

### Review of Healthy Lifestyle Indicators

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**Consideration:**       **Information**       **Discussion**  
                                   **Decision**       **Endorsement**

Please indicate to which priority in the Joint Local Health and Wellbeing Strategy, [Happier, Healthier Lives Strategy \(2022-2025\)](#) your report links to.

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<input type="checkbox"/> Improving outcomes during maternity and early years	<input checked="" type="checkbox"/> Reducing the rates of cardiovascular disease	<input type="checkbox"/> Improving places and helping communities to support healthy ageing
<input type="checkbox"/> Improving mental health support for children and young people	<input type="checkbox"/> Improving mental health support for adults particularly for those at greater risk of poor mental health	<input type="checkbox"/> Improving mental health support for older people and reducing feelings of social isolation
<input checked="" type="checkbox"/> Reducing the prevalence of obesity in children and young people	<input checked="" type="checkbox"/> Reducing the prevalence of obesity in adults	<input checked="" type="checkbox"/> Increasing the physical activity of older people

### 1. Purpose of report

1.1. This report provides a review of the healthy lifestyle indicators within the Joint Local Health and Wellbeing Strategy. The report provides an update against indicators linked to:

- Reducing the prevalence of obesity in children and young people
- Reducing the prevalence of obesity in adults
- Reducing the rate of cardiovascular disease
- Increasing the physical activity of older adults

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## 2. Recommendation to the Health and Wellbeing Board

2.1. The Health and Wellbeing Board is asked to note progress against the defined indicators.

## 3. Content of report

### 3.1. Reducing the prevalence of obesity in children and young people

3.1.1. The prevalence of obesity in children and young people is monitored through the National Child Measurement Programme (NCMP) whereby children in Reception and Year 6 are routinely measured.

3.1.2. The 2022/23 academic year data for Reception has shown a slight increase in the number of children classified as overweight or obese from 18.2% to 18.5%. However, looking further into the data it shows a reduction from 8.3% to 7.1% for those classified as obese.

3.1.3. Year 6 2022/23 academic year data indicates a reduction in the percentage of children classified as overweight or obese in line with the targets. As has been shown in the Reception age data, the percentage of Year 6 children classified as obese has also reduced from 18% to 17.1%.

3.1.4. Children measured as part of the NCMP receive parental feedback letters, those identified as overweight or obese are signposted to the child weight management service delivered as part of the Buckinghamshire's healthy lifestyle service. During 2022/23 110 children accessed the programme against a service target of 100 children, with 92% completing the 12-week programme. 87% of children completing the programme either maintained or reduced their BMI Z score against a service target of 80%. The target of 150 relates to the new lifestyle service which commenced the 1<sup>st</sup> April 2023, full year data for 2023/24 is not available yet.

3.1.5. Healthy Start is a food assistance programme for low-income families, providing financial support to eligible parents and pregnant women for healthy food and milk. Since January 2023 the uptake by eligible residents across Buckinghamshire has increased. As of February 2024, 70% of the eligible population in Buckinghamshire were accessing the scheme.

Indicator	Baseline	Target	Actual
Percentage of children in Reception who are overweight and obese	18.2%	18%	18.5%
Percentage of children in Year 6 who are overweight and obese	31.5%	31%	31%
Percentage of eligible families accessing the Healthy Start scheme	56%	65%	70%
Number of children accessing weight management services	100	150	110

NB: Target for number of children accessing weight management services relates to 23/24 service provision – data not available until April 2024.

### 3.2. Reducing the prevalence of obesity in adults

- 3.2.1. The percentage of adults classified as overweight or obese in Buckinghamshire has reduced from 61% (2020/21) to 60% (2021/22). Likewise the percentage of adults classified as obese in Buckinghamshire has also reduced from 21.4% (2020/21) to 20.5% (2021/22).
- 3.2.2. Adult weight management services within Buckinghamshire are commissioned by Buckinghamshire Council, the Integrated Care Board and Buckinghamshire Healthcare Trust and delivered by a number of different providers. During 2022/23, 2974 people accessed weight management programmes across Buckinghamshire.
- 3.2.3. The Chief Medical Officer recommendation that adults undertake a minimum of 150 minutes (2.5 hours) of moderate physical activity per week, or 75 minutes of vigorous physical activity per week or an equivalent combination of the two, in bouts of 10 minutes or more. The percentage of adults (19 years+) meeting these levels has increased in Buckinghamshire. In 2020/21 71.9% of adults met the recommendations, that percentage has increased to 73.2%, 2021/22.

