



Director of Public Health Annual Report  
for Buckinghamshire 2012/13



## Contents

1	<b>Foreword from the Director of Public Health</b>	3
2	<b>Introduction</b>	5
	Why improve health and wellbeing?	5
3	<b>What affects our health?</b>	7
	Education and Health	8
	Work and health	8
	Healthy communities	9
	The environment, planning and transport	10
4	<b>How healthy are we?</b>	11
	Health inequalities	12
5	<b>The importance of the early years</b>	14
	Health in pregnancy	14
	Teenage pregnancy	15
	Health at birth	15
	The first years of life	16
6	<b>Mental wellbeing</b>	18
7	<b>Healthy lifestyles</b>	21
	Physical activity	21
	Smoking	23
	Healthy eating	25
	Alcohol	25
	Multiple risk factors	27
	Coordinated action on obesity	27
	Drugs	30
8	<b>Long term conditions</b>	32
	Cardiovascular disease and diabetes	33
	NHS Health Checks	35
	Multiple long term conditions	35
	Preventing and managing long term conditions	37
9	<b>Sexual health</b>	38
	Sexually transmitted infections	38
	HIV	39
	Teenage conception	40
10	<b>Communicable diseases</b>	41
	Tuberculosis	41
	Hepatitis B and C	42
	Influenza	42
	Immunisations	43
	Measles and MMR	44
	Antibiotic resistance and healthcare acquired infections	44
11	<b>References</b>	46

## Foreword from the Director of Public Health

As the Director of Public Health I have a key role in promoting the health and wellbeing of the residents of Buckinghamshire. From April 2013 I have a statutory duty to produce an annual report on the health and wellbeing of local people and ways to improve it.

We know that our chances to be healthy start before we are born. Health begins in our homes, our schools and playgrounds, the jobs we do, the neighbourhoods we live in, the air we breathe, the food we eat, the friendships we make. The first section of my report focuses on some of these broader influences on health, followed by the key health issues for Buckinghamshire and actions that have been taken. The report also highlights some of the work carried out by the Public Health Team and the Drug and Alcohol Action Team over the last year and outlines key priorities for the coming period. It should be read in conjunction with the Buckinghamshire Joint Strategic Needs Assessment (<http://www.buckscc.gov.uk/Joint-Strategic-Needs-Assessment>) which contains extensive data on health and wellbeing needs in Buckinghamshire.

This report has been produced at a time of significant change for public health. From April 2013, Buckinghamshire County Council is taking a new lead role in improving the health of residents. These changes help to put health and wellbeing at the heart of the work of local authorities. This builds on the council's important role in promoting the economic and social wellbeing of their communities and keeping Buckinghamshire a special place to live.

The Government has set two high level outcomes for local authorities:

- To increase healthy life expectancy i.e. increase the number of years people live in good health
- To reduce differences in life expectancy and healthy life expectancy between communities

Achieving this goal, and making a real difference to the lives of people in Buckinghamshire, will require everyone to play their part.

We need to draw on the talents and energy of the people and communities in Buckinghamshire to take control of their own health and wellbeing as far as possible. But we also need action from a range of other partners to make Buckinghamshire a healthier place to live, work and play. Local authorities, businesses, schools and colleges, the NHS, voluntary sector and other agencies can have a dramatic positive impact on people's lives, their health and quality of life. And last, but not least, Government also has a significant role to play by taking effective national action.

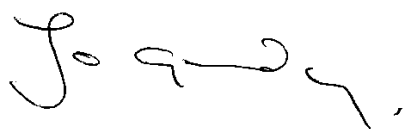
Although people in Buckinghamshire are generally healthier than the national average there are important areas where we need to do better. There is much more we can do to improve the health and wellbeing of everyone in Buckinghamshire and this is highlighted in my report.

Key areas for concerted action are:

- Ensuring the best possible start in life by ensuring that everyone can have as healthy a pregnancy as possible and all children are provided with what they need to grow up happy and healthy.
- Supporting the promotion of mental and emotional wellbeing – put simply just feeling good in yourself helps you get the most out of your life, achieve your goals and is good for your physical health too.
- Increasing the numbers of people making healthy choices in the “Big 4” lifestyles (physical activity, healthy eating, not smoking, not drinking alcohol beyond recommended limits). All organisations have a role to play in making healthy choices the easy choices.
- Improving our approach to long term conditions such as cancer, heart disease, stroke and dementia. This involves improving prevention, early detection and better ways of supporting people to live with long term conditions. We need to be better at designing services with the people who use them so they do what people need, are easy to use and people don't experience gaps in care between different organisations.
- Improving the health of those with poorest health will save many lives and brings many other benefits to the residents of Buckinghamshire.

To achieve this we need to work closely with individuals and communities to work out what would work best for them. I would encourage all organisations in Buckinghamshire to consider how they might help promote the health and wellbeing of Buckinghamshire residents and their own staff.

Finally, there are simple things that people can do for themselves, their friends, families and communities to improve their health and wellbeing. This report highlights some of the things you can do today that could make a big difference. Try some of them and be part of the change we want to see!



**Dr Jane O'Grady**

Director of Public Health

## Introduction

In Buckinghamshire, we are living longer than ever before. We are physically and mentally healthier than the national average. Among our residents, a greater proportion report a high satisfaction with life and rate their health as good or very good. Death rates are falling and life expectancy is increasing. Women in the county can expect to live until 84.0 years and men until 80.5 years; women live more than a year longer than the national average, and men almost two years longer.

However, some of our outcomes for babies and young children are not as good as they should be and too many of our residents still suffer from preventable disease and early death. Worsening trends in unhealthy lifestyles, an ageing population and the economic downturn may also have an adverse impact on people's health and wellbeing and lead to an increased need for services.

Although on many measures Buckinghamshire has better health than the national average this has to be put in context with our international neighbours. In health terms England appears to be slipping down the ranks when compared to 18 other similarly developed countries. The Global Burden of Disease study found that although life expectancy in the UK increased substantially between 1990 and 2010, people are living more years in poor health compared to twenty years ago. When compared with the other developed countries, measures of healthy life expectancy in the UK were significantly below average in 1990 and had worsened by 2010, so there is no room for complacency.

## Why improve health and wellbeing?

Our health and wellbeing is fundamental to our quality of life.

Supporting our residents to be healthy throughout their lives helps them to get the most from life and to participate fully in society. Healthy individuals make up healthy communities and social connectedness benefits everyone, leading to greater satisfaction with life, higher levels of social cohesion and lower levels of crime and disorder.

The early years of a child's life are critical in determining their future health and wellbeing and the foundations for life long health and wellbeing start to be laid down before birth. A healthy start in life increases a child's prospects for educational attainment, future employment and income and this in turn benefits the next generation's prospects for health and wellbeing and economic success.

There is a clear relationship between health and wealth. At an individual level, healthier people have greater employment prospects and earning potential. At an economy-wide level, a healthy workforce is more productive and a healthy population reduces the need for health and social care services.

Increasing the proportion of people with healthier lifestyles would benefit everyone in Buckinghamshire. Four unhealthy lifestyles – smoking, being insufficiently active, drinking too much alcohol and unhealthy eating - account for 42% of deaths from the leading causes. It is estimated that changes in behaviour could halve the current death rate from heart disease and prevent half of all cancers.

Supporting residents to maintain their health helps them retain their independence and quality of life as they age. However we need to continue to address the broader determinants of health – economic conditions, education and skills and the built and natural environment to create the conditions for people to thrive. The conditions in which we live influence the choices we make and our ability to live healthy lives. By investing in health improvement, we improve lives for local people and use health and social care resources much more effectively. It also keeps communities and the local economy thriving.

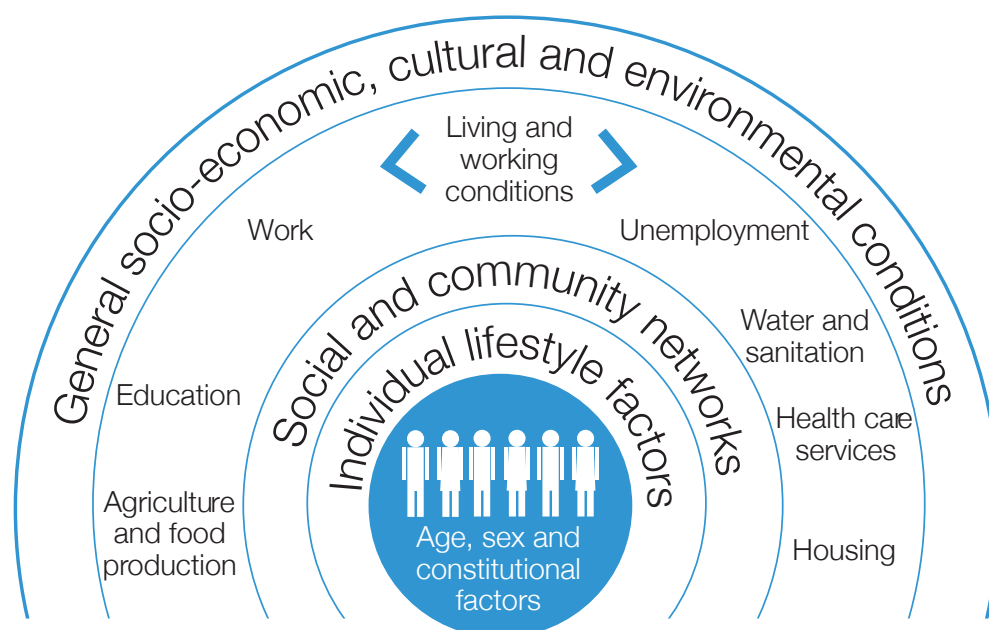
## What affects our health?

As shown in this report, health in Buckinghamshire is already better than the national average on many measures. However, too many of our residents still suffer from preventable diseases. In addition, there are significant gaps in the quality of life and life expectancy between our healthiest and least healthy communities.

So what makes some people healthy and others unhealthy? What can we do to ensure that everyone in Buckinghamshire has the best chance to lead a long, healthy life?

Research has shown that health is determined by a complex interaction between an individual's:

- age, sex and constitutional factors
- lifestyle
- social and community networks
- living and working conditions
- general socio-economic, cultural and environmental factors.



Source: Dahlgren, G. and Whitehead, M. (1991) Policies and strategies to promote social equity in health, Institute of Futures Studies, Stockholm

A number of studies<sup>1,2</sup>, have found that these 'broader determinants' of health are more important than health care in ensuring a healthy population and that social and environmental factors can account for as much as 60% of the factors affecting an individual's health<sup>3</sup>. These factors impact on an individual throughout life so the longer a person lives in adverse circumstances the greater the adverse impact on health.

