who have been diagnosed with high blood pressure have achieved the NICE recommended target of BP of 140/90 mmHg.

Modifiable factors that increase the risk of high blood pressure include being overweight, being insufficiently active, eating an unhealthy diet containing too much salt and not enough fruit and vegetables, drinking too much alcohol and smoking.

The higher the blood pressure the higher the risk of harm. Each 2mmHg rise in systolic blood pressure is associated with a 7% increase in deaths from heart disease and 10% increase in deaths from stroke. High blood pressure can be reduced by drug treatment. Reducing salt in food, eating healthily, drinking less alcohol, being more physically active and losing weight if overweight can also help to reduce blood

pressure. Research suggests that for every 10mmHg reduction in blood pressure the risk of heart disease and heart failure reduces by 17% and 28% respectively and the risk of stroke reduces by 27% and deaths from all causes reduce by 13%.

Detecting high blood pressure

People with high blood pressure may not know they have it because they may not have any symptoms. The only way to detect high blood pressure is through a simple measurement using a blood pressure machine. The longer high blood pressure goes undiagnosed or uncontrolled, the greater the risk of harm to health.

Residents who are aged 40 to 74 years are eligible for the NHS Health Check once every five years. This checks for high blood pressure and other risk factors for heart disease and stroke and staff can give advice to promote a healthier life and refer to behaviour change or other services.

High blood pressure and COVID-19

High blood pressure is linked to higher risk of serious illness if someone develops COVID-19.⁵¹ Some studies suggest that people with high blood pressure are more at risk of getting seriously ill with and dying of COVID-19. Research into the link between high blood pressure and COVID-19 is ongoing. However, people with untreated high blood pressure seem to be more at risk of complications from COVID-19 than those whose high blood pressure is managed with medication.

During the COVID pandemic, an estimated 49,208 fewer people in the Buckinghamshire, Oxfordshire and Berkshire West (BOB) area had their high blood pressure managed to the target level. This means for the BOB area that there is now the risk for an extra 736 heart attacks and strokes over the next three years.

2.2.2 Diabetes

Diabetes is one of the most common chronic diseases in the UK with 4.1 million people living with a diagnosis of diabetes and a further 850,000 people estimated to be living with diabetes but not yet diagnosed. Diabetes diagnoses have doubled in the last 15 years, and 13.6 million people are estimated to be at risk of developing diabetes in future.

Diabetes comprises a group of disorders characterised by persistently raised levels of sugar in the blood. There are two main types of diabetes – the most common is type 2 accounting for nine in ten cases. Type 1 and type 2 diabetes are both associated with an increased risk of cardiovascular disease and other health problems.

People with type 2 diabetes have double the risk of cardiovascular disease, such as heart attack, heart failure and stroke, and have an increased risk of other problems, including loss of sight, and kidney disease. The life expectancy of people with type 2 diabetes is reduced by up to ten years.

There are several risk factors that may make someone more likely to be diagnosed with type 2 diabetes – a combination of characteristics people are born with and features of our environment and behaviours. The main modifiable risk factor for type 2 diabetes is being overweight or obese, which accounts for 80-85% of the overall risk. Being overweight is associated with a three-fold increased risk and being obese is associated with a seven-fold increased risk of diabetes compared to people of a healthy weight. Another contributor is higher levels of sedentary behaviour, which itself is associated with a two-fold increased risk of diabetes. A further predictor of future type 2 diabetes diagnosis is elevated blood sugar levels during pregnancy – gestational diabetes. Gestational diabetes is associated with a seven-fold increased risk of type 2 diabetes in later life.

Diabetes is also a significant contributor to health inequalities. People of Asian, African, and Afro-Caribbean ethnicity have up to a three

to six times increased risk of type 2 diabetes compared to people of white ethnicity, and their risk of developing type 2 diabetes increases earlier from age 25 compared to from age 40 for people from white groups. Nationally, people living in the most deprived areas are 2.5 times more likely to develop diabetes compared to people in the least deprived areas. People with diabetes living in the most deprived areas are also three times more likely to develop serious complications from diabetes.

It is estimated that more than half of cases of type 2 diabetes can be prevented or delayed. People can reduce their risk of developing diabetes by (1) eating a healthy diet, such as one that is high in fibre and with a low glycaemic index (the glycaemic index is a rating of how quickly carbohydrate foods affect blood sugar levels. Low index foods are broken down more slowly, thereby causing more gradual rises in blood sugar levels); (2) being more physically active (not sitting for long length periods of time and being physically active in line with national guidelines); and (3) losing weight if overweight. The NHS Diabetes Prevention Programme (DPP) was launched in 2016 and aims to provide personalised support to people at risk of developing type 2 diabetes, such as adults with a fasting plasma glucose between 5.5-6.9 mmol/L or with a history of gestational diabetes. Individuals can find out if they are at risk and register for the DPP on the [Healthier You website](#).

2.2.3 Cholesterol

Cholesterol is the main fat found in the blood. Elevated levels of total cholesterol (above 5mmol/L) causes narrowing of the arteries with fatty deposits leading to cardiovascular disease. There are two important types of cholesterol – high density lipoprotein (HDL) or non-high density lipoprotein (non-HDL). It is now known that non-HDL cholesterol, rather than low density lipoprotein (LDL) cholesterol specifically, is the key risk factor for cardiovascular disease (NICE, 2021). For these purposes the terms are interchangeable. Non-HDL cholesterol is often referred to as 'bad' cholesterol, and a raised level (above 4mmol/L) is also an important cause of atherosclerosis. HDL cholesterol is often referred to as 'good' cholesterol as it

has a protective role against cardiovascular disease. However, the beneficial effects of 'good' cholesterol may only occur up to a certain level (approximately 1.4mmol/L), and extremely high levels (above 2.3mmol/L) may also be harmful.

High levels of 'bad' cholesterol are estimated to cause one quarter of cardiovascular disease in Buckinghamshire.

In the majority of cases, high cholesterol levels are due to a combination of environmental factors and health behaviours, including a diet high in saturated fat, low levels of exercise, smoking and drinking excess alcohol, although the specific relationships with 'good' and 'bad' cholesterol may vary. For example, evidence has shown that, within reasonable limits, the more someone is active the more they can raise their 'good' cholesterol; but more intense activity may be needed in order to start reducing 'bad' cholesterol levels. Other risk factors for high cholesterol levels include being male, being from a South Asian background and being older.

It is estimated that one in 250 people have a genetic condition called familial hypercholesterolaemia (FH) which results in high cholesterol levels. If untreated half of men and one third of women with FH develop coronary heart disease by the time they reach 55 years old, but if FH is identified and treatment started early enough people with FH can have the same life expectancy as the general population.



2.3 Social economic and environmental risk factors

2.3.1 Healthy work

The work people do can affect their risk of cardiovascular disease. Stress at work can take several forms described as job strain and low effort-reward work. Job strain describes work with high demands combined with low control. Low effort-reward describes work where there are limited career opportunities, low salary and low social approval. Both higher job strain and low effort-reward work are associated with an increased risk of death from cardiovascular disease⁵² and are more common in people with lower income or in lower job grades.

A study of 10,000 British civil servants found that behavioural risk factors could only explain a third of the difference in the incidence of coronary heart disease between different civil servants.⁵³ Biological risk factors, such as metabolic syndrome (a medical term for the combination of diabetes, high blood pressure and obesity), accounted for around another third of the difference.⁵⁴ The study found that work grade affected the risk of central obesity (excess fat around the waist – a known risk factor for cardiovascular disease) and metabolic syndrome and that civil servants in the highest grade work were least likely to have central obesity or metabolic syndrome.⁵⁵ Jobs that had higher job strain or stress were associated with an increased risk of obesity.⁵⁶

Working longer hours increases the risk of cardiovascular disease – international evidence has shown that people that work 55 hours or more per week are 17% more likely to die from heart disease and 35% more likely to die from stroke, compared to people working 35-40 hours a week.⁵⁷

2.3.2 Extreme temperatures

Both low and high temperatures are associated with increases in death from cardiovascular disease.⁵⁸ Globally 'non-optimal temperature' accounted for 1.96 million deaths globally according to the Global Burden of Disease study.⁵⁹

Higher temperatures increase the risk for death from heart disease, heart failure and heart attacks.

Very cold temperatures increase the risk of heart attack and stroke. People who have pre-existing long-term conditions are most at risk of falling ill in the days after temperatures drop. Elderly people are especially vulnerable in winter months. Before the COVID pandemic circulatory diseases accounted for around a fifth of all excess winter deaths.⁶⁰

2.3.3 Housing

The quality of housing and our ability to keep our houses warm is important.

Cold homes are associated with an increased risk of cardiovascular disease and other health issues.⁶¹

When there is a cold snap in the weather, hospitals see an increase in patients with a heart attack almost immediately and an increase in stroke around five days after the start of the cold weather.⁶² Cold temperatures below 12° cause blood vessels to narrow, causing an increase in blood pressure and blood viscosity,⁶³ leading to an increase in heart attacks and stroke.⁶⁴

The risks of ill health are even higher for people who are homeless. Homeless people have a threefold increased risk of cardiovascular disease and an increased risk of death from⁶⁵ cardiovascular disease.





2.3.4 Air quality

It is estimated that poor air quality is responsible for up to 36,000 deaths per year in the UK, and the majority of UK deaths attributable to outdoor air pollution are from heart disease and stroke.

Evidence from nine cities across England showed that the risk of out of hospital cardiac arrests and emergency admission for stroke was higher on days with higher pollution.⁶⁶ Air pollution rates are highest in more deprived neighbourhoods in England.⁶⁷

Tackling air quality through active travel can have dual benefits in reducing cardiovascular disease risk – studies show that people that live in places where walking and cycling are convenient and safe have lower levels of obesity and diabetes.⁶⁸

2.3.5 Cardiovascular disease and COVID

Studies have shown that cardiovascular disease is associated with poorer outcomes

from COVID-19 infection⁶⁹ and many of the risk factors for developing cardiovascular disease (such as being obese, having high blood pressure or having type 2 diabetes) are also risk factors for worse COVID-19 outcomes. The risk is greatest for people with poorly controlled disease.

However, evidence is emerging that the reverse is also true – that COVID-19 disease may be a risk factor for cardiovascular disease. Firstly, cardiovascular complications may occur during initial COVID-19 infection, including blood clots and damage or inflammation to heart muscle.

Secondly, cardiovascular events are more likely to occur up to a year after COVID-19 infection. The risk of any cardiovascular event is 63% higher (45 additional people affected per 1,000) and the risk of a major event (heart attack, stroke or death) is 55% higher (23 additional people affected per 1,000) than people who have not had COVID-19 infection. These increased risks of cardiovascular events affect working age adults as well as older adults and affect those without as well as those with pre-existing cardiovascular disease.

Thirdly, it is not known what the longer-term effects of COVID-19 infection are yet, but they could include an increased risk of future cardiovascular disease. An estimated 1.7 million people in the UK reported experiencing long COVID in March 2022, of which common symptoms include chest pain, palpitations and shortness of breath.

Lastly, the pandemic itself has had an adverse impact on many of the risk factors for cardiovascular disease.

The pandemic has led to a worsening of some people's mental health and economic circumstances and increased the proportion of people with unhealthy behaviours, such as eating unhealthily, gaining weight, doing less physical activity and drinking more alcohol. The pandemic also reduced access to routine health care and preventive interventions, such as NHS health checks to detect cardiovascular disease risk factors and management of high blood pressure and diabetes.

3. Who is Most at Risk?

This section highlights the national picture. There is less data available at a Buckinghamshire level but that which we do have shows a similar picture and is included in the following section.

The risk of cardiovascular disease increases with age and is generally higher in men, certain ethnic groups and people living in more deprived areas. People with severe mental illness and some people with learning disability are also at higher risk of developing cardiovascular disease. The reasons for this are complex and reflect a mix of interlinked factors such as living and working conditions, exposure to chronic stress, opportunities to adopt healthy behaviours and biological factors. If we are to tackle inequalities in health it is important to identify the modifiable risk factors that can help prevent or delay cardiovascular disease in these groups.



3.1 People living in deprived areas

Our health is strongly influenced by the places we live, work, and learn. People that live in the most deprived areas of England are four times more likely to die early from cardiovascular disease (before the age of 75), compared with people that live in the least deprived areas.⁷⁰

The link between deprivation and death from cardiovascular disease follows a gradient. As the level of deprivation increases the death rate from cardiovascular disease increases. The graph below shows that although premature mortality from cardiovascular disease in England decreased between 2001 and 2019, differences between more and less deprived groups persisted. In 2020, there was a marked increase in premature mortality from cardiovascular disease, with the steepest increases in the most deprived deciles widening the gap. When the population is split into tenths (deciles) by deprivation, the risk of early death from cardiovascular disease was higher with increasing deprivation consistently from 2001 to 2020.⁷¹

3.1.1 Health behaviours

The health behaviours people adopt are influenced by a wide range of factors, including their social and economic circumstances and the environments in which they live. Health behaviours that reduce the risk of cardiovascular disease are often more common in less deprived areas and those that increase the risk are more common in more deprived areas.

Smoking

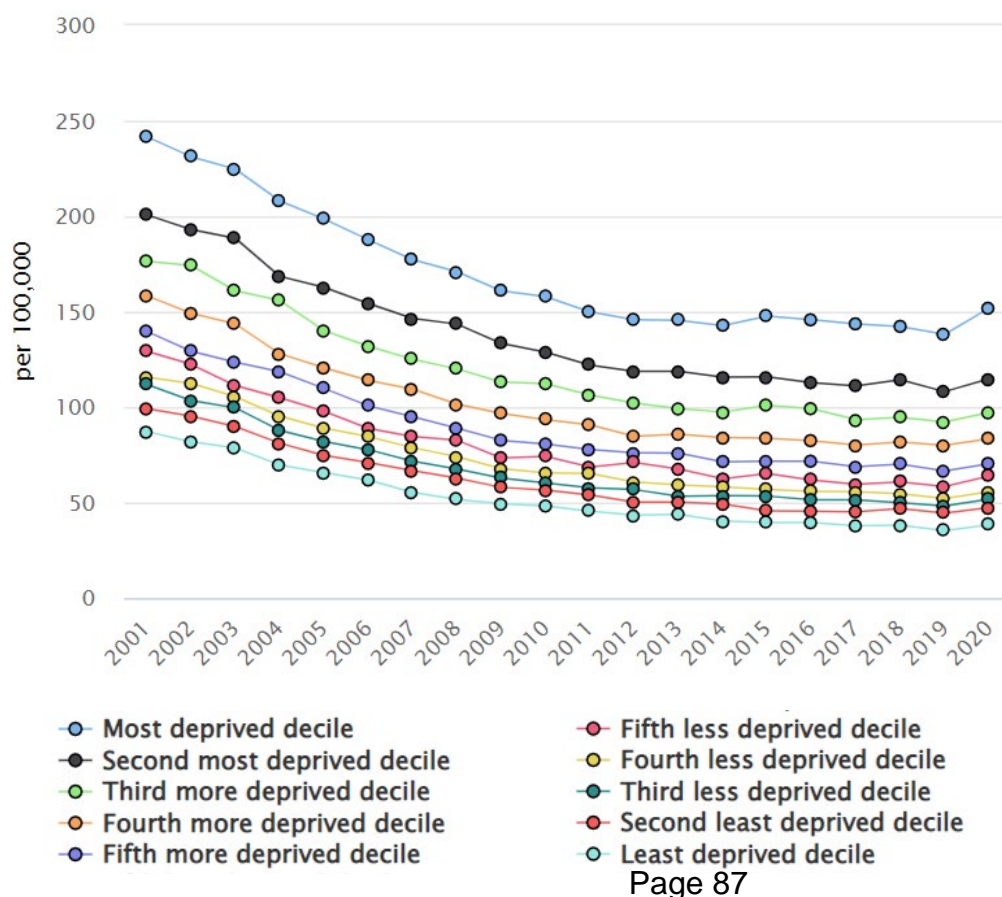
Adults who live in more deprived areas or have lower paid or manual jobs are more likely to be smokers.

Physical activity

People living in less deprived areas have higher physical activity levels. In 2020, 73% of people living in the least deprived areas were active compared with 57% in the most deprived areas.⁷²

National data show that in 2020/21 adults in routine/semi-routine occupations and people that were long-term unemployed/had never worked (managerial, administrative and

Figure 2: ENGLAND under-75 mortality for cardiovascular disease



professional occupations, e.g. chief executive, doctor, or journalist) were 19% less likely to be active (52%) compared with those in the most affluent employment groups (71%).

Overweight and obesity

The likelihood of being overweight or obese is greatest in the most deprived areas. In 2019, 39% of women in England in the most deprived fifth of the population were obese, compared with 18% in the least deprived fifth. 30% of men in the most deprived quintile were obese compared with 22% in the least deprived.⁷³ This gap has increased since 2014.

Inequalities in overweight and obesity begin in childhood and more children in deprived areas are overweight and obese than those in the least deprived areas.



Between 2006/7 and 2020/21 the gap in the prevalence of obesity between children attending school in the most and least deprived areas of England has widened.⁷⁴

The drivers of obesity are wide ranging and linked to the area we live in. For example, the availability of affordable and high-quality food is likely to influence what we eat and evidence from Scotland and England found that the density of outlets from four major fast-food chains was most concentrated more deprived areas.⁷⁵ There are many other features of the place we live that influence the risk of being overweight or obese, such as access to safe places to play, uncluttered clean pavement and access to green spaces.⁷⁶

Alcohol

People living in more deprived areas have a greater risk of harmful drinking behaviours or being dependent on alcohol.⁷⁷

3.1.2 Inequalities in clinical/biological risk factors

National analysis shows that people living in the most deprived communities are 30% more likely to have high blood pressure.⁷⁸

Living in a more deprived area of England is also associated with increasing risk of developing diabetes (both diagnosed and undiagnosed).⁷⁹ The Health Survey for England in 2016 showed that people in the most deprived fifth of the population were more than twice as likely to have a diagnosis of diabetes, compared with the least deprived (7% vs 3% with diabetes). People living in the most deprived fifth of areas were twice as likely to have diabetes that had not been diagnosed compared with the least deprived (2.2% vs 1.0%).

Atrial fibrillation is a heart rhythm disorder that is believed to cause 20% of strokes.⁸⁰ People living in more deprived areas of the UK are more likely to develop atrial fibrillation and more likely to die from it.⁸¹

3.1.3 Social and economic factors

Poorer quality jobs, poorer quality housing and poorer quality environments are linked to an increased risk of cardiovascular disease as highlighted in a previous section. These are often more common in more deprived areas and in people on low income.

3.1.4 Access to effective treatment

Research has indicated that there may be inequalities in access to specialist care for people living in more deprived areas, including longer waiting times and poorer access to cardiac interventions and acute stroke care.⁸² However, for some interventions in primary care, for example provision of NHS Health Checks (which detect some key cardiovascular disease risk factors) has been found to be higher in deprived areas.⁸³

3.2 Differences between ethnic groups

A note on terminology: This section summarises what the evidence tells us about cardiovascular disease and ethnicity.

*This report has used the UK Government guide to writing about ethnicity. However, the ways that ethnicity has been defined and analysed by researchers varies for some studies. Where this is the case, we have used the same language, so that we are accurate in our description of the evidence but have noted the variation with a *.*

Many studies use aggregated ethnic groups - in particular South Asian and black groups, for whom the risks are higher - as a whole. Recognising that these South Asian⁸⁴ and black ethnic categories include diverse groups of people, where studies have analysed ethnic groups that refer to nationalities, they are provided below.

Different ethnic groups have different risks of cardiovascular disease. Asian and black groups in the UK have a higher risk of cardiovascular disease but the type of cardiovascular disease underlying this risk differs between different ethnic groups. There is less evidence available for European groups living in the UK, although Central and Eastern European countries have the highest death rates from cardiovascular disease in Europe (defined as WHO's European Region) once the age of the population has been considered⁸⁵ (for this reason, much research uses 'white British' people as a comparator group). Gypsy, Romany and Traveller groups are known to have worse health outcomes compared to other ethnic minorities,⁸⁶ but there is little specific evidence available to understand the contribution that cardiovascular disease plays. The reason for these differences is complex and not always well understood, however, by working with people from ethnic minority backgrounds to identify and address known risk factors, we can reduce their risk of cardiovascular disease.

3.2.1 South Asian ethnic groups

People from South Asian groups are more likely to develop cardiovascular disease and are more likely to die from cardiovascular disease compared to white groups. *South Asian ethnicity applies to people whose ethnic roots originate from India, Pakistan, Bangladesh, Sri Lanka, Nepal and Bhutan.⁸⁷

South Asian people have the highest risk of death from heart disease of any ethnic group, a 50% higher risk than the population of England and Wales.

South Asian people also tend to develop heart disease at a younger age. South Asian groups are also more likely to have a stroke and to die from stroke, compared to white British groups.⁸⁷

South Asian men develop cardiovascular disease, on average around eight years younger than white men (60.4 years vs. 68.2) and South Asian women develop cardiovascular disease an average of around 11 years earlier than white women (62.9 vs. 74.2).⁸⁸

Death from ischaemic heart disease was highest for men and women in the Bangladeshi, Pakistani and Indian ethnic groups, compared to other ethnic groups.

Inequalities in clinical/biological risk factors

The primary clinical conditions that drive the difference in risk of death from cardiovascular disease for immigrant South Asian groups are ischaemic heart disease and type 2 diabetes.

Diabetes

People from South Asian groups are up to six times more likely to develop diabetes than people in white groups.⁸⁹

British South Asian (this paper uses the term 'Indian Asian', defined as from the Indian subcontinent) groups are more likely to develop

diabetes at a younger age than European* groups (age 62 years vs 67).⁹⁰ By the age of 80, close to half (40-50%) of South Asian people will have diabetes – this is twice the prevalence in Europeans*.⁹¹

Obesity (defined as a BMI of 30.0kg/m² or above) is associated with an increased risk of developing diabetes. For South Asian ethnic groups, the risk of diabetes increases at a lower BMI. The same risk of developing type 2 diabetes as is found in white populations at a BMI of 30kg/m² or over is found at a much lower BMI of 23.9 kg/m² for South Asian populations.⁹²

Ethnic differences in cardiovascular disease risk persist and are more pronounced in people with diabetes.⁹³ Death from heart disease in people from South Asian groups with diabetes is around three times higher compared to people from white groups with diabetes.⁹⁴

South Asian adults do not have higher total cholesterol overall compared to white people, but they have lower levels of HDL ('good') cholesterol and higher levels of triglycerides (associated with poorer heart health).⁹⁵

Blood pressure

The prevalence of high blood pressure varies between South Asian ethnic groups.⁹⁶ There is evidence that for some South Asian ethnic groups (in particular, Indian ethnic groups), levels of high blood pressure are slightly higher than is seen in the white population. In other South Asian groups, levels of high blood pressure are moderately lower for Pakistani people and markedly lower for people from Bangladeshi ethnic groups. However, this pattern is not found in children - South Asian children have been found to have higher blood pressure compared to white children.⁹⁷ The proportion of people from Asian groups with controlled blood pressure (defined as mean systolic BP <140 mm Hg and diastolic BP <90 mm Hg, among people who reported previously being informed of a hypertension diagnosis by a health professional as well as use of antihypertensive medication) is higher (44.4%) than for white groups (38.0%) in the UK, although this is not statistically different when adjusted for factors such as age and sex.⁹⁸

Health behaviours

National data show that adults in Asian (8.3%) ethnic groups are less likely to smoke when compared with people of white ethnic groups (14.4%). Asian men (13.9%) are more likely to smoke compared with Asian women (2.9%) but less likely to smoke than white men (15.8%).

National survey data show that fewer Asian people (*in this research, the formal ethnic category used is 'Asian, excluding Chinese') have a 'physically active' lifestyle (defined as 150 minutes or more of activity per week) than any other ethnic group. The COVID-19 pandemic has had a negative impact on activity levels across all ethnic groups but has disproportionately affected Asian adults.

Asian women are less active (46%) than Asian men (50%) and have the lowest level of activity of all gender and ethnicity categories.⁹⁹

There is some evidence that physical activity levels may have increased from first to second generation South Asian people living in the UK.¹⁰⁰ Research suggests that there is variation in participation in vigorous physical activity for children from certain ethnic minority groups – children from mixed ethnicity groups spent more time doing vigorous exercise compared to white children, whilst Pakistani and Bangladeshi children on average performed less.¹⁰¹

Adults from South Asian ethnicities tend to have lower weight compared with white groups, but their risk from cardiovascular disease and diabetes increases at a lower body mass index.¹⁰² Weight distribution is also associated with cardiovascular disease risk and particularly fat around the waist increases the risk of cardiovascular disease and this weight distribution is known to be higher in South Asian people.¹⁰³

Data from the National Child Measurement Programme indicate that in 2020/21, the proportion of children in Reception year and Year 6 at school that were obese was higher than average for children from Asian groups.

People from Asian groups are less likely to consume alcohol to a hazardous, harmful or dependent level¹⁰⁴ and South Asian people are more likely to abstain from drinking alcohol.¹⁰⁵

Access to treatment

There is evidence that although incidence, morbidity and mortality rates from cardiovascular disease are higher for people of South Asian ethnicity, once people from South Asian ethnic groups have a diagnosis of coronary disease, they have better outcomes compared to white people. Therefore, it has been suggested that to address inequalities for South Asian groups, efforts should focus on stopping cardiovascular disease developing in the first place, i.e., primary prevention.¹⁰⁶ However, people from Pakistani, Indian, and Bangladeshi groups also report a poorer experience of using health care services.¹⁰⁷ There is some evidence of variation in the management of cardiovascular disease risk specifically for people from ethnic minorities with diabetes - analysis of GP records from selected practices in UK suggested that people of South Asian ethnicity with type 2 diabetes were 9% less likely to receive a statin compared with European* people, where guidelines indicated they should be prescribed.¹⁰⁸

3.2.2 Black ethnic groups

People from black ethnic groups tend to have a lower risk of heart disease but are more likely to have, and die from, high blood pressure and stroke than other ethnic groups.

They are also more likely to have a stroke at a younger age than white groups.¹⁰⁹ Black men develop cardiovascular disease, on average, five years earlier than white men (62.8 years vs. 68.2) and black women develop cardiovascular disease an average of around 13 years earlier (61.4 years vs. 74.2).¹¹⁰

Inequalities in clinical/biological risk factors

High BP (blood pressure)

Prevalence of high blood pressure in black people in the UK may be up to three or four times higher than in white people.¹¹¹

There is evidence that blood pressure is less likely to be controlled⁴ in black groups compared to all other ethnic minorities (e.g., 35.7% of all hypertensive patients controlled to target vs. 38.0% white groups) and this difference was statistically significant after adjustment for age, sex, and other factors.¹¹²

Diabetes

People from black ethnic groups are up to three times more likely to develop diabetes and have a higher risk of dying from diabetes compared with the white population.¹¹³

Obesity levels are higher in black groups¹¹⁵ and the risk of diabetes increases at a lower body mass index.¹¹⁶ Obesity (defined as a BMI of 30.0 kg/m² or above) is associated with an increased risk of developing diabetes. For black ethnic groups the risk of diabetes increases at a lower BMI. The same risk of developing type 2 diabetes as is found in white populations at a BMI of 30kg/m² or over is found at the lower BMI of 28.1kg/m² for black populations.¹¹⁷

People of African Caribbean heritage have lower cholesterol levels than Europeans*,¹¹⁸ higher levels of HDL ('good') cholesterol and lower levels of triglycerides than white people.¹¹⁹

Health behaviours

National data show that adults in black (9.6%) ethnic groups are less likely to smoke when compared with people of white ethnic groups (14.4%). Black men (13.0%) are more likely to smoke than black women (7.0%) but less likely to smoke than white men (15.8%).

Data from the National Child Measurement Programme indicate that in 2020/21, the proportion of children in Reception year and Year 6 at school that were obese was higher than average for children from black ethnic groups.

People from black ethnic groups are less likely to consume alcohol to a hazardous, harmful or dependent level.¹²⁰

Access to treatment

Black populations tend to have lower than expected rates of healthcare use.¹²¹

Analysis of GP records from selected practices in UK suggested that people of African/African Caribbean ethnicity with type 2 diabetes were 24% less likely to receive a statin compared with European people where guidelines indicated they should be prescribed.¹²²

3.2.3 Social and economic factors

Some ethnic groups are more likely to live in more deprived areas and it is likely that this is an important part of a complex relationship between biological, environmental and behavioural factors driving the increased risk of cardiovascular disease in some groups. For example, more ethnically diverse areas are more likely to have higher levels of air pollution.¹²³

In addition, experiences of structural racism are known to affect health and may play a role through other mechanisms, for example racial discrimination has been associated with increased stress at work¹²⁴ and stress at work has been associated with an increased risk of cardiovascular disease.

3.3 Differences by gender

Men are more likely to have cardiovascular disease than women and more likely to die from cardiovascular disease.¹²⁵

One in eight men and one in 15 women die from coronary heart disease.¹²⁶

In the years before the pandemic cardiovascular disease was the leading cause of death in men.¹²⁷

3.3.1 Inequalities in biological/clinical risk factors

Women have a lower risk of cardiovascular disease than men. However hormonal changes associated with the menopause lead to a decrease in the production of a hormone that is protective against heart disease and the risk of cardiovascular disease increases in women after the menopause. This risk increases in women that have an early menopause before the age of 40.¹²⁸

Before the age of 65, women have a lower risk of high blood pressure but this risk reverses after the age of 65.¹²⁹

Men aged 25-54 are twice as likely to have diabetes as women the same age.¹³⁰

Certain pregnancy complications are associated with an increased future risk of cardiovascular disease for the mother – these include pre-eclampsia, pregnancy induced high blood pressure and gestational diabetes (the latter likely because of the increased risk of type 2 diabetes).¹³¹

3.3.2 Health behaviours

Men are more likely to smoke than women.¹³²

Men are slightly more likely than women (62.3% vs 59.8%) to be physically active.¹³³ Women are slightly more likely to be inactive (27.8% vs. 26.8%) than men.¹³⁴

Physical activity levels decreased during the pandemic for both men and women but as men's activity levels have seen a partial recovery, women's activity levels have remained consistently lower and may require more support to return to previous levels.¹³⁵

A greater proportion of men (41% vs. 30%) are overweight compared to women, but a higher proportion of women (29% vs 26%) are obese compared to men in England.¹³⁶

Being overweight or obese increases the risk of developing high blood pressure – for men this increases the risk by three times and for women by four times.¹³⁷

Men are more likely to consume more than twice the daily limit of alcohol than women.¹³⁸ Alcohol dependence is more common in men (6%) than in women (2%) in England.¹³⁹

3.3.3 Access to treatment

International evidence shows that women are less likely to correctly identify the symptoms of a heart attack, that they are slower to seek treatment, that they are 50% more likely to receive the wrong initial diagnosis and that when a heart attack is diagnosed, they received unequal care.¹⁴⁰ Prompt treatment is critical to reduce complications and damage after a heart attack.



3.4 People with severe mental illness

People with a severe mental illness (schizophrenia, bipolar disorder, and major depressive disorder) have more than a 50% higher risk of having cardiovascular disease and an 85% higher chance of dying from cardiovascular disease compared with people of similar age.¹⁴¹

People with SMI are more likely to develop cardiovascular disease at an earlier age.¹⁴² Certain risk factors for cardiovascular disease are more common in people with SMI, such as smoking and alcohol consumption.¹⁴³ In addition, obesity and diabetes are more common and some (but not all) of this association may be explained by metabolic effects of some medication.¹⁴⁴

3.5 People with learning disabilities

Some evidence suggests that people with learning disabilities may be at higher risk of cardiovascular disease and of developing cardiovascular disease earlier but the risk by type of cardiovascular disease varies. Rates of heart disease may be lower for people with learning disabilities, but the risk of heart failure, stroke and TIA are higher. Activity levels may be lower and obesity levels higher for this population.¹⁴⁵

4. The Buckinghamshire Picture

Cardiovascular disease is a significant cause of ill health and death in Buckinghamshire and is the largest contributor to the gap in life expectancy between the most and least deprived areas in Buckinghamshire.

Men born today in the least deprived area of Buckinghamshire can expect to live for 6.5 years longer than men born in the most deprived areas.¹⁴⁶ For women, the gap in life expectancy is 6.4 years.

Cardiovascular diseases (called circulatory diseases in the chart on the next page) explain a quarter (24.6%) of the gap in life expectancy between men living in the most deprived fifth (quintile) of areas of Buckinghamshire and those living in the least deprived fifth (Segment Tool Update 2017-19 - OHID South East).

For women, cardiovascular diseases explain 20.5% of the gap in life expectancy between the most deprived fifth compare with the least deprived fifth.



The chart below shows the breakdown of the life expectancy gap in Buckinghamshire by cause of death 2017-19 (see Figure 3).

During the pandemic COVID was a significant contributor to the gap in life expectancy but cardiovascular disease remained very important (see Figure 4).

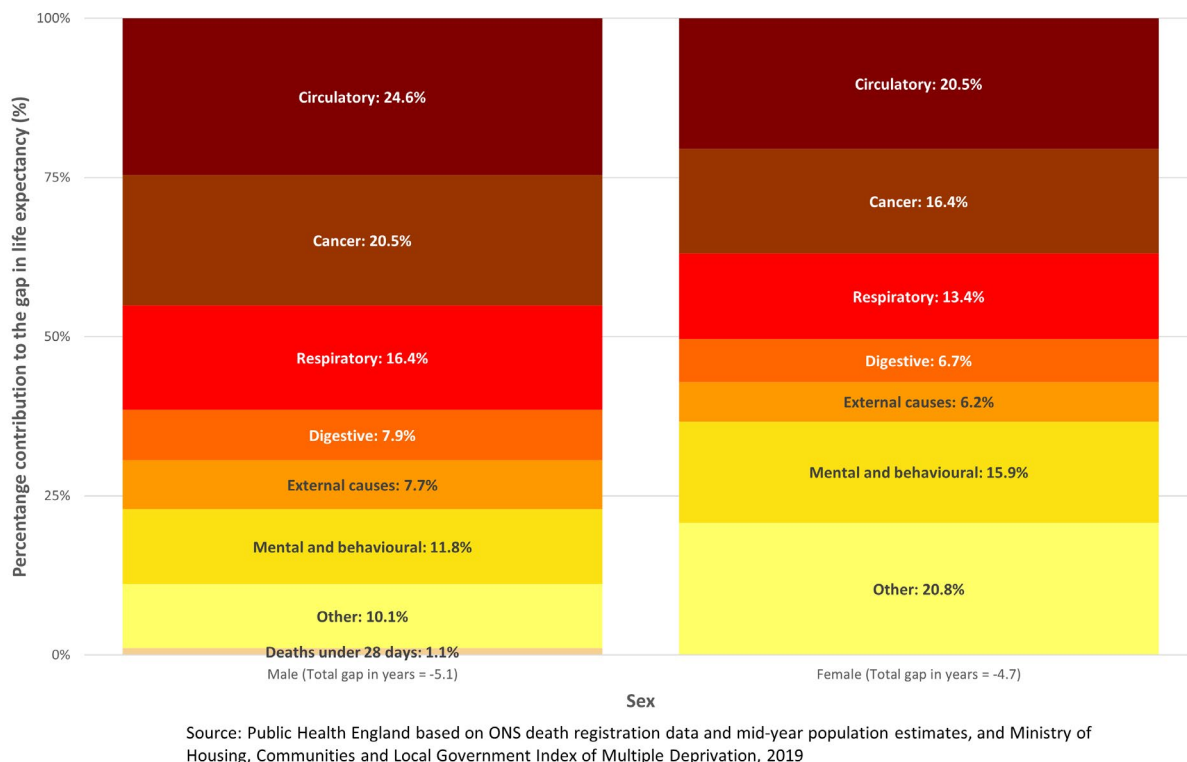


Figure 3: Chart showing the breakdown of life expectancy gap between the most deprived and least deprived quintiles of Buckinghamshire by broad cause of death for 2017 to 2019.

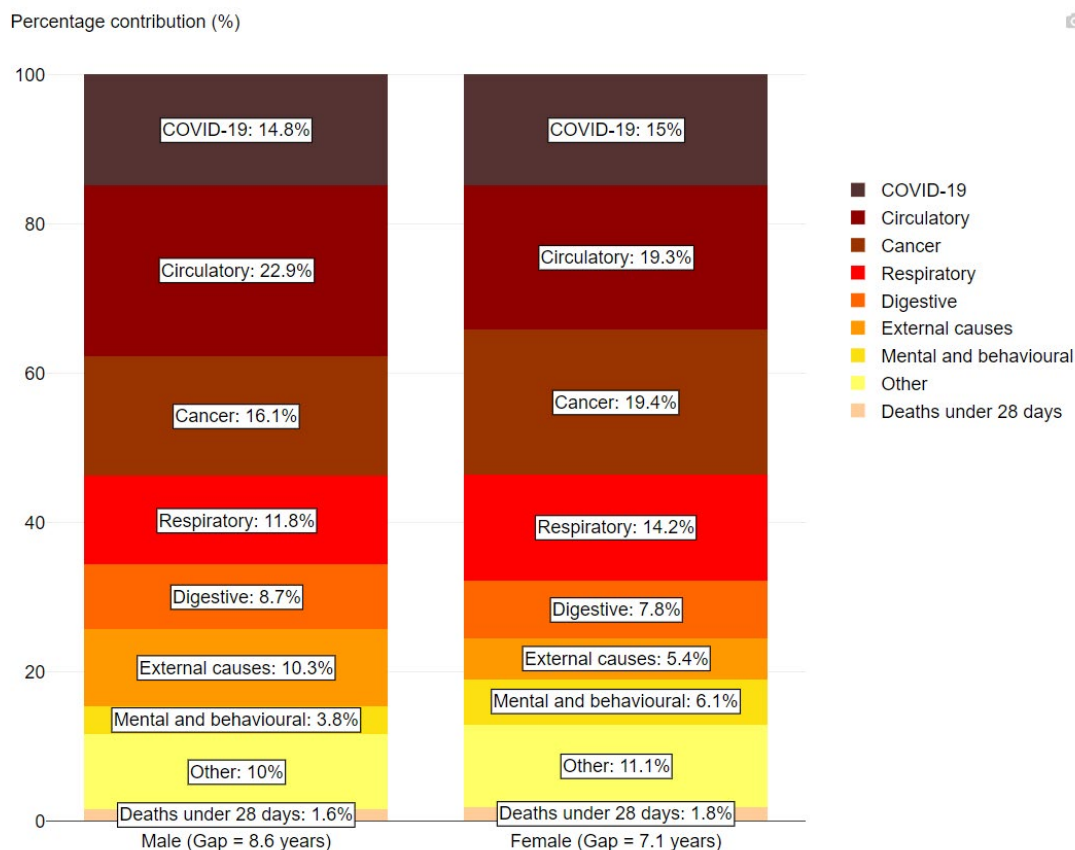


Figure 4: Chart showing the breakdown of life expectancy gap between the most deprived and least deprived quintiles of Buckinghamshire by broad cause of death for 2020 to 2021 (provisional).

4.1 Prevalence of conditions recorded in primary care

Local primary care data are available as a snapshot taken in April 2022 for adults aged 18 and over resident in Buckinghamshire who are also registered with a Buckinghamshire CCG practice (424,446 individuals). Data from some nationally published sources refer to earlier time periods and have also been included to allow comparison with the national average.

4.1.1 Smoking

Smoking status has been recorded in primary care for 86.5% of Buckinghamshire adults. 13.7% (50,358) adults are identified as a current smoker, with a further 24.4% (89,503) being

ex-smokers. Nationally, data from the Annual Population Survey estimate that 13.5% of adults (aged 18 and over) were current smokers in 2019 (due to methodological changes during the pandemic, the latest year of comparable data for the Annual Population Survey is for 2019). The most recent data available for Buckinghamshire is 2018. The prevalence of smoking is falling – it has fallen at a similar pace in Buckinghamshire (a 31% fall between 2011 and 2018) to nationally (a 27% fall over the same period).

The prevalence of current smoking is 2.7 times higher in the most deprived quintile than the least deprived and rises with deprivation from 8.1% in the least deprived quintile to 21.8% in the most deprived quintile in Buckinghamshire.

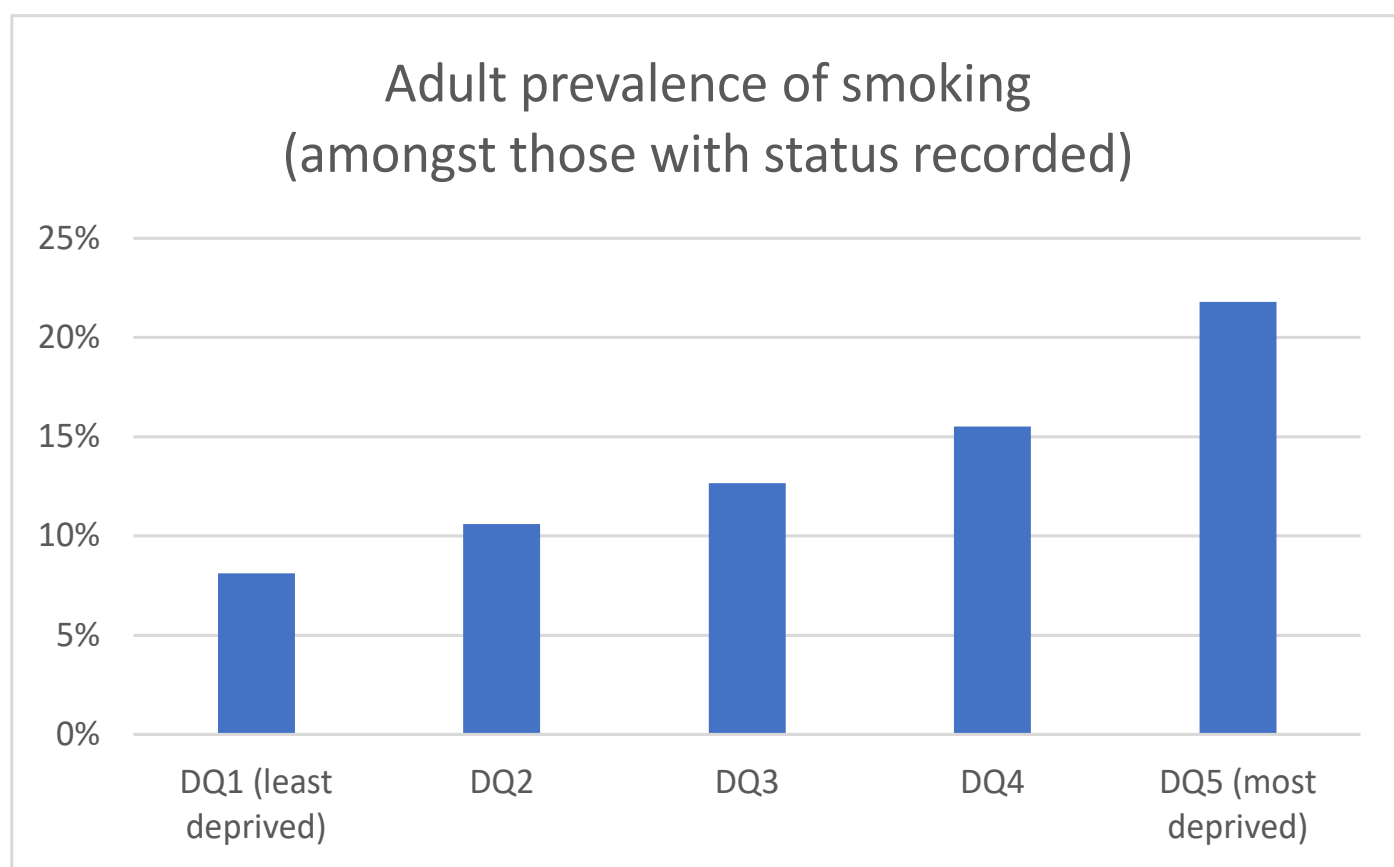


Figure 5: Adult prevalence of smoking by deprivation quintile for Buckinghamshire.

4.1.2 Diabetes

Local primary care data show that 6.0% (25,287) of Buckinghamshire adults aged 18 and over have a recorded diagnosis of diabetes. Buckinghamshire has a lower prevalence of recorded diabetes than nationally in the Quality and Outcomes Framework (QOF) data for 2020/21: the prevalence in adults aged 17 and over was 6.3% in Buckinghamshire compared to 7.1% nationally. The QOF prevalence of diabetes is rising – it has risen at a similar rate in Buckinghamshire (a 16% rise between 2012/13 and 2020/21) to nationally (18% over the same period). The prevalence of diabetes is 1.6 times higher in the most deprived quintile

than the least deprived quintile, rising with each deprivation quintile from 4.8% in the least deprived quintile to 7.5% in the most deprived.

Not all cases of diabetes present in the population will be detected and recorded. The prevalence of diabetes (both diagnosed and undiagnosed) for Buckinghamshire local authority was estimated to be 8.4% (for adults aged 16 and over) in 2020. This figure is 2.4 percentage points higher than the primary care recorded prevalence, which could equate to an additional 10,000 adults with unrecorded or undiagnosed diabetes who therefore may not be receiving treatment.

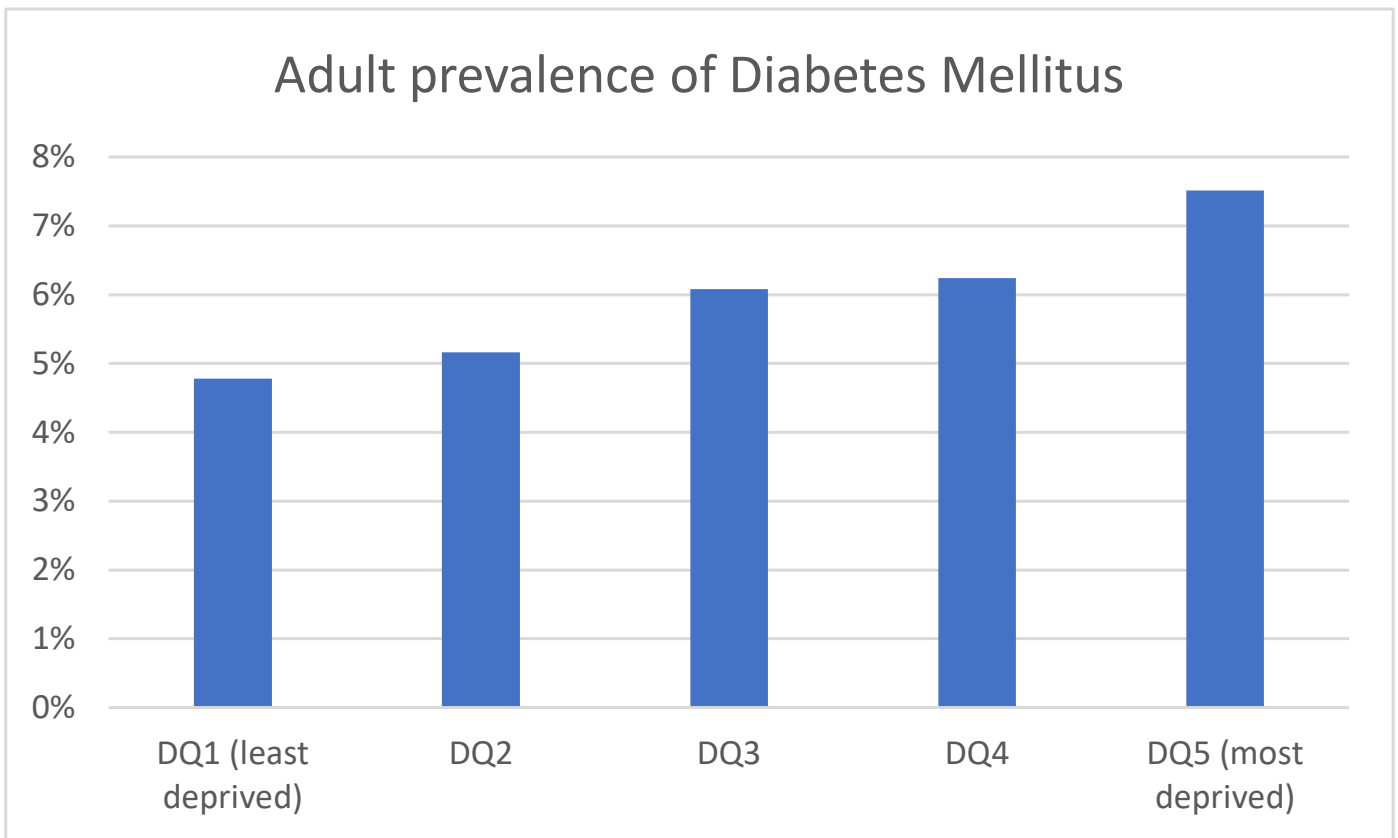


Figure 6: Adult prevalence of diabetes mellitus by deprivation quintile for Buckinghamshire.

4.1.3 Hypertension (high blood pressure)

Local primary care data show that 15.9% (67,280) of Buckinghamshire adults have a diagnosis of high blood pressure. Buckinghamshire has a higher prevalence of recorded hypertension than the national average. This may be due to better detection or recording. The QOF prevalence of high blood pressure is rising, and it is rising faster in Buckinghamshire (8% between 2012/13 and 2020/21) than nationally (2% over the same period), such that it overtook the national level in 2019/20.

Not all cases of high blood pressure present in the population will be detected and recorded. Public Health England estimated that 26.9% of Buckinghamshire adults had high blood pressure in 2017. This figure is 11 percentage points higher than the primary care recorded prevalence, which could equate to an additional 47,000 adults with unrecorded or undiagnosed high blood pressure in Buckinghamshire.

4.1.4 Coronary heart disease

Local primary care data show that 3.4% (14,220) of Buckinghamshire adults have coronary heart disease (CHD). Buckinghamshire has a similar prevalence of coronary heart disease to the national average – in the QOF 2020/21 the prevalence was 2.9% in Buckinghamshire compared to 3.0% nationally. Although the QOF prevalence of coronary heart disease has been falling, it has not fallen as quickly in Buckinghamshire (a 2% fall between 2012/13 and 2020/21) as it has done nationally (9% fall over the same period).

4.1.5 Stroke/transient ischaemic attack

Local primary care data show that 1.9% (7,877) of Buckinghamshire adults have a history of stroke or transient ischaemic attack (TIA). Buckinghamshire has a similar prevalence of stroke to the national average – in the QOF 2020/21 the all-age prevalence was 1.7% in Buckinghamshire compared to 1.8% nationally. The QOF prevalence of stroke is rising and it is

rising faster in Buckinghamshire (9% between 2012/13 and 2020/21) than nationally (6% over the same period).

The prevalence of high blood pressure, coronary heart disease and stroke/transient ischaemic attack do not show a clear relationship between deprivation and prevalence. This could be partly due to the younger age profile of the more deprived areas as these conditions are more commonly found in older age groups and these primary care datasets do not take the age of the practice population into account. Alternatively, this could potentially reflect under-recording or under-detection especially of high blood pressure as this often has no symptoms.

4.2 Gender differences in cardiovascular conditions recorded in primary care

The prevalence of coronary heart disease is over twice as high in men (4.7%) than in women (2.0%). For all risk factors analysed the prevalence is greater in men than in women – most notably smoking being 1.6 times higher in men (of those with a status recorded) and diabetes 1.4 times higher. However, high blood pressure is only recorded as being 6% higher in men than in women. Given the knowledge that high blood pressure is a key driver of cardiovascular disease, this could represent under recording, and therefore undertreatment, in men.



4.3 Hospital admissions and trends

The rate of emergency admissions for cardiovascular disease in Buckinghamshire has been 25% lower than England between 2010/11 and 2020/21. Over this period there has been a 7% rise in emergency admissions in Buckinghamshire, compared to a 2% fall nationally (the latter being predominantly driven by a fall during the pandemic).

The rise in emergency admissions appears to be driven by heart conditions (a 34% rise in heart failure and a 15% rise in heart attacks and angina), with the rate of admissions for stroke/transient ischaemic attack falling

by 20% between 2010/11 and 2020/21 in Buckinghamshire. These are all more pronounced than the national trends which have seen a 12% rise in heart failure, a 15% fall in heart attacks and angina and a 13% fall in stroke/TIA.

Despite the much lower death rates and emergency admission rates for cardiovascular disease, the rate of planned admissions for cardiovascular diseases in Buckinghamshire has been higher than the national average in recent years. Pre-pandemic the rate of planned admissions was falling faster nationally than locally (28% nationally versus 15% locally between 2011/12 and 2019/20), but during the pandemic the planned admission rates have fallen similarly (35% nationally and 36% locally).

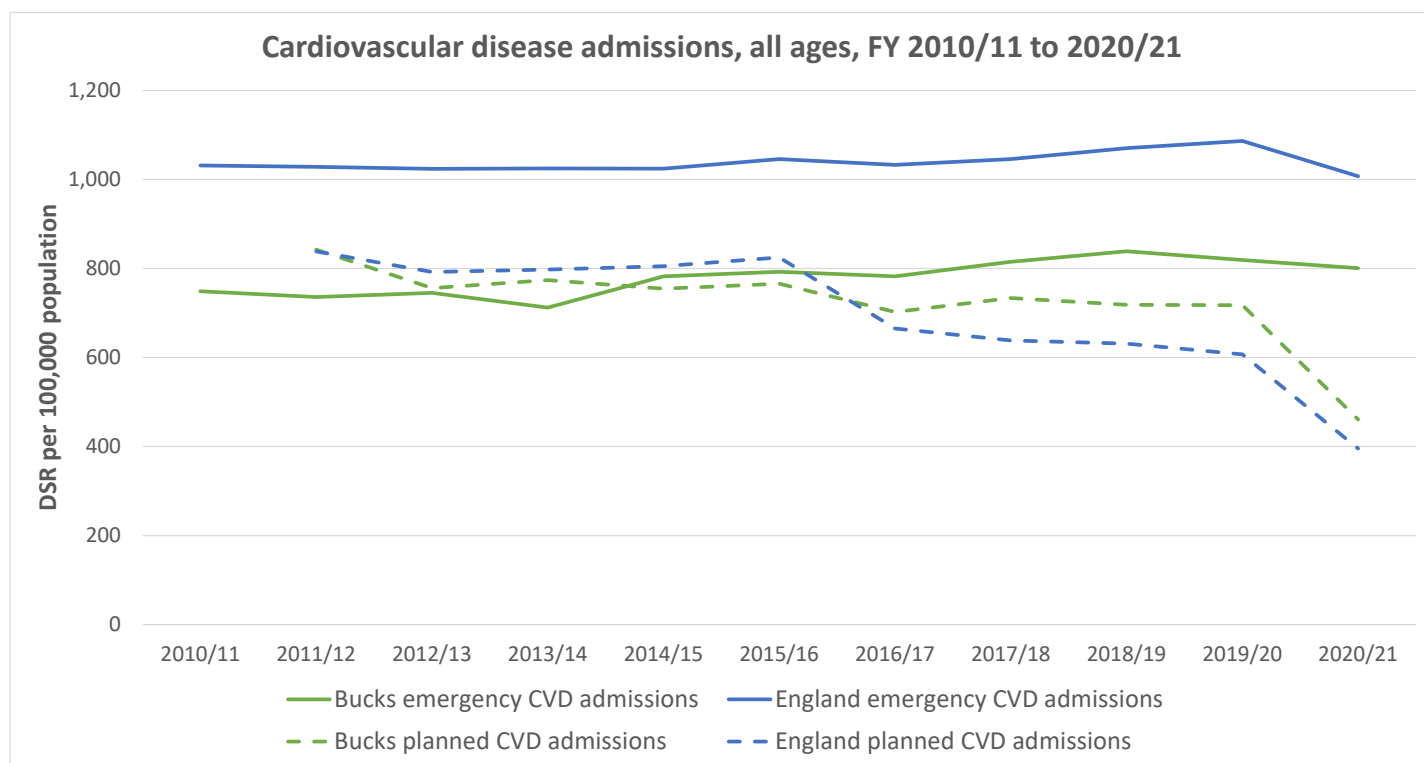


Figure 7: Cardiovascular disease admission rates (emergency and planned) for Buckinghamshire and England, from 2010/11 to 2020/21.

