2020

DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

A Picture of Health?

Buckinghamshire - Past, Present and Future

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Executive Summary

What influences our health?

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. However, all of these factors are interlinked – for example, the places and communities we live in influence our behaviour in a range of subtle and not so subtle ways, our exposure to air pollution and traffic noise. Our income affects the food we can afford, the ability to heat our homes and live in good quality housing, all of which affect our health. The differences in health we see across Buckinghamshire often reflect the different circumstances of people's lives.

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. Addressing these four behaviours could lead to a reduction of up to 80% of new cases of heart disease, stroke and type-2 diabetes and a reduction of 40% of new cases of cancer.

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. For example, price, advertising and availability influence our consumption of cigarettes, unhealthy food and alcohol. Safe and attractive places to play and safe cycling and walking routes to school and work influence people's physical activity levels.

Evidence shows that interventions that alter our environments and communities to promote health, such as structural changes, see the largest population health gains and also gains in the most vulnerable communities compared to individual-based approaches.

Interventions that seek to change individual behaviour without addressing the wider environment are likely to have less impact. For example, more than 50% of the population are overweight or obese. A strategy that focuses only on changing the behaviour of individuals one 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 and social norms.

Our health at a glance

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. This reflects Buckinghamshire's position as one of the least deprived authorities in England. Over one third of our residents live in the 10% least deprived wards in England. 0.3% of Buckinghamshire residents live in the 20% most deprived areas in England. The over 65 population in Buckinghamshire has a longer life expectancy than the England average, and spend more of their life in good health compared to this age group elsewhere. The prevalence of diabetes, heart disease, COPD 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.

Despite our overall better health, important health inequalities still exist in Buckinghamshire. 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 increases their risk of poorer health. Differences in life expectancy across the County are closely related to levels of deprivation. The impact of the COVID-19 pandemic has been greater on those with long term conditions, older people and people from Black Asian and minority ethnic groups and people living in deprived areas. The pandemic also affects the broader determinants of health such as income, employment and education. COVID has replicated existing health inequalities, and in some cases, has increased them, reinforcing the need to prevent the development of long term conditions and reduce health inequalities by acting on all the determinants of health at an individual and population level.

Recommendations

We need action across the four pillars influencing health: the socioeconomic determinants, strong communities, healthy behaviours, and effective, proactive preventive health and social care. The formation of the new Community Boards and the Primary Care Networks offers exciting opportunities to work with local communities at a neighbourhood level, gaining insight into what the key wellbeing issues are for their area and what would work to address them.

Emphasis should be placed on reducing existing health inequalities within our local population. Buckinghamshire Council's strong focus on empowering communities and developing community assets will support this work. Strong communities will be a key driver for recovery from the impact of the COVID-19 pandemic.
The Council and local NHS organisations should 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. Both organisations should also continue to develop their crucial roles as 'anchor organisations', and positively influencing multiple factors that can help to improve the health and wellbeing of the local population.

Recommendations for Buckinghamshire Council

- The council to consider adopting a 'health in all polices' 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.
- The council to consider opportunities to develop its role as an anchor organisation.
- 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.
- 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.
- To continue to promote the health of the council workforce with good workplace health policies.

Recommendations for Community Boards

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:

- Increase their focus on preventing ill health and tackling inequalities and ensure this is built into every care pathway.
- Consider how to build a health in all policies approach and opportunities to act as an anchor organisation.
- Consider how the NHS can best support effective place-based working and community-centred approaches.
- 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.
- Continue to promote and protect the health of their workforce through effective workplace policies.

Primary care networks

- 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.
- 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.
- Continue to promote and protect the health of their workforce.

1. Introduction

This year's Director of Public Health annual report was designed to give an overview of the health of our residents to the new unitary council for Buckinghamshire, the new Community Boards, the local Primary Care Networks and our Integrated Care Partnership and local residents. It reviews our current health and what factors influence it, recent health trends and some glimpses of what the future might hold. It highlights how the broad range of responsibilities of the new council can be used to positively influence residents health and the importance of working at a local level with communities and partners to benefit all.

The report also identifies the way in which our residents health varies significantly between different areas in Buckinghamshire and includes some headlines from the local health profiles being produced for Community Boards and Primary Care Networks.

I was just finalising this report when the UK was hit by the first wave of the Coronavirus (COVID-19) pandemic and all our efforts were refocussed on responding to this. We are now slowly emerging from the national lockdown. As we continue to learn more about this very new disease we can see that the virus has had more impact on some communities than others. This echoes some of the variations we see locally in peoples health. Some residents have sadly lost their lives and others will be making a slow recovery from COVID. The indirect health effects potentially include an impact on peoples mental health, employment, income and on childrens education – all of which affect health.

Overall, so far, the virus has had a more severe impact on the elderly and those with certain long term conditions, those living in more deprived areas and certain ethnic groups. This gives us added impetus to redouble our emphasis on prevention including preventing key conditions such as obesity and diabetes and addressing the health and wellbeing of different groups.

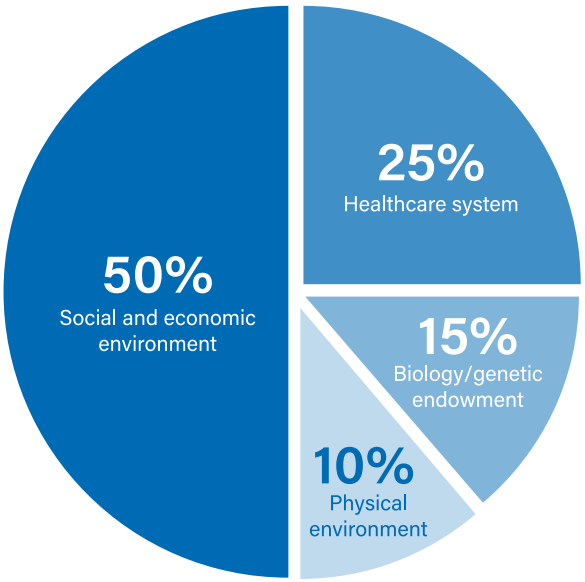
We will be producing a report looking at the health impact of COVID in Buckinghamshire as we gather information from residents, partners and statistics to help us work together on a successful recovery for Buckinghamshire and reduce the impacts of further waves of COVID-19.

During the pandemic we saw a fantastic response from communities helping out their neighbours in times of need and unparalleled co-operation between all partners in Buckinghamshire, including local government, the NHS, businesses, schools, police, fire and voluntary organisations. This has demonstrated our incredible ability in Buckinghamshire to work together to improve things with our communities and I am confident this will help us achieve better health and wellbeing for our residents and a successful recovery from the pandemic.

Dr Jane O'Grady
Director of Public Health
June 2020

2. What influences our health?

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. However, all these factors are interlinked – for example, the places and communities we live in influence our behaviour in a range of subtle and not so subtle ways. Health related behaviours, particularly smoking, being physically inactive, drinking too much alcohol and an unhealthy diet contribute to the development of a wide range of diseases, but these choices are not made in a vacuum and are heavily influenced by the social, economic and physical environments in which people live. Researchers have tried to estimate the relative contribution of the various factors to an individual's health as highlighted to the right.



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

Our health is influenced by a wide range of factors The image below highlights some of the main influences on our health which are addressed in the following chapter.

Income

Income impacts our health in many ways. It is stressful to be on a low income, and this affects people's physical and mental health. People's ability to heat their homes, buy healthy food and participate in activities is limited when on a low income. Due to the circumstances in which many people on low incomes may live, unhealthier behaviours are more common. People on low incomes are more likely to live in poorer quality housing and may be less able to afford to keep their homes warm.

Children growing up in poverty have worse cognitive, social, behavioural and health outcomes. Poverty and poor health in childhood can impact our educational attainment and future employment and income as an adult thus perpetuating the cycle of poverty between generations.

Conversely, poor health can also lead to poverty due to loss of employment opportunities and earning.

Work

Good-quality work is good for our health. It provides a regular income, security and a sense of purpose and satisfaction. It also helps afford a basic standard of living and participate in community and social life. Meanwhile, 'poor-quality' work (for example, work that involves adverse physical conditions, exposure to hazards, a lack of control and unwanted insecurity) is bad for our health. Being unemployed is linked to poorer mental health and psychological wellbeing and a higher rate of death.

Housing

Where we live can promote our health if it is affordable, safe, in good condition and connected to the community, services and employment. A lack of affordable housing can lead to financial hardship and stress, overcrowding and, in the most severe cases homelessness.

Families living in overcrowded conditions experience a range of health-related problems such as poor and irregular sleep patterns, depression and anxiety, strained family relationships and break-ups. Children who live in crowded homes are more likely to have emotional problems, do less well at school and have worse physical health.

Damp and cold housing increases the risk of respiratory conditions, mental health problems and death.

Homelessness

Being homeless also has a profound effect on physical and mental health. To be legally defined as homeless people must either lack a secure place to live or not reasonably be able to stay in their current home. Local authorities may provide temporary accommodation to households who meet these criteria.

People become homeless for many different reasons, including lack of affordable housing, poverty and unemployment, and life events.

People who have experienced homelessness are twice as likely to have poor physical and mental health than the general population. Poor mental and physical health is both a cause and consequence of homelessness. Chronic and multiple health needs are common and often go untreated.

Rough sleeping

Rough sleeping is the most visible form of homelessness. Rough sleeping is a stressful, lonely and often traumatic experience that has a major impact on mental health. Serious mental health issues such as schizophrenia, bipolar disorder and post traumatic stress disorder (PTSD) are far more common amongst rough sleepers. Suicide rates are nine times higher for this group of people.

People sleeping on the street are almost 17 times more likely to have been victims of violence. Rough sleepers are also more vulnerable to issues relating to alcohol and drug use and some homeless people use drugs and alcohol to cope with their mental health problems. Multiple health needs alongside drug and alcohol use can also act as a barrier to accessing mainstream health services.

At the ages of 16-24 years old, people sleeping rough are twice as likely to die as their housed peers. For 25-34 year olds the ratio increases to four to five times, and at ages 35-44 years old to five to six times higher than people of the same age living in houses.

Environment

The environments in which we live affect our physical and mental health directly and indirectly in the way these promote or hinder healthy behaviours. Being in contact with the natural environment is vital for our mental wellbeing and physical health at all ages. People with access to good quality green space have better mental and physical health, and every 10% increase in green space is associated with a reduction in disease equivalent to a gain of five years of life. The impact of income inequalities on health is reduced in areas with more accessible green space. A fuller description of these issues can be found in the previous Director of Public Health annual report, Healthy Places, Healthy Futures: Growing Great Communities.

Air pollution is one of the most significant environmental risk factors for poor health and contributes to over 150 early deaths in Buckinghamshire each year. Air pollution contributes to a range of poor health outcomes including dementia, low birth weight babies, stroke, lung disease and heart disease, amongst other conditions. Older people, children and people with cardiovascular or respiratory diseases are particularly vulnerable to the effects of air pollution. Exposure to air pollution is also unevenly distributed across our population, with deprived communities more likely to be living near busy polluting roads.

Communities

The communities in which we grow up, play, work and live profoundly affect our happiness, physical and mental health and our chances of success in life. We thrive in communities where there are strong social ties, a feeling of community and a sense of belonging and where everyone has the opportunity to participate fully in community life. Having a voice in local decisions also makes a vital and positive contribution to our health and wellbeing.

People with strong social connections and support from family, friends or their community are happier and live longer, have healthier lives with fewer physical and mental health problems than those who are less well connected. Supportive social relationships aid recovery from ill health and reduce the risk of early death after retirement.

Taking part in local communities (for example, membership of community, resident, religious or other voluntary groups) is also associated with a substantially higher quality of life. Access to culture and leisure opportunities is good for our physical and mental health.

Participation in the arts can contribute to community cohesion, reduce social exclusion and isolation, and make communities feel safer and stronger. For example, arts participation can increase physical activity, contributing to a reduction in childhood obesity. Engagement with the arts and cultural activities can reduce anxiety, depression and stress, and increase self-esteem, confidence and purpose.

People who experience social isolation and loneliness are more likely to experience depression and anxiety, be physically inactive, smoke and drink alcohol. They also have an increased risk of heart disease and dementia and die prematurely. They are more likely to visit their GP, use accident and emergency services, be admitted to hospital and enter local authority funded residential care. However, arts and cultural intervention can have a positive impact on health conditions such as dementia and depression.

Education

A good education is good for health. Education supports making health promoting choices, builds good social skills that support people making strong social connections and helps them gain satisfying employment. Four more years of education reduces death rates by 16% and reduces the risk of heart disease and diabetes.

When compared to people with the highest life expectancy, people with the lowest life expectancy are three times more like to have no qualifications. People with lower educational attainment are more likely to report being in poorer health, smoke, be obese and suffer alcohol-related harm.

Transport

We travel for work and play, to get to school, shops and other services. How we travel, how far and for how long, has significant implications for our health, the health of others and society as a whole. A healthy transport system can help our communities access key services, learning opportunities and jobs.

Active travel (such as walking and cycling) improves our health through physical activity and by reducing air and noise pollution, increasing social connections and making communities safer. It improves our mood, reduces stress and the risk of developing long term conditions or dying early. It is also the lowest carbon, cheapest and most reliable and sustainable form of transport. It reduces congestion, absenteeism and boosts economic productivity.

Compared to commuters travelling by car, cyclists have a 46% lower risk of developing heart disease, 52% lower risk of dying from heart disease, a 45% lower risk of developing cancer and a 40% lower risk of death from cancer. Long commutes are increasingly being recognised as having a detrimental effect on our health and wellbeing. Long commutes have been linked with higher levels of stress and anxiety and higher blood pressure. When we use public transport we are likely to do an extra 12–15 minutes physical activity each day.

Each year in the UK, traffic accidents cause around 250,000 casualties and kill almost 3,000 people. People living in the most-deprived areas have a 50% greater risk of dying from a road accident compared with those living in the least deprived areas.

3. Healthy behaviours

Healthy behaviours are important at every age. These behaviours start early in life and are heavily influenced by the people around us and the places we live. For example, children who grow up in homes where adults smoke or drink harmful levels of alcohol are more likely to adopt these behaviours themselves.

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. Addressing these four behaviours could lead to a reduction of up to 80% of new cases of heart disease, stroke and type 2 diabetes and a reduction of 40% of new cases of cancer.

Each unhealthy behaviour alone increases the risk of many long term conditions but in combination these risk factors have a multiplicative effect. Unfortunately, the majority of people have more than one unhealthy behaviour - 70% of people have two or more, 25% have three or more and 5% have all four unhealthy behaviours. Engaging in four unhealthy behaviours makes individuals four times more likely to die prematurely than someone who has no unhealthy risk factors. Men, younger age groups, those in lower socio economic groups and people with lower levels of education are more likely to exhibit multiple unhealthy behaviour risks. Tackling multiple unhealthy risk factors is a key component in actions to reduce health inequalities.

The impact of the four main health behaviours is highlighted below.

Smoking

Smoking is the biggest cause of preventable illness and premature death in England. It increases the risk of developing more than 50 serious health conditions, including cancer, heart attack, stroke and chronic respiratory disease. One in 10 adults smoke in Buckinghamshire, equating to more than 42,000 adult smokers, and there are more than 600 early deaths each year due to smoking. These deaths cost the Buckinghamshire economy £24.8m due to lost economic activity.

The average smoker will lose 10 years of their life compared to a non-smoker. Within a year of stopping smoking the risk of heart attack falls to about half that of a continuing smoker, and within 10 years the risk of lung cancer falls to half that of a smoker.

Smoking is the largest single cause of inequalities in health and accounts for half the difference in life expectancy between the lowest and highest income groups. Smoking is more common in people with routine and manual jobs where 21% of adults smoke, twice the Buckinghamshire rate.

Young people are more likely to take up smoking if those around them smoke. In poorer communities young people are more exposed to smoking behaviour, more likely to try smoking and find it harder to quit.

Second-hand smoking

Second-hand smoke is the smoke a smoker breathes out. In the case of an unborn baby, it is the chemicals that reach the baby in the mother's womb. Second-hand smoke contains about 4,000 chemicals, more than 50 of which are known to cause cancer.

For women who smoke or are exposed to second-hand smoke when pregnant, their babies may develop serious health problems, including miscarriage, being born too early or with a low birthweight. Infants exposed to second-hand smoke are also more likely to die from sudden infant death syndrome.

Children exposed to second-hand smoke have more ear infections, respiratory problems (e.g. bronchitis and pneumonia) and tooth decay. Children with asthma are especially sensitive to second-hand smoke. Children who grow up with parents who smoke are themselves more likely to smoke.

Non-smoking adults who are exposed to second-hand smoke at home or at work, have an increased risk of developing lung cancer by 20 to

30%. Non-smokers exposed to second-hand smoking in the home have a 25% increased risk of heart disease.

Costs of smoking to the NHS

The cost of smoking to the NHS in Buckinghamshire is £23m per year with £7.7m spent on hospital admissions and £9m spent in primary care.

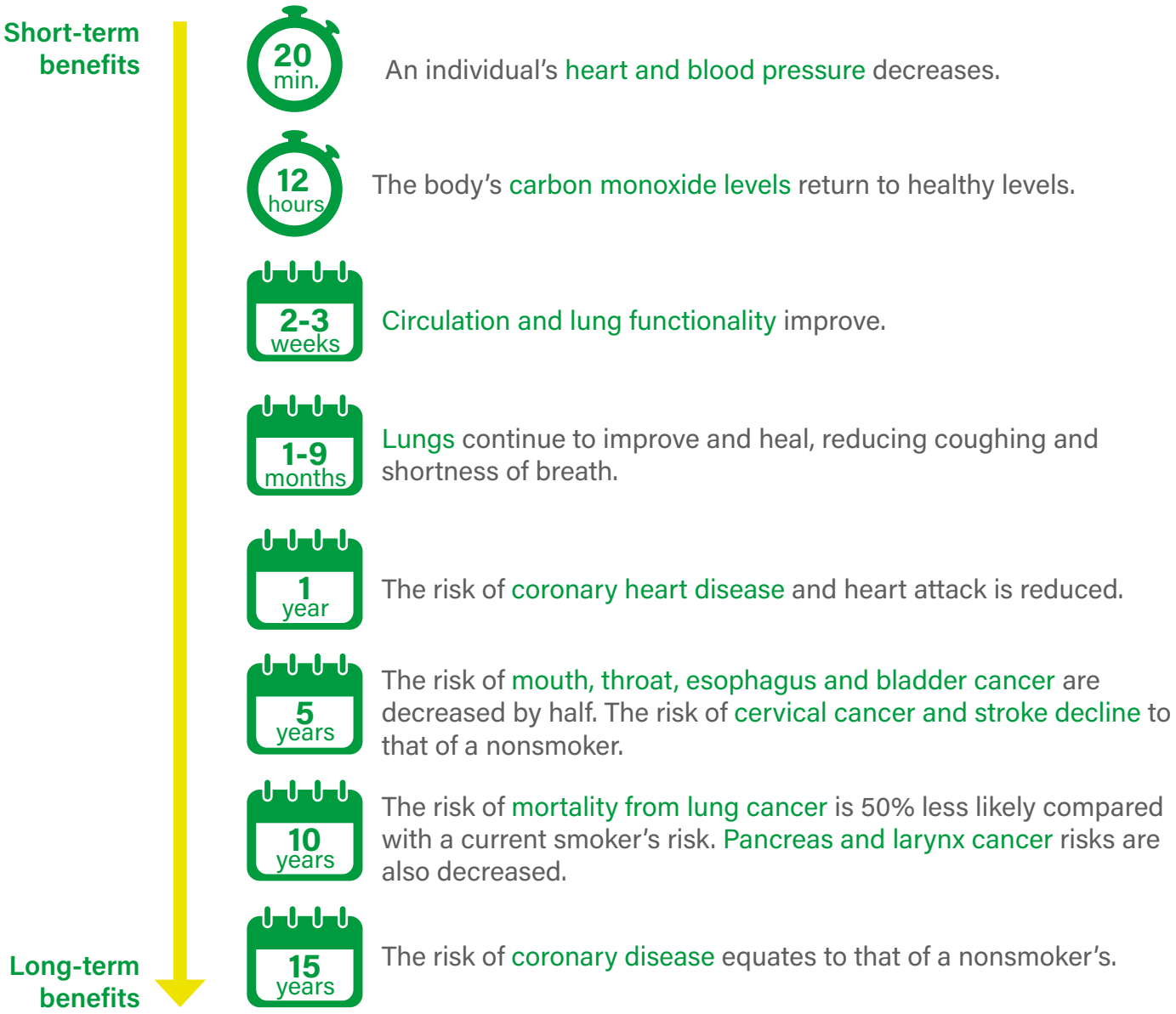
An audit in Buckinghamshire found one in four emergency hospital admissions and 13% of all elective admissions were for people who smoke. Almost half of patients admitted with respiratory conditions were smokers. Emergency respiratory admissions are the highest emergency spend for Buckinghamshire at approximately £19m per year.