Local government is ideally placed to take coordinated action to address these factors, encompassing issues as wide ranging as education, employment, transport and the local environment, as well as social services and health care. The government's aim is to put health and wellbeing at the heart of the work of local authorities. The shift in responsibility for improving local health and wellbeing to upper tier authorities from April 2013 offers us a fresh opportunity to drive coordinated action on these issues.

## Broader Determinants of Health

### Education and Health

There is good evidence that educational attainment affects levels of health and ill health throughout life. People with higher levels of educational attainment tend to choose healthier lifestyles and have better income and employment prospects. Schools and other educational settings offer great opportunities to promote mental and physical health of young people and prepare them for life more broadly.

Schools can offer an excellent opportunity to create environments where healthy choices are easier and where young people can develop the knowledge, attitudes and skills to make healthy choices. They can also foster emotional resilience and mental wellbeing to equip young people for life. Physical activity programmes improve academic achievement, attention and behaviour at school. In addition, good personal, social and health education can have a positive influence on behaviours. For example, school-based smoking projects have been shown to reduce levels of adolescent smoking.

### Work and health

There is a virtuous circle between employment and health. Employment is good for an individual's health, a healthy workforce is good for business, and a thriving economy can expand the opportunities for employment and good mental and physical health.

There is strong evidence that being in work - especially a job that offers a good work environment, job security and good internal relationships - has a positive impact on health and life expectancy.

Conversely, unemployment is bad for health. It may be associated with increased smoking and alcohol consumption, decreased exercise, higher rates of long term illness, mental illness, cardiovascular disease and suicide. It may also have a harmful impact on other family members.



There is also evidence that poor quality jobs, with little security, poor job satisfaction and poor support are also linked to ill health, depression and musculoskeletal problems (such as back pain). Up to 75% of all sickness absence is due to anxiety, depression and musculoskeletal problems.

Poor health is bad for business and the economy:

- Sickness absence and unemployment cost the British economy over £100bn each year.
- Nationally, obesity accounts for 18m sick days each year.
- In Buckinghamshire, smoking costs businesses £42m annually.
- Mental illness cost UK employers an estimated £26bn in 2006 (£28bn at 2009 pay levels).

The workplace is an excellent setting to promote healthy lifestyles to a large proportion of Buckinghamshire's adult population, with clear benefits to business. For example, physically active workers take 27% fewer sick days than those who are not.

In Buckinghamshire, we are working with Bucks Business First / NGAGE to better understand and support healthy workplace practices among the county's small to medium sized businesses. In addition, organisations within the Buckinghamshire Healthy Communities Partnership are implementing healthy workplace strategies.

By implementing the measures to improve health and wellbeing detailed in this report, we aim to support a healthy economy as well as a healthy population.

## Healthy communities

As with work and health, there is a positive two-way relationship between wellbeing and community engagement. The health and wellbeing of individuals affects their ability to participate in community life and the physical and social environments of communities are important in determining physical and mental health, social connectedness and levels of crime.

Strong social networks are also very beneficial for health. People with strong supportive social ties have lower death rates and cohesive communities have been found to have better health.

Crime and fear of crime impact on health. Exposure to crime and violence is linked with poorer health and less healthy behaviours, such as reduced physical activity, social isolation and poorer mental wellbeing. It also leads to mistrust which potentially reduces community engagement.

By creating and supporting healthy communities across the county, we can enhance the health and wellbeing of local people and reduce the social and economic costs of isolation and crime.

## The environment, planning and transport

The physical environment affects people's health in a number of ways. The design of towns and cities, quality of housing, accessibility of green spaces and organisation of transport all impact on health.

Green spaces are associated with a decrease in health complaints, lower blood pressure and cholesterol, reduced stress levels and improved mental health. Green spaces also encourage social contact, provide spaces for physical activity and play, and improve air quality.

Transport can both promote and damage health. Transport can enable access to education, jobs, and social and leisure activities thus promoting health. However the mode of transport can also impact directly on health. Improvements in the walking and cycling infrastructure could help people avoid long term chronic diseases. It is estimated that every £1 spent on the cycling infrastructure delivers £11 of benefits and research suggests that the safety risks of cycling are outweighed by the health benefits by a factor of around twenty to one. 'High walkability' neighbourhoods with good local amenities, ease of movement and safety are good for physical and mental health as well as social connectedness.

However, motorised transport can have a harmful impact on health and wellbeing. The adverse effects include, road traffic accidents, pollution and noise and high levels of traffic through communities can reduce social interaction and connectedness. Studies suggest exposure to higher noise levels is linked with depression, anxiety, high blood pressure and cardiovascular disease. Outdoor air pollution also increases illness and death from heart and lung disease. Each year in the UK, short term air pollution is associated with up to 24,000 premature deaths.

In the UK, transport is the second largest generator of carbon emissions after energy generation. Local transport policies can therefore impact on health both directly and also indirectly through carbon reduction strategies thus contributing to reducing the scale of climate change. The anticipated effects of climate change include ill health and death from heat waves, flooding and extreme weather and the potential re-introduction of diseases such as Malaria to the UK.

Urban sprawl is harmful for health as it has been found to reduce walking and increase driving levels, leading to residents who weigh more and have higher blood pressure. The increased traffic leads to more pedestrian accidents and ill health from pollution. High levels of urban sprawl have been found to have similar effects to ageing the population by 4 years.

Housing quality and design also has a direct impact on health. Factors such as damp and mould, overcrowding and extreme temperatures are associated with a range of long term conditions including heart disease, stroke, respiratory diseases and mental illness. Cold housing is associated with poorer health and wellbeing and poorer educational

attainment among children. It also increases the risks of accidents, cardiovascular and respiratory diseases. Excess winter deaths are four times higher in the coldest 25% of households compared to the warmest 25%. Children who live in high-rise housing have restricted access to play areas and have poorer health and more behavioural problems.

Planning for housing growth, regeneration and new transport approaches in Buckinghamshire offers opportunities to embed good health and wellbeing into the design of our communities.

**The combined impact of these influences drives the patterns of health in Buckinghamshire as can be seen below.**

## How healthy are we?

In Buckinghamshire, on average, people tend to have better physical health and mental wellbeing compared to the national average which is commensurate with the generally better social and economic conditions, higher than average educational attainment and the quality of the built and natural environment.

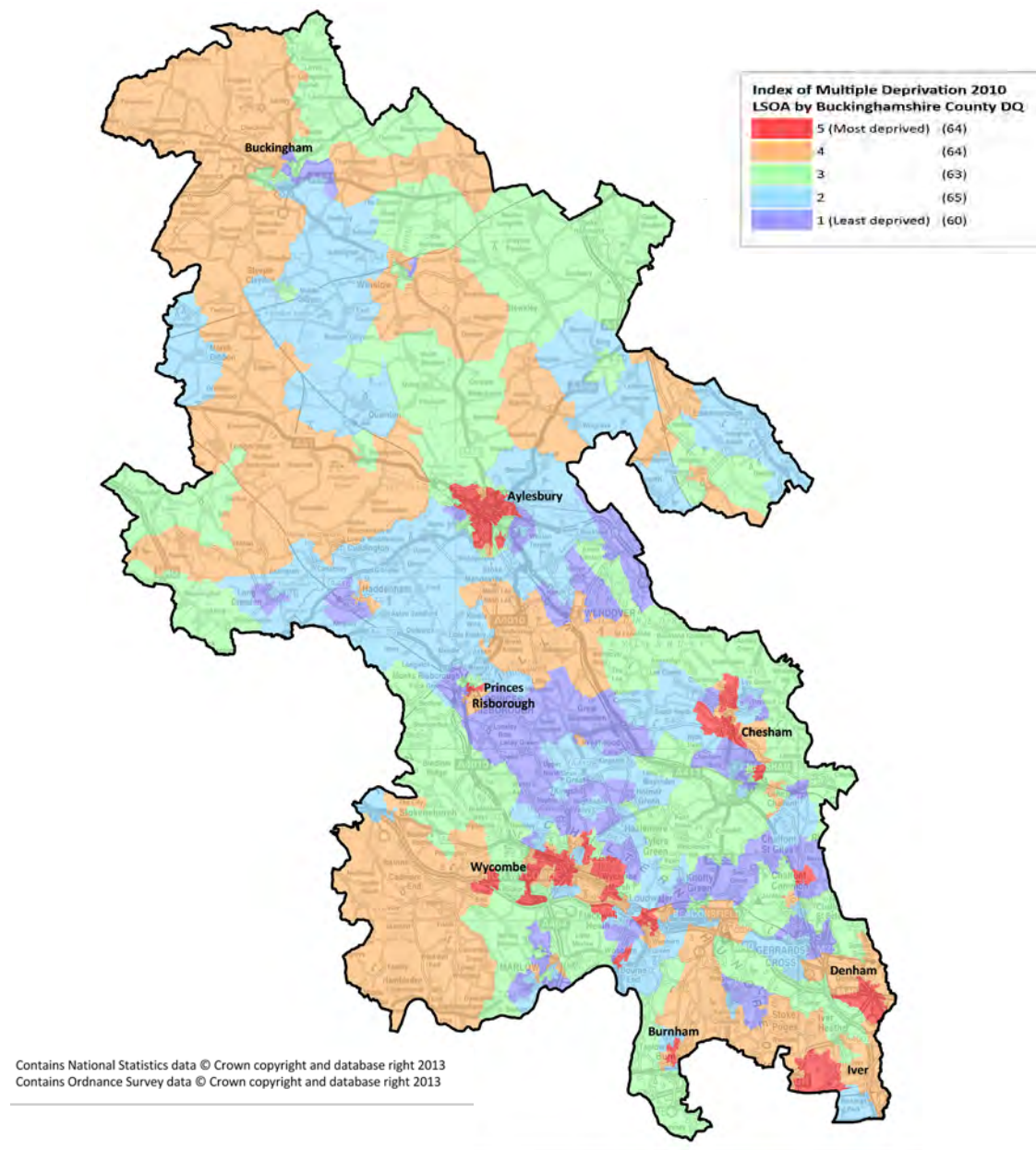
- 79% of Buckinghamshire residents report a high satisfaction with life.
- 86% of people in the county rate their health as good or very good.
- Death rates are falling and life expectancy is increasing.
- However people living in the most deprived areas in Buckinghamshire (approximately 100,000 people) have almost 6 years shorter life expectancy than those living in the least deprived areas.

Among our residents, 79% report a high satisfaction with life compared with 76% nationally, and 86% rate their health as good or very good compared with a national average of 81%. Fewer people in the county report having a long term condition that they feel places limitations on their life (13% compared with 18% nationally).

Death rates are falling and life expectancy is increasing. Women in the county can expect to live until 84.0 years and men until 80.5; women live more than a year longer than the national average, and men almost two years longer.

