

**Date:** 6 October 2020

**Title:** Director of Public Health Annual Report

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**Report Sponsor:** Cllr Gareth Williams

**Purpose of Report:**

Each year the Director of Public Health produces an annual report on the health of their population. The report is an independent report for all partners in Buckinghamshire. This report asks the Health and Wellbeing Board and its member organisations to identify the actions they will take in response to the recommendations in the report.

**Report for information, discussion, decision or approval:** *Endorsement by the Health and Wellbeing Board*

**Related [Joint Health and Wellbeing Strategy](#) Priority:**

This paper relates to all priorities in the 2016-2020 Joint Health and Wellbeing Strategy with the aim of supporting the priorities in the [refreshed strategy currently out to consultation](#) which aims that Buckinghamshire is a place where all residents 'Start Well, Live. Well and Age Well'.

**Recommendations:**

**Recommendation for the Health and Wellbeing Board:**

- The Health and Wellbeing Board is requested to note the Director of Public Health Annual Report and endorse the recommendations.
- Members of the Health and Wellbeing Board are requested to identify how their organisation can contribute to the delivery of the Director of Public Health Annual Report recommendations.
- The Health and Wellbeing Board is requested to agree its role in taking forward and monitoring the recommendations of the DPH annual report

**Recommendations within the Director of Public Health Annual Report for Buckinghamshire Council**

- a) The council to consider adopting a 'health in all policies' approach whereby relevant policies and decisions consider how residents health could be improved and poor health prevented as part of business as usual, e.g. when planning new developments or considering transport policies.

- b) The council to consider opportunities to develop its role as an anchor organisation<sup>i</sup>.
- c) The council to continue to roll out training to front line staff to encourage residents to make simple changes that could improve their health, wellbeing and independence and ensure staff can signpost people to community assets that can support this.
- d) The Buckinghamshire Council public health and prevention team should support Community Boards to consider the health needs of their population and what simple practical steps they could take to improve health in their local area.
- e) To continue to promote the health of the council workforce with good workplace health policies.

#### **Recommendations for Community Boards**

- a) Community Boards should work with local communities, public health and wider partners to identify the health and wellbeing issues in their local area and take effective action to address them. Community boards should use their pump-priming wellbeing fund to help improve health and wellbeing in their area.

#### **Recommendations for the NHS and primary care networks**

##### **The NHS should:**

- a) Increase their focus on preventing ill health and tackling inequalities and ensure this is built into every care pathway.
- b) Consider how to build a health in all policies approach and opportunities to act as an anchor organisation.
- c) Consider how the NHS can best support effective place-based working and community-centred approaches.
- d) Ensure front line staff are trained to support people to make simple changes to improve their health and wellbeing and to signpost people to community assets that support this.
- e) Continue to promote and protect the health of their workforce through effective workplace policies.

**Primary care networks:**

- a) Should work with their local communities, Buckinghamshire Council public health, Community Boards and other partners to understand and improve the health in their local area.
- b) Ensure front line staff are trained to support people to make simple changes to improve their health and wellbeing and signpost people to community assets that can support their health.
- c) Continue to promote and protect the health of their workforce.

**Executive summary**

- 1.2 Each year the Director of Public Health produces an annual report on the health of their population.
- 1.3 In light of the creation of the new Buckinghamshire Council and its 16 Community Boards and development of primary care networks, this year's report focuses on the overall health and wellbeing of Buckinghamshire's population. It serves as a baseline against which progress in improving the health and wellbeing of our population can be measured. It highlights the many opportunities that the new unitary council and partners have to improve the health of our residents through action on community engagement and leadership, transport, planning, the environment, the economy, education and other services.
- 1.4 The report also analyses the health of residents at a more local level both at a community board level and at the level of primary care networks. This will enable the new Community Boards to understand some of the health and wellbeing issues in their local area. The DPH annual report provides further detail on the factors that drive health and should be read in conjunction with the Community Board profiles.
- 1.5 By identifying the health issues and geographical mapping of the Community Boards and Primary Care Networks it is hoped that this will support joint working at a local level between health and local authority partners, other public and private sector partners, residents and communities and the voluntary sector.
- 1.6 The report highlights trends in our health from 100 years ago to more recent trends and also reviews what the future might hold for our health. The report was being finalised as the COVID pandemic struck and therefore does not cover the impact of COVID. There will be a later report on COVID.
- 1.7 A healthy population is vital for the economic and social success of Buckinghamshire. Adopting the recommendations of this report will contribute to improving the health

and life chances of our residents and will help reduce the growth in demand on council services and other public sector services