Smoking and social care

Social care needs occur 10 years earlier in current smokers compared to people who have never smoked. The Buckinghamshire social care costs due to smoking are estimated to be £6 million per year; £5 million of these costs are estimated to be met by the local authority.

Stopping smoking

There are many health benefits to stopping smoking at any age, some of which are realised immediately as shown below.



Smoking cessation treatment is a highly effective and cost effective intervention. The Ottawa model is an effective hospital-based model. It identifies patients admitted to hospital who smoke and gives them support to quit. People who receive the intervention are more likely to stop smoking, less likely to be readmitted to hospital or visit A&E within 30 days and 26% less likely to be hospitalised over two years. There is a 48% reduction in death over two years compared to patients who receive usual care.

Alcohol

Alcohol contributes to more than 200 health conditions and injuries, including cancer, heart disease, stroke, mental health and memory problems. In England, alcohol misuse is the biggest risk factor contributing to early death, poor health and disability for people aged 15 to 49 years old.

More than 100,000 people (one in four adults) in Buckinghamshire are drinking above the recommended levels and risking their health, often without realising it. Further statistics are in the 2019 Director of Public Health Annual Report which focuses on alcohol.

Alcohol misuse does not just affect the individual who is drinking too much but also impacts on the people around them, including their children and families and the wider community.

Children of parents who are alcohol dependent are more likely to experience difficulties at school, to consider suicide and to become dependent drinkers themselves. These children are also more likely to go into the care of the local authority. Alcohol also plays a significant role in domestic violence, crime and road traffic accidents.

England's Chief Medical Officer advises that to keep harm from alcohol to a low level, people should not drink more than 14 units across a week on a regular basis. This advice is the same for men and women

Alcohol misuse treatment in hospitals

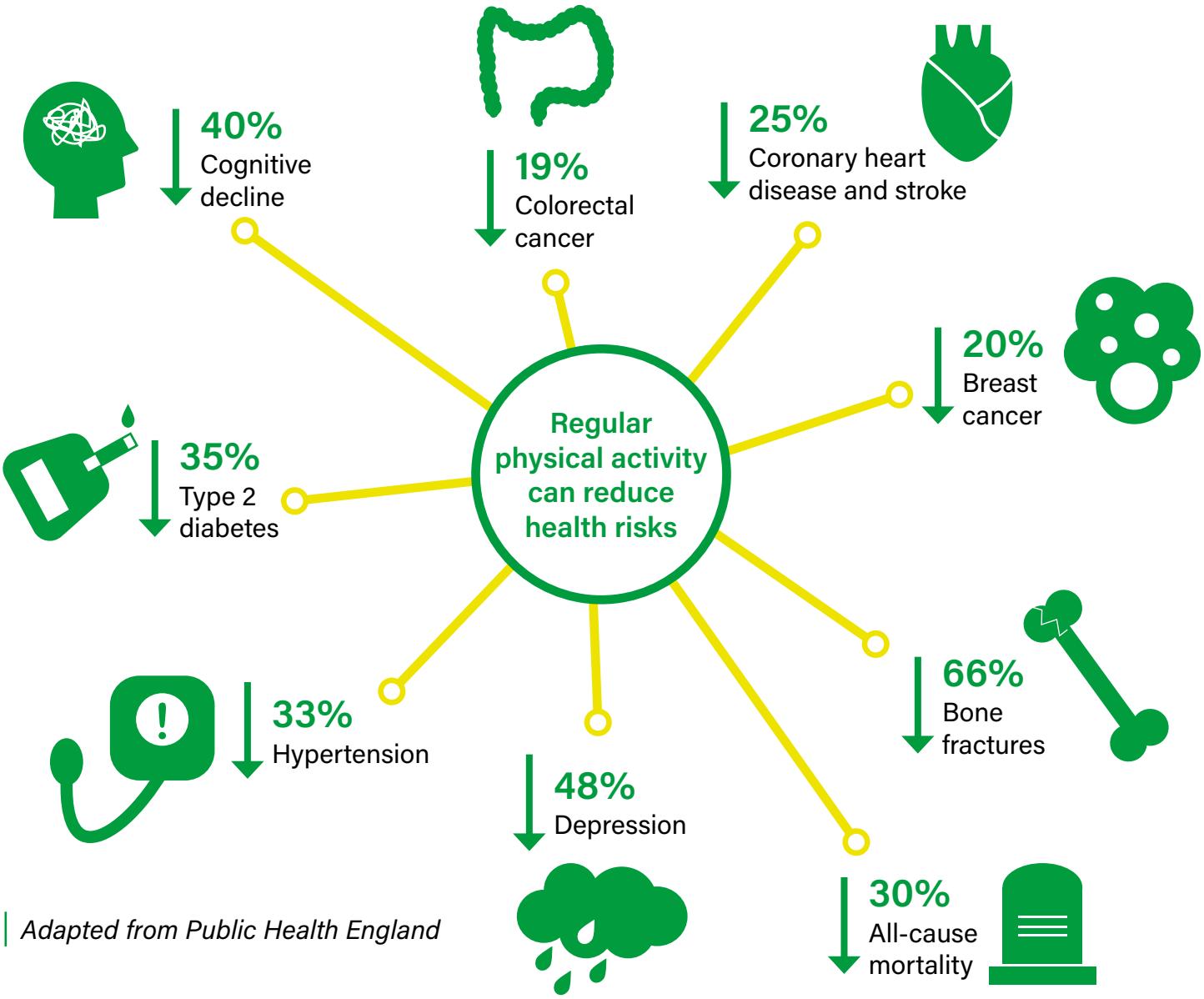
Nationally, 13-20% of all hospital admissions are alcohol-related. Consultant-led alcohol care teams have been shown to both improve the care for patients who misuse alcohol, and to reduce impact on the health care system. Patients benefit from these teams by having their needs addressed more quickly and appropriately. Alcohol care teams can also deliver a reduction in the number of days patients with alcohol-misuse are in hospital. They produce savings to the NHS of £286,000 per 100,000 population.

Physical activity

Physical activity has major health and social benefits. It increases physical and mental wellbeing, educational attainment and social interaction. It also reduces and delays the onset of many long-term health conditions. The benefits to health start at just 30 minutes of physical activity a week, but more than a quarter of UK adults fail to achieve this.

For adults the recommended level of physical activity is 150 minutes of moderate intensity physical activity per week. This is the level that makes you breathe a little harder and feel a little warmer. People can talk but not sing while doing moderate intensity physical activity. For further information on physical activity see the Director of Public Health Annual Report on Physical Activity.

Physical activity reduces the risk of a wide range of health conditions as shown overleaf.



Adapted from Public Health England

Meanwhile, inactivity contributes to as many deaths in the UK as smoking and is the fourth leading risk factor for mortality worldwide. Physical inactivity costs the UK economy £7.4 billion a year.

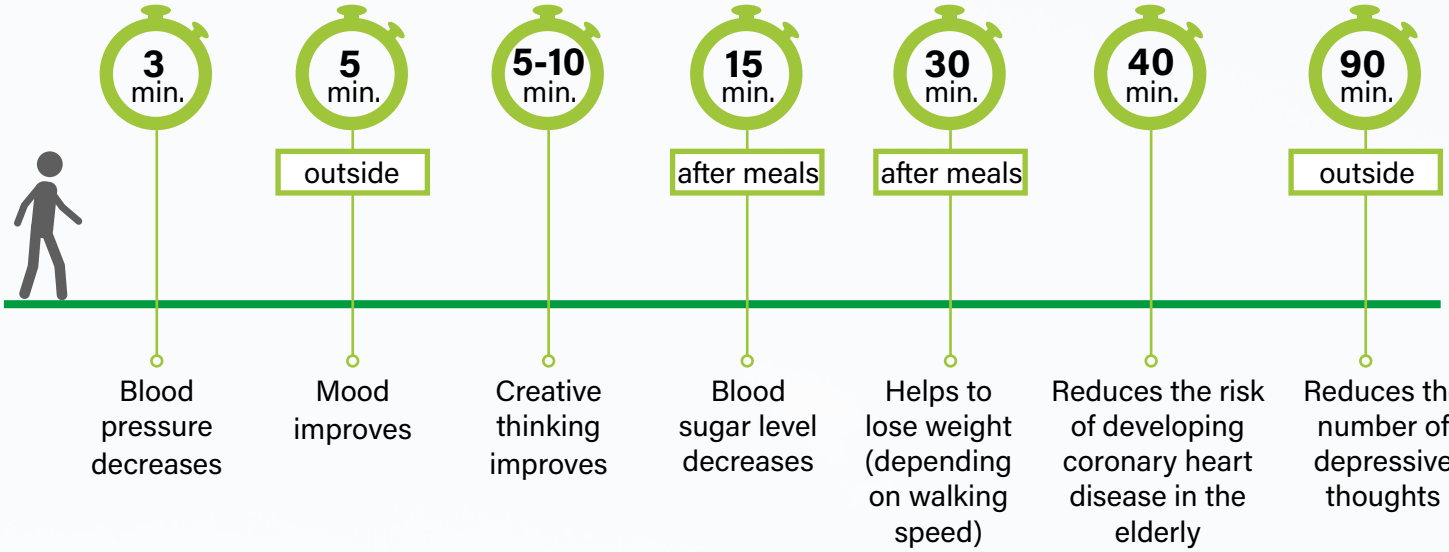
How to increase physical activity

Building physical activity into everyday life is one of the easiest ways to increase physical activity, for example. using active travel such as walking or cycling as part of the daily life. However the environments in which we live also affect people's desire and ability to be physically active, for example the availability of safe, attractive environments in which to play, walk or cycle.

The NHS can help advise people about the benefits of physical activity and this has been shown to be very effective. 'Moving Medicine' promotes healthy conversations between healthcare professionals and members of the public. One in four people would be more active if they were advised by a GP or a nurse; however, almost three quarters of GPs say they do not discuss the benefits of physical activity with their patients.

Walking is a safe and sustainable form of physical activity and has instant benefits as shown overleaf.

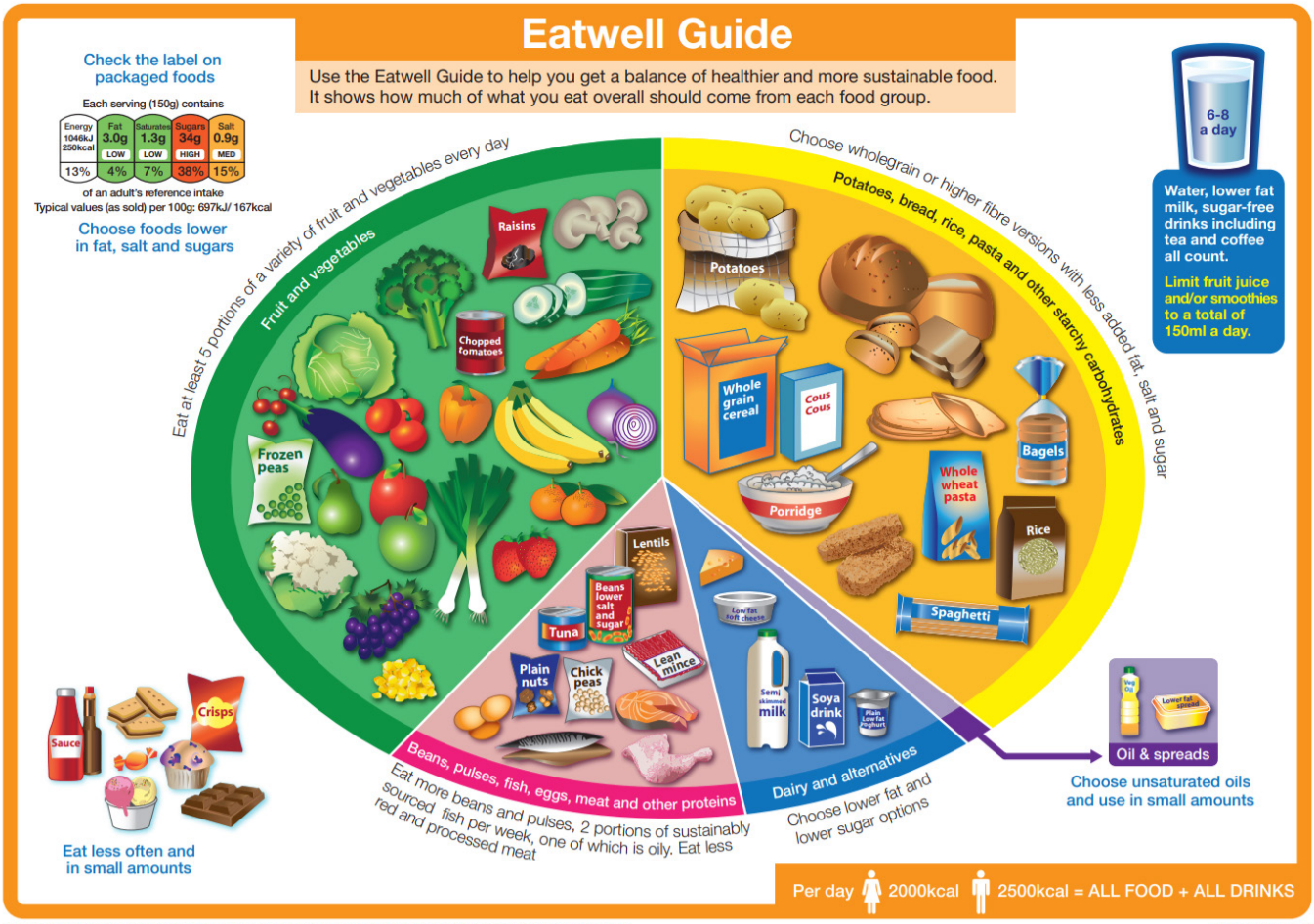
How walking affects the body



Healthy eating and obesity

Healthy eating

A balanced diet is essential for health. An unhealthy diet is one of the leading risk factors for a wide range of conditions, including cancer and dementia. A healthy diet includes a variety of different foods that include the wide range of nutrients our bodies need, as illustrated by the Eatwell Guide.



Source: Public Health England in association with the Welsh government, Food Standards Scotland and the Food Standards Agency in Northern Ireland

It is three times more expensive to get the energy we need from healthy foods than unhealthy foods. The food and drink we consume is heavily influenced by the environment around us. In 2017, over £300 million was spent on advertising soft drinks, confectionary and sweet and savoury snacks, compared to £16 million spent on advertising fruit and vegetables.

Overweight and obesity

Overweight and obesity are the result of an imbalance of calorie intake and physical activity. More than 50% of adults in Buckinghamshire are overweight or obese. The gap between the most and the least deprived groups has widened over the past 10 years, with the most deprived groups having higher levels of obesity. Projections suggest that if this trend continues as many as one in three children in the most deprived areas will be obese by 2030.

The amount we eat is very important as the chart overleaf shows, with today's high energy density foods it is very hard to outrun an unhealthy diet.

10 calorie-dense food and drinks and their activity equivalence

FOOD TYPE	CALORIES APPROX.	WALK OFF K/CAL (medium walk 3-5mph)	RUN OFF K/CAL (slow running 5mph)
Sugary soft drink (330ml can)	138	26 min	13 min
Standard chocolate bar	229	42 min	22 min
Sandwich (chicken and bacon)	445	1 hr 22 min	42 min
Large pizza (1/4 pizza)	449	1 hr 23 min	43 min
Medium mocha coffee	290	53 min	28 min
Packet of crisps	171	31 min	16 min

Overweight and obesity increase the risk of developing a wide range of conditions. Obese adults are more likely to develop diabetes, certain cancers and dementia. We now know that people who are overweight or obese who contract coronavirus (COVID-19) are more likely to fall seriously ill and be admitted to intensive care unit. Obese adults aged 65 and older are up to twice as likely to require social care support as older adults with a healthy weight.

Obesity costs the UK 3% of its GDP (£60 billion in 2018) through direct medical costs and its impact on productivity. The NHS spends an estimated £6.1 billion each year on the impacts of obesity and the costs of treating obesity.

Tackling unhealthy behaviours

While we cherish the idea of free choice, much of our behaviour is also strongly shaped by our environment, 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. For example, price, advertising and availability influence our consumption of cigarettes, unhealthy food and alcohol. Safe and attractive places to play or safe cycling and walking routes to school and work influence people's physical activity levels.

Evidence shows that interventions that alter our environments to promote health, such as structural changes, require little or no action from individuals, see the largest population health gains and also gains in the most vulnerable communities compared to individual-based approaches.

Interventions that seek to change individual behaviour without addressing the wider environment are likely to have less impact. 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 and social norms.

4. Our health at a glance

Further detailed information about the health of Buckinghamshire residents can be found in the Data Compendium that accompanies this report but a high level summary is provided below.

There are approximately 540,000 people living in Buckinghamshire. Our population's age profile is similar to the England average but with a lower proportion of people aged 20-34 years and a slightly higher proportion of people over 85 years old.

One in seven people are from a black, asian or minority ethnic group, which is lower than the England average but this rises to one in three for school age children.

Buckinghamshire residents generally enjoy better health and wellbeing than the England average. This reflects Buckinghamshire's position as one of the least deprived authorities in England and the favourable conditions in which our residents live. Over one third of our residents live in the 10% least deprived wards in England. 0.3% of the Buckinghamshire live in the 20% most deprived areas in England.

In terms of the factors that influence health, our residents have generally higher levels of educational attainment, income, employment and better living conditions than the England average. This affects their health as well as their opportunity to adopt healthy behaviours. However, although we are an affluent county almost one in 10 children and young people and 7.7% of people aged over 65 years live in poverty in Buckinghamshire, which will increase their risk of poorer health.

