

Director of Public Health Annual Report 2026

Buckinghamshire's Building Blocks: A Blueprint for Better Health & Wellbeing

Contents

Foreword	**3**
Introduction	**4**
1. Our Surroundings	**6**
Air and Noise Pollution	7
Green Space	9
Crime and Feeling Unsafe	10
2. Housing	**13**
Housing Quality and Conditions	14
Housing Affordability and Security	17
Suitability and Accessibility	20
3. Money and Resources	**22**
Jobs and Employment	23
Income and Financial Security	25
Cost of Living and Essential Bills	28
4. The Food We Eat	**31**
Diet Quality and Nutrition	32
Food and Retail Environment	34
Household Food Security and Access	36
5. Education and Skills	**39**
Early Childhood Development	40
School Attainment and Engagement	43
Adult Skills and Lifelong Learning	46
6. Transport	**49**
Active Travel (Walking, wheeling and cycling)	50
Public Transport Access, Safety and Reliability	51
7. Our community	54
Social Connections and Relationships	55
Community Assets, Networks and Social Participation	57
Conclusion	**59**
Building Blocks of Health in Action	**60**
Recommendations	**63**
References	**67**

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Foreword

I am delighted to share with you my Buckinghamshire Director of Public Health Annual Report for 2026. When I was deciding how to focus this report I wanted to ensure it built upon my 2025 report "Tomorrow's World". Last year I outlined the growing health challenges we face in Buckinghamshire and the need for long term preventative work to address this. In this year's report, I outline 7 key areas for this preventative effort by describing the important building blocks for good health we all need. So, consider this the sequel to last year's report.

I spent the first 15 years of my career working clinically as a Nurse and know first-hand how critical frontline healthcare professionals are in supporting the health of patients in their care. However, because of this we sometimes make the mistake of thinking that health is the responsibility of the NHS and if only there was more money to fund it, or it was organised in more efficient ways, we would all be healthier. Of course, we all need high quality health services at times, but the NHS was never created to "go it alone" in being responsible for a healthy country, in fact research tells us that 80% of what determines our health sits outside of the remit of health services. This report is focused on the building blocks of health- these wider factors we all need to be healthy.

In Buckinghamshire we have a strong base and many residents have sufficient personal assets, family support and social capital that means these building blocks are fully, or at least mostly in place. However, I am sure you recognise as I do, that this strong starting point isn't the experience of all residents in our county. We therefore need to ensure the right support to help establish these building blocks exists for the individuals and communities that need it the most. This approach helps ensure everyone in Buckinghamshire can thrive and if we can do that successfully it boosts the overall health and prosperity for the county as whole.

This report isn't a set of brand-new ideas or initiatives but rather, after highlighting how each building block can support health and wellbeing, I lay out examples already happening that are establishing these building blocks locally. Of course, no one organisation holds the keys to strengthen these building blocks of health where this is needed, rather we must find ways of increasingly working in collaboration across the county to move forward. Nor will this work to improve health and wellbeing happen overnight. We must therefore be bold and commit to the long-term focus needed to realise the potential of our work.

I hope you enjoy reading this report and that it sparks new ideas, new collaborations and most importantly new action that prevents illness and builds a healthier Buckinghamshire for all.



David Munday
Director of Public Health for Buckinghamshire, July 2026

Introduction

Our health and wellbeing is shaped by a wide range of interconnected factors often described as the “building blocks of health”. These are the conditions in which people are born, grow, live, work and age: our homes, surroundings, education, employment, social connections, and access to services. Together, these building blocks create opportunities for good health but if they are missing or of poor quality, they lead to poor health. We know in Buckinghamshire we start from a strong base but that they are not distributed equally, and it is these differences that drive avoidable and unfair differences in health status.

People living in more disadvantaged circumstances in Buckinghamshire are more likely to experience poorer housing, lower incomes, reduced access to green space, and fewer opportunities for education and employment. These disadvantages accumulate over the life course, leading to poorer physical and mental health outcomes and shorter healthy life expectancy. Addressing these inequalities requires a strong and sustained focus on prevention, acting early on the building blocks of health to reduce risk and create the conditions for good health, rather than responding only once ill health has developed.

A prevention-focused approach recognises that no single factor operates in isolation. The environments in which people live shape behaviours and when the building blocks work well together they make the healthiest choice the easiest choice. Our environment also shapes our aspirations, opportunities, and outcomes, while strong communities and harnessing personal and local assets can help mitigate the impacts of disadvantage. Grasping this prevention-focused approach needs coordinated, system-wide action, aligning partners and resources around shared goals to address the root causes of ill health.

In Buckinghamshire, this approach is reflected through the Healthy School Neighbourhoods (HSN) programme, which exemplifies how targeted, place-based action can influence multiple building blocks of health simultaneously. By working across public health, education, transport, planning, and communities, HSN improves the environments around schools, supporting active travel, cleaner air, safer streets, and stronger social connections. Crucially, it represents an intervention early in the life course, helping to establish healthy patterns for children and families, while contributing to longer-term reductions in health inequalities. This work is part of the Opportunity Bucks programme that targets support to communities experiencing the greatest disadvantage, seeking to improve life chances by strengthening these wider determinants of health, including education, employment, and community resilience.

This is one example of several good areas of practice locally and demonstrates Buckinghamshire's commitment to prevention and to reducing inequalities by acting on the building blocks of health. As we make long-term plans for the future of our county through our new Local Plan there are opportunities to go further with this work. In Buckinghamshire we are also working on new national initiatives such as Neighbourhood Health and establishing Best Start in Life Family Hubs. These both provide a structure for delivering integrated, place-based care, bringing services closer to communities, and focusing on local needs. Both are opportunities to further embed the insight on the building blocks of health into the approach to ensure the prevention aspiration is maximised.

As a local system, we need to ensure we take all opportunities to establish the building blocks for good health for all our residents. This report explores how these building blocks affect health, how they are experienced across the county, where inequalities persist, and how continued collaboration through place-based initiatives can create the conditions for all residents to lead longer, healthier and happy lives.





1. Our surroundings

The environments in which people live, often described as their surroundings, influence health by shaping everyday conditions, including how safely people can move around, access shops and services, and stay connected to their community. Environmental factors such as air pollution, noise, traffic and crime can make daily life more stressful and limit opportunities to be active outdoors, contributing to the development of long-term health conditions.

Higher levels of air pollution increase the risk of heart and lung disease and can affect children's long term development, while chronic exposure to noise and traffic has been linked to sleep problems, anxiety and other long term health issues[1]. Creating healthier environments means reducing these risks while enabling conditions that support healthier choices and ways of living.

Access to good quality green spaces, walking routes and community areas help us stay active, reduce stress and maintain social connections. Evidence suggests that people living in areas with greater access to green space experience better mental wellbeing, lower levels of cardiovascular disease and increased physical activity. These spaces also play an important role in strengthening community connections, reducing loneliness and supporting active travel[2].

Healthy environments, which are safe and accessible, with clean air and access to green space help to prevent ill health by enabling healthier behaviours, strengthening social and community assets, building individual resilience all of which contribute to better health and wellbeing outcomes across the life course.

Air and Noise Pollution

Air pollution is one of the biggest threats to health in the UK. Breathing polluted air over a long time is linked to between 28,000 and 36,000 deaths each year[3]. Breathing polluted air irritates and inflames the airways, making conditions like asthma and COPD more difficult to manage. It is also linked to increased hospital admissions for cardiovascular and respiratory conditions[4]. Over time, exposure increases the risk of developing serious illnesses including lung cancer and chronic respiratory disease[4].

Air pollution can also affect mental and brain health. Emerging evidence suggests long-term exposure contributes to cognitive decline and dementia, particularly in older adults[5]. These effects may be linked to changes in blood flow to the brain or inflammation[6].

Children are especially vulnerable because their lungs and brains are still developing, meaning early exposure can have long-lasting impacts[7].