## **2. Content of report**

- 2.1 Our health is influenced by a wide range of factors including our social circumstances, the places and communities in which we live, the health behaviours we adopt and the health and care we receive. Factors such as income, housing, education and transport play a central role in our health and wellbeing throughout the course of our lives. The community we live in is one of the most important factors for our physical and mental health. All of these factors are interlinked – for example, the places and communities we live in influence our behaviour in a range of ways, the quality of the air we breathe, how well we know our neighbours and our physical and mental health.
- 2.2 The four main health behaviours – smoking, physical inactivity, unhealthy diet and alcohol misuse account for 40% of all years lived with ill health and disability. These behaviours are major risk factors driving the development of long-term conditions that account for 70% of all NHS and social care spend.
- 2.3 Much of our behaviour is strongly shaped by our environment and communities, often without us realising. The cues that shape much of our behaviour can be found in the physical, economic, digital, social and commercial environments we inhabit. Interventions that alter our environment to improve our health see the largest health gains and are more likely to reach groups at risk of poorer health than individual based approaches. A combination of individual and population based approaches will deliver the best results.
- 2.4 Buckinghamshire residents generally enjoy better health and wellbeing than the England average. In terms of factors that influence health, our residents have generally higher levels of educational attainment, income, employment and better living conditions than the England average. Over one third of our residents live in the 10% least deprived wards in England. Only 0.3% of Buckinghamshire residents live in the 20% most deprived areas in England.
- 2.5 The over 65 population in Buckinghamshire has a longer life expectancy than the England average, and they spend more of their life in good health compared to this age group elsewhere.
- 2.6 The recorded prevalence of diabetes, heart disease, chronic obstructive lung disease and severe mental illness are all lower than England. Likewise, rates of smoking, drug use, physical inactivity and suicide are also lower in Buckinghamshire when

compared to England. However, many residents experience potentially avoidable ill health and disability. The major causes of disease, disability and death among adults are long-term conditions, many of which are potentially preventable.

- 2.7 Despite our overall better health, important health inequalities still exist in Buckinghamshire which means that these benefits are not evenly distributed throughout our local population. People living in the more deprived areas of Buckinghamshire experience poorer health from birth through to old age. Almost 1 in 10 children and young people, and 1 in 13 people aged over 65 years live in poverty, which will increase their risk of poorer health. Differences in life expectancy across the County are related to levels of deprivation. Nationally the impact of the COVID-19 pandemic has replicated existing health inequalities, and in some cases, has increased them.

### **3. Outcomes from last year's Director of Public Health report**

- 3.1 Last year's annual report focused on alcohol and the impact it has on our health and wellbeing in Buckinghamshire.
- 3.2 As a result of that report, much work has taken place across the county by many partners to further support residents to get the alcohol misuse advice and care they need at the right time in the right place.
- 3.3 The following is just some of the work that has taken place as a result of the 2018/19 report:
- a) A programme of face to face training on screening and initial brief advice for alcohol has been delivered. Additional training is being organised following the COVID-19 pandemic to further support our residents.
  - b) Additional engagement with key groups of residents who may be at increased risk from alcohol misuse has been delivered. This has resulted in the number of alcohol referrals increasing over the last year. Following lockdown for COVID-19, a sharp increase in referrals has been seen.
  - c) A pilot online web-based alcohol intervention programme was developed by our alcohol service provider to support individuals with alcohol issues who are unlikely to attend local treatment Hubs. The intervention is currently at the testing stage. Recovery workers have been trained and are currently working through the programme to assess its effectiveness.
  - d) The 'Co-existing common mental health problems and substance/alcohol misuse clinical pathway' has been agreed with Healthy Minds. This pathway between Healthy Minds (Improving Access to Psychological Therapies service in Bucks) and One Recovery Bucks (our alcohol service provider)

improves the referral process and the relationships between the two services, which in turn benefits clients of both services. It ensures residents can receive the right treatment at the right time.

- e) The Council and the NHS have agreed the process for shared care for individuals taking alcohol relapse prevention medications. Shared care allows for service users who are successful in achieving abstinence to be supported by their GP in Primary Care. To date 12 GP surgeries have signed up to this initiative and service users are being supported in primary care.
- f) Work to include alcohol misuse assessment in acute care more widely at Buckinghamshire Healthcare NHS Foundation Trust has progressed over the last year. Due to COVID, progress has been paused but will be picked up once regular acute care services resume.

#### **4. Consultation and communication**

- 4.1 The Public Health Profiles for Community Boards were distributed in July 2020. These profiles are part of the overall suite of information produced as part of this year's Director of Public Health Annual Report. All Community Boards have received their profiles and discussed the information and implications. The Director of Public Health Annual Report will also be shared with all HWB member organisations.

#### **5. Next steps and review**

- 5.1 The Health and Wellbeing Board can use the report to inform the health impact of a wide range of their own organisational plans including the regeneration of town centres and development of Aylesbury Garden Town, transport planning and housing development or local health and wellbeing plans. The report will also inform the Joint Health and Wellbeing Strategy and the place based Buckinghamshire COVID recovery plan across all workstreams. A joint high level action plan to implement the recommendations of the DPHAR will be developed and monitored through the Health and Wellbeing Board.

#### **6. Background papers**

- 6.1 The full Director of Public Health Annual Report is included as an appendix to this report.

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<sup>i</sup> Anchor organisations are typically large organisations that are embedded in communities and unlikely to move due to their long term commitment to a community (for example hospitals, universities and local councils). They have large resources in terms of purchasing power and employment and as such can have a key role in building successful local economies and communities by their actions.