The rate of emergency admissions for cardiovascular diseases is consistently higher in more deprived areas than in less deprived areas within Buckinghamshire – between 2011/12 and 2020/21 it was on average 1.6 times higher in the most deprived than the least deprived quintile. Acute myocardial infarction/angina and heart failure are both 1.9 times higher and stroke is 1.7 times higher in the most deprived than the least deprived quintile between 2011/12 and 2020/21.

For most of the cardiovascular conditions analysed, the gap between the least and most deprived areas in Buckinghamshire has remained similar over the past 10 years. However, the gap in admission rates between deprivation quintiles has widened for stroke and

transient ischaemic attack. The admission rate for stroke/transient ischaemic attack is now 1.9 times higher in the most deprived than the least deprived quintile, compared to an average of 1.7 times higher over the last ten years.

The rate of planned cardiovascular disease admissions was on average 1.2 times higher in the most deprived than the least deprived quintile between 2011/12 and 2020/21. This is despite emergency cardiovascular disease admission rates being 1.6 times higher, all-age cardiovascular disease death rates being 1.5 times higher and premature cardiovascular disease death rates being 2.6 times higher in the most deprived compared to the least deprived quintile in Buckinghamshire. The reasons for this need to be explored.

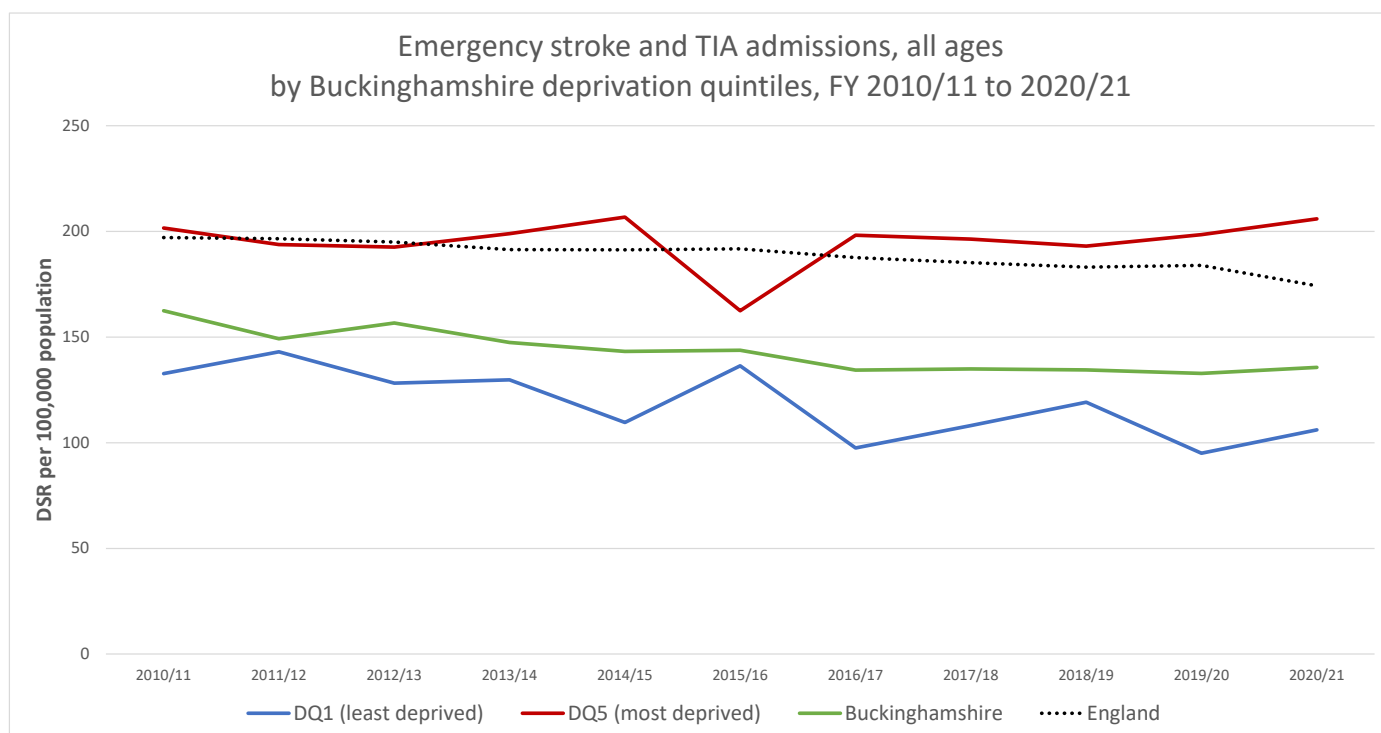


Figure 8: Emergency Stroke and Transient Ischaemic attack admission rates for the most and least deprived quintiles in Buckinghamshire from 2010/11 to 2020/21.

4.3.1 Gender

The rate of emergency admissions for cardiovascular diseases is consistently significantly higher in men than in women – averaging at 1.6 times higher in men in Buckinghamshire which is similar to the national picture. For both men and women rates of cardiovascular disease emergency admissions are lower in Buckinghamshire than nationally.

However, despite having lower emergency admission rates than the national average, Buckinghamshire men have had a 13% higher rate of planned admissions for cardiovascular disease in Buckinghamshire than the national average in 2020/21. Buckinghamshire women have generally lower or similar rates of planned admissions than the national average. During this time the rate of planned admissions in men has been 2.6 times higher than in women in Buckinghamshire in 2020/21.

4.3.2 By community board

The rates of emergency cardiovascular admissions over the three years pre-pandemic (2017/18 to 2019/20) were highest for High Wycombe, Aylesbury and Beeches Community Boards at 1016, 988 and 943 per 100,000 per year – all statistically significantly higher than the Buckinghamshire average of 824 per 100,000 per year.

High Wycombe also has the highest rate of elective cardiovascular disease admissions over the three years pre-pandemic (2017/18 to 2019/20) at 869 per 100,000 per year compared to a Buckinghamshire average of 723 per 100,000. However, during the pandemic the rate of elective cardiovascular disease admissions fell more for High Wycombe to below the Buckinghamshire average during 2020/21 (457 versus 461 per 100,000).

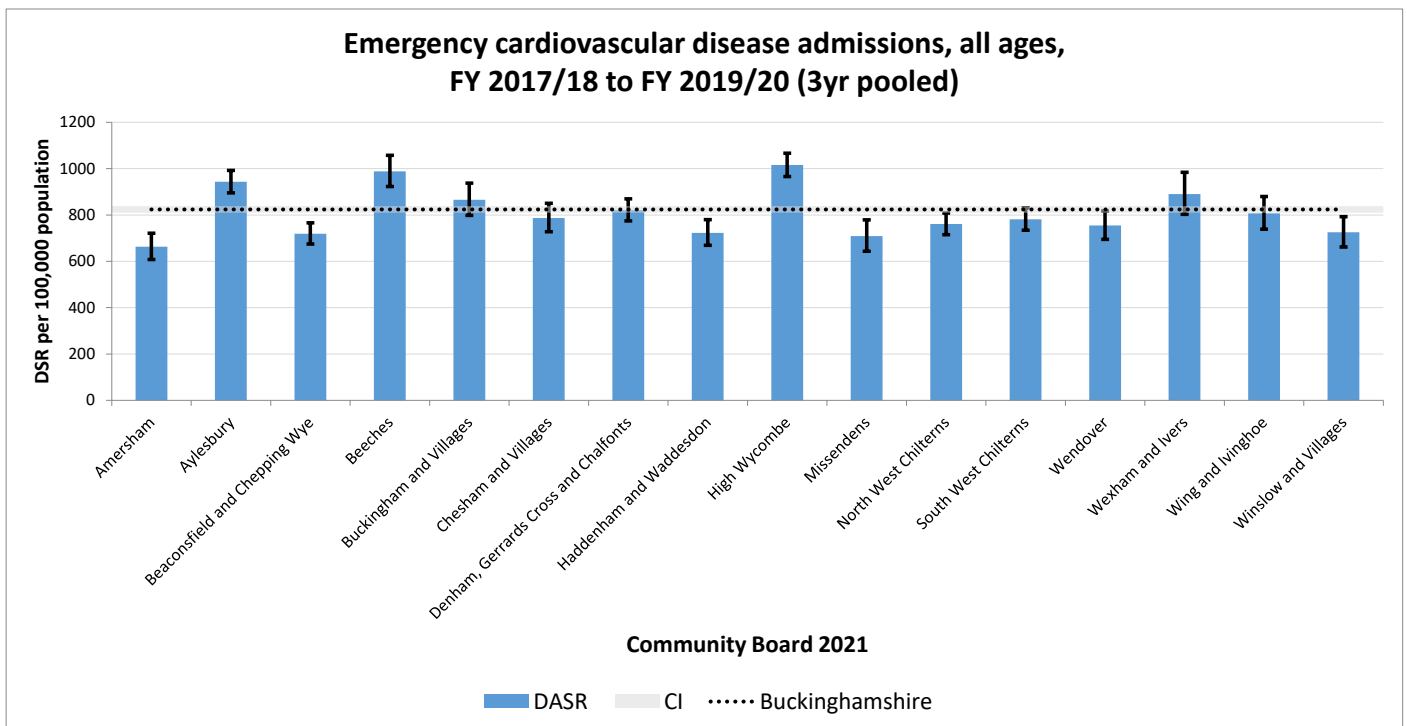


Figure 9: Emergency cardiovascular disease admission rates for Buckinghamshire's Community Boards from 2017/18 to 2019/20.

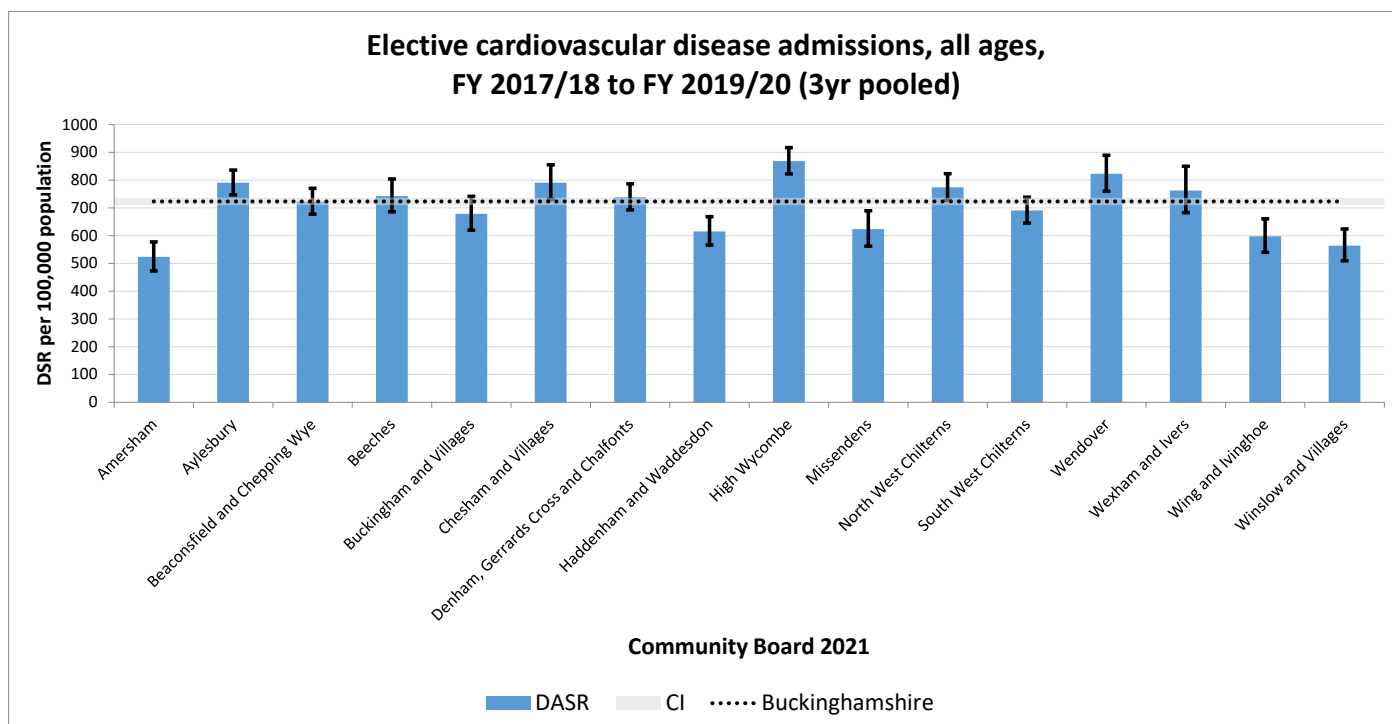


Figure 10: Elective cardiovascular disease admission rates for Buckinghamshire's Community Boards from 2017/18 to 2019/20.

4.4 Death rates and trends

There were 1,070 deaths of all ages due to cardiovascular disease in 2020 and cardiovascular disease accounted for over one in five of all deaths in Buckinghamshire.

More than one in five deaths from cardiovascular disease occurred in people under 75 years of age in 2020.

The all-age death rate due to cardiovascular disease in Buckinghamshire is 17% lower and the premature cardiovascular disease death rate is 29% lower than the national average in 2020.

The all-age death rates from cardiovascular disease fell by more than half (57% reduction)

between 2001 and 2019. The reduction in cardiovascular disease death rates has accounted for the majority (69%) of the fall in all cause all age death rates in Buckinghamshire over this period. Premature mortality due to cardiovascular disease has also more than halved, with a 58% reduction between 2001 and 2019.

However, provisional data reveal the downward trend in deaths from cardiovascular disease reversed in Buckinghamshire during the pandemic, with a 10% increase in all age cardiovascular disease mortality between 2020 and 2021 – the largest year-on-year increase in both relative and absolute terms since comparable data started being published in 2001. The increase in premature deaths from cardiovascular disease has shown an even greater increase with a 22% rise in premature cardiovascular disease death rates between 2020 and 2021.

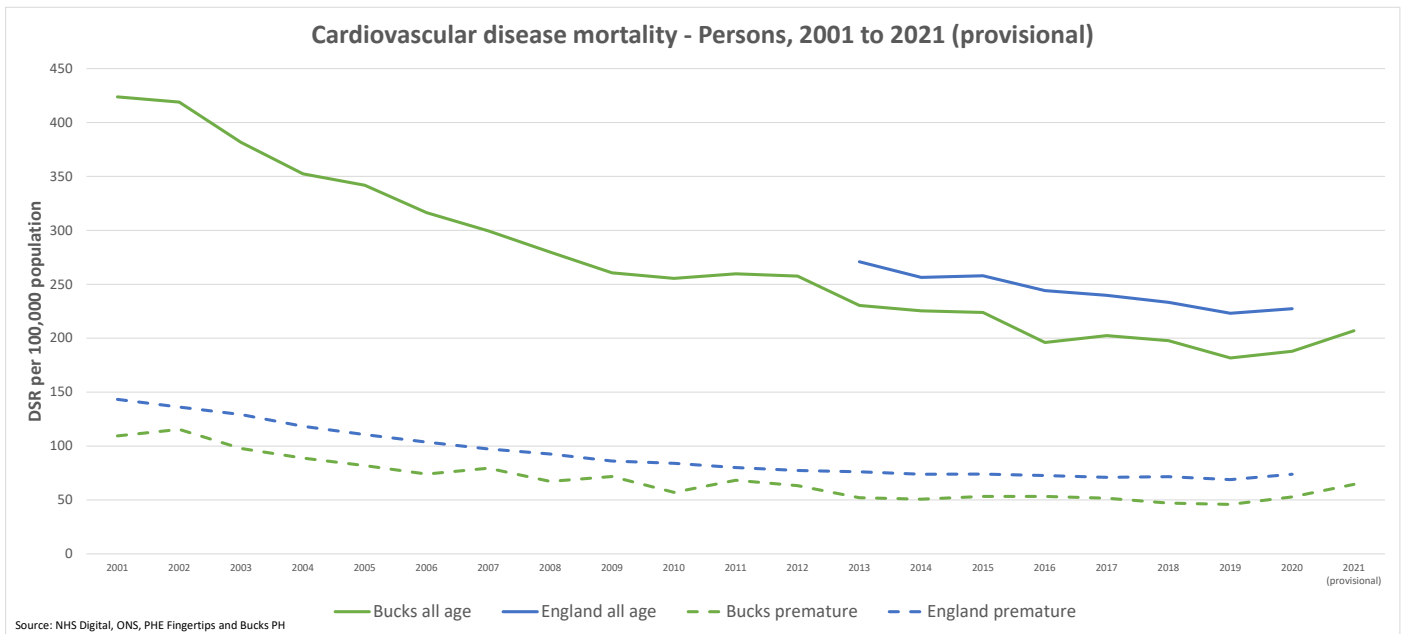


Figure 11: Premature and all age death rates from cardiovascular disease for Buckinghamshire and England, from 2001 to 2021.

On average over at least the last 20 years (2001-2021) all-age death rate due to cardiovascular disease has been 1.5 times higher in the most deprived than in the least deprived quintile, and the premature death rate 2.5 times higher in the most deprived than in the least deprived

quintile. Provisional data (2020 to 2021) reveal greater increases in cardiovascular disease mortality in the most deprived quintile (23% all age increase) than in the least deprived quintile (7% all age increase).

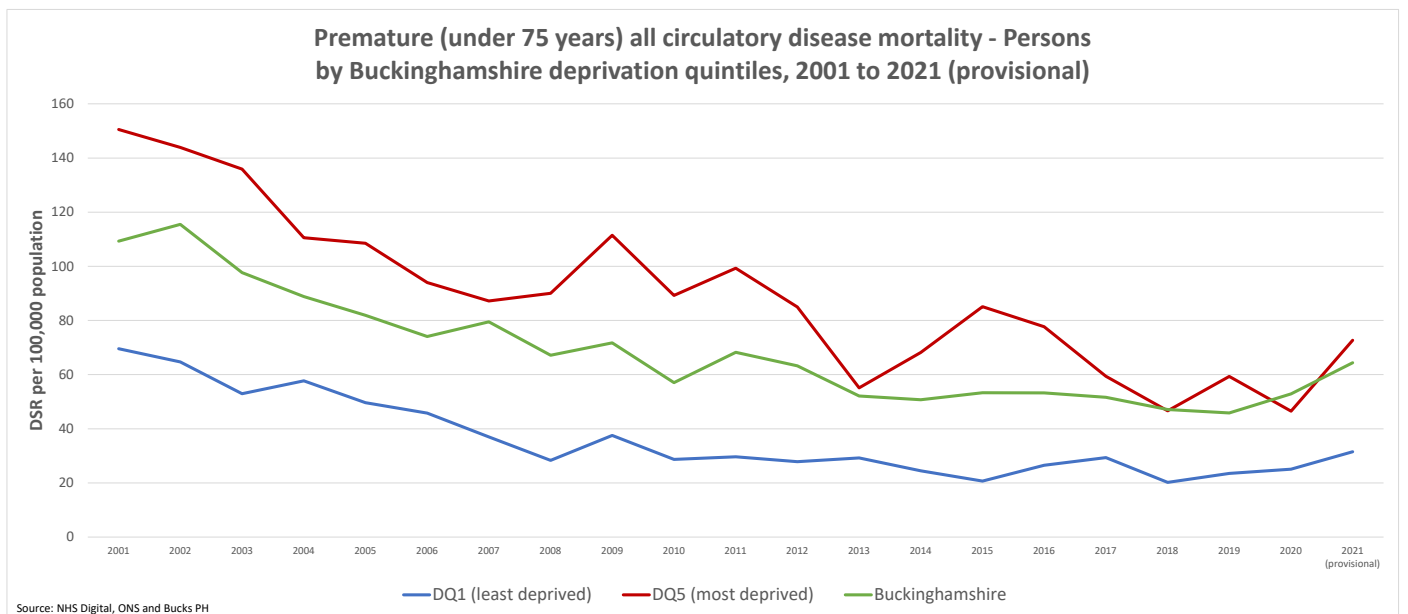


Figure 12: Premature death rates due to cardiovascular disease for Buckinghamshire for the most and least deprived quintiles, from 2001 to 2021.

4.4.1 Differences by gender

Both all-age mortality rate and premature mortality rate due to cardiovascular disease have been consistently significantly higher in men than in women over the last 20 years – on average the all-age rate in men has been 1.5 times higher than in women and the premature death rate has been 2.3 times higher in men than in women (2001 to 2019). Pre-pandemic the cardiovascular disease all-age and premature

mortality rates fell by similar proportions in both men and women (men 59% and 59%, women 56% and 55%).

However, over the last two years (2019-2021) mortality rates have risen more in men than in women. The male all-age cardiovascular disease mortality rate has risen by 24%, and the premature mortality by 53%. In women, the all-age mortality rate has risen by 3% and the premature mortality by 15%.

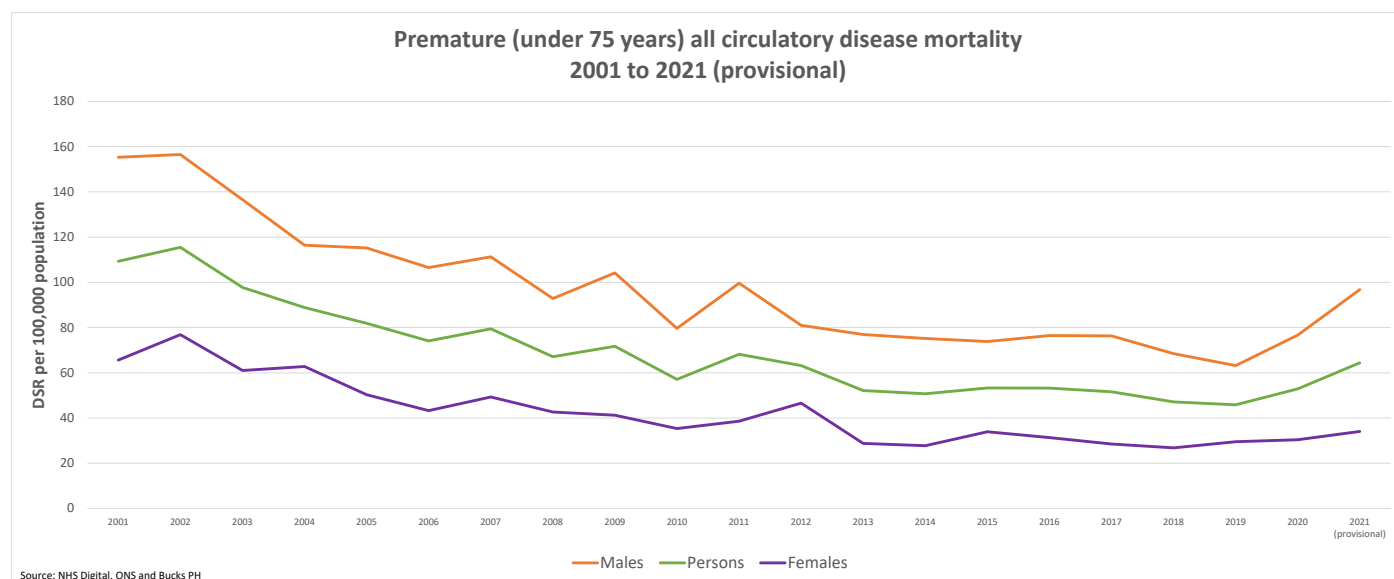


Figure 13: Premature mortality rate due to cardiovascular disease for Buckinghamshire by gender, from 2001 to 2021 (provisional).

4.5 Differences by ethnic group

4.5.1 Conditions recorded in primary care

Ethnicity is recorded for 82% of all Buckinghamshire adults in Buckinghamshire CCG. 80% of current smokers, 89% of patients with a diagnosis of high blood pressure and 91% of patients with either diabetes, coronary heart disease or stroke/TIA have their ethnicity recorded.

The three ethnic groups with the highest prevalence of coronary heart disease are

Pakistani (4.7%), white British (4.1%) and 'Other' ethnicity (3.3%). The three ethnic groups with the highest prevalence of stroke/TIA are white British (2.4%), Other (1.8%) and Pakistani (1.6%).

It appears that different risk factors may be at play for these ethnic groups. For example, the Pakistani population have the highest prevalence of diabetes (14%), but below average prevalence of recorded high blood pressure (12%). In comparison, the white British population has the highest recorded prevalence of high blood pressure (19%), but below average diabetes (6%). Overall, the prevalence of coronary heart disease is recorded as being highest in the Pakistani (4.7%) and white British (4.1%) ethnicities. Stroke/TIA is highest in the white British (2.4%) ethnicity.

	Population size	Smoking	Hypertension	Diabetes	CHD	Stroke
White - British	240895	13%	19%	6%	4%	2%
White - Other	44120	18%	13%	4%	3%	1%
Asian - Pakistani	16963	13%	12%	14%	5%	2%
Asian - Indian	12927	5%	12%	9%	3%	1%
Asian - Other	9320	9%	13%	9%	3%	1%
Other	7823	15%	16%	7%	3%	2%
Black	5931	14%	18%	10%	2%	1%
Mixed	8729	18%	10%	7%	2%	1%

Table 1: Primary care recorded cardiovascular disease risk factors and conditions in Buckinghamshire, by ethnic group.

The prevalence of coronary heart disease is lowest in black groups (1.7%) and people from the mixed ethnic group (1.9%). However, these data do not take age into account so given that these are conditions increase with age some of the difference may be explained by differences in the age of these ethnic groups.

4.5.2 Admissions and trends

To enable sufficient numbers for analysis, three years of admissions data have been pooled (2018/19 to 2020/21).

Ethnicity was known for 84% of emergency cardiovascular disease admissions during this period. For emergency cardiovascular disease admissions when an ethnicity was recorded, 84% in Buckinghamshire were white British, which is in line with 81% of the population being listed as white British in Buckinghamshire at the last Census in 2011.

Ethnicity was known for a lower proportion of elective cardiovascular disease admissions at 76%, compared to 84% for emergency cardiovascular disease admissions. The proportion of cardiovascular disease admissions being for white British patients (of those with an ethnicity recorded) was 85%. We are awaiting more recent data from the 2021 census to update our analysis comparing admission rates for different ethnic groups. There appears to be over-recording of individuals having 'Other' ethnicity in Buckinghamshire hospital data. 2% of emergency cardiovascular disease admissions and 1.6% of elective cardiovascular disease admissions were recorded as being for

patients of 'Other' ethnicity in comparison to representing 0.5% of the population at the last Census.

Conversely, there appears to be under-recording of individuals having 'Mixed' ethnicity in Buckinghamshire hospital data. 0.5% of emergency cardiovascular disease admissions and 0.6% of elective cardiovascular disease admissions were recorded as being for patients of 'Mixed' ethnicity in comparison to representing 2.4% of the population at the last Census. This could suggest that some individuals who are recorded on the Census as being of Mixed ethnicity are being recorded as 'Other' ethnicity by acute NHS Trusts for Buckinghamshire residents.



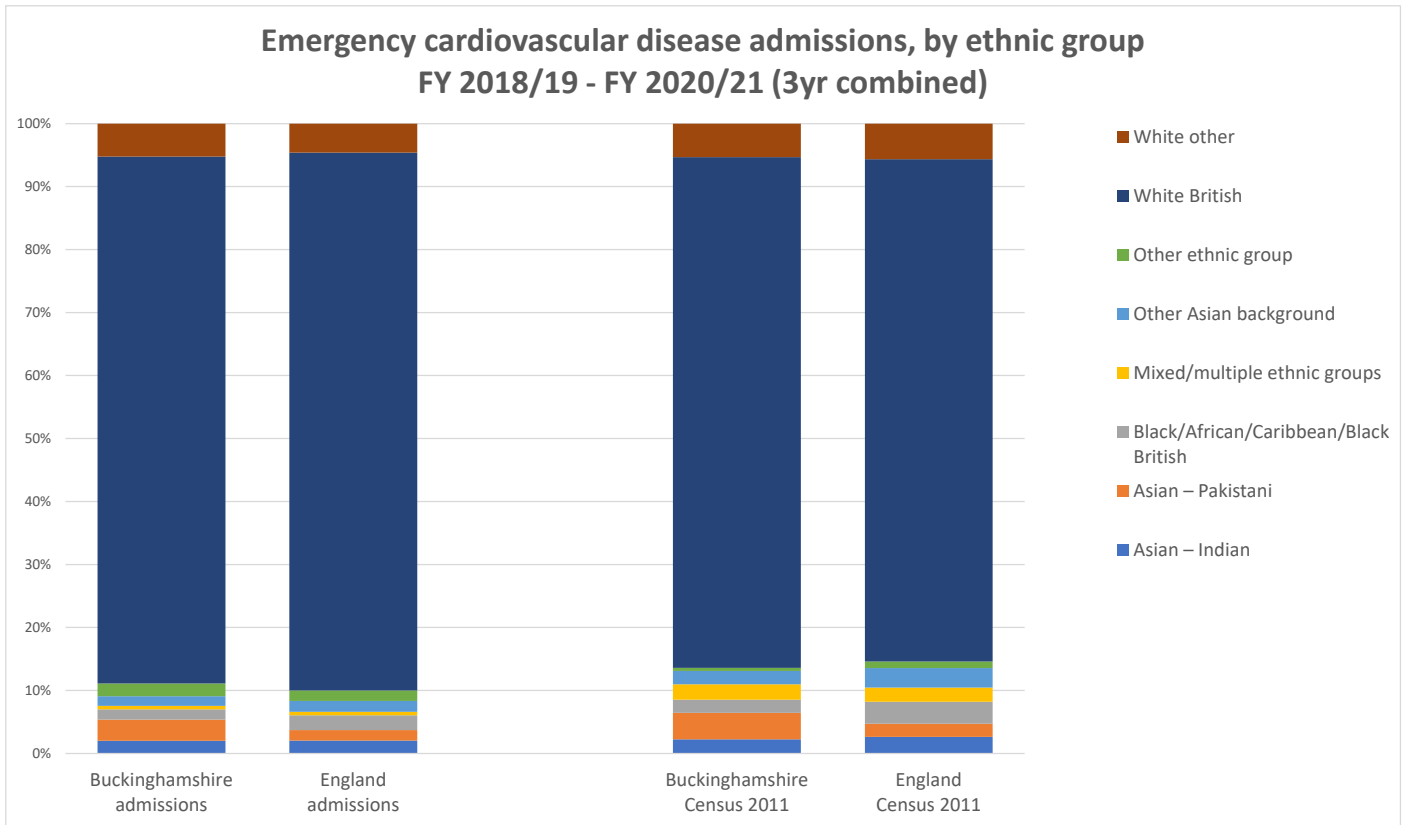


Figure 14: Proportion of Emergency cardiovascular disease admissions by ethnic group from 2018/19 to 2020/21 for Buckinghamshire and England.

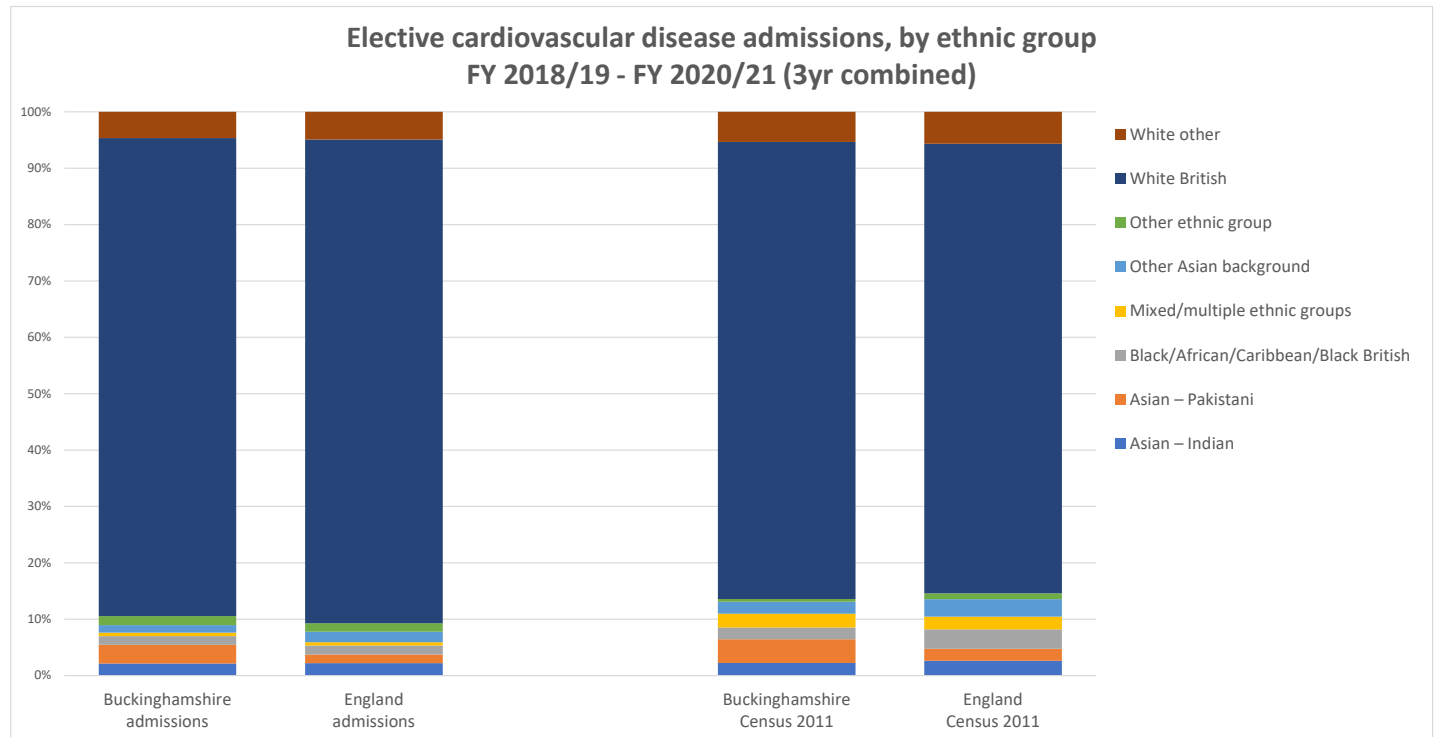


Figure 15: Proportion of Elective cardiovascular disease admissions by ethnic group from 2018/19 to 2020/21 for Buckinghamshire and England.

5. Summary and Recommendations

Cardiovascular disease is a major cause of ill health, disability and death in Buckinghamshire. It causes heart disease, strokes and the second commonest type of dementia. It is the major driver of the inequalities in death rates between people living in our most deprived and least deprived areas. Cardiovascular disease is also more common in our black and Asian populations and people with serious mental illness. Tackling cardiovascular disease and its risk factors is a top priority for reducing inequalities in health in Buckinghamshire and increasing life expectancy and healthy life expectancy.

The good news is that a sizeable proportion of cardiovascular disease can be prevented or delayed by tackling the risk factors identified in this report and ensuring uptake of effective treatments.



5.1 What should we do?

We need a renewed focus on preventing cardiovascular disease in Buckinghamshire. This needs to address the key social, economic and environmental risk factors for cardiovascular disease, alongside the behavioural and clinical risk factors to keep our residents healthy and narrow inequalities. Tackling the key risk factors will also improve health in a variety of other ways, including reducing the risk of cancer, diabetes, dementia, musculoskeletal problems and poor mental health, and produce many other societal and economic benefits, making Buckinghamshire an even better place to live.

To tackle cardiovascular disease and reduce inequalities in illness and premature death in Buckinghamshire we need a multilevel approach that addresses risks at the individual, community and Buckinghamshire-wide level that will impact over the short, medium and long term.

We need to work together with partners and communities across Buckinghamshire to:

1. Act on the broader determinants of health, such as income, debt, good quality employment, high quality education and healthy environments to level up outcomes across Buckinghamshire. Tackling these issues is an essential component of reducing inequalities in health.

2. Support a systematic large-scale improvement in behavioural risk factors by:

- Ensuring the physical, social, commercial and economic environments in which people live, work and learn support healthy behaviours.
- Increasing the understanding and the skills required to design effective behaviour change interventions across Buckinghamshire Council, the NHS and partners, including rolling out the behaviour change Making Every Contact Count programme. This enables people to have 'healthy conversations' to support behaviour change in their day-to-day interactions.
- Working with communities to understand

what would support them to reduce their risk of cardiovascular disease and co-design and evaluate appropriate approaches.

- Supporting NHS trusts to implement the NHS Long Term Plan smoking cessation support requirements as smoking is the single biggest modifiable driver of health inequalities.
- Working together with partners and communities to develop a whole system approach to healthy eating and physical activity to combat the rise in unhealthy weight and obesity.
- Working together to tackle smoking via the Tobacco Control Action Plan.
- Working together to address harmful alcohol misuse through development of our new drug and alcohol strategy.

3. Increase detection and management of modifiable risk factors in people at higher risk of cardiovascular disease, including those living in more deprived areas, ethnic groups at higher risk of cardiovascular disease and those with mental illness by:

- Increasing capacity in primary care in more deprived areas to undertake NHS health checks and detect and manage clinical risk factors, such as high blood pressure and diabetes, and refer to appropriate interventions, such as smoking cessation.
- Working with people from ethnic minority groups to design effective, culturally competent approaches to increase detection of risk factors and management of risk factors.
- Working with NHS and local authority partners to develop and implement the whole system plan to tackle inequalities in cardiovascular disease.

4. Improve data collection and monitoring to track progress.

- Improve data collection in primary and secondary care to enable monitoring of outcomes by ethnicity and areas of deprivation and improve the quality, accuracy and completeness of ethnic monitoring data.
- Undertake equity audits to determine access to and uptake of prevention and treatment initiatives of cardiovascular disease by different groups.

6. Glossary

Body Mass Index (BMI)

BMI is a measure of whether you're a healthy weight for your height. You can calculate your BMI by dividing your weight (in kilograms) by your height in metres squared, or alternatively visit the [NHS BMI calculator](#).

- 18.5 to 24.9 means you're a healthy weight
- 25 to 29.9 means you're overweight
- 30 to 39.9 means you're obese
- 40 or above means you're severely obese

The scores mentioned above generally apply to people with a white background. If you have an ethnic minority background, the threshold for being considered overweight or obese may be lower. BMI is not used on its own to diagnose obesity because people who are very muscular can have a high BMI without much fat. But for most people, BMI is a useful indication of whether they're a healthy weight.

Cardiovascular disease

Cardiovascular disease (CVD) is an overarching term that describes a family of diseases (including stroke, heart attack and peripheral vascular disease) sharing a common set of risk factors.

Cholesterol

Cholesterol is a fatty substance found in your blood. Your body needs cholesterol to build healthy cells, but high levels of cholesterol can increase your risk of heart disease.

Coronary heart disease

Coronary heart disease (CHD) (also known as coronary artery disease or heart disease) is a disease in which a waxy substance called plaque builds up inside the coronary arteries. These arteries supply oxygen-rich blood to your heart muscle.

Directly age standardised rate

The rate that we would expect to find in the populations (groups) under study if they all had the same age composition.

Deprivation

Deprivation in England is measured using the Index of Multiple Deprivation (IMD). It is an official measure of relative deprivation and defines deprivation to include a wide range of an individual's living conditions. There are seven distinct domains of deprivation:

- Income
- Employment
- Health Deprivation and Disability
- Education, Skills and Training
- Crime
- Barriers to Housing and Services
- Living Environment

Deprivation quintile

Within Buckinghamshire, the population for our county is split into five even groups (quintiles) containing 20% of the population each, based on the deprivation score of the areas they live in.

When the term 'least deprived' is used, it means the 20% of the Buckinghamshire population who live in the least deprived areas within the county using the Index of Multiple Deprivation. The 'most deprived' means the 20% of the Buckinghamshire resident who live in the most deprived areas within the county using the Index of Multiple deprivation.

Diabetes

A condition that arises when the pancreas does not produce enough insulin or when the body cannot effectively use insulin. The three most common types of diabetes are: type 1, type 2, and gestational (during pregnancy).

Elective admissions

Hospital inpatients admissions that were planned in advance and are not an emergency. Sometimes referred to as 'planned admissions.'

Emergency admission

An admission where the clinician admits the individual to the hospital due to a sudden and unexpected change in the individual's physical or mental condition which is severe enough to require immediate admission as an inpatient in a hospital.

HDL cholesterol

High-density lipoprotein is sometimes called 'good' cholesterol. High levels of HDL cholesterol can lower your risk for heart disease and stroke.

Heart failure

Heart failure (also known as congestive heart failure) is a condition in which the heart can't pump enough blood to meet the body's needs.

Hypertension

Hypertension (also known as high blood pressure) is a common condition which increases the risk of stroke and heart disease.

LDL cholesterol

Low-density lipoprotein is sometimes called 'bad' cholesterol. High levels of LDL cholesterol raise your risk for heart disease and stroke.

Mortality rate

Also called 'death rate' is a measure of the number of deaths in a population over a specific time period. It is usually reported as a number of deaths for a given number of people, e.g. per 1,000 individuals per year.

Myocardial infarction

A myocardial infarction (also known as a heart attack) happens when the flow of oxygen-rich blood to a section of heart muscle suddenly becomes blocked and the heart muscle can't get enough oxygen. If blood flow isn't restored quickly, the section of heart muscle begins to die.

Obesity

For adults obesity is defined as having a BMI of 30 or greater. If you have an ethnic minority background, the threshold for being considered obese may be lower.

Prevalence

The proportion of individuals in a population who have a particular disease or characteristic at a given time.

Quality and outcomes framework (QOF)

A system designed to remunerate general practices in England for providing good quality care to their patients, and to help fund work to further improve the quality of health care delivered.

Quintile

One of five equal groups in a population. For example, the Buckinghamshire population is split into five equal sized groups for deprivation.

Stroke

A stroke occurs if the flow of oxygen-rich blood to a portion of the brain is restricted or stopped. Without oxygen, brain cells start to die after a few minutes. The majority are caused by a clot blocking the flow of blood, but others are caused by a blood vessel bleeding.

Transient ischaemic attack

A transient ischaemic attack (TIA) or 'mini stroke' is caused by a temporary disruption in the blood supply to part of the brain. The effects of a TIA fully resolve within 24 hours.



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Director of Public Health Annual Report 2022: **DRAFT** Action Plan (version 5) – additional actions to be added

Action plan timescale: July 2022 to June 2023

	Detail of action	Lead Organisation(s)	Timescale		Outcomes	Included in the Buckinghamshire Health and Wellbeing Strategy action plan .
			From	Completed by		

Recommendation 1:

Act on the broader determinants of health such as income, debt, good quality employment, high quality education and healthy environments to level up outcomes across Buckinghamshire.

1.2	The Buckinghamshire Levelling Framework 'Opportunity Bucks' programme is delivered.	Levelling Up Board	July 2022	July 2025	<p>The levelling up agenda for Buckinghamshire delivered by all the member organisations will improve the broader determinants of health and contribute to reducing cardiovascular disease.</p> <p>Actions as part of this programme, under the 5 priority themes, are well linked to the prevention of cardiovascular disease.</p> <p>The five Opportunity Bucks themes are:</p> <ul style="list-style-type: none"> • Education and Skills • Jobs and Career Opportunities • Quality of our Public Realm • Standard of Living • Health and Wellbeing 	Yes. Some of the work on health and wellbeing that is being and will be done as part of the Opportunity Bucks programme will be included in the Health and Wellbeing Strategy.
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Recommendation 2:

Support a systematic large-scale improvement in behavioural risk factors

2.1	All partner organisations to identify a Making Every Contact Count lead and roll out behaviour change training.	Public Health All health and wellbeing board partners	July 2022	April 2023	<p>Increase in the understanding and the skills required to design effective behaviour change interventions across Buckinghamshire Council, the NHS and partners. This enables people to have "healthy conversations" to support behaviour change in their day-to-day</p>	Yes. Making Every Contact Count is a key approach to delivering the breadth of preventative activity outlined in the Health and Wellbeing Strategy.
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					<p>interactions with residents.</p> <p>An increase in these interactions will result in more residents being referred for lifestyle support from the Council's integrated lifestyle service (Live Well Stay Well).</p>	
2.2	Inpatient (acute and mental health) and maternity NHS trusts to deliver in-house tobacco dependency services by April 2023.	Buckinghamshire Healthcare Trust Oxford Health NHS Trust	October 2021	April 2023	Deliver in house tobacco dependency services that enable an increase in smoking cessation support to adults who smoke in the county.	Yes. Smoking actions for the NHS are included in the Health and Wellbeing Strategy actions. Metrics are included in the strategy.
2.3	Continue the development and delivery of a whole systems approach to healthy weight for Buckinghamshire.	Public Health	2021	2024	<p>Increase the system wide understanding of how to increase healthy weight in Buckinghamshire.</p> <p>Develop and deliver system wide approaches and interventions to achieve the aim of increasing healthy weight.</p> <p>Deliver the agreed actions as set out in the Whole System Healthy Weight Action Plan for the county.</p>	Yes. Obesity in adults and children are key priorities for the Health and Wellbeing Strategy. Metrics are included in the strategy.
2.4	All partners to support the further development of the annual countywide multiagency physical activity action plan, focusing on encouraging priority groups to start being more active.	Public Health	2021	2023	<p>Develop an approach to work with communities and partners to reduce sedentary behaviour and increase movement as the social 'norm'.</p> <p>Ensure more social care settings and services develop opportunities for older adults to engage with physical activity to help prevent falls and maintain physical and mental health.</p>	Yes. Physical activity reduces the risk of cardiovascular disease, improves mental health and increases the health and wellbeing of older people.
2.5	All partners to deliver the Buckinghamshire Tobacco Control Strategy and	Public Health	2021	2024	Increase tobacco control activities that are joined up and have a larger impact on our residents' health and wellbeing.	Yes. Smoking cessation is a key priority for the Health and Wellbeing Strategy.

	associated action plan				Increase the number of residents accessing smoking cessation services in hospital and in the community.	
Recommendation 3: Increase detection and management of modifiable risk factors in people at higher risk of cardiovascular disease including those living in more deprived areas, ethnic groups at higher risk of cardiovascular disease and those with mental illness						
3.1	Increase the capacity of Primary Care Networks in deprived areas to increase cardiovascular disease prevention and smoking cessation in general practice.	NHS - Integrated Care Board and Primary Care Networks	September 2021	September 2023	<p>Increase capacity in primary care in priority areas to undertake NHS Health Checks to detect and manage clinical risk factors such as high blood pressure and diabetes, and refer to appropriate interventions such as smoking cessation.</p> <p>Increase the number of residents aged 15+ who have had their blood pressure checked in the last year.</p> <p>Increase the number of NHS Health Checks delivered in at risk residents.</p>	Yes. This action supports the reduction of the rates of cardiovascular disease and smoking cessation metrics.
3.2	Co-design a community based blood pressure initiative in a community with an increased risk of cardiovascular disease.	Public Health	March 2022	December 2022	<p>Communities at increased risk of poor cardiovascular disease outcomes are better able to access the support and advice they require to make behaviour changes.</p> <p>The first faith community is in High Wycombe. The insight phase is complete, so the design phase is beginning.</p> <p>Work with people from ethnic minority groups to design effective, culturally competent approaches to increase detection of cardiovascular disease risk factors and the management of these risk factors.</p>	Yes. This action supports the reduction of the rates of cardiovascular disease.

Recommendation 4: Improve data collection and monitoring to track progress.						
4.1	Improve data collection in primary and secondary care on risk factors for cardiovascular disease and associated outcomes.	NHS	2022	2024	<p>Increase ability to monitor cardiovascular outcomes by ethnicity and areas of deprivation and improve the quality, accuracy and completeness of ethnic monitoring data.</p> <p>Increase the number of residents who have their blood pressure recorded in their GP record.</p> <p>Increase the number of people with hypertension who are managed to their clinical target.</p>	Yes. This action supports the reduction of the rates of cardiovascular disease by improving the ability to identify where we need to target interventions and monitor impact.
4.2	Undertake equity audits to determine access to and uptake of prevention and treatment initiatives of cardiovascular disease by different groups.	NHS	TBD		Gain a better understanding of where inequalities are in the full cardiovascular disease pathway and where work should be focused.	



Report to Cabinet

Date:	11/10/2022
Title:	Safer Buckinghamshire Board Annual Report
Cabinet Member(s):	Cllr Steve Bowles - Cabinet Member for Communities
Contact officer:	Gideon Springer
Ward(s) affected:	None specific
Recommendations:	For information

1. Executive summary

- 1.1 The Safer Buckinghamshire Board Annual Report provides an update on the activities and outcomes of the Community Safety Partnership in Buckinghamshire during 2021/22.

2. Content of report

- 2.1 The Safer Buckinghamshire Plan 2020-23 was approved by the Safer Buckinghamshire Board (SBB) in July 2020, with the aim that Buckinghamshire continues to be one of the safest places to grow up, raise a family, live, work and do business. The Plan set out the five priorities explaining how, through working in partnership, we will reduce crime and disorder and protect vulnerable people in Buckinghamshire.
- 2.2 This annual report provides an overview of the Partnership and SBB activity and impact during 2021/22. It covers a demanding time for the Partnership, following a review of the SBB processes and Delivery Plans, the introduction of Priority Sponsors, and a restructure within the Council's Community Safety Team.

3. Other options considered

- 3.1 Not applicable

4. Legal and financial implications

4.1 Not applicable

5. Corporate implications

5.1 Not applicable

6. Local councillors & community boards consultation & views

6.1 The report was reviewed and approved by Cllr Bowles on 10th May 2022.

7. Communication, engagement & further consultation

7.1 The paper was taken to the Adults and Health Board for information on the 10th May 2022.

7.2 The paper was taken to the Safer Buckinghamshire Board for review and agreement on 17th May 2022.

7.3 The paper was taken to a senior officer meeting on 7th July 2022. A query was raised in relation to the reference within the report to an increase in serious violence, and the following explanation was provided.

7.4 The increase in serious violence is a small numerical increase, but as we were at a relatively low baseline it reflects as a large percentage increase. Our rates per 1000 population are still lower than the average for the Thames Valley, the Southeast and the figure for England.

7.5 There has been a general upward trend in reports of serious violence which is believed to be mainly due to increased reporting of sexual offences which has been reflected nationally. There is a drive to record and take positive action around this type of offence and recording standards have changed.

7.6 Youth Offending Service data shows there is no discernible increase in young people committing serious violence offences in Buckinghamshire.

7.7 Therefore, comparatively, the Buckinghamshire performance is still good when viewed at local, regional, or national levels.

8. Next steps and review

8.1 The report will be published on the Buckinghamshire Council website and work is underway to deliver the next steps outlined in the report, such as:

- Undertaking the Strategic Assessment

- Implementing a new anti-social behaviour case management system
- The Violence Reduction Unit data sharing tool, Thames Valley Together, is being implemented for Buckinghamshire, with data testing programmed in for later this year.

9. Background papers

9.1 [Safer Buckinghamshire Plan 2020-23](#)

10. Your questions and views (for key decisions)

10.1 If you have any questions about the matters contained in this report please get in touch with the author of this report. If you have any views that you would like the cabinet member to consider please inform the democratic services team. This can be done by telephone [01296 382343] or email [democracy@buckinghamshire.gov.uk]

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Safer Buckinghamshire Board
Annual Report 2021/22



Working in partnership
Buckinghamshire Council
Thames Valley Police
Buckinghamshire & Milton Keynes Fire and Rescue Service
Buckinghamshire Clinical Commissioning Group
National Probation Service – Buckinghamshire and Oxfordshire
Office of the Police and Crime Commissioner Page 129

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Introduction

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Introduction

With the establishment of the unitary council for Buckinghamshire, a single new Community Safety Partnership, governed by a new Safer Buckinghamshire Board, was created. Alongside the creation of the Safer Buckinghamshire Board, a community safety strategic assessment and public survey was carried out which supported the establishment of new priorities in the three year Community Safety Plan for Buckinghamshire.

The Safer Buckinghamshire Plan 2020-23 was approved by the Safer Buckinghamshire Board in July 2020, with the aim that Buckinghamshire continues to be one of the safest places to grow up, raise a family, live, work and do business. The Plan set out the five priorities explaining how through working in partnership we will reduce crime and disorder and protect vulnerable people in Buckinghamshire.

This annual report provides an overview of the Partnership and Safer Buckinghamshire Board activity and impact during 2021/22. In view of the period covered by this report, the impact of the global Covid-19 pandemic must be acknowledged. During the course of the year, the pandemic has forced the agencies involved in the Safer Buckinghamshire Board to adopt new ways of working. Across all of our priorities, we have addressed the impact of Covid-19 and taken steps to reduce its impact on crime and the causes of crime.

This has undoubtedly been a difficult year, but the strengths of partnership working in Buckinghamshire has enabled the Community Safety Partnership to remain assured that community safety issues across Buckinghamshire are identified, addressed and reviewed.





About the Safer Buckinghamshire Board

The Crime and Disorder Act 1998 (as revised by the Police and Justice Act 2006) gave the police and local authorities powers to join with other organisations to form a local Community Safety Partnership. The role of the partnership is to develop an action plan to reduce crime within the local area. In Buckinghamshire the partnership is accountable to the Safer Buckinghamshire Board.

The Board also has a number of legal duties. These are:

- Working together to form and implement strategies to prevent and reduce crime and anti-social behaviour, and the harm caused by drug and alcohol misuse. This will include producing an annual plan.
- Producing plans to reduce reoffending by adults and young people.
- Manage the Community Trigger process.
- Commissioning Domestic Homicide Reviews.
- To work in partnership to reduce serious violence – This duty is led by the Violence Reduction Unit (VRU).
- Preventing extremism.
- Tackling modern slavery.
- Consulting and engaging with the community.

With the commencement of a unitary authority in Buckinghamshire in April 2020, the Community Safety Partnership initiated a review of its structure and processes. There had been notable concern about duplication of discussion and attendance across many of the existing partnership groups and the accountability/governance of these groups, including partnership groups, that sit under the Safeguarding Boards and the Health and Wellbeing Board.

However, Covid-19 delayed plans for the completion of this review and focus was placed, instead, on delivering our statutory duties with the agreement of the Safer Buckinghamshire Plan for 2020-23 and associated delivery plans. In addition, new legislation introduced further statutory responsibilities around serious violence (Serious Violence Duty) and domestic abuse (Domestic Abuse Act 2021). It was agreed that strategic groups would be the most effective way to implement these new areas of work; the Serious Violence Taskforce and Domestic Abuse Board were both established.