Long-term exposure to noise from traffic, aircraft and urban activity can disturb sleep and increase stress levels, which over time can affect both physical and mental wellbeing. Studies have shown that prolonged exposure to transport noise is linked to higher risks of heart disease, stroke, and anxiety, as well as reduced quality of life. Noise can also impair concentration and productivity, particularly for children and young people, with evidence suggesting impacts on learning and cognitive development[8].



The picture in Buckinghamshire

Air quality in Buckinghamshire is generally good and improving, with most of the county meeting national Air Quality Objectives set by the UK Government[9]. The two primary pollutants, Particulate Matter (PM_{10} and $PM_{2.5}$) and Nitrogen Dioxide (NO_2) remain the main pollutants primarily associated with road transport, particularly around major motorways (M4, M25, M40, A404(M)) and key A roads[9].

Across Buckinghamshire 5.3% of deaths each year in those aged 30 and over can be attributed to long-term exposure to PM2.5;, this proportion is comparable with the England average (5.3%)[10].

Idling is when a vehicle's engine is on, but the vehicle is not moving. It can lead to higher levels of air pollution in and around schools. Because of their height younger children are also often closer to sources of air pollution, like car exhausts, than adults[11].



Anti Idling campaign at Elmhurst Primary School

New air quality monitoring, using diffusion tubes and portable sensors, hasve been introduced at Elmhurst Primary School to support efforts to reduce emissions caused by traffic congestion.

Pupils are taking the lead on behaviour change initiatives to discourage vehicle idling during pick up and drop off times, helping to improve air quality in the surrounding area.

Green Space

Green spaces, such as parks, gardens, woodlands, allotments, and natural areas, are important for our mental and physical health. Having access to green space makes it easier for us to be active, relax, and connect with nature. Spending time outdoors has been shown to reduce stress, improve mood, reduce blood pressure and heart rate, and supports good mental health[12].

These environments also encourage physical activity by providing safe places to walk, play and meet others. This increased activity lowers the risk of long term health conditions such as cardiovascular disease, diabetes and obesity[13,14].

For children and young people, green spaces provide safe, accessible places to play and explore, supporting physical, social and emotional development and helping to build strong community connections[15].

"ParkPlay is very entertaining, friendly place for kids and parents. I really enjoyed morning exercise and physical activities and kids and parents bonding to each other. I loved to play cricket with other parents. It's fun! ParkPlay is a best place for community gathering and a best time to spend with kids. Picnic plan is good idea accordingly to season. Kids got gifts before Christmas! Thank you very much ParkPlay team."

The picture in Buckinghamshire

Buckinghamshire has over 43 hectares of open access land and over 2,000 miles of Right of Way network[16]. One quarter of Buckinghamshire households (24.4%) live within 1 kilometre of a green space of at least 10 hectares and more than nine in ten (6.3%) households live within a 1km walk of a natural green space or a rural right of way of at least 2 hectares[17]. This allows most residents opportunities to enjoy and benefit from the natural environment within a short distance of their homes.

These natural resources form part of a wider network of community assets, including parks, gardens, woodlands, allotments and other natural areas, which support connection, physical activity and wellbeing across the county.

ParkPlay is one example of how these assets are being used to support healthier, more connected communities. It is a charity aiming to build happier, healthier communities through the power of play outdoors. It offers two hours of free organised community play, every Saturday or Sunday morning in a park or public space. It provides active and inclusive games where all generations play together offering a safe and welcoming environment for people to connect and have fun. Delivered over an initial three-year period in Buckinghamshire, with the long-term aim of becoming a volunteer-led programme run and sustained by the local community, supported by a local coordinator[18].

Crime and Feeling Unsafe

Crime and feeling unsafe can have a serious impact on our health and wellbeing, shaping how people interact with their local environment and with each other. Research shows that people living in areas with higher levels of crime, or where safety concerns are more common, tend to experience poorer mental and physical health. This is true not only for those who have been victims of crime, but also for people who are worried about their safety[19].

Feeling unsafe can change the way people use their neighbourhoods. When people do not feel safe, they are less likely to go outside, walk, exercise, or use nearby parks and community spaces. This can reduce opportunities for physical activity and limit contact with neighbours, services and community networks, increasing the risk of isolation, loneliness and poorer health over time[20]. Concerns about safety can also affect mental wellbeing, with ongoing stress and anxiety impacting sleep, mood and overall quality of life[21,22]. Strong community networks and neighbourhood relationships are important assets in promoting safety and cohesion. When communities are well connected, with active local groups, supportive neighbours and shared spaces, people are more likely to feel safe, supported and able to participate in everyday life. Building and strengthening these community assets can help foster trust, reduce fear, and create environments where people feel confident to engage with their local area, supporting both wellbeing and the prevention of poorer health outcomes.

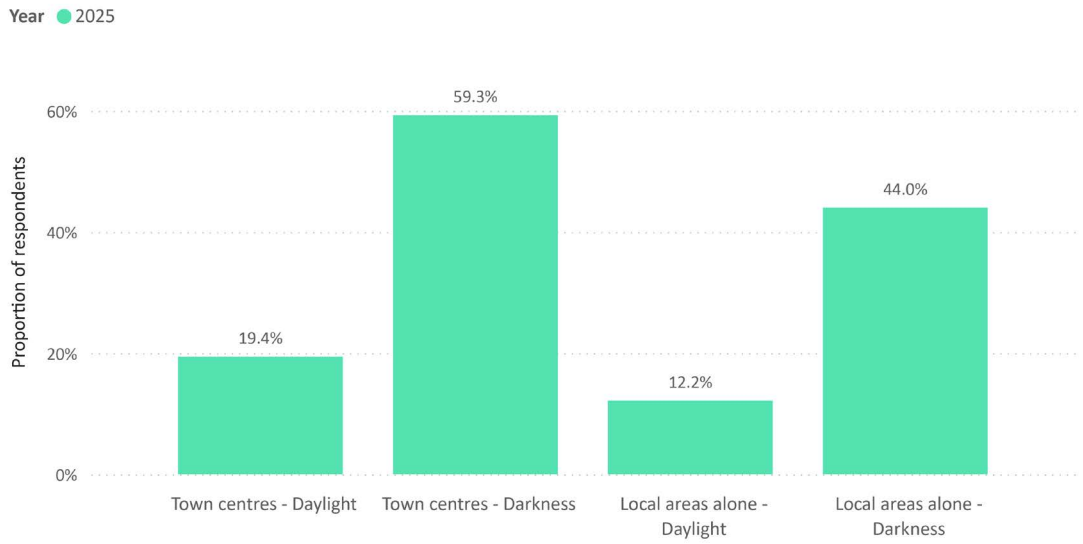


The picture in Buckinghamshire

Buckinghamshire has a relatively low crime rate compared with many other areas. There were 62.5 reported crimes per 1,000 people between March 2025 and February 2026, compared with 66.5 per 1,000 across the wider Thames Valley Police area[23]. Crime rates are higher in Opportunity Bucks wards particularly around the towns of Aylesbury, High Wycombe and Chesham, as well as in parts of the south of the county shows that the most deprived areas of Buckinghamshire (DQ1) experienced a crime rate of 108 per 1,000 residents, compared with 33.4 per 1,000 in the least deprived areas (DQ5) between March 2025 and February 2026.

How safe or unsafe do you feel in your local area and town centres in the darkness and daylight?

Proportion of respondents who felt very unsafe or fairly unsafe



The 2025 Buckinghamshire Residents Survey asked respondents how safe they felt when alone in their local area during daylight and darkness. Overall, people reported feeling significantly less safe in town centres after dark compared with during the day. Almost 1 in 5 (19.4%) respondents said they felt very unsafe or fairly unsafe in town centres during daylight. This increased sharply to more than 1 in 2 (59.3%) who felt very unsafe or unsafe in town centres in the darkness.

The survey response rate was highest among older and female respondents, and data from the Office for National Statistics (ONS) shows that women are significantly more likely than men to report feeling unsafe, particularly after dark, and that perceptions of safety differ across age groups[24]. This gives an indication of which population groups would benefit most from improvement in this area with work on this sitting within the Safer Buckinghamshire Strategy.