However, despite our many advantages in Buckinghamshire the outcomes for babies and children in the early years are only similar to the national average when we should expect them to be better. Our population still suffers unnecessarily from a range of long term conditions such as diabetes, heart disease, cancer, stroke, dementia – a significant proportion of which are preventable with simple changes to how we live our lives. Long term conditions already account for 70% of the health and social care budget and as the population ages the prevalence of long term conditions is increasing. We need to act now to reduce the number of people developing preventable conditions both for their benefit and the sustainability of our health and social care system and our economy.

## Index of multiple deprivation 2010 based on Buckinghamshire County Quintiles



## Health inequalities in Buckinghamshire

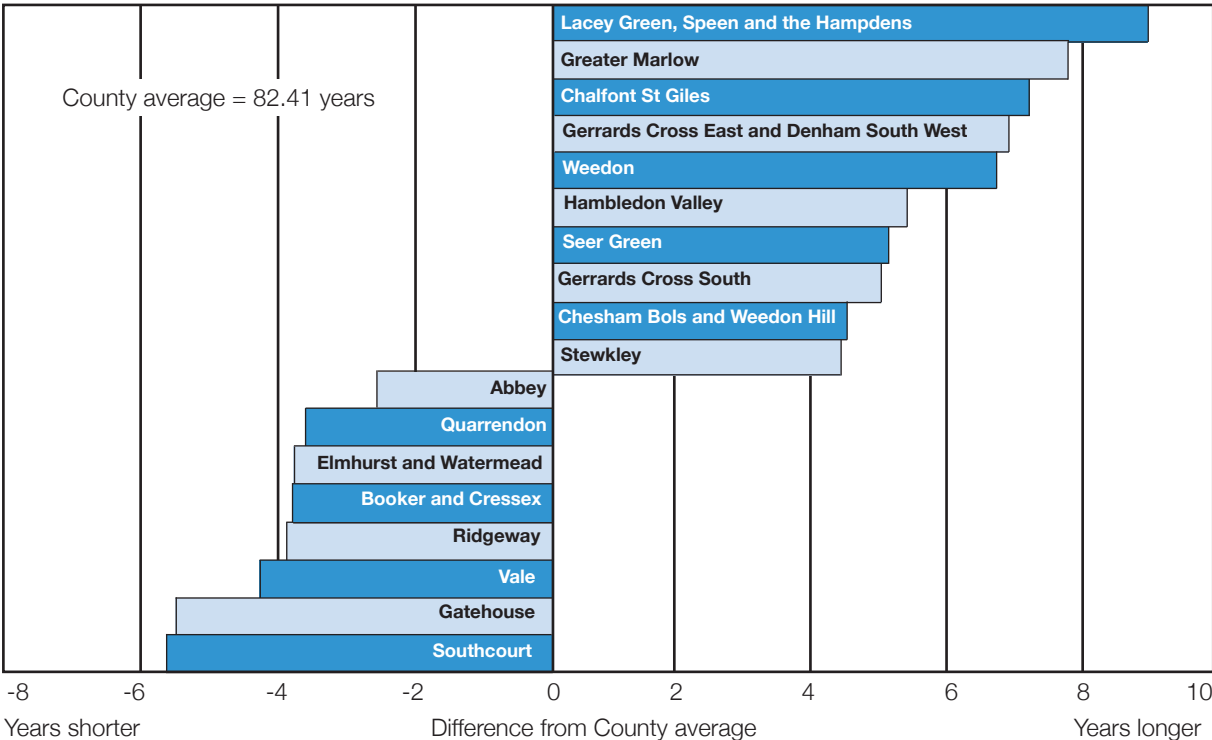
Good health and wellbeing are not distributed evenly across the population and some groups have much poorer health than the county average. Key groups at risk of worse health outcomes include looked after children, people with caring responsibilities, people with learning disability or some mental health problems, people who cannot find employment. The fifth of the population (100,000 people) living in the most disadvantaged wards in Buckinghamshire (as measured by the national index of multiple deprivation) have worse health and wellbeing at all ages in Buckinghamshire than the average.

The most disadvantaged areas are colour coded on the accompanying map as the red zones.

In the red zones for example

- The proportion of low birthweight babies is 43% higher in the most deprived zones compared to the least deprived (dark blue) zones. Babies born in the most deprived parts of Buckinghamshire are around three times more likely to die in infancy.
- Only 49% of children in reception year (age 5) have reached a good level of development by this age compared to 65% for Buckinghamshire as a whole and 75% for the least deprived zones
- Emergency admission rates to hospital are higher in the most deprived zones for a range of conditions including childhood illnesses, heart disease, diabetic emergencies, stroke, accidents
- You are twice as likely to die before the age of 75 if you live in one of the most deprived areas compared to the least deprived areas.
- There is a seven year gap in male life expectancy between the most deprived and least deprived zones of Buckinghamshire, and a four year gap for females.
- There is more than 14 years difference in life expectancy between the district council electoral wards with the longest and the shortest life expectancy

**Difference in life expectancy (persons) 2007-2011, by ward with Buckinghamshire County**



Like many areas of the country the gap in life expectancy is increasing between the most and least disadvantaged. It is important that we halt and reverse this trend, to enable everyone to reach their full potential and live life to the full.

## The importance of the early years

The early years of a child's life are critical in determining their health and wellbeing. Early life experiences impact on a child's physical, social, emotional and thinking skills which influence their longer term health and life chances.

- More than 7000 women become pregnant in Buckinghamshire each year.
- In 2012 nearly 10% of pregnant women in Buckinghamshire may be missing out on essential health advice in early pregnancy by not attending health services early enough.
- The proportion of babies born at term with low birthweight in Buckinghamshire is similar to the national average
- The proportion of babies born with low birthweight is higher in the more disadvantaged areas of Buckinghamshire and deaths in infancy are also more common in these areas.
- The proportion of children reaching a good level of development at the end of reception year is similar to the national average at 65%

### Health in pregnancy

Good health begins pre-birth. Many women do not realise it is important to start preparing for a healthy pregnancy before they become pregnant, by taking folic acid, losing weight and stopping smoking. Sometimes, when pregnancies are unplanned, women do not realise they are pregnant for the first few weeks.

The health of a pregnant mother, in terms of mental wellbeing, diet, drug use, alcohol consumption and smoking can impact on the development of her baby's body and brain. Poor maternal mental health in pregnancy can lead to a low birth weight and increased rates of mental ill health in children. A low birth weight is associated with an increased risk of immediate and longer-term health problems and a risk of lower educational achievement.

Early contact with antenatal services improves the mothers and child's health. A variety of screening programmes are offered to pregnant women, for example testing for infectious diseases and scans to detect some problems with the developing baby. It is important that pregnant women have the whooping cough (pertussis) vaccine and, during the flu season (October to February), the flu vaccine to protect themselves and their babies.

In Buckinghamshire in 2012, 9.4% of women did not see a midwife by 12 weeks of pregnancy and may therefore have missed out on essential health advice in early pregnancy.

Partners in Buckinghamshire should work together to ensure women are aware of how to prepare for pregnancy and personal, social and health education lessons in schools should provide girls with information about the importance of ensuring good health before becoming pregnant. In addition, it is important that health professionals and women recognise the importance of good mental health in pregnancy and after the birth and get early help if problems arise.

In the coming year, we will be working with local GPs to review and improve the antenatal care pathway for women in Buckinghamshire to ensure even better outcomes for mother and baby. This will include raising awareness of the need for optimising health before and during pregnancy and the role of nutrition and vitamins.

Smoking in pregnancy increases the risk of infant death by 40% and babies of smokers are twice as likely to have a low birth weight as well as other health problems such as heart defects. Women who are smoking in pregnancy should be referred to smoking cessation services and given as much support as possible to give up.

While smoking rates among pregnant women in Buckinghamshire are lower than national averages (7.6% of women smoking at delivery in the county compared to 13.2% nationally) a report by the Public Health Department has found that local smoking cessation services for pregnant women could be improved. A detailed audit of low birth weight babies in Buckinghamshire (see 'Health at birth' below) looked at ways the numbers can be reduced and found that rates of access, referrals and uptake of smoking cessation services for pregnant women in Buckinghamshire were not as high as elsewhere. Improving this situation will be a priority for the coming year.

## Teenage pregnancy

Teenage mothers may need extra support. For further details on teenage pregnancy please refer to the section on sexual health.

This year, a Family Nurse Partnership has been established in Buckinghamshire. It supports women who become pregnant with their first baby before they are 20. Specially trained professionals provide intensive support for two and a half years with the aim of connecting with families to improve pregnancy outcomes; improve child health, development and achievement; and to improve parents' economic self-sufficiency. It is already making excellent progress with its current clients but will need additional resources if it is to be sustainable as demand is greater than current capacity.

## Health at birth

The recent Global Burden of Disease study compared the UK with 18 other similarly developed countries. It found that in 2010, the UK was ranked third worst for the age-specific mortality for boys and girls aged under one year. It also found that in 2010 the UK was second worst for age-standardised years of life lost for pre-term birth complications.

Children born with a low birth weight (below 2.5kg including premature babies) can face immediate and lifelong risks to their health and development. The proportion of low birth weight in Buckinghamshire was 7.1% in 2009-2011 which is similar to the national average of 7.4%. However, the proportion of low birth weight babies for the fifth of the population living in the most deprived areas in Buckinghamshire is 8.9% which is significantly higher than the proportion of low birth weight in the least deprived part of Buckinghamshire (6.3%). In 2010, 2.82% of term babies were born below 2.5Kg, which is similar to the national average of 2.85%. An audit of low birth weight babies in Buckinghamshire carried out by the Public Health Department identified that more could be done, for example by improving the numbers of pregnant women supported to stop smoking by the smoking cessation service. This requires action by midwives, doctors and smoking cessation services.

In Buckinghamshire, infant death rates are higher in the most deprived fifth of the population. For example, the infant death rate in 2009- 2011 was 7.2 per 1000 live births in the most deprived areas compared with 2.6 per 1000 in the in the least deprived areas of Buckinghamshire.

Clinical commissioning groups, Buckinghamshire Healthcare NHS Trust and the local authority need to continue working together to enhance access to maternity services for women to improve birth outcomes. It is important that all maternity care providers collect accurate data to identify the causes of poor outcomes in pregnancy and address the needs of women and babies in Buckinghamshire. The Child Death Overview Panel can contribute further by ensuring the data it collects helps to identify accurately any areas for improvement or specific groups that have poorer outcomes.

## The first years of life

A child's physical, mental and social development in early years is crucial. There is good evidence to show that if children fall behind in the early years they are more likely to fall further behind at subsequent educational stages. The development of early thinking ability is strongly associated with later educational success, higher income and better health. Emotional and social skills are also important for future success. The child's relationship with their mother (or main carer) has a major impact on social and emotional development. In turn, the mother's ability to provide a nurturing relationship is dependent on her own emotional and social wellbeing and intellectual development – and on her living circumstances. Many social and health problems such as crime, mental ill health, family breakdown, drug abuse and obesity have their roots in early development. The national cost of these problems is predicted to be about £4 trillion over a twenty year period and it is estimated that early years interventions can avoid £1.5 trillion of these costs.