In 2021 the Safer Buckinghamshire Board re-commenced the work to review its structure and processes. Board members agreed to become Priority Sponsors for each of the five priorities set out in the Safer Buckinghamshire Plan and undertook deep dives of quarterly summary of performance and progress, considering barriers and opportunities for change. This work highlighted the need for the Board to become more focused, prioritising areas for discussion with a small number of agenda items to enable discussions, contributions and to add value.

Following the review, the Safer Buckinghamshire Board has become a smaller executive group with one representative from each of the responsible authorities, as set out in legislation. The Office of the Police and Crime Commissioner (OPCC) is also represented at the Board. The Board continue to meet quarterly, with a small number of agenda items to enable discussion whilst also including statutory requirements, progress against the priorities and new and emerging legislation. The Board continue to ensure it fulfils its responsibilities around partnership expenditure and the effective distribution of Police and Crime Commissioner funding.

Buckinghamshire Council hosts the Safer Buckinghamshire Board, and is chaired by the Deputy Chief Executive who provides leadership, vision and support, and who is responsible for ensuring that all organisations contribute effectively to the work of the Safer Buckinghamshire Board. The Vice Chair is the Chief Superintendent for Buckinghamshire.

The Safer Buckinghamshire Board is now supported by groups which link directly to the five priorities as set out in the Safer Buckinghamshire Plan. These are either strategic groups which already exist or tactical/implementation groups.

The Joint Protocol underpins and strengthens partnership work between the Safeguarding Boards, the Safer Buckinghamshire Board and the Health and Wellbeing Board in Buckinghamshire. It ensures a transparent, efficient and clear process for sharing knowledge, skills, information and resources. It clarifies roles and responsibilities, inter-relationships and effective co-ordination over shared priorities and common ground.

Our Vision

Our aim is for Buckinghamshire to continue to be one of the safest places to grow up, raise a family, live, work and do business.

We want to reduce crime and disorder and protect vulnerable people in Buckinghamshire. Crime is constantly changing and we face increased pressure on our resources. So it is important that we work together to tackle these challenges.

Our five priorities are:

- 1 Helping communities to become more resilient.** We will target support to those communities experiencing greater levels of crime and anti-social behaviour.
- 2 Protecting vulnerable adults and children.** We will work with them to reduce their chances of experiencing or committing serious crime, especially violent crime, or being exploited.
- 3 Addressing the impact of drugs, alcohol and poor mental health.** We will work to reduce levels of crime and harm linked to these factors.
- 4 Tackling domestic violence and abuse.** We will focus on early intervention and improving services for victims.
- 5 Dealing with offending.** We will act as early as possible to prevent first time offending. We will bring offenders to justice and work hard to stop re-offending.

Our Partners

The members of the Safer Buckinghamshire Board are:

- Buckinghamshire Council
- Thames Valley Police
- Buckinghamshire & Milton Keynes Fire and Rescue Service
- Buckinghamshire Clinical Commissioning Group
- National Probation Service – Buckinghamshire & Oxfordshire
- Office of the Police and Crime Commissioner

The Safer Buckinghamshire Board also works closely with many other organisations including community and voluntary groups and local businesses. Although these groups do not sit on the Board, they may be invited to meetings and get involved in the work of the Partnership.



Crime Statistics

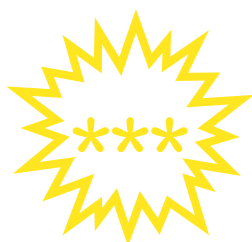
Data source: Local insight found at data.police.uk

Crime Rate by Crime Type in Buckinghamshire

Year*	Anti-Social Behaviour	Burglary**	Drug Crime Offences	Other Crime Offences	Robbery	Vehicle Crime	Violent & Sexual Offences
2018/19	9.6	11.8	1.6	1.3	0.5	6.6	17.4
2019/20	9.5	11.7	1.7	1.2	0.5	6.7	18.9
2020/21	9.1	7.8	2.3	1.2	0.3	5.0	21.9
2021/22	8.0	6.7	2.0	1.2	0.3	5.3	26.3
England 2021/22	19.4	9	2.6	1.6	0.9	5	31.6
South East 2021/22	15.8	8	2.3	1.7	0.5	4.6	34.9

* March - February for most current data.

** Burglary crime rate calculated on the basis of '000 households rather than population.



Anti-Social Behaviour 8.0 crime rate

Crime rate fell in 2021/22 and has remained significantly lower than England (19.4) and South East (15.8).



Burglary 6.7 crime rate (per 000 households)

Crime rate fell in 2021/22. This is a pattern seen nationally. The local crime rate is lower than England (9) and South East (8).



Drug Crime 2.0 crime rate

Crime rate marginally decreased over the last three years, and is slightly lower than England (2.6) and South East (2.3).



Robbery 0.3 crime rate

Crime rate remained at a similar level over the last three years. Marginally lower than England (0.9) and South East (0.5).



Vehicle Crime 5.3 crime rate

Crime rate slightly decreased over the last three years, but remains marginally higher than England (5) and South East (4.6).



Violent and Sexual Offences - 26.3 crime rate

Crime rate has increased over the last three years but remains lower than England (31.6) and South East (34.9).

(The above shows 12 month total of neighbourhood-level incidents of crime, as a rate per 1,000 residents. The incidents were located to the point at which they occurred and allocated to the appropriate output area and lower super output area (LSOA). Please note that the raw data is published at small area level, therefore the data showing at local authority or a higher level has been aggregated from smaller geographies).



What you told us

In September/October 2021 we asked people in Buckinghamshire what they thought the biggest community safety issues were. The survey included multiple choice questions and the opportunity for people to give comments.

- The survey received 1,041 responses.
- 98% of respondents live in Buckinghamshire.
- 44% of respondents work in Buckinghamshire.
- 3% of respondents are elected members.
- The crimes with the highest levels of concerns in 2021 are (where possible, comparisons have been made to the results from the 2020 survey):
 - Fraud/scams (including online) – 69% of respondents felt this was a 'very big' or 'fairly big concern'.
 - Theft of equipment/tools from van – 49% of respondents felt this was a 'very big' or 'fairly big concern'.
 - Theft from a motor vehicle – 48% of respondents felt this was a 'very big' or 'fairly big concern'.
 - Cyber crime/cyber bullying – 44% of respondents felt this was a 'very big' or 'fairly big concern'.
 - Criminal damage – 43% of respondents felt this was a 'very big' or 'fairly big concern'.
- Concerns around criminal damage have increased in 2021, with 43% of respondents having 'very big' or 'fairly big' concerns, compared for 36% in 2020.
- Whereas concerns around robbery have decreased slightly; in 2020, 36% of respondents have concerns regarding robbery, which fell to 30% of respondents in 2021.
- The most common reason for responding that a type of crime was a 'very big' or 'fairly big' concern is 'it happened to someone you know' or 'you heard about it in the local news.' This was also the case in the 2020 survey.
- The categories of anti-social behaviour with the highest levels of concern in 2021 are:
 - Speeding – 77% of respondents felt this was a 'very big' or 'fairly big concern'.
 - Fly tipping/litter – 76% of respondents felt this was a 'very big' or 'fairly big concern'.
 - Parking – 64% of respondents felt this was a 'very big' or 'fairly big concern'.
 - Dog fouling – 51% of respondents felt this was a 'very big' or 'fairly big concern'.
 - Criminal damage/vandalism – 43% of respondents felt this was a 'very big' or 'fairly big concern'.
- Begging and vagrancy received a similar proportion of concerned responses (33%) to last year (34%).
- Concerns relating to crime are more commonly based on information that respondents have heard or seen, instead of personal experience. Concerns around anti-social behaviour and drugs are more commonly based on an individual's personal experience.

What we achieved during 2021/22

Priority 1: Building community resilience, targeting areas and groups which are experiencing increasing crime and anti-social behaviour.

- The Street Warden Team has expanded to cover not only High Wycombe town centre, but also Aylesbury and have been working with partners to address town centre issues of begging and rough sleeping. They have supported and referred several individuals who are genuinely homeless and identified those who are exploiting visitors to the town centres.
- Community Safety Officers have attended crime prevention events with the police, handing out signal blocking pouches to those people with keyless cars, along with providing crime prevention advice to tackle vehicle crime. New partnership materials and literature have been developed to support campaigns and raise awareness of specific crime trends, such as key-less car theft, rural crime and seasonal concerns.
- Environmental Visual Audits (EVAs) have been regularly undertaken alongside community members, Thames Valley Police and representatives from other partner agencies in some of our local areas, to identify issues of concern. Partners have then developed a holistic approach in taking action to address the problems.
- Each Community Board has a Community Safety Officer assigned as a point of contact within the team. They are working alongside Community Board members to identify local issues and co-design solutions, which will have the best impact on local crime and anti-social behaviour.

OUTCOMES:

- The Street Warden team have dealt with over 1600 incidents, including shoplifting, begging, emergency first aid and supporting vulnerable people with High Wycombe and Aylesbury town centres.
- The Community Safety newsletter, which includes a variety of community safety information and signposting to local services, now reaches over 400 subscribers each quarter.
- The Anti-Social Behaviour Team have received over 490 referrals from the public and partners for support with anti-social behaviour incidents.
- The Anti-Social Behaviour Team have also undertaken full case reviews with partners on seven Community Triggers applications.

Priority 2: Working with vulnerable people to reduce the likelihood of experiencing or perpetrating serious violence, or being exploited.

- The Buckinghamshire Council Serious Violence officers are linked into the Thames Valley Violence Reduction Unit funded Hospital Navigator post that sits within Stoke Mandeville Hospital. The Navigator plus vetted volunteers work within Accident and Emergency and identify individuals who may be a victim or perpetrator of serious violence. They are approached and offered support and if accepted, signposted onto further services.
- We developed and finalised a new e-learning resource for Buckinghamshire Council staff and created a Modern Slavery and Exploitation training resource specifically for Councillors. We increased service and partnership representation at our regular Anti-Slavery and Exploitation Network which aims to share good practice and increase partnership awareness. Speakers have included nationally recognised organisations such as the Salvation Army, Gangmaster and Labour Abuse Authority and Anti-Slavery Commissioners Office.

- Hotel Watch works across Bucks to raise awareness of exploitation with hoteliers and their staff. After evaluating best practice from other areas, we are expanding the existing Hotel Watch Scheme to incorporate the night-time economy. We will utilise the current model in places such as late-night eateries, businesses and taxi services. Licensing continue to provide training to raise awareness of exploitation with taxi and private hire services, as part of the licensing process.
- The Prevent Team continue to work with Wycombe Youth Action who specialise in working with vulnerable young people, who often fall within the category of Not in Education, Employment or Training (NEETs). They regularly work with a cohort of around 40 vulnerable young men and women. The Prevent funding allowed them to carryout intense one to one mentoring with ten individuals, who had been identified as being most at risk of being drawn into radicalisation, gangs and criminality such as County Lines, or having mental health issues.
- Following hate crime training which raised awareness and encouraged reporting, three community hubs have been created focusing on LGBTQ, Disability and Ethnic communities. Terms of Reference for these hubs are being progressed to enable these hubs to deliver awareness projects in collaboration with Thames Valley PCC office for National Hate Crime week in October 2022.

OUTCOMES:

- During 2021 we delivered 6 virtual modern slavery and awareness sessions to over 100 staff across the Partnership.
- Over 80 hotels across Buckinghamshire are members of the Hotel Watch scheme, all of which have been provided with information and guidance on how to spot the signs and report concerns, of exploitation.
- Resilient Families Programme have provided awareness raising to 155 parents on digital resilience.
- Solutions Not Sides have delivered an interactive and thought-provoking workshop on the Israel/Palestine conflict to 781 students.
- 32 referrals to the Hospital Navigator between January and March 2022.
- 295 knives handed in at the Aylesbury Knife Amnesty bin between August 2021 and March 2022.

Priority 3: Reducing the crime, harm and vulnerability caused by drugs, alcohol and poor mental health.

- Partners are delivering the Blue Light project, which utilises behaviour change and assertive outreach strategies with complex drinkers, whose alcohol use and associated lifestyle contributes to a pattern of more frequent contact with a range of frontline public services. This is a highly diverse service user group whose social circumstance range from being housed to homeless, involved in the criminal justice system, commonly experiencing mental health problems, facing financial difficulties, and lacking in social capital or support networks.
- One Recovery Bucks (ORB) are exploring raising awareness of Naloxone with the Probation Service with the view to delivering training and potentially provision of Naloxone to probation staff.
- Commissioners and Probation Service have agreed £50k funding from Probation's Recovery and Dependency Fund for one year for a senior post to strengthen the criminal justice team, enhance provision and outcomes for clients on a Probation Orders.
- Buckinghamshire Council Community Safety funding has been given to projects which support

young people. The Youth Boxing Diversion scheme is aimed at preventing 11-16 year olds from becoming involved in anti-social behaviour, and also support those at risk of being groomed and showing signs of low self-esteem or struggling at home. Whilst Redeeming our Communities will be training mentors to support young people and families to improve their resilience, confidence and low self-esteem, and help them make better life choices.

OUTCOMES:

- Blue Light workers have been recruited and employed by One Recovery Bucks and as at March 2022, 14 clients have met the criteria and been accepted on to the Blue Light pathway.
- The PCC funded Street Community Connector role has supported 46 clients who are in treatment. Of the 46 clients, 27 of these have been engaging with the scheme for over a year and have continued with treatment, demonstrating the positive long-term impact this scheme is having on participants.
- TVP have signed-off their internal governance for front line officers to carry Nasal Naloxone. ORB have trained 30 local police officers on the use of Naloxone.

Priority 4: Tackling domestic violence and abuse; including early intervention to reduce harm and improving services for victims. This also encompasses the need to address increasing levels of violence against women and girls.

- The Buckinghamshire Community Safety team were successful in obtaining funding from the Ministry of Justice. With this, Women's Aid successfully appointed a Complex Needs Floating Support Worker in December 2020. The worker provides intensive one to one work with clients of all risk levels who are survivors of domestic abuse but are unable to access emergency refuge accommodation and offering them support, information and advocacy when dealing with other issues relating to the domestic abuse whilst in the temporary accommodation.
- The Community Safety Team at Buckinghamshire Council commissioned HM Healthcare Solutions Ltd to process map, in detail, the current domestic violence and abuse (DVA) pathway across the system in Buckinghamshire, considering the range of vulnerabilities and protected characteristics and trying to identify pathway gaps and practice deficits. This work was crucial in understanding several areas: referral pathways, training details, qualitative and quantitative information collected, the perception of the quality of DVA services received, practitioner understanding of other partner's roles and responsibilities and more.
- Talkback were commissioned by Buckinghamshire Council in March 2020 to produce a research and recommendations report into domestic abuse and learning disability and or autism in Buckinghamshire. Following this, Talkback Advice Bureau (a drop-in service) was launched in Wycombe in November 2021. A second drop-in centre will open in Chesham in 2022. Funding is in place for 16-18 months to develop this service online. Talkback and Aylesbury Vale Milton Keynes Sexual Assault Service have worked together to create an education package focused on preventing sexual abuse.
- Working with police and other key partners, a dedicated Violence against Women and Girls subgroup is being established to focus on the increasing number of reports of sexual violence in the county.
- Staff within the Community Safety Team are now trained to deliver the Bystander course, which focusses on intervention around sexual violence. A training delivery schedule is now being rolled out for professionals and community representatives in the county.
- Virtual Champions Network meetings continued to run every quarter throughout the pandemic and offered nationally renowned guest speakers.

- There has been huge enthusiasm and organisational buy in for the Buckinghamshire Domestic Homicide Review Learning Events. The events take place every six months and three have been delivered so far (covering suicide, BAED, male victims) with 'Gypsy, Roma, Travellers and domestic abuse' being discussed at the June 2022 event.

OUTCOMES:

- There are 441 trained Domestic Abuse Champions within a range of organisations in Buckinghamshire.
- PCC funded Aylesbury Vale Milton Keynes Sexual Assault Service (AVMKSAAS) Project has worked with 36 male victims of domestic abuse. Following their work with AVMKSAAS 97% of men felt more informed and empowered to act and reported that they had improved health and wellbeing.
- There were 277 referrals to the PCC funded Independent Domestic Violence Advocate service, where 262 were female and the remaining 15 male. Positive outcomes for some clients included improvement in financial situation (claiming benefits) housing situation, accessing health support (physical and mental) legal support, accessing employment or education, support with immigration.
- 227 professionals attended the DHR Learning event in January 2022, where the topic was male victims.

Priority 5: Intervening as early as possible to prevent first time offending, bringing offenders to justice and preventing re-offending.

- The PCC funded Women's offender housing project has received 26 referrals for female ex-offenders either recently released or vulnerably housed in the community. The majority of these have been received in the last six months. Of these, two have been supported into private rented accommodation as they have been identified as ready to sustain tenancies, four have been supported to access supported accommodation and two have been successfully supported to move out of area and reconnect with family.
- The PCC funded YOS multi-agency project has enabled effective prevention work to be carried out across 16 schools in Buckinghamshire with young people at risk of offending.
- The Safer Bucks Board also used PCC funding to support the BAME mentoring project which challenges the over-representation of BAME children in the Youth Justice System in Bucks. 20 young people have been supported and 17 of these have been individuals mentored through school transitions; and a weekly Summer Club was held for eight young people.

OUTCOMES:

- Since April 2021, 177 young people at risk of offending engaged with the YOS Youth Workers.
- Over the last year, 70 professionals have been trained in Restorative Justice approaches.
- National data shows that Buckinghamshire had 132 First Time Entrants per 100,000 young people aged 10-18 in the October 2020 to September 2021 period. This is a decrease from October 2019 – September 2020 where there were 153 First Time Entrants per 100,000. Buckinghamshire YOS is performing better than the national and Thames Valley rates against this indicator.
- Since April 2021, 26 volunteer mentors have been trained to offer support to young people, as part of the YOS BAME mentoring project.
- Through the PCC funded RESET Offender Housing Project we have supported 21 ex-offenders into accommodation. Only one of these clients has reoffended and ongoing support is being provided to all the other clients to make the positive changes needed to stop them from reoffending.

Safer Buckinghamshire Board delivery groups

The Safer Buckinghamshire Board is supported by various groups which link directly to the five priorities as set out in the Safer Buckinghamshire Plan. These are either strategic groups which already exist or tactical/implementation groups.

Crime and Anti-Social Behaviour Sub-Group

Following the Safer Buckinghamshire Board review, it was decided that a multi-agency group, led by TVP and Buckinghamshire Council's Community Safety Team, should be established to monitor and report on the Priority 1 delivery plan.

This group is currently being formed, and terms of reference are to be agreed.

Joint Modern Slavery and Exploitation Sub-Group

The Joint Modern Slavery and Exploitation Sub-Group is a multi-agency group which aims to:

- Support the strategic development of an effective and coordinated multi-agency response to all forms of modern slavery and exploitation within Buckinghamshire.
- Develop and implement the delivery of a multi-agency action plan in relation to this agenda.
- Provide assurance around the way agencies are working individually to safeguard and support adults, children & young people at risk of exploitation.

The Group meets quarterly and is responsible for developing and implementing a multi-agency action plan to support the delivery of Priority 2 in the Safer Bucks Plan 2020-2023. The Group reports to the Safer Buckinghamshire Board. It also links with the Safeguarding Boards under the governance of the Joint Protocol and the Serious Violence Taskforce to ensure effective activity and avoid duplication.

Serious Violence Task Force

The Serious Violence Task Force is a multi-agency group which aims to:

- Provide a multi-agency co-ordinated approach to address the issue of serious violence across Buckinghamshire with an emphasis the underlying causes and drivers of serious violence during strategic decision making, in order to ensure interventions, achieve long term sustainable solutions.
- Provide oversight and management of the Serious Violence Reduction Delivery Plan (forming part of the Safer Buckinghamshire Plan).
- Monitor the impact and value of the delivery plan, implementing mitigation as required and taking advantage of new opportunities.
- And be responsible for the delivery of the recommendations action plan for the Children's Safeguarding Partnership Thematic Review of Youth Violence.

The Serious Violence Task Force (SVTF) sits quarterly to discuss progress of the Buckinghamshire Violence Reduction Plan, raise issues and identify any blockages. It was noted in the January SVTF that actions within the plan were 95% complete so with this in mind, a refreshed Violence Reduction Plan has now been drafted and will be presented to the SVTF/Chair to be agreed. This

revised plan will have a focus on evidencing outcomes, developing engagement with the Voluntary and Community Sector and expanding intervention work to those deemed vulnerable to being drawn into serious violence.

The Task Force reports to the Safer Bucks Board, linking to Priority 2 in the Safer Buckinghamshire Plan 2020-2023. The Task Force is also responsible to the Buckinghamshire Children's Safeguarding Partnership for the delivery of the Thematic Review of Youth Violence action plan.

Drug and Alcohol Strategic Group

The purpose of the Drug and Alcohol Strategic Group is to deliver a multi-agency Drug and Alcohol Action Plan which will be designed to implement a new Buckinghamshire Drug and Alcohol Strategy. Both the Strategy and Action Plan will be developed with multi-agency partners, and success is reliant on multiagency delivery. The group meets quarterly and in between meetings, ad-hoc working meetings take place for specific topics that feed into the strategic group who oversee delivery of the Plan.

The Group oversees the delivery of Priority 3 in the Safer Bucks Plan 2020-2023 and will provide reports to the Safer Buckinghamshire Board.

Coexisting Mental Health and Substance Misuse Group

The purpose of the Coexisting Mental Health and Substance Misuse Group is to develop a joint protocol and operational pathway for adults living with both mental health (MH) and substance misuse (SM) needs to ensure co-ordinated care helps to address both conditions. The terms of reference sets out core principles for lead providers of SM services and secondary care MH services. Key actions are set out in an action plan agreed and regularly monitored by the group. Some aspects of the Priority 3 Delivery Plan will be delivered by this group.

Domestic Abuse Board

Under the new Domestic Abuse (DA) Act which came in on 29th April 2021, councils across England have a legal duty to provide life-saving support such as therapy, advocacy and counselling in safe accommodation, including refuges. Buckinghamshire Council received £854,917 for the year in order to discharge its duty under the Act. A spend plan has been worked up to utilise the money and the funding remains at the same level for a second year. Under the Act, Local Authorities were to convene a multi-agency DA Board. Buckinghamshire had its first DA Board in October 2021 and one of the priorities of the new DA Strategy 2021-2023 is early intervention and prevention.

The DA Action Plan is the delivery mechanism for Priority 4 of the Safer Buckinghamshire Plan, and reports will be provided to the Board on progress.

Priority 5 Delivery Plan will be implemented and monitored via pre-existing Youth Offending Service and Probation Service meetings, and updates will be provided to the Safer Buckinghamshire Board by the Priority Sponsor.

What's next for 2022/23?

Throughout 2022/23 the various delivery groups will implement and monitor the progress of the five Delivery Plans and provide updates to the Safer Buckinghamshire Board. Activities this year will include:

Priority 1

- Evaluate the Street Warden deployment and explore opportunities for the further expansion, along with the implementation of additional powers under the Community Safety Accreditation Scheme.
- Commission seasonal trend analysis to identify proactive opportunities for partnership working around crime and anti-social behaviour.
- Utilise the new anti-social behaviour case management system to identify repeat victims and adopt a problem-solving approach.
- Take a partnership approach in understanding the local picture of fraud and cybercrime across Buckinghamshire. A local communications group to be established, to raise awareness of these crimes, along with prevention and reporting advice.

Priority 2

- Develop a menu of evidenced based provision, include edge of care interventions, with clear impact measures.
- Commission expertise to steer plans towards a contextual safeguarding approach across the partnership.
- Review the referral process for adult victim of modern slavery to ensure they are supported at the earliest opportunity.

Priority 3

- Establish a multi-agency panel to review nominations recommended to go on to the Blue Light pathway.
- Appoint a designated worker to oversee the joint protocol between One Recovery Bucks and Oxford Health for people with dual diagnosis (substance misuse and mental health) to ensure they are supported at the right time and place.
- Complete a local health Needs Assessment of drugs and alcohol to inform a new local strategy.

Priority 4

- Establish a Violence against Women and Girls sub group and multi-agency action plan.
- Commission a Perpetrator programme based on successful pilots e.g. Drive project.
- Prepare and deliver a comprehensive multi-agency training offer that can be shared and delivered across the partnership.
- Establish Domestic Abuse Board website with key documents, advice and local referral/support pathways.
- Encourage housing services and registered providers to attain DAHA accreditation and/or work to the DAHA toolkit and standards.

Priority 5

- Develop a relationship model between partners to achieve the best outcome for prisoners released from custody.
- Buckinghamshire Council and Probation to work with local employers to identify opportunities for employment and work experience for prison leavers.
- Across the partnership, establish a network of mentoring scheme for under 25 year olds at risk of reoffending.

Safer Buckinghamshire Plan 2023-2026

During 2022 the Strategic Assessment and public consultation on the new community safety priorities will take place. The information gathered by these pieces of work will inform the production of the Safer Buckinghamshire Plan 2023-2026, which will be published by 1 April 2023.

Thames Valley Police and Crime Commissioner funding

In previous years the Thames Valley Police and Crime Commissioner (PCC) has provided a grant to the Council to fund work to achieve the community safety priorities. However, in May 2021, following a review the PCC committed to a three-year funding settlement for local councils, allowing them to fund projects for up to three years from April 2022.

In September 2021, the PCC advised the Council that its Community Safety grant for 2022/23 would be £436,567, with the following amounts for the next two years:

- 2022/23 - £436,567
- 2023/24 - £486,132
- 2024/25 - £537,585

Domestic Abuse Act 2021

In Buckinghamshire we are taking a zero tolerance approach and feel ending domestic abuse is everyone's business. Making people feel safe requires a thorough co-ordinated response from government, local authorities, partners and the public. We were pleased to see the Domestic Abuse Act received Royal Assent on 29 April 2021; this gives more resources to tackle this critical issue. With the new duties Buckinghamshire Council has published its intentions to drive forward a three-year strategy for victim support and safe accommodation.

We want Buckinghamshire to be a place where as few people as possible are affected by domestic abuse, but those who are can get help to end the abuse and go on to live the lives they want. The strategy is about how we want to develop and improve domestic abuse services over the next three years. Over the next three years the delivery of the SMART action plan by the Domestic Abuse Board will be monitored by the Safer Buckinghamshire Board.

Serious Violence Duty

The Policing, Crime, Sentencing and Courts Bill was introduced to Parliament on 9 March 2021. It contains further detail on the proposed Serious Violence Duty to drive multi-agency working in tackling serious violence. It is anticipated, following the passage of the Bill, that the Serious Violence Duty will come into force in the summer of 2022 and it is a major strategic driver to our work.

A key principle to the Duty is that tackling serious violence requires a whole-system, place based approach. All partners – the emergency services, criminal justice, health, education, local authorities, youth offending services, prisons – will hold a duty to work together to understand the causes and consequences of serious violence and are required to shift the focus of their response towards prevention and much earlier intervention. The Safer Buckinghamshire Partnership is in a strong position to meet the new duty with ‘the Strategic Partners dots joined up ‘.

Safer Buckinghamshire website

Finally, during 2022/23 we intend to begin development of a dedicated Safer Buckinghamshire website. This will provide a central location for performance data, information on community safety projects, links to training and support services, along with information on our various partners.



Report to Cabinet

Date:	11 October 2022
Title:	Buckinghamshire Youth Justice Strategic Plan 2022-2023
Cabinet Member(s):	Cllr Anita Cranmer, Cabinet Member for Education and Children's Services
Contact officer:	John Macilwraith, Corporate Director Children's Services
Ward(s) affected:	All
Recommendations:	Cabinet is recommended to endorse the 2022-2023 Youth Justice Strategic Plan and recommend its adoption by Council

1. Executive summary

- 1.1 The purpose of this report is to present the Buckinghamshire Youth Justice Strategic Plan 2022-2023. The Youth Justice Plan provides details of progress made against agreed outcomes for Children and Young People. It outlines priorities, alongside potential future challenges for the partnership over the coming year. The Youth Justice Plan highlights the partnership arrangements and budget position for the Youth Offending Service Partnership.

2. Content of report

- 2.1 Buckinghamshire Youth Offending Service is a multi-agency partnership funded by the following statutory partners: Thames Valley Police, Buckinghamshire Council Children's Services, Health Services and Probation. Other partners including Community Safety and the voluntary sector also make up the partnership.
- 2.2 The Youth Offending Service (YOS) plays a key role in keeping our communities, families, children and young people safe through the prevention of offending and reoffending, reduction in the use of custody and through contribution to multi-agency public protection and safeguarding.
- 2.3 The Youth Justice Strategic Plan is produced in compliance with the Crime and Disorder Act 1998, Section 40 which stipulates the following:

‘It shall be the duty of each local authority, after consultation with the relevant persons and bodies, to formulate and implement for each year a plan (a “youth justice plan”) setting out:

- a) How youth justice services in their area are to be provided and funded; and
- b) How the Youth Offending Team (YOT) or teams established by them (whether alone or jointly with one or more other local authorities) are to be composed and funded, how they are to operate, and what functions they are to carry out.’

- 2.4 The Youth Justice Plan for 2022/23 was produced in consultation with strategic partners. This was done through a series of focus groups held with representatives from the police, probation, magistrates, health, and Buckinghamshire Council services, including Children’s Social Care, Education and Community Safety. As well as representatives from voluntary organisations such as Barnardo’s and ‘SAFE!’.
- 2.5 The plan is produced in line with guidance published by the Youth Justice Board (YJB) and must be submitted to the Youth Justice Board for England and Wales and published in accordance with the directions of the Secretary of State.
- 2.6 The requirement for local authorities to have Youth Offending Teams has existed since 2000, following the 1998 Crime and Disorder Act. The intended function of Youth Offending Teams is to reduce the risk of young people offending and re-offending, and to provide counsel and rehabilitation to those who do offend. The act stipulates the composition of the YOT and identifies statutory partners to work alongside the Local Authority.
- 2.7 The Youth Justice Board (YJB) has set three national outcome indicators for all YOTs which form the baseline for performance information included within this year’s plan. These are as follows:
 - Reduce the number of First Time Entrants (FTE) to the Youth Justice System
 - Reduce Re-offending
 - Reduce the Use of Custody

Local Context

- 2.8 First Time Entrants: The number of young people entering the youth justice system for the first time has continued to fall in Buckinghamshire. Data for October 2020 to September 2021 shows a rate of 132 young people per 100,000 of the local 10-17 year old population, which represents stronger performance than that seen nationally, across Thames Valley and within the YOT family. This also represents a reduction from the 153 young people per 100,000 entering the youth justice system for the first time between October 2019 and September 2020.
- 2.9 Reoffending: The rate of young people reoffending in Buckinghamshire is currently lower than that seen nationally, across the South East, Thames Valley and the YOT

family. For the January to March 2020 cohort, only 16.2% of young people went on to reoffend within a 12 month follow up period. This represents a total of 6 reoffenders. This particular tracking period included 2 periods of extended national lockdown which in part explains why the rate is so much lower than the 31.3% figure for the January to March 2019 cohort. However, all of the comparator groups were also affected by the pandemic in the same way. The data therefore shows particularly strong performance in Buckinghamshire.

- 2.10 Use of Custody: The rate of young people receiving a custodial sentence per 1000 of the local 10–17-year-old population has risen slightly to 0.07 from 0.04. This represents an increase from 2 custodial sentences in 2020 to 4 in 2021. Performance is stronger than seen at a national level, is in line with Thames Valley and only slightly above that seen across the South East and within the YOT family.
- 2.11 There was a significant reduction in the number of new custodial remands and in associated bed nights during 2021-22. The 876 bed nights accrued in 2020-21 was in part due to lengthy remands of almost a year for 2 young people charged with serious violent offences.
- 2.12 The YOS reports quarterly on Prevention cases that have gone on to become a First Time Entrant within 12 months of beginning their intervention with the service. Of the 66 young people engaged in preventative work between October 2019 and March 2021, only 3 (4.5%) went on to receive a substantive outcome within 12 months.

Priorities for the coming year

- 2.13 Whilst 2021/22 saw the YOS still in a phase of recovery from the pandemic, there remained a clear focus on achieving our overarching long-term strategic priorities and maintaining strong performance against national and local indicators. The development of ongoing work with partners to influence systemic change and to increase the targeted secondary prevention offer has contributed to the falling numbers of First Time Entrants. For the first time ever, the YOS now works with more children in a voluntary prevention and diversion capacity than those on a statutory basis (Youth Conditional Cautions and Court Orders). This is a significant shift that demonstrates the effectiveness of recent developments in prevention provision and the intention is to continue on this trajectory.
- 2.14 The following key strategic priorities that have helped to drive this good progress in recent years will remain, and a continued focus on developing the transition towards a predominantly prevention-based model of working will cut across all three.
- Continuing to address disproportionality
 - Addressing exploitation of young people
 - Strengthening an evidence-based model of practice / focus on intervening as early as possible.

- 2.15 The long-term vision for the YOS will be to continue to expand the prevention offer, specifically by exploring funding opportunities to grow the existing model of youth work support for schools. These priorities are consistent with other local long term strategic priorities, such as those set by the Safer Bucks Board and the Violence Reduction Unit.
- 2.16 As referenced earlier in this report, data on numbers of children and young people who receive prevention interventions that go on to enter the Youth Justice System, demonstrate that this approach is effective. However, we also know that the picture locally is complex and that there are some children and young people whom this approach will not benefit, such as those who move in to Buckinghamshire from other areas.
- 2.17 It is unclear whether the reduction in first time entrants will be sustained or if we will see an increase as partners in the Police and other areas of the justice system, return to pre-pandemic ways of working. We continue to work hard to prevent this from happening through the increased focus on prevention work whilst ensuring we retain sufficient capacity to deliver the statutory Youth Justice work should numbers increase.

3. Other options considered

- 3.1 N/A.

4. Legal and Financial implications

- 4.1 The local authority must carry out its statutory obligations in compliance with the Crime and Disorder Act 1998, Section 40. In addition, the local authority must also carry out its statutory obligations in respect of safeguarding Children and Young People, as set out in the Children Act 2004 and in Working Together to Safeguard Children 2018.
- 4.2 The Youth Offending Service is funded through a combination of grant funding from the Youth Justice Board and contributions from the partners. Contributions may also be in kind, for example staffing employed by partner organisations but dedicated to the YOS.
- 4.3 The following partnership resources make up the Youth Offending Service budget for 2022-2023:

Partner Contributions 2022-2023	Staffing Costs (£)	Posts In Kind	Other Delegated Funds (£)	Total (£)
Buckinghamshire Council	694,121		65,547	759,668
Thames Valley Police		175,348		175,348
Clinical Commissioning Group		76,285		76,285
National Probation Service		22,680	8,580	31,260
Police Crime Commissioner	134,663		65,000	199,663
Youth Justice Board Grant	454,838			454,838
TOTAL	1,283,622	274,313	139,127	1,697,062

- 4.4 The council contribution to the budget has increased by £29,581, to cover inflationary staffing costs. The annual Youth Justice Board grant has increased by £40,779, which will fund direct interventions with young people. Thames Valley Police, National Probation Service and CCG continue to provide posts in kind and contributions from the Police and Crime Commissioner fund 2 prevention projects in schools.

5. Corporate implications

- 5.1 N/A

6. Local councillors & community boards consultation & views

- 6.1 N/A

7. Communication, engagement & further consultation

- 7.1 Communication of the Youth Justice Strategic Plan will be managed through the YOS Partnership Management Board, ensuring a multi-agency approach across partner organisations.

8. Next steps and review

- 8.1 The Youth Justice Plan should be reviewed and agreed annually. Progress of the plan will be monitored through the YOS Partnership Management Board which reports into the Safer Buckinghamshire Board.

9. Background papers

- Youth Justice Strategic Plan 2022-2023

10. Your questions and views (for key decisions)

- 10.1 If you have any questions about the matters contained in this report please get in touch with the author of this report. If you have any views that you would like the cabinet member to consider please inform the democratic services team. This can be done by telephone [01296 382343] or email [democracy@buckinghamshire.gov.uk]

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Youth Justice Plan 2022-2023

Service	Buckinghamshire YOS
Service Manager/ Lead	Ollie Foxell, Head of Service (Interim)
Chair of YJS Board	Superintendent Rebecca Mears, Area Commander Aylesbury Vale, Thames Valley Police

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1. Introduction, Vision and Strategy

Foreword

Welcome to the 2022-2023 Youth Justice Plan, which lays out the plans of the Buckinghamshire Youth Offending Service (YOS), explains our achievements during the last twelve months and our priorities for the coming year. The plan aligns to the Community Safety Partnership's 'Safer Buckinghamshire Plan' and its priorities.

Our aim is that Buckinghamshire remains one of the safest places to grow up, raise a family, live, work and do business.

The YOS plays a key role within the Partnership to help prevent offending and reoffending, reducing the use of custody where appropriate and working together to safeguard our most vulnerable. The YOS does this by working together with key partners in particular Children's Services, Health Services, Probation, Police, Community Safety and both third sector and private sector providers to deliver high quality and effective services to young people, their families and the victims of offending.

In my role as chair of the Partnership Board, I have had the privilege of working with a wide ranging and committed group of partners, representing both statutory and voluntary organisations. The Board and YOS have continued to adapt to the ever changing environment due to the developing pandemic and the engagement of all partners has remained strong throughout, demonstrating the resilience to achieve our shared objectives. The Board focuses on supporting and analysing progress to deliver constant improvements to youth justice services across the county. Our strategic priorities for 2020/21 and 2021/22 were themed to contribute to systemic change across the wider organisation and within criminal justice as a whole, and 2022/23 moves beyond recovery planning to achieve the overarching priorities:

1. Continuing to address disproportionality
2. Addressing exploitation of young people
3. Embedding an evidence-based model of practice

This plan provides a summary of how we have made progress against the specific goals set under these themes as well as working towards securing positive outcomes against our three national indicators.

It has been a pleasure to work with Ollie Foxell as the Interim Head of the Youth Offending Service for Buckinghamshire as he has continued to take forward and strengthen the structures, resourcing and processes. The YOS, with the support of our Partnership Board, continues to strive for high quality services to support young people, families and victims irrespective of the challenges of the health crisis. As always, the Partnership Board is extremely grateful for the skill and dedication of those working in this arena. On behalf of the Partnership Board, I am pleased to present this updated Youth Justice Strategic Plan.

***Superintendent Rebecca Mears BA (Hons) MSc,
LPA Commander for Aylesbury Vale, Thames Valley Police***

Vision and Strategy

Whilst 2021/22 saw the YOS still in a phase of recovery from the pandemic, there remained a clear focus on achieving our overarching long-term strategic priorities and maintaining strong performance against national and local indicators. The development of ongoing work with partners to influence systemic change and to increase the targeted secondary prevention offer has contributed to the falling numbers of First Time Entrants. For the first time ever, the YOS now works with more children in a voluntary prevention and diversion capacity than those on a statutory basis (Youth Conditional Cautions and Court Orders). This is a significant shift that demonstrates the effectiveness of recent developments in prevention provision and the intention is to continue on this trajectory.

The following key strategic priorities that have helped to drive this good progress in recent years will remain, and a continued focus on developing the transition towards a predominantly prevention-based model of working will cut across all three.

1. Continuing to address disproportionality.
2. Addressing exploitation of young people.
3. Strengthening an evidence based model of practice / focus on intervening as early as possible.

The long-term vision for the YOS will be to continue to expand the prevention offer, specifically by exploring funding opportunities to grow the existing model of youth work support for schools. These priorities are consistent with other local long term strategic priorities, such as those set by the Safer Bucks Board and the Violence Reduction Unit.

2. Local Context

On 1 April 2020, the former District Council areas of Aylesbury Vale, Chiltern, South Bucks and Wycombe and Buckinghamshire County Council came together to form a single Unitary Authority, Buckinghamshire Council.

Buckinghamshire has a fast growing population with a 0.6% annual change (between 2019-2020) according to the 2021 ONS report with a total population of 551,560. The south is densely populated, and the north is more sparse; however, there has been a particularly large population change in Aylesbury Vale which has seen a 10.4% rise since 2011, the highest rate of growth of any local authority in Great Britain. In terms of who make up this population, in recent years the general trend is an increasing amount of residents aged 0-15 as well as residents aged 80 and over. Buckinghamshire has an underrepresentation of people in their 20s and 30s (21.8 and 6.4 per cent below the national level).

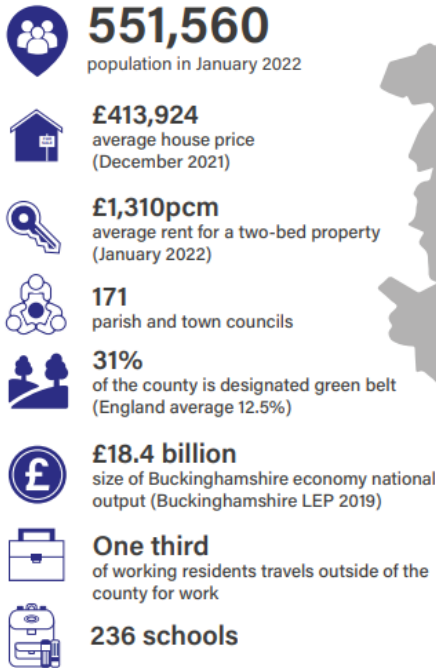
Our vision for Buckinghamshire is one where growth will be carefully planned and managed, so that all our residents benefit. This includes well designed, more affordable homes in thriving communities; providing excellent education opportunities for our young people, developing a skilled workforce with access to great job opportunities in highly productive sectors; and a world-class physical and digital infrastructure to support our businesses to flourish. We want our county to be a place everyone can be proud of, with excellent services, thriving businesses and outstanding public spaces for everyone. We

want our residents, regardless of background, to have access to great opportunities, living healthy, successful lives and ageing well with independence. The Covid-19 pandemic has changed the way we live, work and think and presents a number of challenges in ensuring we continue to protect and support people who are vulnerable and in need; whilst meeting the extra service demands produced from the Covid pandemic. While we do this, we will continue to lay the foundations for what is best for Buckinghamshire in the longer term.

The following infographic provides an overview of Buckinghamshire in numbers.

Buckinghamshire in numbers

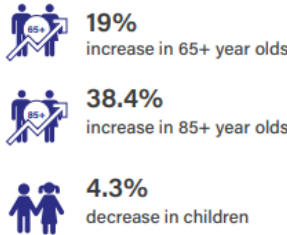
In 2022



On the horizon...



In the next decade (2022-2032):



Like all local authorities, we face challenging financial circumstances. There are more people turning to the council for support, but the resources available to help them have not increased to match the demand. We have to be realistic and focus on greater efficiency and value for money. However, we are still ambitious to keep investing in our communities, sustaining the vital services on which our most vulnerable residents rely. The following infographic shows a breakdown of how the Council’s budget is allocated.

£524m 2022/23 to 2025/26 - spending on providing or improving buildings, roads and other infrastructure (capital budget)
 £38.5m for economic growth and regeneration
 £136.4m for schools and school improvement projects
 £117.9m for strategic highways and maintenance
 £129.4m for strategic transport and infrastructure
 £24.8m for waste
 £21.8m for housing and homelessness



During 2021/22, Buckinghamshire Children’s Service was inspected twice. Firstly, in December 2021, Ofsted conducted their Inspecting Local Authority Children’s Services (ILACS) reinspection of services for children in need of help and protection, children looked after and care leavers. This inspection found that Buckinghamshire was no longer ‘Inadequate’, and the overall judgement of Children’s Services was ‘requires improvement to be good’. This follows two previous Inadequate inspection ratings and, whilst there is still considerable work needed, is considered a significant achievement, especially in the context of the impact of the Covid 19 pandemic. This outcome is testament to the hard work, dedication and skill of our colleagues across the Council and partner agencies. The second took place in March 2022 when Ofsted and the Care Quality Commission (CQC) inspected the services provided for children and young people with Special Educational Needs and Disabilities (SEND) in Buckinghamshire. The inspection found a number of strengths across the local area, despite the ongoing Covid-19 challenges. It recognises the considerable activity that is happening as part of our SEND improvement programme and confirms that our self-evaluation accurately reflects our progress. That said, inspectors also identified 3 area of significant weakness:

- The lack of a cohesive area strategy to identify and meet the needs of those children and young people requiring speech and language, communication and occupational therapy
- Waiting times for assessments on the autism and attention deficit and hyperactivity disorder diagnosis pathways and the system-owned plans in place to address this
- Waiting times to see a community paediatrician.

As a result of the inspection findings, the local area is required to submit a Written Statement of Action (WSOA) to address significant areas of weakness. The local authority and the area's clinical commissioning group (CCG) are jointly responsible for submitting the written statement to Ofsted. We will of course focus our efforts on improving the areas of significant weakness identified, while continuing with our broader improvement journey across organisations to ensure the support children with SEND receive in Buckinghamshire is high quality and effective.

3. Child First

Buckinghamshire YOS is committed to the principles of Child First and can demonstrate this in the following ways.

1. Prioritise the best interests of children and recognising their particular needs, capacities, rights and potential. All work is child-focused, developmentally informed, acknowledges structural barriers and meets responsibilities towards children.

The YOS has invested in good quality trauma informed practice and psychological formulation training and is continuing to do so, with refresher training this year. Trauma informed practice is overseen and guided by CAMHS (Child and Adolescent Mental Health Service) colleagues who provide support in a number of areas, such as chairing of case formulations and delivering group complex case supervision.

There is a strong focus on quality in the work that the YOS do, with a robust quality assurance framework and regular quality reports submitted to the Partnership Board. This ensures strategic oversight of the effectiveness of work delivered with children and young people.

2. Promote children's individual strengths and capacities to develop their pro-social identity for sustainable desistance, leading to safer communities and fewer victims. All work is constructive and future-focused, built on supportive relationships that empower children to fulfil their potential and make positive contributions to society.

There has been a recent focus on developing family work within the YOS. The creation of Restorative Family Meetings, which allow children and families to address conflict within the safety of a restorative process, ensures that the child has the opportunity to share their voice.

3. Encourage children's active participation, engagement and wider social inclusion. All work is a meaningful collaboration with children and their carers.

The YOS uses the LifePath model to seek feedback from children and young people. This has proven an effective way to gain frank, useful feedback which has led to tangible outcomes. Findings are presented to the Partnership Board and appropriate actions taken where needed. An example of this is the constructive feedback given in relation to experiences of children held in police custody. Following discussion at the Partnership Board, trauma informed practice training was delivered by CAMHS to custody staff.

Work is planned in the current period for representatives of the Partnership Board to directly engage with children open to the YOS, seeking their views on how the current strategic priorities would best be delivered.

4. Promote a childhood removed from the justice system, using pre-emptive prevention, diversion and minimal intervention. All work minimises criminogenic stigma from contact with the system.

Since 2018, the YOS has pursued a path of very deliberately seeking to grow the prevention and diversion offer available to children and young people. As a result, the YOS now works with more children in a prevention capacity than those in a statutory capacity. This is primarily driven by our innovative school's model, which places Youth Workers across 16 secondary schools (originally 8) across the county, delivering diversionary intervention with children who have not entered the youth justice system. The vision is to seek further opportunities to grow this model.

4. Voice of the Child

Buckinghamshire YOS actively promote the LifePath model as a way of gaining feedback from young people and ensuring their voices play a key role in service development. Every individual is encouraged to complete this activity at the end of their intervention, considering their thoughts and feelings about each step on their path from offending to completion of their work with the YOS. One of the greatest benefits of this is the way it asks service users to reflect on their journey through the whole youth justice system, ensuring invaluable feedback for all the agencies they have had contact with. This information is collated on a 6-monthly basis and shared with the Partnership Board and actions are agreed to address the findings.

A powerful example of the way this has led to tangible change relates to the feedback young people provided on their interaction with the Police. This led to the commission of a more in-depth piece of work specifically around relationships with law enforcement, as documented above in the Child First section. There are indications that experiences of the Police are becoming more positive as a result.

For the first time, young people will be consulted on the strategic priorities of the YOS and how they consider these can be best delivered. This activity will provide direct face to face contact between strategic decision-makers and service users and will play an important role in developing services moving forward.

5. Governance, Leadership and Partnership Arrangements

Buckinghamshire Youth Offending Service is located within Buckinghamshire Council, Children's Services. The YOS Head of Service post is jointly responsible for the Children's Social Care, Missing and Exploitation Hub, reporting to the Service Director for Children's Social Care and part of the Senior Management Team.

Strategic oversight of the Youth Offending Service is provided by the Partnership Board, which is chaired by the Local Area Commander for Aylesbury Vale, Thames Valley Police and attended by all statutory partners, as well as many non-statutory.

At an operational level, the YOS contains the following specialist posts:

- 2 x Social Workers (YOS Officers with social work qualifications).
- 2 x Seconded Police Officers.

- 0.5 Probation Officer (at the time of writing, the National Probation Service have provided funding in lieu of a seconded Probation Officer, but have committed to a secondment in the current period).
- Health input provided via access to CAMHS forensic psychology support 2 days per week as well as 2 x safeguarding nurses, each providing one day per week.
- 1 x Education Officer post funded by the Council, currently occupied by a qualified teacher.
- Statutory youth justice cases are held by generic YOS Officers posts, who can hold a range of qualifications, including Youth Work, Probation and Social Work, as well as those alternative qualifications. There are 3 grades of YOS Officer post and a process that allows them to progress once certain criteria are met in relation to knowledge, skills and experience.
- 1 x full time dedicated Performance Review and Information Manager.

Full details of the staffing structure is provided in Appendix 1.

6. Resources and Services

The following partnership resources contribute towards the aims and expected outcomes in the plan:

Partner Contributions 2022-2023	Staffing Costs (£)	Posts Kind	In	Other Delegated Funds (£)	Total (£)
Buckinghamshire Council	694,121			65,547	759,668
Thames Valley Police		175,348			175,348
Clinical Commissioning Group		76,285			76,285
National Probation Service		22,680		8,580	31,260
Police Crime Commissioner	134,663			65,000	199,663
Youth Justice Board Grant	454,838				454,838
TOTAL	1,283,622	274,313		139,127	1,697,062

The Youth Justice Grant will be used exclusively to deliver the following outcomes: to reduce numbers of First Time Entrants into the youth justice system; to reduce reoffending; to reduce numbers of children in custody; to protect the public from serious harm; and to ensure effective safeguarding of children in the youth justice system. The following activities will be funded by the grant:

- Delivery of effective assessment, intervention planning and supervision for young people who have offended or are at risk of offending in Buckinghamshire.
- Delivery of services to the victims of youth offending.

- Development of key areas of practice such as SEND, Liaison and Diversion and Restorative Justice.
- Analysis of performance information to inform practice development across all areas.
- Delivery and development of Community Reparation.
- Expenses incurred by staff in carrying out core duties.
- Development and training of staff in effective practice.
- Provision of the Core+ database, to support effective case management, timely submission of statutory data and the use of connectivity to ensure mandatory documentation is shared securely with the Youth Custody Service.

Funding from the Police and Crime Commissioner will be used to deliver two projects:

- The YOS Multi-Agency school's project - this provides Youth Workers to deliver diversionary support to 16 secondary schools across the county. The aim of this project is to reduce numbers of First Time Entrants to the youth justice system.
- The Community Coaching project - this funds an external provider, Spark2Life, to deliver community coaching to support transition from primary school to secondary school for children from ethnically diverse communities. The project seeks to address structural inequality and provide improved outcomes for students across a range of areas that can sometimes be pathways into the youth justice system.

A more detailed description of these projects is provided in a later section of this plan.

7. Progress on Previous Plan

The following table outlines the actions identified in last year's Youth Justice Strategic Plan and the progress made against these.

Addressing Over-Representation	
ACTION	PROGRESS
Evaluate overall impact of disproportionality work to date	Completed - all of the disproportionality work initiated by the YOS has been pulled together into one report evaluating impact and taken back to the Partnership Board.
Expand the community coaching project to include siblings of YOS clients in addition to supporting young people in Year 8	Completed – the referral process has been successfully rolled out to YOS practitioners and 3 siblings were engaged via the project during 2021/22.
Facilitate a session on Culture, Diversity, Knowledge and Understanding for key strategic partners with a view to developing an action plan for each service	Completed - a session was delivered on Culture, Diversity, Knowledge and Understanding at a YOS Partnership Board meeting. Ongoing work around disproportionality within each agency and plans moving forward were subsequently captured via Partnership Board Focus Groups, which followed this session.

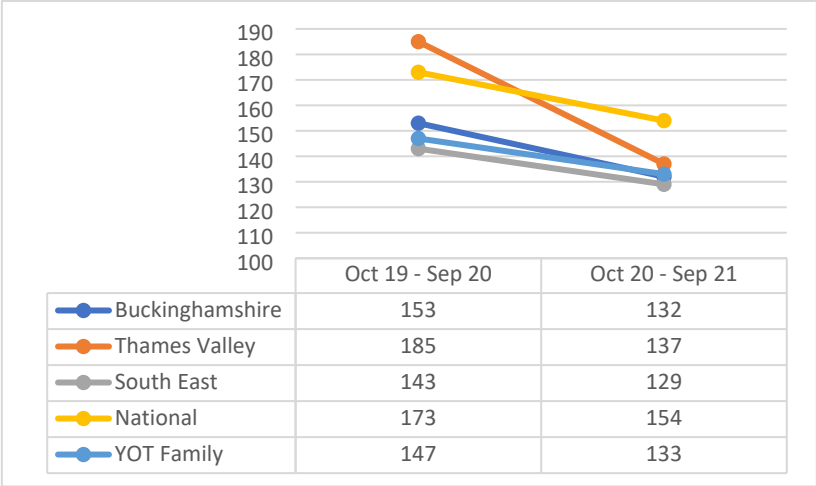
area to positively address disproportionately	
Re-audit identity within assessments to ensure good practice guidance is fully embedded	Completed – a re-audit took place and positive indicators of improving practice were identified. An additional session was delivered for all practitioners on Culture, Diversity, Knowledge and Understanding to further support their understanding and assessment of identity.
Addressing Exploitation of Young People	
Increase knowledge and strength of YOS prevention youth workers on exploitation, so universal services can be supported to understand risk factors	Completed – YOS Prevention Youth Workers have attended training and now participate in a monthly meeting to discuss exploitation concerns for those children they are working with, alongside other professionals.
Implement parenting support through funding secured with third sector provider to create community champions	Completed - parenting groups are now being delivered by the local authority Children's Services department. 3 members of YOS staff have been trained to deliver The Teen Nurture Programme.
Pilot sessions from those with lived experience to support learning across the organisation	Ongoing – this piece of work is being led by wider Children's Services and will carry over into 2022/23.
Actively participate in Serious Violence Task Force meetings in light of revised duty on YOS	Completed – the YOS Head of Service sits on the Serious Violence Task Force group. Work is ongoing to ensure access to the Serious Youth Violence dashboard and contribute data to this as appropriate.
Embedding Evidence Based Practice	
Deliver refresher training on Trauma-Informed Practice in partnership with CAMHS	Completed – training was delivered in July 2021 to all practitioners. Additional training will be delivered in September 2022.
Explore the low level of Liaison and Diversion referrals across Buckinghamshire to ensure appropriate young people are receiving support	Ongoing - this has now been subsumed within a wider piece of work for the whole of Thames Valley. An information sharing agreement has now been made at Thames Valley level.
Support those attending Restorative Justice training in completing case studies to evaluate the impact on their day to day work	Completed – support has now been built into the training programme to ensure all attendees are confident in measuring effectiveness. This has led to an increase in case studies being returned by participants.