Life expectancy at birth and the years lived in good health are both higher than the England average. Life expectancy at birth is 85.1 years for females (83.1 for England) and 81.8 years for males (79.6 England) in Buckinghamshire. Healthy life expectancy at birth is 70.3 for female (63.8 England) and 68.8 for male (63.4 in England)

Outcomes for Buckinghamshire children and young people are generally better than the England average. The proportion of women smoking in pregnancy and babies born at low birthweight are lower than the England average. Smoking rates among young people are lower

than the England average but teenage alcohol consumption is similar to the England average. Young people achieve well at school and better than the England average but the proportion of 16-17 year olds not in education or training is similar to the England average. England data shows an increase in the proportion of young people with mental health problems. There has been an observed increase in the number of mental health admissions and admissions for self-harm in young people locally although rates remain lower than the England average.

Adults in Buckinghamshire are also generally healthier than the England average. Although rates of smoking are lower than the England average, one in 10 adults (more than 42,000) people still smoke. A higher percentage of Buckinghamshire adults drink more alcohol than the recommended limit and more than half of adults in Buckinghamshire are an unhealthy weight amounting to approximately 208,000 adults. Physical activity levels are similar to the England average.

Despite our better health many residents experience potentially avoidable ill health and disability. The major causes of disease, disability and death in Buckinghamshire among adults are long-term conditions, many of which are potentially preventable. Long-term conditions include diseases such as heart disease, cancer and diabetes and account for 70% of spend on health and social care. Half of our residents have at least one long-term condition and three in 10 have two or more long-term conditions. People with multiple long-term conditions (multi-morbidity) tend to have lower quality of life, more problems with co-ordinating their care and greater use of healthcare services. The prevalence of multiple long-term conditions tends to increase with age but this is not inevitable if people have healthy behaviours. The onset of multiple conditions often occurs 10-15 years earlier in more deprived communities.

The top risk factors in Buckinghamshire that increase the risk of disease and death are behavioural risk factors (diet, smoking, alcohol and physical inactivity) and so called metabolic risk factors (high blood pressure, high cholesterol and overweight/obesity).The three metabolic risk factors are influenced to a very large extent by diet and levels of physical inactivity as well as other factors like alcohol consumption.

The prevalence of many long-term conditions is lower than the England average. This is the case for diabetes, heart disease, chronic lung disease and serious mental illness. The recorded rates of asthma, high blood pressure, depression and dementia are similar to the England average. The rates of many cancers are lower than the England average but rates of breast cancer and malignant melanoma (a form of skin cancer) are higher than the England average.

The top four causes of death in Buckinghamshire are cancer and cardiovascular diseases accounting for 58% of all deaths followed by respiratory disease and neurological disorders such as dementia.

Although overall our health is good, this varies across Buckinghamshire between different communities. People living in the more deprived areas of Buckinghamshire experience poorer health from birth through to old age.

Premature death rates (for people under 75 years) have fallen overall. Life expectancy has increased for men and women in Buckinghamshire since 2001, although life expectancy for women started to plateau in 2011 in line with England trends. People living in the more deprived areas of Buckinghamshire have lower life expectancy than those living in the least deprived areas and this gap has widened in line with England trends.

The years people can expect to live in good health (healthy life expectancy) in Buckinghamshire has increased and shows a similar pattern of longer healthy life expectancy in less deprived areas.

The incidence of different illnesses also varies between communities for example there are higher rates of diabetes, heart disease and high blood pressure in some black and asian communities. Other groups in Buckinghamshire also often have poorer health than the Buckinghamshire average – this includes carers, people with mental health problems or learning disability and homeless people.

The next section highlights the variations in health at a local level in Buckinghamshire.

Patterns of health

Within Buckinghamshire there are considerable differences in health and wellbeing between different population groups and communities. Understanding these differences and what is driving them presents a great opportunity to work with communities to help improve health and wellbeing and quality of life for residents. This section presents a high-level view of health from our existing statistics at a local geographical level. What it cannot capture is the views of communities themselves about the key issues from their perspective and what the solutions might be. Gaining insight from communities is a vital part of the jigsaw.

Local patterns

The variations in health that exist reflect a variety of factors, including the conditions in which people are born, grow, learn, work and age. The index of multiple deprivation is an England measure combining information on a range of indicators, including income, housing, employment and education, many of which influence people's health.

Locally we can analyse the impact of relative deprivation on health by dividing the population of Buckinghamshire into fifths (called quintiles) based on the deprivation score of the area in which they live. Each quintile contains approximately 100,000 people. Map 1 (overleaf) shows the deprivation quintiles within Buckinghamshire relative to Buckinghamshire. The most deprived areas are shaded red. The least deprived are purple.

The analysis shows that starting from birth and continuing throughout life, people living in the most deprived areas tend to have poorer health across a wide range of areas. These health outcomes often show a stepwise gradient with people living in the most deprived areas having the worst outcomes, followed by those living in the second most deprived areas. The best outcomes are experienced by those in the least deprived areas.

So for children and young people - comparing the most deprived quintile 5 (Q5) and least deprived quintile 1 (Q1):

Babies and children in the most deprived quintile (DQ5) are:

- Almost twice as likely to be born low birth weight babies at full term.
- 30% more likely to die before their first birthday.
- More than twice as likely not to reach the 'school readiness' developmental milestone at end of school reception year (35% vs. 16%).
- More than twice as likely to be obese by end of primary school compared with children in DQ1 (22% vs. 9%).
- 34% more likely to have an emergency admission to hospital.
- More than five times more likely to be 'looked after' children.

And for people of all ages comparing the most deprived quintile 5 (Q5) and least deprived quintile 1 (Q1):

People in the most deprived quintile (DQ5) are:

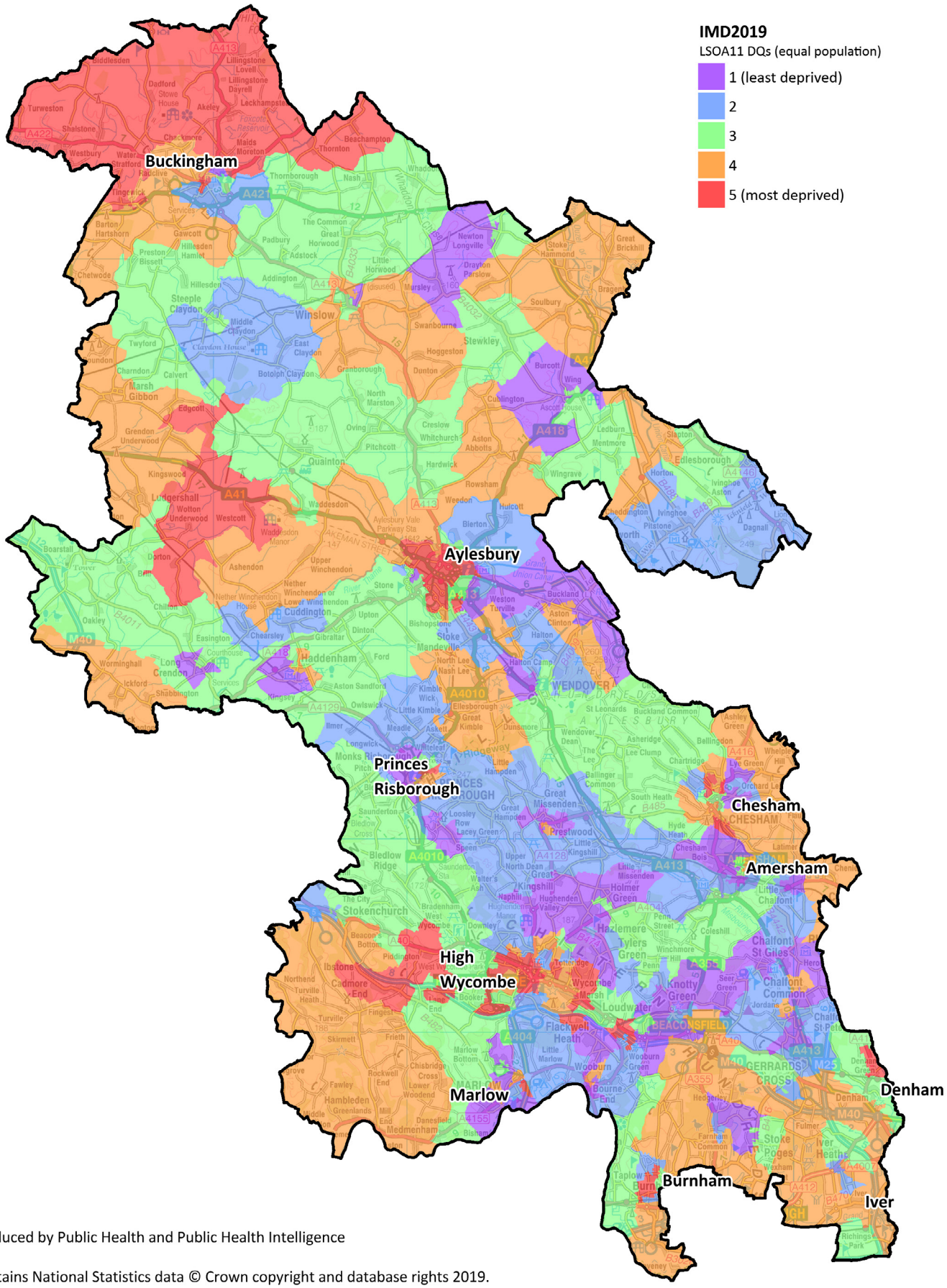
- More than 2.5 times more likely to smoke than people in DQ1 (22.8% vs 8.9%).
- More than twice as likely to be in treatment for alcohol use and four times more likely to be in treatment for drug use.
- More likely to have a long-term condition and multiple long-term conditions. People living in more deprived areas develop multiple long-term conditions 10 years earlier than people living in less deprived areas.
- More than 60% more likely to have an emergency admission to hospital.
- More than 60% more likely to have an emergency admission for conditions like heart disease and stroke, 71% more likely to have emergency admissions for cancer, more than twice as likely to have an emergency admission for mental health or self-harm, and three times more likely to have admissions for chronic obstructive pulmonary disease(COPD).
- Have a premature death rate (deaths under 75 years) twice as high as those in the least deprived quintile.
- Women living in the most deprived quintile in Buckinghamshire can expect to live for 4.8 years less than women living in the least deprived areas. Men living in the most deprived quintile in Buckinghamshire can expect to live 6.1 years less than men living in the least deprived areas. The gap in life expectancy has widened since 2001 as life expectancy has grown faster in the least deprived quintile than the most deprived quintile.

Patterns in healthy life expectancy

Healthy life expectancy (HLE) varies across Buckinghamshire. In Oakridge and Castlefield (Wycombe), male HLE is 56.6 years, compared with Chesham Bois and Weedon Hill where male HLE is 76.2 years. In Southcourt (Aylesbury) female HLE is 57.5 years, compared to Chesham Bois and Weedon Hill where female HLE is 79.1 years.

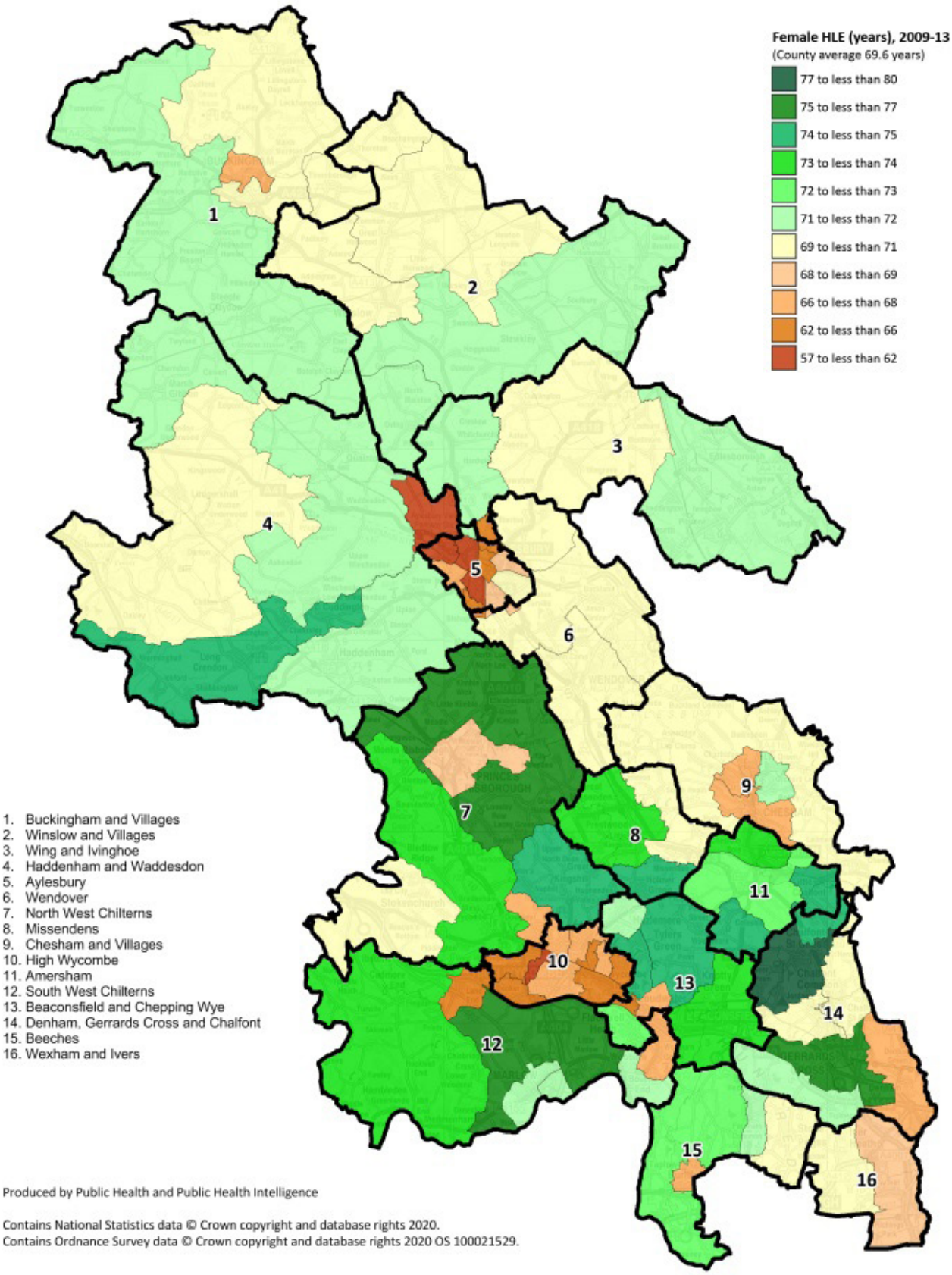
Map 2 shows the variation in healthy life expectancy across Buckinghamshire for women and Map 3 for men. Healthy life expectancy is shown by graded colours – dark green represents areas with the longest average healthy life expectancy and dark red indicates areas with the shortest healthy life expectancy.

Map 1: Map showing deprivation quintiles of areas in Buckinghamshire compared with the rest of the county, Index of Multiple Deprivation 2019.

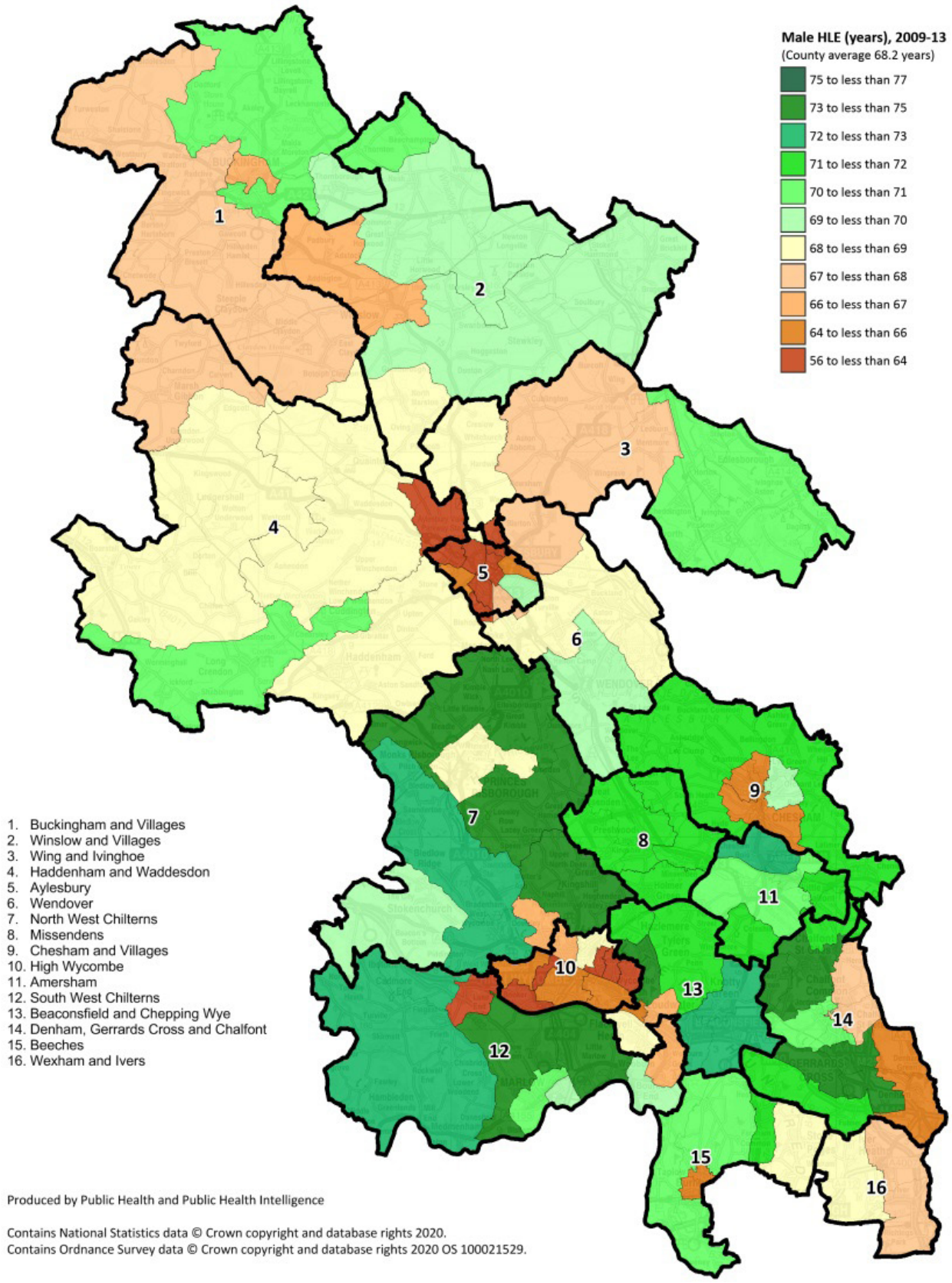


Produced by Public Health and Public Health Intelligence

Map 2: showing the variation in healthy life expectancy across Buckinghamshire for women.



Map 3: showing the variation in healthy life expectancy across Buckinghamshire for men.



The gap in healthy life expectancy in Buckinghamshire

On average residents in more deprived areas spend a greater proportion of their shorter lives in poor health.

For example, in Gerrards Cross, women on average spend less than 12 years of their life (13% of their life) not in good health, compared to Oakridge and Castlefield in High Wycombe where women can expect to spend over 25 years (over 30% of their life) in not good health.

In Gerrards Cross, men on average spend around nine years (11% of their life) not in good health, compared to Oakridge and Castlefield in High Wycombe where men can expect to spend over 21 years (27% of their life) in not good health.