Moderate to severe postnatal depression affects around one in eight women in the early months following childbirth. It affects the mother's quality of life, the relationship between mother and baby, and the emotional, intellectual and behavioural development



of the child. All services working with mothers and young children need to work together to identify families that may need extra help to ensure the correct support is given as early as possible.

Breast feeding is vital to boost a baby's immune system. Breastfed babies are less likely to suffer from diarrhoea or chest and ear infections and less likely to become obese or develop eczema. Breastfeeding also has benefits to the mother by lowering the risk of breast cancer and increasing the bond with their baby. It is essential that mothers and mothers-to-be are given consistent messages and feel supported to breastfeed. This year we have delivered training for health professionals and children's centre staff to ensure that new mothers have access to consistent information and support around the benefits of breastfeeding. We continue to promote our breastfeeding clinics to increase the number of mothers who begin and maintain breastfeeding.

The Early Years Foundation Stage Profile is an assessment of a child's development at the age of five. In 2012, 65% of five years olds in Buckinghamshire had a good level of development, compared with 64% nationally. However, only 49% of children in the most deprived parts of Bucks achieve good levels of development by age 5 years compared to 75.4% in the least deprived. Evidence based programmes need to be put in place to improve development levels to those of the best areas in the county. These programmes will include parenting support and early year's education, and are underpinned by high quality maternity services.

The circumstances of a child's birth and the effects of their early years last a lifetime. By investing in universal and targeted services in pregnancy and the early years, we aim to ensure that children in Buckinghamshire can enjoy the best health and life chances.

## What can I do?

- If you are planning to become pregnant:
  - take folic acid supplements every day
  - try to be a healthy weight
  - stop smoking
  - avoid alcohol or only consume 1-2 units per week
- See your GP as soon as you become pregnant.
- Make sure you have the whooping cough (pertussis) vaccine and, during the flu season, the flu vaccine.
- Get breastfeeding advice and support from your midwife or health visitor.
- Tell your GP or health visitor if you are feeling down after you have had your baby. It is quite common and there is lots of help and support available.
- Read books with your child every day – borrowing books from the library is free and ensures you have books that your child can enjoy with you
- Take up your child's entitlement to free early years education – all three and four year olds are entitled to 15 hours a week, and some two year olds are as well.

# Mental wellbeing

- Mental wellbeing is good for your health
- Happy people on average live between 7.5 and 10 years longer than people who are unhappy
- Mental wellbeing improves education, training and employment outcomes, and is linked to economic success in adults

Mental wellbeing is central to our quality of life. It is not just an absence of mental ill health; rather it can be understood in terms of overall happiness or satisfaction with life, personal development and having a sense of belonging to a community.

Mental wellbeing is good for health. Studies suggest that on average happy people live between 7.5 - 10 years longer than people who report that they are unhappy. Mental wellbeing improves education, training and employment outcomes and economic success in adults. It plays a vitally important role in tackling some of society's persistent problems including drug use, crime, violence, abuse and homelessness. Having positive wellbeing ensures that we live life to the full and can realise our potential.

Half of people with life-long mental health problems first experience symptoms by the time they are 14. One in ten children aged 5-16 has a mental health problem and children aged 11-15 who are looked after by local authorities are four to five times more likely to have poor mental health than those living in private households. Promoting mental wellbeing and identifying and taking prompt action to address mental ill health during childhood and adolescence is crucial to support life-long wellbeing, educational attainment and employment chances.

The first national wellbeing survey was carried out by the Office for National Statistics last year. It asked four key questions looking at how satisfied people are with their life, how worthwhile they feel the things they do are, how happy they are, and how anxious they are.

Buckinghamshire had better scores than the national averages across all four measures, commensurate with the generally good socioeconomic conditions in the county. 79.3% of people in Buckinghamshire had high or very high life satisfaction, compared to 75.9% in the UK (2012). 82.7% of people felt that their lives were worthwhile, compared to 80% in the UK. Although these results are good, around one in five people have lower life satisfaction scores. This indicates that there is more that could be done to improve wellbeing locally, especially given that mental wellbeing is shaped by a wide range of factors including housing, employment, income, debt and social networks.

This year the Buckinghamshire Healthy Communities Partnership has launched the 'five ways to wellbeing' campaign. It encourages people who live and work in Buckinghamshire to do one or more of the five things that have been proven to boost wellbeing (see 'what can I do' p20) and it promotes the various wellbeing services available across the county. Evaluation found that 13% of respondents reported that they had made a change in their lives as a result of the campaign.

Recognising the long-term importance of wellbeing in childhood and adolescence, the Children and Young People's Emotional Wellbeing Group brings together all the agencies involved in working with children and young people across health, education and social care in Buckinghamshire to coordinate action to improve wellbeing and mental health.

This year the group commissioned research into young people's views of wellbeing and the 'five ways'. It found that they see the five ways to wellbeing as a useful approach and revealed that they view school as an important source of emotional support. The group will be working to support schools in Buckinghamshire to develop an ethos and approach that enhance wellbeing and to encourage the early identification of mental health problems.

We have also been piloting the Penn Resilience programme in five secondary schools in Buckinghamshire this year. Twenty two staff members across the five schools have been trained to deliver the licensed programme to more than a thousand pupils. The programme offers adolescents coping strategies for dealing with stress and difficult situations. A formal qualitative evaluation is underway. Emerging findings suggest that a clear majority of pupils and all of the staff involved felt that the programme was very effective in meeting the needs of their pupils. Although the programme has not been running for long there are clear signs of its impact on pupils, as evidenced by the ways in which they are able to recount how they have used strategies. This evidence has been further validated by data from teachers and parents. Over the coming year resilience promotion will be rolled out more widely, based on the practical learning from the pilots.

This year, 150 school nurses and staff, social workers, child-minders, counsellors and youth workers have been given training to recognise self-esteem problems and to work to promote self-esteem among young people. Due to the large amount of interest from school staff, and the growing local expertise we have in this area, a mental health skill sharing conference for schools will be held towards the end of 2013.

The five ways to wellbeing campaign will continue to be a focus for coordinated wellbeing promotion with partners across Buckinghamshire over the coming year. In particular, we will be looking at promoting the five ways in workplaces as a part of workplace health and exploring ways to target the promotion of the five ways to wellbeing at particular segments of the population. In addition, we will continue to support the national 'Time to Change' campaign with adults and young people across Buckinghamshire. Time to Change is England's biggest programme to challenge mental health stigma and discrimination.

We will also be working with the Buckinghamshire Health & Wellbeing Board to promote mental wellbeing among older people.

## What can I do?

Try to incorporate the 'five ways to wellbeing' into your daily life:



- **Connect** – with your friends, family, neighbours and people at work. Have a conversation, pass the time of day, make time for a chat.



- **Be active** – find a physical activity that you enjoy, go for a walk. Run, cycle, dance or try gardening.



- **Take notice** – be curious, take time to look at the day. Catch sight of the beautiful. Remark on the unusual.



- **Keep learning** – try something new, whether it's a new recipe, fixing the bike or even signing up for a course.



- **Give** – smile, do something nice for a friend or neighbour, make time for others.

**What can your local community do to promote mental wellbeing?**

## Healthy lifestyles

Lifestyle behaviours have a significant impact on health, in particular the ‘big four’ of physical activity, smoking, healthy eating and alcohol consumption. Together, they account for 42% of the leading causes of death and 31% of the years lost to ill-health, disability and early death.

We do not make lifestyle choices in a vacuum and there are a wide range of social influences that affect our behaviours. In addition, people in deprived circumstances and with lower levels of education often have less opportunity to make healthy choices.

Almost everyone in Buckinghamshire could benefit from adopting healthier behaviours to protect their health. Making small sustainable changes to daily life could make a big difference to people’s health.

- Many adults in Buckinghamshire do not do enough physical activity to protect their health. Over a quarter are completely inactive.
- More adults in Buckinghamshire are overweight and obese than are a healthy weight.
- Almost one in seven adults in Buckinghamshire smoke. Half of them will die from smoking-related diseases such as cancer and heart disease.
- 2 in 3 Buckinghamshire residents do not eat healthily.
- If everyone in the UK ate healthily, it could save 70,000 lives and £20bn every year.
- One in five people in Buckinghamshire drink alcohol at levels that will harm their health.
- Alcohol misuse costs society over £20bn every year in terms of healthcare, lost productivity and crime.

## Physical activity

Physical activity benefits both physical and mental health. Being physically active reduces the risk of developing heart disease, diabetes, stroke, cancers including 2 of the commonest cancers in Buckinghamshire – breast and bowel cancer. It can also help to reduce the risk of developing dementia and depression.

Physical activity also plays an important role in treatment of diseases such as diabetes, heart disease, lung disease and depression and helps manage painful conditions such as osteoarthritis.

Keeping active is key to being able to continue to live independently; by the age of 70, 25% of women and 7% of men do not have sufficient leg strength to get up out of a chair without using their arms, making them more prone to falls and less able to do

everyday activities. Regular physical activity helps to maintain strength and balance and thus supports independent living for as long as possible.

Physical activity is also important for the healthy development of children and young people and contributes to better educational attainment and school behaviour.

The number of people killed by diseases attributed to inactivity is similar to the number killed by smoking.

Adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10 minutes or more – one way to approach this is to do 30 minutes on at least 5 days a week.

All children and young people should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day.

The most recent Active People Survey shows that 57% of adults in Buckinghamshire reported doing the recommended level of 150 minutes activity per week. This is similar to the national average of 56%, and less than the best area in the South East region which achieved 62%. It is important to note that people usually overestimate their physical activity levels when asked in surveys. Studies using objective measures (such as portable movement sensors) find that considerably fewer people achieve recommended levels. One national study using objective measures identified that only 6% of men and 4% of women were active at recommended levels. Physical inactivity remains a significant public health problem for Buckinghamshire.

Over the last year we have expanded the 'Simply Walk' scheme to cover new areas and make it accessible to a wider range of local people. The scheme operates 57 guided walks through the county, encouraging less active people to start walking in a social environment. By March 2013, there were 1279 listed walkers of whom 61% walk more than once per month.

We also continue to work with Reactivate Bucks, a promotional campaign and web and phone-based directory of opportunities to take part in a wide range of physical activities across the county. Since 2010, it has helped over 20,000 people to return to sport or try a 'give it a go' course of taster sessions for different activities.