Safer Buckinghamshire Partnership

The Safer Buckinghamshire Partnership, led by Buckinghamshire Council, is a multi-agency initiative bringing together organisations including police, health, fire, and voluntary services to improve community safety. It takes a preventative, community-focused approach, using local data and resident feedback to identify priorities such as anti-social behaviour, violence, and the protection of vulnerable groups. Central to the partnership is engagement with local communities, ensuring that local voices shape action and that services work collaboratively to build safer, more connected neighbourhoods.

The Council's Community Safety Team plays a central role in this work by leading awareness campaigns, attending community events, supporting early intervention programmes for young people, and coordinating safeguarding initiatives such as "Safe Places" and exploitation prevention schemes. This approach emphasises building trust, strengthening partnerships, and empowering communities, helping residents feel safer, more connected, and better supported.

SAFER Buckinghamshire Partnership



2. Housing

A safe, stable, and healthy home is a key building block for good health and wellbeing, providing security and stability needed for people of all ages to thrive[25]. Healthy housing is not only affordable, suitable, and secure, but also warm, dry, and well-ventilated and free from hazards such as mould, damp or structural issues.

Homes that are cold, damp, overcrowded, or inaccessible increase the risk of respiratory illness, infections, mental ill-health, and preventable injuries such as falls[26],[27]. These conditions can exacerbate existing vulnerabilities and contribute to health inequalities. Over time, poor housing can contribute to the development and worsening of long-term conditions such as cardiovascular disease and chronic respiratory conditions, while also reducing overall quality of life.

Children living in poor-quality housing are particularly vulnerable, with research showing increased risks of asthma, and other respiratory conditions, slower growth and development, and other negative health effects linked to environmental exposures in the home, such as damp, mould, cold temperatures, and indoor pollutants[28]. Poor housing conditions can also affect children's sleep, educational attainment, and emotional wellbeing, potentially leading to long term disadvantages that persist into adulthood.

Homes that are adaptable and suitable for people's changing needs across the life course enable individuals to live safely, comfortably, and independently, particularly as they age, experience disability, or develop long term health conditions. Suitable housing can help people remain in their own homes and communities, maintaining social connections and reducing the need for more intensive forms of care. A home that supports accessibility through features such as step free access, adequate space, and appropriate facilities helps people to maintain autonomy, dignity, and quality of life. Accessible and adaptable housing can also reduce the risk of injury, particularly falls, support recovery after illness or hospital discharge, and delay or prevent admission to residential care.

Creating and maintaining healthy housing conditions can help to prevent poor health before it develops, reducing avoidable harm and supporting independence and wellbeing across the life course.



Housing Quality and Conditions

The quality of housing has a direct impact on physical and mental health. Damp and mould increase the risk of respiratory conditions such as asthma and COPD[29], while cold homes raise blood pressure and strain the heart, increasing cardiovascular risk, particularly for people with existing conditions[30].

Poor housing can also affect children's education. Research shows that children who live in damp or overcrowded homes miss more school than their peers in better-quality housing, limiting opportunities for learning and development, and lowering educational attainment[31],[32].

Structural problems and inadequate heating increase the risk of falls, particularly for older adults. Hazards such as loose flooring, unsafe staircases, and uneven steps are more common in low quality homes and can lead to preventable injuries[33].

Living in overcrowded housing can also reduce privacy, disrupt sleep and increase stress, all of which can negatively affect mental health and reduce overall quality of life[34]. Crowded living conditions also increase the risk of transmitting communicable diseases[35], as people have less space to isolate when unwell and must share facilities more frequently[36],[37].

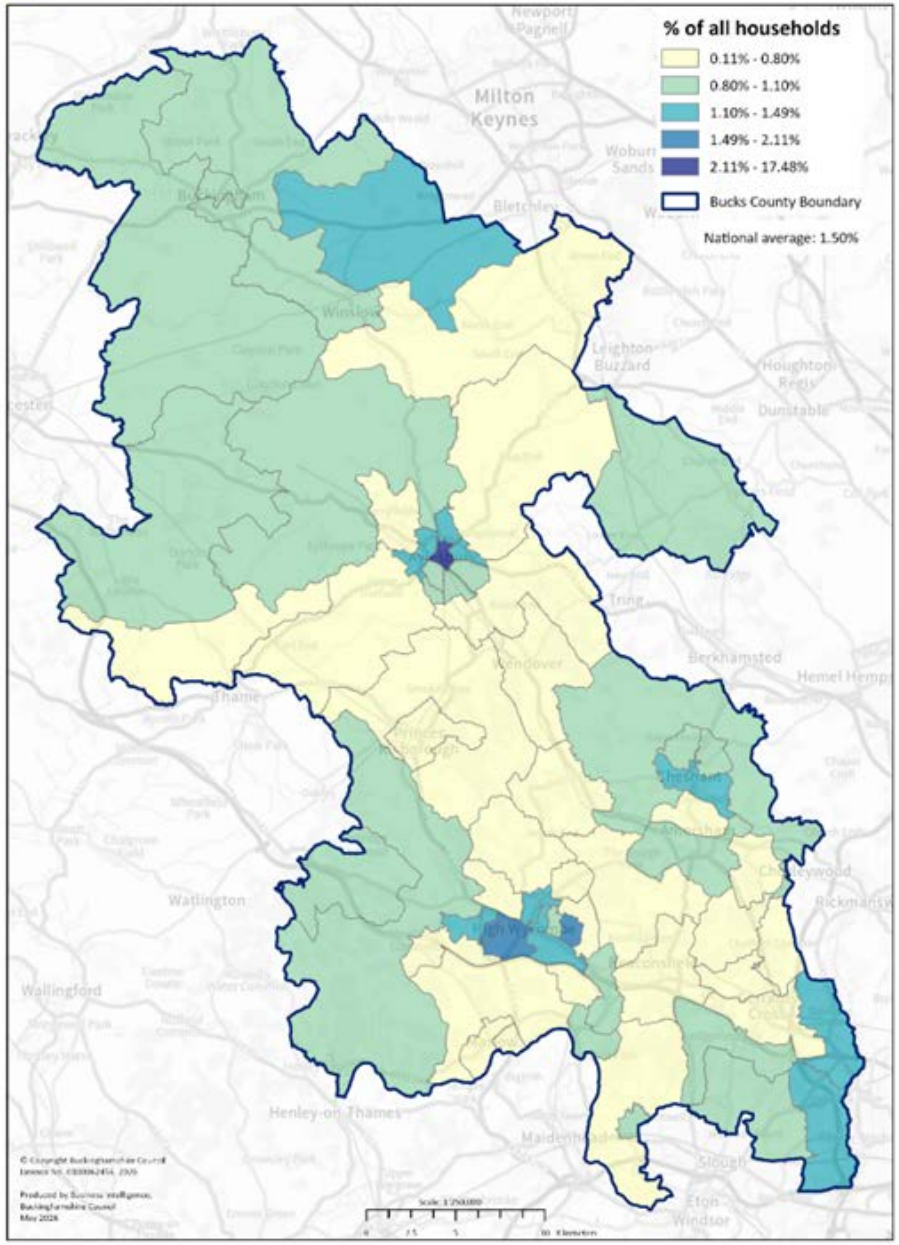


The picture in Buckinghamshire

Data from the 2023-24 English Housing Survey show that 14.4% of household in Buckinghamshire are living in homes that do not meet the Decent Homes Standard [38], [39]. The private rented sector is most affected with 23.7% of homes failing the standard, compared with 13.4% of owner occupied and 8.5% of social rented homes [38]. Renters often have less control over improvements or repairs, so issues like damp, mould and inadequate heating can persist, leaving residents dependent on landlords to address problems that influence their health and wellbeing. The new Renters' Rights Act 2025 will help to address some of these challenges.