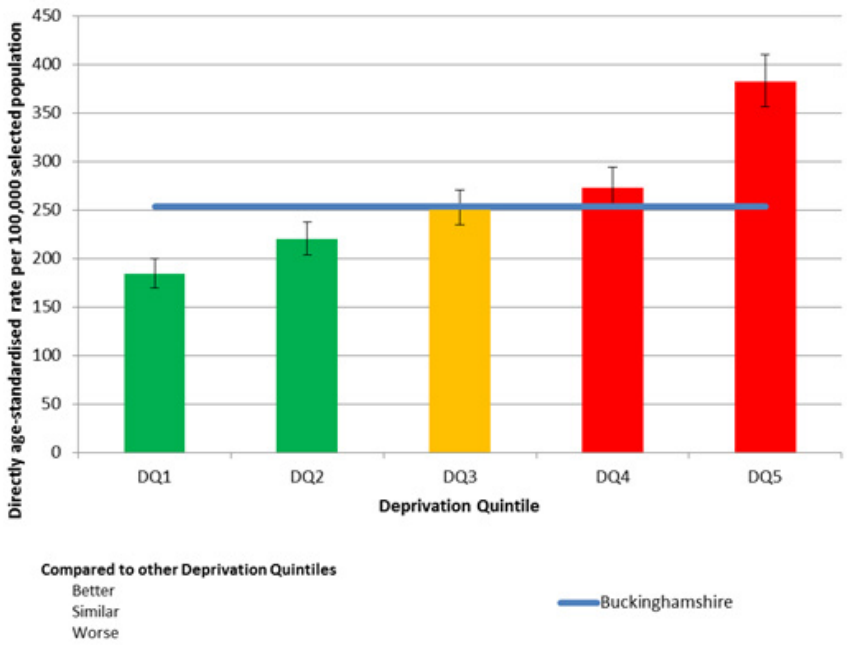
Premature deaths

The rate of premature death (death under the age of 75 years) is twice as high for the most deprived quintile in Buckinghamshire as it is for the least deprived quintile (2018-19).

The graph to the right shows death rates from all causes for people under the age of 75 in Buckinghamshire by deprivation quintile. Premature mortality has a clear social gradient, and shows a stepwise increase in the rates of early death increase with increasing deprivation.

It is estimated that 3,444 premature deaths in Buckinghamshire between 2003 and 2018 can be attributed to poorer socioeconomic conditions[1].

Premature mortality rates (under 75 years old) by deprivation quintile 2016-18



In Buckinghamshire when compared to DQ1 people in DQ5 are:

59% more likely to die prematurely from cancer.

2.3 x more likely to die prematurely from cardiovascular disease.

3.4 x more likely to die prematurely from frespiratory disease.

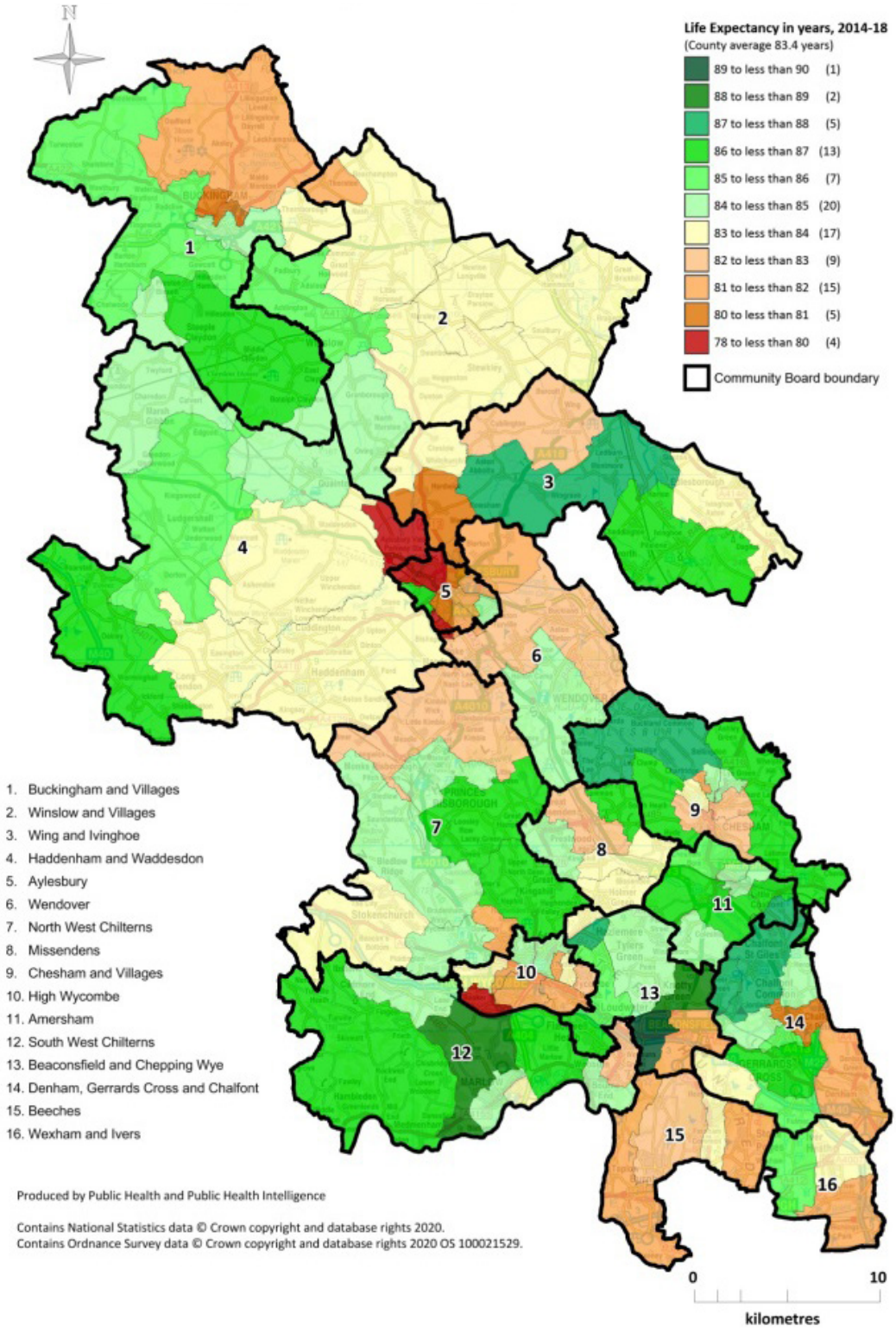
[1]*If the rates of premature deaths (under age 75) in the least deprived decile are applied to other deciles, we can compare what the expected death rate would be with the actual death rate and estimate how many early deaths can be attributed to socioeconomic inequalities. SOURCE: https://public.tableau.com/profile/rob.aldridge#!/vizhome/MATI_19_11_25/MATI_dashboard*

Life expectancy across Buckinghamshire

Life expectancy varies across Buckinghamshire from 76.6 years (Riverside) to 87.5 years (Grendon Underwood and Brill) for men and 80.2 years (Riverside) to 94.3 (Beaconsfield North) for women. The variation in life expectancy across Buckinghamshire is shown in Map 4.

Public Health England uses a measure called the slope index of inequality to measure the gap in life expectancy across Buckinghamshire. On this measure the Buckinghamshire gap in life expectancy is narrower than the gap in England for men and women but wider than the gap in the neighbouring counties of Oxfordshire and West Berkshire.

Map 4: Life expectancy (persons), 2014-18, by ward

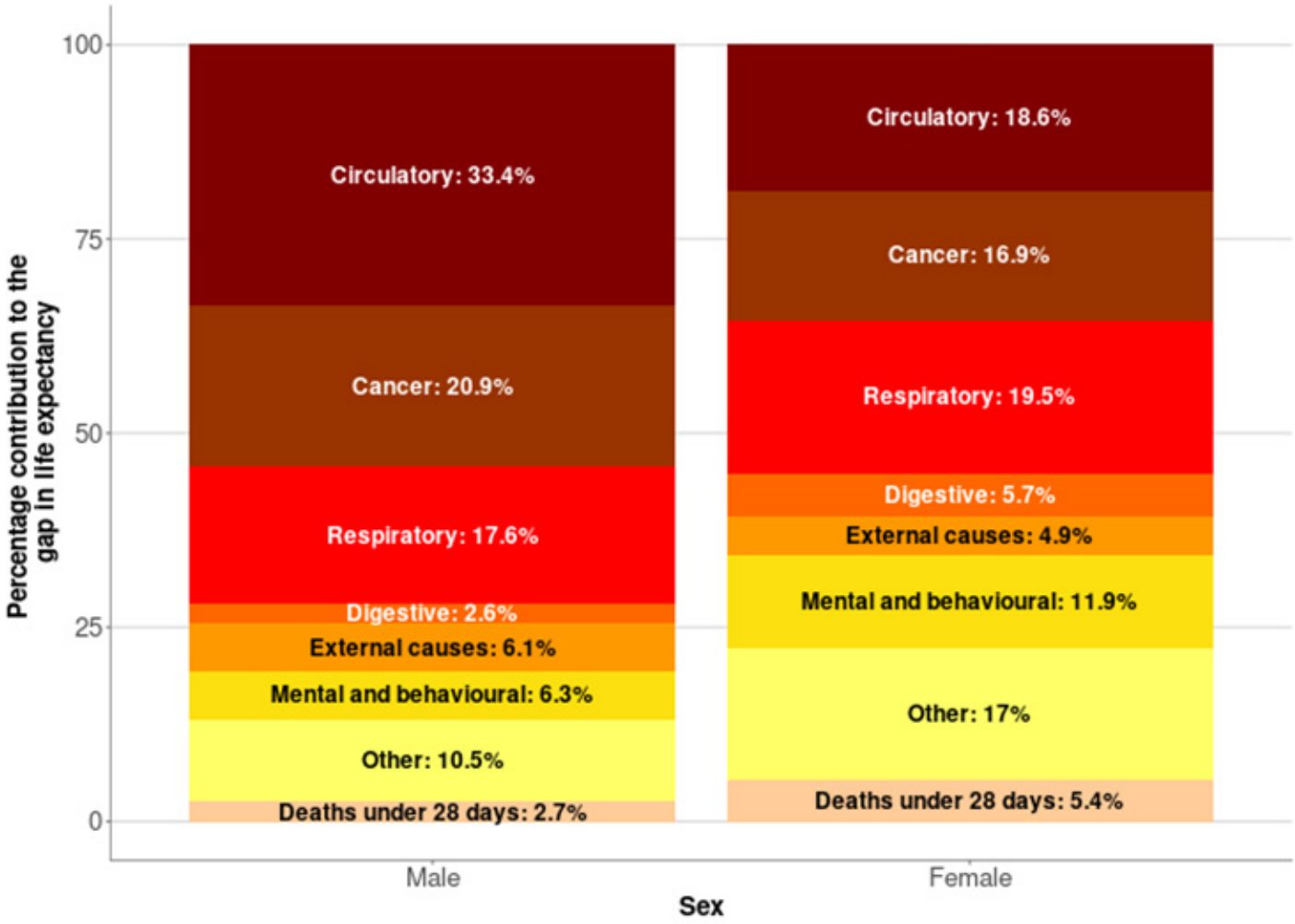


What are the main conditions responsible for the gap in life expectancy?

For men living in Buckinghamshire, 72% of the life expectancy gap is explained by more deaths from circulatory disease (such as stroke or coronary heart disease), cancer and respiratory disease which account for 33%, 21.9% and 18% of the gap respectively.

For women living in Buckinghamshire 55% of the life expectancy gap in women is explained by more deaths from respiratory disease, circulatory disease and cancer accounting for 19.5%, 18.6 and 16.9% respectively of the life expectancy gap between the most deprived quintile.

Scarf chart showing the breakdown of the life expectancy gap between the most deprived quintile and least deprived quintile of Buckinghamshire, by broad cause of death, 2015-17.



Source: Public Health England based on ONS death registration data and mid year population estimates, and Ministry of Housing, Communities and Local Government Index of Multiple Deprivation, 2015

Community Boards

Community Boards are the new partnership forums for local people, town and parish councils, community groups, police, healthcare organisations and residents to work with Buckinghamshire Council to understand and respond to local needs more effectively. There are 16 Community Boards across Buckinghamshire as shown on the map below.

Local profiles for each Community Board have been produced highlighting the opportunities community boards have to make a difference to local resident's health and wellbeing.

Some headlines describing the variations in health between community boards are described overleaf.

Buckinghamshire Community Boards

Demographics

Populations

The Community Boards vary in size from High Wycombe and Aylesbury, which are the two largest, with populations of 75,449 and 70,335, respectively to Wexham and Ivers with a population of 14,465 people.

The most ethnically diverse Community Boards are High Wycombe, Wexham and Ivers and Aylesbury having 36.3%, 20.7% and 20.6%, respectively, of their populations who are black, asian or a minority ethnicity group (BAME). This compares to Winslow and Villages for which only 2.9% of their population is BAME.

The most deprived Community Boards are High Wycombe and Aylesbury with an Index of Multiple Deprivation (IMD) 2019 score of 16.31 and 16.14, respectively, followed by Wexham and Ivers Community Board with a score of 12.05. The IMD score for Buckinghamshire is 10.05. Missendens is the least deprived Community Board with a score of 4.50. Child poverty[2] ranges from 4.96% in Missendens Community Board to 15.26% in High Wycombe and 13.21% in Aylesbury Community Board.

The age profiles of the Community Boards also vary. The Community Board with the highest proportion of under-5s is High Wycombe where 7.6% of its population is under 5 years old. 7.2% of Aylesbury's population is under-5 years old. Winslow and Villages Community Board has the lowest proportion of under-5s with 4.3%.

The Community Board with the highest proportion of people aged 85 years and older is Denham, Gerrards Cross and Chalfonts (4.2%). Missendens has 3.8% of its population aged 85 years and older. This compares to High Wycombe which has with the lowest proportion (1.7%) of people in this age group.

Births

In 2018 there were 5,988 births in Buckinghamshire. The Community Board with the highest number of births was High Wycombe (1,183 live births) followed by Aylesbury (932 live births). The Community Board with the lowest number of births was Missendens Community Board (117 live births).

The Community Board with the highest proportion of low birth weight babies was High Wycombe (8.2%) (2016/18). Buckingham and Villages Community Board had the lowest proportion of low birth weight babies (4.6%).

Early years

Early years foundation stage progress (EYFSP) is a measure of social, psychological and academic development at the age of five. Differences between the average score achieved in different community board areas can indicate differences in early schooling, economic or social factors.

Across Buckinghamshire the average EYFSP scores vary by community board, with the percentage of children being assessed as having achieved a good level of development ranging from the highest at 82.5% in Beaconsfield and Chepping Wye to the lowest at 64.2% in High Wycombe Community Board. Overall, 80% of community boards in Buckinghamshire achieve EYFSP scores above the England average of 72%.

Life expectancy and healthy life expectancy

Life expectancy is highest in the Amersham Community Board area at 85.8 years. The lowest is in the Aylesbury Community Board area at 81.5 years and High Wycombe at 81.9 years. The Community Boards for Aylesbury, Beeches, High Wycombe, Wendover and Wexham and Ivers all have life expectancies statistically significantly lower than Buckinghamshire.

The overall life expectancy at Community Board level masks significant variation in life expectancy at ward level. For example, in the High Wycombe Community Board life expectancy ranges from 79.5 (Booker and Cressex) to 84.2 (Terriers and Amersham Hill ward).

Across Buckinghamshire, the number of years people live in good health varies across the county. The number of years spent in good health varies within Community Board areas. For example, within the Beaconsfield and Chepping Wye Community Board area, the healthy life expectancy for women ranges from 65.6 years to 74.1 years living in good health. For men living in the Denham, Gerrards Cross and Chalfont Community Board area, healthy life expectancy

[2] Child poverty is reported as the proportion of children aged 0-15 years living in income deprived families.

ranges from 65.3 years to 74.8 years depending on where the man lives.

Healthy behaviours

Health related behaviours account for a very significant burden of ill health in our population and behaviours vary across and within Community Boards. Smoking, alcohol, childhood healthy weight are the indicators for healthy behaviours included in Community Board profiles.

Smoking

General Practice records show there are high levels of smoking in some Community Board areas. 20.4% of adults aged 15 and older smoke in Aylesbury Community Board and 19.9% in High Wycombe. This compares to 10% of adults aged over 15 in Amersham Community Board area.

Substance misuse

The number of people using the county's substance misuse service varies across the Community Boards. Aylesbury has 116 individuals currently receiving support for alcohol addiction and 62 for alcohol and non-opiate drugs combined. Wycombe has 99 individuals receiving support for alcohol addiction and 53 for alcohol and non-opiate drugs combined. Wexham and Ivers Community Board has only 21 residents receiving any substance misuse services.

Childhood healthy weight

Almost 40% of Year 6 pupils who live in the Wexham and Ivers Community Board area are overweight or obese which is the highest proportion in Buckinghamshire. This compares to 20.6% of Year 6 pupils in Denham, Gerrards Cross and Chalfonts.

Emergency hospital admissions

All causes for all ages

The rate of emergency hospital admissions for all causes for people of all ages for 2018/19 was highest for Aylesbury Community Board followed by High Wycombe Community Board. The rate was lowest for Amersham Community Board.

Other Community Boards where admissions were statistically significantly higher than Buckinghamshire and England are Beeches and Wexham and Ivers.

All causes for under-5s

For all Buckinghamshire Community Boards the rate of emergency admissions for children under five is statistically significantly higher compared to England.

Missendens Community Board had the highest rate for emergency hospital admissions for under-5s. North West Chilterns, Aylesbury and High Wycombe were all statistically significantly higher than the Buckinghamshire average.

The rate was lowest for Beaconsfield and Chepping Wye Community Board.

Long-term conditions

The majority of people in Buckinghamshire have at least one long-term condition. Two of the commonest long-term conditions in Buckinghamshire are diabetes and depression.

There are over 27,000 people (6.1% of people 17 and older) in Buckinghamshire with diabetes. The prevalence for diabetes for each Community Board ranges from 3.3% in Missendens to 7.6% in High Wycombe. Aylesbury and Wexham and Ivers each have 7.0% of their adult populations with diabetes.

Over 10.7% of all adults in Buckinghamshire have been recorded on GP registers as having depression amounting to 47,251 people. The highest recorded prevalence of recorded depression is found in Aylesbury where 14.7% of adults are recorded as having depression. Wing and Ivinghoe has 13.8% (1,940) of adults recorded as having depression. The lowest prevalence is in Missendens where 6.9% (875) of adults are recorded with depression.

Dementia

According to GP records, there are 4,475 people (0.8% of the population) in Buckinghamshire with dementia. Community Boards with the highest recorded prevalence of dementia is Denham, Gerrards Cross and Chalfonts Community Board at 1.1% of the population (437 people). The community boards with the largest numbers of people with dementia are Aylesbury (449) and High Wycombe (447).

Other Community Boards with relatively higher prevalences of dementia are Beeches (0.9%) and

North West Chilterns (0.9%). Winslow and Villages has the lowest reported dementia at 0.5% of the population (80 people).

Dementia-friendly communities are vital for helping people live with dementia and remain a part of their community. Dementia-friendly initiatives are currently in the following Community Board areas:

- Aylesbury, Buckingham and Villages, South West Chilterns, Wendover, and High Wycombe

Preventable deaths

Preventable deaths rates are for causes of death which are considered preventable in people under 75 years old. The community board with the highest rate of preventable deaths is Aylesbury Community Board followed by Wexham and Ivers and High Wycombe Community Boards. The Community Board with the lowest rate is Haddenham and Waddesdon Community Board.