We are working to get better data on the use and effectiveness of the Exercise on Referral scheme which enables GPs to refer inactive people with a long term condition to a number of local authority leisure centres for subsidised activity sessions. In addition, we have developed a pilot physical activity pathway, enabling healthcare professionals in primary care to offer 'exercise prescriptions' for five common conditions: high blood pressure, type 2 diabetes, osteoarthritis, depression and for weight management.

We need to ensure that we have an appropriate and accessible range of physical activity services and support. We also need to ensure that frontline health and social care staff are aware of the options and how to refer people to them. Over the coming year, a key priority is to develop a three year, county-wide physical activity strategy which brings together local government, the NHS and other partners to coordinate efforts to encourage and support local people to be more active.

## Smoking

Smoking is one of the most serious addictions affecting our population. It remains the single greatest cause of preventable illness and premature death in the UK and it accounts for over half of the difference in life expectancy between the richest and poorest members of our society. According to ASH (Action on Smoking and Health) smoking kills more people in England each year than the combined number of deaths from obesity, alcohol, road traffic accidents, illegal drugs and HIV infection.

Smoking increases the risk of heart disease, stroke, lung disease and several types of cancer. Smoking also harms non-smokers. Mothers who smoke during pregnancy increase the risk of having low birth weight babies and children whose parents smoke have an increased risk of cot death, meningitis, asthma attacks and lung infections.

Reducing the uptake of smoking through prevention programmes and strategies, is key to reducing long term smoking rates. 80% of people who smoke start before the age of 18 and smokers who start at a young age are less likely to quit than those who start later in life. Children are also 60% more likely to smoke if one of their parents smokes.

In Buckinghamshire, it is estimated that 15% of the 18+ population (about 58,500 people) smoke (2011/12 data). This is lower than the national average of 20%. Smoking is more prevalent among lower socioeconomic groups and some minority ethnic groups such as Pakistani and Bangladeshi men, Irish men and women.

There are two key strands of our work to address the problem of tobacco in Buckinghamshire: encouraging people not to start smoking; and services to support those who do smoke to quit. The Tobacco Free Buckinghamshire Alliance is led by the public health team and brings together commissioned smoke free services, the county and district councils, NHS trusts, voluntary groups and other partners. It oversees local smoking cessation services and delivers a broad tobacco-free programme with a focus on preventing uptake among young people. This programme is underpinned by the Tobacco Free Buckinghamshire strategy 2012-15, which was developed in partnership with Alliance members.

Over the last year we have carried out a number of initiatives to encourage young people not to start smoking, including:

- A competition with the national charity Cut Films, where young people got the opportunity to make films and personal video diaries about the risks of smoking, with one local Bucks school a national winner.
- A joint project with the national charity Quit Because and Wycombe Wanderers Football Club, using street football to promote quitting smoking.
- We also worked with Quit Because to run a Smokefree Family Christmas campaign to support family members to quit during the Christmas period to protect both their own health and that of their children.
- Buckinghamshire Health and Wellbeing Board also submitted a response in support of plain packs, which is aimed at reducing the attractiveness of smoking to young people through removing branding on cigarette packs.

Our smoking cessation services are very successful. People are four times more likely to quit with NHS support than without, and ten times more likely to have remained tobacco-free a year later. Buckinghamshire's smoking cessation services have a higher success rate than the national average with 60% of smokers who set a quit date successfully stopping, compared with 49% nationally.

We have been working with the providers of our local smoking cessation services to tailor campaigns to some of the local segments of the population who engage least with these services. This has included work with routine and manual workers, ethnic minority groups with higher smoking rates and a campaign aligned with Ramadan. This year we took part in the new national 'Stoptober' campaign in October, to complement the well-established campaigns around the New Year and national No Smoking Day in March, encouraging more people to use the services throughout the year.

We have also worked closely with Buckinghamshire Healthcare NHS Trust to deliver a programme of smoking cessation support for those who use hospital services. This includes a 'stop before the op' initiative to support smokers who are undergoing an operation to stop smoking before they have the operation and work with maternity services to encourage expectant smoking mothers to quit.

Smoking cessation services are provided in the prison settings across Buckinghamshire with over 70% of prisoners who make a quit attempt succeeding. Smoking rates are particularly high amongst mental health service users and services are provided both through primary care and in mental health services, where around 70% of inpatients currently smoke.

Over the coming year, the tobacco free alliance will continue to promote smoking cessation services, particularly among those groups who need them most but use them least. We will also continue our prevention activities with a focus on young people. In addition, the alliance will be working with partners, including trading standards, to tackle the problem of illegal tobacco in Buckinghamshire.



## Healthy eating

A balanced diet is essential at all ages and helps protect against a range of serious conditions. As a nation, we have fewer sit-down meals than we used to and hence we tend to snack, often on high-calorie, high-fat foods.

Only 31% of Buckinghamshire adults eat the recommended five portions of fruit and vegetables each day, yet an increase of just one portion of fruit or vegetables per day lowers blood pressure and reduces the risk of coronary heart disease by 4% and stroke by 6%. If we all ate according to national healthy eating guidelines (for fat, salt, sugar,) it could save 70,000 lives and £20bn every year nationally.

A healthy diet should start in childhood and begins with breastfeeding. This year we have delivered training for health professionals and children's centre staff to ensure that new mothers have access to consistent information and support around the benefits of breastfeeding. We continue to promote our breastfeeding clinics to increase the number of mothers who begin and maintain breastfeeding.

Healthy eating in childhood sets good patterns for adulthood, as well as providing the right foods for both mental and physical development. For example, research has shown breakfast clubs to have significantly improved social skills, punctuality and health and concentration levels in children. These benefits are particularly seen in deprived areas.

A dietician supports children's centres and schools in those areas of Buckinghamshire with above average levels of obesity to promote healthy eating.

Buckinghamshire County Council's school meal improvement team have also increased the availability of hot school meals across the county through new facilities and deliveries from school hub kitchens for those schools without their own kitchen. We have funded the 'Chefs Club' programme to teach secondary school pupils improved cooking skills. The Public Health Department is also working with colleagues in planning departments to better understand the impact guidance could have on planning permissions for fast food outlets near schools.

Over the coming year, we will continue to work in partnership with colleagues in the NHS, schools and planning to ensure coordinated action to encourage and support healthy eating across Buckinghamshire.

## Alcohol

Alcohol is the second greatest lifestyle health risk factor after smoking. Drinking above recommended levels has wide implications for individuals, families and society as a whole. Alcohol misuse costs society an estimated £21bn every year, and the costs to the NHS alone are around £120 per year for every tax payer.

Drinking above recommended levels increases the risk of high blood pressure, heart disease, strokes, liver disease and cancer. It is related to depression and fatigue and can cause relationship problems. Its harm is not limited to health conditions. It causes accidents and is associated with violent crime. Around 40% of cases of domestic violence are estimated to be linked to alcohol.

The impact of excessive alcohol consumption is an increasing problem, as shown by the continued rise in alcohol-related admissions to hospital. The number of deaths directly related to alcohol has increased by a fifth since 2001.

The majority of people who have an alcohol-related health problem are not alcohol dependent; they are simply people who have drunk more than the recommended limits regularly over a number of years. Older age groups are showing the consequences of regular excessive drinking, with the bulk of alcohol-related hospital admissions among 55-74 year olds.

Buckinghamshire has the fourth lowest level of alcohol related hospital admissions in the country. However, the figure continues to rise. In addition, alcohol-related health conditions are more common in the least advantaged areas of the county.

For every £1 spent on alcohol treatment services for dependent drinkers, £5 is saved in health, welfare and crime costs. Where non-dependent people who are drinking at 'risky' levels are identified and given brief advice (known as 'IBA') by frontline health and care professionals, evidence shows that one in eight reduce their drinking as a result.

Over the last year we have strengthened our local multi-agency alcohol strategy in light of the new national strategy. Working with partners in local councils, across the NHS, the armed services, prisons, the police and housing associations, we have carried out a public campaign to raise awareness of risky drinking levels and the harm these can cause and promote the support available. We have also rolled out IBA training for a further 150 frontline professionals in primary care, hospitals and community, social and youth work to help people recognise how much they drink and how they can make a change.

We will be continuing these initiatives over the coming year and we will be working with licensing colleagues to see how the impact on health can be considered in local licensing decisions. We will also work with partners in health and social care to ensure that we maintain access to the good alcohol treatment services already in place across the county. Combining drug and alcohol treatment into one service has increased capacity and outcomes in the past year. Alcohol treatment waiting times (appointments offered within three weeks of referral) have improved from 68% in 2011/12 to 93% in 2012/13, compared to 91% nationally. And a higher proportion of people are now being successfully treated, increasing from 61% to 77% of people accessing the service, compared to 58% nationally.

## Multiple risk factors

Recent research<sup>4</sup> has explored the health implications for people who engaged in multiple unhealthy behaviours. As described above, we have a good understanding of the impact of individual unhealthy behaviours. However, the research sought to explore their combined impact, how they cluster in the population, and how these patterns of multiple lifestyle risk have been evolving over time.

The paper looked at smoking, excessive alcohol consumption, poor diet and low levels of physical activity. A 2002 World Health Organization study estimated that these four factors were directly associated with around 29% of the disease burden in industrialised countries and were also linked to obesity and high cholesterol which account for a further 15% of the disease burden. This means that almost half of the burden of illness in industrialised countries is associated with these four unhealthy behaviours.

The paper found that over an 11 year period, there was a four-fold increase in the risk of dying in those people who engaged in all four unhealthy behaviours compared with those who engaged in none. While it also found that the proportion of the English population who engage in three or more unhealthy behaviours fell from 33% in 2003 to 25% in 2008, these reductions were mainly seen within higher socio-economic and educational groups. People with no qualifications are five times more likely to engage in all four unhealthy behaviours as those with a higher education.

In addition to a significantly reduced length and quality of life, these unhealthy behaviours also place a great burden and cost on society. To successfully tackle the problem in Buckinghamshire we need to take a more coordinated approach to help people to lead healthy lives. This is an important area we will be addressing through the countywide Healthy Communities Partnership.

## Obesity

The UK has one of the highest prevalences of adult overweight and obesity in world, and in Buckinghamshire there are now more people overweight or obese than a healthy weight, with around 21% of adults obese and 40% overweight.

Obesity increases the risk of many diseases such as heart disease, type 2 diabetes, and some cancers. Other potential problems for those who are overweight or obese include respiratory disease, chronic musculoskeletal problems, depression, obstetric complications and infertility.

Childhood obesity in Bucks is also a challenge with the latest survey figures showing that 30% of children leave primary school overweight or obese. This puts children at increased risk of various physical and mental health problems, including reduced self-esteem and increased risk of depression and social isolation which can impact on their

social and educational development. It also increases the risk of being obese as an adult with the attendant health problems.

In Buckinghamshire we are already beginning to take coordinated action to address obesity in addition to the initiatives to support healthy eating and physical activity described earlier in this section.