8. Performance and Priorities

National Indicator – First Time Entrants

The number of young people entering the youth justice system for the first time has continued to fall in Buckinghamshire. Data for October 2020 to September 2021 shows

a rate of 132 young people per 100,000 of the local 10-17 year old population, which represents stronger performance than that seen nationally, across Thames Valley and within the YOT family. This also represents a reduction from the 153 young people per 100,000 entering the youth justice system for the first time between October 2019 and September 2020.

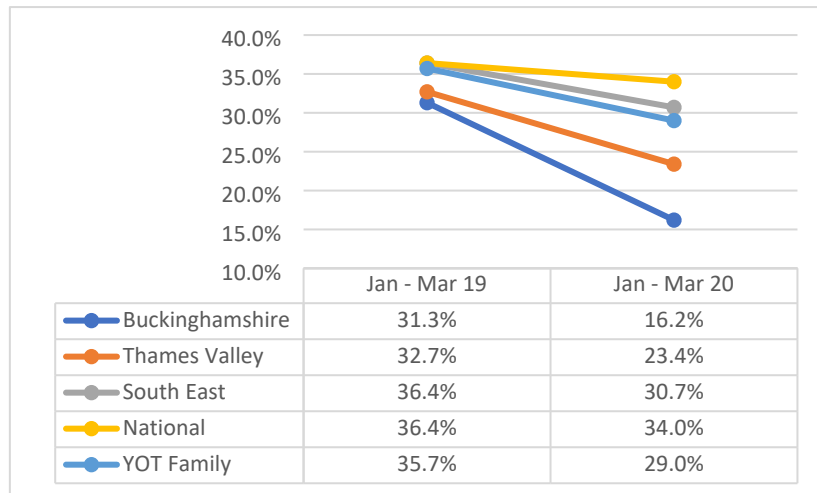


With an ever-increasing focus on prevention and diversion in Buckinghamshire, significant work is taking place to both sustain and improve this performance. Activities include:

- Delivery of the Multi-Agency Schools project (funded by the Office of the Police and Crime Commissioner).
- Ongoing mentoring project to support black and minority ethnic children in primary school year 6, straddling their transition to year 7 in secondary school (funded by the Office of the Police and Crime Commissioner).
- Increased support for young people receiving Community Resolutions.
- Delivery of restorative training to those working in a range of settings, such as care homes and schools, to support appropriate management of challenging situations.

National Indicator – Reoffending

The rate of young people reoffending in Buckinghamshire is currently lower than that seen nationally, across the South East, Thames Valley and the YOT family. For the January to March 2020 cohort, only 16.2% of young people went on to reoffend within a 12 month follow up period. This represents a total of 6 reoffenders. This particular tracking period included 2 periods of extended national lockdown which in part explains why the rate is so much lower than the 31.3% figure for the January to March 2019 cohort. However, all of the comparator groups were also affected by the pandemic in the same way. The data therefore shows particularly strong performance in Buckinghamshire.



The YOS continue to attribute this performance to the trauma-informed approach taken to working with young people, which focuses on building an effective relationship with every individual engaged by the service. A stable workforce and closer working relationships with partners have further contributed to the positive diversion of young people from reoffending.

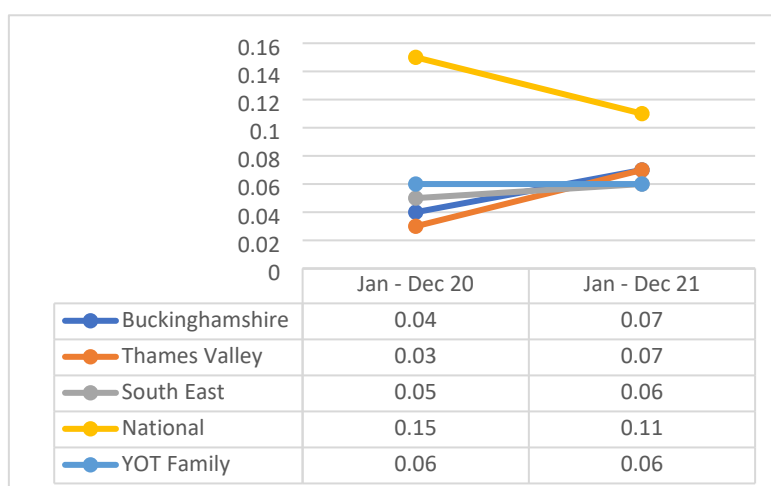
Activities taking place in the next 12 months to sustain this include:

- Significant investment in staff training for 2022/23: further input on trauma informed practice and case formulations; contextual safeguarding; AIM3 (sexually harmful behaviour); and restorative practice.
- Continuing to prioritise staff well-being and recognising the risk of vicarious trauma: reflective supervision; CAMHS group complex case formulation; individual case consultations; and staff feedback activity every 6 months.
- Focus on enhanced recruitment process to diversify workforce.
- Ongoing audit activity on a monthly basis to ensure practice quality is regularly reviewed.

National Indicator – Custody

The rate of young people receiving a custodial sentence per 1000 of the local 10-17 year old population has risen slightly to 0.07 from 0.04. This represents an increase from 2 custodial sentences in 2020 to 4 in 2021. Performance is stronger than seen at a national level, is in line with Thames Valley and only slightly above that seen across the South East and within the YOT family.

Due to low numbers, an analysis of gender and ethnicity has not been provided, as there is the potential for individual young people to be identified from this. However the data is reviewed locally on a quarterly basis to identify learning.



In addition to this, the YOS also monitor the number of young people remanded to custody and the number of bed nights this entails. As the table below shows, there was a significant reduction in the number of new custodial remands and in associated bed nights during 2021-22. The 876 bed nights accrued in 2020-21 was in part due to lengthy remands of almost a year for 2 young people charged with serious violent offences.

	No. of Young People	No. of Bed Nights
2020-21	4	876
2021-22	1	34

Ongoing activity is in place to ensure custody is only used when all community options have been considered. This includes:

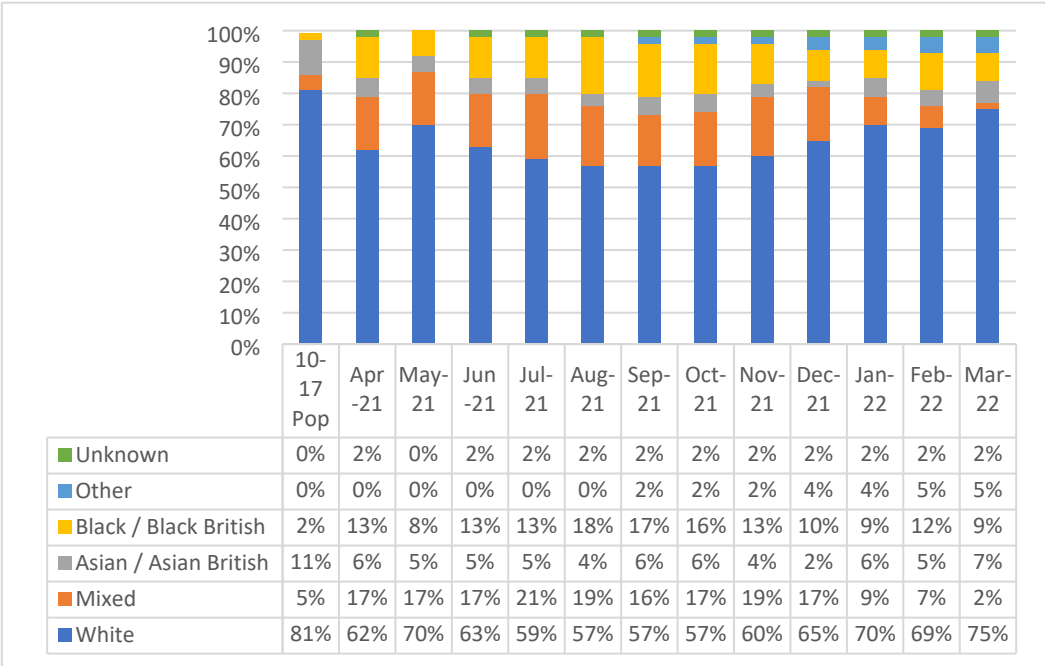
- Taking a trauma-informed approach to assessing and engaging with young people
- Custody panels for all appropriate cases, whereby a manager supports the report author in building their proposal
- A comprehensive quality assurance framework that ensures all assessments and report proposals are subject to robust management oversight.

Over-Representation

Both national and local data clearly shows that young people from a Black, Asian and Minority Ethnic backgrounds are over-represented within the criminal justice system. Local data shows that Black Asian and Minority Ethnic children who have entered the youth justice system also experience disproportionately poor outcomes across school exclusions, exploitation and Social Care involvement. Since 2018, Buckinghamshire YOS have been actively identifying ways to address this inequality.

The YOS caseload is monitored each month by ethnicity, comparing the percentages of each cohort with the overall 10-17 year old population. Whilst the data below shows a positive reduction in the disproportion of Black Asian and Minority Ethnic children and young people open to the service, this relates to a period of time when overall caseload numbers have reduced, meaning percentages can be misleading. It is also important to

note that publication of the new census data (expected in 2022) may have an impact on disproportionality rates nationally and in Buckinghamshire.



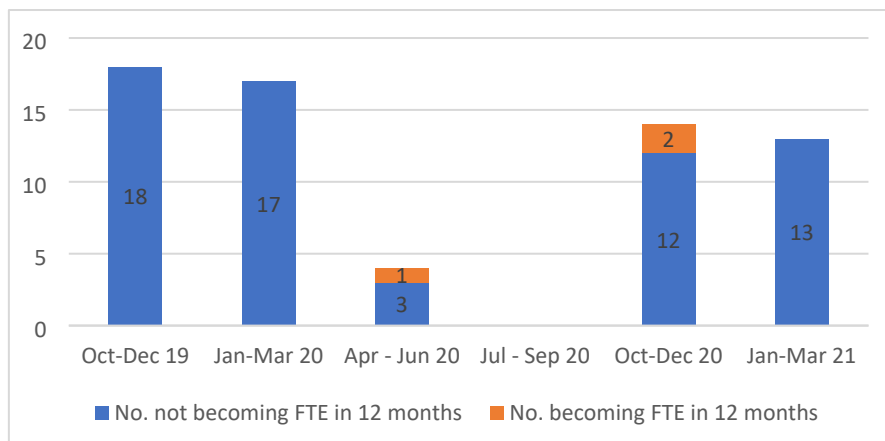
Following the Thematic Inspection into the Experiences of Black and Mixed Heritage Boys in the Youth Justice System, the Partnership Board commissioned more detailed data analysis of a cohort of First Time Entrants to assess the level of disproportionate outcomes for those from a Black Asian and Minority Ethnic background. Findings based on this cohort are as follows:

- Whilst the numbers were low, it is of note that no White young people entered the youth justice system with an outcome above a Referral Order.
- There was no clear correlation between ethnicity and offence type, with Violence Against the Person the most common for all ethnic groups aside from the Other category.
- Only young people from a White or Black background had reported missing episodes. Additional data gathered on the number of times each young person had been reported missing did not reveal any patterns in relation to ethnicity.
- Whilst there was no discernible pattern relating ethnicity to type of involvement, it is significant to note that only 1 young person in the whole cohort had not had any previous contact with Social Care. All of the Black young people in the cohort had been subject to a Child Protection Plan or been a Child Looked After.
- Young people from Black, Asian, Mixed and Other backgrounds were more likely to have a recorded disability than White young people.
- Individuals from the Mixed and Other groups had the highest rate of Fixed Term exclusions. There was no clear correlation between the number of Fixed Term Exclusions and ethnicity.
- Those from a Black or Mixed background had the highest rate of Permanent Exclusion.
- White young people were most likely to be receiving either SEN Support or support via an EHCP.
- Asian young people were the least likely to be stopped and searched. There is no clear correlation between the number of stop and searches and ethnicity.

This data has been shared with the Partnership Board and will be taken back to individual agencies for further discussion / action as appropriate.

Local Indicator – Prevention Cases that Become First Time Entrants

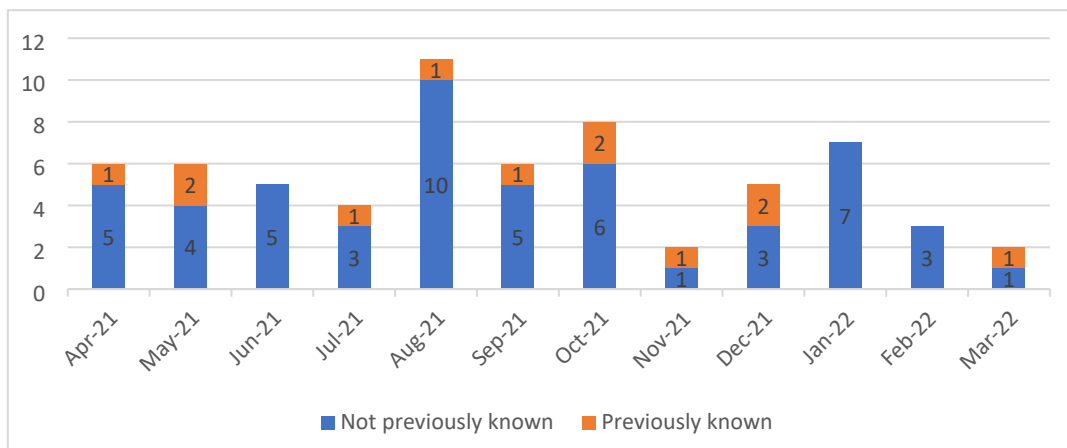
The YOS reports quarterly on Prevention cases that have gone on to become a First Time Entrant within 12 months of beginning their intervention with the service. The chart below shows that of the 66 young people engaged in preventative work between October 2019 and March 2021, only 3 (4.5%) went on to receive a substantive outcome within 12 months.



The strength of this performance reflects the effectiveness of the YOS Youth Worker in Schools project in engaging and diverting individuals from an offending pathway. This provides a robust, evidence-based model for the increased focus on prevention work moving forward, with the aim of sustaining and building further on these positive outcomes.

Local Indicator – First Time Entrants Previously Known to the YOS

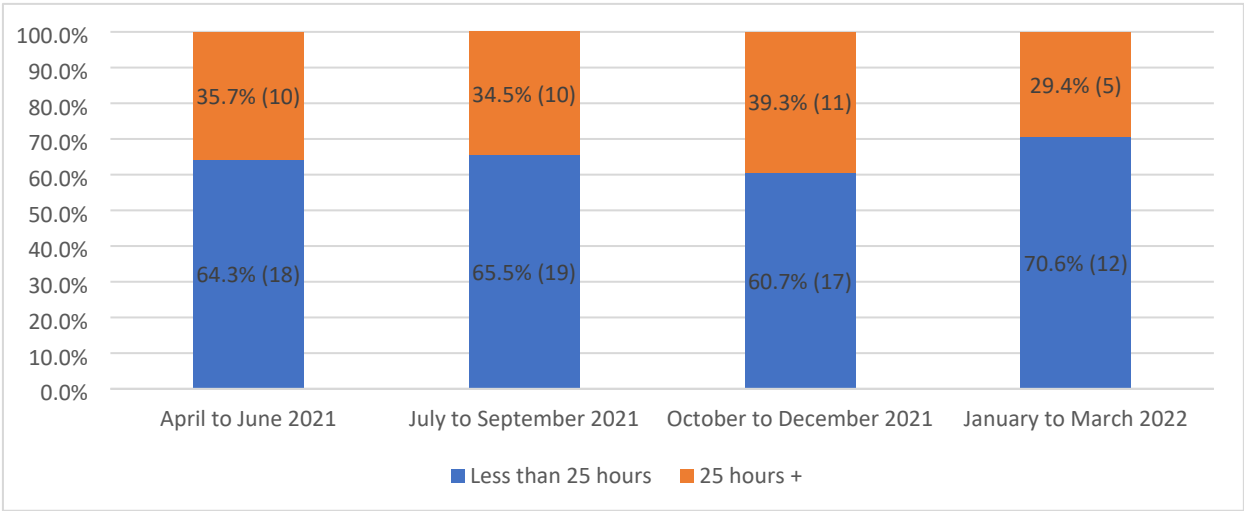
This measure identifies how many young people enter the youth justice system for the first time having been previously engaged by the YOS in a preventative intervention. In the 2021/22 period, there were a total of 65 First Time Entrants, of which 12 (18.5%) had been previously known to the service.



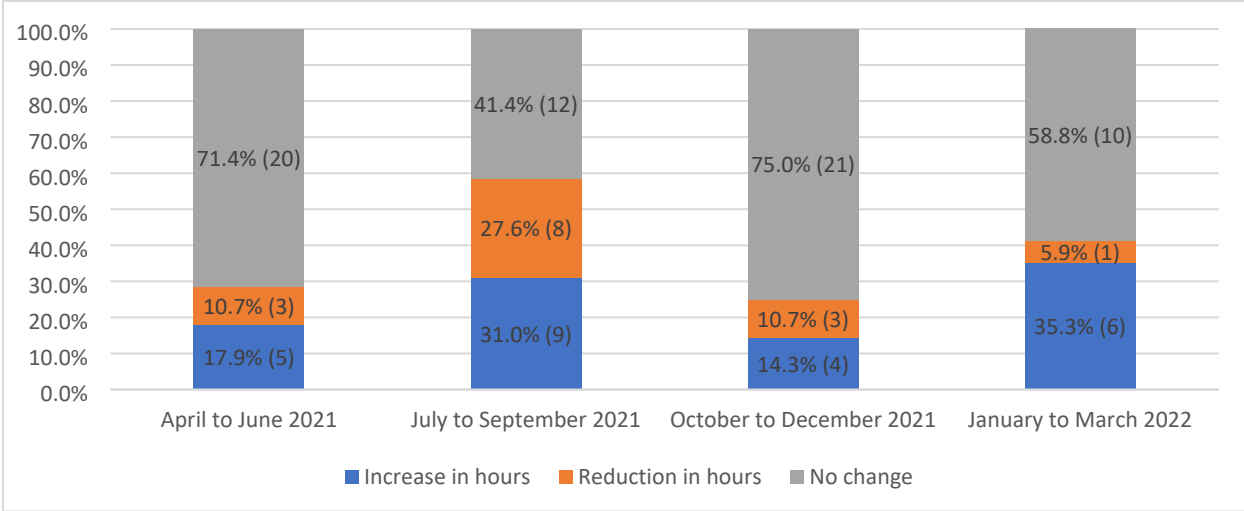
Measuring this particular indicator has 2 key purposes. Firstly, it allows the YOS to monitor the effectiveness of prevention programmes by reviewing individual cases where the young person went on to offend, and secondly, it provides a chance to identify if opportunities were missed to engage those who have not been worked with. The aim of this data analysis is to ultimately reduce the number of those entering the system both previously known and not known to the YOS.

Local Indicators – Education, Training and Employment (new measures introduced in 2021/22)

The YOS monitors the % (number) of young people receiving 25 hours or more of provision at the end of their intervention. This includes all young people receiving statutory interventions. The data shows that whilst there has been some fluctuation throughout 2021/22, approximately one third of those open to the YOS were receiving 25 hours or more at the end of working with the service.

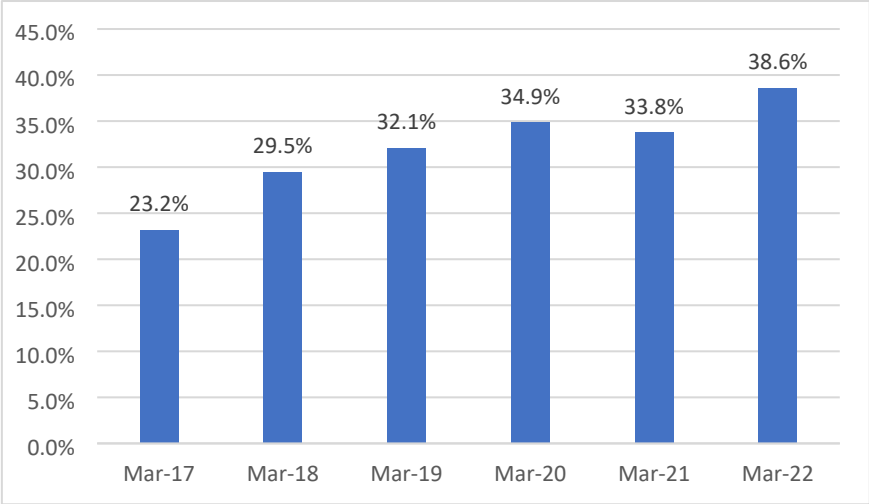


In addition, the YOS also monitor the % (number) of young people receiving more hours provision at the end of their intervention than at the start. This includes all young people receiving statutory interventions. The data shows a significant fluctuation quarter on quarter.



With both of these measures introduced in 2021/22, this information is intended to provide a benchmark for Education, Training and Employment measures moving forward. Having been provided with a detailed breakdown of the young people behind these statistics, the Partnership Board have requested that this data be presented by age moving forward (pre and post 16) to gain a better understanding of the barriers and focus on improving outcomes. This will continue to be a key area of focus in 2022/23.

The percentage of young people on the YOS caseload with an Education Health and Care Plan (EHCP) is monitored on a monthly basis. The chart below shows a snapshot of this data across the last 6 years, with a clear increase evidenced over that period.



Part of this increase can be attributed to work that has taken place to improve the accuracy of EHCP recording within this period, however significant steps have also been taken to improve YOS engagement with the Integrated Special Education Needs and Disabilities (SEND) teams within the Council.

Joint working practices have been strengthened in partnership with SEND and the focus in 2022/23 will be to embed these. This will form a benchmark for proposed quarterly inter-agency audit activity to ensure those known to the YOS with an EHCP are receiving the most effective service.

Prevention

The YOS Multi-Agency Schools project has now received a further 3 years of funding from the Police and Crime Commissioner, reflecting the effectiveness of the project to date. The programme aims to deliver the following outcomes:

1. Enhancing school achievement & engagement (including at risk of exclusion)
2. Preventing crime, violence and antisocial behaviour
3. Preventing exploitation
4. Improving relationships within the school, peer or professionals
5. Improving attendance
6. Preventing risky teenage behaviour – including drugs

177 young people were referred to this programme during 2021/22 across 16 schools. This is a significant increase on throughput from previous years, achieved through an increase in the number of schools taking part and in resourcing.

One of the key measures of effectiveness is whether the individuals engaged go on to enter the youth justice system within 12 months. Of the 64 young people who started an intervention in 2020-21, 7 went on to offend (10.9%). Of the previous year's cohort, only 1 out of 79 young people went on to offend (1.3%). Individual case studies are also collated to evidence impact and to aid learning around good practice. This represents an increase in the number of those going on to offend and the reasons behind this are currently being explored.

The YOS Community Coaching project is designed to improve outcomes for these children, helping them to achieve their potential. Mentors support individual young people through the transition to secondary school and seek to engage them in positive activities in their communities. This project has now been extended to include referrals for siblings of those engaged by the YOS on statutory interventions.

During 2021/22, 11 young people were successfully supported through this transition. Feedback has been overwhelmingly positive from both the individuals supported and their parents / carers, with 100% of those providing feedback stating they rated the support as 5 out of 5. All of the young people said the support had helped them identify different life choices and that they have confidence in sustaining that progress after the mentoring draws to a close.

Diversion

The Police have ultimate responsibility for making decisions on the suitability of Out of Court Disposals, however local arrangements are in place to assist the decision-making process, known as the Joint Decision-making Panel (JDP). The YOS Early Intervention and Restorative Justice Coordinator, Police Decision Maker, YOS Youth Worker, representative from Liaison and Diversion and a representative from the Family Support Service make up this panel. If a child is already known to YOS, the current / previous case holder will also be invited to attend or provide feedback on the young person's current/previous disposal. If they are known to Social Care, their Social Worker will attend the panel, when appropriate.

There are a number of layers of oversight that ensure the quality of this decision-making. A Consistency Event takes place every 6 months with all Thames Valley Police decision-makers and those who are involved from each YOT. In addition, an Out of Court Scrutiny Panel is held every 4 months with the Police, YOS and Magistrates to examine decisions taken across the force. Buckinghamshire YOS have also been taking part in disproportionality scrutiny activity with Oxfordshire YOS to ensure that outcomes are consistent regardless of age, gender or ethnicity.

All young people receiving Community Resolutions are reviewed by YOS Team Managers to agree if support should be offered, with the exception of those given a Drug Diversion Scheme outcome, where young people are referred directly to Switch Bucks for substance misuse provision. If support is deemed appropriate from the YOS, the worker will complete a locally devised Out of Court assessment to identify the risks and needs to be addressed through a bespoke intervention plan. This is a process that has

been expanded during the last 6 months due to the reduction in statutory work and the subsequent increased capacity to offer more diversionary programmes.

During 2021/22 there were 225 Community Resolutions issued to young people in Buckinghamshire. Of these, 60 young people were referred to Switch Bucks and 6 were engaged by the YOS. This reflects a period of time where voluntary interventions were offered only where a second Community Resolution had been received. In response to reducing statutory outcomes and increased capacity, the YOS has recently expanded the early intervention offer to include all Community Resolutions and the percentage engaged will increase as a result.

Serious Youth Violence

The YOS is represented on the Thames Valley wide Violence Reduction Unit (VRU) Board by the Head of Youth Offending Service for Oxfordshire, who represents Thames Valley YOTs at this forum.

Locally, the YOS is part of the Serious Violence Task Force, which is a forum chaired by the Corporate Director of Children's Services and attended by partners key to ensuring adherence to the Serious Violence Duty. As such, the YOS is a key partner in delivering the Serious Violence Reduction plan for 2022-23.

The Head of Service has joint responsibility for the Missing and Exploitation Hub, and the two services work increasingly closely together to ensure children at risk from exploitation and serious violence are safeguarded. Recent developments have included:

- Spot purchasing of lived experience mentoring for children open to the Missing and Exploitation Hub and identified as at risk of entering the youth justice system.
- Identification of YOS Officers with lead responsibility for exploitation, who act as the link between services and provide consultation to staff.
- Expansion of YOS prevention offer to include referrals from the Multi Agency Child Exploitation (MACE) panel for children at risk of entering the Youth Justice System.

Constructive Resettlement

With custody levels remaining low in Buckinghamshire, the number of young people subject to the resettlement process is also low. Of the 3 young people released from custodial sentences in 2021/22:

- 1 was immediately arrested and remanded for new offences.
- 1 was released to a placement outside of Buckinghamshire overseen by another YOT.
- 1 turned 18 whilst in custody and was transferred to adults' services.

Of the 3 young people completing a period of remand whilst open to the YOS in the same period:

- 1 was transferred to Probation.
- 1 was released to a placement outside of Buckinghamshire overseen by another YOT.
- 1 was sentenced to custody.

Please note that due to low numbers, an analysis of gender and ethnicity has not been possible, as there is the potential for individual young people to be identified from this.

Despite these low numbers – and in anticipation of potential future resettlement needs – the YOS has recently developed a comprehensive Resettlement Policy, which clearly outlines the expectations for managing any young person released from custody.

Restorative Justice

Data is collected across Thames Valley for a local indicator relating to victim engagement. This is collated by the Buckinghamshire YOS Performance Review and Information Manager and discussed at the Thames Valley YOT Manager’s Meeting. Significant work has taken place during 2021/22 to ensure all YOTs are collecting data according to the same counting rules and to identify learning from areas that are performing particularly well with regard to victim engagement.

	Numbers - Bucks	% Bucks	% Thames Valley
Total Number of victims identified in period	121		
a) Number of victims identified in period - Precourt	67		
b) Number of victims identified in period - Court	54		
Number of victims where consent to contact is given on the YOT1	42	34.7%	49.9%
Number of victims who accept the service from the YOT (where consent has been given)	24	57.1%	65.1%
Number of victims engaged in indirect Restorative Justice / reparation	8	33.3%	50.4%
Number of victims engaged in direct Restorative Justice / reparation	3	12.5%	15.6%

Buckinghamshire YOS are not performing as well as the Thames Valley average across all of these areas and work is taking place to address this. This has included:

- Discussions with the Police regarding the levels of consent received to contact victims and what the barriers to this may be
- Plans to deliver refresher training on Restorative Justice to front line staff as part of the 2022/23 training plan
- A Thames Valley wide meeting to consider how “other” victim work is captured, including those who receive significant support but do not engage specifically in indirect or direct restorative activity.

All victims who are engaged are asked if they would like to provide feedback on the service they have received. Between January and December 2021, 18 victims responded, with all of them either satisfied or very satisfied with their involvement with the YOS.

Significant resource has been dedicated to delivering Restorative Justice training to other professionals within the local area, to help embed the use of a restorative approach across a range of agencies. During 2021/22, 70 professionals were trained in RJ approaches including social workers / student social workers, residential workers from Buckinghamshire care homes, members of Thames Valley Police, staff from Blueprint (Pupil Referral Unit), YOS workers, specialists in Child Sexual Exploitation, members of staff from Spark2Life, Newly Qualified Social Workers and a Child and Family worker. Case studies received following the training have provided tangible evidence of the effectiveness of this in de-escalating conflict.

The YOS has also delivered an innovative Peer Mediator training programme in a local primary school to 8 young people. The feedback from this has been exceptionally positive and the intention is to use this model to spread the restorative approach throughout other local schools.

9. National Standards

Buckinghamshire YOS carried out a thorough review of National Standards (NS) in March 2020, in line with Youth Justice Board guidance. All areas were self-assessed as Good with the exception of the operational element of NS4, which relates specifically to secure settings. This was rated as Requires Improvement due to issues in receiving assessment stages from the secure estate, which is beyond the control of the YOS. However, the service has continued to proactively challenge this process where it has not been followed and has sought ways to support improvements, with the aim of providing a more cohesive and effective transition for young people between custody and the community.

Following the audit, an action plan was developed. This plan focused on sustaining the positive practice identified through the audit and building on it further to ensure young people's needs are effectively met in line with National Standards. Some example actions are included below:

- Developing a tracking system to identify whether young people open to the School's Youth Work programme go on to become First Time Entrants within 12 months of their involvement (NS1).
- Producing a 6 monthly Quality Report for the YOS Partnership Board to ensure full strategic oversight and scrutiny of practice (NS2).
- Delivery of training for practitioners on Working with Racial/Ethnic Diversity to increase their skills in understanding identity and what this means for young people (NS3).
- Escalation to the YJB and Partnership Board where assessments from the secure estate are not being received (NS4).
- Seeking ways to sustain and improve on good practice around transitions to Probation in light of the NPS staffing review (NS5).

All of these actions have been completed.

Whilst the Standards for Children in the Youth Justice System 2019 removed many of the prescriptive timescales of previous guidance, locally the YOS have developed standards that are reported to the Partnership Board via the Performance Report on a bi-monthly basis. These include:

- **Assessment timescales** – all assessments should be quality assured and countersigned within 35 days of report request / sentence / review being opened. Between October 2021 and March 2022, 93% of assessments took place within this timescale.
- **Frequency of assessment** – all statutory interventions should be reviewed at a minimum of every 6 months. This measure is taken as a snapshot at the start of each month. As of 6.4.22, 85% of open cases had been reviewed within these timescales.
- **Home Visits** – home visits should take place within either 14 days before or after a start or review assessment being opened. Between October 2021 and March 2022, 85% of home visits took place within this timescale.
- **Referral Order Panels** – panels should take place within 20 working days of sentence. Between October 2021 and March 2022, 50% of panels took place within this timescale.

In conjunction with the bi-annual Quality Report, this gives strategic assurance of both quantitative and qualitative performance and a key opportunity for challenge if there are concerns with operational practice.

10. Challenges, Risks and Issues

The growing risk to children and young people from criminal exploitation associated with organised crime groups involved in drug supply (often referred to as county lines) is now well known. Those becoming involved are at increased risk of being both victims and perpetrators of serious violence, directly linked to this model of drug supply. These children and young people frequently present with multiple, complex vulnerabilities, often with a history of trauma and loss, and including exposure to domestic abuse.

Increasing diversion from statutory services means that often children who receive informal out of court disposals, or those referred for prevention, present with increasingly complex needs. Adapting to this changing landscape presents some challenges to the ways in which the YOS works, with a greater focus on proactively seeking ways to offer voluntary support, rather than relying on 'referrals' from the Police and Courts. For staff, this means being flexible enough to be able to work with children at all stages of the youth justice system, as well as those not formally in the system. To support this, the service has commissioned refresher training on Psychological Formulation and Trauma Informed Practice for all staff who occupy front line roles.

The significant over-representation of Black and Mixed heritage children in the youth justice system in Buckinghamshire is a significant challenge and is being actively addressed as a key strategic priority.

The challenges of adapting to a hybrid model of working following recovery from the pandemic are common to all public services. We believe that in Buckinghamshire the flexibility and focus on staff well-being - from the Council and within Children's Social Care - have helped to respond to this challenge.

11. Service Improvement

The Workforce Development plan for 2022/23 illustrates how the YOS plans to invest significantly in staff development. This includes refresher training in Restorative Justice, AIM 3 Sexually Harmful Behaviour training, refresher training on Psychological Formulations and Trauma-Informed Practice, and Contextual Safeguarding training. Places have been offered to staff in the Missing and Exploitation Hub on the latter 3 events to reflect increasing collaboration between the two teams.

It is recognised that the changing nature of the work can present challenges to staff in regard to how to work holistically, with a shift away from the focus on statutory interventions towards a range of prevention interventions and with increasing complexity at an earlier stage. Increasing knowledge and skills in regard to trauma informed practice, psychological formulations and contextual safeguarding is designed to increase confidence and effectiveness in working holistically.

Following the HMIP thematic review of the Experience of Black and Mixed Heritage Boys, published in October 2021, the following pieces of work are planned for delivery in 2022/23:

- Board members to share data on key areas identified as being disproportionately experienced by Black and Mixed heritage boys.
- Provision of youth work resource to work with Black and Mixed heritage boys at risk of exclusion.
- Work with Buckinghamshire University to carry out research into the experiences of Black and Mixed Heritage children who have accessed service from the YOS.

During 2021/22 there was a Critical Learning Review undertaken. Although this was triggered prior to the reintroduction of mandatory reporting to the YJB, a full report and action plan was produced. Learning was shared with the Partnership Board. The specific details are not included within this plan due to potential identifiable information.

In December 2021, OFSTED carried out an Inspection of Local Authority Children's Services for Buckinghamshire. The overall rating was Requires Improvement, having previously been rated as Inadequate. Following publication of the report, Buckinghamshire Children's Social Care have produced a comprehensive Improvement Plan. The following actions are contained within that plan and are directly relevant to the Youth Offending Service:

- Recruit a detached youth worker able to work out of hours, primarily with children at risk of criminal exploitation.
- Develop the MACE (Multi-Agency Child Exploitation) meeting to collate data on the specific locations where exploitation takes place, so data on themes and trends can be shared across partners in Early Help and Community Safety, in order to increase prevention and disruption activity.

- Undertake a review with Children in Care, YOS and Exploitation Hub to consider whether any targeted work can be identified based on the profile of young people to identify the early signs and indicators that might reduce the risks.
- Conduct a Contextual Safeguarding pilot to evaluate the effectiveness of using an Extra Familial Harm category of child protection.

12. Evidence-based Practice and Innovation

Following the findings of the HMIP thematic review of the Experiences of Black and Mixed Heritage Boys, the YOS are in the planning phase of commissioning Buckinghamshire University to undertake research on the experiences of Black and Mixed Heritage children and young people who have worked with the YOS. The findings of this will be delivered to the Partnership Board and used to improve services, both within the YOS and partner agencies.

In 2021/22 the YOS hosted a post graduate University placement for a student studying towards an MSc in Applied Forensic Psychology and Counselling. The dissertation involved the creation of a parenting assessment for use with parents of children open to youth justice services. This is being launched for use with parents of children who have received Court Orders and will be evaluated for impact after a 6 month trial period.

Both projects funded by the Police and Crime Commissioner – the YOS Multi-Agency Schools project and the YOS Community Coaching Project – require robust data returns and evidence of impact. Both are funded to continue until 2025. Section 7 of this plan provides a detailed outline of the impact of each project.

The YOS has also invested in delivering Restorative Justice training to partners as well as peer mediator training in schools. This is also outlined in more detail in section 7.

13. Looking forward

The following table captures key areas of development over the next 12 months, which will feed into the wider, more detailed operational plan for the service:

Addressing Over-Representation
Provide Youth Work resource to schools to support Black, Asian and Minority Ethnic children at risk of exclusion
Deliver mentoring support to children to support transition from year 6 to 7
Deliver mentoring support to parents of children who are transitioning from year 6 to 7
Share regular data on drivers for disproportionality with the YOS Board to guide partnership work
Addressing Exploitation of Young People
Commission mentoring support for children and young people at risk of exploitation from those with lived experience

Increase scope of YOS Prevention work for those at risk of exploitation
Deliver Contextual Safeguarding training for all front line practitioners
Deliver additional Youth Work resource to Pupil Referral Units to support children missing education
Embedding Evidence Based Practice
Commission research from Buckinghamshire University on the experience of Black and Mixed heritage children and young people
Deliver refresher training on Psychological Formulations and Trauma-Informed Practice to all front line practitioners
Deliver refresher Restorative Justice training to all front line practitioners
Continue to provide Youth Work provision in 16 identified schools
Increase numbers of professionals from other agencies trained in Restorative Approaches

14. Sign off, submission and approval

Chair of YJS Board - name	Superintendent Rebecca Mears, Area Commander Aylesbury Vale, Thames Valley Police
Signature	
Date	30 th June 2022



Report to Cabinet

Date:	11 th October 2022
Title:	Little Marlow Lakes Country Park
Cabinet Member(s):	Cllr Strachan and Cllr Harriss
Contact officer:	Steve Bambrick
Ward(s) affected:	Flackwell Heath, Little Marlow and Marlow South-East
Recommendations:	For Cabinet to consider and note the contents of this report. It is recommended that Cabinet:

- Consider the report and note the lack of formal designation for Little Marlow Lakes Country Park; and
- Agree in principle and authorise the Service Director of Culture, Sport and Leisure in consultation with the Cabinet Members for Affordable Housing & Resources; and Culture & Leisure to develop a scheme and pursue formal designation of land within the Council's ownership as a Country Park which as a minimum would be a Suitable Alternative Natural Greenspace (SANG) compliant facility; and
- Agree not to pursue formal designation to regularise the status of the whole area allocated in the Wycombe Local Plan (RUR4) as a Country Park as part of the initial phase of delivery but instead to retain a commitment to the wider Country Park as and when circumstances and resources permit; and
- Delegate to the Service Directors of Property and Assets and Culture, Sport and Leisure in consultation with the Cabinet Members for Affordable Housing & Resources; and Culture & Leisure, the authority to agree a suitable business plan and operating model for the Country Park which ensures the facility is delivered as a cost neutral enterprise. The business plan to be brought back to Cabinet for approval; and
- Delegate to the Directors of Property and Assets and Planning and Environment in consultation with the Cabinet Member for Affordable Housing & Resources authority to negotiate and agree a suitable restoration plan in consultation with Natural England for the Spade Oak Lake site which would be SANG compliant; and

- Note the planning and enforcement strategy that may be required in order to protect the Local Planning Authority position and to facilitate an amended restoration plan at Spade Oak Lake.
- Delegate to the Service Director of Property and Assets in consultation with the Cabinet Member for Affordable Housing and Resources and S151 Officer to negotiate and agree funding for the Country Park from S106 monies as set out in this report.
- Delegate to the Director of Property and Assets in consultation with the Cabinet Member for Affordable Housing and Resources authority to enter into negotiations with the Thameside Preservation Trust on terms that would see the Country Park proposed in this report to include both pieces of land set out in the Appendix.

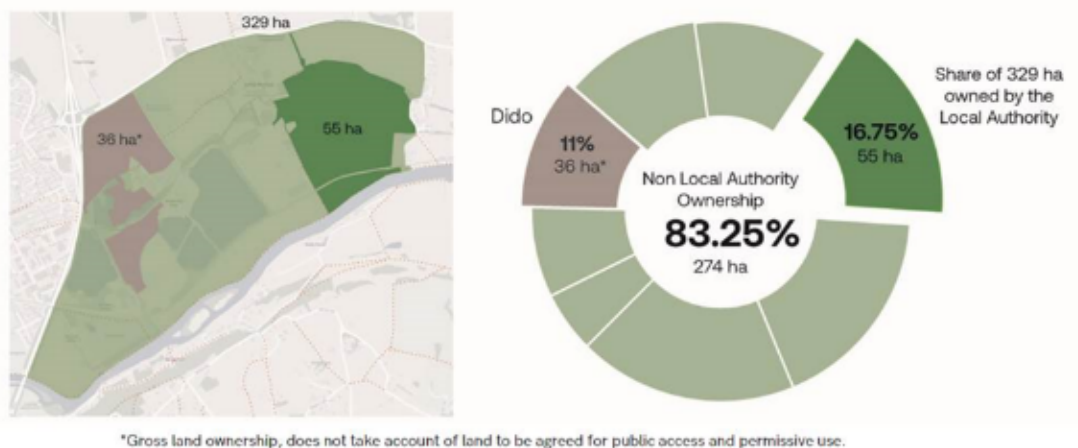
1. Executive summary

- 1.1 This report concerns land between Globe Park/A404 Marlow and Bourne End, bounded to the south by the River Thames and to the north by the A4155. The area is washed over by Green Belt designation, most of it - including the former Gravel Yard at Spade Oak Lake (and the proposed Marlow Film Studios site at Westhorpe) - is former landfill, or former gravel pits. The area is dominated by Thames Water's large sewage works (which uses the Council's Muschallick Road, which also serves the former Gravel Yard, for frequent HGV access).

2. Content of report

- 2.1 Proposals to create a Country Park within the area were first made in the 1960s, but neither the former Wycombe District (WDC) nor Buckinghamshire County Council (BCC) have taken any measures to progress the proposal since their joint publication and approval of the Little Marlow Gravel Pit Supplementary Planning Guidance (SPG) in 2002; until 2019, when the Council acquired Spade Oak Lake at the eastern end of the area. Prior to that, the Council's only land interest in the area was as Trustee of Spade Oak Wharf Trust (now Thameside Preservation Trust), which owns a small section of river frontage to the south of Spade Oak Lake; as leaseholder of land at Westhorpe Farm Lane, on which an athletics track was developed (in about 2018); and freeholder of part of the rugby pitches at the western end of the area.
- 2.2 In October 2017, following a recommendation from WDC Cabinet, WDC Council resolved to provide a Country Park under s.7(1) of the Countryside Act 1968 to be known as 'Little Marlow Lakes Country Park', and delegated to the Head of Community Services in consultation with the Cabinet Member for Community Services, the facilitation of delivery of the park. The Resolution was not however, by itself, sufficient.

- 2.3 The area of land to be designated as a Country Park was and continues to be in multiple ownerships, with the Council owning around 16%. For the designation to be effective, working arrangements with the other owners are required, potentially through a Memorandum of Agreement. This was reflected and acknowledged in the WDC Cabinet report but has not been done and, as such, the designation is not completed.
- 2.4 Public perception, in part is that the designation as a Country Park is already effective, through press statements at the time and statements submitted to the WDC Local Plan examination by organisations such as Little Marlow Country Lakes Country Park Community Partnership, whose membership includes: Little Marlow Parish Council , The Marlow Society, Chiltern Society, and Chiltern Rangers, together with environmental groups and residents associations.
- 2.5 Little initiative has been taken to facilitate and progress development of the Country Park since publication of the SPG in 2002. Recently, Little Marlow Parish Council has established a working group to undertake a project that aims to produce a vision for the park and have recently applied for a grant from the SW Chilterns Community Board to fund this. The Country Park has a web site, a Facebook page and appears in Wikipedia and on Trip Adviser - it is not known who owns/operates these.
- 2.6 The illustration below (prepared in 2021 by Dido) indicates the total extent of the land and the land owned by the Council, and by other parties.



- 2.7 Given that no formal steps have been taken to formally designate the Little Marlow Lakes Country Park. The Council should first consider whether there is any merit in proceeding with the WDC resolution and legacy policy to create a Country Park across the 329ha site.
- 2.8 The steps required to proceed will involve negotiations with existing landowners, most of whom will expect some form of compensation in return for their agreement.

Even then, there can be no guarantee that the landowners will agree at which point the project may be deemed to be undeliverable.

- 2.9 In addition, the Council currently has made no budget provision for either landowner compensation or for the revenue cost of operating a new Country Park in this location. Current Buckinghamshire Council Country Parks cost between £1500 and £2000 per acre per year to manage depending on the site, infrastructure, and visitor numbers. For the whole area (329ha) the costs are estimated to be between £1.22m and £1.62m per annum. However, given that the Council will only be directly responsible for the management and maintenance of the land it owns the Council's liability could be between £135.4k and £180.6k. The other landowners may challenge this as the designation could lead them to incur additional management & maintenance costs resulting from public access on their land.
- 2.10 The Council's current policy requires Country Parks to be self-funded and therefore income generating facilities (significant chargeable car park, catering, indoor facilities, toilets and play facilities as a minimum) would be required to maintain this operational status.
- 2.11 Therefore, provided a cost neutral solution could be delivered, a further option for the Council would be to consider delivering a Country Park on land that is just within the Council's ownership or control.
- 2.12 Following a solicitor's enquiry regarding the status of the Country Park, Counsel's opinion has been sought as to the risks to the Council in Planning terms, because of the lack of a formal designation.
- 2.13 The advice received is that the impact on Planning Policy is likely to be limited. The Local Plan does not purport to make the Site a Country Park. The Site is designated Green Belt and adjacent to the AONB, and any challenge to the policy would now be out of time. It is therefore considered that developers would only be able to argue that the policy should be accorded reduced weight as it was conceived on the understanding that the site was a Country Park. However, Counsel's view is such arguments would be given little weight given the long-standing allocation of the site for outdoor recreation and, moreover, any such developer would also have to address the Green Belt issue. The text of the policy itself allocates the site for outdoor recreation, although importantly it is proposed that the Country Park should act as an alternative leisure destination to the nearby Burnham Beeches Special Area of Conservation (SAC)(see RUR4 attached). This aspect is key to understanding the future potential uses of the site.
- 2.14 In preparing the Wycombe Local Plan, the Council needed to demonstrate that developments allocated in that plan, such as the Hollands Farm and Slate Meadow in Bourne End would not have an adverse impact on the European Protected Habitat at Burnham Beeches. This meant that the plan needed to undertake an Appropriate

Assessment to satisfy Natural England that residents of the new developments had a suitable alternative natural greenspace (known as a SANG) to use rather than to increase the recreational burden on Burnham Beeches.

- 2.15 The Appropriate Assessment that was completed did not rely on this area becoming a designated Country Park, but there was an expectation that the area would be available and used for public recreational purposes as an alternative country park destination, in other words, a SANG;
- 5.5.22 of adopted local plan "by providing an alternative local Country Park destination, improvement to the park provide an opportunity to off-set the impacts of proposed housing growth...."
- 2.16 The definition of what would make an area SANG compliant (in line with Country Park accreditation) is attached as an Appendix to this report.
- 2.17 It should also be noted that the Appropriate Assessment supporting the adopted development brief for the Hollands Farm allocation identified a number of mitigation measures on existing public rights of way that would make access to the Country Park SANG compliant.
- 2.18 If the Council fails to make any land available for recreational purposes, we could no longer rely on this site to mitigate the likely adverse impacts on the SAC. This would lead to restrictions in being able to approve at least one site allocated in the Wycombe Local Plan and possibly more, impacting on the Council's 5-year Housing Land Supply and increasing the risk of speculative development proposals.
- 2.19 The officer assessment of the position is that a suitable area should be provided to support the delivery of a SANG in this area. It is not essential that a formal designated Country Park be provided but a SANG compliant greenspace is essential, in accordance with Natural England's requirements, if the assumptions made when preparing the Local Plan can continue to be supported.
- 2.20 The area of land that should be made SANG compliant will need to be defined in consultation with Natural England in order to provide assurance that the site will be delivered in a reasonable timescale, it would best be provided by the Council resolving to use its own land holdings (55ha) for such a purpose. Much of the land that the Council owns in this area, namely the former Gravel Yard at Spade Oak Lake, is the subject of a restoration planning condition to return the site to a nature reserve. This condition is currently in breach and needs to be complied with by the end of the year (December 2022).
- 2.21 A new planning application is therefore likely to be required to secure amendments to the approved restoration scheme so that a Country Park or SANG compliant solution can be delivered, in accordance with Natural England's requirements. In the meantime, it may be necessary to serve an enforcement notice on the site (to

prevent any immunity from enforcement accruing) and to protect the planning authority's position, noting we have received complaints regarding the breach from residents. However, any such notice can still have a suitably extended compliance period to recognise the work required to deliver a SANG or Country Park.

- 2.22 The total land (329ha) that is proposed to be provided as the Country Park is entirely within the Green Belt. It therefore has very limited development potential. Much of it is also in the flood plain, and has previous gravel workings, with the lakes now used for recreation and inhabited by wildlife. Virtually all the land is in private ownership. The site is currently identified as a Country Park under Policy RUR4 (Little Marlow Lakes Country Park) of the Wycombe District Local Plan (adopted August 2019). There is little benefit, from a landowner's viewpoint, to the formal designation beyond any compensation negotiated through an MOU.
- 2.23 The Council is the owner of some land within the area proposed to be designated and as it stands cannot properly rely on powers in the 1968 Act with regards to Country Parks without formal designation. For example, the power to extend, maintain and manage a Country Park and; (a) to lay out, plant and improve the site, and to erect buildings and carry out works; (b) to provide facilities and services for the enjoyment or convenience of the public, including meals and refreshments, parking places for vehicles, shelters and lavatory accommodation; and (c) to provide facilities and services for open-air recreation (section 7(2)) or the specific powers in relation to sailing, boating, bathing or fishing under section 8 of the 1968 Act).
- 2.24 Planning applications have been made on part of the Council's land holding in this area to facilitate a temporary use involving vehicle storage. If allowed this temporary use would be worth circa £1m over the next 5 years. However, whilst this application has not yet been determined, the current assessment by the Planning Service, is that the use would represent inappropriate development in the Green Belt and there are no special circumstances to justify approval. This report does not pass comment on this current proposal as it will be determined by the appropriate planning committee in due course.

A Country Park can be designated and accredited by Natural England with a minimum of 10ha. Therefore, it is possible for the Council to resolve that instead of progressing the wider Country Park, as envisaged in the Local Plan, it could deliver a more modest Country Park option on land that is owned by the Council. Delivering this option would enable the Council to benefit from the powers conferred by the 1968 Act and would allow for the proper planning of the area, by developing income generating opportunities to make the endeavour cost neutral. Delivering the smaller area as a first phases would not change the Local Plan allocation and would not rule out the future expansion of the site to cover the whole of the RUR4 area, nor would it rule out improvements to adjacent footpaths to improve accessibility in the area, albeit any additional areas of land to be added would need to be the subject of a future Cabinet

decision. In the meantime, the local Community Board has expressed an interest in developing a vision for the wider Country Park area. Whilst this cannot be binding upon any future Council decision, it could be informative to any future direction for this area.

3. Other options considered

- 3.1 If the Council chose not to implement a Country Park of any sort, in order to support the strategy within the Local Plan then a SANG compliant space would still need to be provided. This would almost certainly have to be on Council owned land and whilst would benefit from S106 funding for delivery and ongoing maintenance, would offer limited opportunity for generating future income streams given the lack of benefit if the powers from the 1968 Act
- 3.2 As referred to earlier in this report, there is also a restoration condition on this site, from the previous gravel workings, that is not yet complied with. The Council could therefore seek to amend the restoration plan to achieve an outcome which would more closely resemble a facility that would satisfy the broader planning requirements for the area.

4. Legal and financial implications

- 4.1 The formal provision of this 329ha site as a Country Park requires every owner of land within the designated area to enter a MOU to confirm their agreement. The owners can provide this agreement freely or on terms which can include the payment of monies. At this stage it is not known how many landowners would be affected or what their position on agreement would be.
- 4.2 In the development of the Wycombe Local Plan, Natural England identified that Burnham Beeches – a Site of Special Scientific Interest, a National Nature Reserve and a Special Area of Conservation – is subject to increasing levels of visitor pressure. As a result, Natural England sought provision of Suitable Alternative Natural Greenspace (SANG) to mitigate the impacts on Burnham Beeches. The Council has secured agreement from Natural England that a satisfactory solution to this would be that the Council seeks contributions from the development of allocated sites in Bourne End to increase the accessibility to the Little Marlow Lakes area to mitigate recreational impacts on Burnham Beeches. This is expected to generate more than £1m in Section 106 contributions from those housing sites allocated in the Local Plan. There is also existing Section 106 budgets for signage (c£30K) and ‘Improvement of visitor facilities’ (c£130K).
- 4.3 Providing additional facilities in the Little Marlow Lakes area to these mitigation measures could also be funded through CIL, should the Council give this priority in future funding cycles. As part of the original Appropriate Assessment undertaken by

Wycombe District Council in preparing the Local Plan, an assumption was made that future CIL receipts would be invested in the delivery of the recreational facility in this area. This is however not binding on Buckinghamshire Council.

- 4.4 Therefore, whilst a detailed business case has yet to be prepared, it is entirely feasible that the Council could deliver a SANG compliant Country Park on its land holdings by utilising these available funds and not introducing a significant additional revenue burden.
- 4.5 However, the Council's ownership of Spade Oak Lake carries the burden of outgoings, to maintain public access. There is limited potential for 'enabling development', to generate funding to improve the area due to the policy constraints noting that this site is in the Green Belt. In the past however temporary uses of the Lake's former gravel processing/concrete batching plant area, as a Star Wars film set, was pursued, generating significant revenue.
- 4.6 Two other proposed third-party developments are also ongoing:
- Marlow Film Studios
 - Marlow Sports Hub
- 4.7 Both are contentious in the eyes of Little Marlow residents, but both offer considerable scope for further Section 106 contributions towards the improvement of the area, including the opportunity for the Council to buy-in the freehold of its athletics track and thereby reduce its revenue cost. Nevertheless, as set out above this site is designated Green Belt and adjacent to the AONB and as such there several policy constraints which is a key consideration in relation to further development.
- 4.8 There was also a £0.5m capital budget that came with the acquisition of Spade Oak Lake, which is being used to improve the Perimeter Path and to lay on utilities.
- 4.9 Property & Assets budgets had previously assumed ongoing revenue income of £150k pa would come forward from Spade Oak. This paper sets out a proposal that the facility is delivered as a cost neutral enterprise; income generated from the site would need to be reinvested in running costs, and will not be available to meet Property's Rental Income target. Property & Assets will therefore need to make up the difference with other lettings.
- 4.10 Little Marlow Lakes Country Park Community Partnership has the benefit of a Thames Water Utilities grant of £0.45m (an Environment Agency fine for a spillage). Property colleagues are in discussion about them using BBOWT (Bucks Berks Oxon Wildlife Trust) as the recipient, to undertake habitat improvement works to The Spit, circa 8 ha island in the middle of the Council's Spade Oak Lake, that is informally recognised as a bird sanctuary.
- 4.11 The Countryside and Rights of Way Act 2000 (S 85) imposes a general duty on public

bodies which requires the Council, to have regard to the purpose of conserving and enhancing the natural beauty of an area of outstanding natural beauty when exercising or performing any functions in relation to, or so as to affect, land in an area of outstanding natural beauty. The land lies between the Chilterns AONB and the River Thames and therefore regard should be had to this in consideration of this matter.