Most homes in Buckinghamshire use mains gas for heating, but around 1,990 households (0.9%) have no central heating, particularly in Opportunity Bucks Wards around Aylesbury and Wycombe[40].

Percentage of households lacking central heating, Census 2021



This means that residents already facing economic disadvantage are also more likely to be exposed to housing related health risks, if their heating system is less effective and more expensive than a central heating alternative, and is unaffordable to run. For a small proportion of our more rural properties, households are reliant on heating oil to heat their homes. These households are often more exposed to price volatility in global oil markets, as heating oil costs are not covered by the energy price cap.

Overcrowding affects 4.5% of Buckinghamshire households, lower than regional and national averages, but rises to almost 1 in 10 homes (9.9%) in the most deprived areas[41].



Improving Housing Conditions and Health Outcomes

A family living in a privately rented flat in Buckinghamshire was living in a home which was in a poor condition, including damp and mould, water leaks and inadequate heating, which posed health risks, particularly for the children.

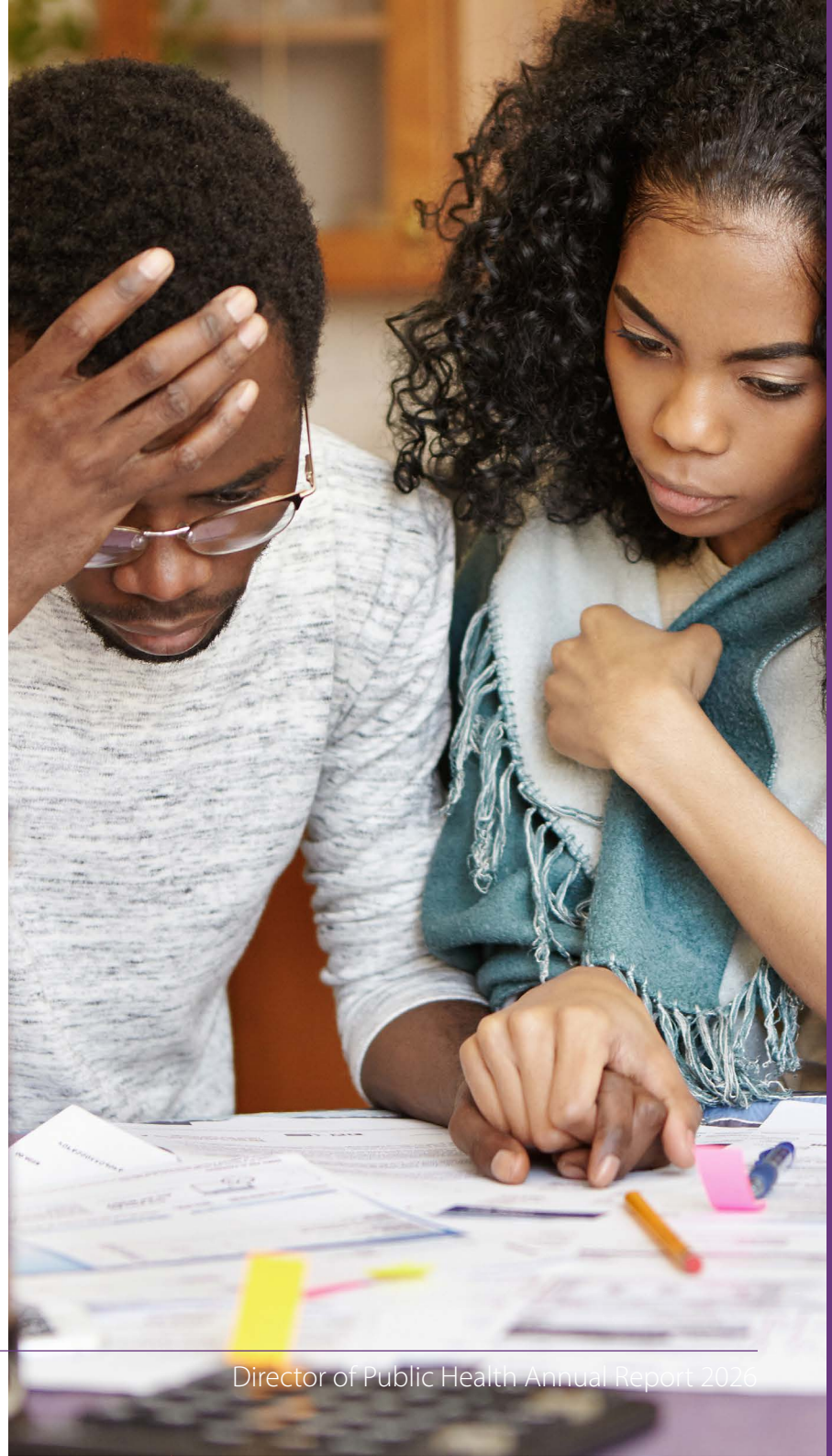
Following an inspection, the council identified multiple hazards and took enforcement action against the landlord. The family was moved into temporary accommodation to provide a safe, warm and stable environment while longer term solutions were explored. After support from the council, the family secured a suitable private rented home with improved insulation and heating. Within months, the children's respiratory health improved, school attendance increased, and the household reported reduced stress and lower energy costs.

Housing Affordability and Security

Homes that are affordable and secure are essential for good health and wellbeing[42]. When households struggle to pay rent or a mortgage, or must move home frequently, stress increases, and this sustained pressure can negatively affect mental health, blood pressure and worsen existing long-term conditions. High housing costs also limit the money available for basic needs such as nutritious food, sufficient heating, and opportunities for social connection[43].

The 2024–2025 English Housing Survey shows that the cost of rent and mortgages has continued to rise across England, and a growing number of renters report difficulty paying their housing bills[44]. People on low incomes are much more likely to face unaffordable housing costs than those on higher incomes, with 26% of low-income households spending over a third of their income on housing, compared with just 3% of high-income households.

As these financial pressures increase, more individuals and families may be at risk of housing instability[45]. This often develops over time, and can lead to a downward spiral, with households moving into less secure or poorer-quality accommodation, experiencing rent arrears, or relying on temporary arrangements such as staying with friends or family. In some cases, this can lead to homelessness or the need to live in temporary accommodation, both of which have significant health impacts through increased stress, becoming a victim of crime and more exposure to various environmental hazards[46,47].



The picture in Buckinghamshire

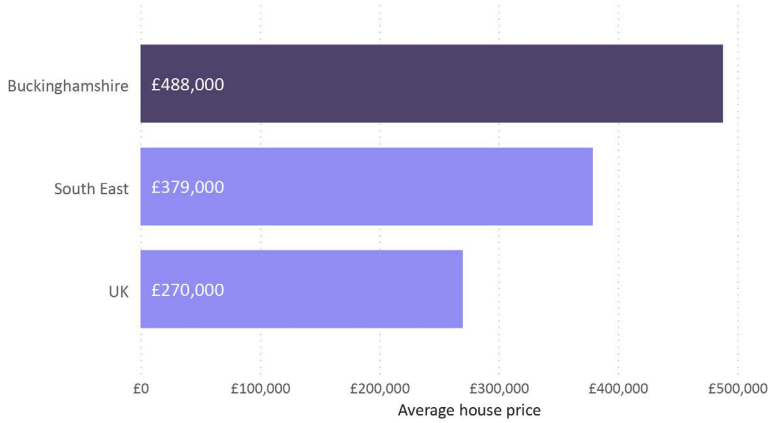
Buckinghamshire is one of the least affordable counties in the UK, despite maintaining high levels of home ownership, with 70% of residents owning their home in 2021[48]. House prices remain significantly above regional and national averages. In December 2025, the average house price in Buckinghamshire was £488,000, representing a 2.3% increase from December 2024[49].

The proportion of residents privately renting in Buckinghamshire has increased by 20% between 2011 and 2021, one in six residents rented privately on census day 2021[48], reflecting the national trend of growing reliance on the private rented sector as more households are priced out of home ownership.