Children's centre programmes offer support for parents on weaning "fussy eaters", and the right amount of food to give a child. 'Move and munch' sessions encourage children to try healthy foods and exercise. We are also encouraging schools and academies to adopt 'whole-school' approaches to ensure that the curriculum, the school environment and the food available all support healthy behaviours.

Over the last year we have increased access to weight management schemes, enabling GPs across the whole county to refer eligible patients to commercial weight management programmes free of charge to the patient. Over 580 people have gone through the programme with over 50% achieving at least a 5 – 10% weight loss which evidence shows makes a big difference to their health. See table below. A priority for the coming year is to ensure that weight management services link effectively to other programmes such as healthy minds, physical activity and cooking classes to help people maintain their weight loss.

#### Reducing body mass by 10% has clinically significant impacts on the following indicators

Mortality	20 – 25% fall in overall mortality 30 – 40% fall in diabetes related deaths 40 – 50% fall in obesity related cancer deaths
Diabetes	up to 50% fall in fasting blood glucose Among individuals with impaired glucose tolerance a 5-7% weight loss reduces the risk of developing type 2 diabetes by 58%
Lipids	10% fall in total cholesterol, 15% LDL, 30% TG, 8% increase in HDL
Blood Pressure	10mmHg fall in diastolic and systolic pressures
Other benefits:	Improved lung function and reduced back and joint pain, breathlessness and frequency of sleep apnoea Improved insulin sensitivity and ovarian function

A further priority is to work with partners and health service commissioners to ensure that appropriate services are available across Buckinghamshire for very obese people.

## What can I do?

- Visit [www.change4life.com](http://www.change4life.com) for fun ideas to help you and your family eat more healthily and get active.
- Have a look at [www.reactivatebucks.org](http://www.reactivatebucks.org) to find out about lots of local opportunities for people of all ages and abilities to get active, and sign up for 'give it a go' taster courses.
- Exercise doesn't need to mean playing sport or going to the gym. Walking the dog, playing with the kids and carrying the shopping all help to keep you fit.
- Ask your GP, practice nurse or pharmacist for support to quit smoking, or visit [www.smokescape.org](http://www.smokescape.org).
- Little changes make a big difference over time. Could you have a piece of fruit instead of a bag of crisps, for example?
- If you are overweight, do something about it now, before you become obese. Talk to your GP to find out what services and support are available.
- Don't drink more than the recommended daily amounts (3-4 units for men; 2-3 units for women) and have at least two alcohol-free days every week.

**What could your community do to make it easier for people to be more active, eat more healthily and get to know their neighbours?**

## Drugs

Drug dependency has harmful health and social consequences. Strategies for tackling the problems of drug dependency focus on reducing illicit and other harmful drug use, reducing the harm caused by drug misuse and supporting people to choose recovery as an achievable way out of dependency.

- Every injecting drug user costs society nearly £500,000 in health and crime costs over their lifetime.
- Drug related crime costs society almost £14bn every year.
- Heroin addicts have a 12 times greater risk of death than the general population.
- In Buckinghamshire, substance misuse (drugs and alcohol) is the second highest referral factor leading to child protection plans.

The Home Office estimates that drug related crime costs society £13.9bn every year. NICE (the National Institute for Health and Clinical Excellence) estimates that every injecting drug user costs society nearly £500,000 each, in healthcare and crime costs over the course of their life.

Dependent drug users are vulnerable to overdoses, contracting life-threatening infections through shared needles, and general poor health. Heroin addicts have a 12 times greater risk of death than the general population. In addition, dependent drug users can cause their families great distress and they may neglect their children. They are less employable and their communities often suffer crime and drug litter.

In Buckinghamshire, substance misuse is the second highest referral factor leading to child protection plans after domestic violence. The true level could well be higher if the impact of substance misuse on domestic violence is taken into account.

The level of opiate and crack use in Buckinghamshire is well below national averages (4.7 per 1000 compared with 8.9 nationally) and so is the level of injecting drug use (0.9 per 1000 compared with 3 per 1000 nationally). Trends for both measures show a decline at both national and local levels.

Heroin users are ageing, with fewer younger people becoming dependent on the drug. The largest proportion of people presenting for treatment are aged over 40. However, there are signs of different drug problems emerging amongst younger people. This is caused by a combination of the continuing increase in the availability of legal synthetic highs and greater 'poly drug use' where several drugs are used together, for example alcohol, cannabis and legal highs.

This year, a new contract has been established for open access drug services receiving self-referrals and referrals from GPs, police custody and the probation service. This service takes a holistic approach to the health needs of the people referred and aims to support them through recovery.

Drug recovery services in Buckinghamshire have better outcomes than the national averages. In the last quarter of 2012/13, 12.3% of opiate user and 51.3% of non-opiate users were discharged successfully (not relapsing within six months) compared to respective national averages of 8.3% and 40.4%.

However, at the start of 2012/13, 29% of people relapsed within six months of being successfully discharged from opiate substitution therapy in Buckinghamshire. Relapse is very costly both to the health service and to the individual and people who relapse are at a much greater risk of overdose. There has been a concerted effort to reduce relapse rates, in particular by increasing access to psychological support to help people prepare for abstinence. The relapse rate has since decreased to just 8.3%.

A priority for the coming year is to continue improving recovery services and a new service is being commissioned.

Further developing high quality recovery services is important to enable us to continue supporting opiate drug users into therapy and through to a successful recovery. As more and more people are supported to recover from opiate dependency, we are seeing fewer people enter the service in Buckinghamshire and this will enable us to develop new, flexible approaches to address the emerging problems of poly drug use. The further integration of alcohol and drug dependency services will be an important aspect of this.

As public health moves into the county council, we will be looking to take advantage of the opportunities to address substance misuse and its impact in the wider context of safeguarding, crime and education and developing coordinated commissioning strategies.

We will also seek to work with clinical commissioning groups to improve liaison with A&E services to ensure that appropriate data is collected and A&E staff are able to make appropriate referrals in order to reduce the costs of drug misuse across the health and social care system.

## What can I do?

- If you think you have a drug or alcohol related problem, or are concerned about a relative or friend you can:
  - Talk to your GP
  - visit the Buckinghamshire Drug & Alcohol Action Team website at [www.bucksdaat.co.uk](http://www.bucksdaat.co.uk)
  - call the Buckinghamshire Drug & Alcohol Action Team 24/7 helpline on 0800 032 0666

## Long term conditions

A long term condition is one that can be managed but often cannot be cured. Common long term conditions include heart disease, stroke, cancer, diabetes and arthritis.

- Cardiovascular disease which includes heart attacks and strokes is the most common cause of death in Buckinghamshire, and cancer is the second commonest. Many cases of cancer and cardiovascular disease could be prevented through lifestyle changes.
- Recent declines in death rates from cardiovascular disease appear to be levelling off in some groups.
- The proportion of people in Buckinghamshire with a diagnosis of diabetes has increased by 24% over the last four years.
- The NHS Health Check programme identifies those at risk of developing heart disease, stroke and diabetes and supports them to improve their health.
- A third of people with a long term condition also have a mental health problem. Many people now have two or more long term conditions, with poorer health outcomes.
- Around 70% of the total health and social care budget is spent on the care of people with long term conditions, but many of these conditions are preventable.

The Global Burden of Disease study found that although life expectancy in the UK increased substantially between 1990 and 2010, people are living more years in poor health compared to twenty years ago. When compared with similarly developed countries, measures of healthy life expectancy in the UK were significantly below average in 1990 and had worsened by 2010.

Around 70% of the total health and social care budget is spent on the care of people with long term conditions even though, as detailed in the 'Healthy lifestyles' section of this report, many are preventable. Much of the burden of disease is associated with smoking, alcohol use, poor diet and limited physical activity. These risk factors are closely linked to the development of cardiovascular disease and cancers, some forms of dementia, and a range of other long term conditions. The social circumstances in which people live also affect their health and influence the development of long term conditions which means most long term conditions are more common in people living in more disadvantaged circumstances.

Around 68,000 people (13.4% of the population) in Buckinghamshire reported having a limiting long term illness or disability in the 2011 census, an increased proportion compared to the last census (12.8%). In addition, the majority of people aged over 65 in Buckinghamshire have been identified as having more than one long term condition, using primary care data.



The number of people with long term conditions is likely to continue to increase with the ageing of the population in Buckinghamshire. Unhealthy lifestyles will also contribute to this rise, along with the adverse impact of the economic downturn on mental and physical health.

## Cardiovascular disease and diabetes

Cardiovascular disease (CVD) includes heart disease and stroke. It is the most common cause of death in Buckinghamshire.

The risk of developing CVD can be significantly reduced by not smoking, not consuming excessive alcohol, by eating healthily and by being physically active. The World Health Organization estimates that half of the cases of CVD could be avoided by making lifestyle changes.

### Trend in mortality from cardiovascular disease in under 75s in Buckinghamshire

Mortality from CVD, under 75s, 2001 - 2011 by Deprivation Quintile within Buckinghamshire County



Source: ONS mortality data

In Buckinghamshire, 3% of the population are known to have coronary heart disease and 1.6% have had a stroke or mini-strokes that have resolved. Death rates from CVD have been falling in recent years, both nationally and in Buckinghamshire. However, the trend may be levelling off in Buckinghamshire. The graph below shows that for the fifth of the population living in the most deprived areas of Buckinghamshire (Quintile 5 or DQ5 on the graph) the death rate from cardiovascular disease in under 75s is three times higher than that in the least deprived fifth and the death rates seem to have stopped falling.

With rates of overweight, obesity and diabetes rising rapidly in the county, along with increasing numbers of older people, the number of strokes and heart attacks is likely to increase in the future without concerted efforts at prevention.

Diabetes is one of the most common long term conditions and affects about 6% of the adult population in Buckinghamshire. People with diabetes are five times more likely to suffer from heart disease and three times more likely to have a stroke. Diabetes is also a major cause of blindness, kidney failure and complications in pregnancy, as well as reducing life expectancy.

The proportion of people in Buckinghamshire with a diagnosis of diabetes increased by 24% between 2008 and 2012, which was greater than the national increase of 20%. This is thought to be due in large part to increasing levels of obesity, low levels of physical activity and unhealthy eating, as well as an ageing population and increased detection of diabetes.

Action to tackle cardiovascular disease and rising rates of diabetes focuses on the promotion of healthy lifestyle behaviours (see section on 'Healthy lifestyles'), the NHS Health Check programme (see below) and the Health Trainers initiative.

The Health Trainers initiative provides intensive support and specific behaviour change techniques to help people lead more healthy lives. It offers six, hour-long, one-to-one sessions with a specialist health trainer and is targeted at the 40% of the population at the highest risk of heart disease.

In addition we are piloting a pre-diabetes service to offer specific support to people who do not have diabetes but are identified with a high blood sugar level (pre-diabetes). Taking action to improve health can halve the risk of these people developing diabetes.