Primary care networks

Since July 2019 primary care has been organised into 12 primary care networks (PCNs). Each of these covers a population of approximately 30,000 to 50,000 patients and includes several general practices. PCNs will help deliver the NHS Long-Term Plan and provide a wider range of services to patients. PCNs will take a proactive a holistic approach to improving their population's health

The table and maps below show the alignment of the primary care networks and the Community Boards.

Over the next few years the plan is for the networks to have expanded neighbourhood teams. These teams will include a range of health and social care professionals to ensure communities get the care and support they need.

Profiles for each of the 12 Buckinghamshire PCNs have been produced highlighting opportunities to improve the health of their population and some headlines are reproduced here.

Primary Care Networks (PCN) and Community Board alignment

Community Board	PCN
Buckingham and villages	North Bucks
Winslow and villages	North Bucks
Wing and Ivinghoe	North Bucks
Haddenham and Waddesdon	North Bucks/AV South
North West Chilterns	AV South
Aylesbury	BMW/Maple
Wendover	Westongrove
Chesham and villages	Chesham and Little Chalfont
Amersham	Mid Chilterns
Missendens	Mid Chilterns
High Wycombe	Dashwood/Cygnet
Beaconsfield and Chepping Wye	Arc Bucks
South West Chilterns	Arc Bucks
Denham, Gerrards Cross and Chalfonts	Chalfonts/South Bucks
Beeches	South Bucks
Wexham and Ivers	South Bucks

Primary Care Networks in Buckinghamshire CCG

Demographics

Populations

The primary care networks vary in size from Arc with 84,009 to Westongrove with 29,285 people.

The most deprived primary care networks are B.M.W. (Aylesbury) and Maple (Aylesbury) with Index of Multiple Deprivation (IMD) scores of 17.61 and 15.77, respectively. Other PCNs above the Buckinghamshire average deprivation are South Bucks, Cygnet (High Wycombe) and Dashwood (High Wycombe). The IMD score for Buckinghamshire is 10.05. The Chalfonts is the least deprived primary care network with a score of 4.95.

Across the PCNs there is variation in the age structure of each community. The PCN with the highest proportion of under-5s is BMW PCN (Aylesbury) where 9.0% of its patients are under five years old. The PCN with second highest proportion of under-5s is Cygnet (High Wycombe) with 6.6%. The Chalfonts PCN has the lowest proportion of under-5s with 4.3%.

The PCN with the highest proportion of people aged 85 years and older is The Chalfonts (3.7%) followed by Mid Chiltern (3.3%). The PCN with the lowest proportion of people in this age group is B.M.W (1.1%).

Births

The PCN with the highest proportion of low birth weight babies was B.M.W. in Aylesbury (8.5%) followed by Maple in Aylesbury (8.4%). Westongrove PCN had the lowest proportion of low birth weight babies (5.9%).

Life Expectancy

The PCNs with the lowest life expectancy in Buckinghamshire are BMW (80.5 years) and Maple (80.7 years) where life expectancy is statistically significantly lower than Buckinghamshire. Mid Chiltern PCN has the highest life expectancy with 85.2 years followed by Arc PCN with 85.1 years.

Healthy behaviours

Smoking

General Practice records show there are higher levels of smoking in some PCNs compared to the Buckinghamshire average. According to GP records there are 58,297 current smokers in Buckinghamshire. GP records report that 14.7% of patients aged 15 years and older smoke. This is higher than the England survey estimate of 10.3% for Buckinghamshire.

21.1% of adults aged 15 and older in BMW PCN (Aylesbury) smoke. For Maple PCN (Aylesbury), 19.0% of its adults aged 15 and older smoke. This compares to The Chalfonts PCN which has the lowest smoking prevalence of 9.8% for 15+ year olds.

Substance misuse

The number of people using the county's substance misuse service varies across the primary care networks. Arc PCN has 120 individuals receiving support for alcohol addiction or alcohol and non-opiate drugs combined. Dashwood PCN (High Wycombe) has 115 individuals receiving care for alcohol addiction or alcohol and non-opiated drugs combined. This compares to The Chalfonts PCN which has 20 patients receiving support.

Emergency hospital admissions

All cause emergency admissions for all ages

The rate of emergency hospital admissions for all causes for people of all ages for 2018/19 was highest for BMW PCN followed by Dashwood, Maple and South Bucks PCNs. These four PCNs were significantly higher compared to Buckinghamshire and England.

The PCNs with the lowest emergency admission rates were Arc and Mid Chiltern PCNs.

All cause emergency admissions for under-5s

For all Buckinghamshire primary care networks, the rate of emergency admissions for children under five is statistically significantly higher compared to England.

Maple PCN had the highest rate for emergency hospital admissions for under-5s. Dashwood and BMW were also both statistically significantly higher than the Buckinghamshire average.

The rate was lowest for The Chalfonts PCN, but the rate for this PCN is still higher than England.

Long-term conditions

The majority of people in Buckinghamshire have at least one long-term condition. Two of the commonest long-term conditions in Buckinghamshire are diabetes and depression.

The prevalence for diabetes in Buckinghamshire is 6.1% of adults aged 17 and over. The diabetes prevalence for each PCN ranges from 3.4% in Mid Chilterns PCN (1,130 people) to 9.4% in Dashwood PCN (3,324 people). Maple PCN has 6.9% of its adult population with diabetes.

Over 10.7% of all adults in Buckinghamshire have been recorded on GP registers as having depression amounting to 47,251 people. The highest recorded prevalence of recorded depression is found in BMW PCN where 15.8% (4,537) of adults are recorded as having depression. Dashwood PCN has 15.2% (5,356) of adults recorded as having depression. The lowest prevalence is in Mid Chilterns PCN where 6.8% (2,264) of adults are recorded with depression.

Dementia

According to GP records, there are 4,475 people (0.8% of the population) in Buckinghamshire with dementia. The primary care networks with the highest recorded prevalence of dementia are Westongrove (1.2%, 342 people) and The Chalfonts PCN (1.1%, 354 people). The PCNs with the largest numbers of people with dementia are Arc PCN (651), South Buckinghamshire (413) and North Buckinghamshire (413).

Other primary care networks with relatively higher prevalences of dementia are AV South PCN (0.9%), Arc (0.8%) and South Buckinghamshire (0.8%). Maple PCN and Chesham and Little Chalfont PCN have the lowest reported dementia at 0.5% of the population (213 and 178 people, respectively).

5. Health trends

100 years ago

The *Annual Report on the Public Health of Buckinghamshire,* published by the County Council's Medical Officer in 1920 identified the health issues of the day.

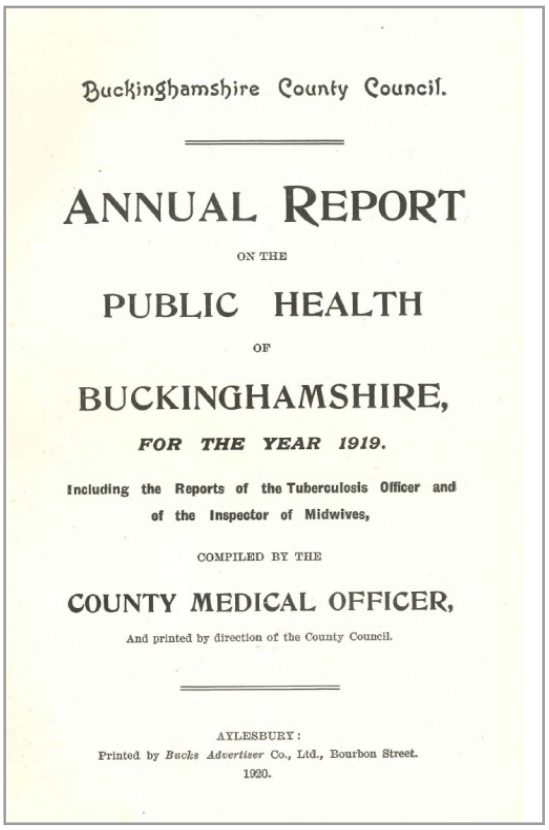
At this time life expectancy was approximately 55 years for men and 60 years for women. Infectious diseases took a huge toll on the population and the report included lists of the numbers of children who had died from diphtheria, measles, whooping cough, influenza, scarlet fever and polio. Smallpox had just reappeared in Buckinghamshire after eight years without any cases, and spread very rapidly before cases could be isolated in special hospitals. The report also makes passing reference to the First World War and the 'Spanish Flu' pandemic, both of which had taken a massive toll on public health in previous years.

As there were no plumbed toilets or sewerage systems in the rural areas contamination of drinking water also caused a great deal of sickness in Buckinghamshire.

The medical officer mentions an 'appreciable decrease in infantile mortality' in 1919, and pays tribute to the work of volunteers in newly established 'Infant Welfare Centres' for their part in achieving it. Many things have changed for the better since then. The Infant Mortality Rate for Buckinghamshire that was being celebrated 100 years ago was 62 deaths under the age of one year for every thousand live births, whereas today's rate is 3.4 deaths per 1,000 live births

Life expectancy has also improved dramatically and the introduction of vaccines and other measures has reduced the incidence of many infectious diseases. Tuberculosis rates have fallen from 9.1 cases per 10,000 people living in the county to 0.9 cases 10,000 population. The main causes of disease and death are now long term conditions such as heart disease and cancer.

Infectious diseases can still re-emerge as a significant threat. Since this report was written the world has suffered from the Coronavirus



Buckinghamshire County Council.

ANNUAL REPORT

ON THE

PUBLIC HEALTH

OF

BUCKINGHAMSHIRE,

FOR THE YEAR 1919.

Including the Reports of the Tuberculosis Officer and of the Inspector of Midwives,

COMPILED BY THE

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Printed by *Bucks Advertiser* Co., Ltd., Bourbon Street.
1920.

pandemic which has severely affected people's lives and livelihoods and will have very far reaching impacts on society. This highlights the ongoing threat of newly emerging infectious diseases and their ability to cause global pandemics and the importance of good communicable disease surveillance and response. Other important issues include the growing resistance of bacteria to antibiotics which threatens to increase the risk of untreatable infections and deaths from infectious diseases. Finally, if immunisation rates fall then we would see a return of many infectious diseases.

The NHS did not come into existence until after the Second World War, and the consequences of people's need to pay for treatment recurs several times in the report. This delayed people seeking treatment until it was too late for treatment to be effective.

Other things have not changed. There is mention of the importance of working with GPs to prevent illness, of trying to improve vaccination coverage and of the crucial importance of the voluntary sector in supporting health and wellbeing.

More recent trends

Trends in healthy behaviours

Smoking rates have fallen in both teenagers and adults. 5% of 15 year old were current smokers in 2014/15 and 10% of adults are current smokers. Although smoking rates in routine and manual occupations have also fallen they remain double the county average at 21%. Despite this good progress there are more than 42,000 current smokers in Buckinghamshire. There has been less progress on women smoking in pregnancy and levels have remained fairly constant fluctuating between 7.5-8.8% of women smoking at the time of delivery

Nationally regular E-cigarette use is rising but among young people remains low at 4.9% of 11-18 year olds reporting they currently vape in 2018 and this figure falls to 0.8% among those who have never smoked.

70% of Buckinghamshire adults are estimated to be physically active with no significant change over recent times. However this is likely to be an overestimate as this is self-reported data which consistently overestimates objectively measured activity levels

The percentage of overweight or obese children in Reception (age 4-5) has not changed significantly since 2007/08, but the percentage of children in Year 6 (age 9-10), who are overweight or obese has increased by 9% slightly faster than the England increase of 5%.

The percentage of adults who are overweight or obese is estimated to have fallen by 10% over the last 5 years but remains at 53.8% of the population

Overall rates of alcohol-related hospital admission rose by 26% between 2008/09 to 2017/18 but the rate of alcohol related admissions in under-18s fell. The rise in admissions due to legal and illegal drugs in 15-24 year olds has more than doubled over the same period. Although this represents only 105 admissions between 2015-2018 it is a trend that will be closely monitored and work is ongoing to reduce substance misuse in all age groups.

The teenage conception rate for under-18s in Buckinghamshire has halved since 2011 and is currently less than half the England rate. The rate of new sexually transmitted infections in under-25s has remained relatively constant since 2012 and is 25% lower than the England rate.

Health trends

The percentage of babies born at term with low birthweight has remained relatively constant over the last 10 years and is similar to the England average. The infant mortality rate fluctuates year on year due to the small number of infant deaths with no clear improvement.

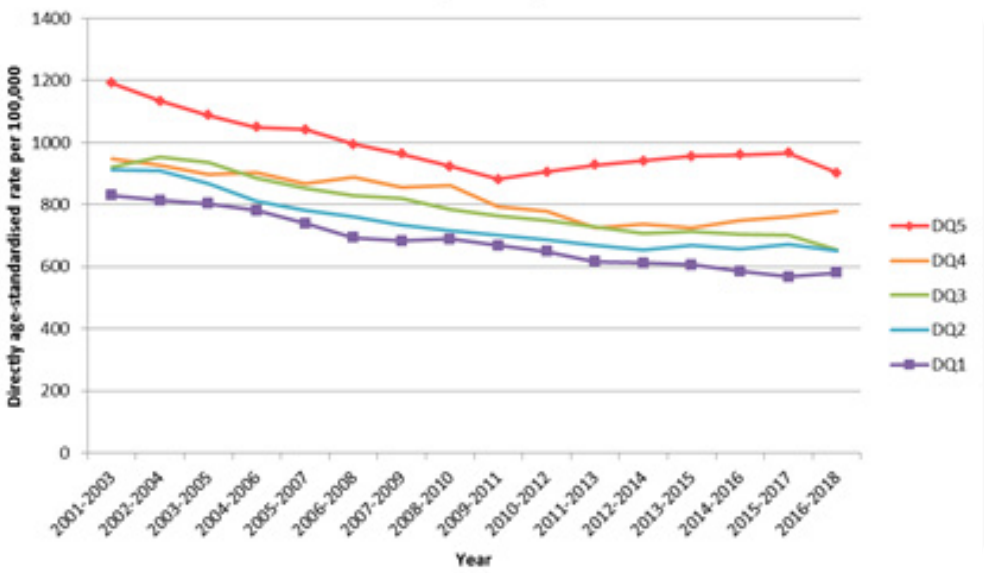
In Buckinghamshire within the last decade the prevalence of some long-term conditions, including depression, diabetes and cancer, recorded on GP registers has increased significantly by 50%, 25% and 90% respectively. The prevalence of recorded dementia, serious mental illness and chronic obstructive pulmonary disease has also increased but from a much lower base. The prevalence of diagnosed high blood pressure, heart disease and asthma has remained fairly constant.

The commonest cancers in Buckinghamshire are breast, prostate, colorectal cancer, skin and lung cancer. Breast cancer incidence in Buckinghamshire has increased by 18.7% compared to the England rise of 9.7% between 2001 and 2017 and the incidence of breast cancer in Buckinghamshire is 15% higher than England rate. The incidence of prostate cancer in Buckinghamshire has fallen by 22% since 2001, and is currently 8.5% lower than the England rate. The incidence of lung cancer in Buckinghamshire has increased by 2.8% but remains lower than the England rate. The incidence of bowel cancer has increased by 1.3% since 2001 and is similar to the England rate. Suspected skin cancer referrals in Buckinghamshire have increased by 79% since 2012/13, although England referral rates have more than doubled over this period. Although numbers are relatively small (141 cases diagnosed in 2018) the incidence of malignant melanoma (a type of skin cancer related to sun exposure) has increased by 65%.

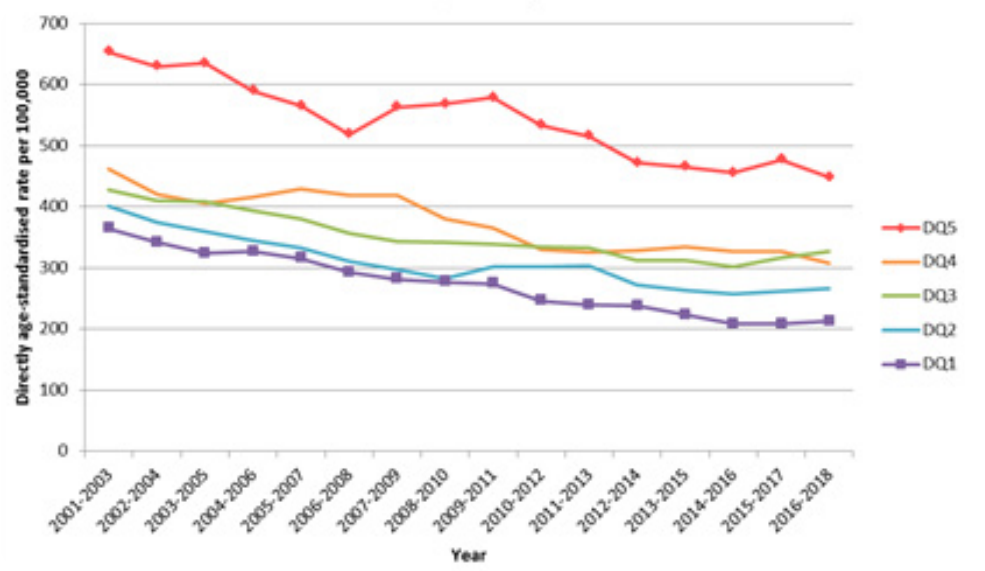
Trends in premature deaths

The all-cause premature death rate (deaths under the age of 75) has fallen by 30% in Buckinghamshire between 2001-2017 and is currently 22.6% lower than the England average. The rates have fallen across all deprivation quintiles but fastest in the least deprived (36.8% reduction). Progress in the more deprived areas has been more uneven and prone to greater fluctuations with increases in death rates in some years. The most notable is the increase in premature mortality rates for women in the most deprived quintile between years 2012 and 2017.

Mortality rates for females by deprivation quintile (all causes, under 75 years old)



Mortality rates for males by deprivation quintile (all causes, under 75 years old)



Premature mortality for some of the main causes of death have fallen. Cardiovascular disease in Buckinghamshire has halved since 2000 and is currently 27% lower than the England rate. The trend has been similar across all deprivation quintiles. For cancer, premature mortality in Buckinghamshire has fallen by 21% since 2001, and is 14% lower than the England average. Premature mortality for respiratory diseases has shown a slight decrease, both locally and nationally, falling by 10.5% in Buckinghamshire.

Life expectancy

Between 2001-03 and 2016-18 overall male life expectancy in Buckinghamshire increased by 3.8 years and female life expectancy increased by 3.2 years. Female life expectancy in Buckinghamshire appears to have slowed since 2011-13, in parallel with the England trend for women.

Although all deprivation quintiles have seen increases in life expectancy, the gains are slowest in the most deprived quintile (DQ5). Men in DQ5 have gained an extra 3.3 years of life compared to men in DQ1 who have gained 4.7 years between 2001 and 2018.