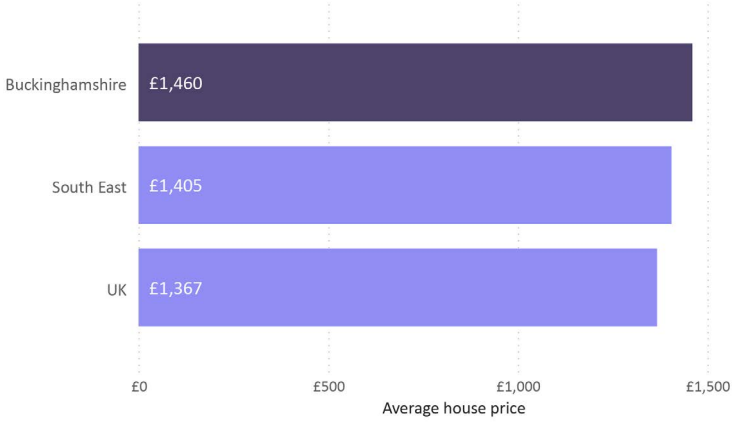
Average private rent price in Buckinghamshire compared with the South East

Average private rent price January 2026



Average private rent price in Buckinghamshire compared with the South East

Average private rent price January 2026



The average private rent in Buckinghamshire rose by 5.4% from £1,397 in January 2025 to £1,460 in January 2026. The average private rent in the county is higher than both the national and regional average[49]. The new Local Plan for Buckinghamshire gives us opportunity to address these challenges.

Rising housing costs are contributing to increased housing insecurity. On 30 June 2025, 413 households in Buckinghamshire were living in temporary accommodation which is a 50% increase from 277 households in June 2020[50]. In addition, the 2025 Buckinghamshire Local Housing Needs Assessment identified 6,917 households living in unsuitable housing and unable to afford a suitable home locally[51].

These figures highlight the growing scale of housing insecurity, with more households unable to access stable, appropriate and affordable housing. This can lead to increased reliance on temporary or insecure arrangements, overcrowding or living in homes that do not meet basic needs. Such instability can have significant impacts on health and wellbeing, increasing stress, disrupting social and support networks, and making it more difficult for individuals and families to maintain employment, education and good health.

The refresh of the Buckinghamshire Homelessness and Rough Sleeping Strategy gives us opportunity to sharpen this preventative approach.



Suitability and Accessibility

Suitable and accessible housing supports people throughout their lives by making it easier to move around the home, maintain independence and manage long-term health conditions, reducing the chance of needing care support. Design features such as level entrances, wider doorways, handrails and space for mobility aids reduce the risk of falls and help older adults and disabled residents remain safe[52]. When a home meets a person's needs, everyday tasks like washing, cooking and moving between rooms require less effort, supporting physical health, confidence and wellbeing[53].

In contrast, unsuitable housing can make daily activities more difficult, worsen existing conditions and place additional pressure on residents and carers. Housing also plays an important role in social connection. People who struggle to enter or move around their homes are more likely to become isolated, while accessible homes make it easier to stay connected with family, participate in community life and maintain relationships.

The design of a home affects how easily health and social care can be delivered. Hospital discharge is often delayed when a home is not safe or appropriate for someone returning from hospital admission. Accessible and adaptable homes enable people with mobility issues or disabilities to live independently and remain in their own homes as their needs change. As Buckinghamshire's population ages, ensuring homes support independence and minimise avoidable risks will become increasingly important. Suitable housing will help people stay healthier for longer and contribute to more resilient communities.

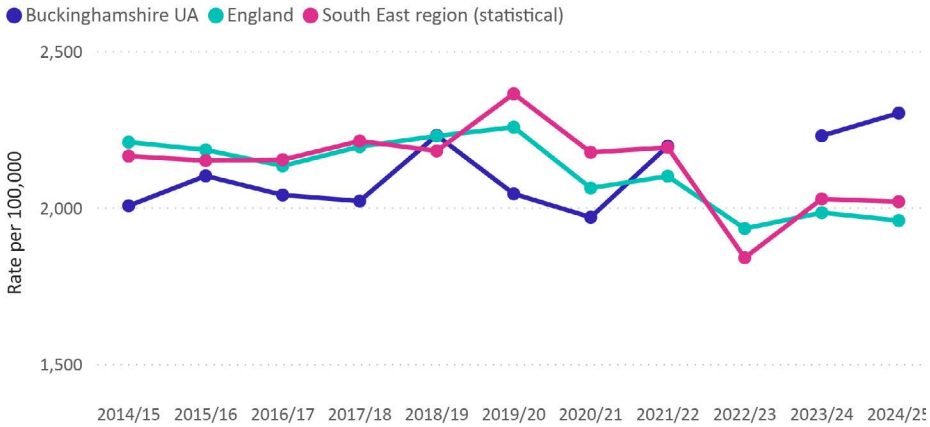
The picture in Buckinghamshire

Falls are the leading cause of emergency hospital admissions for people aged 65 and over[54]. Falls can have serious consequences, including fractures such as hip fractures. A hip fracture is associated with a high mortality rate and a loss of independence. Around 42% of people with a hip fracture will require a permanent move into residential or nursing care, particularly where recovery is limited or ongoing support needs increase[55]. This has significant implications not only for individuals and their families, but also for already stretched adult social care budgets, as demand for long-term care placements continues to grow.

In 2024/25, the rate of emergency hospital admissions for falls among people aged 65 and over in Buckinghamshire was 2,301 per 100,000 residents. This is significantly higher than the national average of 1,958 per 100,000 people.

Emergency hospital admissions due to falls in people aged 65 and over

Directly Standardised Rate per 100,000



In Buckinghamshire, the Disabled Facilities Grant (DFG) funding of over £5m per year is fully utilised to deliver adaptations such as level-access showers, stairlifts and ground floor living solutions, helping older and disabled residents remain in their homes and preventing admission to hospital or residential care.

These interventions form a key part of the Council's preventative approach, reducing longer-term pressures on Adult Social Care and Housing services while supporting safe hospital discharge. The programme aligns directly with Buckinghamshire's Housing Strategy priorities by promoting independence, sustaining tenancies, and strengthening integration between housing, health and care ultimately enabling residents to live well in their communities for longer.

Disabled Facilities Grant Case Study (Housing Adaptations)

One of the Council's Grants and Adaptations Officers, recently received feedback from a resident who, following a DFG-funded bathroom adaptation, is now able to use their bathroom independently, safely and comfortably for the first time in over 15 years. This example highlights how relatively straightforward interventions, such as accessible bathing facilities, can restore dignity, reduce risk and significantly improve daily living.



3. Money and Resources

Income and financial security give people the firm footing they need to afford everyday essentials like food, rent, heating, and transport, and to take part fully in society. These basics form the foundation for good health and a stable daily life. When finances are secure, people are not just paying bills, they are able to plan for the future, support their families, and actively participate in their communities[56]. This financial stability helps protect against stress and reduces the risk of both mental and physical ill health over time.

When households do not have enough money coming in to meet their basic needs, people are pushed into impossible choices, whether to heat their home or buy food, or whether they can afford to get to work. Over time, sustained financial insecurity can lead to chronic stress, anxiety and low mood, while also increasing the risk of physical health problems such as poor diet-related conditions and long-term illness.

Over time this ongoing pressure takes a toll on both mental and physical health[57].

As well as providing income, employment plays a crucial role in supporting health and wellbeing. Good quality, secure work provides a stable income, enabling access to essentials such as food, housing, transport and heating all of which are directly linked to health outcomes. Beyond income, employment can support mental wellbeing by offering a sense of purpose, achievement and identity, alongside opportunities for personal development.

Work also provides important wellbeing benefits, including structure and routine in daily life, which can enhance emotional stability and resilience. In addition, workplaces are a key source of social connection, helping to reduce loneliness and isolation through regular interaction with colleagues and participation in wider social networks[58].