Over the coming year, the Public Health Department will work through the Health and Wellbeing Board to ensure that recent improvements in cardiovascular services across the county are continued and that health and care services support and empower people with long term conditions to maintain their independence and play a greater role in managing their own health (see 'Preventing and managing long term conditions' below).

## NHS Health Checks

The national NHS Health Check programme aims to prevent heart disease, stroke, kidney disease and diabetes by identifying people who are at significant risk of developing one of the conditions and supporting them to take greater control of their health.

All 40-74 year olds who are not already known to have cardiovascular disease are invited to attend a health check once every five years, usually by their GP practice. Tests and measurements including blood pressure, weight, and cholesterol are combined with information on smoking, exercise and family history of CVD to calculate the risk of heart attack or stroke in the next 10 years. Where appropriate, people are also tested for diabetes and kidney disease. The results and findings are discussed with each individual, advice is offered on risk reduction, and referrals made to other support services or treatment as appropriate.

The programme has been rolled out across Buckinghamshire and now covers the whole county. By February 2013, 58,000 people had been invited for a health check in Buckinghamshire out of a total eligible population of 160,000. Of these, 25,800 attended their health check so far. One third of those attending were found to have a high blood pressure reading, 54% were overweight or obese, 17% were found to have a high risk of heart attack or stroke over the next ten years and 8% had a high blood sugar level.

Feedback from people who have attended NHS Health Checks in Buckinghamshire has generally been positive.

Evaluation of the NHS Health Check service found that some of the groups with the highest risk of CVD, for example men, people from South Asia, people with severe mental illness or learning disability and smokers, may be less likely to attend. It is important that all groups are engaged, not only in having health checks but also making lifestyle changes as a result. People from the more deprived areas in Buckinghamshire are also less likely to take up the invitation to have a check.

Work will continue this year to improve the reach of the programme to all parts of the population and practices will be encouraged to reduce the variation in the numbers of people receiving health checks across the county.

## Multiple long term conditions

Many of the lifestyle risk factors addressed in this report increase the risk of a wide range of long term conditions. It is therefore not surprising that some people develop multiple long term conditions. Improvements in medical care also mean that people are surviving from conditions that once were fatal and as the population ages people will

develop more long term conditions unless effective preventive action is taken.

As might be expected, people with more than one long term condition have consequently poorer health outcomes. Death rates are higher and hospital admissions more likely and for longer periods.

Quality of life is often significantly reduced and people with multiple long term conditions are more likely to be depressed. The risk of mental ill health increases alongside the number of physical conditions a person has. In addition, the presence of associated mental health problems can increase overall costs by as much as 45%.

Clinical care for people with long term conditions can be complex. Evidence for managing long term conditions is usually based on research focusing on people with single conditions. People with more than one condition are more likely to be on multiple drug treatments which can be more difficult to manage. People with multiple conditions are known to have more problems with the coordination of their care and are more likely to experience medical errors.

More than 90,000 people in Buckinghamshire have two or more long term conditions, as identified by the ACG information system used in primary care. This accounts for 18% of those registered with a GP<sup>5</sup>. Among the over 65s, the proportion rises to 54%. Further analysis of the numbers and characteristics of those affected will be carried out once data is made available. This will remain an area of active study over the coming year.

The number of people with multiple long term conditions is likely to continue to increase with the ageing of the population in Buckinghamshire. Unhealthy lifestyles will also contribute to this rise, along with the impact of the economic downturn on mental and physical health.

## Preventing and managing long term conditions

A new approach is needed if we are to effectively prevent and manage long term conditions to enable people to live their lives to the full. Success in this in this area will also help reduce health and social care costs, costs to businesses and society as a whole and contribute to Buckinghamshire's economic and social success. In Buckinghamshire, we need to develop a holistic and systematic approach to long term conditions covering prevention, support for self-management, treatment and care. The components of this approach include:

- **Prevention** – a systematic approach to promoting and supporting healthy lifestyles.
- **Prevention and Early identification** – to improve outcomes, including:
  - NHS Health Checks to identify those at risk of cardiovascular disease, diabetes or kidney disease to enable prevention and also identifies those with undiagnosed cardiovascular or kidney disease or diabetes to enable early treatment
  - Screening and symptom awareness campaigns for some cancers
  - Regular mental health assessments as part of care planning for people with long term conditions.
- **Targeted lifestyle support** – for people with long term conditions to improve health and reduce the risks of ill health, including rehabilitation programmes
- **More self-care and shared decision making** – to put people in control of their condition and their health.
- **Care planning in primary care** – to address the full range of needs of people with long term conditions - rather than individual conditions in isolation – from diagnosis, through support for managing long term conditions, to action when health deteriorates.
- **Identify people at high risk of needing healthcare in the near future** – so that they can proactively receive targeted support and treatment.
- **Co-ordinated care from locality care teams** – to ensure that individuals receive timely, integrated health and social care.
- **More support for carers** - to help them care and to maintain their own health and wellbeing.

### What can I do?

- Reduce your risk of ill health by looking after yourself. Don't smoke, and don't drink above safe levels, eat healthily and be regularly active.
- Take up the offer if you are invited for an NHS Health Check or other NHS Screening Programmes.
- If you have one or more long term conditions, talk to your GP about how you can take more control over your condition and your health. Make sure you have a care plan that covers all of your needs.

## Sexual health

Sexual health includes consideration of sexually transmitted infections (STIs), contraception and unintended pregnancy, as well as good relationships and sexual wellbeing. It is estimated that sexual ill health costs the NHS more than £700 million each year and the impact on individuals can be significant, ranging from a brief period of discomfort to a number of life-threatening conditions.

- Overall rates of STI infections in Bucks are lower than the national average.
- Young people are the group most at risk of contracting a sexually transmitted infection with chlamydia the most commonly diagnosed STI in Buckinghamshire
- The number of people living with HIV in Buckinghamshire has tripled over the last ten years but the number of new diagnoses of HIV is decreasing and the number of late HIV diagnoses has reduced over the last three years.
- Teenage pregnancy rates have been consistently lower in Buckinghamshire compared with most other areas nationally. There were 184 conceptions to women under the age of 18 in Buckinghamshire in 2011, the lowest level since 1998.
- Cervical cancer is a sexually transmitted disease. Over 70% of cervical cancer cases are caused by two types of the human papilloma virus which can be prevented by the HPV vaccination

## Sexually transmitted infections

Sexually transmitted infections are infections passed on through intimate sexual contact. They include chlamydia, gonorrhoea, genital herpes, genital warts, syphilis and HIV. Although the numbers of STIs nationally have been increasing, those diagnosed in Buckinghamshire are well below national averages but do show fluctuations year on year.

Chlamydia is the most commonly diagnosed STI in Buckinghamshire with 15-24 year olds the most at risk. It is generally symptomless, but left untreated can lead to infertility and ectopic pregnancy.

Different information, services and interventions on sexual health are needed for people of all ages throughout their lives. It is vitally important to provide rapid, open access to high quality services, including partner notification, to avoid transmission of STIs or HIV to other people. Improving access to the full range of contraception is also vital, including access to long acting reversible contraception (such as intra-uterine devices and implants) which is more effective among people at risk of unintended pregnancy.

Finally, a broad approach that promotes high quality sex and relationship education and

develops personal resilience to tackle issues such as peer pressure is essential. Over the last year, a new sexual health service comprising a one stop shop in community settings has been commissioned. It proactively targets key at risk groups for poor sexual health for example, sexually active vulnerable young people and offers screening for sexually transmitted infections and the full range of contraception. It is working closely with the voluntary sector and the two further education (FE) colleges in the county to offer education and training for staff and students.

The last year has also seen a new sexual assault referral centre jointly commissioned with Thames Valley Police for victims of sexual assault and an audit conducted with nearly 800 female residents to ask their views on local contraceptive services. Further development of services commissioned via local GPs and community pharmacists has taken place, including training of primary care staff, work via the GP sexual health clinical champion, the provision of emergency hormonal contraception (EHC) to under 19's and the roll out of the condom scheme which provides condoms to under 25's and at risk groups across Bucks. Access to sexual health testing, treatment and contraceptive services is available from a range of providers and in a variety of locations and settings across Buckinghamshire, including Buckingham, High Wycombe, Aylesbury, Chesham, Burnham, Chalfont, and Gerrards Cross. Details on all sexual health services and initiatives are available on the Buckinghamshire sexual health website – [www.sexualhealthbucks.nhs.uk](http://www.sexualhealthbucks.nhs.uk)

## HIV

HIV continues to be the most serious sexually transmitted infection in the world. It carries a heavy burden in terms of mortality, the number of years of life lost, serious illness, and the high costs of treatment and care. Although the total number of people in the county with HIV is comparatively small (at 366 people) it is rising and has tripled in the last ten years.

Early diagnosis of HIV and effective treatment is vital both for the individual affected to maintain them in good health for as long as possible and to reduce the transmission of the disease to other people. The prevention of one case of HIV saves up to £360,000 in healthcare costs over the lifetime of the patient.

Between 2008 and 2010, half of all the HIV diagnoses in Buckinghamshire were made 'late' according to standard definitions. However, significant improvements have been made in recent years, with the figure falling from 56% in 2009 to 48% in 2010 and 38% in 2011. A new HIV service has been commissioned, to offer dedicated support to those people living with HIV, to provide education and awareness and deliver outreach and rapid testing for those populations more at risk of contracting the disease.

## Teenage conceptions

The UK continues to have the highest rates of teenage pregnancy in Western Europe and evidence shows that the children of teenage mothers are at increased risk of poverty, low educational attainment, poor housing, poor health and lower rates of economic activity in adulthood. Evidence also shows that teenage mothers and their babies have higher levels of ill health including infant mortality and postnatal depression.

While the UK has the highest rate of teenage pregnancy in Western Europe, rates have been consistently lower in Buckinghamshire compared with most other areas nationally. There were 184 conceptions to women under the age of 18 in Buckinghamshire in 2011, the lowest level since 1998.

This year, a Family Nurse Partnership has been established in Buckinghamshire. It supports women who become pregnant with their first baby before they are 20. Specially trained professionals provide intensive support for two and a half years with the aim of connecting with families to improve pregnancy outcomes; improve child health, development and achievement; and to improve parents' economic self-sufficiency. It is already making excellent progress with its current clients but will need additional resources if it is to be sustainable as demand is greater than current capacity.

There have been improvements in community-based sexual health services in Buckinghamshire in recent years, making contraception advice and services more accessible, and better education and partnership working with schools and colleges. To continue improvements in teenage pregnancy rates, it is important that all GPs and specialist contraceptive and sexual health services are able to support their patients with long acting reversible contraceptives.