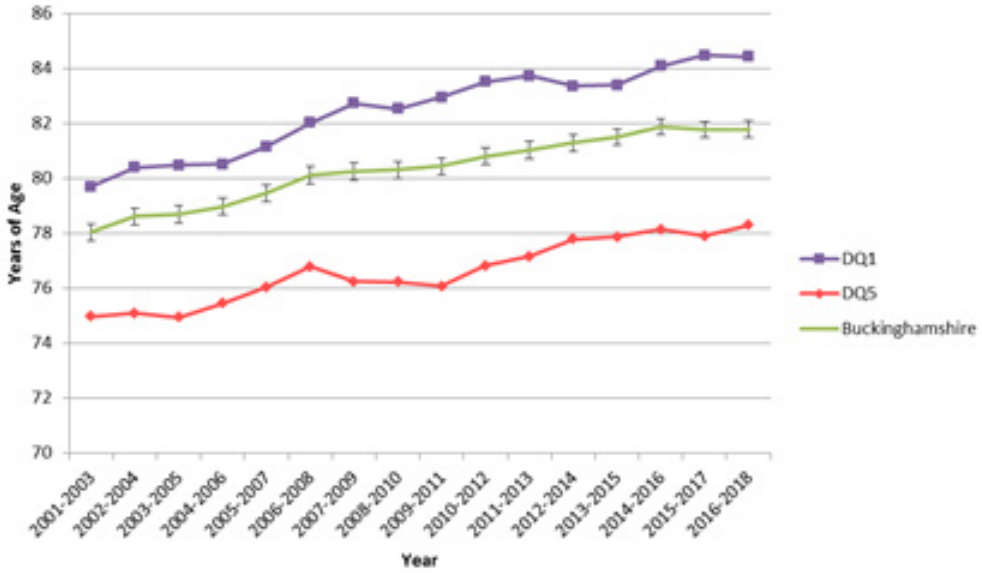
Female life expectancy in Buckinghamshire increased approximately equally for all quintiles until 2010 when female life expectancy for DQs 4 and 5 started to plateau while other quintiles have continued to rise. As a result, women in DQ4 and 5 have gained an extra 2.4 and three years of life expectancy, respectively, between 2001 and 2018, while those in DQ1 and 2 have gained 3.4 and 3.6 years over the same period.

The overall impact is that the gap in life expectancy between residents living in the least deprived (DQ1) and most deprived areas (DQ5) has grown over time for both men (from 4.7 to 6.1 years) and women (from 4.4 years to 4.8 years).

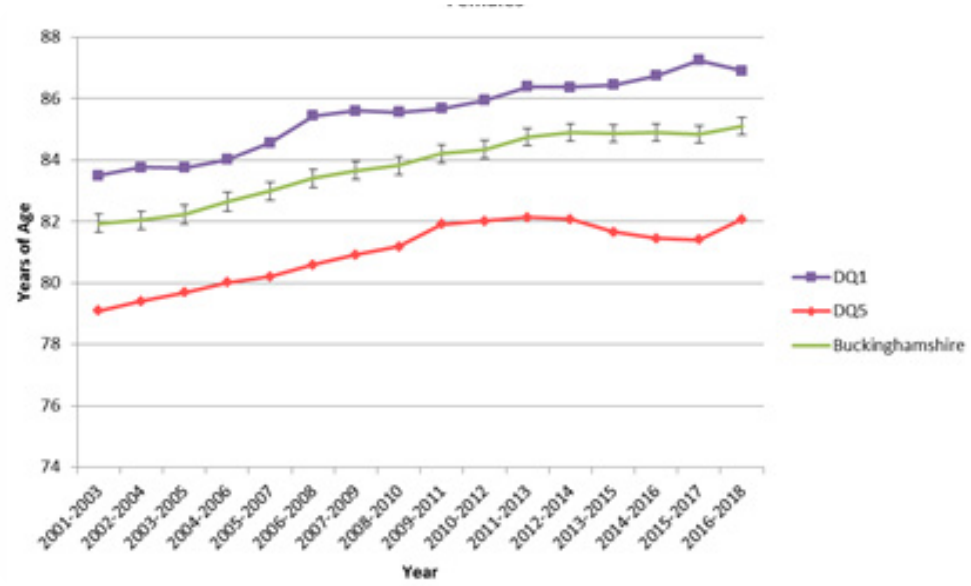
Healthy life expectancy

Healthy life expectancy in Buckinghamshire rose from 68.6 years in 2009-11 to 70.3 years in 2015-17 for women, and from 67.6 years to 68.8 years over the same period for men. In both cases the England HLE has remained approximately 4-5 years less than Buckinghamshire.

Male life expectancy at birth by deprivation quintile



Female life expectancy at birth by deprivation quintile



6. What does the future hold?

To improve the health of our population we need to understand current and future health needs. This means we need to try to predict trends that will affect our residents health, including the age profile and ethnic mix of our communities, trends in health behaviours, wider social and economic trends and changes to the built and natural environment in which they live. We can do this partly by extrapolating from the recent trends highlighted in the previous section but also drawing on future predictions.

An ageing population

The good news is that people are living longer. A consequence of this is that our population is ageing. The population of Buckinghamshire aged over 65 years and over 85 years is set to increase by 23% and 43%, respectively between 2020 and 2030. As life expectancy increases we want to ensure that those extra years are lived in as good health as possible.

On current trends the ageing of our population will increase the numbers of people with multiple long term conditions and disability. Long term conditions such as cancer, heart disease, stroke and dementia already pose considerable health challenges locally and nationally and already account for approximately 70% of health and social care spending.

The chances of someone ageing well are affected by their health behaviours in mid-life. We know that adopting healthy behaviours with respect to the four main health behaviours (smoking, physical activity, alcohol, healthy eating) reduces the chances of developing disability, disease and dementia in older age. Maintaining these behaviours in later life is also vital for health and independence. Ageing well also depends on a variety of other factors, including people's social health, whether they have supportive relationships or are socially isolated. Other key factors include having sufficient income, living in good quality housing and health promoting age-friendly social and physical environments.

Health behaviours

It is estimated that 40% of the disease burden in England is due to four health behaviours – smoking, physical inactivity, poor diet and harmful alcohol consumption.

The prevalence of these four behaviours and the consequent levels of obesity in the future will have a critical impact on the future health of the whole population and inequalities in health.

For smoking and alcohol, current trends appear positive. Ipsos MORI analysed smoking, alcohol and obesity for the two youngest generations in Britain – Millennials (those born between 1980 and 1995) and Generation Z (born 1996 onwards). This revealed a continued decline in the prevalence of smoking and alcohol consumption in these groups.

However, there was a worrying generational trend for obesity: in each successive generation adults are less likely to be a healthy weight. Millennials are the first generation where less than half are at a healthy weight in their twenties. The likelihood of being overweight increases with rising age and based on population trends, more than seven in every 10 Millennials[3] will be overweight or obese by the time they reach middle age.

There is also emerging evidence that Generation Z is two to three times more likely to become obese or overweight compared with older generations in England. Therefore Buckinghamshire's recent decrease in obesity and overweight is unlikely to maintained longer term.

Previous England estimates have predicted that the UK may reach obesity levels of 38%, which would lead to an extra 544,000–668,000 people with diabetes, 331,000–461,000 people with coronary heart disease and strokes, and 87,000–130,000 people with cancer in the UK.

[3] *Those born between 1981 and 1996.*

Other health trends

Mental health problems have been rising in young people and adults.

Improvements in life expectancy have slowed and in some parts of the UK life expectancy has been falling. The slowing down in the growth rate of life expectancy is spread across all age groups but is mostly seen in older people. In Buckinghamshire we can see that life expectancy started to plateau for women in 2011. For men life expectancy began to plateau in 2014.

Local data show that the life expectancy gap in Buckinghamshire between people living in the most deprived areas (DQ5) and least deprived areas (DQ1) increased between 2001 and 2018 for both and women which mirrors England trends.

The physical, social and economic environment

Changes that adversely impact social, economic and environmental conditions will have a detrimental effect on health but some, especially economic conditions, are hard to predict.

Social health

The Academy of Medical Sciences report *Improving the Health of the Public by 2040* predicts that the current nationally observed changes to household structures, including higher separation rates, more single parents, more same-sex partnerships and more cohabitation, will continue. The number of one-person households is expected to grow along with a rise in sole-parent households and the proportion of couples without children. If replicated in Buckinghamshire this could have an impact on the mental and physical health of residents if this leads to more people becoming socially isolated or lonely and having less informal support including when they are ill.

Climate change

The 2015 Lancet Commission on Health and Climate Change identified numerous health impacts as a result of increased floods and intense storms, heat stress, air pollution, the spread of infectious diseases, food insecurity and migration. This includes poorer mental health due to the impact of extreme weather events and a wide range of physical health problems and even death from a range of causes including heat stress and infectious diseases.

Emerging infectious diseases

Although we cannot predict when new infectious diseases will emerge, we know that new diseases will continue to affect the world's population. It is predicted that this may become more frequent as the global population expands encroaching on the natural habitat and brings us into closer contact with diseases in animals. The world has recently seen outbreaks of new diseases such as swine flu, SARS, MERS and most recently COVID-19, all since 2003.

Housing and infrastructure growth

Housing and infrastructure growth in Buckinghamshire could affect the health of our residents. More affordable, well designed housing and neighbourhoods with plenty of green and blue natural spaces, places to meet and cultural and leisure opportunities could improve health. Poor design could result in a wide range of adverse impacts, including neighbourhoods without adequate community spaces, increased reliance on the car and increased air and noise pollution, insufficient mitigation of the impacts of climate change and housing unsuitable for an ageing population. Further details on the impact of our physical and social environment on health can be found in the 2018 Director of Public Health Report Healthy Places, Healthy Futures: Growing Great Communities.

7. What should we do?

We are already experiencing the impact of many of the factors highlighted above and the challenge is predicted to grow. So the actions we need to take to secure a healthy and prosperous future are the same ones we need to take now to address our current health problems.

Health and wellbeing priorities

Based on knowledge of what influences our health, current and future trends in health and the determinants of health the priorities for focus should be:

- Ensuring every child gets the best start in life.
- Promoting mental wellbeing for all.
- Addressing the big four health behaviours and obesity at all ages.
- Preventing and delaying the development of long-term conditions.
- Promoting safe, strong, empowered, supportive communities.
- Improving the health of those with poorest health so the health gap between communities narrows.
- Planning for population growth, climate change and an age-friendly society.

There is no single solution or magic bullet to tackle these complex public health issues. We need action across the four pillars influencing health: the socioeconomic determinants, strong communities, healthy behaviours and effective, proactive, preventive health and social care.

We need to take action at a strategic level and a very local neighbourhood level and put communities and individuals at the heart of what we do, engaging them at every stage.

This means delivering a whole systems approach to prevention across all partners in Buckinghamshire to promote good health. This should include supporting effective, co-ordinated place based working with local communities across partners to avoid duplication and maximise our impact. We also need to develop our workforce to build skills in community-centred approaches and help support a thriving voluntary, community and social enterprise sector.

Taking action

Much good work is already underway across a range of partners in many of these areas. We are adopting a whole systems approach to scale up prevention initiatives. Local government, the NHS, and partners in Department for Work and Pensions, Police and Fire services in Buckinghamshire have signed up to the Buckinghamshire Shared Approach to prevention. These organisations have agreed to work together on key prevention priorities to maximise the impact of our collective efforts. They will take a holistic approach to prevention across the four pillars of social determinants, communities, health behaviours and health and social care. Social isolation has been chosen as the first priority for shared action.

Each organisation will have different opportunities to influence the health of residents and the Buckinghamshire Council Public Health team is working with each organisation to identify and plan their contributions.

The formation of the new Community Boards and the primary care networks offers exciting opportunities to work with local communities at a neighbourhood level, gaining insight into what the key wellbeing issues are for their area and what would work to address them. Buckinghamshire council's strong focus on empowering communities and developing community assets will support this work.

There are a wide range of ways for all organisations in Buckinghamshire to make a difference. I have highlighted below some important opportunities for the NHS and Buckinghamshire Council as the size of these organisations and scope of their responsibilities means they have a significant impact on resident's health.

8. Recommendations

Buckinghamshire Council

The new Buckinghamshire Council can have a profound impact on the health of communities across all of the four domains described above. Firstly, through its wide ranging roles on the social determinants of health, including education, the built and natural environment, housing, transport and supporting a thriving economy. The council also has a key role in promoting safe, friendly and resilient communities and supporting sport, cultural and leisure opportunities. It commissions vital public health services and services for children and adults and therefore has the opportunity to improve health and wellbeing from the start to the end of life. It is also major employer which offers opportunities to promote the health of the workforce and beyond and has very significant purchasing power.

The diagram below illustrates the wide range of services that can have a positive impact on residents health. If Buckinghamshire Council were to build health considerations into all its policies and services that could have a very significant beneficial impact on the health of our residents.

Buckinghamshire Council can bring additional value to local communities and businesses by acting as an 'anchor organisation'. 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. They have large amount of influence as employers, purchasers and owners of land and buildings (see examples in box overleaf).

Examples of good practice

Guy's and St Thomas' NHS Foundation Trust offer apprenticeships, work experience and opportunities to local people, targeting those who are long-term unemployed, or who have disorders which have affected their employment, such as autism. More than 500 local people have benefited from this scheme since 2008, and many have ended up working for the trust.

Sandwell and West Birmingham Hospitals NHS Trust also offer 'live and work' apprenticeships to young people facing homelessness since 2014. They have worked with the local authority and a homelessness charity to convert unused hospital buildings into homes, and provide a vocational training programme with the possibility of a job in the Trust at the end. In the first two years of the project they trained 27 apprentices and recruited 22 of them.

Preston City Council has built wealth within the local community, by (among other things) breaking down large contracts into smaller contracts which smaller local businesses are then in a position to bid for. The amount of procurement spending retained within the city and county has dramatically increased as a result.

A consortium of anchor organisations in Leeds have worked together to shift procurement spending towards local suppliers. The Joseph Rowntree Foundation noted that even if they only succeed in transferring 10% of their combined total spend, this would be worth £168-196 million each year to the local economy.

Adapted from The King's Fund - 'Building healthier communities: the role of the NHS as an anchor institution.

Recommendations for Buckinghamshire Council

- The council to consider adopting a 'health in all polices' 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.
- The council to consider opportunities to develop its role as an anchor organisation.
- 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.
- 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.
- To continue to promote the health of the council workforce with good workplace health policies.

Recommendations for Community Boards

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:

- Increase their focus on preventing ill health and tackling inequalities and ensure this is built into every care pathway.
- Consider how to build a health in all policies approach and opportunities to act as an anchor organisation.
- Consider how the NHS can best support effective place-based working and community-centred approaches.
- 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.
- Continue to promote and protect the health of their workforce through effective workplace policies.

Primary care networks

- 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.
- 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.
- Continue to promote and protect the health of their workforce.

Appendix

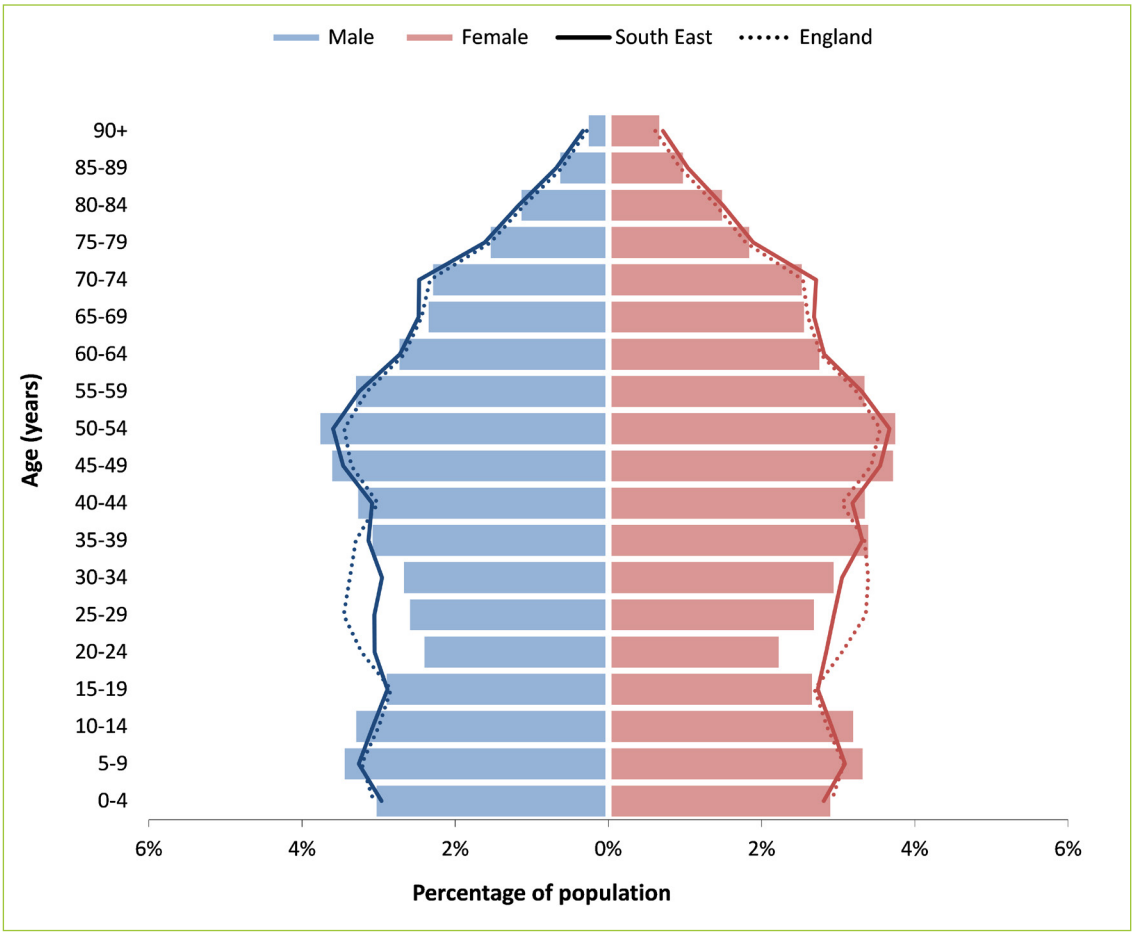
Key Facts in Buckinghamshire

People

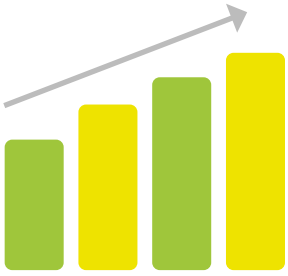
Population

540,059
residents (2018)

- **6%** Under 5 years (6% England)
- **19%** 5-19 years (17.7% England)
- **56.2%** 20-64 years (58.2% England)
- **9.9%** 65-74 years (9.9% England)
- **6.2%** 75-84 years (5.8% England)
- **2.7%** 85+ years (2.4% England)



Projections



There are projected to be

75,494

more people living in Buckinghamshire by 2030[1] (compared with 2018 this is a 14.4% increase to 618,117 people).

[1] This projection excludes housing projections.

Life expectancy and healthy life expectancy at birth

- Life expectancy at birth is **85.1 years** for females (83.1 for England) and **81.8 years** for males (79.6 England).
- Healthy life expectancy at birth is **70.3 years** for females (63.8 England) and **68.8 years** for males (63.4 in England).