5. Corporate implications

5.1 Any corporate implications have been included within the report.

6. Local councillors & community boards consultation & views

6.1 A consultation/information session was held with all three ward members on 31st March 2022. This meeting was chaired by the (then) cabinet member, Cllr Williams. The ward members were disappointed to learn that the Country Park had not been properly made and were keen to stress the importance of delivering a Country Park in this location. They were also keen to point out the relationship between the delivery of a Country Park and the Wycombe Local Plan.

6.2 The Service Director of Planning and Environment has also met with Cllr Wilson (The Wooburns, Bourne End & Hedsor) to explain the current situation. His interest relates to the fact that the Hollands Farm site is in his ward. He has also asked questions at Cabinet and Council about the Country Park and continues to press for a resolution.

6.3 A further meeting with all of the affected local members was held on 5th September 2022. It was agreed to give the local members prior access to this Cabinet report and to report their views directly to Cabinet.

7. Communication, engagement & further consultation

7.1 No further engagement has taken place although a communications plan will be prepared to accompany any future Cabinet decision.

8. Next steps and review

8.1 Having considered all of the options, whilst acknowledging the ambition, in time, to create a Country Park which reflect the area of land allocated in the Wycombe Local Plan (Policy RUR4), it is not recommended that the Council seeks to pursue the formal designation of the wider (329ha) site as the Little Marlow Country Park at this time. However, it is recognised given the reliance placed on the designation in the adopted Local Plan, it is essential that a facility in this area is eventually provided.

The facility must be SANG compliant and will need to be implemented in close consultation with Natural England.

- 8.2 The greatest opportunity, in terms of delivery but also in terms of potential income generation to support a cost neutral venture would be for the Council to pursue an appropriately sized Country Park on land within its ownership in this location.
- 8.3 Such a facility could be operated and managed by the Council's Country Parks team but given the considerable local community interest in operating a facility in this area, it will be appropriate to consider the future management arrangements as part of a future Cabinet/Leader decision.

9. Background papers

- 9.1 None

10. Your questions and views (for key decisions)

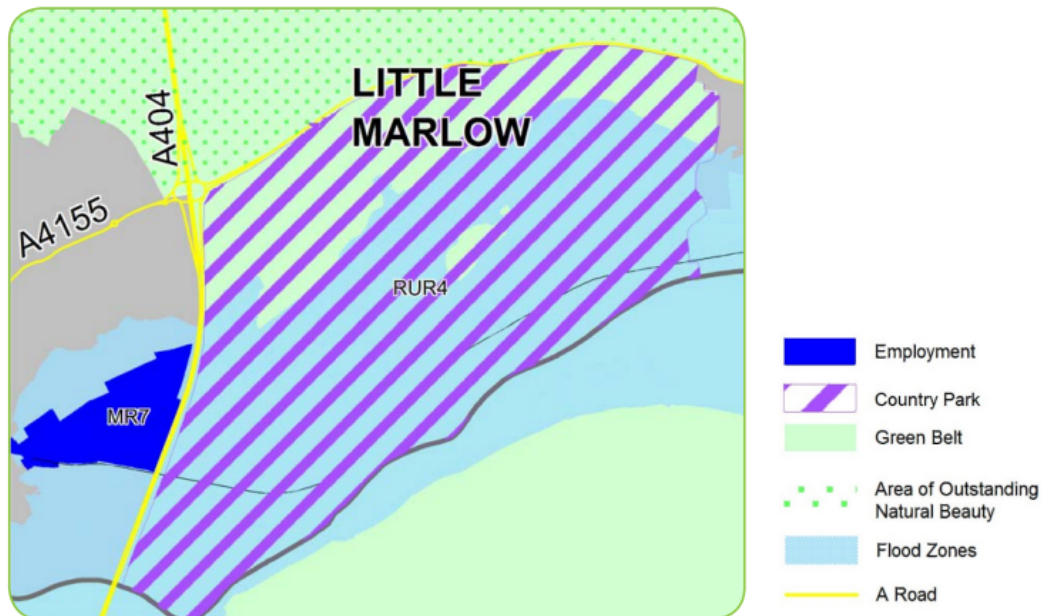
- 10.1 If you have any questions about the matters contained in this report please get in touch with the author of this report. If you have any views that you would like the cabinet member to consider please inform the democratic services team. This can be done by telephone [01296 382343] or email [democracy@buckinghamshire.gov.uk]

5.5 Rural Areas continued

POLICY RUR4 – LITTLE MARLOW LAKES COUNTRY PARK

1. The Little Marlow Lakes Country Park, as defined on the Policies Map, is allocated for outdoor recreation.
2. Any development within the Country Park should provide for environmental improvements, including the provision of publicly accessible open space, ecological and biodiversity enhancements, and contribute to the continued development and long term management of the Country Park.
3. Car parking facilities should be provided in the east side of the Country Park.
4. Planning permission will not be granted for development within the Country Park that has an adverse effect upon the amenities or setting the River Thames, watercourses, lakes, wet woodlands, adjoining conservation areas, or listed buildings, or which prejudices the function of the area for the purposes of a Country Park.
5. Any development will be required to provide safe, convenient and direct access to Marlow and Bourne End for pedestrians, cyclists, and disabled users.
6. Any development close to an existing waterbody or other wetland feature should protect and enhance that feature's ecological value, biodiversity, and its natural setting within the Country Park.

Figure 43 Little Marlow Lakes Country Park



OS mapping: © Crown Copyright and database rights 2019 Ordnance Survey 100023306.

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SANG – 01 04 2021	Country Park - 02 10 2014
Must/Should haves	Essential Criteria
1. For all sites larger than 4 ha there must be adequate parking for visitors, unless the site is intended for local use, i.e. within easy walking distance of the developments linked to it. The amount of car parking should be determined by the anticipated use of the site and reflect the visitor catchment of both the SANG and the SPA.	<ul style="list-style-type: none"> at least 10 hectares in size
2. It should be possible to complete a circular walk of 2.3 – 2.5 km around the SANG.	<ul style="list-style-type: none"> defined by a clear boundary – marked on a map, whether it's open or fenced in
3. Car parks must be easily and safely accessible by car and should be clearly sign posted.	<ul style="list-style-type: none"> accessible – less than 10 miles from a residential area
4. The accessibility of the site must include access points appropriate for the particular visitor use the SANG is intended to cater for.	<ul style="list-style-type: none"> free to enter
5. The SANG must have a safe route of access on foot from the nearest car park and/or footpaths.	<ul style="list-style-type: none"> inclusive and accessible – show how you've met equality and disability needs and provided for varied groups
6. All SANGs with car parks must have a circular walk which starts and finishes at the car park.	<ul style="list-style-type: none"> predominantly natural or semi-natural landscape, for example woodland, grassland, wetland, heathland or parkland, with no more than 5% of the area built upon (excluding car parks)
7. SANGs must be designed so that they are perceived to be safe by users: they must not have tree and scrub covering parts of the walking routes.	<ul style="list-style-type: none"> signposted and easy to navigate – you should show visitors where they can go, what they can do and direct them along footpaths, bridleways and cycle routes
8. Paths must be easily used and well-maintained but most should remain unsurfaced to avoid the site becoming urban in feel.	<ul style="list-style-type: none"> visibly staffed, for example litter collection and maintenance
9. SANGs must be perceived as semi-natural spaces with little intrusion of artificial structures except in the immediate vicinity of car parks. Visually sensitive way-markers and some benches are acceptable.	<ul style="list-style-type: none"> available for public or educational events

10. All SANGs larger than 12 ha must aim to provide a variety of habitats for users to experience.	<ul style="list-style-type: none"> • near public toilets – either on-site or a 2 minute walk away
11. Access within the SANG must be largely unrestricted with plenty of space provided where it is possible for dogs to exercise freely and safely off lead.	<ul style="list-style-type: none"> • informed by the local community – the public should have some influence over the management and development of your site
12. SANGs must be free from unpleasant intrusions (e.g. sewage treatment works smells, etc.).	
13. SANGs should be clearly sign-posted or advertised in some way.	
14. SANGs should have leaflets and/or websites advertising their location to potential users. It would be desirable for leaflets to be distributed to new homes in the area and be made available at entrance points and at car parks.	
Desirable	
15. The ability of owners to take dogs from the car park to the SANG safely off the lead.	<ul style="list-style-type: none"> • a visitor centre
16. Where possible, choose sites with a gently undulating topography.	<ul style="list-style-type: none"> • play facilities
17. Access points to have signage outlining the layout of the SANG and the routes available to visitors.	<ul style="list-style-type: none"> • catering
18. To provide a naturalistic space with areas of open (non-wooded) countryside and areas of dense and scattered trees and shrubs. The provision of open water on part, but not the majority of sites is desirable.	<ul style="list-style-type: none"> • bike and horse trails
19. Where possible, to have a focal point such as a viewpoint, monument etc. within the SANG.	<ul style="list-style-type: none"> • art and sculpture
	<ul style="list-style-type: none"> • permanent staff presence during the day
	<ul style="list-style-type: none"> • detailed information available to visitors, such as leaflets

	<ul style="list-style-type: none"> • brown and white tourist directional signs and shown on an OS map
	<ul style="list-style-type: none"> • activities outside, such as water sports and adventure sports
	<ul style="list-style-type: none"> • achieved, or is working towards, Green Flag Award (GFA) status
	<ul style="list-style-type: none"> • a green transport policy, such as buses and cycle routes to your site
	<ul style="list-style-type: none"> • facilities for less able visitors, such as easy trails, seats and information available in accessible formats
	<ul style="list-style-type: none"> • planned for the management of biodiversity, geodiversity and preservation of historical environment
	<ul style="list-style-type: none"> • opportunities for practical community involvement, such as volunteering
	<ul style="list-style-type: none"> • promoted the health benefits of walking
	<ul style="list-style-type: none"> • an outreach programme promoting your site to less represented sectors of the community
	<ul style="list-style-type: none"> • a programme of events and guided walks, promoting healthy living and environmental awareness
	<ul style="list-style-type: none"> • a visitor centre
<p>The wording in the lists above are precise and have the following meaning:</p> <ul style="list-style-type: none"> • Requirements referred to as “must” or “should have” are essential • SANGs should have at least one of the “desirable” features. 	

Simon Meecham 13 04 2022

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Report to Cabinet

Date:	11th October 2022
Title:	E-scooter trial extension (until May 2024)
Cabinet Member(s):	Councillor Steve Broadbent, Cabinet Member for Transport
Contact officer:	Hannah Joyce, Head of Transport Strategy
Ward(s) affected:	Abbey; Aston Clinton & Bierton; Aylesbury East; Aylesbury North; Aylesbury North West; Aylesbury South East; Aylesbury South West; Aylesbury West; Booker, Cressex & Castlefield; Downley; Hazlemere; Ryemead & Micklefield; Stone & Waddesdon; Terriers & Amersham Hill; The Risboroughs; Totteridge & Bowerdean; Tylers Green & Loudwater; West Wycombe; Wing.
Recommendations:	To extend the end date for the e-scooter trials taking place in Aylesbury, High Wycombe and Princes Risborough until May 2024, as part of the national trial.
Reason for decision:	The Department for Transport (DfT) has extended the national e-scooter trial to continue their assessment of impacts and allow legislation to be put in place to legalise e-scooters. The Council therefore needs to decide whether to extend its trials as part of the national trial.

1. Executive summary

- 1.1 The continuation of the e-scooter trials supports the Council's ambitions to be a 'living lab' for innovation. The scheme also supports the Council's Climate Change and Air Quality Strategy by promoting sustainable low-carbon transport alternatives for shorter trips. The e-scooter trial is managed at zero cost to the Council as they will be run as a private business by an operator.

- 1.2 This paper seeks approval for Buckinghamshire Council to extend the current e-scooter rental trial schemes in Aylesbury, High Wycombe and Princes Risborough. This would extend the trial period from November 2022 to May 2024.
- 1.3 The e-scooter trial is facilitated by the DfT and the Council is therefore required to inform DfT of our decision by 31st October 2022. In order to meet this date a decision is required at the 11th October Cabinet meeting.
- 1.4 There have been over 191,000 rides in Buckinghamshire since the trials began in 2020. In contrast, there have been only four reported health and safety incidents across the Buckinghamshire schemes, equating to 0.002% of all rides. However, it is acknowledged that a handful of these incidents have received media attention, which has resulted in mixed opinions on the safety of e-scooters.
- 1.5 The extension of the trial enables the DfT to gather additional usage data post-COVID, providing a better understanding of 'normal' use patterns. The extension also allows the DfT time to finalise legislation making all e-scooters road-legal, whether privately owned or part of a hire scheme.
- 1.6 Subject to agreement to extend the e-scooter trial, we would continue using Zipp Mobility as our preferred operator for e-scooters. The council has a good relationship with this supplier, and they have proven fundamental to the success of the trial schemes so far. This scheme is zero cost to the Council financially. Due to the overall value of this concession contract, we intend to use a waiver to extend the contract we already have in place with Zipp to May 2024.

2. Content of report

Commitment to active travel and trial of innovative forms of transport

- 2.1 The continuation of the e-scooter trials supports the Council's ambitions to be a 'living lab' for innovation.
- 2.2 The scheme also supports the Council's Climate Change and Air Quality Strategy¹ by promoting sustainable low-carbon transport alternatives for shorter trips.

Background to the e-scooter trials

- 2.3 To support a 'green' restart of local travel and help mitigate reduced public transport capacity as a result of COVID-19, the DfT fast tracked trials of rental e-scooters. It was considered that e-scooters could offer the potential for fast, clean, and

¹ <https://www.buckinghamshire.gov.uk/environment/sustainability-and-climate-change/energy-and-climate-change/the-climate-change-and-air-quality-strategy/climate-change-and-air-quality-strategy/>

inexpensive travel option that could also help ease the burden on transport networks and allow for social distancing.

2.4 The DfT strategic objectives for the trials are:

- To evaluate safety for riders, other road users and the community
- To measure the transport mode shift
- To contribute towards Buckinghamshire's ambition to improve air quality and reduce carbon emissions
- To evaluate the effectiveness of e-scooters as a new transport mode
- To evaluate how local characteristics impact on the trial

2.5 More detail on how our trial is meeting these objectives can be found in Appendix 1

2.6 The Electric Scooter Trials and Traffic Signs (Coronavirus) Regulations and General Directions 2020 came into force on 4th July 2020 to facilitate the e-scooter trials. Buckinghamshire launched its trial sites in Aylesbury and High Wycombe later that year and Princes Risborough was added in May 2021. A competitive procurement process resulted in the selection of Zipp Mobility as the preferred operator.

2.7 The purpose of the trials is to build robust evidence about the safety, benefits, public perceptions, and wider impacts of e-scooters to inform the possible future, permanent, legalisation of e-scooters in England. At present only e-scooters participating in the trials are officially classed as legal to use on the highway. Privately-owned e-scooters are still considered illegal. The key elements of the DfT trials are set out in Appendix 2.

The future of e-scooters

2.8 As announced in the Queen's speech on the 10th May 2022, the Government intends to create a new 'low-speed, zero-emission vehicle' (LZEV) category which is independent from the cycle and motor vehicle categories, covering both new vehicles that are familiar to us today, such as e-scooters, and vehicles that have yet to be invented.

2.9 New powers, to be set out in the forthcoming Transport Bill, will establish how these vehicles are regulated to ensure the safety of e-scooter users, pedestrians, and other road users, whilst still facilitating growth and innovation.

2.10 The DfT have extended the period of the e-scooter trials to end in May 2024 to enable further monitoring of the impacts at trial sites and to enable this legislation to be passed. We are required to inform DfT of our decision to continue our trials by 31st October 2022. It is not permitted to extend the trials beyond their current geographic areas.

- 2.11 The relevant Traffic Regulation Order (TRO) in Buckinghamshire requires the TRO to end when “the e-scooter trials [and/or the e-scooter pilot scheme] as authorised [or to be authorised], by the Department for Transport comes to an end.” This means that the order will cease to be effective when the trials end in May 2024.
- 2.12 Longer term, should Government legalise e-scooter, consideration will be needed regarding the future of rental e-scooters in Buckinghamshire. There are significant benefits to maintaining our own e-scooters in that we then have control over the location of rides (through geo-fencing), the speed of the e-scooters and can use the data generated to analyse and improve popular routes (see Appendix 3 for most popular routes by town). However, demand for rental e-scooters may drop significantly making them unprofitable and therefore requiring public subsidy to maintain.

3. Other options considered

- 3.1 The extension of the e-scooter trial is voluntary. The Council could decide not to extend the trial, or to only extend the trial in one (or more) of the existing areas, beyond the current end point of 30th November 2022. The Council has received complaints concerning anti-social behaviour, with some local members in High Wycombe opposed to the trial continuing (see section 6).
- 3.2 Ending the e-scooter trials would mean the loss of a popular, alternative, innovative, and very visible form of transport. There would also be the loss of local employment – the e-scooter company’s operational base is in High Wycombe and the scheme employs 15 people.
- 3.3 The Council completed a rigorous procurement process at the beginning of the trial, with 12 respondents. The projected revenue is not due to exceed the thresholds outlined in the Concession Contracts Regulations and there is an opportunity to reassess our future as an e-scooter hire facilitator following their legalisation (ahead of May 2024).
- 3.4 However, if we were to go out to procurement now rather than continue with Zipp it would mean a large break in service for at least 3 – 6 months whilst we sought to find another provider. There would also be a loss of local employment and potential costs associated with reviewing and replacing all the bays.

4. Legal and financial implications

- 4.1 Legal services oversaw the implementation of a new Traffic Regulation Order from 31st March 2022. This permanent Order allowed the Council to continue running the trial until such a time as it is ended.
- 4.2 The e-scooter service is provided on a cost neutral basis to the Council by Zipp Mobility. If the trial end date is extended then a minimal amount of officer time will be required to manage the trial with Zipp until the end of May 2024. This would be existing officer time so would be at no additional cost.
- 4.3 The current contract with Zipp ends in November 2022. We are therefore seeking agreement to continue using Zipp Mobility as our preferred operator for e-scooters. The [Concession Contracts Regulations](#)² sets the contract value threshold for mandatory procurement at £5.3 million. Due to the overall value of this concession contract (estimated at well below this figure) and to prevent a gap in service after November 2022, we intend to use a waiver to extend the contract we already have in place with Zipp to May 2024.
- 4.4 There is a risk that once the trial ends, regular users will purchase their own e-scooters and use them illegally. In the event that the Council decides not to continue with the trials, we will mitigate this risk using media articles highlighting that the trial has come to an end and that private e-scooters remain illegal.
- 4.5 Should the Council decide to cancel the current e-scooter trial, this must be managed sensitively, or it may reflect poorly on the Council, particularly in terms of reducing equality of access to transport to local services.

5. Corporate implications

- 5.1 Participating in the trial fits with the Corporate Plan priorities of “Improving our Environment” and being a “living lab” for innovation.
- 5.2 Providing innovative forms of transport is also set out in Policy 15 of the adopted Local Transport Plan 4³. The continuation of the e-scooter trials supports the Council’s ambitions to be a ‘living lab’ for innovation.
- 5.3 The scheme supports our Climate Change and Air Quality Strategy⁴ by promoting sustainable low-carbon transport alternatives for shorter trips, and therefore support our ambition for net zero carbon by 2050.

² [Microsoft Word - Procurement Policy Note 10:21 - New Thresholds Values and Inclusion of VAT in Contract Estimates.docx \(publishing.service.gov.uk\)](#)

³ <https://www.buckscc.gov.uk/services/council-and-democracy/our-plans/local-transport-plan-4/>

⁴ <https://www.buckinghamshire.gov.uk/environment/sustainability-and-climate-change/energy-and-climate-change/the-climate-change-and-air-quality-strategy/climate-change-and-air-quality-strategy/>

- 5.4 An Equality Impact Assessment (EQIA) screening was completed prior to the start of the trial. The EQIA highlighted concerns regarding the impact on residents who may be blind, visually impaired or hard of hearing. The main concern, as with cyclists, is the potential for collisions. A key aim of the trial is to provide evidence to assess safety for the users, other road users and the wider community. A copy of the EQIA has been attached with this paper (see appendices).

6. Local councillors & community boards consultation & views

- 6.1 Prior to the extension in March 2022, ward members from each trial area were emailed on 23rd December 2021 to update them on how the trials were progressing and ask their opinion on extending the trial. They then received a follow up email on 7th January 2022. Their feedback is summarised below.

Aylesbury

- 6.2 We contacted 18 members for Aylesbury and had three responses. All were supportive of the trial extension. Additionally, in previous discussions, other members have been supportive of extending the trials.

High Wycombe

- 6.3 We contacted 22 members from High Wycombe and had five responses. Two of these are supportive and felt it is a good idea to extend the trial.
- 6.4 One councillor was supportive of e-scooters in principle but had concerns about underage users, that they seem quite untidy and can lead to anti-social behaviour (ASB). If the consensus is that they are a helpful green way for (young) adults to get around, and there is no ASB or illegal use, and they work on hills then the councillor would support their continued use.
- 6.5 Two councillors were unsupportive of the trial extension because they felt the e-scooters are not safe for those who are elderly or those with restricted sight, as well as being concerned about ASB and non-observance of the rules. One councillor also believes they only replace walking trips and are being used for leisure, rather than replacing car trips.

Princes Risborough

- 6.6 We contacted three members for Princes Risborough and one councillor responded. They were supportive as shown by their statement – “Thanks for this, personally I like them, they are taking a little time to catch on, so I support the trial extension.”
- 6.7 Community Boards were not contacted directly as they cover a wider area than those of the trials. However, all the chairs were included in our emails in their capacity as local ward members.

7. Communication, engagement & further consultation

7.1 Informal engagement was undertaken before the trial commenced with key stakeholders, including:

- Local disability groups
- Members through the Active Travel Steering Group
- Town and Parish Councils and Town Committees
- Town centre partnerships
- Aylesbury Garden Town
- Chiltern Railways
- Thames Valley Police (TVP)
- BTVLEP
- Transport for Buckinghamshire
- Buckinghamshire Road Safety Team
- Buckinghamshire NHS Trust

7.2 We have a dedicated system on our website to receive anonymised comments from members of the public. So far, we have received 202 comments from Aylesbury, 104 in High Wycombe and 15 in Princes Risborough. Of those comments received, the majority are reporting issues with pavement riding and other misuse of the scooters. These are routinely passed onto Zipp to take appropriate action.

7.3 We will be drafting an email to Members with details of the further trial extension and the data in this report so that we can get their current views on the trials. This will be sent out in September before Members meet for Cabinet in October.

7.4 There is a very mixed representation in the media from interest groups and communities about the benefits and risks associated with micro-mobility vehicles such as e-scooters. Safety has been one of the key issues identified.

8. Next steps and review

8.1 If the extension of the e-scooter trial is approved at Cabinet we will inform the DfT that we wish to extend and will work with them to bring an appropriate Vehicle Service Order into force. We need to inform DfT before 31st October 2022 if we wish to extend the trial.

8.2 We will then work with Zipp Mobility to agree an extension to their contract, publicise the extension and inform key stakeholders of the extension. We will also continue to monitor feedback and manage the operator until May 2024.

9. Background papers

The E-scooter trials: guidance for local areas and rental operators can be found here:

<https://www.gov.uk/government/publications/e-scooter-trials-guidance-for-local-areas-and-rental-operators/e-scooter-trials-guidance-for-local-areas-and-rental-operators>

The Electric Scooter Trials and Traffic Signs (Coronavirus) Regulations and General Directions 2020 came into force on 4th July 2020, to facilitate e-scooter trials can be found here:

<https://www.legislation.gov.uk/uksi/2020/663/made>

10. Your questions and views (for key decisions)

- 10.1 If you have any questions about the matters contained in this report, please get in touch with the author of this report. If you have any views that you would like the cabinet member to consider, please inform the democratic services team. This can be done by telephone 01296 382343 or email democracy@buckinghamshire.gov.uk.

Appendix 1 – Results of the Trials

- 10.2 The trials have so far proved successful with a higher than expected take up of the trial e-scooters. 191,000 trips have taken place so far across the 3 trial areas.
- 10.3 The trial schemes are not supported by public funding and are zero cost to the Council. The Aylesbury and High Wycombe schemes are operating profitably, whilst the more recent trial in Princes Risborough has had a significant impact on carbon emissions (based on estimates using the reduction of car/van use).
- 10.4 60% of users are under 30 years old, with the majority being between 21-30 years. Only 3% of users are over 50 years old. More data on e-scooter user profiles can be found in Appendix 3.
- 10.5 Our trial success is measured by how we meet the following DfT-set Strategic Objectives:

1. To evaluate safety for riders, other road users and the community

- 10.6 So far, we have had four reported health and safety incidents⁵, either on the roads or on shared cycle/pedestrian pavements. Zipp automatically bans users where dangerous riding is reported. These incidents are also reported monthly to the DfT
- 10.7 In May 2022 there was an incident in High Wycombe where a dog was killed by an e-scooter. Zipp worked with the police to identify the rider, who was arrested and has been charged with dangerous driving of a motorised vehicle.
- 10.8 As a whole, we have had very few reports of negative impacts on the community. However, we have received concerns from the public and Members about underage users, use for criminal purposes and multiple occupancy riding. These are reported to the police, who we meet with monthly, and Zipp blocks repeat offenders of antisocial riding. 3 riders have been banned in Buckinghamshire for reckless riding.
- 10.9 E-scooters are not Council property which means that any health and safety incidents are the responsibility of Zipp Mobility and do not need to be reported via the Council's Health and Safety reporting system. Zipp have sufficient public liability insurance to cover any safety incidents.
- 10.10 To try and reduce safety risks for riders, other road users and pedestrians on shared use pavements, the trials include a number of critical elements:

⁵ 1 injury to a pedestrian in Aylesbury, 1 injury to rider in High Wycombe (bruising), 1 injury to rider in High Wycombe (broken kneecap), 1 death of a dog in High Wycombe

- Maximum speed limit of 15.5mph. In Buckinghamshire we have reduced this in key areas in response to local conditions.
- Rider education/training via the booking app
- Offering free helmets and £5 voucher as an incentive to wear them
- Geo-fencing to force reduced speeds and exclude e-scooters from specific areas which are considered less suitable for e-scooters or may pose safety risks
- Specifying journey start and end locations in marked bays to promote good parking practice and reduce obstructing other members of the community such as visually impaired or blind residents
- E-scooters are all painted in the Zipp branding (yellow) and are fitted with identification plate numbers to help aid in reporting riders who break the rules
- All e-scooters are powered down at night to prevent use for criminal activities.

10.11 Out of 3656 collisions in the Thames Valley police region in 2021 (which covers other local authority areas and e-scooter rental schemes), there were only 28 collisions involving e-scooters, representing less than 1% of all collisions in the Thames Valley region. This also represented only 2% of all collisions involving e-scooters reported nationally.

2. To measure the transport mode shift

10.12 Most journeys take around 10-25 minutes, with 13 minutes the average journey time across all three trial sites.

10.13 User survey data indicates that the majority of e-scooter trips have replaced walking trips. Around 20% of rides have replaced car/van/taxi-based trips.

10.14 36% of trips are for commuting purposes. Unfortunately, the data is unclear regarding the 'other' purposes for trips which represents a large group. Given the age profile of the users it is likely that a significant proportion of these journeys are for education purposes, as some of the most popular bays are located outside the colleges in Aylesbury and High Wycombe.

3. To contribute towards Buckinghamshire's ambition to improve air quality and reduce carbon emissions

10.15 There are currently no published studies in the UK to indicate the level of changes to air quality and carbon emissions as a result of introducing e-scooters. Analysis is expected to be published by the DfT in due course.

10.16 However, we estimate that this has prevented around 21 tonnes of carbon emissions based on the survey's estimate of the percentage of car/van-based journeys saved, distances travelled by e-scooters, and the carbon dioxide equivalent emissions of the average car.⁶

4. To evaluate the effectiveness of e-scooters as a new transport mode

10.17 The numbers of registered and regular users have remained broadly consistent across the 18-month trial period. There have been reductions in users during colder weather and the lockdowns, as would be expected.

10.18 E-scooters represent a cheap, clean and convenient form of travel for local journeys and their success can be measured in the higher than expected take up across the trial sites.

5. To evaluate how local characteristics impact on the trial

10.19 We initially had to reduce the e-scooter speed and block off (i.e. geo-fence) certain roads in High Wycombe because of the steepness of the hills.

10.20 Zipp developed bespoke e-scooters with an advanced braking system that has allowed us to open up and test more areas in High Wycombe for usage, so the trial has already led to improvements in e-scooter design.

⁶ <https://www.gov.uk/government/publications/greenhouse-gas-reporting-conversion-factors-2022>

Appendix 2 – Key elements of DfT E-scooter trials

- During the trials, e-scooters are being classed as motor vehicles, requiring all users to have a provisional driving licence as a minimum.
- E-scooters in the trials must be covered by a motor vehicle insurance policy. DfT expect all operators to have a policy in place that covers users of the vehicles.
- Users are not required to complete a mandatory training course. We offer training and other safety tutorials on the Zipp App.
- Wearing a helmet is recommended but not a mandatory requirement – however to incentivise use of helmets, Zipp offer a £5 credit to anyone who wears a helmet whilst riding.
- E-scooters are permitted to use the same road space as cycles and Electrically Assisted Pedal Cycles. This means e-scooters are allowed on the road (except motorways) and in cycle lanes and cycle tracks.
- E-scooters can be used on shared cycle/pedestrian pavements through an amendment to the TRO. **E-scooters are not permitted on pavements which are not shared with cycles.**
- The numbers of scooters, potential routes and parking locations were agreed with stakeholders and the operator at the outset. These are reviewed on a monthly basis to ensure issues such as safety concerns can be resolved quickly and to meet new demand where required.
- Geo-fenced zones are also agreed with stakeholders and the operator to enable enforcement of a strict e-scooter use zone.
- Journeys begin and end in pre-defined parking bay locations. The operating model of painted parking bays was agreed with stakeholders and the operator to ensure it was appropriate for the locality. A parking bay is typically indicated by a painted white box marking. These are visible to the community.
- A process has been introduced to ensure engagement with local members and parishes before any new bays are implemented.

Appendix 3 - E-scooter Trial Data (survey 1 July 2021 to 1 April 2022)

Aylesbury E-scooter Trial Statistics

107,943 rides covering 179,685 miles



29% of journeys have replaced motor vehicle transport

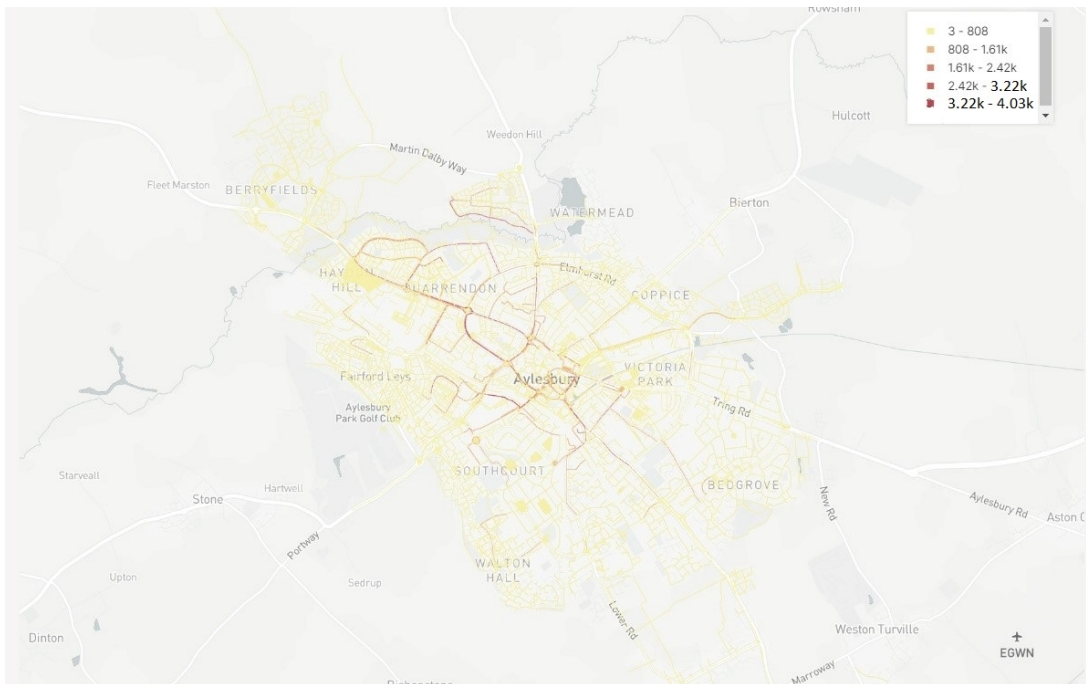


Walking (49%) Cycling (10%) Bus (12%) Cars/vans as driver (10%) Cars/vans as passenger (5%)
 Motorbikes or mopeds (3%) Other motor vehicles (11%)

36% of trips were to or from work or work related reasons



To or from work or for work related reasons (36%) Personal Errands (10%) Leisure Activities (12%)
 Enjoyment or no particular reason (11%) Other (31%)

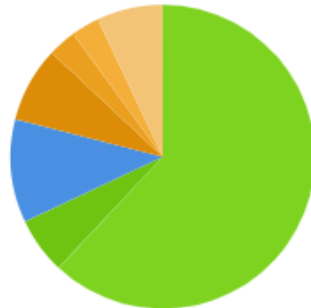


High Wycombe - E-scooter Trial Statistics

72,760 rides covering 111,528 miles



21% of journeys have replaced motor vehicle transport

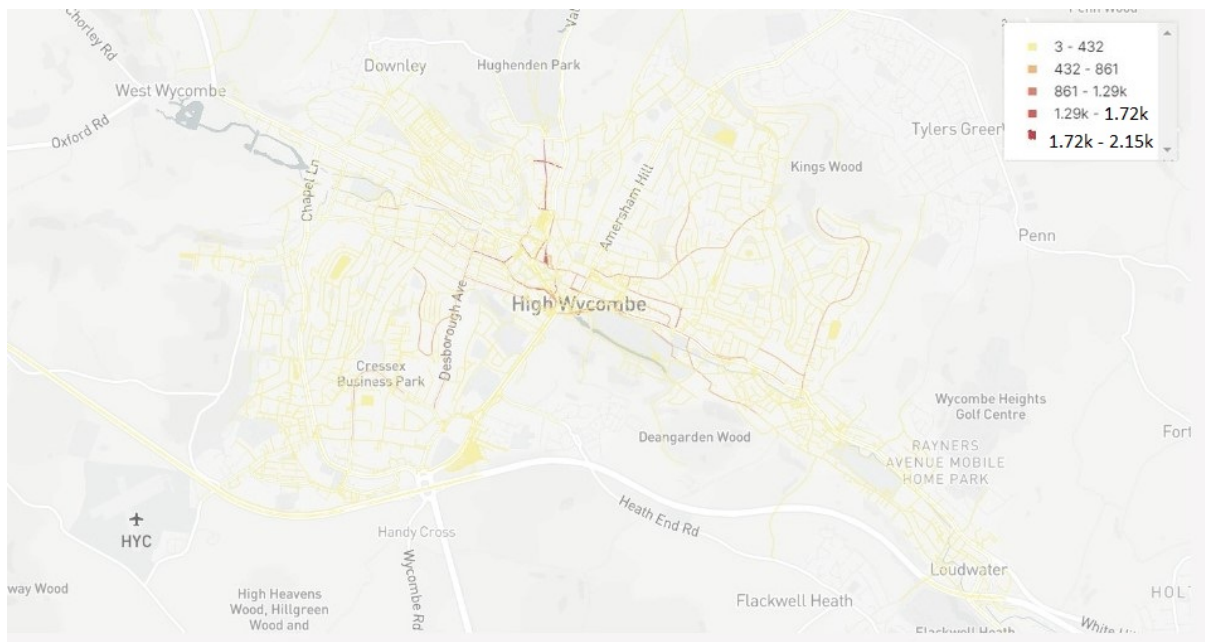


Walking (62%) Cycling (6%) Bus (11%) Cars/vans as driver (8%) Cars/vans as passenger (3%)
 Motorbikes or mopeds (3%) Other motor vehicles (7%)

36% of trips were to or from work or work related reasons



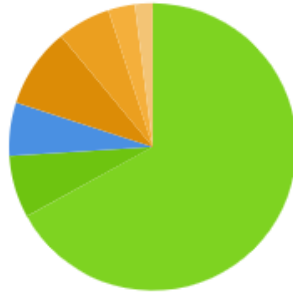
To or from work or for work related reasons (36%) Personal Errands (10%) Leisure Activities (11%)
 Enjoyment or no particular reason (10%) Other (33%)



Princes Risborough - E-scooter Trial Statistics

15,262 rides covering 5,971 miles

20% of journeys have replaced motor vehicle transport

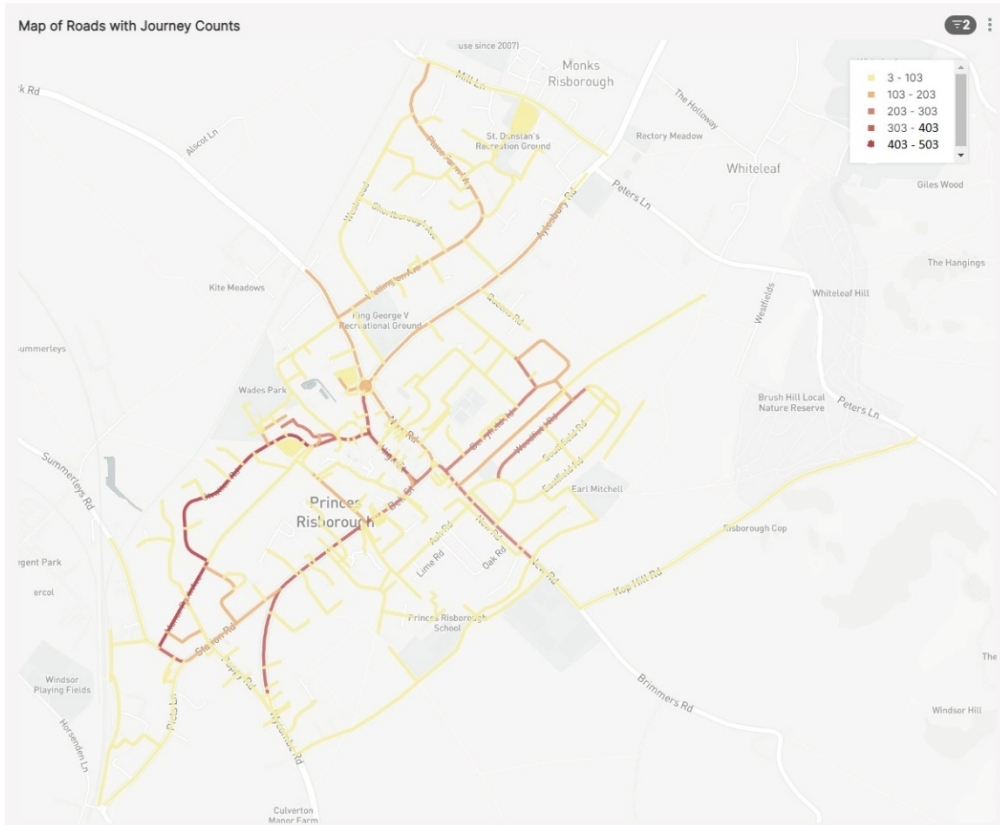


■ Walking (67%)
 ■ Cycling (7%)
 ■ Bus (6%)
 ■ Cars/vans as driver (9%)
 ■ Cars/vans as passenger (6%)
 ■ Motorbikes or mopeds (3%)
 ■ Other motor vehicles (2%)

34% of trips were to or from work or work related reasons



■ To or from work or for work related reasons (34%)
 ■ Personal Errands (11%)
 ■ Leisure Activities (15%)
 ■ Enjoyment or no particular reason (17%)
 ■ Other (23%)



Since the introduction of improved e-scooters in High Wycombe there has been an increase in the number of rides and area coverage since this solution was put in place. High Wycombe saw the highest numbers of ridership in a single day in November 2021. The number of rides per week has also increased from around 800 a week to over a 1000. If the trial were to be extended it would provide more opportunity to see how the adjustment of geofences could impact ridership during the warmer months in an area where hills are considered a barrier to walking and cycling.

We also have demographic data across all the trial areas in the tables below:

	Aylesbury	High Wycombe	Princes Risborough
16-20	21%	24%	23%
21-30	39%	44%	39%
31-40	25%	21%	19%
41-50	11%	8%	12%
51-60	3%	3%	6%
61-70	0%	0%	1%
71-80	0%	0%	0%

	Aylesbury	High Wycombe	Princes Risborough
Male	64%	66%	70%
Female	32%	29%	28%

As expected, the majority of e-scooter riders are between 21-30, however we do have small percentages of riders who are over 40. This does indicate that it is not just young people who are riding the e-scooters. There is also a huge disparity between male and female riders.

Appendix 4 - E-scooter scheme Equality Impact Assessment (EqIA)

Proposal/Brief Title: e-scooter trial in Buckinghamshire

Date: 18.10.2020

Type of strategy, policy, project or service:

Please tick one of the following:

- Existing
- New or proposed
- Changing, update or revision
- Other (please explain)

This report was created by

Name Jo Morphet

Job Title Transport Strategy Lead Officer

Email address jo.morphet@buckinghamshire.gov.uk

Briefly describe the aims and objectives of the proposal below:

Buckinghamshire Council have submitted a proposal to the Department of Transport (DfT) to participate in e-scooter rental trials. These trials have been fast-tracked by the DfT across the country to help ease the burden on public transport and allow for other social distancing options on our transport infrastructure during the current Covid 19 crisis.

Aims of the trial include:

- To inform decision making as to the potential to legalise e-scooter use in future
- To evaluate safety
- To measure the transport mode-shift
- Acceptability to other road users and community and the public response to the trials

What outcomes do we want to achieve?

- To provide evidence so a full assessment of safety for riders, other road users and the community can be undertaken.
- To assess the effectiveness of e-scooters as a transport option in response to Covid 19 and in the future.

- Identify levels of transport mode shift.
- Confirm whether e-scooters make a positive contribution towards the County's ambition to improve air quality and reduce its carbon emissions.

1) Screening Questions

1.1 Does this proposal plan to withdraw a service, activity or presence? No

Please explain your answer: This is a new transport option being introduced in the UK (currently not legal). No current Bucks service, activity or presence will be reduced to accommodate it

1.2 Does this proposal plan to reduce a service, activity or presence? No

Please explain your answer: This is a new transport option being introduced in the UK. No current Bucks service, activity or presence will be reduced to accommodate it

1.3 Does this proposal plan to introduce, review or change a policy, strategy or procedure?

Yes

Please explain your answer: An Experimental Traffic Regulation Order (ETRO) is required to facilitate the trial. The ETRO is for the trial period only. The trial initially lasted 12 months, but has since been extended. Since the last extension, this has been updated to a Permanent TRO which lasts until the trial ends.

Does this proposal affect service users and/or customers, or the wider community? Yes

Please explain your answer: This will be a new mode of transport on the streets and cycle-paths of Buckinghamshire

1.4 Does this proposal affect employees? No

Please explain your answer: In the capacity of an employee of Bucks Council, this proposal does not affect employment terms, conditions or contracts.

1.5 Will employees require training to deliver this proposal? No

Please explain your answer: In the capacity of an employee of Bucks Council, training is not required.

1.6 Has any engagement /consultation been carried out? Yes

Please explain your answer: Internally, engagement and/or papers/briefings have been undertaken with Transport for Bucks, Active Travel Steering Group, Planning, Growth and Sustainability Management Team; officers required to confirm approval via forward plan process to approve ETRO.

Briefing papers have been circulated to all relevant Community Board Members, Town Councils, Parish Councils and town committees. All have been invited to presentations and Q & A sessions which are scheduled for the 8th and 14th Sep 2020.

Briefing papers have been circulated to Bucks Vision, RNIB, BuDS, and PHE. An initial meeting has been undertaken with sight loss organisations and other groups representing vulnerable people.

Externally, initial engagement has been undertaken with Thames Valley Police, NHS Bucks Trust, Aylesbury Garden Town, Chiltern Railways, BTVLEP.

Engagement is planned throughout the trial to ensure the needs of our communities are met.

Are there any concerns at this stage which indicate that this proposal could have negative or unclear impacts on any of the group (s) below? (*protected characteristics). Please include any additional comments.

- A) Age* Yes/No
- B) Disability* Yes**
- C) Gender Reassignment* Yes/No
- D) Pregnancy & maternity* Yes/No
- E) Race & Ethnicity* Yes/No
- F) Religion & Belief* Yes/No
- G) Sex* Yes/No
- H) Sexual Orientation* Yes/No
- I) Marriage & Civil Partnership* Yes/No
- J) Carers Yes/No
- K) Rural isolation Yes/No
- L) Single parent families Yes/No
- M) Poverty (social & economic deprivation) Yes/No
- N) Military families / veterans Yes/No
- O) Gender identity Yes/No

Additional comments (please indicate which of the protected groups you are commenting on):

There are concerns regarding the impact on residents who may be blind, visually impaired or hard of hearing. A key aim of the trial is to provide evidence to assess safety for the users, other road users and the wider community.

As a result of this screening, is an EqlA required?

(If you have answered yes to any of the screening questions or any of the group (above), a full EqlA should be undertaken)

- Yes
- No

Briefly explain your answer:

One of the main aims of the trial is to assess safety. E-scooters are currently illegal in the UK and the Department of Transport would like evidence from the UK to consider safety before the decide whether to make e-scooters legal or not, in the future. This is also a requirement

for Bucks entering into the trial and will provide evidence to identify whether the protected characteristic of disability is significantly impacted. This outcome will feed into our future decision-making processes concerning e-scooter rental schemes in Bucks.

EqIA Screening Sign off

Officer completing this Screening Template: Jess Everett-Puttur Date: 15/08/2022

Equality Lead: (Please insert name) Date: (Please insert Date)

Shadow Buckinghamshire Corporate Board sign off (Please insert name) Date: (Please insert Date)

Please continue to the next page to complete a full EqIA.

EqIA – Full Equality Impact Assessment

Step 1: Introduction

Policy or Service to be assessed: E-scooter trial in Buckinghamshire



EqIA - trial
information.docx

Service and lead officer: Jess Everett-Puttur – Senior Transport Strategy Officer – Planning, Growth and Sustainability

Officers involved in the EqIA:

What are you impact assessing?

- Existing
- New/proposed
- Changing/Update revision

Other, please list:

-
-

Step 2: Scoping – what are you assessing?

What is the title of your service/strategy/policy/project?

E-scooter trial in Buckinghamshire

What is the aim of your service/strategy/policy/project?

The main aim of the trials is to build robust evidence about the safety benefits, public perceptions and wider impacts of e-scooters in order to inform legal changes that may be introduced after the trial period ends by the DfT. It will also provide residents with another transport mode that can help ease the burden on transport networks and allow for social distancing.

Who does/will it have an impact on? E.g. public, visitors, staff, members, partners?

The trial is open to the public to use

Will there be an impact on any other functions, services or policies? If so, please provide more detail

no

Are there any potential barriers to implementing changes to your service/strategy/policy/project?

no

Step 3: Information gathering – what do you need to know about your customers and making a judgement about impacts

What data do you already have about your service users, or the people your policy or strategy will have an impact on, that is broken down by equality strand?

Age: service users are required to possess a provisional driving licence to access the service. This is due to the Department of Transport not being able to change primary legislation at short notice; the service will be limited to those over 16.

Disability: There is potential for e-scooters to impact on the daily lives of residents who are blind, partially sighted or hard of hearing. There is no current evidence in the UK to support perceived or actual impacts. The trial will provide that evidence.

Gender re-assignment: none – no impact

Race: none – no impact

Religion or belief: none – no impact

Sex: none – no impact

Sexual orientation: none – no impact

Pregnancy and maternity: none – no impact

Marriage & Civil Partnership: none – no impact

Do you need any further information broken down by equality strand to inform this EqIA?

Yes

No

If yes, list here with actions to help you gather data for the improvement plan in Step 4

Ongoing evidence from existing trials and this trial once launched will be constantly assessed to ensure impacts on any protected characteristics are mitigated.

Is there any potential for direct or indirect discrimination?

Yes

No

If yes, please provide more detail on how you will monitor/overcome this

The trial could directly impact on residents with disabilities.

Before the trial begins, we are engaging with national and local disability groups to ensure we have considered all their concerns and can provide mitigation where needed. This engagement will continue on a formal basis throughout the trial to enable us to respond to concerns.

Monthly reporting is required by the e-scooter operator to both the DfT and Buckinghamshire Council. This will include levels of incidents and complaints received from the public. These will be reviewed every month to ascertain whether we need to make any changes to the trial details. Should a serious incident take place, the technology behind the scooters can be quickly updated to ensure it does not reoccur.

If the impact on vulnerable residents, other road users, communities and the service users should escalate to an extremely dangerous level we can end the trial early.

Conclusion:

One of the key aims of the trial is to assess the safety of e-scooters in a controlled environment. The DfT have set strict guidelines for operators in terms of the technical specification of the scooters to ensure they are as safe as possible for users and the general public.

By participating in the trial, Buckinghamshire can evaluate evidence based on our own communities and the impact e-scooters may have on our vulnerable residents. It will enable us to control the trial to suit our own local requirements and allow an informed decision-making process over the future use of e-scooters in Buckinghamshire.

Step 4: Improvement plan – what are you going to change?

Issue	Action	Performance target (what difference will it make)	Lead Officer	Achieved
How to take into consideration the impact on residents with disabilities	Engage with disability groups before the trial starts to identify concerns and develop an action plan to address these.	Mitigation in place before the trial starts	Jess Everett- Puttur	
Impacts on residents with disabilities that arise during the trial	Monthly reporting will identify incidents and complaints during the trial period	Adjustments to the trial details will be recorded to mitigate against further incidents and the impact of these changes will be reported	Jess Everett- Puttur	
	Formal engagement will continue with disability groups throughout the trial	Trial plan updated and reviewed on a monthly basis. (this will be daily at the beginning of the trial so adjustments and additional mitigation can be applied).	Jess Everett- Puttur	
Impacts on residents with disabilities of e-scooters	Equality Impact Assessment to be conducted at end of the trial.	Evidence will feed into DfT trial assessment to consider legalisation	Jess Everett- Puttur	

EqIA approved by:

Date:

Next review date:



Report to Cabinet

Date:	11 th October 2022
Title:	Cost of Living Support for Buckinghamshire Residents
Cabinet Member(s):	Steve Bowles – Cabinet Member for Communities
Contact officer:	Matt Everitt – Service Director, Service Improvement
Ward(s) affected:	None specific
Recommendations:	<p>To note the range of support provided by the Council for individuals experiencing hardship across the county;</p> <p>To approve the arrangements for deploying the new Household Support Fund allocation</p>
Reason for decision:	The Government announced draft allocations for the Household Support Fund on 22 September 2022. This report sets out proposals for use of the funding to provide support for Buckinghamshire residents through to the end of March 2023 in line with Government guidance

This item was submitted under the General Exception Rule under 3.52 of the Cabinet Procedure Rules of the Constitution as it has not been possible to give 28 clear days notice of the decision due to the recent government announcement.

1. Executive Summary

- 1.1 As a Council, we recognise the growing pressures being faced by our residents linked to the increases in the cost of living. This report summaries the wide range of support that has been developed this year, together with new initiatives which have been put in place in anticipation of growing hardship over the forthcoming winter.
- 1.2 We are pleased to receive confirmation of the third tranche of Household Support Fund allocation for the period from October 2022 to March 2023.
- 1.3 This builds on the funding we have received from Government since 2020, initially through the Winter Grant and Local Support Grant, and subsequently through the Household Support Fund.

- 1.4 For the period 1st April to 30th September 2022, Buckinghamshire was awarded £2.4m of funding from the Household Support Fund to provide support for residents in need of help with food, fuel and other essential household costs.
- 1.5 This paper summarises how the previous funding allocation was used, and sets out a proposed use of the additional fund between now and the end of March that will ensure this is targeted to residents in need of support and in line with the Government guidance.
- 1.6 Further information about usage of previous Household Support Fund allocations can be viewed in previous reports:

<https://buckinghamshire.moderngov.co.uk/documents/s42765/Government%20funding%20supporting%20Buckinghamshire%20Residents%202022-05-10%20v1.3%20-%20Cabinet.pdf>

2. Cost of Living Initiatives

- 2.1 Buckinghamshire Council has made further provision to assist residents who are in need, developed through close partnership working, particularly with the voluntary and community sector.
- 2.2 Further information about the range of support available can be found on our website, which has been updated as a comprehensive source of information for people who need support with the cost of living.
 - 2.2.1 Our updated website ensures people can access information about the range of support available, including: support with food, fuel and household bills, finding a place to keep warm, obtaining essential household items, support available from Government, support for pensioners and how to contact the Helping Hand team: <https://www.buckinghamshire.gov.uk/cost-of-living/>
- 2.3 The support offer we are developing includes the introduction of Buckinghamshire's Welcoming Spaces.
 - 2.3.1 The council is pledging to develop a network of Welcoming Spaces offering a variety of facilities around the county, with local partner organisations, where residents can come into safe and inclusive spaces, free of charge, to stay warm and enjoy a little company.
 - 2.3.2 The scheme has kick-started with the launch of Buckinghamshire's libraries and community libraries as the first of the Welcoming Spaces venues. Visitors will be welcome for as long as they wish during opening hours and can make use of facilities including free wifi and computer access. Library staff will also be on hand to offer information and support to visitors struggling with the effects of the cost of living crisis.
 - 2.3.3 The council is also keen to support other organisations in local communities to open up as Welcoming Spaces. Work is currently taking place with partners and local communities to develop this plan. More information will be available soon for

interested community groups and organisations with suitable venues to find out more.

- 2.3.4 We are also currently developing a Warm Box offer, to provide further practical support to residents during the winter months. Further information about Warm Boxes will be available on our website.
- 2.4 With our partners Heart of Bucks, we have established a Crisis Fund to raise money to help Buckinghamshire families in need.
 - 2.4.1 We absolutely appreciate the rising costs are impacting everyone, and we also know the incredible generosity that exists in Buckinghamshire and that in times of crisis, it drives many of our residents to want to help or offer financial assistance.
 - 2.4.2 So, with Heart of Bucks, for those in a position to do so, we have invited people to donate what they can into this fund so the money can be best channelled to get support to the people in our communities who need it most.
 - 2.4.3 The Crisis Fund has already raised more than £80,000 in donations, which will be used to support local people who are in the most need with energy, food and other essential costs.
- 2.5 The Buckinghamshire Holiday Activities and Food (HAF) Programme is funded by the Department for Education and provides free, high-quality holiday activity clubs with a healthy hot meal for children from low-income families. The government has confirmed the continuation of the HAF programme for the next two financial years until March 2025. The programme runs in the longer school holiday periods (Easter, summer and Christmas) for children in Reception to Year 11 inclusive who receive benefits-related free school meals.
 - 2.5.1 In 2022 the HAF programme has so far enabled over 3,000 individual children and young people across the county to enjoy over 14,500 holiday activity club sessions and hot meals during the school holidays. With over 4000 holiday activity club sessions planned for Christmas 2022, these numbers will continue to grow. This growth is expected to continue into the 23/24 financial year with additional organisations getting involved; offering an increasing number of holiday sessions.
 - 2.5.2 In 2022, the Council can also offer HAF holiday club places to certain groups of children and young people who are not in receipt of benefits-related free school meals, but who could benefit from HAF provision. This means that we will be able to reach and support more vulnerable children and young people in Buckinghamshire to have a more enjoyable holiday experience. So far 325 individual children and young people in this category have benefited from HAF provision.
- 2.6 In addition to the support we are providing locally, the Government has also provided a range of support including:
 - 2.6.1 A £650 one-off Cost of Living Payment would be available for residents on means tested benefits.