However, it is important to distinguish between good work and any work. While good quality work characterised by fair pay, safe conditions, reasonable control, job security and opportunities for progression is health-promoting, poor-quality work can be detrimental. Jobs that involve low pay, insecurity, unsafe conditions, limited control or discrimination can negatively impact health through stress, injury and chronic strain. Evidence suggests that such poor-quality work can be as harmful as unemployment.

There is also an interplay between health, work and economic prosperity. Whilst we know that a good job is an essential component of a healthy life, the economic growth we need locally to ensure the availability of these jobs is itself dependant on a healthy available workforce.



Jobs and Employment

Secure and stable employment does more than provide an income, it creates the conditions for people to build healthy, fulfilling lives. When individuals have reliable, good-quality work, they gain financial stability, a clear sense of purpose, and opportunities to contribute and develop.

Employment offers opportunities for social connection, skill development, and progression, all of which contribute to improved confidence and overall wellbeing. These factors can have a cumulative effect, supporting better mental health, reducing stress, and enabling people to make choices that positively influence their physical health, such as maintaining stable housing, accessing nutritious food, and engaging in healthy behaviours[59].

In contrast, jobs characterised by low pay, limited protections, unsafe conditions, or irregular and unpredictable hours often create ongoing financial strain and uncertainty. This instability can make it difficult for individuals to plan ahead, manage household responsibilities, or maintain a healthy work–life balance. Over time, these pressures can contribute to stress, anxiety, and poorer physical health outcomes.

Economic inactivity due to long-term sickness has been increasing in the UK in recent years, most markedly since the onset of the Covid-19 pandemic. Research by the Institute for Employment Studies (IES) highlighted that each year around 300,000 people nationally move from employment to economic inactivity due to work limiting health conditions. Their analysis also found that fewer than 4% of those economically inactive due to long-term health conditions ever return to work[60].

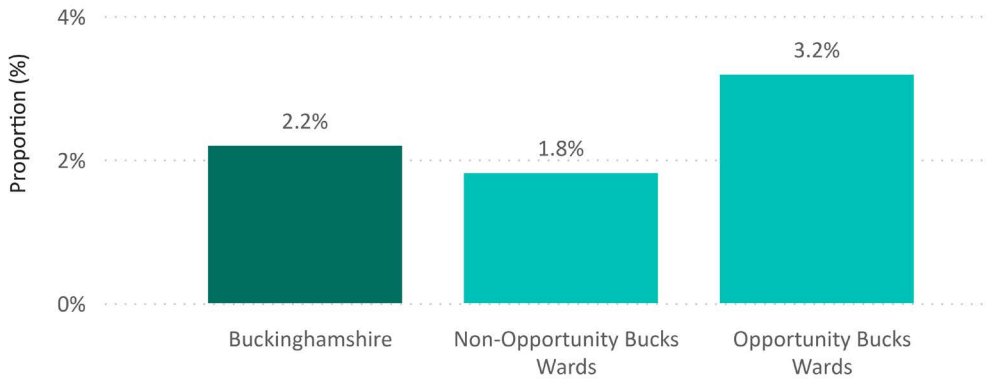
Long-term unemployment is associated with a loss of income, routine, and social interaction, and a sense of purpose, which can all negatively affect both mental and physical health. As health declines, individuals may find it increasingly difficult to search for and secure employment, creating a cycle in which poor health and unemployment reinforce one another[61].

The picture in Buckinghamshire

While Buckinghamshire has high overall employment rates (82.2% of people aged 16–64 were in work in 2024/25, above national and regional averages), inequalities remain. Some groups such as people with disabilities, young people with additional needs, carers, and those living in Opportunity Bucks areas face greater barriers to finding and staying in work. Census data from 2021 shows that 2.2% of people aged 16+ are out of work due to long-term sickness or disability, rising to 3.2% in Opportunity Bucks areas[62].

Percentage of people economically inactive due to long-term sickness ordisability

Buckinghamshire Census 2021



Buckinghamshire Works is a system-wide employment and skills plan developed in partnership between Buckinghamshire Council, Jobcentre Plus and the NHS. It focuses on supporting more residents to access, remain in, and progress in good quality work, while addressing local challenges such as economic inactivity, skills mismatches, and barriers including caring responsibilities and transport.

The plan strengthens local support through partnership working, targeted support for priority groups, and better alignment between services. It also supports employers to recruit, develop and retain a skilled workforce.

WorkWell Buckinghamshire is part of a national, government-funded programme supporting people with health conditions or additional needs to start, stay in, or return to work. It provides personalised support, linking employment, health and skills services to reduce barriers, improve wellbeing, and help employers create more inclusive workplaces.

In 2026, Buckinghamshire Council launched the Connect to Work scheme, offering personalised, one-to-one support for residents facing barriers to employment, including those with long-term health conditions or disabilities. Ongoing coaching and in-work support are provided to help individuals sustain employment.



Income and Financial Security

A stable and decent income is essential for enabling individuals to meet basic needs such as food, energy, housing, and social participation. Research has shown that when older adults or low-income households face rising living costs without adequate or stable income, they are forced to cut back on essential items, including heating, food, and social engagement, which can have a negative impact on health and wellbeing[63].

Financial insecurity can have a deep and lasting impact on people's wellbeing. When individuals or households do not have enough reliable income to cover rising living costs, the constant worry about how to pay for essentials, such as food, heating, transport, or unexpected bills creates ongoing stress[64]. Over time, chronic stress can affect both mental and physical health, increasing the risk of conditions such as anxiety, depression, cardiovascular disease and weakened immune function[65]. We see an intergenerational impact of financial insecurity meaning that some children in Buckinghamshire have lower aspirations and don't fulfil their potential.

Access to debt advice, welfare benefits and emergency financial support helps provide important relief and acts as a bridge to longer term stability that people need to stay healthy. When people receive support to manage debt, maximise their income and deal with unexpected costs, they gain breathing room. That stability reduces stress, helps people maintain safe living conditions, and ensures they can meet their basic needs[66]. A strong and effective economy is important to give residents the chance to not become dependent on these types of support and then suffer from the associated negative health impacts.

The picture in Buckinghamshire

The median gross annual pay for a Buckinghamshire resident working on a full-time basis was £39,500 per year in 2023. This was higher than the South East (£37,500) and England (£35,000) averages[67].

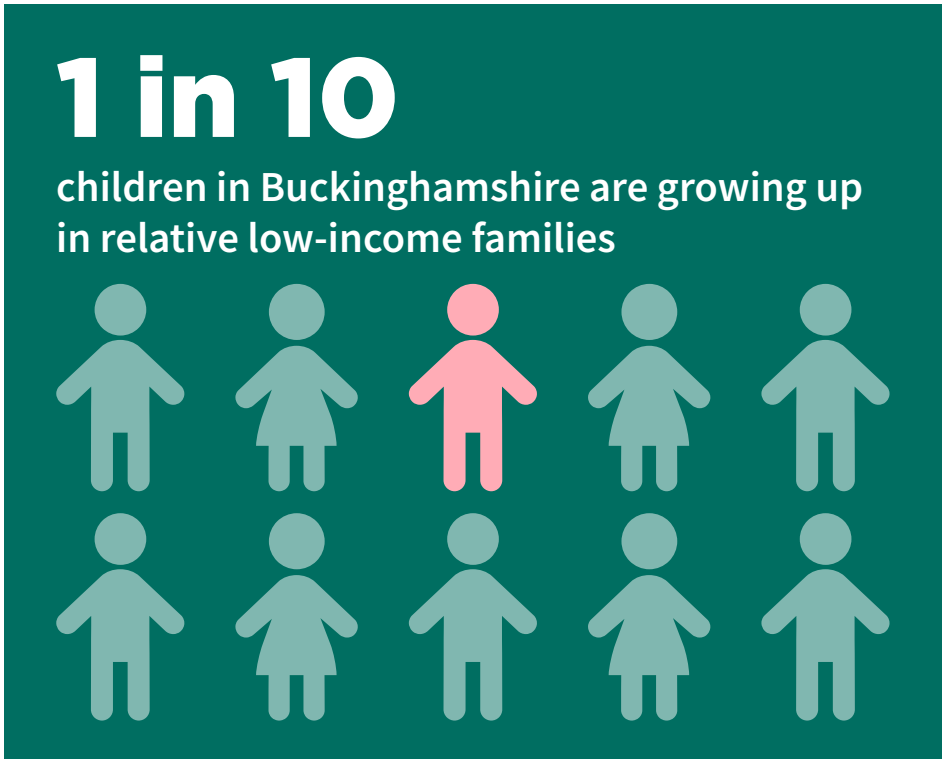
Buckinghamshire has consistently high levels of employment, with 82.2% of working age adults in employment in 2024/25. This is significantly higher than the national 75.7% and regional 78.4% average[68], which means we are working from a strong base.