Over the coming year, we will be reviewing the Buckinghamshire Sexual Health and HIV strategy now that responsibility for sexual health services has transferred to the county council. A priority will be to further develop partnership working with schools, academies and colleges to establish an integrated package of services and support for young people around sex and relationship education, to develop knowledge and personal resilience, identify the factors that influence sexual behaviour such as peer pressure, social norms, personal beliefs and to promote healthy behaviours. We will also continue to support GPs to promote and offer the full range of most appropriate contraceptive options for their patients.

### What can I do?

- Practice safe sex – use a condom if you are with a new partner and be aware of the links between alcohol, use of illegal drugs and risky sexual behaviours.
- Get checked out for chlamydia once a year – if you are under 25 and sexually active and/or at every change of partner.
- Discuss the full range of contraceptive options with your GP, practice nurse or sexual health service before making a choice.



## Communicable diseases

Communicable diseases are infections that can be passed from person to person or caught from the environment. Everyone is at risk from them but some people are more likely to be at risk, or more likely to become ill from them, such as the elderly or very young.

- Infectious diseases accounted for 7% of all deaths in England in 2010. 27.7 per 100 000 deaths in Buckinghamshire were from a communicable disease in 2009-11, which was lower than the rate for England (29.9 per 100,000 deaths)
- In England, infectious diseases cost around £30bn every year.
- In Buckinghamshire last year, 35% of tuberculosis cases were among people born in the UK, higher than most other areas in Thames Valley. Most cases continue to be in people from countries with higher rates of TB such as Pakistan and the African sub-continent
- Over three quarters of the 160,000+ people in England with hepatitis C do not know they have the life-threatening disease.
- Influenza in pregnancy can be very serious, but less than half of pregnant women in Buckinghamshire had the vaccine last year.
- Resistance to antibiotics is becoming more of a threat as treatments are becoming less effective against some bacterial infections as resistance develops

## Tuberculosis

Tuberculosis (TB) kills more people than any other curable infectious disease. The World Health Organization declared TB a global emergency in 1993 and in 2011 1.4m people died of TB worldwide.

In Buckinghamshire, there were 53 cases of TB in 2012, similar to 50 the previous year. In addition, the proportion of those people with TB who were born in the UK increased to 35% up from 17.4% in 2010 and 24.5% in 2011, highlighting that it is not only a problem among recent migrants.

Recent research in Thames Valley has found that there is sometimes a delay in people with the symptoms of TB seeking medical help. In addition, there are sometimes delays in the recognition of the symptoms by healthcare professionals.

Over the coming year we will continue to raise awareness of the symptoms of TB among the public and healthcare professionals to try to ensure there are no unnecessary delays in people with TB starting on treatment. We will also work with the Clinical Commissioning Groups to ensure that the Buckinghamshire TB service is effective and able to treat and follow up all patients and their contacts.

## Hepatitis B and C

Worldwide, an estimated two billion people have been infected with hepatitis B and more than 240 million have long-term liver infections as a result. Every year 600,000 people die from the consequences of hepatitis B. It is spread via blood and bodily fluids.

In the UK, the number of people infected with Hepatitis B is relatively low, so immunisation programmes for hepatitis B are targeted at those most at risk. These include injecting drug users, men who have sex with men, and those who live with or have intimate contact with, people who have the infection. Twenty nine people with hepatitis B from Buckinghamshire were reported to the Public Health England Centre in 2012, compared to 42 in 2011. The majority of the cases are in Aylesbury and Wycombe.

Hepatitis C can range in severity from a mild illness to a serious life-long condition resulting in cirrhosis of the liver or liver cancer. It is mainly transmitted through blood, for example sharing needles, tattoos and piercings but can also be sexually transmitted or passed from mother to baby. The disease can cause no symptoms for many years. It is estimated that around 160,000 people in England aged between 15 and 59 have hepatitis C, but up to three quarters will not know they have it until liver disease or cancer develops many years later. Sixty three people with hepatitis C in Buckinghamshire were reported to the Public Health England Centre in 2012, the same number as in 2011.

Last year, the public health department worked with healthcare providers across Buckinghamshire to ensure that services to assess and treat hepatitis B and C are in line with recent NICE guidelines. Services working with clients at risk of hepatitis B and C are effective at identifying new cases, but further work between all stakeholders would ensure a more joined up pathway from diagnosis to completion of treatment.

Work will continue to raise awareness of hepatitis B and C among the public and healthcare professionals and to increase targeted testing to diagnose more people who are unaware they are infected.

## Influenza

For most people, influenza (flu) is an unpleasant but manageable illness. But for some it can lead to more serious illness, including bronchitis and pneumonia, which may require hospital treatment and can be life threatening for those who are elderly or in poor health.

Influenza in pregnancy can be very serious, particularly in the last third of pregnancy. Immunisation is safe at all stages of pregnancy and it has also been shown to provide immunity to the child in the first few months of life when vulnerability to infection is particularly high.

It is therefore vital that everyone in an at risk group has their annual flu vaccine. In 2012-13, the uptake of the vaccine in Buckinghamshire was 73% among those 65 and older, 48% in those under 65 in an at-risk group, and 41% among pregnant women. We will continue to work with NHS England and GPs to promote the vaccine to all at risk groups and pregnant women.

In the next few years there will be a phased programme to provide flu immunisations to all children aged 2-16 years, starting with 2 year olds in 2013.

## Immunisations

After clean water, vaccination is the single most effective public health intervention for saving lives. The uptake of vaccinations needs to be very high (i.e. 95%) in order to provide 'herd immunity'. A high level of uptake of vaccination makes it difficult for the infection to spread in the population as there aren't enough people susceptible to the infection for it to spread. A high level of vaccination uptake means that it not only protects those immunised, but also those who are too young to receive the vaccine or who cannot receive it for medical reasons.

In Buckinghamshire in 2012/13, the uptake of immunisations among one and two year olds has remained high, generally above 94%, and generally above 90% for five year olds. The uptake of immunisations given to teenagers in school has also greatly improved to 88% for human papilloma virus (HPV) and 87% for the school-leaver's diphtheria, tetanus and polio booster.

A number of new immunisation programmes have been announced in 2013.

- Meningitis C: from June 2013 the four month dose of meningitis C vaccine will be replaced by a booster in teenage years. This booster will be given in schools with the school leaver's booster and a campaign to also immunise those about to start university is planned in 2014
- Rotavirus: from July 2013 a new oral rotavirus immunisation is being introduced that will be given at two and three months of age. This will protect children against rotavirus, which is a stomach bug causing diarrhoea and vomiting along with mild dehydration. This is hoped to prevent about 10 000 hospital admissions in England and Wales in the first 5 years.
- Shingles: from September 2013 all 70 year olds will be offered the shingles vaccine, with a catch-up vaccination being given to 79 year olds in 2013 and then further catch-ups to immunise those aged 71-79 over the next few years.

## Measles and MMR

Measles is a highly infectious disease that can lead to serious complications like pneumonia, blindness and meningitis. One in ten cases are admitted to hospital and it can be fatal. The MMR vaccine is highly effective in protecting against measles, as well as mumps and rubella (German measles). There have been recent outbreaks of measles in other parts of the UK, although there have only been 4 cases in Buckinghamshire in 2012 and none in Jan-March 2013. These national outbreaks particularly affected children aged 10-16 who may have missed out on MMR when fears about the now discredited link between autism and MMR were widespread. There is now a national MMR catch-up campaign in 2013 aiming to ensure all children, but particularly those aged 10-16 years are offered two doses of MMR so they are protected against measles. We will continue working with GPs, NHS England Area Team and school nurses to ensure the highest possible uptake of childhood immunisations and to ensure that capacity is in place to deliver new immunisation programmes that will be introduced soon, such as influenza immunisation for children.

## Antibiotic resistance and healthcare acquired infections

Healthcare acquired infections (HCIs) are those acquired during medical care or treatment, either as a hospital inpatient or outpatient, in a nursing home, at a GP surgery or while receiving care at home. The most common HCIs are MRSA and *C. difficile*. MRSA is resistant to Methacillin, a common antibiotic, and *C. difficile* is associated with the widespread use of antibiotics. New bacteria are emerging as significant issues in healthcare settings, such as *E. coli*, and some of these are also becoming resistant to antibiotics. Antibiotic resistance, where bacteria evolve to become resistant to antibiotics, is an increasing problem as infectious diseases become harder to treat and infections that were previously easy to control become more significant threats to health.

The issue was highlighted in the Chief Medical Officer's recent annual report<sup>6</sup>, where she called for a range of actions including greater surveillance data, work to develop new antibiotics and new infection control measures for use in the home and community care settings.

In Buckinghamshire there have been great improvements in the number of MRSA and *C. difficile* infections in recent years. From April 2012 to March 2013 there were only three cases of MRSA blood infections compared to nine cases last year, and 134 of *C. difficile* infections, also a decrease from last year.

Last year work was undertaken with GPs to investigate cases of *C. difficile* in the community and explore how they could be reduced. Work was also carried out with GPs to ensure that antibiotics are prescribed only when necessary, reducing *C. difficile* infections and antibiotic resistance.

All organisations in the new system across Buckinghamshire must continue to have infection prevention and control as a priority and work together to monitor infections and ensure safe antibiotic prescribing. This needs to include continuing information for the public on the appropriate use of antibiotics so they can also help halt the spread of antibiotic resistance.

## What can I do?

- Have the flu jab every year if you are in one of the eligible groups:
  - everyone over 65
  - people with chronic lung, heart, kidney or neurological disease
  - people with diabetes or a weakened immune system
  - pregnant women
- Make sure you and your family have any immunisations that are due. Talk to your GP if you have any concerns about immunisations.
- If you are prescribed antibiotics make sure you complete the course even if you feel better. This helps to prevent infections from developing antibiotic resistance.
- Be alert for the symptoms of tuberculosis, particularly if you were born in or lived in high risk countries like Pakistan, India or sub-Saharan Africa) or are or have been in an at risk group (drug users, the homeless and prisoners) Having three or more of the following symptoms could mean TB, so people should seek medical advice:
  - A cough for more than 3 weeks
  - Losing weight
  - Fever
  - Night Sweats
  - Tiredness
  - Poor appetite
- If you think you may have been at risk of hepatitis B or C, talk to you GP and get yourself tested. Those at risk include current or injecting drug users, men who have sex with men, and people who live or have intimate physical contact with others who have the infection.

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<sup>5</sup> ACG System (July 2012). People are identified by the ACG System as having multiple long term conditions through being on one (or more) of 19 QOF registers, and/or by having conditions from a selected range considered to be lifelong

<sup>6</sup> Department of Health. 2013. Annual Report of the Chief Medical Officer, Volume Two, 2011. Available from <https://www.wp.dh.gov.uk/publications/files/2013/03/CMO-Annual-Report-Volume-2-20111.pdf>