- 2.6.1.1 This includes all households receiving: Universal Credit, Income-based Jobseekers Allowance, Income-related Employment and Support Allowance, Income Support, Working Tax Credit, Child Tax Credit, Pension credit.
- 2.6.1.2 This payment will be made by the Department for Work and Pensions in two lump sums. The first of these will have been delivered from July, with the second payment following in the autumn.
- 2.6.2 The Energy Bills Support Scheme has been doubled to a one-off £400, all households will receive £400 of support with their energy bills via a discount of £66 applied to their energy bills in October and November, rising to £67 each month from December through to March 2023.
- 2.6.3 Pensioner households will receive an extra £300 this year to help cover the rising cost of energy this winter, which will be paid to all pensioner households who receive the Winter Fuel Payment and will be on top of any other one-off support a pensioner household is entitled to.
- 2.6.4 People who are in receipt of particular disability benefits will have received a one-off payment of £150 in September, which is exempt from tax and will not count towards the benefit cap nor will it have any impact on existing benefit awards.

3. Household Support Fund 1st April – 30th September 2022

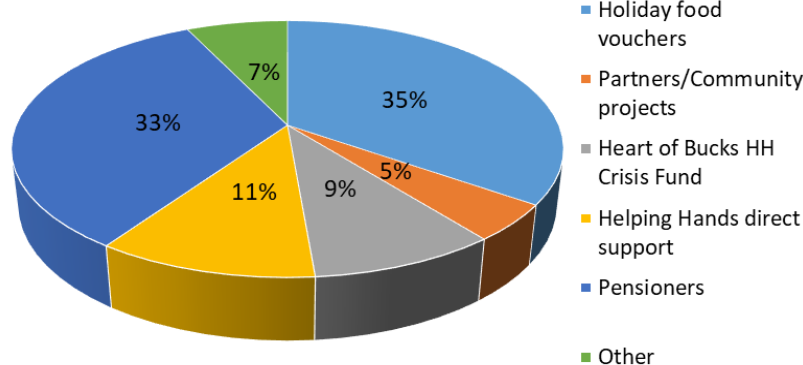
- 3.1 Funding received during this period totalled £2.4m, via the Household Support Fund.
- 3.2 This fund was intended to provide support to vulnerable households in most need of support to help with significantly rising living costs.
- 3.3 The following criteria was specified for use of this fund: at least one-third will be allocated to support families with children, at least one-third will be allocated to pensioners and up to one-third will be allocated to other vulnerable households in need of support.
- 3.4 Within the parameters set out in 3.3, the Household Support Fund could be used to cover:
 - 3.4.1 Energy bills relating to heating, cooking or lighting; and water bills
 - 3.4.2 Support with food costs either through vouchers or cash
 - 3.4.3 Other household essentials – which could include those linked to energy and water, for example sanitary products, boiler repair or servicing, warm clothing, purchase of fridge/freezers; or for wider essentials, for example broadband costs, phone costs, clothing, transport-related costs such as car repairs.
 - 3.4.4 Housing costs could be covered in exceptional circumstances and where existing housing schemes did not meet this exceptional need. For example, the fund could not be used to provide mortgage support but could be used to cover

historic rent arrears that had been built up prior to receipt of other benefits. The fund could not be used to cover mortgage costs and cannot be used to provide debt and financial advice services.

- 3.4.5 The fund could also be used to cover reasonable administration costs, including staff costs, web page design, IT system costs and promotional activity and content to raise the profile of the scheme.

3.5 Use of this funding is detailed in Chart 1:

**Chart 1: Household Support Fund
April 2022 to September 2022**



	April to September 2022
Holiday food vouchers	£834,184
Partners/Community projects	£110,665
Heart of Bucks HH Crisis Fund	£222,800
Helping Hands direct support	£261,540
Pensioners	£800,000
Other	£170,000

3.6 The fund:

- 3.6.1 Funded more than 8,445 Post Office vouchers, each with a value of £90, have been delivered to Pensioners in receipt of Council Tax reduction or who have previously requested support from Helping Hand.
- 3.6.2 Funded more than 26,000 digital food vouchers issued to young people in receipt of Free School Meals/Early Years' Pupil Premium/2-year old funded free education places covering both May Half Term and Summer Holiday Periods.
- 3.6.3 Supported many VCS support activities ranging from Food Banks to Lunch clubs to Hot Meal Delivery schemes, providing support to more than 20,000 households.
- 3.6.4 In total, enabled support to be provided to over 60,000 households, including help with food, help with their energy bills, help to purchase essential white goods and essentials to keep them warm including clothing.

4. Helping Hand

- 4.1 The Helping Hand team have led and coordinated use of these funds across Buckinghamshire for the Council.
- 4.2 This team works collaboratively across internal Council departments and with partners to identify, engage and assist residents who require additional support for Food,

Warmth and Household living costs. This includes with Adult Social Care and Children's Services, and referrals are received from social workers on behalf of their clients.

- 4.3 This service model has enabled the development and maintenance of excellent relationships between the Council and the voluntary and community sector, and ensured that the impact of funding provided through these grants is enhanced through further community based-support in areas of need. For example, we have provided support into community groups where we know there is the greatest need and where perhaps the community were less likely to reach out for support.
- 4.4 This approach has also resulted in better insight and intelligence to enable better understanding of our residents and communities, which can then be used to inform activity and interventions delivered by the Council, by the voluntary and community sector, and by our strategic partners including housing associations and the Department for Work and Pensions.
- 4.5 The Helping Hand delivery model accepts direct application from residents, ensuring that the right support can be provided quickly to those who are in most need.
- 4.6 The Helping Hand Team has delivered awareness raising activity within job centres, with Housing Association Welfare Teams and with the Social Prescriber Network to ensure all those who are engaging with residents are aware of what is available.
- 4.7 There are significant challenges that the service has overcome to enable successful utilisation of these funds for vulnerable residents in Buckinghamshire, including:
 - 4.7.1 Quickly scaling up the offer in line with the Government framework, developing the Helping Hand approach and ensuring visibility for residents and partners
 - 4.7.2 Managing service delivery tightly in line with the Government framework and the short-term nature and notice of the government funding
 - 4.7.3 Ensuring that residents most in need benefited from the funds, including using a broad range of data to identify these cohorts and address stigma that can be associated with asking the Council for help
 - 4.7.4 Establishing at pace appropriate systems, tools and controls for case management, voucher delivery and grant funding to the voluntary and community sector.
- 4.8 Chart 2 shows the number of new applications for support from the Helping Hand service, and indicates a general upward trend over this year to date.



5. Household Support Fund 1st October 2022 – 31st March 2023

- 5.1 The Household Support Fund is being extended, and this equates to a further £2.4m for Buckinghamshire to use to support residents between 1st October 2022 and 31st March 2023.
- 5.2 In line with previous allocations of the Household Support fund, the new fund is intended to provide support to vulnerable households in most need of support to help with significantly rising living costs. Whilst the general purpose of the fund is the same as that provided previously, there are changes to the criteria which offer more flexibility in how the fund is used locally.
- 5.3 Authorities have flexibility within the fund to identify which vulnerable households are in most need of support and apply their own discretion when identifying eligibility, ensuring that residents who are not receiving other means of Government support have access to this fund.
- 5.4 Authorities must operate an application-based service for support to ensure those in need have a route to emergency support.
- 5.5 Within the parameters set out in 5.3, the Household Support Fund can be used to cover:
- 5.5.1 Energy bills relating to heating, cooking or lighting; and water bills
 - 5.5.2 Support with food costs either through vouchers or cash
 - 5.5.3 Other household essentials – this may include those linked to energy and water, for example sanitary products, boiler repair or servicing, warm clothing, purchase of fridge/freezers; or for wider essentials, for example broadband costs, phone costs, clothing, transport-related costs such as car repairs

- 5.5.4 Housing costs can be covered in exceptional circumstances and where existing housing schemes do not meet this exceptional need. For example, the fund cannot be used to provide mortgage support but can be used to cover historic rent arrears that have been built up prior to receipt of other benefits
- 5.5.5 The fund can also be used to cover reasonable administration costs, including staff costs, web page design, IT system costs and promotional activity and content to raise the profile of the scheme
- 5.5.6 As before, the fund cannot be used to cover mortgage costs and cannot be used to provide debt and financial advice services.

6. Proposed allocation of the Household Support Fund 1st October 2022 – 31st March 2023

- 6.1 Table 1 sets out the proposed allocation of the £2.4m that Buckinghamshire will receive from the new Household Support Fund.
- 6.2 These proposals are in line with Government guidance and are modelled around local understanding of need across different categories, informed by local intelligence and previous delivery of support through the Helping Hand service.
- 6.3 Funding will only be used for schemes that are free to residents.
- 6.4 In addition to the allocations listed in Table 1, approximately £170,000 will be used to cover overhead costs in line with the government guidance detailed in 5.5.5.
- 6.5 Residents may be eligible for support across multiple categories listed in Table 1. Residents may also be eligible to receive support on multiple occasions during the period.

Table 1: Proposed Allocation of Household Support Fund 1st October 2022 – 31st March 2023

Allocation	% of fund	Target group	Type of Support	Delivery mechanism
£500,000	21%	Covering all target groups	All types of support	Application-based service through the Helping Hand team
£820,000	34%	Children/young people: Free School Meals / Early Years Support / Schools / Colleges inc. Afghan/Ukraine refugees	Food Support	Digital food voucher during three school holiday periods (October, December, February) £15 per week
£300,000	13%	Covering all target groups	All types of support	Voluntary and Community organisations providing free support to residents, including Foodbanks
£250,000	10%	Covering all target groups	All types of support	Crisis Fund administered by Heart of Bucks
£360,000	15%	Targeted support for priority cohorts, including Care Leavers, Pensioners	All types of support	Digital Voucher or other appropriate support
£170,000	7%	Covering all target groups	Other costs	Administration costs, including staff costs, web page design, IT system costs and promotional activity and content to raise the profile of the scheme
£2,399,190	100%	Total grant funding allocation for Buckinghamshire		

7. Summary

7.1 Buckinghamshire Council is committed to ensuring that vulnerable residents who are most in need receive support via our Helping Hand service.

7.2 The support and intervention we have provided has benefitted many thousands of residents across the County and ensured that families and vulnerable people have had access to food, water, clothing, warmth and other essential items.

7.3 The proposals detailed in this paper aim to ensure that the new allocation of the Household Support Fund is utilised in a targeted and effective manner between now

and the end of March, to reduce the impact of the increased cost of living crisis, poverty and financial hardship for Buckinghamshire residents.

8. Legal and financial implications

- 8.1 The Secretary of State determines the authorities to which grant is to be paid and the amount of grant to be paid.
- 8.2 The Household Support Fund Grant indicative funding allocation for Buckinghamshire Council for the period 1st October 2022 to 31st March 2023 is £2,399,190.54. Pursuant to section 31(3) and 31(4) of the Local Government Act 2003, the Secretary of State determines that the grant will be paid in respect of this period.
- 8.3 The grant is paid to the Authority to support eligible expenditure only, in line with guidance from the Department for Work and Pensions; and on the basis overall that the provision of grant funding remains subject to the Secretary of State's ongoing satisfaction that all grant usage by the Authority complies fully with the relevant conditions.
- 8.4 Funding is paid in arrears and following completion of a data return to the Department for Work and Pensions. The amount of grant funding Buckinghamshire receives from the allocation listed in 8.2 will be in line with the evidence provided in the data return. This approach is in line with previous grants and the Helping Hand, Business Intelligence and Finance teams will work together to complete the required returns.
- 8.5 County Councils and Unitary Authorities have a statutory duty regarding children and are generally responsible for Local Welfare Assistance. The Department for Work and Pensions is providing funding to County Councils and Unitary Authorities (including Metropolitan Councils and London Boroughs), under section 31 of the Local Government Act 2003, to administer the scheme and provide assistance to households most in need.
- 8.6 Local Authorities have discretion on exactly how this funding is used within the scope set out in guidance documentation provided by the Department for Work and Pensions. The expectation is that it should primarily be used to support households in the most need particularly those including children and pensioners who would otherwise struggle with energy bills, food, water bills, other essential household costs and housing costs in exceptional circumstances.
- 8.7 An initial Equalities Impact Assessment has been completed and identified no negative impact from the proposals in this report. A copy of this is available on request. Criteria, eligibility and processes are all being reviewed further to ensure that they comply with equalities requirements.

9. Corporate implications

9.1 This report reflects the priority for the Communities Portfolio to develop the Helping Hand programme to tackle food insecurity in local communities.

10. Local councillors & community boards consultation & views

10.1 Not applicable – Portfolio Holder consulted.

11. Communication, engagement & further consultation

11.1 Following this decision a communications plan will be developed to continue to promote the Helping Hand service and raise awareness of support available to residents who are most in need.

12. Next steps and review

12.1 Following this decision the Helping Hand service will coordinate use of the Household Support Fund in line with the allocations set out in Table 1.

13. Background papers

13.1 Not applicable.

14. Your questions and views (for key decisions)

14.1 If you have any questions about the matters contained in this report please get in touch with the author of this report. If you have any views that you would like the cabinet member to consider please inform the democratic services team. This can be done by telephone [01296 382343] or email [democracy@buckinghamshire.gov.uk]

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Report to Cabinet

Date:	11 th October 2022
Title:	Climate Change & Air Quality Strategy 2021-2022 Progress Report
Cabinet Member(s):	Councillor Gareth Williams, Deputy Leader and Cabinet Member for Climate Change and Environment
Contact officer:	Alexander Beckett
Ward(s) affected:	All
Recommendations:	1. To note the progress made in 2021-2022 against the aims, objectives and actions in the Climate Change & Air Quality Strategy
Reason for decision:	Action 9 in the Climate Change & Air Quality Strategy commits the Council to ‘Report annually on progress made against actions and reducing emissions’. Addressing climate change and poor air quality is relevant to all Council Corporate Plan 2020-2025 priorities.

1. Executive summary

- 1.1 The Climate Change & Air Quality Strategy 2021-2022 Progress Report provides an update on the significant progress made against the aims, objectives, and actions set out in our Climate Change and Air Quality Strategy within the year following its adoption on 19th October 2021. Details of 51 activities are provided, many of which address several actions in the Strategy. These have contributed to greenhouse gas emissions (GHG) decreasing by 10.61% from 2019 to 2020 and nitrogen dioxide concentrations staying within the annual mean value in the last two calendar years in Buckinghamshire; and, the Council’s GHG emissions being 70% lower in ‘21/’22 compared to its emissions from 1990.

- 1.2 The Council was responsible for 6,095 tonnes of greenhouse gas emissions (TCO₂e) in '21/'22. We have kept comfortably within the Council's carbon budget for '21/'22 (7,407 TCO₂e) and are on track to reduce the Council's carbon emissions by at least 75% by 2030.

2. Content of report

- 2.1 Action 9 in the Climate Change & Air Quality Strategy commits the Council to 'Report annually on progress made against actions and reducing emissions' and addressing climate change and poor air quality is relevant to all Council Corporate Plan 2020-2025 priorities. The Climate Change & Air Quality Strategy 2021-2022 Progress Report (please see Appendix A) provides an update on the significant progress made against the aims, objectives, and actions set out in our Climate Change and Air Quality Strategy within the year following its adoption on 19th October 2021.
- 2.2 Following approval of the Climate Change & Air Quality Strategy 2021-2022 Progress Report at Cabinet the Report will be published online and promoted as part of the Bucks Climate Challenge communications campaign.

3. Other options considered

- 3.1 The option to not produce Climate Change & Air Quality Strategy 2021-2022 Progress Report was considered as not being viable due to the commitment to 'Report annually on progress made against actions and reducing emissions' (action 9 in the Climate Change & Air Quality Strategy).

4. Legal and financial implications

- 4.1 It's considered that there are no legal or financial implications associated with the Climate Change & Air Quality Strategy 2021-2022 Progress Report.

5. Corporate implications

- 5.1 Due to their negative impacts on health, natural and built environments, and the economy addressing climate change and poor air quality is relevant to all corporate plan priorities:

- Increasing prosperity
- Strengthening our communities
- Improving our environment
- Protecting the vulnerable

6. Local councillors & community boards consultation & views

- 6.1 Consultation with local councillors and community boards was deemed unnecessary regarding the production of the Climate Change & Air Quality Strategy 2021-2022 Progress Report.

7. Communication, engagement & further consultation

- 7.1 Further consultation was deemed unnecessary regarding the production of the Climate Change & Air Quality Strategy 2021-2022 Progress Report.
- 7.2 All Council activity detailed in the Climate Change & Air Quality Strategy 2021-2022 Progress Report has been supported by the Bucks Climate Challenge communications campaign.

8. Next steps and review

- 8.1 Following approval of the Climate Change & Air Quality Strategy 2021-2022 Progress Report at Cabinet the Report and the Action Plan will be published online and promoted as part of the Bucks Climate Challenge communications campaign.

9. Background papers

- 9.1 [Buckinghamshire Electric Vehicle \(EV\) Action Plan 2022-27](#) (approved by Cabinet on 7th June 2022)
- 9.2 [Climate Change and Air Quality Strategy](#) (approved by Cabinet on 19th October 2021)
- 9.3 [Large Scale Tree Planting on Buckinghamshire Council Land Holding](#) (approved by Cabinet on 16th February 2021)
- 9.4 [Net Zero Carbon Emissions by 2050 Motion](#) (at Full Council on 15th July 2020)

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Buckinghamshire Council

Climate Change & Air Quality Strategy

2021-2022 Progress Report

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Foreword

I am delighted to provide this update on the considerable activity undertaken to tackle climate change and poor air quality in Buckinghamshire. While giving some reassurance that all parts of our community are playing their part in tackling these significant environmental challenges, it also recognises the importance of continuing emission reduction and climate change adaptation work. Having only adopted the Climate Change and Air Quality Strategy last year, in October, it's good to see the innovation, enthusiasm and partnership initiatives already underway – from the creation of new larger woodland areas, to expanding the number of charging points to 1,000 by 2027, and delivering energy performance improvements to many more homes.

Our collective response to the COVID pandemic has proven that, together, we can introduce the necessary changes to address seemingly overwhelming challenges to our lives. Our efforts have contributed to decreasing levels of greenhouse gases and other air pollutants in Buckinghamshire and from the Council's operations. The health of those living and working in the area, and plants and animals, will have benefitted from NO₂ concentrations being lower than the 40µg/m³ annual mean in 2020 and 2021. I'm also very conscious of the fact that initiatives that help communities transition to low or zero emissions can result in cost savings, especially with energy costs where they are. In the transport sector we have encouraged e-scooter and e-bike usage. In the home we have come up with ways

to help reduce energy consumption via the Green Homes Grant Local Authority Delivery and Buckinghamshire Solar Together schemes. Workplace energy usage has seen assistance from the Low Carbon Workspaces initiative.

Hopefully this report provides some inspiration to you all to explore new ways to reduce your environmental impact – there are some useful suggestions available on the AWorld App about some small lifestyle choices that everyone can make to save resources. It's great that 14 tonnes of CO₂ has already been saved by those using it.

We can all feel immensely satisfied with what has been achieved so far. The Council's '21/'22 carbon emissions (6,095 TCO₂e) were far less than the carbon budget that was set (7,407 TCO₂e). We have secured Government grants in excess of £10.3m to progress initiatives, introduced more electric vehicles into fleets and sizeable solar photovoltaic systems on buildings providing Council services, planted impressive number of trees with schools and community groups and we are now starting to buy renewable energy. I look forward to another year of successes, where we can share the benefits of securing a sustainable future.

Councillor Gareth Williams

Cabinet Member for Climate Change and Environment

Introduction

The UK experienced its hottest summer on record in 2022 - on [19 July 40.3°C was recorded at Coningsby](#) and temperatures recorded at 46 weather stations across the UK exceeded the previous record of 38.7°C. July 2022 has been the driest July in England since 1935 (and the driest on record for south-east England, according to provisional figures released by the [Met Office](#)) and every month up to September this year (apart from February) has seen below average rainfall.

These severe weather events have been a useful reminder of the urgent need to reduce global carbon emissions and implement measures to adapt to a changing climate. This document provides an update on the significant progress made against the aims, objectives, and actions set out in our Climate Change and Air Quality Strategy within the year following its adoption on [19 October 2021](#). Details of 51 activities are provided, many of which address several actions in the Strategy. These have contributed to greenhouse gas emissions (GHG) decreasing by 10.61% from 2019 to 2020 and nitrogen dioxide concentrations staying within the annual mean value in the last two calendar years in

Buckinghamshire; and, the Council's GHG emissions being 70% lower in '21/'22 compared to its emissions from 1990.

People and organisations' activities continued to be affected by the COVID pandemic in 2022, with [Plan B measures](#) being in place between [10 December 2021](#) and 26 January 2022 (inclusive). Emissions have been positively impacted by the changes – most notably the shift to home working has helped reduce transport emissions. The Council has continued to support this shift through its Work Smart programme, and the transition to low emission forms of transport. This includes: 111 employees using the Council's Cycle to Work scheme since May 2020, securing more than half a million pounds to upcycle and electrify a refuse collection vehicle, the introduction of battery electric vehicles into fleets operated by Family Times Services and a major supplier to the Council (Veolia), committing to more than 1,000 public charging spaces being available in the county by 2027, encouraging the use of low and ultra low emission taxis and private hire vehicles via a new licensing policy, implementing e-scooter and e-bike hire schemes, and extensions and improvements to active travel routes in Aylesbury, Wendover and Marlow.

The achievements outlined in this progress report wouldn't be possible without the cooperation and support of all stakeholders – from the Council's teams, suppliers and partners, to the third sector, businesses, and residents in Buckinghamshire. As result of collaborative working over £203k was secured to support tree planting projects by local organisations, water source heat pumps and solar panels have been installed at Chiltern Lifestyle Centre and Amersham Depot (which will save up to 228 tonnes of CO₂e per annum), 200 business have been assisted by Low Carbon Workspaces to reduce their carbon footprints and energy costs, and 64 accredited school travel plans have been established.

Results from several schemes have, once again, confirmed widespread interest in delivering a zero carbon future for Buckinghamshire. Environmentally friendly actions taken and recorded on the AWorld App have resulted in 14 tonnes of CO₂ being saved, 91 domestic properties have been retrofitted with energy efficiency measures with funding from the Green Homes Grant Local Authority Delivery scheme, and there were 6,990 registrations to the Buckinghamshire Solar Together initiative.

Over the forthcoming year many initiatives will come to fruition, for instance: the provision of support for 30 large employers to increase the number of electric vehicles in their fleets, and improving the energy performance of eligible homes under the Sustainable Warmth scheme. Activity is already underway to build on the success of implementing climate change adaptation measures and reducing emissions from the Council's estate (e.g. planting 5,860 trees, procuring 25% of electricity from renewable sources, and transitioning to cloud based servers) which includes the installation of air source heat pump technology funded by the Public Sector Decarbonisation Scheme, and establishing new woodland areas.

Progress against targets

The following section details the progress made against the aims and objectives of the Climate Change and Air Quality Strategy. It is of note that emissions over the reporting year have been influenced by changes to behaviours and the operations of organisations during the Covid-19 pandemic.

Progress against Aim 1:

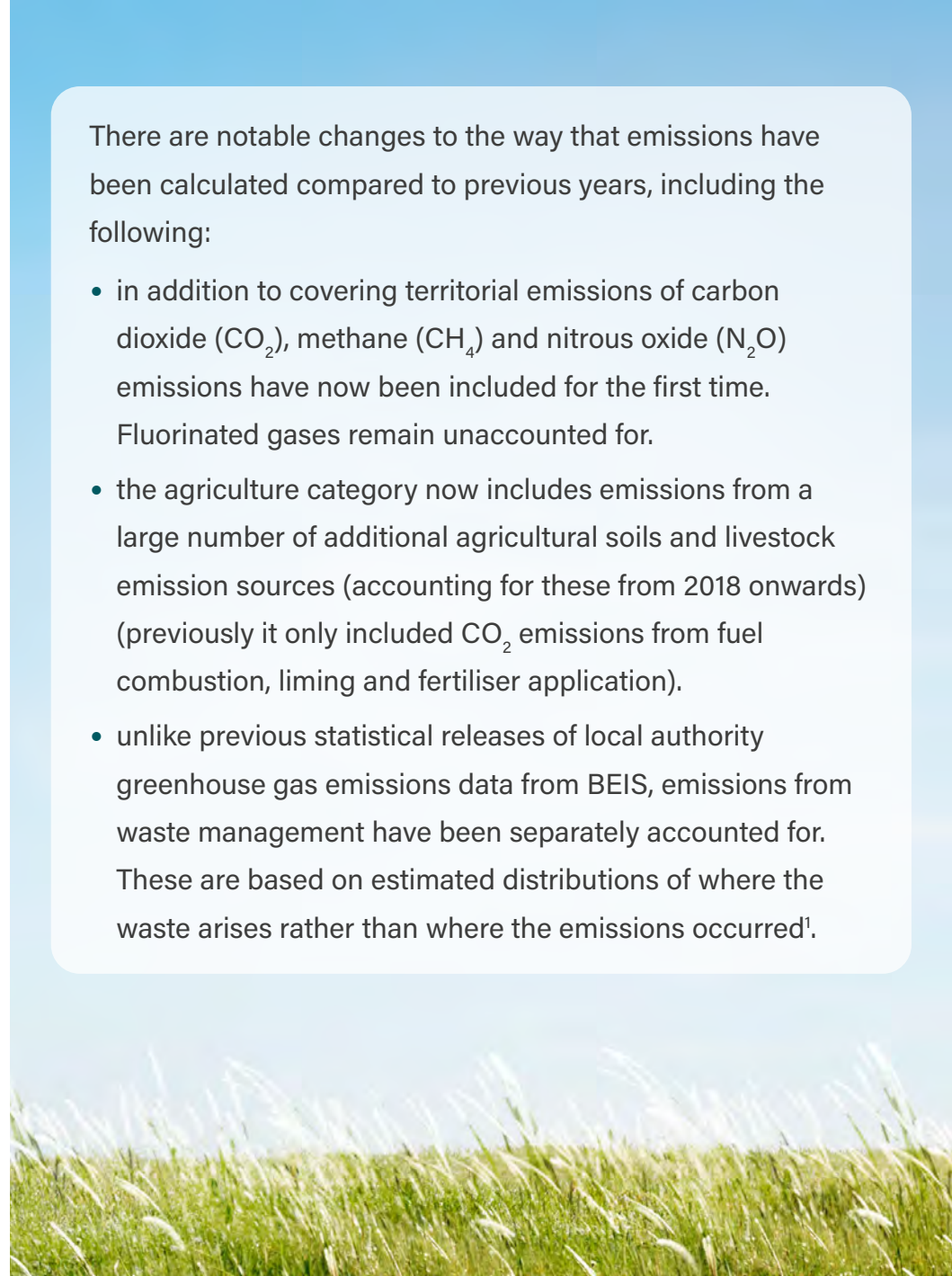
Work alongside national Government with the objective to achieve net zero carbon emissions for Buckinghamshire as a whole by 2050.

Area greenhouse gas (GHG) emissions are taken from the [UK local authority and regional greenhouse gas emissions national statistics: 2005-2020](#) and have been calculated using a generation based approach. These were published by the Department for Business, Energy & Industrial Strategy (BEIS) on 30 June 2022 and the data is presented in the graph 1 – confirming that emissions from the area the Council serves are decreasing at an average rate of 2.51% per annum. Emissions decreased by 10.61% from 2019 to 2020.

There are notable changes to the way that emissions have been calculated compared to previous years, including the following:

- in addition to covering territorial emissions of carbon dioxide (CO₂), methane (CH₄) and nitrous oxide (N₂O) emissions have now been included for the first time. Fluorinated gases remain unaccounted for.
- the agriculture category now includes emissions from a large number of additional agricultural soils and livestock emission sources (accounting for these from 2018 onwards) (previously it only included CO₂ emissions from fuel combustion, liming and fertiliser application).
- unlike previous statistical releases of local authority greenhouse gas emissions data from BEIS, emissions from waste management have been separately accounted for. These are based on estimated distributions of where the waste arises rather than where the emissions occurred¹.

¹ Emissions associated with electricity used in the waste industry comes under Industrial and Commercial Electricity. This is also true for emissions from energy from waste plants for which the emissions are associated with the end user of the electricity



Emissions generated from all source categories have decreased between 2005 and 2020 apart from waste management 'other' emissions which is influenced by population growth in the area (489k people in 2005 and 547k people in 2020). Emissions from settlements, public sector, commercial and domestic gas and domestic 'other' increased between 2019 and 2020 reflecting the impact that lockdowns and home working arrangements associated with the COVID pandemic had. Table 1 provides details of the carbon emissions produced by various sources in Buckinghamshire in 2020.

Graph 1
Buckinghamshire Carbon Emissions (kilotonnes CO₂e) 2005-2020

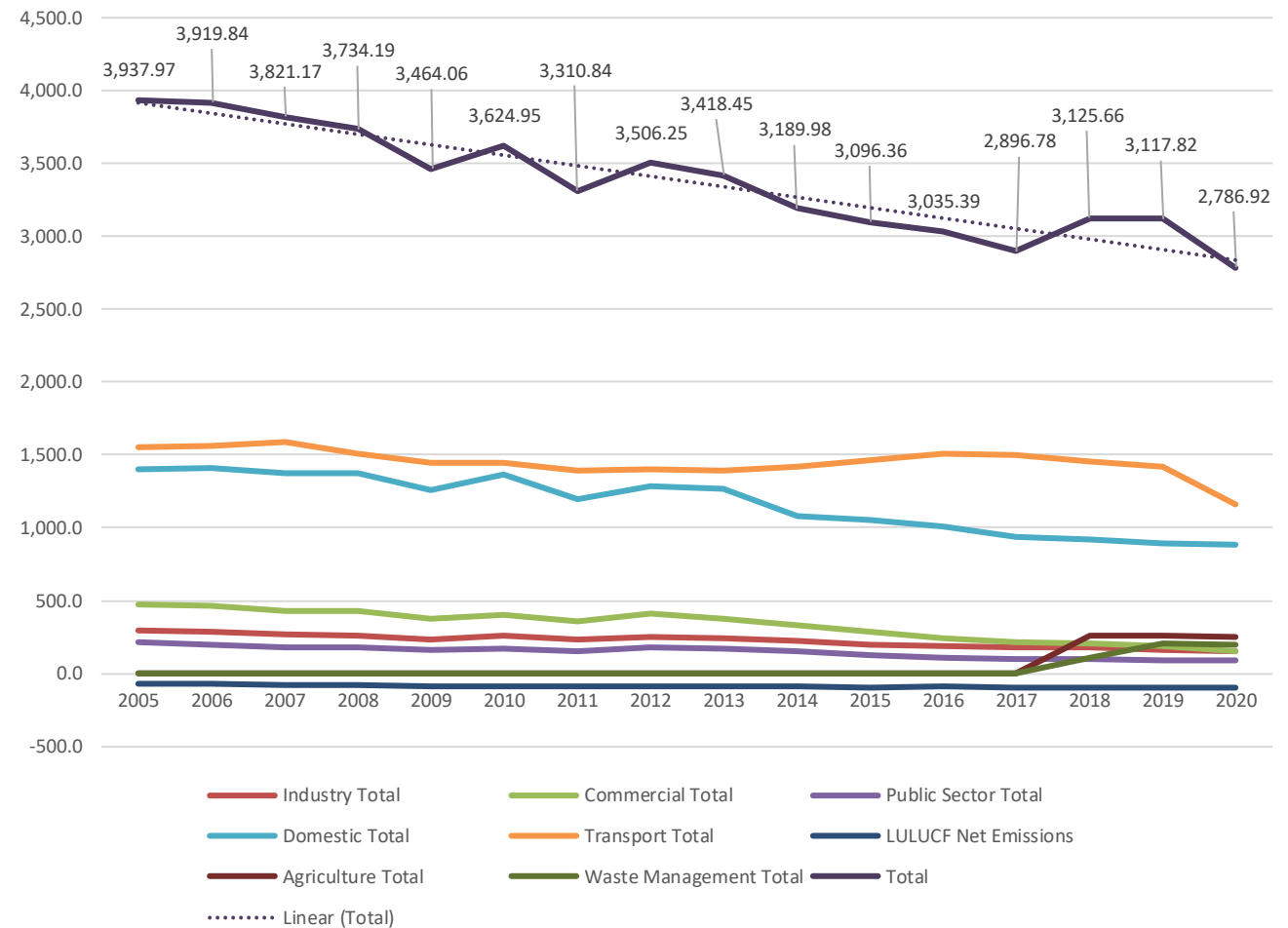


Table 1 - Buckinghamshire 2020 carbon emissions by source

Source	Annual Carbon Emissions (kilotonnes CO ₂)	% of Carbon Emissions
Industry Electricity	4.89	1.76%
Industry Gas	20.4	0.73%
Large Industrial Installations	0.6	0.02%
Industry 'Other'	83.4	2.99%
Industry Total	153.3	5.5%
Commercial Electricity	87.5	3.14%
Commercial Gas	67.5	2.42%
Commercial 'Other'	1.4	0.05%
Commercial Total	156.4	5.61%
Public Sector Electricity	29.0	1.04%
Public Sector Gas	56.1	2.01%
Public Sector 'Other'	1.0	0.03%
Public Sector Total	86.0	3.09%
Domestic Electricity	203.7	7.31%
Domestic Gas	575.2	20.64%
Domestic 'Other'	105.2	3.77%
Domestic Total	884.1	31.72%
Road Transport (A roads)	313.3	11.24%
Road Transport (Motorways)	461.4	16.55%
Road Transport (Minor roads)	321.1	11.52%
Diesel Railways	44.8	1.61%
Transport 'Other'	16.5	0.59%
Transport Total	1,157.1	41.52%

Table 1 - Buckinghamshire 2020 carbon emissions by source *continued*

Source	Annual Carbon Emissions (kilotonnes CO ₂)	% of Carbon Emissions
Net Emissions: Forest Land	-117.5	-4.22
Net Emissions: Cropland	47.3	1.70%
Net Emissions: Grassland	-47.7	-1.71%
Net Emissions: Wetland	0.0	0.00%
Net Emissions: Settlements	23.4	0.84%
Net Emissions: Harvested Wood Products	0.0	0.00%
Net Emissions: Indirect N ₂ O	0.9	0.03%
Land use, land-use change and forestry Total	-93.7	-3.36%
Agriculture Electricity	7.4	0.26%
Agriculture Gas	14.8	0.53%
Agriculture 'Other'	19.9	0.72%
Agriculture Livestock	155.7	5.59%
Agriculture Soils	52.6	1.89%
Agriculture Total	250.4	8.98%
Landfill	174.2	6.25%
Waste Management 'Other'	19.2	0.69%
Waste Management Total	193.3	6.94%
Grand Total	2,786.9	

Progress against Objective A: Achieve net zero carbon emissions across council operations no later than 2050 and possibly before this, potentially by 2030, subject to resources

The emissions shown in table 2 are those from the Council's operations, such as the buildings and vehicles we operate, and those associated with the transmission and distribution of electricity that the Council uses. Business travel emissions relate to emissions from staff and Councillors in their own vehicles where a mileage expense claim was made. Emissions from the use of public transport, such as train journeys, for work travel weren't captured as the data is not available.

We have excluded emissions from our operations where our staff do not directly provide the service, for example waste collection vehicles operated around Wycombe, Chiltern and South Buckinghamshire areas.

There have been significant emission savings across all aspects of our operations in '21/'22 compared to our emissions from '18/'19, including 52% and 50% reductions

of CO₂e emissions from the Council's fleet and building electricity consumption respectively, and bringing emissions from business travel down by 40%.

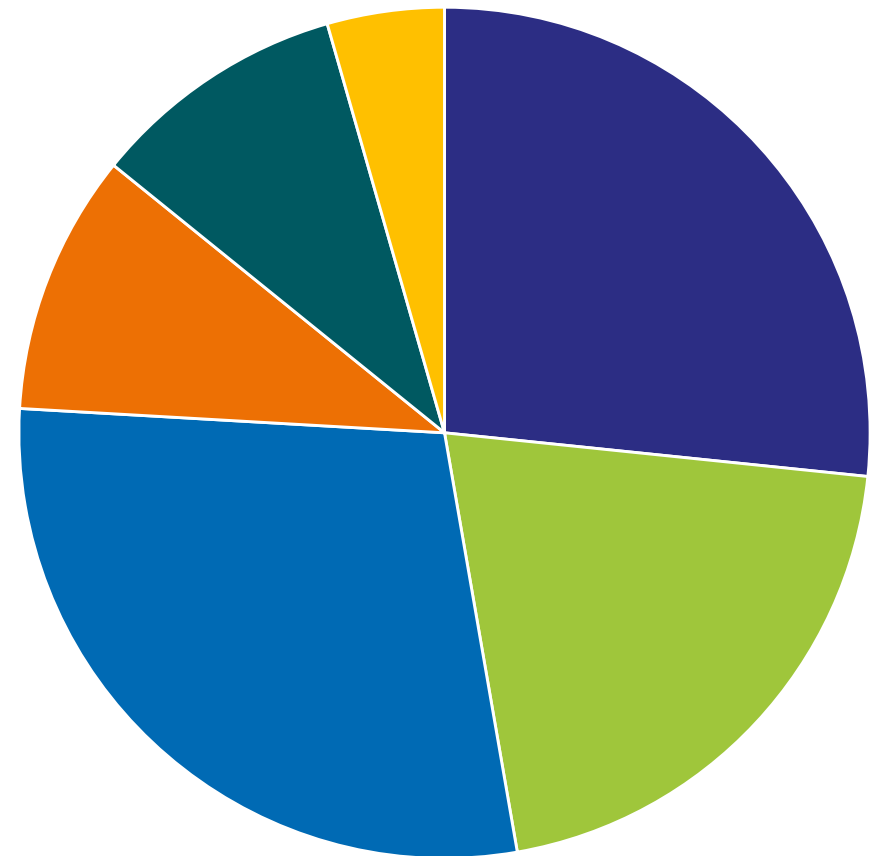
This has led to a 32% reduction of greenhouse gas (GHG) emissions compared to our emissions from '18/'19 and a 70% reduction of GHG emissions compared to those from 1990. We have kept comfortably within our carbon budget for '21/'22 (7,407 TCO₂e) and are on track to reduce our carbon emissions by at least 75% by 2030.



Table 2 - Buckinghamshire Council's Carbon Emissions

Activity	2021/22 Annual Carbon Emissions (TCO ₂ e)	% of Annual Emissions
Buildings - Gas Consumption	1,624	27%
Buildings - Electricity Consumption	1,257	21%
Street Lighting - Electricity Consumption	1,746	29%
Council Fleet	604	10%
Business Travel	593	10%
Electricity Transmission and Distribution	271	4%
Total	6,095	

Buckinghamshire Council '21/'22 Carbon Emissions



- Buildings - Gas Consumption
- Buildings - Electricity Consumption
- Street Lighting - Electricity Consumption
- Council Fleet
- Business Travel
- Transmission and Distribution

Progress against Objective B: Support communities to achieve net zero carbon emissions

There are numerous examples of where the Council has supported various communities to date to achieve net zero carbon emissions, including the following:

- Financial support for community tree planting (as a result of a successful bid to the Local Authority Treescaping Fund)
- Provision of Travel Plans and ad-hoc support for Schools
- Supporting Buckinghamshire Community Energy regarding the Wendover Wharf Road Campus Decarbonisation project
- Providing new and innovative electric vehicle charging infrastructure for use by the public
- Introducing more and better quality active travel routes (e.g. the Haydon Hill extension to the Waddesdon Greenway and Wendover Cycleway improvements)
- Establishing e-scooter and e-bike rental schemes
- Promoting a solar PV system group-purchasing (Solar Together) scheme for resident and small business owner occupiers

- Funding the installation of energy efficiency measures in eligible homes via the Green Homes Grant Local Authority Delivery Scheme
- Launching a Zero Waste Map that shows all the shops, recycling points and businesses in Buckinghamshire that can help people reduce their waste
- Providing information and advice to businesses and community groups regarding funding opportunities (e.g. Low Carbon Workspaces) and means to reduce emissions from fleet vehicles (e.g. the Electric Vehicles for Businesses Project)
- Encouraging individuals to adopt more environmentally friendly behaviours via the AWorld app
- Instigating large-scale communication activities (e.g. the Green Wheels in Motion event, and Bucks' Climate Challenge) to make information about tackling climate change more prevalent and accessible

Further details are provided in the ['Activity against Actions'](#) section.

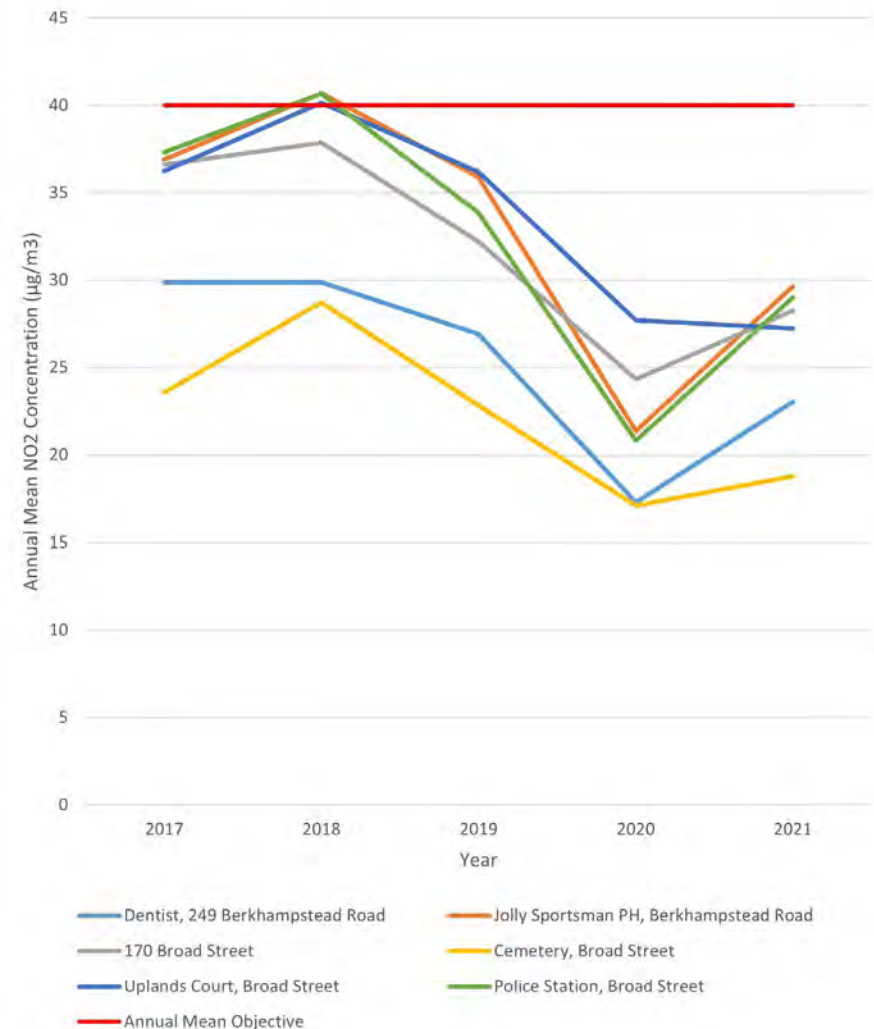
Progress against Aim 2:

Improve air quality across Buckinghamshire pursuant to achieving national air quality objectives

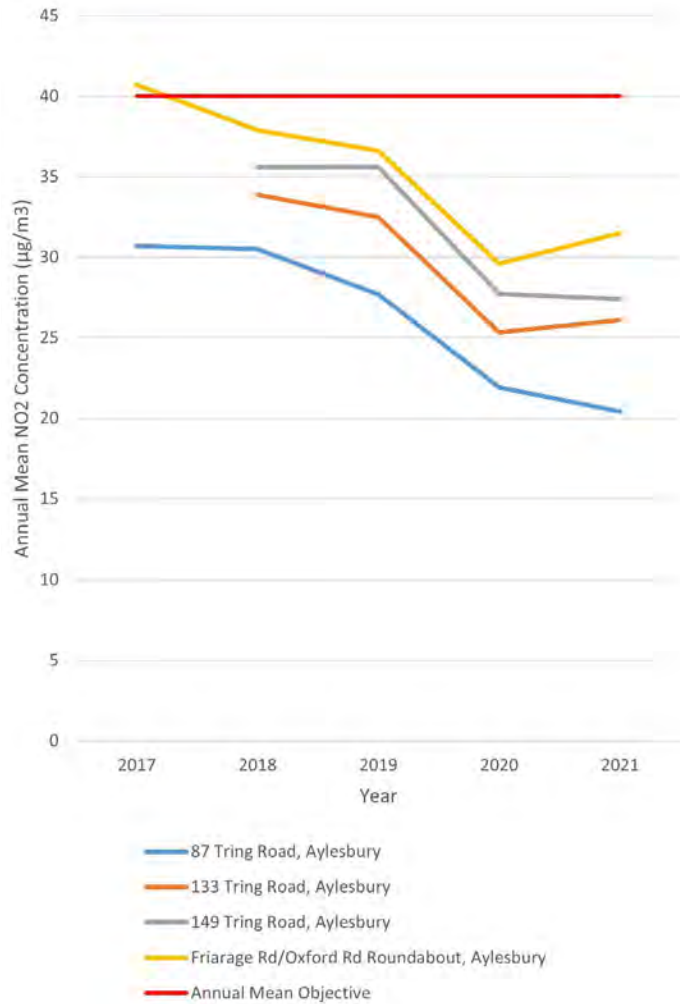
There has been a consistent reduction in recorded levels of nitrogen dioxide (NO₂) at most monitoring locations for the last five years (2017 - 2021) (please see graphs 2-7) and in 2020 there was a significant reduction in recorded NO₂. In 2021, air quality monitoring showed there was only one exceedance of the annual mean [National Air Quality Objective](#) for NO₂ within Buckinghamshire. This was located within the Stoke Road Air Quality Management Area (AQMA) in Aylesbury. However, once the data was bias adjusted and the distance was corrected an exceedance was no longer recorded.

It's of note that recorded concentrations of NO₂ have not returned to pre-Covid pandemic levels. This may be a result of a shift of people's/organisations behaviour following the pandemic to work from home more or to use alternative forms of transport.