But despite this strong employment and earnings picture, not all households benefit equally.

1 in 10 children in Buckinghamshire are growing up in low-income families[69]. Families in Opportunity Bucks Wards, particularly in Aylesbury, High Wycombe, and Chesham, face higher and more persistent financial strain[70]. This pattern continues later in life too, nearly 15% of people aged 65 and over in the most deprived areas receive Pension Credit, compared with just 2.3% in the least deprived areas[71].

To address this need, our Housing Debt Advisers work in partnership with the Homelessness Team to support residents who are at risk of homelessness due to rent or mortgage arrears. In line with the Council's statutory duties under homelessness legislation, advisers carry out a full financial assessment and provide tailored debt and money advice based on the resident's individual financial circumstances. The service aims to sustain tenancies and home ownership wherever possible and to prevent homelessness at the earliest opportunity.

In 2023, the Housing Debt Advice Team received 793 referrals, reflecting a significant increase in demand driven by post COVID-19 inflation pressures. Although referral numbers decreased in 2024 and 2025, they have not returned to pre-COVID levels, and this sustained demand is largely attributed to the ongoing cost of living challenge.



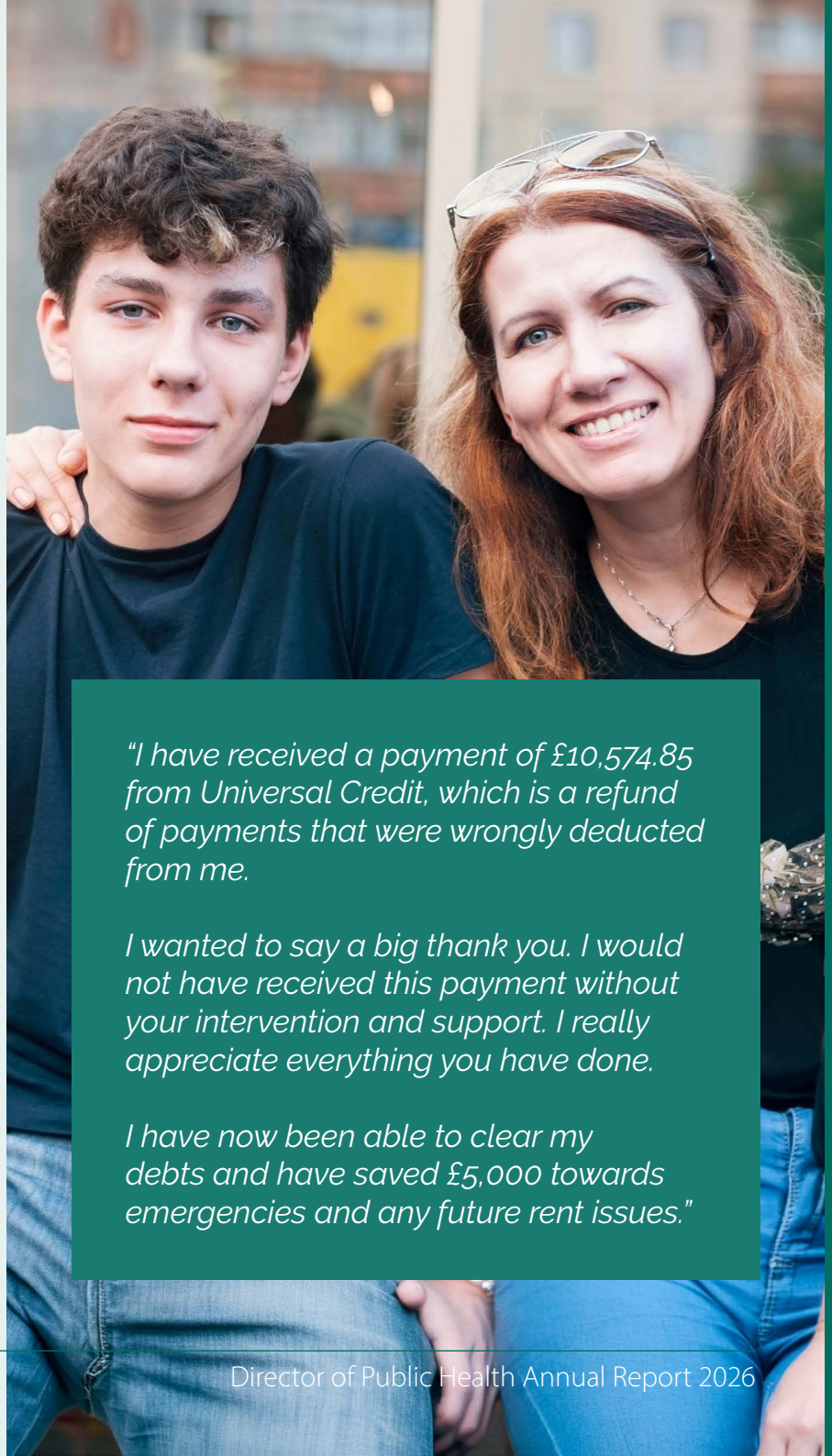
Housing Debt Advice Team Support

A resident approached the Housing Debt Advice Team after receiving both a Section 21 and a Section 8 eviction notice due to rent arrears. She was employed and living with her teenage son but struggled financially as her Universal Credit (UC) and earnings did not cover her high rent, leading to arrears.

A full financial assessment reviewed her UC statements, bank statements, and income and expenditure. It revealed that over £800 per month was being deducted from her UC for student income, despite her no longer being a student since mid-2024. She was advised to contact the Department for Work and Pensions, which resulted in over £10,000 in backdated payments. She cleared her arrears and retained around £5,000 in savings.

She was also advised to apply for a Discretionary Housing Payment to help cover her ongoing rent shortfall.

As a result, the landlord withdrew the eviction proceedings, the tenancy was sustained, and homelessness was prevented.



"I have received a payment of £10,574.85 from Universal Credit, which is a refund of payments that were wrongly deducted from me.

I wanted to say a big thank you. I would not have received this payment without your intervention and support. I really appreciate everything you have done.

I have now been able to clear my debts and have saved £5,000 towards emergencies and any future rent issues."

Cost of Living and Essential Bills

The UK has been experiencing the cumulative effects of rising prices since the COVID-19 pandemic, and even as inflation begins to ease, many families are still feeling the strain. Recent ONS data shows that by early 2026, 59% of adults said their cost of living had increased in the previous month, driven mainly by higher food prices, energy bills, and fuel costs . People are adapting in ways that signal real pressure on household budgets. For example, cutting back on essentials like food and heating, limiting non-essential spending, and shopping around more to make ends meet. Financial resilience is low, with over a third of adults saying they would struggle to cover an unexpected £850 expense[72].

These coping strategies have direct and cumulative impacts on health. Research by the Joseph Rowntree Foundation, found that more than one half of low-income households have had to go without heating to reduce their energy bills[73]. Cutting back on heating can result in cold homes, which are linked to increased risks of respiratory and cardiovascular illness, as well as poorer mental wellbeing.