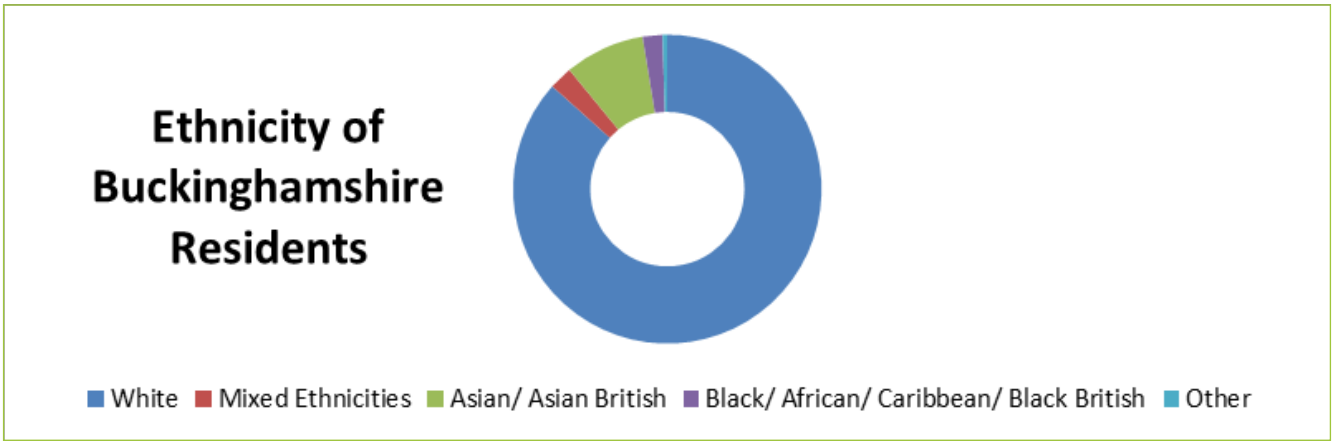
- Male life expectancy at birth has improved from **80.1 years** in 2006/08 to **81.8 years** in 2016/18.
- Male healthy life expectancy at birth has improved from **67.6 years** in 2009/11 to **68.8 years** in 2015/17.

- Female life expectancy at birth has improved from **83.4 years** in 2006/08 to **85.1 years** in 2016/18.
- Female healthy life expectancy at birth has improved from **68.6 years** in 2009/11 to **70.3 years** in 2015/17.

Population groups

1 in 7

people (13.6%) in Buckinghamshire are from a Black, Asian or Minority Ethnic Group (9.3% South East, 14.6% England).



65,295

Buckinghamshire residents were born outside the UK (12.9% of the county's population). (similar to South East 12.1%; lower than England 13.8%).

Place

Where we live influences our health and wellbeing.

Deprivation

Buckinghamshire is the seventh least deprived upper tier local authority in England (of 151) according to the 2019 Index of Multiple Deprivation (IMD).

0.3%

of Buckinghamshire residents live in the 20% most deprived areas in England (2019).

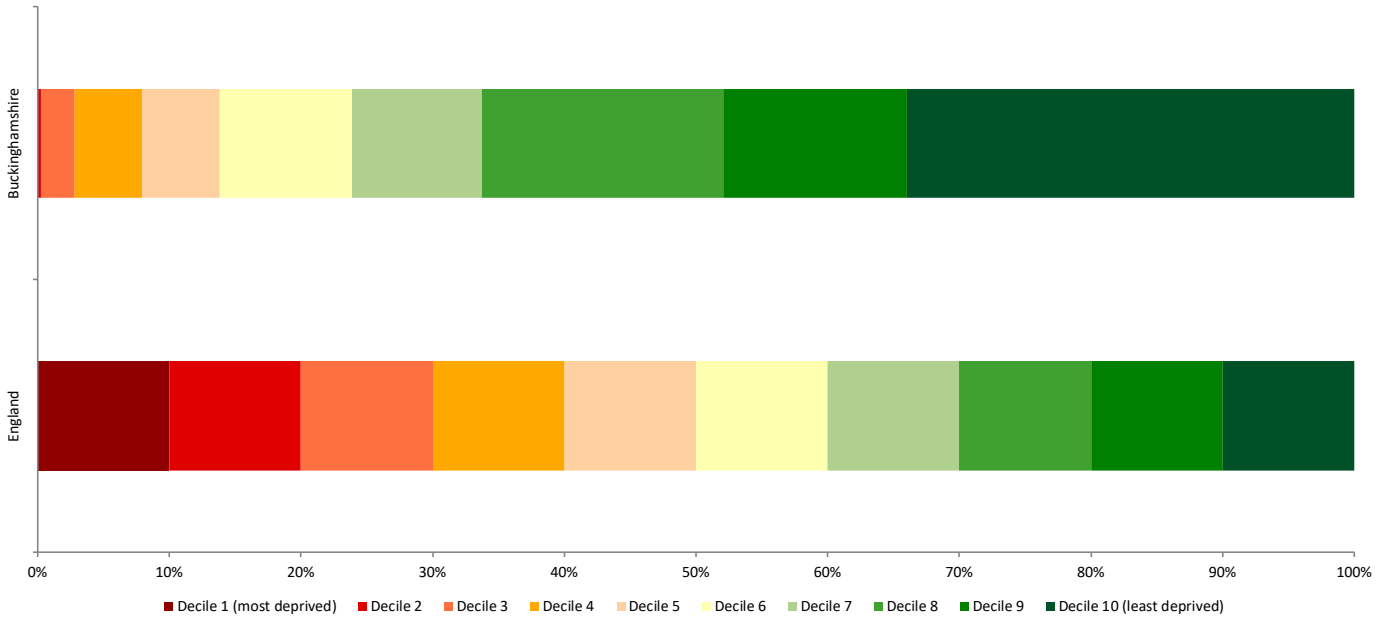
8%

of the Buckinghamshire population lived in the 40% most deprived areas in England (2019).

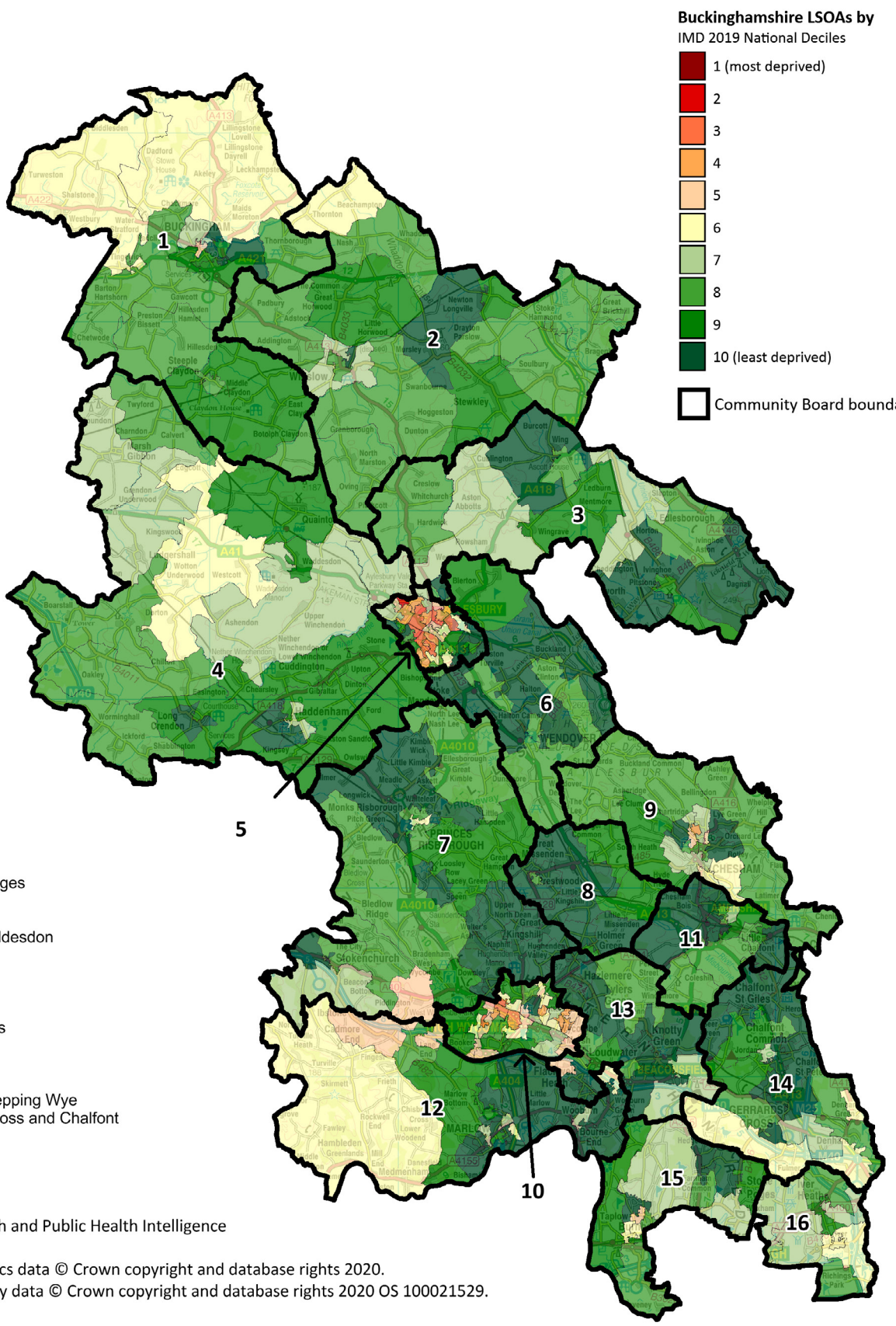
34.3%

of Buckinghamshire residents live in the 10% least deprived areas in England (2019).

England deprivation deciles, IMD 2019



England Deprivation Deciles for Buckinghamshire, 2019



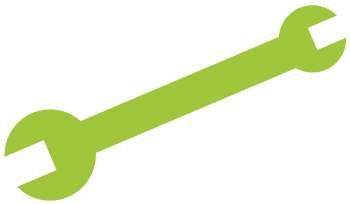
Community Boards:

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

Produced by Public Health and Public Health Intelligence

Employment and work

Getting people into work is a priority for good health and wellbeing.



24%
(6,800) of Buckinghamshire residents were unemployed in 2018/19. (3.1% South East, 4.1% England).

1.5%
(5,075) of Buckinghamshire residents aged 16 to 64 received out-of-work benefits through Universal Credit in December 2019. (2.9% England).

7.2%
(830) of 16-17 year olds were not in education, employment or training (Dec 2018 - Feb 2019).

Employment rates are lower for people with long-term health conditions, people with a learning disability and individuals in contact with secondary mental health services (2017/18).

11.1%
(6,300) of 16-64 year olds were out of work due to long-term sickness (Oct 2018-Sep 2019). (23.3% England).

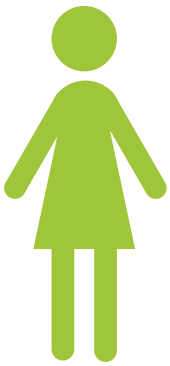
Median gross earnings

The median gross weekly earnings for full-time workers in Buckinghamshire is

£670.50
(2019). (£636 South East and £587 England).

The median gross weekly earnings in Buckinghamshire:

£728.5
for men (2019).



£622
for women (2019).

Housing and homelessness

8.2%
(17,437) people estimated to be in fuel poverty in Buckinghamshire. (11.1% in England). (2016)

The cost of buying a house in Buckinghamshire is high compared with the England average.

Average house prices, September 2019

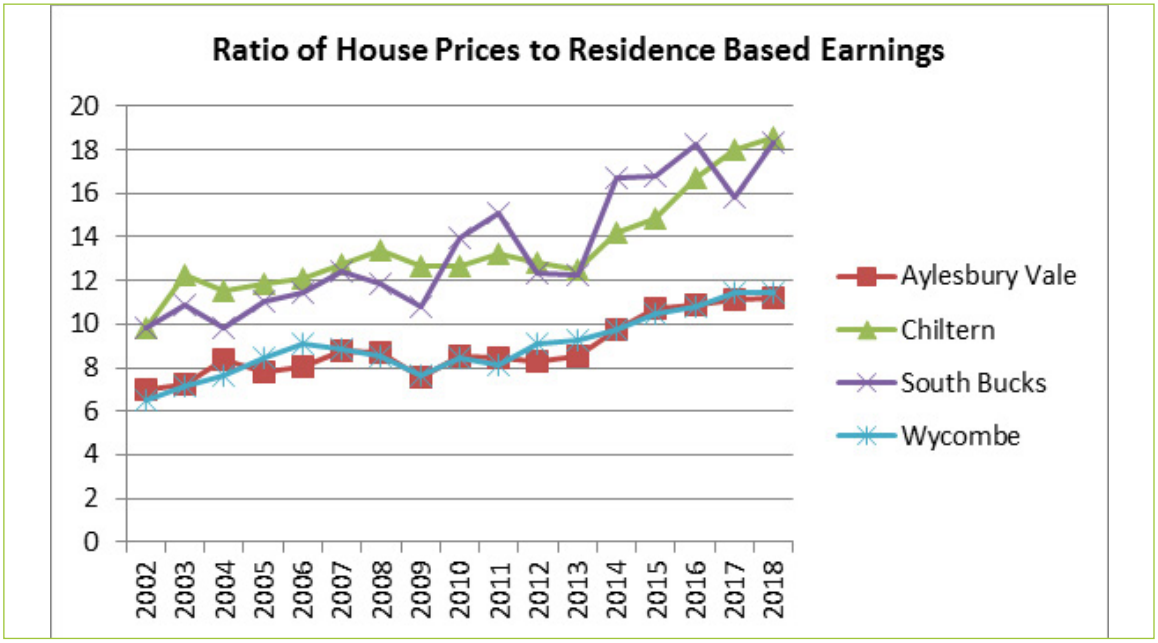
Area	Average house price (all)	Average house price for a semi-detached
Aylesbury Vale District Council	£327k	£331k
Chiltern District Council	£539k	£487k
South Bucks District Council	£609k	£534k
Wycombe	£398k	£405k
England	£251k	£235k

Data source: Housing Price Index

Average monthly rents (all sizes of accommodation), 2018/19

Aylesbury Vale District Council	£918
Chiltern District Council	£1,287
South Bucks District Council	£1,458
Wycombe	£1,093
Buckinghamshire	£1,113
England	£858

Data source: Private Rental Market Summary Statistics

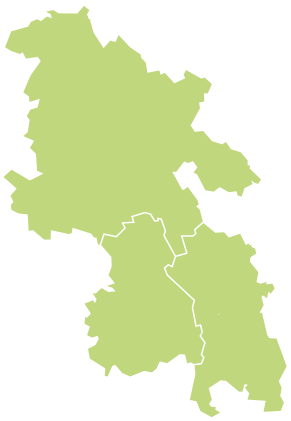


- House prices in Buckinghamshire range from **11.2 times higher to 18.6 times higher** than residence based earnings (2019).
- House prices in Buckinghamshire were **1.6 times higher** than the average house price for England (2019).

Rough sleeping

Rough sleeping is defined by the Government as 'people sleeping, or bedded down, in the open air (such as on the streets, or in doorways, parks or bus shelters); people in buildings or other places not designed for habitation (such as barns, sheds, car parks, cars, derelict boats, stations, or 'bashes')'[2].

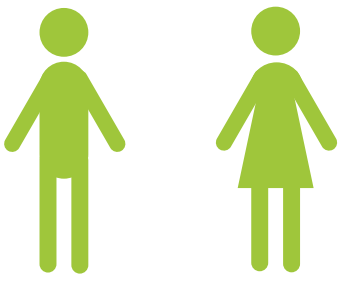
In August 2020, many individuals who would be rough sleeping were accommodated due to Coronavirus. Therefore, without this intervention the following numbers of individuals would have been rough sleeping:



38 Aylesbury Vale

46 Wycombe

7 Chiltern/ South Bucks



80% male

20% female

[2] The Office of the Deputy Prime Minister's definition of rough sleeping. A 'bash' is a makeshift shelter often comprised of cardboard boxes.

Air pollution

5.7%

of adult deaths (age 30+) in Buckinghamshire are attributable to particulate air pollution (2017). (5.1% in England).

Road safety

41.6 per 100,000

(665) people were killed or seriously injured on Buckinghamshire's roads (2015-2017) (40.8 for England = 67,654).

Car ownership

- **13.3%** of Buckinghamshire households have three or more cars/vans. This is almost double the England proportion of 7.4% (2019).
- **12.6%** of Buckinghamshire households do not own a car/van. This is lower than England (25.8%) (2019).

Crime and domestic violence

- In 2018/19 the rate for 'all crime' was higher in Chiltern and South Bucks District Councils (**48.2/1000 population**) and lower in Aylesbury Vale (**41.4/1000**) compared with Buckinghamshire rate of **44.7/1000 population**.
- Rates for violent crime and for domestic violence are similar across all district councils and Buckinghamshire at around **17.7/1000 and 6.9/1000 population** respectively (2018/19).

Starting well

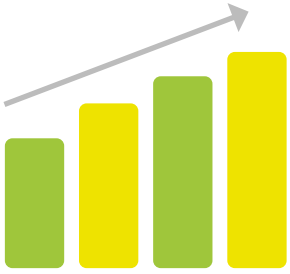
The health and wellbeing of children in the county is influenced by a wide range of social, economic and environmental factors.

Population

135,244

0-19 year olds in Buckinghamshire (2018). 25.0% of the population (compared to 23.7% of England).

The number of 0 to 19 year olds is projected to increase by 8% between 2015 and 2025 from 129,600 to 139,900 children and young people.



Child poverty

9.5%

of children live in poverty in Buckinghamshire (9,215 children). (17% in England) (2016).

Births

5,859

births in Buckinghamshire (2018).

The crude birth rate is 10.8 births per 1,000 people (2018).

Infant mortality

In 2018, there were **4.1** infant deaths per 1,000 live births (2016-18). (England, 3.9 per 1,000)

Children in need

3,338

Children in Need in Buckinghamshire in 2018/19. Almost 50% were in need due to abuse or neglect.

School readiness

73%

of reception-aged children achieved a good level of development by the end of reception in 2018/19. (72% for England).

Youth unemployment

6.4%

of 16-17 year olds (11,440 individuals) are not in education, employment or training in Buckinghamshire. 6% for England (2017)

Low birth weight babies

2.56%

of babies (139 in 2017) were born at full-term with low birth weight in Buckinghamshire. This compares to 2.82% in England (2017).

The total number of babies who were born at low weight in Buckinghamshire was **403** in 2017 (6.9% of total births). (England, 7.4%).

Children in care

515

children in Buckinghamshire were in the Local Authority's care in March 2019. The rate was 41 per 10,000 10-17 population compared to 65 per 10,000 for England (March 2019).

67%

of children in care were in foster care (March 2019).

Special educational needs (SEN)

- At the beginning of 2019 there were **5,482 children** in state-funded Buckinghamshire primary schools with special educational needs.
- The most common type of specific needs were speech, language and communication needs (35.4%), but:
  - 7% had an autistic spectrum disorder.
  - 3% had a physical disability.
  - 1.9% had hearing impairment.
  - 1.1% had visual impairment.
- **9.4%** of Buckinghamshire school students received SEN support in 2019 (England, 11.9%).

Maternal and infant health

82.1%
of new mothers initiate breastfeeding for their new babies in Buckinghamshire (2016/17) (England, 74.5%).

55.6%
of mothers in Buckinghamshire were continuing to breastfeed at 6-8 weeks. (England, 43.1%) (2017/18).

7.5%
(388) of women smoke at the time of delivery. (10.6% in England, 2018/19).

- Uptake for childhood immunisations in Buckinghamshire is higher than England for most immunisations. However, the uptake is **below the 95% target** to achieve good coverage for the population (2018/19).
- The rate of teenage pregnancies (under-18 conceptions) was **9.2 per 1,000 people** in 2018. (17.8/1,000 for England). This is equivalent to approximately 100 under-18 year olds becoming pregnant per year (2018).