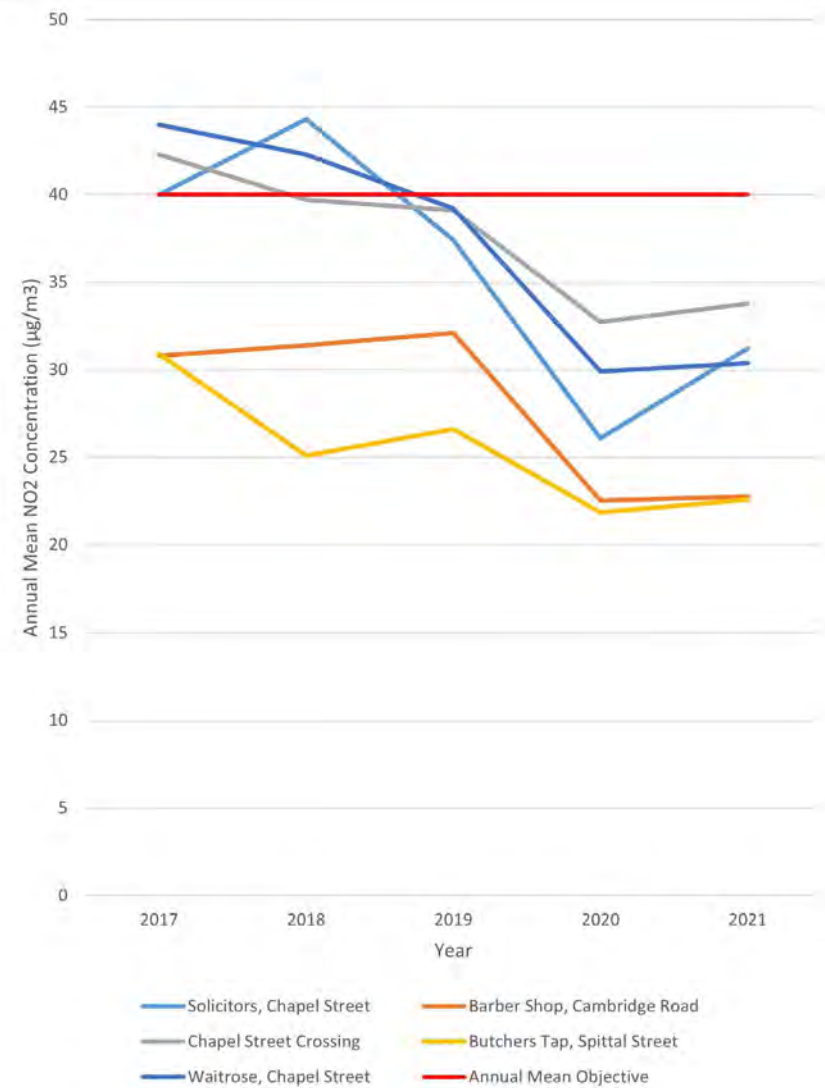
Graph 2
Annual Mean NO₂ Concentrations Recorded in Chesham AQMA



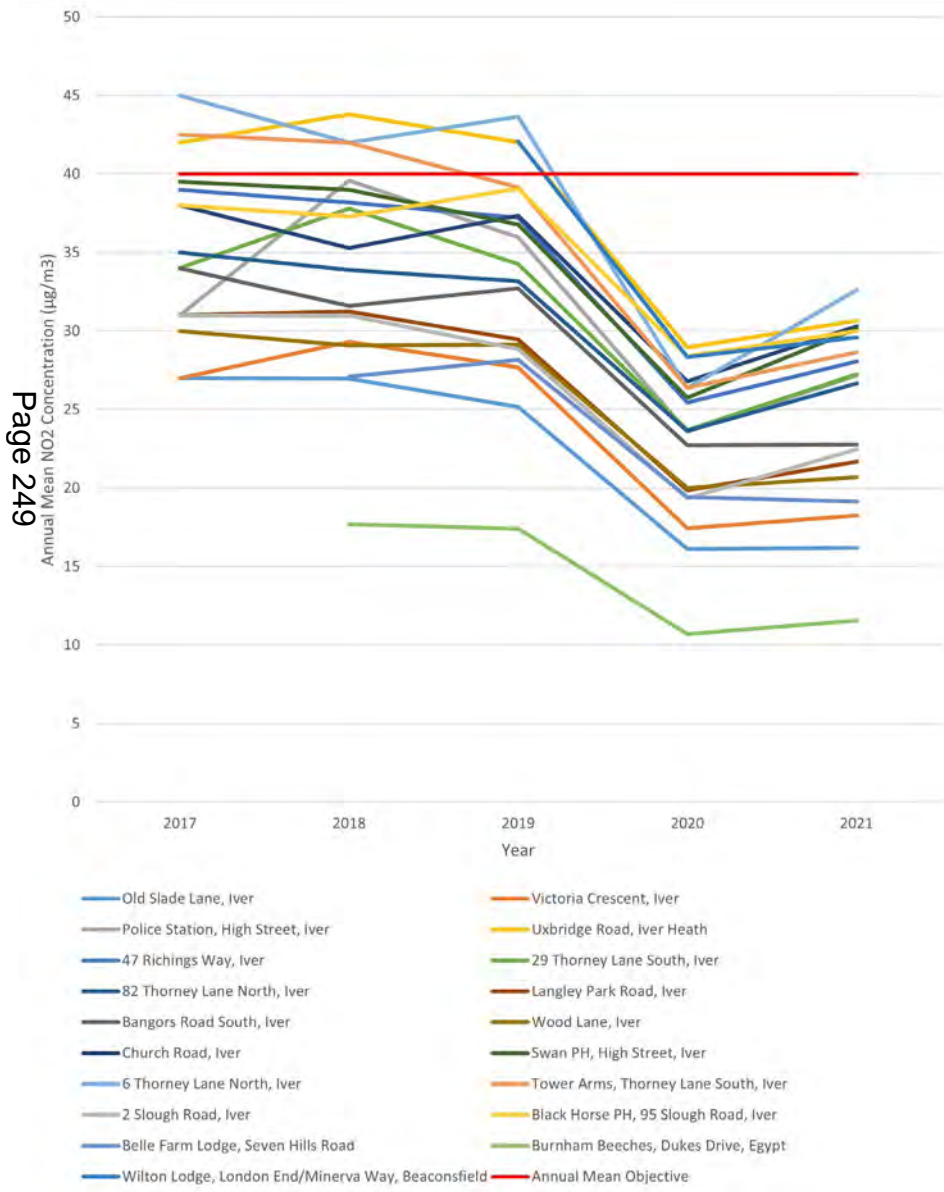
Graph 3
Annual Mean NO₂ Concentrations Recorded in Friarage Road and Tring Road AQMAs (Aylesbury)



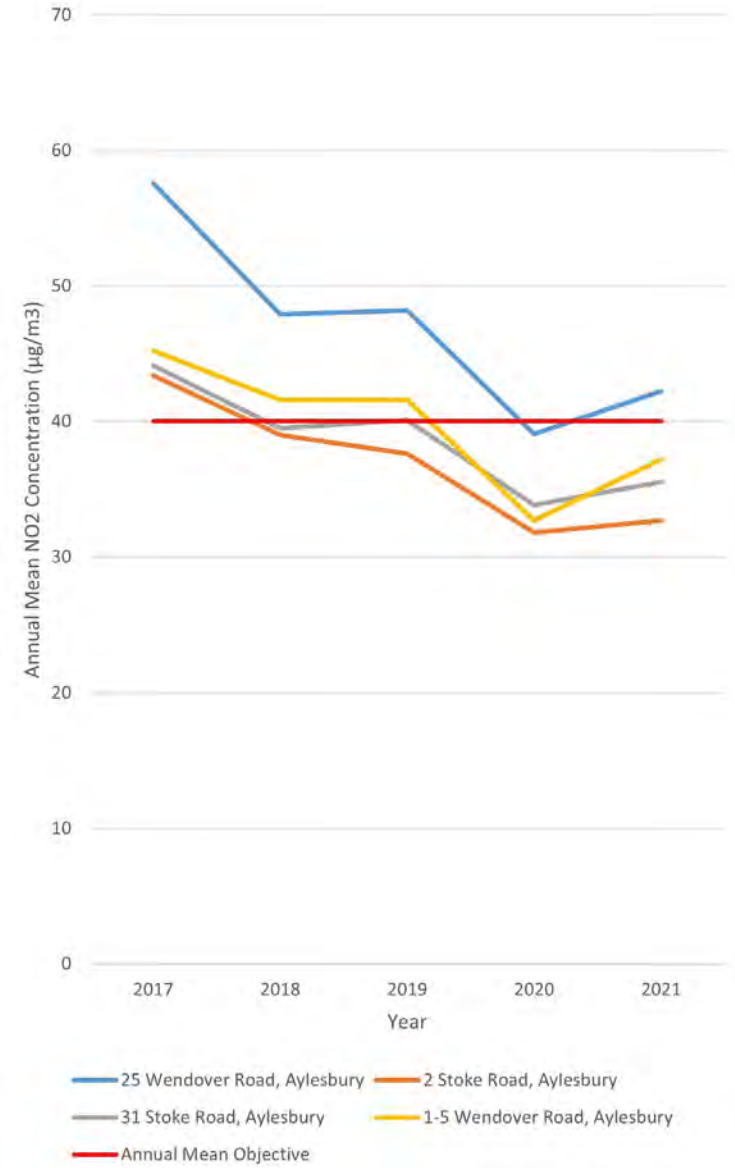
Graph 4
Annual Mean NO₂ Concentrations Recorded in Marlow AQMA



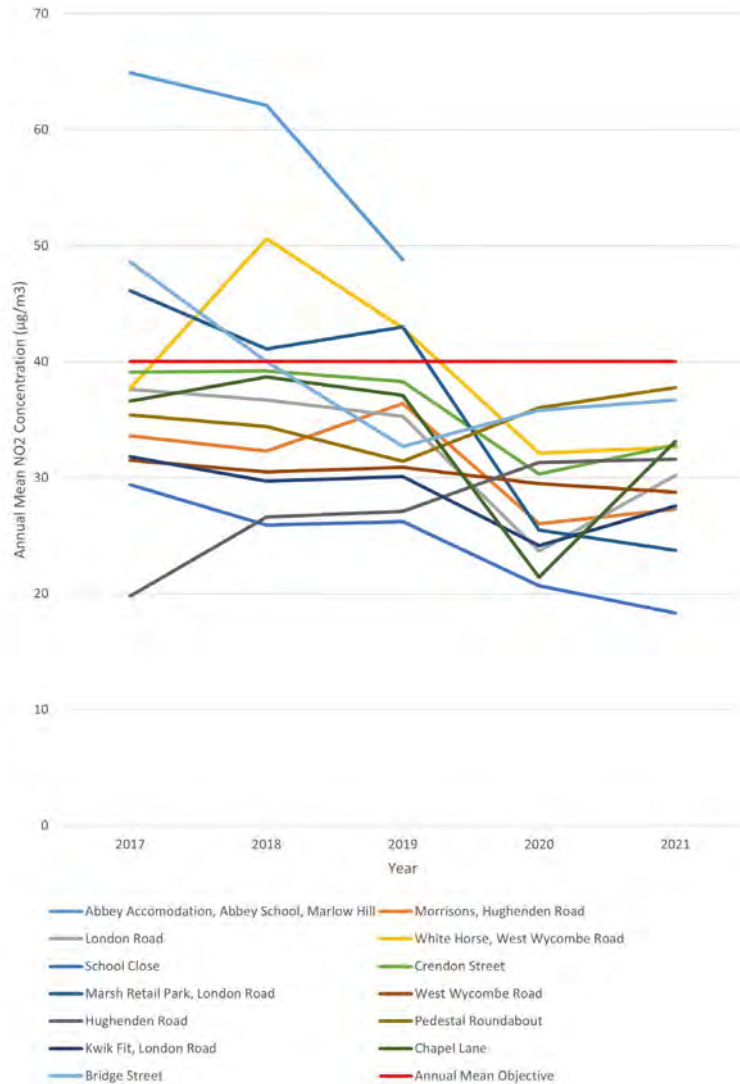
Graph 5
Annual Mean NO₂ Concentrations Recorded in South Buckinghamshire AQMAs



Graph 6
Annual Mean NO₂ Concentrations Recorded in Stoke Road AQMA (Aylesbury)



Graph 7
Annual Mean NO₂ Concentrations Recorded in High Wycombe AQMA



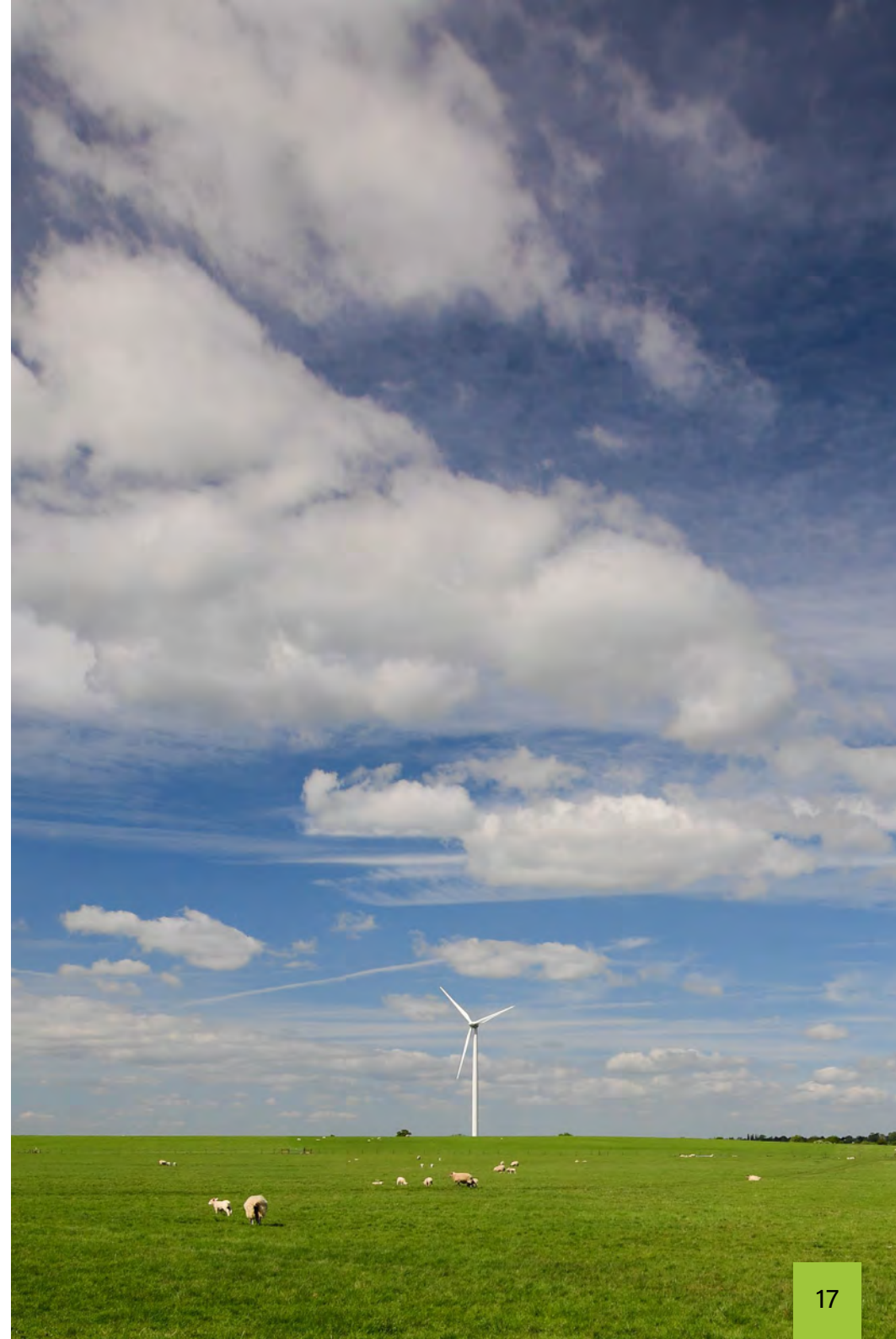
Progress against Objective C: Reduce emissions to air from all council operations

As mentioned in the progress made against objective C there has been a 32% reduction of the Council’s greenhouse gas (GHG) emissions compared to our emissions from ‘18/’19 and a 70% reduction of GHG emissions compared to those from 1990. Similar reductions have been achieved regarding emissions of nitrogen oxides, particulate matter, and other air pollutants.

Progress against Objective D: Reduce human exposure to harmful levels of air pollution

As there has been a consistent reduction in recorded levels of nitrogen dioxide (NO₂) at most monitoring locations for the last five years (2017 - 2021) (please see graphs 2-7) and annual mean NO₂ concentrations at all recorded locations are below the [National Air Quality Objective](#) (including the Stoke Road Air Quality Management Area where, once the data was bias adjusted and the distance was corrected, an exceedance was no longer recorded) human health will generally benefit.

The Council's Strategic Environmental Protection Team continues to provide comments on planning applications regarding the air quality impacts of proposed developments with the aim of mitigating human exposure to harmful levels of air pollution.



Activity against actions

Details of activities against the actions Climate Change and Air Quality Strategy are provided in the following sections.

Governance and Management

Response to Minimum Energy Efficiency Legislation consultation (re Action 1)

In December 2020 the Council issued a response to a consultation by the Department for Business, Energy and Industrial Strategy (BEIS) - "Improving the energy performance of privately rented homes". The consultation asked for views on a range of options for improving the Minimum Energy Efficiency Standards legislation which currently requires landlords in the private rental sector to ensure properties have a minimum EPC (Energy Performance Certificate) rating of "E". The most likely option would see this raised to "C" between 2025 and 2028, alongside an increase in the financial penalties for non-compliance.

The council was broadly supportive of the proposals, while also raising concerns about the risk of a decrease in the available PRS stock should landlords seek to exit the sector following the changes.

Response to Defra's consultation on the Designation of the National Highways as a Relevant Public Authority (re Action 1)

Defra carried out a [national consultation](#) from 28 March to 6 June 2022 on their proposal to designate National Highways as a relevant public authority thereby bringing National Highways into the statutory Local Air Quality Management Framework. The consultation also outlined proposed statutory guidance setting out how local authorities and National Highways should work together. The Council's Strategic Environmental Protection Team, working with other key departments provided a technical response.

Response to Defra's consultation on the review of the Local Air Quality Management Policy Guidance (re Action 1)

Defra carried out a second national consultation from 28th March 2022 until 6 June 2022 to seek views on the planned revision to the statutory Local Air Quality Management (LAQM) Policy Guidance.

The LAQM statutory guidance sets out what local authorities should do and the legal duties with which they must comply under Part IV of the Environment Act 1995, to improve local air quality. The guidance is being revised to reflect the legislative changes introduced through the Environment Act 2021 and clarify roles and responsibilities within local government. The Council's Strategic Environmental Protection Team provided a detailed response to the consultation.



Interdepartmental Working Groups (re Action 3)

In addition to the establishment Council Land Tree Planting Programme Board (which oversees matters in relation to the planting of 543,000 trees on Council Land) 3 interdepartmental groups have been created so far to oversee and progress initiatives relevant to the Climate Change and Air Quality Strategy:

- The Domestic Retrofit Programme Board is concerned with emissions mitigation and climate change adaptation initiatives at domestic properties (and includes representatives from the Climate Response and Housing Teams)
- The Electric Vehicle Charging Infrastructure (EVCI) Working Group deals with matters related to public, and Council fleet and staff electric vehicle charging (and includes representatives from the Parking Services, Transport Strategy, Air Quality, Energy Management, Waste Management, Highways, Property & Assets, and Climate Response Teams).
- The Council Estate and Climate Change Board oversees initiatives to reduce emissions from and enhance the resilience of (regarding climate change) the Council's estate (and includes representatives from Property & Assets, Climate Response, and Energy Management Teams).



Monitoring and Reporting

Council Emissions

Automatic Meter Reading Meter Rollout Update (re Action 7)

Automated Meter Reading (AMR) meters send accurate meter readings to energy suppliers on a monthly basis (or more frequently). The Council has been managing a roll out of AMR meters on its gas and electricity supplies to: reduce the burden of taking manual meter readings and managing matters in relation to estimated energy consumption (e.g. financial reconciliation regarding energy bills), and improve the management of energy and data accuracy for carbon emissions reporting. To date AMR meters have been installed on 75% and 80% of the Council's gas and electricity supplies respectively.

County-wide Emissions

Air Pollutant Sensor Trial (re Action 8)

The Council's Strategic Environmental Protection Team, in conjunction with Spelthorne Borough Council, Ricardo E&E and Heathrow Airport, [was awarded a grant of £124,399 from Defra's Air Quality Grant in 2020/21](#) to test new real time air quality monitoring sensors including electrochemical and particulate sensors, and electronic diffusion tubes (EDT) to monitor air pollution around Heathrow Airport. Several factors including a delay in receiving the funding, EDTs no longer being available to test and complications in purchasing multi-pollutant sensors, in addition to the arrival of the Covid-19 pandemic, resulted in a review and amendment to the original grant proposal. (N.B. a full copy of the report is available on the Council's website [Air Quality Review and Assessment - Buckinghamshire Council - South Bucks Area](#)).

Following the review, several different types of sensors were deployed and tested to establish how reliable the results of the monitoring obtained were. It was concluded that the sensors tested were not yet a 'fit and forget system' as the air quality data obtained required ongoing quality control. Therefore, caution is required when utilising raw data from such sensors. In addition, issues with operational requirements, reliability, drift and the expense in purchasing and completing the required quality control meant there were several major limitations to running such sensors/systems. As the sensors are such a new technology manufacturers also produce updated models quite frequently resulting in older models being out of date quickly and no longer being supported by the manufacturer so they can have a short lifespan.

The Council along with Ricardo E&E are however eager to work with the manufacturers of multi-pollutant sensor to enable them to be a more viable option in the future.

Photo showing a Vaisala monitoring sensor



Photo showing a Praxis Cube monitoring sensor



NO₂ Diffusion Tube Monitoring Locations Review (re Action 8)

In December 2021 the NO₂ diffusion tube monitoring locations present throughout the county were reviewed. This is completed annually to establish if any additional monitoring points are required where there is the potential for breaches of the national air quality objectives to occur. This may be following significant developments such as new housing or new road schemes within the county or from an increase in observed levels of traffic.

The diffusion tube monitoring data collected is also reviewed. Where significant data exists to show there are low levels of pollution present and that there will be no breaches in the national air quality objectives, that monitoring may be closed, and the diffusion tube moved to a new monitoring location. Maps showing the NO₂ diffusion tube monitoring locations can be found in the latest [Annual Status Report](#).

Air Quality Annual Status Report (re Action 9)

The submission of an Annual Status Report (ASR) is a statutory requirement under the Local Air Quality Management Framework as set out in Part IV of the Environment Act (1995) and the relevant Policy and Technical Guidance documents. The report provides an annual review of air quality, the results of all air quality monitoring undertaken and outlines the actions the council has taken in the previous calendar year to improve air quality within the county.

The latest Annual Status Report (ASR) for Buckinghamshire was submitted to Defra on 30 June 2022. The report will be made available on our website shortly. However the report from 2021 is [currently available to view](#).

The Council's emissions

Modular Solar PV, Battery Storage and Electric Vehicle Charging Infrastructure (EVCI) Solution (re Actions 10 and 20)

The Council has been exploring the potential to site standard solar PV canopies and battery storage technologies alongside EVCI solutions. Standard solar canopy products offered by the market: require high capital investment or complex lease and power purchase agreements to be established; can cause significant disruption to car park operations while being constructed; and may not be suitable for some car park sites [due to shading, size, or matters affecting the ability to attain planning permission for their installation (such as heritage impacts)]. One company has developed a prototype modularised solution that can help overcome these barriers, and has recently started trialling it in a private car park.

On 17 June 2022, the Council submitted a bid for £320,076.24 of LEVI pilot funding trial the modularised hybrid EVCI solution for eight years at Wendover Library Car Park.

It predominantly uses solar photovoltaic canopies (16.56kWp total installed capacity), battery storage (240kWh battery capacity) and energy management technologies to provide power to 12 charge points (CPs). The solution would be connected to the Library's supply and any excess renewable energy could be either used by the Library or exported, thereby reducing the Council's emissions.

Solar Car Ports (re Action 12 and 20)

The Council has engaged with two suppliers regarding the potential for solar car ports on Council-owned car parks. Initial feasibility work, conducted at the same time the carbon audit, indicated that 13 systems could be installed on public car parks with a total installed capacity of 2,675kWp (subject to supplier surveys). An additional desktop assessment has identified the potential to site a 428kWp system on a car park next to one of the Council's operational buildings.

Council Land Tree Planting Programme (re Actions 13 and 14)

Five thousand eight hundred and sixty trees were planted on Council Land in the 2021-2022 planting season. This includes trees planted: at [Billet Field](#) (on the Council's agricultural estate) (3450 trees); next to Spade Oak Nature Reserve and the public highway [with funding from the [Local Authority Treescapes Fund](#) (LATF)] (586 trees); as part of [Queens Green Canopy](#) (QGC) work in Buckinghamshire (168 trees); and, by Chiltern Rangers (1656 trees).

The Council's Climate Response Team secured an [England Woodland Creation Offer](#) grant of £28,380.00 for the Billet Field Wood project and has registered it with the UK Land Carbon Registry. It's calculated that the project will remove ~411 TCO₂e by 2122.



Behaviour

Guidance on the management of supplier contracts for environmental betterment draft (re Action 15)

Following the adoption of the Climate Change and Air Quality Strategy, services across the Council have acknowledged and responded to it. One notable example is Neighbourhood Services – representatives from this service engaged the Council’s Climate Response Team regarding options to reduce the environmental impacts of a contract to replace cremators at Chilterns Crematorium. This prompted the Climate Response Team’s production and dissemination of draft guidance on the management of supplier contracts for environmental betterment.

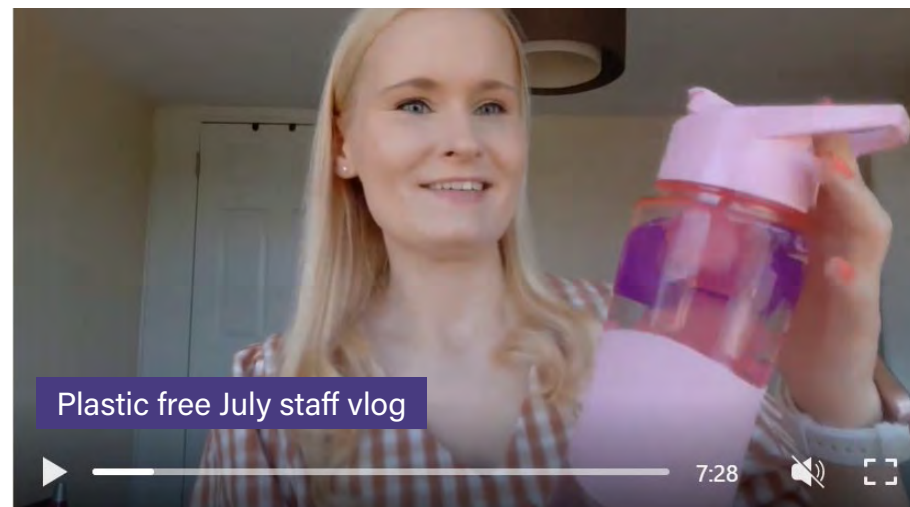
Climate Change Awareness and Carbon Literacy Training (re Action 16)

On 28 April two~1 hour internal climate change awareness training sessions were held for members, which included details of how the carbon mitigation hierarchy is applied to decision-making to help reduce emissions from individuals’ activities. The sessions were attended by 52 members.

An external training provider was engaged to deliver a day’s worth of training in June to help 13 individuals become certified as Carbon Literate against the requirements of the [Carbon Literacy Project](#). It’s hoped that the Council can become a [Bronze tier Carbon Literate Organisation](#) as a result of the training.

Internal Communications and Behaviour Change (re Action 16)

Weekly ‘Together’ internal emails to all staff have included messaging to encourage staff to ‘waste less and save more’ (on Earth Day); adopt emissions reducing behaviour (on Clean Air Day); use active travel modes (for National Walking Month); use the [AWorld App](#); and go plastic free in July.



The Council's Operational Estate

Operational Buildings

Heat Decarbonisation Work (re Action 17)

Our work to decarbonise heating systems across our operational estate since the adoption of the Strategy includes the following:

- the production of heat decarbonisation plans for 13 sites (using a third party)
- taking forward two air source heat pump projects with grants of £127,690 and £86,580 from the Public Sector Decarbonisation Scheme
- submitting an application to the Public Sector Low Carbon Skills Fund for heat decarbonisation plans/detailed design plans for 7 sites

Transition to Cloud Based Servers (re Action 17)

Over the past 18 months, we have replaced over 260 of our traditional on-site computer servers with the Microsoft 'Azure' Cloud service. Moving these out of sites in Aylesbury, Amersham and Wycombe to more energy efficient servers based in the cloud is estimated to save over 156 tonnes of carbon a year.



Transport

Internal Communications and Staff Travel (re Action 22)

Weekly 'Together' internal emails to all staff have included items on:

- the Cycle to Work scheme
- one staff member's experience of driving an electric car for 12 months
- the benefits of securing an electric car via the car benefit scheme from CPC Drive/Tusker

111 employees have used the Cycle to Work scheme since May 2020 and in 2021 20.6% of all bikes purchased under the scheme were e bikes; and 56% of all orders placed with CPC Drive/Tusker since October 2018 have been for either electric or hybrid vehicles.



Travel for Work Purposes

Upcycling and Electrifying a Refuse Collection Vehicle (re Action 24)

Following submission of a bid in 2021 to [Defra's Air Quality Grant](#), the Council was awarded £578,000 to [upcycle and electrify a refuse collection vehicle \(RCV\)](#). Once the retrofit work has been completed it's anticipated that the zero tailpipe emissions RCV will travel 412 miles a week on collection routes in the north of Aylesbury, including roads in three air quality management areas. As a result it's estimated over 10 tonnes of greenhouse gases (CO₂e), 69 kg of oxides of nitrogen (NO_x), and half a kilo of particulate matter emissions will be saved per year.

Family Time Services' New Electric Vehicles (EV) and EV Charging Infrastructure (re Action 24)

Two new fleet electric vehicle charging points were installed at Family Time Services' operational sites in High Wycombe and Aylesbury (in March and June) to support the replacement of two diesel multi-purpose vehicles (MPVs) with battery electric vehicle alternatives. Just one of these replacements will result in the following emission savings over the next 5 years: 6.97 tonnes of CO₂e, 62.36 kgs of carbon monoxide, 9.97 kgs of oxides of nitrogen (NOx), and 0.56 kgs of particulate matter.

Commuting and Working from Home

Work Smart (re Actions 26 and 46)

Office based Council employees worked from home during COVID-19 pandemic lockdown periods as a result of the swift introduction of IT systems and hardware that enabled remote working. Exceptions to this were those who did not have a suitable working environment at home, or access to equipment only available in the office, or had wellbeing reasons. Work Smart was introduced in October 21 – reducing the time 'any desk' employees must be in the office to 40% of their working week, working from home for the remainder of the week. Managers decide on how best to balance the home/office working patterns of teams to ensure that required performance standards can be met while social and environmental benefits can still be realised.

The graphic features four portraits of diverse individuals against colored backgrounds. The top-left portrait is a man in a green sweater on a yellow background, with a mobile phone icon and the word 'Mobile' below. The top-right portrait is a woman in an orange shirt on a blue background, with a Wi-Fi icon and the words 'Any desk' below. The bottom-left portrait is a woman in a blue patterned shirt on a green background, with a location pin icon and the word 'Fixed' below. The bottom-right portrait is a man in a blue shirt on a red background, with a footprint icon and the words 'On-the-go' below. The 'Work Smart' logo is centered in a stylized, bubbly font. A purple banner at the bottom of the portraits reads 'Work Smart programme workstyles'.

Suppliers and partners

Partners

Local Authority Treescapes Fund (LATF) 2021 Bid (re Action 27)

In 2021, the Council's Climate Response Team secured over £203k from a [LATF](#) bid to support tree projects led by several organisations including: Transition Town Marlow, Sue Ryder Prayer Fellowship, Chiltern Rangers C.I.C., Haddenham Parish Council, Buckland Parish Council, and Transport for Buckinghamshire. 817 trees were planted in the '21/'22 planting season as a result.

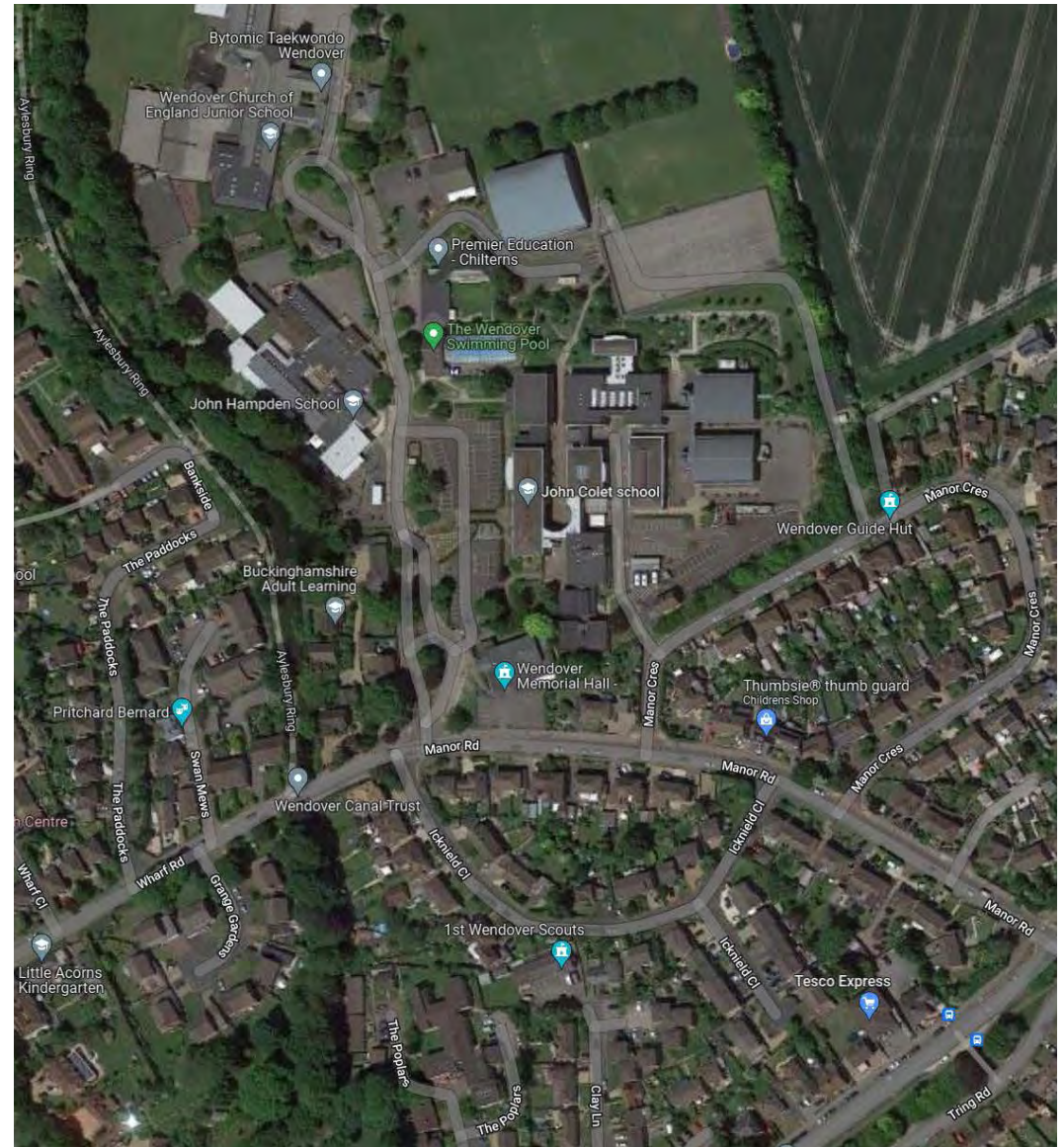
Deputy Cabinet Member for Environment Jilly Jordan



Wendover Wharf Road Campus Decarbonisation project (re Action 27)

The Council has supported [Buckinghamshire Community Energy](#) regarding the Wendover Wharf Road Campus Decarbonisation project – which assessed the feasibility of establishing a district heat network (powered by a groundsource heat pump) for seven buildings: John Colet School, John Hampden School, Wendover Junior School, Wendover Swimming Pool, Wendover Youth Centre, Wendover Memorial Hall and Little Acorns Kindergarten. It also identified the potential for installing insulation and other energy efficiency measures (to reduce energy demand) and a solar PV system. The feasibility study was conducted by ReEnergise and funded by the Rural Community Energy Fund.

In July 2022 the results of the assessment were published. It concluded that the best option would be for air source heat pumps to be installed when the (relatively new) existing boilers reach the end of their lives. Cavity wall, loft or roof insulation, and point of use (PoU) water heaters could reduce heat and hot water demand on the Campus by nearly 20%. The installation of solar PV panels on the roofs could provide as much as 450MWh of electricity, which equates to about 63% of actual demand.



Imagery ©2022 Getmapping plc, Infoterra Ltd & Bluesky, Maxar Technologies, The GeoInformation Group, Map data ©2022

Schools and Academies

School Travel Plan Success (re Action 28)

The Council's Travel to School team provides advice to schools on travelling sustainably. While their primary focus is to encourage active travel and reduce the number of car journeys to school altogether, they also provide information on anti-idling. Information is provided in newsletters and to schools in the course of working with them on their [school travel plans](#).

The team also deliver initiatives such as the Footsteps training scheme, bikeability training and Walk Once a Week (WOW) incentive scheme. In April 2022 [Buckinghamshire Council came 2nd place in the Modeshift STARS league table](#) for the country, with a total of 64 accredited school travel plans across the county. Three schools have also achieved platinum status.

Ad-hoc Support for Schools (re Action 29)

While a specific service for schools hasn't been formalised, ad hoc support for schools from the Council's Energy and Climate Change Team continues. This included helping Stony Dean School explore the potential to transition its vehicles over to electric alternatives in Sept/Oct 2021. Information was provided regarding the emission and financial savings that could be achieved.



The Council's Investment Estate

Planned New Ambulance Resource Facility in High Wycombe (re Action 30)

[The Council approved a proposal in July 2021 regarding a state-of-the-art new ambulance resource facility in High Wycombe](#) (subject to a successful planning application).

Under the existing agreement the Council will build a sustainable and environmentally focused new facility (including high levels of insulation, a heat pump and electric vehicle charging points) to South Central Ambulance Services' design and specification. South Central Ambulance Services would then lease the facility through a long-term rental arrangement.



Suppliers

Solar PV at Amersham Depot, Highways Term Maintenance Services Contract, Electric Vehicle Charging Point Investigation at Leisure Centres (re Action 32)

In March 2021 it was announced that Veolia (which delivers the South Buckinghamshire Waste Collection and Street Cleaning Contract) had completed work on a [large solar PV system at the Amersham Depot](#). The system includes 136 solar PV panels and saves 12.25 tonnes of CO₂e per annum.

Work with other suppliers has included: building in emission reduction considerations in the [highways term maintenance contract that has been awarded to Balfour Beatty \(and commences on 1 April 2023\)](#), and asking Everyone Active (in May 2022) to explore the potential to install electric vehicle charge points at leisure centre sites in Buckinghamshire.

Water Source Heat Pumps and Solar PV at the Chilterns Lifestyle Centre (re Action 32)

[Funding of £345,386 was awarded to Buckinghamshire Council by BEIS via the Public Sector Decarbonisation Scheme.](#) The funding was used to install water source heat pumps and 450 roof-mounted solar photovoltaic panels at the new [Chiltern's Lifestyle Centre](#) in Amersham (operated by [Everyone Active](#)). The water source heat pumps are the main source of heat for the two new swimming pools, providing heating to both the pool water and pool hall environment. The system is highly efficient and will save up to 180 tonnes of CO₂e per annum, compared to a traditional gas boiler system. The photovoltaic solar panel system is estimated to save 36.74 tonnes of CO₂e per year.



Solar PV at the Chilterns Lifestyle Centre

Gas and Electricity Supplies

25% of Purchased Electricity from Renewable Sources (re Action 33)

As of 1 October 2022, 25% of the electricity we use will be purchased from renewable sources.

This decision helps support the renewable generation sector, reduces emissions of greenhouse gases and other air pollutants, and our dependence on fossil fuels. The extraction, processing, and transportation of fossil fuels has various negative environmental impacts so this purchasing decision helps improve the Council's environmental performance overall.

This change is forecast to save nearly 1,000 tonnes of carbon emissions per year.



(left to right) Councillor Gareth Williams, Cabinet Member for Climate Change and Environment and Councillor Steven Broadbent, Cabinet Member for Transport, at one of Buckinghamshire's EV charging points

South Buckinghamshire Waste Collection and Street Cleaning Contract

South Buckinghamshire Waste Collection and Street Cleaning Contract Vehicle Emission Reductions Activities (re Actions 34, 35, and 36)

Several emissions reduction projects have been implemented by Veolia since the company took on the contract to deliver [household waste collections and street cleansing services in the Chiltern, Wycombe and South Bucks areas from 7 September 2020](#). All of their vacuum sweepers in operation in Buckinghamshire have dust suppression systems, [electric vehicle charging points have been installed at their waste depots](#), electric vans were introduced to their fleet in 2020, and they started to use hybrid street sweepers in 2021. In addition all their new vehicles are automatically fitted with telematics systems.

The new in-cab technology



Buckinghamshire Council Electric Vehicle Action Plan 2022-2027 (re Action 38)

On 7 June 2022 the Council adopted a [5-year Action Plan](#) to support the transition of the county to electric vehicles (EVs). The Action Plan covers a range of measures, including doubling the number of EV charging parking spaces across Buckinghamshire by 2023/4 and an ambition to have more than 1,000 publicly-available charging spaces across the county by 2027. This addresses the government's [electric vehicle infrastructure](#) strategy, which aims to have 300,000 publicly-available charge points across the UK by 2030.

Response to Defra's consultation on Environmental Targets (re Actions 1 and 39)

The Environment Act 2021 requires the government to set at least one long-term target in each of the following areas: air quality, water, biodiversity, and resource efficiency and waste reduction. [The Clean Air Strategy](#) 2019 also gives a commitment to set a legally binding target for PM2.5. Defra

therefore carried out a [national consultation](#) from 16 March 2022 until 27 June 2022 on these new proposed targets.

For air quality the consultation proposed to introduce the following target for PM2.5:

- Annual Mean Concentration Target ('concentration target') – a target of 10 micrograms per cubic metre ($\mu\text{g m}^{-3}$) to be met across England by 2040.
- Population Exposure Reduction Target ('exposure reduction target') – a 35% reduction in population exposure by 2040 (compared to a base year of 2018).

The Council's Strategic Environmental Protection Team, working with other key departments provided a technical response.

Transportation

2021 Hackney Carriage and Private Hire Licensing Policy (re Action 40)

A new [Hackney Carriage and Private Hire Licensing Policy](#) came into force in September 2021 with the aim of improving the environment and air quality by encouraging the use of low and ultra-low emission [such as electric, hybrid or liquefied petroleum gas (LPG)] taxi and private hire vehicles (PHVs). From the date of the implementation of the policy zero and ultra-low emission vehicles will be licensed for up to 15 years, and all other vehicles will be licensed for up to 10 years (except for wheelchair accessible and prestigious vehicles which can also be licensed for 15 year).

As a result of the Council's vehicle age policy, over 90% of taxis and PHVs now meet Euro 5 emission standards as a minimum and a third now meet the higher Euro 6 emission standards. The Council aims to only issue licences to ultra-low or zero emission vehicles by 2030.



New and Innovative Electric Vehicle Charging Infrastructure (re Action 42)

The Council secured £105k in 2021 from the [On Street Residential Chargepoint Scheme](#) to install 32 new electric vehicle chargepoints (EVCPs) in car parks in Buckinghamshire. In addition, the On-Street Residential Induction Charger demonstrator project resulted in cutting edge induction charging bays and specialised electric hire vehicles being introduced in [Liston Road Car Park \(Marlow\) in September 2021](#) and in [Summer's Road Car Park in Burnham in October 2021](#).

On 17th June 2022 the Council submitted an application for £2.47m to the LEVI Fund for in-pavement cable channels, lamp post/bollard style chargepoints (20 EVCPs), an EV car club with induction charging, and a solar canopy car port with battery storage and 12 EVCPs. The Council has also submitted another bid to the [On Street Residential Chargepoint Scheme](#) (on the 20th July 2022) which should fund an additional 64 chargepoints in 16 public car park locations.



EV charging points being installed in Aylesbury



EV charging points in Chesham

Haydon Hill Extension to the Waddesdon Greenway (re Action 42)

A [650m extension to the 'Waddesdon Greenway'](#) was opened in [August 2021](#) for people using active travel modes (e.g. walking and cycling). It runs from Gogh Road, Haydon Hill to Aylesbury Vale Parkway railway station, providing an important connection from the [Emerald Way cycle route through to the Waddesdon Greenway](#).

It includes a new 15 metre long bridge over the River Thames, four new bench seats, additional flood mitigation measures and special solar eye lights to illuminate sections of the pathway at night; and was funded with a £400k grant from the Department for Transport.

Opening of Haydon Hill Greenway extension



Steve Broadbent, leads the way along the new extension





Wendover Cycleway Improvements (re Action 42)

Improvements have been made to the existing Amber Way in Wendover (connecting Wendover to Aylesbury town centre) in order to provide a better route for both pedestrians and cyclists (including priority side road crossing). A new link to Wendover Rail Station has been included to help improve connectivity to rail services. The scheme was delivered using £500k from HS2 Ltd.

Emergency Active Travel Fund Schemes Made Permanent (re Action 42)

Following £514k investment from the Department for Transport into [Emergency Active Travel Fund Schemes](#) (trial schemes to reallocate road space and encourage active travel during the pandemic), two of the schemes were made permanent in April 2022.

In Southcourt (Aylesbury) the 'Jet Way' cycle route was diverted (following previous severance due to the closure of the railway crossing at Old Stoke Road) providing a new walking/cycling link from Stoke Mandeville to Aylesbury town centre. The scheme includes a segregated cycle lane on Churchill Avenue and a 'point closure' on Old Stoke Road to remove through traffic (to provide a safer environment for pedestrians and cyclists).

The second initiative was a 'quietway' created on Trinity Road in Marlow by closing the road off to traffic and only allowing access for pedestrians and cyclists.

Electric Scooters (re Action 44)

Buckinghamshire Council has implemented an [Electric Scooter rental trial](#) to help support a 'green' alternative to local travel in Aylesbury, High Wycombe, and Princes Risborough.

It is due to operate until the end of November 2022 and since it began in November 2020 there have been over 190,000 rental e-scooter journeys covering over 210,000 miles (with average journey distance of 2 miles).

As approximately 20%-30% of rides are replacing motorised vehicle trips it's estimated that the scheme has saved 21.7 tonnes of carbon emissions.

E-scooter rental scheme, operated by Zipp Mobility





Electric Bikes (re Action 44)

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The Council [successfully implemented the first e-bike rental scheme in the county](#) in March 2021. The bikes charge up at docking stations located at Aylesbury Vale Parkway railway station and Waddesdon Manor and are available 365 days a year. The scheme is operated by Smoove, and the bikes receive repair and maintenance work from Cyclefleet (an organisation based in Great Missenden).

The trial is being conducted for an initial period of 12 months and was funded through a grant provided by the Department for Transport. From August 2020 until December 2021 a total of 20 bikes were in operation. During this period the bikes were hired 3,552 times and covered a total distance of 33,995 kilometres.

Upgrading of traffic signals at Stoke Road Gyratory, Aylesbury (re Action 47)

In 2021, the Council secured a £500k traffic signals maintenance grant from the Department of Transport for refurbishing the signals at the Walton Street Gyratory in Aylesbury. SCOOT (split cycle offset optimisation technique) sensors enable groups of traffic lights to pick up traffic data which is then used to synchronise the lights to reduce delays. MOVA signals are used at standalone junctions, altering the length of time a light stays red according to traffic volume. The SCOOT and MOVA (microprocessor optimised vehicle actuation) systems will be installed as part of the work to make the lights work more efficiently to reduce traffic jams.

New Puffin crossings will also be installed with sensors which adapt the length of time the lights stay red according to how fast a pedestrian crosses the road.

The Gyratory junction forms the Stoke Road Air Quality Management Area (AQMA) and it's anticipated that the upgrade will also benefit air quality in the local area.

Buildings and Developments

Housing

Green Homes Grant Local Authority Delivery Schemes and Sustainable Warmth (re Actions 52 and 53)

£7.4m has been secured to deliver energy saving measures in local domestic properties with [Energy Performance Certificate](#) ratings of D, E, F, and G and where the household income is ≤£30k (from 2020 to March 2023). The funding is split across three consecutive schemes – the Green Homes Grant Local Authority Delivery Scheme (GHGLAD) 1b, GHGLAD2, and Sustainable Warmth. [GHGLAD1b funding was awarded following submission of a consortium bid with Watford Borough Council](#) and the scheme was delivered by the National Energy Foundation (as the Managing Agent) – it has resulted in 91 properties in the area being retrofitted with energy efficiency measures.

The Council has worked with four major Residential Social Landlords (RSLs) to maximise the opportunity under GHGLAD2 to improve the energy performance of their eligible housing stock.

The scheme requires a landlord to match fund a third of the cost of the measure(s) installed and the outcomes of GHGLAD2 will be known after the scheme closes in September 2022.

[Sustainable Warmth](#) will follow GHGLAD2 and support energy performance improvements in both eligible on and off-gas grid homes with more funding being available for measures in off-gas grid homes with lower EPC ratings. GHGLAD2 has largely been managed by the [Greater South East Net Zero Hub](#) and this will continue to be the case for Sustainable Warmth.



Buckinghamshire Solar Together Scheme (re Action 53)

A Buckinghamshire Solar Together scheme was launched on 9 May 2022. The aim of the initiative is to help resident and small business owner-occupiers interested in installing solar PV and battery storage (with an option for an electric vehicle charging point) receive offers for installing these measures that are up to 30% less than those typically provided by the market. Following a postal mailout to 151,340 addresses (identified as potentially being eligible for the scheme), there were 6,990 registrations to the scheme. Installers, approved by IChoosr, competed (via a reverse auction process in summer 2022) to have their offer presented to registrants, and registrants received their offers by 28 July 2022. As of 15th August 2022 over 950 offers have been accepted and it's projected that the scheme will result in 675 tonnes of carbon emissions being saved per year.



Zero Waste Map - recycleforbuckinghamshire.co.uk/zerowastemap

Economy

Zero Waste Map (re Actions 54 and 55)

[The Council marked Zero Waste Week in 2020 \(7 – 9 September\) by launching its own local zero waste map.](#) The [map](#) shows all the shops, recycling points and businesses in Buckinghamshire that can help people reduce their waste (e.g. a nappy library, zero waste refill shop, furniture repairs or just somewhere to recycle a carrier bag).

Low Carbon Workspaces (re Action 56)

[Low Carbon Workspaces](#) helps businesses reach their net zero goals, through grant funding for projects at commercial premises that reduce carbon emissions. Projects which lower on-site carbon emissions, reduce energy usage, or divert waste from landfill are supported by the scheme. These include the installation of LED lighting, solar PV systems, heating upgrades, insulation/glazing, and many more. The team also provide free energy saving advice to those who engage with the scheme, and are able to suggest further actions that can be taken to decrease carbon emissions and save energy costs. Since 2017 200 businesses in Buckinghamshire have been assisted by the scheme (with £589,546 in grant funding) leading to 662 tonnes CO₂e and £394,337 energy cost savings per year.

Electric Vehicles for Businesses Project (re Action 56)

The Council's Strategic Environmental Protection Team [were awarded £97,900 from Defra's Air Quality Grant 2021/22](#) in Spring 2021 to work with Global Action Plan (GAP) and local business engagement groups, to lead a campaign to accelerate the mode shift to electric vehicles and e-bikes in Buckinghamshire. Under the scheme 30 large employers will receive tailored, high quality, and independent support to implement actions to increase EV and e-bikes in their own operations and to encourage and enable 10,000 of their staff to buy or lease EVs and e-bikes taking advantage of attractive incentives on offer.

The initial stages of the project including research into the provision of EVs were concluded in 2021. Global Action Plan working with Bucks Business First and Globe BID (Business Improvement and Delivery) are now in the process of engaging with the companies who have joined the scheme.

More information including FAQ's on the project can be found on our [website](#).

2022 Clean Air Day Event (re Action 56)

Buckinghamshire Council in conjunction with Bucks Business First, Global Action Plan and the University of Buckingham held an event on Clean Air Day (16 June 2022) for local businesses.

The day included a 'Focus on Marketing Your Green Credentials' workshop and a Networking Lunch, where attendees joined representatives from Buckinghamshire Council, Buckinghamshire Business First and Global Action Plan for an update on the support available for businesses adopting electric vehicles and creating low-carbon workspaces. One-to-one advice was also available from Low Carbon Advisers and Global Action Plan to help businesses reduce their energy and associated cost, measure their carbon footprint, and find out what resources are available to start the transition to adopting electric vehicles for individual businesses.



Clean Air Day Event - 16 June 2022



Clean Air Day Event - Keith Cotton from Global Action Plan

Communication of Opportunities to Community Boards and Businesses (re Action 56)

Community Board Coordinators have passed on information provided by the Council's Climate Response Team to [Community Boards](#) regarding funding and other opportunities that can help organisations address climate change, including details of the following: [Rural Community Development Fund](#), [The Greening Campaign](#), [HS2 Community and Environment Fund](#), [The Tree Council Branching Out Fund](#), [Urban Tree Challenge Fund](#), [Veolia Environmental Trust Grants](#), [Gawcott Solar C.I.C.'s Bee Green Grant Fund](#), and [Heart of Bucks](#) funding.

The Buckinghamshire Solar Together scheme was advertised on the [Low Carbon Workspaces website](#) and promoted in an e-shot to businesses from Low Carbon Workspaces. Furthermore the [£250 vouchers offer to businesses by Visit Buckinghamshire to reduce their carbon footprint](#) was promoted in an e-shot, and the [Clean Air Day Networking Lunch was mentioned in a Council press release](#).



Environment, Land and Water

Environment Agency Supported Flood Risk Management Projects (re Action 57)

Flood risk management projects ongoing with Environment Agency support and funding include those in [Marlow \(Newt Ditch\)](#), at [Pednormead End in Chesham](#) [which includes culvert replacement construction work (now planned for summer 2023), and Property Flood Resilience (PFR) packages for property owners], and Willows estate in Aylesbury. Feasibility studies are underway to determine if there are viable options for a business case in Sands (High Wycombe), Hughenden (High Wycombe), West Marlow, Gawcott and Tingewick. Natural Flood Management projects are ongoing in and around Buckingham and Winslow areas.



Pednormead End, Chesham

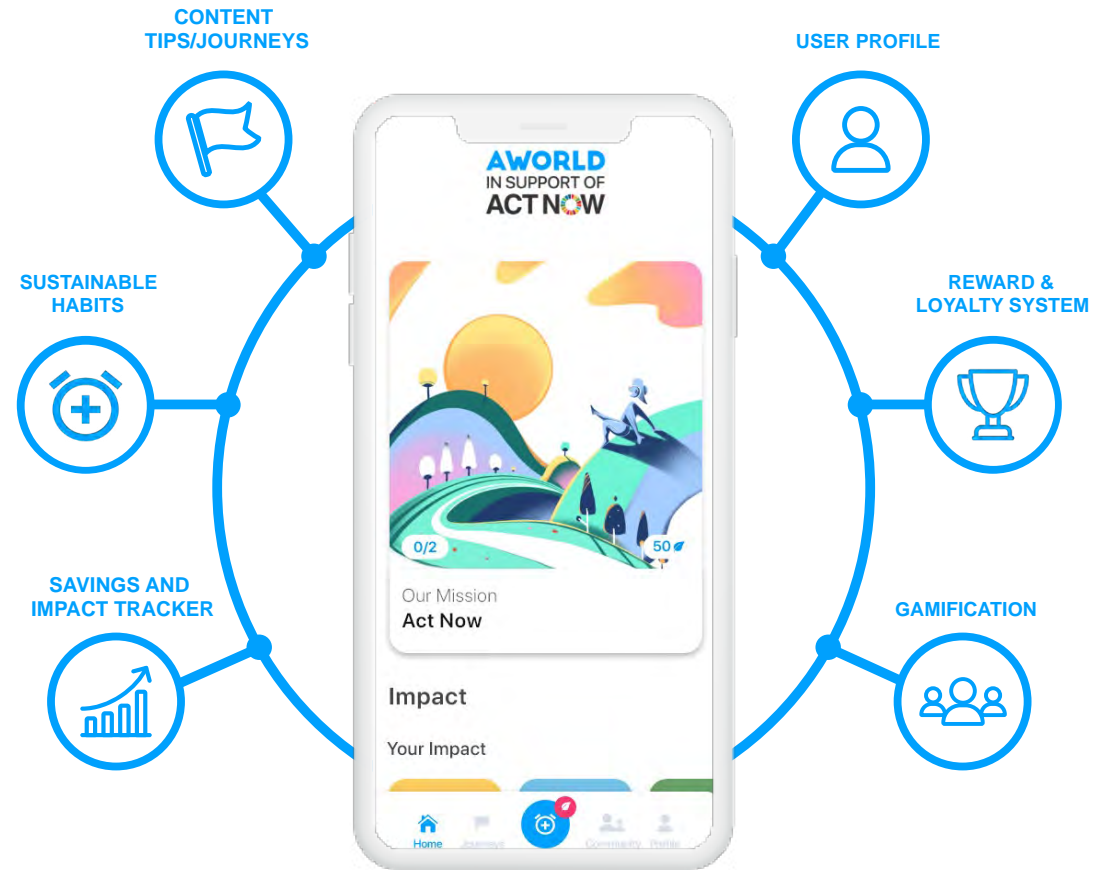


Excavations showing issues with rainfall and rising water

AWorld App (re Actions 58 and 60)

[On 22nd April 2022 \(Earth Day\) Buckinghamshire Council became the first local authority in the UK to support the AWorld app.](#) AWorld is the official platform in support of ActNow, the United Nations campaign for individual action on climate change and sustainability. The app guides users towards living sustainably. It does this by showing people how much energy or water they can save by making small changes to their daily lives and creating new habits – such as putting the washing machine in eco wash mode or unplugging a charger as soon as a mobile phone is fully charged.

It's estimated that 14,466 kgs of CO₂, 1.11m litres of water and 5346 kWhs of electricity have been saved so far as a result of environmentally friendly actions taken and recorded on the app.



Health and Communications

Community Board Air Quality Campaign Toolkits (re Action 59)

The Council's Strategic Environmental Protection Team in conjunction with Spelthorne Borough Council and Ricardo E&E, were [awarded a grant of £91,273 from Defra's Air Quality Grant](#) in 2021/22 to create air quality campaign toolkits for use by Community Boards. The toolkits will contain materials, advice, and information packs on running campaigns, which will enable the Boards, and other organisations/groups within their areas, to raise awareness of local air quality issues. An air quality sensor will also be included in each pack which will record air pollution levels.

The packs will help educate residents, businesses, and visitors (to the area) regarding how they can reduce emissions, and provide a basic understanding on air pollutant dispersion and how to reduce exposure to air pollution, and what the Council is doing to reduce air pollution in their area and how they can help. The packs are due to be rolled out in September 2022.



'Green Wheels in Motion' Event (re Action 59)

A [UN Climate Change Conference \(COP 26\)](#) related transport decarbonisation event was held on Wednesday 10 November 2021 at the [Lunaz Group's](#) headquarters. It featured presentations from [Buckinghamshire Council](#), [England's Economic Heartland](#), [Buckinghamshire Business First \(BBF\)](#), the Lunaz Group, [Buckinghamshire Local Enterprise Partnership](#), and [Buckinghamshire Community Energy](#), and videos from [Robert Bosch Ltd](#). These organisations had formed a partnership, led by Buckinghamshire Council, for the purpose of submitting a bid for funding for the event from the [Greater South East Energy Hub](#). The Council was notified on 10 September that the bid submitted for £28,500 on 27 August had been successful.

Local businesses were contracted by the Council to stage the event, including [Cube Video](#) (event production) and [Brickhill Bistro](#) (catering). [Char.gy](#), [Zipp Mobility](#), and CycleFleet, suppliers of sustainable transport solutions in Buckinghamshire, provided electric vehicle charging, e-scooter and e-bike displays and interactive demonstrations. [Cue](#) facilitated a [livestream](#) of the proceedings (which was connected to the Council's [YouTube](#) and [Facebook](#) pages) and a school pupil from [Stony Dean School](#), who submitted the winning design for the 'Design a Green Bus' competition for schools, enjoyed a tour of Lunaz's vehicle upcycling and electrification facility.



Bucks' Climate Challenge (re Actions 59 and 60)

In September 2021, Buckinghamshire Council launched a new public awareness campaign to help tackle climate change, called the [Bucks' Climate Challenge](#). The campaign aims to generate more environmentally sustainable behaviour and activity in Buckinghamshire to contribute to the net zero carbon emissions goal and improve air quality.

A new campaign page on our website was launched, to gather all the information in one easily accessible place, including grants and schemes to improve the energy performance of homes and links to calculators or tips to work out individual carbon footprints. We have also updated our refuse vehicles with campaign artwork, used social media ads and organic posts to carry messaging that will help people respond and/or adapt to climate change, and ran a radio ad urging people to take action.

Buckinghamshire Council

Climate Change & Air Quality Strategy

2021-2022 Progress Report

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Report to Cabinet

Date:	Tuesday 11 October 2022
Title:	Children's Services Update
Cabinet Member:	Cllr Anita Cranmer, Cabinet Member for Education and Children's Services
Author and/or contact officer:	John Macilwraith, Corporate Director Children's Services
Ward (s) affected:	All
Recommendations:	Cabinet is asked to note the national and local developments across the Children's Services Directorate

1. Executive Summary

- 1.1 The work of Children's Services has always been diverse, demand led and challenging. The impact of Covid-19 has undoubtedly increased levels of demand and need that could not have been predicted.
- 1.2 The child population continues to increase as do the levels of poverty children and families are experiencing. Furthermore, the lasting impact of Covid-19 pandemic and the ongoing cost of living pressures has added an additional layer of complexity to the work of Children's Services. The performance information available to the Service demonstrates that the unprecedented surge in demand began at the end of 2020 and has continued through to the present day. There are currently no indicators to suggest a return to pre pandemic demand levels.
- 1.3 Given the complex demand challenges within the system there is a need to address increasing financial pressures and ensure affordability and financial sustainability through delivery of better outcomes that cost less. Whilst there has and continues to be significant focus on improving outcomes for our children and young people, the Service wants to refresh its evidence base to fully understand the root causes of the current demand coming into the system. This will inform the way in which services are developed and delivered in the future, especially as the Service looks to build stronger relationships with partners. To support the Service with this work, IMPOWER have been commissioned to develop a single programme of change based around a clear profile of demand, with a plan for delivery. The aim of this plan is to help

maximise the impact and effectiveness of early intervention and prevention, alongside our intention for more locality-based support

- 1.4 In addition to the local challenges alluded to above, on the horizon there are a number of national policy developments that when introduced, will impact on the way in which services are delivered to the children and young people of Buckinghamshire. Whilst many of the reforms currently lack detail, the Council is in support of the Government's proposals.
- 1.5 The Service continues on its improvement journey and our number one priority is to strengthen services for children, young people and their families. Whilst there is more to do, the Service is confident in its understanding and knowledge of what needs to be done.