Indicator	Baseline	Target	Actual
Percentage of adults classified as overweight or obese	61%	61%	60%
Number of adults accessing weight management services per year	2660	3500	2974
Percentage of adults meeting recommended physical activity levels	71.9%	73%	73.2%

### 3.3. Increasing the physical activity levels of older people

- 3.3.1. This indicator reflects unique leisure centre users 65+ and over, focusing on those that have a membership of some description at one of our leisure centres. The previous figures on the Moving Communities database in Dec 2023 showed a figure for this category of 5,843 for the period April 2021- March 2022. As we have moved through 2023 into far more positive public re-engagement with leisure and physical activity from older residents, we are seeing the numbers increasing. We are also working with our Leisure Operators to consider how we could include the regular participants that have returned to the Indoor Bowls Centre at Wycombe – which are not currently included in any returns as this is run by the Club itself.
- 3.3.2. Educating health professionals to be able to provide physical activity advice to older age clients is required to increase the number of older adults regularly active and meeting the recommended activity levels. Being active is important for both our physical and mental wellbeing, reducing the risk of heart disease, type 2 diabetes, depression, anxiety and many other conditions. Over 2022/23, 104 health professionals attended Active Medicine training aimed at enhancing the skills of health professionals to enable them to keep fit and live healthier for longer.

3.3.3. Poor muscle strength in older adults increases the risk of falls and those who have already had a fall are three times more likely to fall again. Strengthening and balance activities help to improve this alongside improved mood, sleep patterns, increased energy levels and reduced risk of an early death. Data for 2021/22 is not available for Buckinghamshire, although previous figures indicated that 47.2% of adults are achieving the recommended twice a week of muscle strengthening exercises. Looking at data specifically related to older adults (65 years +), 38.1% achieved the recommended levels in 2020/21 (2021/22 data not available).

Indicator	Baseline	Target	Actual
Return usage numbers of local leisure centres by people aged 65+ to pre-pandemic levels	13,975	14,000	10,040
Number of health professionals trained to provide physical activity advice to older age residents	88	100	104
Percentage of adults (16 years +) achieving 2 or more sessions of muscle strength exercises per week	47.2%	50%	No update available

### 3.4. Reduce the rates of cardiovascular disease

3.4.1. The proportion of all NHS Health Checks delivered in the two most deprived quintiles allows us to monitor inequalities in access to the CVD prevention checks for residents aged 40-74 (certain exclusions apply). Additional clinical support is being provided to the 4 more deprived primary care networks to enable more NHS Health Checks to be conducted as well as more smoking cessation referrals for higher risk residents.

3.4.2. In addition to practices taking more blood pressures ‘in house’, there are a variety of programmes in Buckinghamshire to support residents to check their blood pressure. Local pharmacies provide blood pressure checks for adults aged 40+ and those referred from their GPs. There are health kiosks that can check blood pressure (amongst other health metrics) in Aylesbury, High Wycombe and Burnham libraries and in Health on the High Street in Friars Square Shopping Centre. Libraries across the county also provide blood pressure monitors for residents to ‘check out’ and use in the comfort of their homes. A range of faith and community groups are part of the Pump It Up initiative to get residents age 18+ checking their blood pressure more regularly. All the community kiosks and venues ask people to share their blood pressure readings with their GP surgery for recording on their clinical record. The acute trust is also exploring ways to share blood pressure readings taken within their clinics with general practice.

3.4.3. In addition to getting people to check their blood pressure, it is important that residents who have been identified as having hypertension (high blood pressure) are clinically managed and ‘treated to target’. This means patients who have hypertension and are younger than 80 maintain their blood pressure reading at 140/90 mmHg or lower. Primary care networks across

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the county have been working on quality improvement projects for cardiovascular disease; many of these were focused on improving hypertension management. These 'CVD Champions' will be doing another round of quality improvement projects on blood pressure and lipid management in the next financial year.

3.4.4. For 2023 of those patients who accepted treatment at 28 day follow up 36.8% had quit. 9.9% had deceased, 22.8% remained smoking and 30.4% were unable to be contacted. In order to try and reduced the number of people who are unable to be contacted Buckinghamshire Healthcare NHS Foundation Trust now has an agreement with Be Healthy Bucks (the stop smoking service) to receive quit data and BHT are also exploring other methods to quickly obtain quit data from patients e.g. text messaging. For maternity patients, patients remain under the care of a midwife throughout their pregnancy. The tobacco dependency advisors for maternity stay with the patient the entire pregnancy. For this group, we know the quit rate is 40%.

Indicator	Baseline	Target	Actual
% of all NHS Health Checks delivered that were for residents in DQ4 and 5	27.6% (2021/22)	40% (proportion these 2 quintiles constitute of Bucks population)	38.8% (23/24 up to Q3)
Proportion of patients (15+) who have had their blood pressure checked in the last year in the 4 most deprived Primary Care Networks	30.4% (2021/22)	39% (Bucks %)	38.5% (23/24 up to Q3)
Proportion of patients aged <80 years with hypertension whose last blood pressure reading (in the last 12 months) was <= 140/90 mmHg for the 4 most deprived Primary Care Networks (PCN)	53.2% (2021/22)	65.7% (England %)	67.5% (23/24 up to Q3)
% of eligible patients who were referred to NHS inhouse tobacco dependency services who later successfully quit smoking (4 week quit)	NA	35% (based on NICE standard smoking cessation services)	40% for maternity. 36.8% for acute inpatients

## 4. Next steps and review

4.1. Following review and feedback from the Health and Wellbeing Board, monitoring of the above indicators will continue. Services will be continuously reviewed and monitored to ensure meeting the needs of the residents of Buckinghamshire.

## 5. Background papers

5.1. None

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