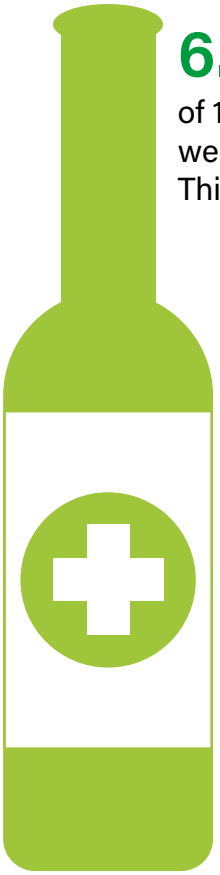
Young people

5.1%

of 15 year olds smoke in Buckinghamshire (8.2% in England) (2014/15).

4.9%
of teenagers are using e-cigarettes [ASH, 2018].

Although there is no Buckinghamshire data, e-cigarette use (vaping) among teenagers is rising nationally, with 4.9% classified as current users (ASH, 2018).



6.5%
of 15 year olds in Buckinghamshire were classified as 'regular' drinkers. This is higher than England (6.2%).

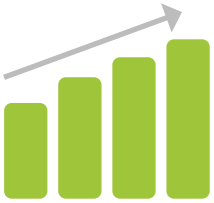
The rate of hospital admissions for under-18s for alcohol-specific conditions in Buckinghamshire was **22.9/100,000** in 2015-18, compared to 32.9/100,000 for England (2015-18).

Hospital admissions for alcohol-specific conditions in Buckinghamshire for people under 18 was **22.9 per 100,000** population. Compared to 32.9 per 100,000 population for England (2015-18).

Emotional wellbeing

375.9 per 100,000

10-24 year olds admitted to hospital as a result of self-harm in Buckinghamshire. 370.8 emergency admissions in total (2018/19). (England, 444.0)



The prevalence of mental disorders in children aged 5 to 15 years increased from 9.7% in 1999 to **11.2%** in 2017. (2017 Mental Health Survey of Children in England).

1 in 10 children had borderline mental health and emotional wellbeing difficulties (2017/18).

7.1% had 'cause for concern' difficulties according to a local survey on mental health and emotional wellbeing in young people (2017/18).

Physical health

7.2%
of 5 year olds in Buckinghamshire had one or more decayed, missing or filled teeth (England 23.3%) (2016/17).

29.3%
of children in Year 6 in Buckinghamshire are overweight or obese (2018/19). (England, 34.4%)

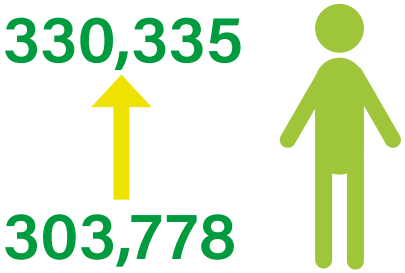
SUMMARY

Buckinghamshire outperforms England as a whole in terms of lower child poverty, higher breastfeeding initiation and higher childhood immunisation rates. Teenage pregnancy rates are significantly lower than the national average, as is the proportion of mothers in Buckinghamshire who smoke during their pregnancies. Almost all of the major indicators for child and maternal health and wellbeing are better than England, with the exceptions of teenage alcohol consumption and the proportion of 16-17 year olds not in education, employment or training (both higher than England).

Living well

Population

The number of 20-64 year olds in Buckinghamshire is 303,778 (2018). This is projected to increase by 8.2% to 330,335 by 2030.



Health behaviours

Some health behaviours can have a negative impact on our health and wellbeing.

10.3%
of adults (42,903) are current smokers according to the APS (2019).

9.2%
of adults abstain from drinking alcohol, which is lower than England (15.5%).

28.6%
of Buckinghamshire adults drink over the recommended 14 units per week (25.7% for England).

4.5%
of 15-64 year olds use opiates and/or crack cocaine. (6.2% for England, 2016/17).

71%
of adults are physically active (66% for England) (2017/18).

18%
of adults in Buckinghamshire are inactive (22% for England, 2017/18).

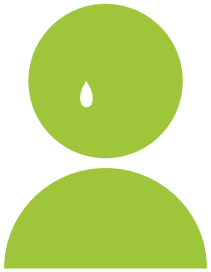
1.9%
of adults cycle for travel at least three days per week (2017) (3.3% for England).

57.8%
of Buckinghamshire residents meet the recommended '5-a-day' (54.8% for England) (2017/18).

Emotional health

10.7% of people in Buckinghamshire (47,251) have depression according to GP records. This is similar to England (10.7%). (2018/19)

0.79% of people in Buckinghamshire (4,486) have severe mental illness according to GP records. This is similar to England (0.96%). (2018/19). Severe mental illness registers include people with schizophrenia, bipolar affective disorder and other psychoses.



8 per 100,000 deaths due to suicides and undetermined injuries. (England, 9.6 per 100,000) (2016-18).

The numbers of suicides for the last three years were as follows:

2016	2017	2018
33	**33**	**45**

Long-term conditions

52.8%

of Buckinghamshire residents have at least one long-term health condition (March 2020).

The number and proportion of the population with the following long-term conditions (2018/19):

- Diabetes (**27,231**) (17+, 6.1%). 6.9% for England.
- Hypertension (**78,775**) (all ages, 13.9%). 14.0% for England.
- Coronary Heart Disease (**16,638**) (all ages 2.9%). 3.1% for England.
- Dementia (**4,475**) (all ages, 0.8%). 0.8% for England.
- Chronic Obstructive Pulmonary Disease (COPD) (**7,689**) (all ages, 1.4%). 1.9% for England.
- Asthma (**34,461**) (all ages 6.1%). 6.0% for England.
- Depression (**47,251**) (18+, 10.7%). 10.7% England.

Multi-morbidity

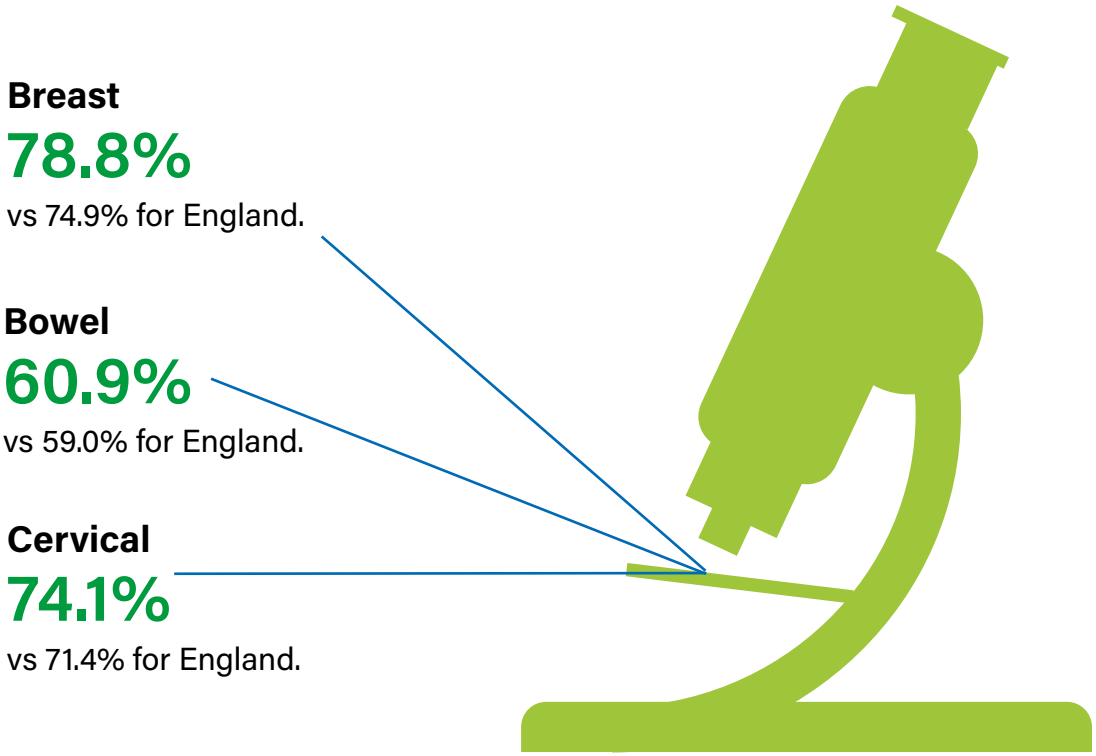
3 in 10

people have two or more long-term conditions; this is called multi-morbidity. It is more common for people to have more than one long-term condition (March 2020).

- **72.6%** of people aged 65+ years have two or more long-term conditions in Buckinghamshire (March 2020).
- Multi-morbidity is also associated with increased health and care costs. **More than half** of GP consultations and emergency hospital admissions are for people with two or more long-term conditions (2019).
- Patients who live in more deprived areas in Buckinghamshire develop multiple long-term conditions approximately **10 years earlier** than in less deprived areas (2019).
- **33.8%** have both a physical and a mental health condition (2020).

Cancer screening and diagnosis

The proportion of eligible people screened for breast, cervical and bowel cancers was higher in Buckinghamshire than England in 2018.



SUMMARY

The population of Buckinghamshire is, on average, healthier than the England population. The prevalences of diabetes, heart disease, COPD 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. Health indicators for which Buckinghamshire is worse than England include breast cancer, abstaining from alcohol consumption and malignant melanoma diagnosis. Life expectancy for the county is generally high, although there are differences related to deprivation.

Aging well

Population

There are

101,700

people aged 65+ in Buckinghamshire (2018).

18.7%

of Buckinghamshire's population is aged 65+ years old (18.2% for England) (2018).

By 2030, there will be **27.7%** more people aged 65+ in Buckinghamshire (101,700 to 129,900). This equates to 28,200 more people in this age group.

By 2030, there will be **52.4%** more people aged 85+ in Buckinghamshire (14,500 to 22,100). This equates to 7,600 more people in this age group.

Life expectancy and healthy life expectancy at 65

- Life expectancy at 65 is **22.4 years** for females (21.1 for England) and **19.9 years** for males (18.8 for England).

- Male life expectancy at 65 has increased from 17.1 years in 2001-03 to 19.9 years in 2015-17.
- Men have **12.9 years** (10.4 years for England) of healthy life expectancy at the age of 65.

- Female life expectancy at 65 has increased from 20.0 years in 2001-03 to 22.4 years in 2015-17.
- Women have **14.9 years** (10.9 years for England) of healthy life expectancy at age 65.

Social isolation

11.8%

of households in Buckinghamshire were classified as pensioners living alone, compared to 12.4% in England (2011 Census).

It is estimated that **13,318** people aged 65-74 and **20,340** people aged 75 and over live alone in Buckinghamshire (2019), increasing to 16,777 and 30,404 people respectively by 2035.

Social care

45.5%

of adult (65+) social care users have had as much social contact as they would like (46% in England) (2018/19).

5.1%

of adult social care users feel socially isolated (5.8% in England) (2018/19).

61.2%

of adult social care users had good quality of life (62.6% in England) (2018/19).

Falls and hip fractures

27,800

people aged 65 and over were estimated to have had a fall in 2019 (POPPI). This number is predicted to increase to 35,808 by 2030.

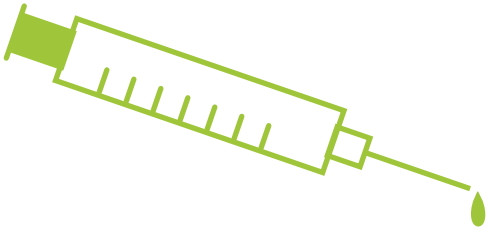
The rate of hospital admissions due to falls for people aged 65+ years was **1,990 per 100,000** people in Buckinghamshire. (England, 2,170 per 100,000; South East, 2,189 per 100,000) (2018/19).

The rate of hip fracture in people aged 65 and over is **496 per 100,000** population. (England, 578/100,000) (2018/19).

Flu vaccination

72.8%

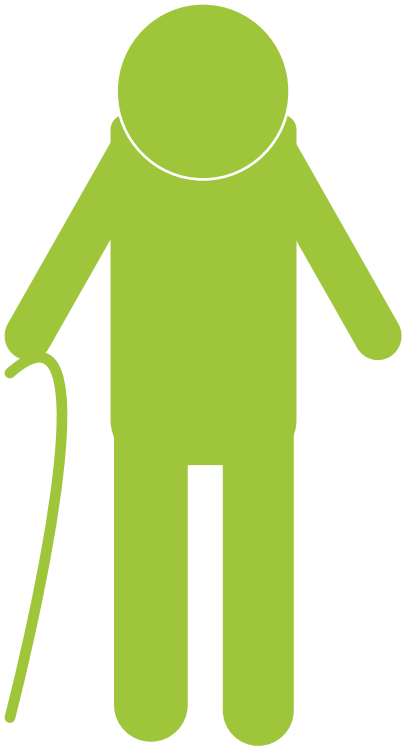
of people aged 65+ (73,106) received the flu vaccination, compared with 72.0% in England (2018/19).



Dementia

6,892 of people aged 65+ are estimated to have dementia in Buckinghamshire (2019).

7.11% of adults aged 65+ years are estimated to have dementia in Buckinghamshire (England 7.2%) (2019).



4.21 per 10,000

population had dementia recorded by their GP (England 3.41 per 10,000).

3,015 per 10,000

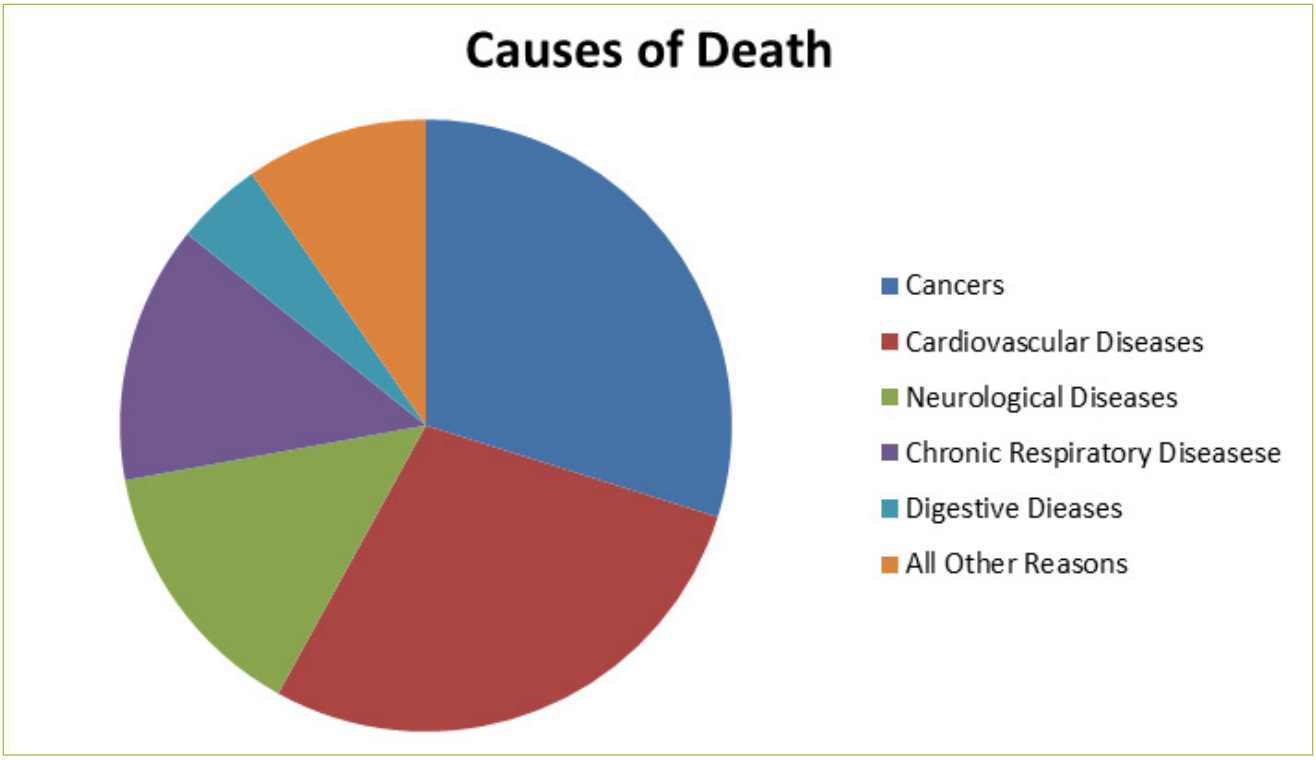
population aged 65+ had an emergency hospital admission for dementia in Buckinghamshire (England 3,609 per 100,000) (2018/19).

SUMMARY

The over 65 population in Buckinghamshire has a longer life expectancy than the England average and spend more of their life in good health compared to England. There is lower deprivation in this age group of the population compared to this age group elsewhere. The number of over 65s living alone in Buckinghamshire is set to increase over the next 10 years.

Death

The top causes of death in both males and females (all age) are cancers, cardiovascular diseases, respiratory diseases and neurological disorders.[3]



Death rates from causes considered preventable[4]

The deaths rates in Buckinghamshire for causes considered to be preventable are:

Overall premature death rate **255 per 100,000 population**
(330 per 100,000 for England) (2016-18).

Death rate for people under 75 for all cardiovascular diseases **31.3 per 100,000 population** (45.3 per 100,000 for England) (2016-18).

Death rate for people under 75 for all respiratory diseases **11.2 per 100,000 population** (19.2 per 100,000 for England) (2016-18).

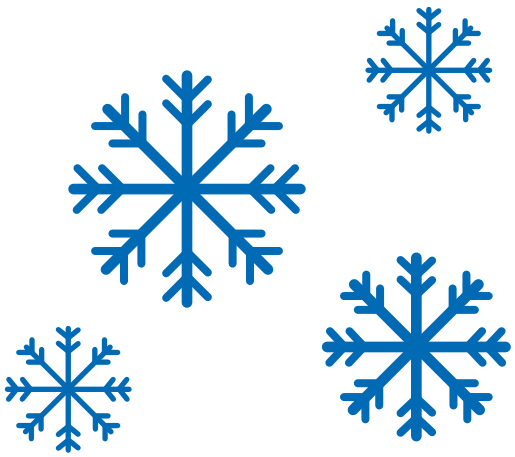
Death rate for people under 75 from liver disease **10.4 per 100,000 population** (16.3 per 100,000 for England) (2016-18).

Death rate from cancer **61.4 per 100,000 population** (76.3 per 100,000 for England) (2016-18).

[3] Neurological disorders includes dementia and Alzheimer's
[4] Preventable deaths are those that when considering the determinants of health at the time the person dies, the death could potentially have been avoided by public health interventions in the broadest sense.

Excess winter deaths

- Most excess winter deaths are due to circulatory and respiratory diseases in Buckinghamshire.
- The majority occur among the elderly population.
- The Excess Winter Deaths Index (EWD Index) provides the additional deaths that occurred during winter months (December to March) compared to non-winter months. In Buckinghamshire, there were **884** more deaths in the winter periods between 2014 and 2017 (**average of 281 deaths per year**). This is similar to England.



Dying at home

22.1%
of deaths (all age) occur at home compared with 23.6% in England (2019).

71.7%
of people with dementia die in their usual place of residence (England = 68.5%) (2019/19).