2. National Context

- 2.1 The following section gives an overview of the key national policy developments relating to Children's Services announced by the previous Administration. At this stage, the Service remains unclear on the future direction and implementation of these policies following the Government changes and the appointment of a new Secretary of State for Education.

Schools White Paper

- 2.2 At the end of March 2022, the Government published the [Opportunity for all: strong schools with great teachers for your child](#). This White Paper sets out proposed reforms to the education system focused on providing an excellent teacher for every child, delivering high standards of curriculum, behaviour and attendance, targeted support for every child that needs it and a stronger and fairer school system.
- 2.3 The main ambitions of the White Paper are:
 - i. for 90% of primary school children to achieve the expected standard in Key Stage 2 reading, writing and maths by 2030, and;
 - ii. to see the national average GCSE grade in both English language and maths increase from 4.5 in 2019 to 5.0 by 2030.
- 2.4 Within the White Paper a series of new measures to support the delivery of these ambitions include:
 - i. By 2030, all children will benefit from being taught in a school in, or in the process of joining, a strong multi-academy trust, which will help transform underperforming schools and deliver the best possible outcomes for children.
 - ii. Local authorities are to be permitted to establish trusts and gain the legal power to request their non-academy schools join a trust, where that is the right approach for local schools. The intention is to allow greater equalisation in the way schools are treated at national level, whilst permitting the continuation of local authority leadership and

support for those schools that wish to receive it under commensurate Trust arrangements.

- iii. Schools will offer a minimum school week of 32.5 hours by September 2023.
- iv. Ofsted will inspect every school by 2025, including the backlog of 'outstanding' schools that have not been inspected for many years.
- v. At least £100m to put the Education Endowment Foundation on a long-term footing so they can continue to evaluate and spread best practice in education across the country.

2.5 Other plans in the White Paper to deliver on improving children's attainment at the end of primary and secondary include:

- i. 500,000 teacher training and development opportunities by 2024.
- ii. £30,000 starting salaries to attract and retain the best teachers.
- iii. A register for children not in school to make sure no child is lost from the system.
- iv. Every school to have access to funded training for a senior mental health lead to deliver a whole school approach to health and wellbeing.
- v. The introduction of a new arm's-length national curriculum body which will create packages of expert-crafted optional, free, adaptable digital curriculum resources for schools to use.
- vi. New legislation to create new statutory guidance on attendance, including a requirement for every school to publish a clear attendance policy. Legislation to include new rules on recording attendance.
- vii. The school system working as a whole to raise standards with trusts responsible for running schools while local authorities are empowered to champion the interests of children.
- viii. A 'Parent Pledge' that the Government, via schools, will identify children who need help and provide targeted support, including small group tuition. The Government has invested £1 billion to establish the National Tutoring Programme and promises to deliver up to six million tutoring packages by 2024.

2.6 The Council welcomes the government's ambitious reform agenda and the commitment to a stronger, fairer school system. In addition, the Council supports the focus on helping each child meet their potential with the right support at right time. The Service will be watching carefully and respond accordingly as the further consultations to inform the associated future legislation and guidance are progressed, and the Service will provide additional updates as more information comes to light.

Special Educational Needs and Disabilities (SEND) Green Paper

- 2.7 At a similar time to the release of the Schools White Paper, the Government also published the [SEND Review: Right support, right place, right time](#). This consultation sets out proposed reforms for a single, national SEND and alternative provision system that will introduce new standards in the quality of support given to children across education, health and care.
- 2.8 The Green Paper is consulting on ambitious proposals to deliver greater national consistency in the support that should be made available, how it should be accessed and how it should be funded. It sets out plans for an inclusive system, starting with improved mainstream provision that offers early and accurate identification of needs, high-quality teaching and prompt access to targeted support.
- 2.9 Detailed proposals in the SEND and alternative provision green paper include:
- i. Setting new national standards across education, health and care to build on the foundations created through the Children and Families Act 2014, for a higher performing SEND system.
 - ii. A simplified Education, Health and Care Plan through digitising plans to make them more flexible, reducing bureaucracy and supporting parents to make informed choices via a list of appropriate placements tailored to their child's needs, meaning less time spent researching the right school.
 - iii. A new legal requirement for councils to introduce 'local inclusion plans' that bring together early years, schools and post-16 education with health and care services, giving system partners more certainty on who is responsible and when.
 - iv. Improving oversight and transparency through the publication of new 'local inclusion dashboards' to make roles and responsibilities of all partners within the system clearer for parents and young people, helping to drive better outcomes.
 - v. A new national framework for councils for banding and tariffs of High Needs Funding, to match the national standards and offer clarity on the level of support expected and put the system on a financially sustainable footing in the future.
 - vi. Changing the culture and practice in mainstream education to be more inclusive and better at identifying and supporting needs, including through earlier intervention and improved targeted support.
 - vii. Improving workforce training through the introduction of a new National Professional Qualification for school SEND coordinators and increasing the number of staff with an accredited level 3 qualification in early years settings.

- viii. A reformed and integrated role for alternative provision, with a new delivery model in every local area focused on early intervention.
- 2.10 The proposals are backed by new funding to implement them, worth £70 million. This will build on the £9 billion government investment in local authority high needs budgets next year and £2.6 billion for new places for children with SEND over the next three years.
- 2.11 Later this year, following the completion of the consultation, the DfE will publish a national SEND delivery plan, setting out the government’s response to the consultation and how the proposals will be implemented.
- 2.12 Whilst some of the proposals lack detail at this early stage, the Council believes that they will help improve the way that SEND support is delivered to the benefit of children and young people with special needs. Further updates will be provided as more information on the reforms becomes available.

Children’s Social Care Review

- 2.13 In 2021, the Government commissioned an independent review of children’s social care in England. This “once in a lifetime” review, led by Josh MacAlister, was published on 23 May 2022.
- 2.14 The outcome of the review is a large and expansive [report](#) setting out an ambitious and wide-ranging review of the present children’s social care system, making several dozen recommendations for reform. The key headlines from the review are set out below:
 - i. The Government should develop a National Framework for Children’s Social Care that sets out clear objectives for the system and practice within it.
 - ii. The Review asserts that the Funding Formula allocating money to local authorities for children’s services is out of date. In the absence of the Fair Funding Review being published, government must urgently reassess how this formula for children’s services is calculated so it is fit for purpose.
 - iii. The Review recommends £2.6bn of investment over the period of reform between 2023 and 2027 (comprising £46 million in year one, £987 million in year two, £1.25 billion in year three and £233 million in year four).
 - iv. The Review’s primary argument is that loving relationships are what traumatised children need to overcome adversity. The first port of call should be wider family networks followed by care from the state if this is not possible.
 - v. To reduce the number of handovers between services, the review recommends introducing one category of ‘Family Help’ to replace ‘targeted early help’ and ‘child in need’ work, providing families with much higher levels of meaningful support. This would mean the

creation of multidisciplinary teams made up of professionals such as family support workers, domestic abuse workers and mental health practitioners - who, alongside social workers, would provide support and cut down on referring families onto other services. Where concerns about significant harm of a child emerge, an 'Expert Child Protection Practitioner', who is an experienced social worker, would co-work alongside the 'Family Help' Team with responsibility for making key decisions. This co-working will provide an expert second perspective and remove the need for break points and handovers for children and families.

- vi. Services should be community-based and work with and across other agencies such as health visiting, schools and nurseries, employment services, and the police. The services offered will be tailored to meet neighbourhood needs based on a robust needs assessment and feedback from the families.
- vii. The DCS role should be given greater levers to champion the interests of children and families in local areas and hold partners to account – such as “a duty on relevant partner agency strategies that are relevant to safeguarding and promoting the welfare of children, for instance local mental health plans.” In addition, to ensure all sectors are pulling their weight locally, the Review recommends partner agencies be required to publish details of their spending on child-related services and projects.
- viii. The market for children’s social care must be better commissioned, recruited to, managed and run. Responsibility for this transformation of local children’s care markets should be placed at regional level with new Regional Care Co-operatives (RCC). Local authorities will no longer perform functions in this area themselves but will instead have direct involvement in running of RCCs collectively in a region. Children will continue to be the care of the local authority.
- ix. Ofsted should be empowered to inspect and oversee the operation and functioning of the children’s social care market, including a right to access to provider finances.
- x. Foster care recruitment processes should be streamlined to make the system more accessible, supported by a campaign to recruit 9000 foster carers between 2023 and 2026.
- xi. Kinship care (where a child is allowed to be cared for by an extended family member such as a grandparent, as opposed to foster or residential care) should be extended and these carers receive similar payments and benefits as foster carers.
- xii. Better transition support needs to be put in place for children leaving care to access housing and jobs/apprenticeships.
- xiii. The responsibility of the Virtual School should be extended to support young people from 18 up to 25.

- xiv. The report recommends establishing a National Technology Taskforce to help identify how IT can provide the means to improve efficiency in the system.
- 2.15 During the next 6 months, the Government will publish a White Paper, which sets out a full response to the review; however, the Government's initial response committed to:
- i. Establishing a National Implementation Board, chaired by Ofsted, of sector experts, people with experience of leading transformational change and with experience of the care system.
 - ii. Work with local authorities to boost efforts to recruit more foster carers, including pathfinder local recruitment campaigns and providing more support throughout the foster carer application process
 - iii. Reframing and refocusing the support social workers receive in the early part of their careers, particularly to enhance their skills and knowledge in child protection
 - iv. Joining up data from across the public sector to increase transparency – both between safeguarding partners and to the wider public (more detail will be set out later this year).
 - v. Establishing a new Digital and Data Solutions Fund to help local authorities improve delivery for children and families through technology.
 - vi. Developing a national children's social care framework which will set direction for the system and point everyone to the best available evidence to support families and protect children.
 - vii. The Government's response also committed to funding for family hubs, social workers in schools and designated safeguarding lead supervision programmes.
- 2.16 The report urges Government to introduce legislation to back reform in the final year of this parliament (next year's Queen's Speech), with an expectation of this receiving Royal Assent in Spring 2024.
- 2.17 Many professional organisations have welcomed the report. [The Association of Directors of Children's Services](#) did so while noting the report "doesn't shy away from the big challenges children, families, public services and society faces, in particular the report highlights the need for significant investment in rebalancing the social care system towards early family support."
- 2.18 This report reflects many issues that councils have been raising for some time, including the need to invest further in early help for children and families, better support for kinship carers and making sure that there is the right homes for children in care, as well as ensuring better futures for those leaving care. Whilst the Council agrees with many of the recommendations in this report, there are some significant issues that cannot wait for delivery. In particular, the cost of placements for children in care, placements for unaccompanied asylum-seeking children and the current workforce challenges. As such, the

Council has written to Government officials in relation to the above points and is awaiting a formal response.

3. Local Context

3.1 The following section gives an overview of the key developments in Buckinghamshire Children's Services.

Post Ofsted Action Plan

3.2 As reported previously, in December 2021, Ofsted conducted their Inspecting Local Authority Children's Services (ILACS) reinspection of services for children in need of help and protection, children looked after and care leavers. This inspection found that Buckinghamshire was no longer 'Inadequate', and the overall judgement of Children's Services was 'requires improvement to be good'. Ofsted's report highlights examples of strong practice across the service, including the strengthening of performance measures and increased levels of managerial scrutiny and support for staff at every level which has led to demonstrable improvements in the experience of many children. However, the report also highlights areas where improvement is required and made the following recommendations:

- i. The understanding, and reduction of, a high rate of re-referrals and assessments that result in no services being provided for children and their families.
- ii. The consideration and cumulative impact of earlier interventions and family histories in children and family assessments.
- iii. The quality of social workers' direct work with children.
- iv. The support provided to children aged 16 and 17 years who present as homeless.
- v. The impact of independent reviewing officers (IROs) in decisively escalating children's cases when there is drift and delay in the progress of their care plans.
- vi. The quality of case supervision for social workers in order that it promotes consistently effective work with children.
- vii. The engagement and participation of children in care in the corporate parenting work of the council.

3.3 As a result of this continued improvement of services, the revised Statutory Direction issued to Buckinghamshire in July 2018 has been lifted and Buckinghamshire will now enter a period of 'support and supervision', in line with all authorities who exit formal intervention.

3.4 The Service was required to submit a post inspection action plan to Ofsted by 25 May 2022 clearly indicating what action will be taken to address the 7 recommendations highlighted above.

- 3.5 Since the inspection, there has been a marked difference in the pace of improvement between teams that have not experienced significant changes in complexity and demand and those that have. However, despite the unprecedented changes in both demand and the recruitment challenges that have impacted almost exclusively on the Assessment and Help and Protection teams, the Service continues to remain safe. The demand and recruitment and retention challenges present a new threat to our ambition to become good or better.
- 3.6 In contrast, the Children in Care and Care Leaving teams have workforce stability and have not experience significant changes in demand. As a consequence, the trajectory of these teams continues to demonstrate what can be achieved.
- 3.7 The morale of staff and managers remains positive despite the long hours being worked. The interactions with social work teams and management groups from senior managers and HR colleagues continue to prove valuable. The actions of the Senior Management Team to check and double check that children and young people are being protected in line with their presenting risk and that drift and delay does not become a strong feature of casework have been effective. It is vital that the Service continues to ask the right questions, use performance management data to initiate lines of enquiries and where necessary bring in staff from different parts of the service to support front line work.
- 3.8 In our drive towards delivering the council’s ambition to achieve consistently good services, the Service will continue to follow a cycle of improvement, reviewing and testing our practice and oversight to ensure that the Service is making progress and creating actions to address our priority areas. In addition, a suite of key performance indicators will be used to track and monitor progress against each recommendation and priority area.
- 3.9 In order to support the required improvements in children’s social care and in light of the significant areas of weakness identified during the local area SEND inspection (further detail in section 3.10 to 3.15 below), John Coughlan, CBE, will continue to be the Independent Chair of the Improvement Board. The scope of the Board has been broadened and will now maintain oversight of the progress being made against the 7 Ofsted recommendations (detailed in section 3.2 above) and the areas of improvement included within the SEND Written Statement of Action.

Local Area SEND Inspection

- 3.10 Between the 28 February and 11 March 2022, Ofsted and the Care Quality Commission (CQC) inspected the services provided for children and young people with Special Educational Needs and Disabilities (SEND) in Buckinghamshire. The inspection team considered how well the local area:
- i. identifies the needs of children and young people with SEND
 - ii. assesses and meets the needs of children and young people with SEND

- iii. ensures positive outcomes for children and young people with SEND
- 3.11 The inspection team spoke to a wide range of professionals across health, education and social care and met with children and young people of all abilities in education settings and focus groups. They received feedback from over 1000 parents and carers. In addition, inspectors reviewed Education, Health and Care Plans and over 150 documents and pieces of supporting evidence.
- 3.12 The inspection found a number of strengths across the local area, despite the ongoing Covid-19 challenges. It recognises the considerable activity that is happening as part of our SEND improvement programme and confirms that our self-evaluation accurately reflects our progress. That said, inspectors also identified 3 areas of significant weakness:
- i. The lack of a cohesive area strategy to identify and meet the needs of those children and young people requiring speech and language, communication and occupational therapy
 - ii. Waiting times for assessments on the autism and attention deficit and hyperactivity disorder diagnosis pathways and the system-owned plans in place to address this
 - iii. Waiting times to see a community paediatrician.
- 3.13 As a result of the inspection findings, the local area was required to submit a Written Statement of Action (WSOA) to address significant areas of weakness.
- 3.14 As alluded to in section 3.6 above, the independently chaired Improvement Board will provide, where appropriate, scrutiny and direction in order to secure the improvements required as well as challenge the pace and quality of progress, in terms of both actions and their impact.
- 3.15 The Service will of course focus our efforts on improving the areas of significant weakness identified, while continuing with our broader improvement journey to ensure the support children with SEND receive in Buckinghamshire is high quality and effective.

Ofsted Annual Conversation

- 3.16 Under the Inspecting Local Authority Children's Services (ILACS) inspection framework, Ofsted arrange an annual conversation with every local authority. In Buckinghamshire, the annual conversation was held in July 2022 and in preparation for the meeting with Ofsted, the Service shared the latest self-assessment and performance data for both children's social care and education. Ofsted use the annual conversation as an opportunity to scrutinise performance, service development and progress on any actions set at the last inspection. This assists Ofsted in determining the timing and scope of any subsequent inspection activity.
- 3.17 Feedback received from Ofsted at the end of the annual conversation was positive and the Service's self-assessment was accepted in full.

- 3.18 In line with the current framework, the Service anticipates receiving a focused visit which will evaluate an aspect of service, a theme or the experiences of a cohort of children, towards the end of 2022.

Demand Pressures

- 3.19 As shown in the table below, when comparing demand levels during 2022 so far to those in the early part of 2020, pre pandemic, there have been some marked changes in the demand across the Service both in numerical terms and the seriousness/complexity of the circumstances children and young people find themselves.

	Early 2020 (pre-pandemic) monthly average	2022 monthly average	% change
Contacts	1,375	2,088	52
Referrals	902	1,282	42
Section 47 enquires	200	256	24
Initial Child Protection Conferences	55	74	43
Children subject to a child protection plan	512	730	43
Children with an allocated social worker	2,283	4,144	26

- 3.20 The above indicates a new 'normal' for our teams and demand increases for statutory services are highly likely to continue to rise in both the short and medium term. Societal factors such as worsening mental health in our communities and further family pressures driving by the cost of living crisis being the main drivers.

- 3.21 Given the complex demand challenges within the system there is a need to address increasing financial pressures and ensure affordability and financial sustainability through delivery of better outcomes that cost less. Whilst there has and continues to be significant focus on improving outcomes for our children and young people, the Service wants to refresh its evidence base to fully understand the root causes of the current demand coming into the system. This will inform the way in which services are developed and delivered in the future, especially as the Service looks to build stronger relationships with partners. To support the Service with this work, IMPOWER have been commissioned to develop a single programme of change based around a clear

profile of demand, with a plan for delivery. The aim of this plan is to help maximise the impact and effectiveness of early intervention and prevention, alongside our intention for more locality-based support.

- 3.22 In parallel to the demand increases in children's social care, the number of children with an Education, Health and Care Plan continues to increase. In July 2022, there were 5,704 EHCPs maintained by Buckinghamshire, an increase of 10% on the same point in 2021, and a 29% increase on the same point in 2019. The most prevalent primary needs for children and young people with EHCPs are for autistic spectrum disorder (ASD) and speech, language and communication needs (SLCN) which have increased by 49% and 37% respectively since January 2019. Primary needs of specific learning difficulty (SLD) have increased by 75%, multi-sensory impairment (MSI) by 60% and profound and multiple learning difficulty (PMLD) by 59% in the same period.
- 3.23 In response to the growing demand in this area, the Service has developed a [SEND Education Sufficiency Plan](#). In essence, it aims to address the following areas:
- i. The need to increase the capacity of secondary mainstream schools (including alternative provision) for children with Communication and Interaction needs (autism), speech, language and communication needs (SLCN) and social, emotional and mental health needs (SEMH) particularly in both Aylesbury and Wycombe. This is linked to the growth in housing in these areas, and the level of need as demonstrated in the table above; higher numbers of children with EHCPs currently live in Aylesbury and Wycombe.
 - ii. The need to increase the capacity of secondary mainstream schools (including Alternative Provision) for children in Aylesbury with moderate learning difficulties.
 - iii. The need to accommodate some growth in numbers of children with SEN in primary and post-16 mainstream schools particularly in Aylesbury and Wycombe.
 - iv. The need for more secondary and post-16 special school places across the county, but particularly in Aylesbury, primarily for children with autism and learning difficulties.
 - v. The need for specialist provision to support children with autism and/or SEMH for whom a high-level academic education offers the best possible foundation for their future.
 - vi. The need for suitable post-16 further education placements across the county to accommodate a range of needs.
- 3.24 This SEND Sufficiency Strategy will be carried out over three phases and within the strategy there is a comprehensive plan, enabling progress to be monitored and changes to be made in line with variation in forecasts in future years. In order to assist with the above, the Service has completed a pre-registration application to the DfE. New schools approved through this process are part of

the central free schools' programme and will be delivered and funded as such. Free schools are legally academies, which are state-funded educational institutions operated by academy trusts. Successful local authorities will be announced late 2022 to early 2023.

The Assessed and Supported Year in Employment Academy

- 3.25 In 2019, the Service created a Social Work Academy to enable the Council to develop Newly Qualified Social Workers (NQSWs) through their Assessed and Supported Year in Employment (ASYE).
- 3.26 The ASYE Academy provides a protected and supported environment for the induction and training of NQSWs which helps:
- I. Recruit and retain staff.
 - II. Drive up the standards of social work practice and in turn outcomes for children and young people.
 - III. Enable NQSWs to understand the child / young person's journey through our organisation.
- 3.27 The Academy works to a 6 month model; NQSWs based within the Academy for their first 6 months where they complete a thorough induction and all essential and mandatory professional and systems training. They will also have worked through a range of more complex cases and tasks, with intensive supervision and support. The training follows the young person's journey through the Service with a strong focus on best practice and the voice of the child or young person. Managing a small caseload alongside training helps NQSWs to effectively integrate learning. NQSWs remain in the Academy for a little longer if required and based on individual need which is assessed by our Advanced Practitioners. All NQSW case work held in the Academy is overseen by the Advanced Practitioners including direction and oversight and signed off by the Team Manager. At the end of the first 6 months or when the NQSW is ready, they then join their permanent front-line team for the remaining 6 months of the ASYE with continued support through the programme. This support includes regular reflective supervision from an Advanced Practitioner who has demonstrable skills and experience in developing others. The focus is on learning and developing, critical reflection and supporting the NQSW to understand the links between theory and practice.
- 3.28 Between 2019 and June 2022, 42 of the 60 NQSWs that have been through the Academy remain within the service. Given the success and in order to alleviate some of the significant challenge in recruiting high quality social workers, the Academy has recently been expanded to support a further 60 newly qualified social workers by April 2023.
- 3.29 Having a permanent workforce and reducing reliance on agency staff is one of the main priorities for the Service and achieving this will no doubt lead to better service outcomes for children and young people as well as reducing expenditure.

Unaccompanied Asylum Seeking Children

- 3.30 Buckinghamshire Council has now, along with all other local authorities, been mandated to take Unaccompanied Asylum Seeking Children (UASC) when they are referred via the National Transfer Scheme (NTS). In addition, the Council is also now required to continue to receive referrals until it reaches 0.10% of the child (0-18) population (127 individuals for Buckinghamshire) compared to the previous ask of 0.07%, 89 individuals for Buckinghamshire. Currently, the Service supports 32.
- 3.31 There are 68 UASC over the age of 18 open to the Service; however, the percentage calculated for each local authority does not include care leavers.
- 3.32 These decisions by central government will have a significant impact directly and indirectly on the Council's budgets. The direct impacts will be on placement costs and on subsistence payments. Indirectly, there will be an impact on placement availability for all children that will decrease supply and enable providers to increase their charges.
- 3.33 The financial burden on this Council is also influenced by the increasing timeframe in which the Home Office make final decisions on each individual's asylum claim. It used to be the case that final decisions on claims would take about a year (average for 2017). Between 2018 and 2020 this slowed to within 2 to 3 three years. It appears since the pandemic and now as a result of the Ukrainian sponsorship scheme, over 4 years is the norm.
- 3.34 A number of commissioning actions are underway to procure increased provision for care leavers including UASC. This includes block purchasing 'semi-independent' provision increase the supply of placements at a lower price. The Service will also continue to work with colleagues from Housing and our Housing Associations to ensure care leavers access their own tenancies in a timely and cost-effective way.

School Inspections

- 3.35 Since the resumption of regular Ofsted inspections and changes to the inspection methodology and framework introduced in September 2021, 30 Buckinghamshire schools have been inspected (24 primary, 5 secondary and 1 special school).
- 3.36 Overall, our schools have performed well. 4 improved their rating to good or better, 22 maintained their previous judgements (18 maintained their good or better judgement and 4 remained requires improvement) and unfortunately the rating dropped in 4 schools. This was anticipated in light of the changes to the inspection methodology and the length of time since the schools' previous inspection.
- 3.37 Where inspections have been challenging this academic year, a theme of safeguarding is a thread that has been identified in the reports, which is

mirrored in feedback across the south east. This is something that the Service is working proactively with school leaders to address and have provided training and support for all schools as well as bespoke work in schools where this is identified as a vulnerability.

- 3.38 At the end of the academic year 2022, 90% of Buckinghamshire pupils attended a good or outstanding school.

The evolution of the Early Help Offer

- 3.39 The Buckinghamshire Partnership Early Help Strategy has recently been reviewed and refreshed. The emphasis within the [refreshed strategy for 2022-2025](#) is focused on two broad areas. Firstly, strengthening the partnership offer and oversight, as the Service looks to expand and streamline access to our increasingly broad early help offer across the county. Secondly, ensuring the offer responds effectively to emerging issues, including minimising the long-term impact of the pandemic on our children, young people, and families in Buckinghamshire.
- 3.40 Early help maintained its service offer with some adaptations throughout the different stages of the pandemic and, as with all Children's Service areas demand has never been higher. Services have been fully operational for some months now and the Service has established the wide range of activities led by the Family Support Service, partner agencies and community groups in our network of Family Centres.
- 3.41 Family Centres were acknowledged by Ofsted during the recent inspection, as key support hubs within communities and the Service continues to develop locally based programmes. In addition, the Service is keen to develop these sites into Family Hubs, in line with the national model, so that they become community access points for a wide range of services and support at a locality level.
- 3.42 The Family Support Service has also launched for the first time, a [Participation Strategy for Young People](#). This strategy describes a new approach to engaging all young people, building their interest and participation in local democracy, working alongside officers so that the Service can develop and design practice, policy, and strategy, enabling the Council to benefit from listening to and acting upon the views and wishes of young people in the recruitment of staff, service improvement and policy development.

4. Other options considered

- 4.1 N/A

5. Legal and financial implications

- 5.1 There are no specific legal or financial implications as a result of agreeing to the recommendations the paper. However, there are significant financial pressures associated with a number of areas detailed within the report,

particularly pertinent to the mandated transfer scheme for Unaccompanied Asylum Seeking Children, demand pressures faced across the Service and the reliance on agency staff due to the significant social worker recruitment challenges. The financial pressures related to these areas will feature within the Service's 2023/2024 medium term financial planning process.

6. Corporate implications

6.1 Similar to above, there are no specific corporate implications as a result of agreeing to the recommendations the paper; however, changes made to Government policy as a result of the Schools White Paper, SEND Green Paper and Children's Social Care Review will no doubt require additional support from corporate support services such as HR and Finance.

7. Local councillors & community boards consultation & views

7.1 N/A

8. Communication, engagement & further consultation

8.1 N/A

9. Next steps and review

9.1 The next update will be provided to Cabinet on 11 April 2023.

10. Background papers

10.1 N/A

11. Your questions and views (for key decisions)

If you have any questions about the matters contained in this report please get in touch with the author of this report. If you have any views that you would like the cabinet member to consider please inform the democratic services team. This can be done by telephone [01296 382343] or email [democracy@buckinghamshire.gov.uk]



Report to Cabinet

Date:	11th October 2022
Title:	Adult Social Care Update
Cabinet Member(s):	Deputy Leader and Cabinet Member Health and Wellbeing
Contact officer:	Clare Capjon, Clare.Capjon@buckinghamshire.gov.uk
Ward(s) affected:	(All Wards)
Recommendations:	Cabinet is asked to note the latest developments in relation to adult social care both locally and nationally.
Reason for decision:	N/A

1. Executive summary

- 1.1 Adult social care has been at the frontline of the Covid pandemic response for the past two and a half years. Whilst guidance for businesses and the public has relaxed, adult social care is still responding to significant demand, part of which built up during the pandemic. In addition, during the past 7 months the Government has published a number of reforms, white papers and legislative changes which require a different response to the delivery of adult social care services. This paper provides an update on the current position of adult social care services in Buckinghamshire.

2. The National Picture

Social Care Reforms

- 2.1 In September 2021 the Government published its plan (Build Back Better: Our Plan for Health and Social Care) to address challenges in the health and care system, including the need to achieve a sustainable adult social care system in the long-term. The Government proposals, which will come into effect from October 2023, included:

- The introduction of a cap of £86,000 on an individual's personal care costs
 - Raising the capital limit for contributions to care from £23,250 to £100,000, and
 - The introduction of arrangements to allow self-funders to ask the local authority to arrange their care, securing better value.
- 2.2 The plan was followed by the adult social care White Paper '[People at the Heart of Care](#)', published in December 2021. This paper set out the government's 10-year vision for adult social care, which is that 'everyone receives the care they need, when they need it, to live the life they want to'.
- 2.3 The White Paper confirmed the plan's ambition and set out funding proposals for use of the local government portion (£5.4bn) of the Health and Care Levy. A Laing Buisson report commissioned by the County Council Network demonstrated that the funding identified for implementation of the reforms was significantly below that needed by councils, to the tune of at least £854m per year. Buckinghamshire Council also voiced its concerns to the Department of Health and Social Care. These concerns particularly related to the Government's timeframe for implementation of the reforms in the context of significant workforce challenges, including national shortages, and dedicated staff who have worked tirelessly to support people during the pandemic.
- 2.4 Operational Guidance was published for consultation on 14th March and the Council again took the opportunity to lobby for changes to ensure the social care reforms are implemented successfully and improve outcomes for residents.
- 2.5 The final Operational Guidance was published on 7th July 2022 and included two significant amendments. The first was the decision to phase the implementation of Section 18(3) of the Care Act 2014. Section 18(3) gives all self-funders (people who currently fund their own care) the right to ask their Council to arrange residential care on their behalf, whether or not they have eligible care needs under the Act. The implementation of Section 18(3) will begin in October 2023 only for new entrants to care homes, with those already in residential care becoming eligible from April 2025 at the latest.
- 2.6 The second change to the draft Operational Guidance was that any reviews undertaken from April 2023 in preparation for the reforms, will no longer need to be reviewed when the reforms are implemented in October 2023, as originally proposed.
- 2.7 The Council continues to engage with Government as details of the implementation of the social care reforms emerge. In September, the Council responded to proposals for the distribution of social care reform funding.

[Health and Care Act 2022](#)

- 2.8 The Health and Care Act gained Royal Assent on 28th April. The Act aims to improve integration both within the NHS and between partners, with a new duty to collaborate for both the NHS and local authorities. The Act also established Integrated Care Systems (ICS) as statutory bodies from 1st July 2022 and NHS England is now setting budgets for the NHS at this system level.
- 2.9 Integrated Care Systems comprise an NHS management body, known as the Integrated Care Board, and a partnership forum, the Integrated Care Partnership.
- 2.10 For each 'Place' within the system, there will be a place-based partnership and the Act reinforces the importance of these places within the system, particularly in identifying local priorities. Arrangements for governance, including place-based governance, will need to be implemented by Spring 2023.
- 2.11 The Health and Social Care Levy Act 2021 introduced the mechanism by which the ambition of the Government's Build Back Better plan would be funded. Within the first three years, the Levy will raise £36bn, of which local authorities would receive £5.4bn, with an indication that this proportion would rise after this period.
- 2.12 Finally, the Act also places a duty on the CQC to provide assurance of both local authority adult social care services and Integrated Care Systems from April 2023.
- 2.13 The Government has issued a number of guidance documents since the Act gained Royal Assent. In September, the Cabinet Member for Health and Wellbeing, on behalf of the Council, responded to guidance on the relationship between Integrated Care Systems and Health and Wellbeing Boards.

Integration White Paper

- 2.14 On 9th February, the Government published a White Paper on integration (Health and Social Care Integration: Joining Up Care for People, Places and Populations). The vision for integration is that it 'makes a significant, positive impact on population health through services that shift to prevention and address people's needs promptly and effectively'.
- 2.15 The White Paper seeks to deliver on the vision through the introduction of shared outcomes, agreed by all local health and care organisations, and the delivery for which all local leaders are held to account. Whilst the paper does not explicitly include Children's Services, there is an expectation that integration will include services for children.
- 2.16 The Paper also emphasises the importance of an holistic approach to care, beginning with where people live. Places are encouraged to 'think housing and community'. The Government will be developing a framework with a focussed set of national priorities. Local places will be able to develop additional local priorities, which will need to be agreed by the relevant Integrated Care System.

- 2.17 The White Paper sets expectations that local places will increase alignment and pooling of budgets over time; that Integrated Care Systems have plans in place by June 2022 for improving the digital connectivity across the system, including private providers; and reiterates a focus on making it easier for the workforce to move around the health and care system.

Liberty Protection Safeguards

- 2.18 Delayed from the original implementation date of April 2022, Liberty Protection Safeguards (LPS) are due to replace the Deprivation of Liberty Safeguards (DoLS). On 17th March, the Government announced an open consultation on proposed changes on the Mental Capacity Act (MCA) Code of Practice, which included guidance on the new Liberty Protection Safeguards. The Council and partners provided a joint response to the consultation which ended on 7th July 2022 and the Government is expected to set an implementation date following consideration of responses.
- 2.19 The DoLS process refers to the protection of a person's rights if they are or may become deprived of their liberty in a hospital or a care home. Although both have the same goals, LPS extends the scope to 16/17-year-olds, to people that live in supported living and to people in their own homes. LPS are designed to be more streamlined, improving the system by spreading the responsibility across hospitals, clinical commissioning groups and social care. However, the changes will require significant planning and training to embed the new ways of working. The Adults and Health Transformation Board is overseeing the project to implement LPS in Buckinghamshire.

Down Syndrome Act

- 2.20 The Down Syndrome Act received Royal Assent on 28th April. The Act requires the Secretary of State to give guidance to certain health, education and local authorities on the steps that would be appropriate for them to meet the needs of people with Down syndrome when exercising relevant functions. Authorities will then need to have due regard to the guidance.

Mental Health Reforms

- 2.21 In 2021 the Government published a consultation on reforms to the Mental Health Act. The Council responded to these proposals and the Government published the Draft Mental Health Bill on 27th June 2022. The Bill aims to modernise the framework for services including the criteria for detention and amending the definition of a mental disorder so that people can no longer be detained solely because they have a learning disability or are autistic.
- 2.22 A Mental Health and Wellbeing Plan Discussion Paper has also recently been published. This will lead to the development of a cross-government 10-year plan for

addressing disparities in mental health and wellbeing. The Council submitted a response to the consultation, which closed on 5th July 2022.

National Workforce Challenges

- 2.23 Figures from Skills for Care show that the number of adult social workers employed by Councils fell during the year to September 2021 as turnover and vacancy rates rose. These rises are happening at a time of significant pressure on adult social care nationally, including mounting backlogs of assessments and reviews and delays in arranging care packages.
- 2.24 More broadly across the sector, Skills for Care's Workforce Report 2021 says that although there were an estimated 1.67m jobs in the sector, approximately 1.54m were in post and staff turnover was 28.5%. In addition, vacancy rates across the sector are now back at their pre-pandemic levels.

3. Buckinghamshire Health and Social Care System

Integrated Care System Development

- 3.1 Buckinghamshire is a 'place' within the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS). Appointments have been made to the ICS Integrated Care Board, with Dr James Kent as CEO and Javed Khan OBE as Chair.
- 3.2 Governance arrangements, including local government representation, are currently being developed and it is anticipated that the ICS Integrated Care Partnership will have its first meeting in the early autumn. Philippa Baker has been appointed as Place Director for Buckinghamshire and will be taking up her position in early October, replacing Matt Powls, Interim Place MD for Oxfordshire and Buckinghamshire.
- 3.3 As Buckinghamshire Council boundaries fall within both the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System and the Bedfordshire, Luton and Milton Keynes (BLMK) Integrated Care System, the Council is a founding member of the Integrated Care Partnership in both areas.

Place Priorities

- 3.4 Within Buckinghamshire, Chief Executive Officers from ICS, the Council and Buckinghamshire Healthcare Trust meet regularly to discuss and resolve issues relating to the Buckinghamshire health and social care system. In 2021, this place Executive meeting identified five priorities which, by organisations working together to resolve over the next 18-24 months, could deliver better outcomes for residents. These priorities are:
- Hospital discharge – streamlining processes and maximising opportunities for people to regain independence after a hospital admission

- Admission avoidance – identifying ways in which unnecessary admissions to hospital could be avoided, with people receiving more appropriate care, support and advice in the community
 - Health inequalities, focussing on cardiovascular disease – reducing the risk of cardiovascular disease, particularly in those areas with higher prevalence
 - Mental health – redesigning community mental health services, and
 - Primary care with a focus on community service development
- 3.5 In addition, the Health and Wellbeing Board assisted by the Local Government Association, recently reviewed its priorities and has identified three critical areas of challenge through which to address health inequalities in the county:
- Tackling obesity
 - Mental health, and
 - Smoking
- 3.6 The Board agreed these and the underlying priorities for the Start Well, Live Well, Age Well action plan, at its meeting in May. The Board also adopted a Pledge for the residents of the county and approved the revised Joint Local Health and Wellbeing Strategy and underpinning documents at its meeting in September.

Better Care Fund

- 3.7 The Better Care Fund (BCF) provides a framework for driving health and social care integration. The BCF requires a jointly agreed plan for use of the pooled budget, agreed by the local Health and Wellbeing Board.
- 3.8 Allocations for 2022-23 have been announced, with Buckinghamshire receiving £44.4m. The fund has three elements:
- Minimum Clinical Commissioning Group/Integrated Care System contribution: totalling £35.3m, with £11.9m of this mandated for adult social care (a 5.6% increase on the 2021-22 allocation)
 - Improved Better Care Fund (iBCF): confirmed as £5.0m (an increase of 3% on 2021-22), and
 - Disabled Facilities Grant (DFG): £4.1m (the same as 2021-22).
- 3.9 In September 2022, the Buckinghamshire Health and Wellbeing Board will approve the BCF spending plan.

Winter Planning

- 3.10 In preparation for the forthcoming winter period, the health and social care system Winter Plan was reviewed during the summer of 2022. The plan built on lessons from previous winters and address the likely challenges ahead, including those arising from Covid and flu. The Winter Plan provides a clear set of actions and mechanisms for partners in the Buckinghamshire health and social care system to adopt in response to additional pressures and ensure vital services continue

throughout the winter period. The Winter Plan is being considered by the Health and Adult Social Care Select Committee at its September meeting.

4. Adult Social Care

Better Lives Strategy 2022-2025

- 4.1 In 2018 the Council published its first three-year overarching strategy for adult social care, 'Better Lives'. This was refreshed in January 2022, reinforcing the Council's ambition and demonstrating the impact made to date, with some example case studies. The strategy identified the areas of focus for the next three years to embed changes made to date and continue the programme of transformation.
- 4.2 Key successes from the first phase of the Better Lives programme included a pre-pandemic position where admissions to residential and nursing care were reducing significantly faster than those seen elsewhere in the country. Social care user survey results showed improvements in satisfaction with the Council's adult social care services, despite the pandemic. Satisfaction with care and support received is now higher than both CIPFA comparators and the England average, and increases were seen in responses around having control over daily lives and feeling safe. The Better Lives programme was also primarily responsible for delivering savings of over £10m, mitigating pressures on services from increases in demand and complexity of need.
- 4.3 The programme for the next three years will focus initially in the following areas:
 - Mental health: reviewing the Section 75 agreement with Oxford Health Foundation Trust to ensure social work practise is aligned with the Better Lives approach
 - Community opportunities: reinstating and revisiting the pre-pandemic programme to develop a broad community opportunities offer with voluntary and community sector partners, a county-wide short breaks offer, improved access to training and supported employment for working age adults and volunteering opportunities
 - Tech-enabled care: mainstreaming and maximising the use of technology to enable people to live as independently as possible
 - Specialist housing: developing specialist housing provision to meet demand in the county
 - Carers support: making sure that carers in Buckinghamshire have a broad offer of support and a better experience of the carers assessment process
 - Dementia services: ensuring the route through to services is easier for people to navigate and there are more services on offer for people with dementia and their families.

Social Care Reforms

- 4.4 In light of the tight timescales associated with the social care reforms, including the requirement for the publication of a fair cost of care exercise and a market sustainability plan by 14th October 2022, the Council secured the services of Ernst & Young (EY), in association with SCIE and the Kings Fund. The consultants are working with the service to produce implementation plans in four key areas: workforce impacts, financial processes & assessments, customer & digital, and care market & commissioning, including the fair cost of care exercise. Work includes an analysis of Buckinghamshire, identification of gaps, process mapping and the development of solutions. EY is additionally reviewing financial and demand modelling of the impact of the reforms for the Council, which are currently estimated at between £40-70m.

Table 1: Estimated demand impact resulting from social care reforms

Aged 65+ only	Current Demand	Estimated Demand
Fully LA Funded for their care	600 – 1,070	2,000 – 2,500
Partially LA funded for their care under means test	1,180 – 1,800	2,080 – 2,600
Total	1,780 – 2,870	4,080 – 5,100
Entirely Self Funded for Care	3,150 – 3,850	430 - 465

- 4.5 Through the Council’s own initial modelling, there are significant concerns around the ability of the organisation to deliver the reforms within the current workforce capacity and financial envelope. The Government is providing a Fair Cost of Care and Market Sustainability Grant for the Council of £1.2m in 2022-23. Of this, 75% is required to be used as a genuine step towards paying providers the fair cost of care (to be determined through the cost of care exercise), with 25% towards the cost of implementation. The service has concerns that the majority of the costs of implementation will be an unfunded burden for the Council.

Demand for social care

- 4.6 Adult social care receives approximately 3,000 contacts each month. At the end of June 2022, 50 people were waiting for more than 28 days for a social care assessment and just over 1,260 clients were waiting for an annual review. The position in Buckinghamshire is similar to the national picture, with the latest ADASS survey reporting over 500,000 people waiting for adult social care services.
- 4.7 In line with the Better Lives Strategy, over the past year there has been a growth in the number of people accessing long-term support to help them to live at home. At the same time, however, the complexity in people’s needs has increased (a trend from 2020), with each person on average now requiring more homecare hours. In

addition to annual reviews, the service is undertaking more interim reviews in response to people’s changing needs. The impact of the pandemic has also resulted in a reversal of the pre-pandemic trend in relation to nursing care admissions, with an increase of 10% over the past year.

The Care Market

4.8 There are over 190 organisations delivering adult social care in Buckinghamshire. Reflecting the national picture, many of these care providers are struggling, predominantly in relation to staffing. With better pay offered outside of the care sector, together with increases in the national minimum wage and fuel prices, providers are often having to increase rates of pay to remain competitive. As a result, the Council is being approached by providers for uplifts to the rates paid by the Council to ensure their sustainability. This is particularly the case within the domiciliary care market, where staffing equates to at least 70-80% of total costs. The Council is finding it increasingly difficult to source care from the market and this is impacting on the Council’s waiting lists.

Improvements in social care

4.9 As a result of the pandemic, adult social care is experiencing unprecedented demand (see Tables 2-4 below). This increase in demand is also impacting other associated Council functions such as legal, finance, human resources and business support. For adult social care the demand has meant the need to review and reshape the way in which services respond, to keep vulnerable residents safe and undertake assessments in a timely way. One of the mechanisms has been the implementation of Community Cafes. These are located across the county in the seven day opportunities centres and provide face-to-face appointments for residents. With 60 appointments available each week, waiting times to see a social work professional have reduced from 4-6 weeks to 2 weeks.

Table 2: Increased demand in adult social care: numbers of safeguarding concerns received

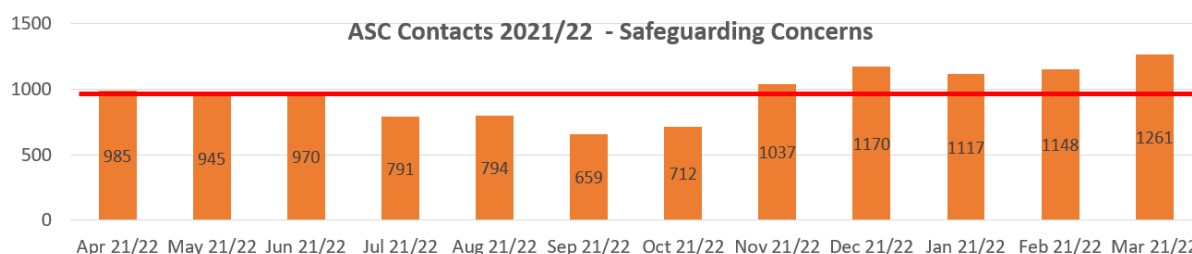


Table 3: Increased demand in adult social care: numbers of people supported to live in the community through direct payments, domiciliary care or supported living

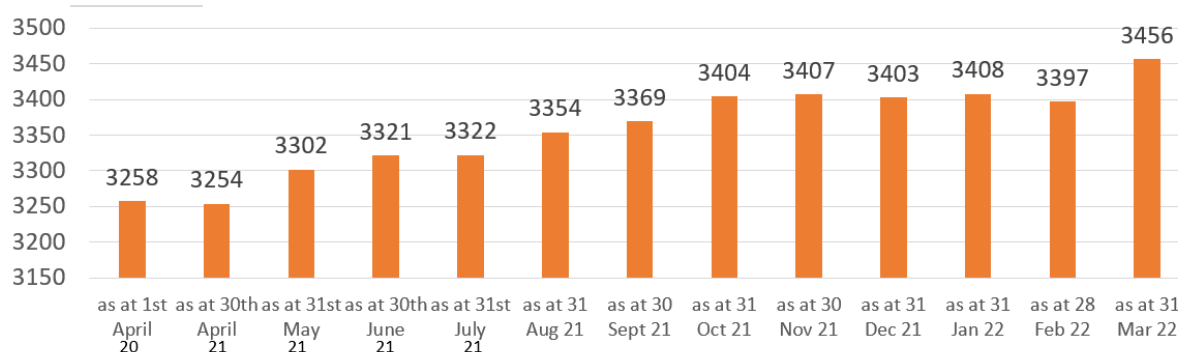
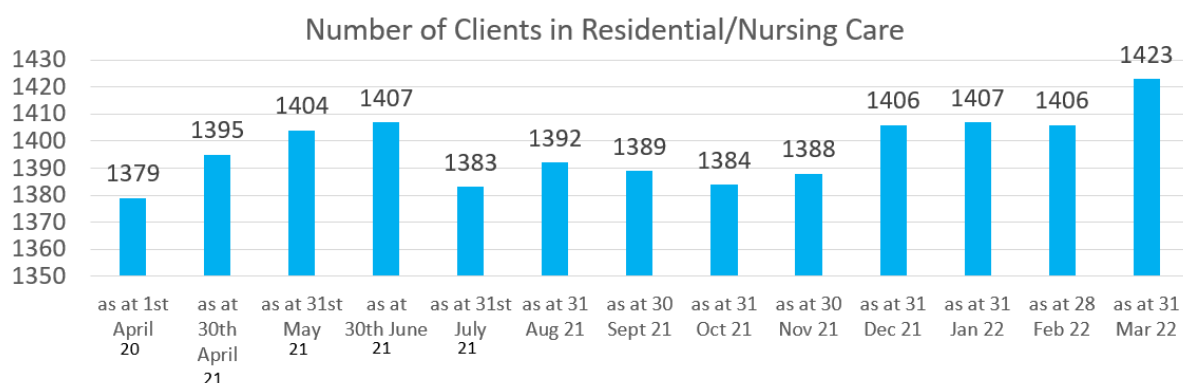


Table 4: Increased demand in adult social care: numbers of people supported through residential and nursing care



- 4.10 Waiting times for allocation to a worker for an assessment remain over 4 weeks. However, the adoption of a triage approach, which offers people an initial discussion by phone call or face-to-face within 2 weeks, has been welcomed by residents. Both the discussions and the café appointments have also been useful in signposting people to other sources of support, such as within the voluntary and community sector, whilst waiting for an assessment.
- 4.11 The long-term and review teams located across the county are adopting a 'named worker' approach in 2022, which will enable the service to deliver a more proactive approach for those who use social care services. The named worker will be a dedicated worker and co-ordinator who will be a voice of challenge and advocacy for the person they support, a trusted support network for people and their families and someone who will work towards making the best future a reality for the individual.
- 4.12 For residents this change will provide a single point of contact who will support the individual to access the right support at the right time. Practitioners will also benefit from being given the opportunity to build relationships with individuals and engage in meaningful social work practice to help people flourish.
- 4.13 Between April 2021 and April 2022, adult social care received 194 compliments from those it supports. This compared with just 42 formal complaints during the same

time period. The trend is continuing this year, with 62 compliments since April 2022, compared with 11 formal complaints. Over the past three years, the service has turned around performance in this area by dealing with concerns promptly before they escalate to complaints, and nearly halving the response time to complaints.

DHSC Visits

- 4.14 In March 2022 Michelle Dyson, Director General for Adult Social Care at the Department of Health and Social Care, visited Buckinghamshire Council to see some of the innovative practices in adult social care and the partnership working across the system. Michelle was shown Olympic Lodge, set up and supported by adult social care for Buckinghamshire Healthcare Trust to help with hospital pressures at the start of the year, before seeing a community café in action.
- 4.15 As a result of Michelle's visit, in May the Council hosted Rosie Seymour, National Programme Director for the Better Care Fund, along with other Treasury, DHSC and DLUHC colleagues who looked at the integrated discharge hub which was based at the temporary Olympic Lodge facility.
- 4.16 In August 2022, the DHSC visited the Council to learn more about our approach to preparations for the Social Care Reforms, which are considered to be ahead of many other authorities nationwide.

Care Quality Commission (CQC) Inspection Preparation

- 4.17 The CQC is reinstating inspections of local authority adult social care services and a project being delivered to ensure the council is fully prepared for this event. Initial work involves a self-assessment using the tool developed by the Southeast of England Principal Social Worker network, alongside the development of a narrative. The subsequent document will be tested with internal and external stakeholders during the autumn. A comprehensive evidence-base is being established alongside inspection planning processes, to ensure services are well prepared for a future inspection of Buckinghamshire's adult social care.

5. Safeguarding

Safeguarding campaign

- 5.1 From September 2021 to March 2022, the Council delivered a 6-month awareness raising campaign 'See Something, Say Something, Do Something', to encourage people to contact the Council if they had concerns about a vulnerable adult. Social media messages reached nearly 57,000 people on Facebook and 64,000 through Twitter, of which 600 people then followed through to the Buckinghamshire Council website to seek further information. In addition, adverts on Greatest Hits radio reached 48,800 listeners, along with 4,000 through Spotify.

- 5.2 By the end of March, over 1,300 referrals had been made by both professionals and members of the public. The number of concerns reported by family members, neighbours or the individual themselves rose by 65% in the second quarter of 2021-22, compared with the same period in the previous year.

Safeguarding - demand

- 5.3 The service has seen a significant increase in safeguarding cases. The number of safeguarding concerns averaged 953 per month during 2021/22, compared with 914 per month in 2020/21. In the first quarter of 2022/23, the Council received an average of just over 1,100 per month (a 16% increase on the previous year average).
- 5.4 The number of safeguarding enquiries started in 2021/22 was 3,163, compared with 1,375 in 2020/21. The rate (per 100,000 population) in 2021/22 was 752, twice the South East benchmark level, with increases particularly in relation to cases of self-neglect. A concentrated approach by adult social care to ensure the timely resolution of safeguarding cases and streamlining processes to ensure the individual is kept at the centre of practise has resulted in a significant decrease in the numbers.

6. Practice Quality

Strategic Workforce Plan

- 6.1 In line with national shortages, the vacancy rates for adult social care remain high at around 29%. Agency staff supplement the permanent workforce and services provide a wide range of recruitment initiatives to attract people to the Council. These include exploring the overseas recruitment and the return to social work scheme; recruitment event days for the Council and social care providers; and offering 'meet the expert' and 'try before you apply' days.
- 6.2 Adult social care has a Strategic Workforce plan which delivers a framework for developing our workforce for the future. The plan is based on the commitment to provide skills development, careers pathways, traineeships, new roles and investment in wellbeing.
- 6.3 The adult social care Careers Advice and Development Service for staff has been launched and the Careers Progression Framework provides an expanded and enhanced offer of career development opportunities. Staff are able to access social care apprenticeships, best interest assessor training, ASYE (assisted year in social work) programmes for newly qualified social workers, social work apprenticeship degrees (with 15 staff currently on the programme) and occupational therapy apprenticeship degrees. Social Work England has accredited the first Buckinghamshire Approved Mental Health Professional (AMHP) programme, one of only a few in the country. This programme is the achievement of joint working with Bucks New University.

6.4 In partnership with Buckinghamshire College Group, through the Buckinghamshire Health and Social Care Academy, the Council have provided placements for a second cohort of Health and Social Care Cadets. These young people are working towards an Extended Diploma in Health and Social Care and the programme aims to encourage more young people to become part of the future social care workforce.

7. Budget

7.1 At quarter 1 of the current financial year there is a projected forecast overspend of £3.11m on a net budget of £164.43m (1.89%). This is in part due to the pressures from 2021-22 being carried forward into 2022-23. These include increased demand, due to increased numbers of clients; increased complexity of the needs of clients; and increased price pressures. Inflationary pressures are one of the largest risks with estimates currently around 7%. Reasons for the increase in complexity and volume are due in part to a lower death rate than in previous years, an increase in the number of service users moving to social care after exhausting their own funds and increased flow from the discharge to assess (D2A) process.

7.2 The Adult Social Care Transformation efficiencies target of £3.258m is currently forecast to be fully delivered, with concerns in two specific projects, namely procurement vehicles/accommodation strategy and new care packages. To help mitigate the budget pressures a request from contingency to meet the pressures carried forward from 2021-22 is proposed, and mitigating plans, including a 'Home First' approach and proactive reablement, including the use of equipment to help reduce demand are underway.

7.3 The vast majority of the adult social care budget is spent on providing packages of care to service users:

• Direct Payments	£24.9m
• Domiciliary Care	£19.5m
• Nursing Placements	£33.5m
• Residential Placements	£67.5m
• Supported Living	£33.4m
• Day Care	£1.0m
• Supported Accommodation	£0.8m
• Transport	£2.7m

8. Corporate implications

8.1 Implications for the Council are referenced in the content of the report as appropriate.

9. Corporate implications

- 9.1 Adult social care services are provided as part of the Council's delivery of its corporate plan priority of 'Protecting the Vulnerable'. The update provided above has identified implications for the Council.

10. Local councillors & community boards consultation & views

- 10.1 This report does not require consultation with local councillors or community boards.

11. Communication, engagement & further consultation

- 11.1 No specific communication or engagement is required in relation to this report.

12. Next steps and review

- 12.1 N/A

13. Background papers

- 13.1 N/A

14. Your questions and views (for key decisions)

- 14.1 If you have any questions about the matters contained in this report please get in touch with the author of this report. If you have any views that you would like the cabinet member to consider please inform the democratic services team. This can be done by telephone 01296 382343 or email democracy@buckinghamshire.gov.uk.

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