Additionally, across the UK over 5 million households have cut back on or skipped meals because they cannot afford food and almost 4 million households have borrowed to pay for life's essentials, and the large majority of these (70%) are currently in arrears[74]. Reducing spending on food often means households rely on cheaper, less nutritious options or skip meals altogether, increasing the risk of poor diet, malnutrition and longer-term conditions such as obesity and diabetes. Together, these pressures can create a downward cycle of financial hardship, poor living conditions, increased stress, and worsening physical and mental health outcomes, which then leads to further financial hardship and so on[75].

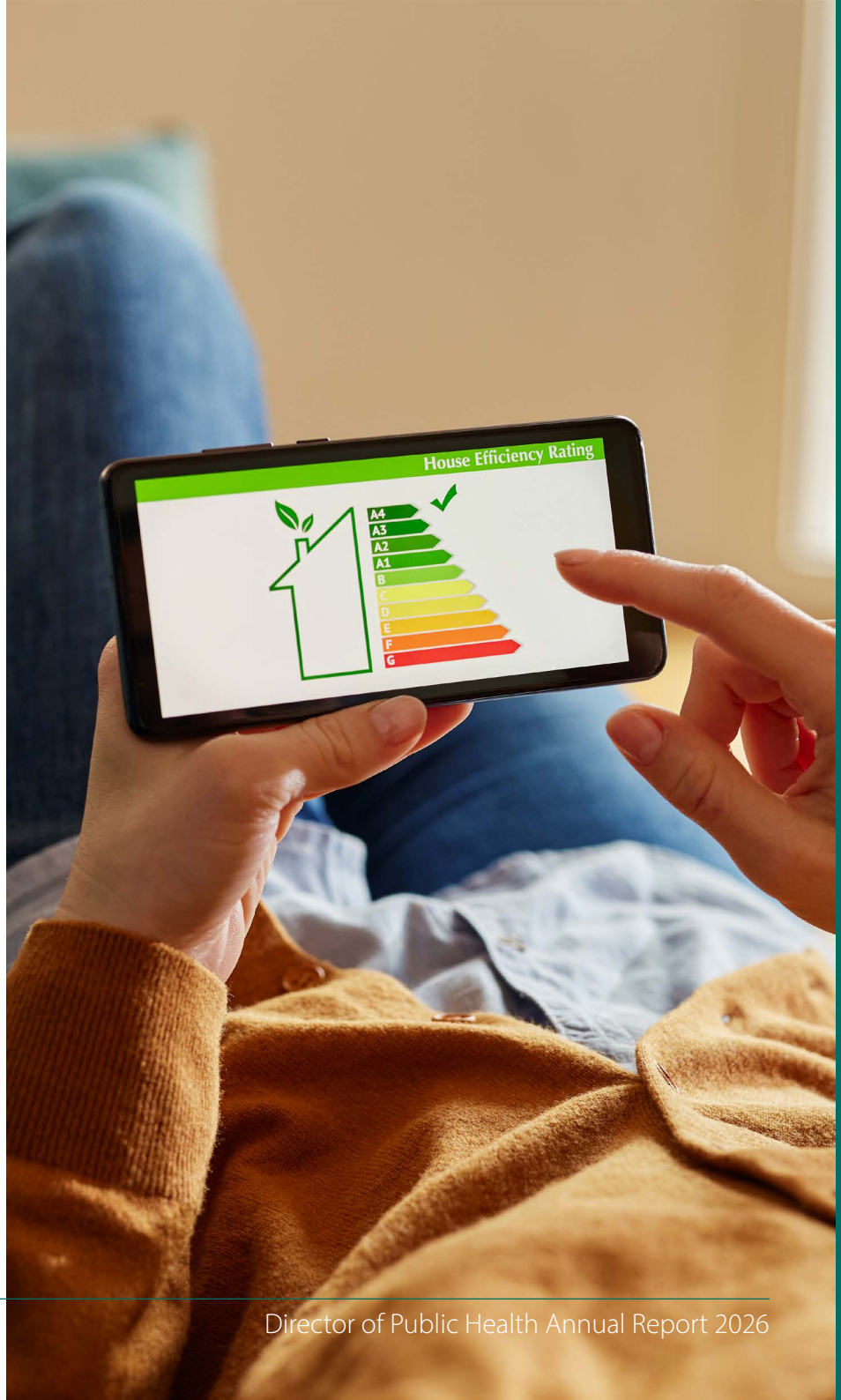
The picture in Buckinghamshire

Fuel poverty is assessed using the Low Income Low-Energy Efficiency (LILEE) measure. Under this definition, a household is considered fuel poor if it lives in a property with an energy efficiency rating of band D, E, F, or G, and if its disposable income, after housing costs and meeting necessary energy needs, falls below the poverty line[76].

Across Buckinghamshire, 7.5% of households are considered fuel poor, a lower rate than the England average of 9.9% in 2024[77]. However, fuel poverty is not evenly spread across the county, households in rural areas face a higher risk of fuel poverty because homes tend to be older, less well insulated, and more reliant on expensive heating fuels.

Fuel poverty can place significant pressure on household finances, making it harder for people to heat their homes adequately and increasing the risk of cold related ill health.

Buckinghamshire Council's Helping Hand service can assist if residents, have experienced a financial shock such as an unexpected expense or drop in income that has put pressure on their budget or may be close to having a financial crisis and a one-off payment could ease pressure and allow them to maintain control of their finances.





A referral made to Buckinghamshire Council's Helping Hands Service

An older couple who lives in a rural, owner-occupied property heated by oil, with no access to mains gas. The main earner works full time on a modest wage, while their pension age partner is unable to work due to serious health conditions and receives a small private pension. Rising heating oil costs placed the household under significant financial pressure, despite the main earner working overtime and actively managing expenses.

The household was not eligible for means tested benefits or Council Tax Reduction and has less than £500 in savings, leaving little financial resilience. The situation was particularly urgent as the partner's health condition requires the home to be kept warm. The resident contacted the Council's Helping Hand team for urgent support.

Following assessment, the household received targeted crisis support, including the direct provision of 500 litres of heating oil. A referral to Citizens Advice Bucks was also made to review benefit entitlement and access further support. The intervention prevented fuel poverty, reduced stress, and helped the household remain safe and warm in their home.

4. The food we eat



A diet with plenty of fruits, vegetables, high fibre starches, dairy and protein, helps prevent illnesses such as heart disease, diabetes, and some cancers. When people have access to good quality food, it supports their long-term wellbeing and helps maintain good health over the life course[78]. In contrast, poor quality diets that are high in fat, sugar and salt can contribute to obesity, high blood pressure, several cancers and nutrient deficiencies, increasing the risk of developing long term conditions that could be avoided with earlier support and healthier environments[79].

What people eat is shaped by a complex interplay of factors. Personal knowledge, skills and preferences all play a role, but these are influenced by the wider environments in which people live. This includes income, home cooking facilities, transport and access to affordable, healthy food. Local availability, the relative cost and convenience of different foods, and the widespread marketing of high fat, salt and sugar products all influence food choices.

For households experiencing poverty or food insecurity, these combined pressures can significantly limit options, leading to greater reliance on cheaper, less nutritious foods and contributing to poorer health and widening inequalities. Addressing these wider influences is therefore key to preventing poor health and supporting healthier choices across communities.



Education, local environments, and community resources, including allotments and shared gardens, also play a role by affecting people's food skills, confidence, and the range of choices available. These factors can help enable positive dietary behaviours, supporting prevention, resilience and long term wellbeing.

Diet Quality and Nutrition

Eating well forms one of the essential building blocks of long-term health. Diets that include plenty of vegetables, fruits, whole grains, lean proteins and minimally processed foods help the body function well and reduce the risk of serious conditions such as obesity, type 2 diabetes, cardiovascular disease and some cancers. These dietary patterns are consistently shown to protect health and support people to thrive across their lives.

Unhealthy diets, high in processed foods, sugar, salt and unhealthy fats, increase the likelihood of developing long-term illness, placing a significant burden on people, families and health services. Poor diet is now a major cause of disease in the UK and has led to a 46% increase in levels of death and disability in the past decade[80].

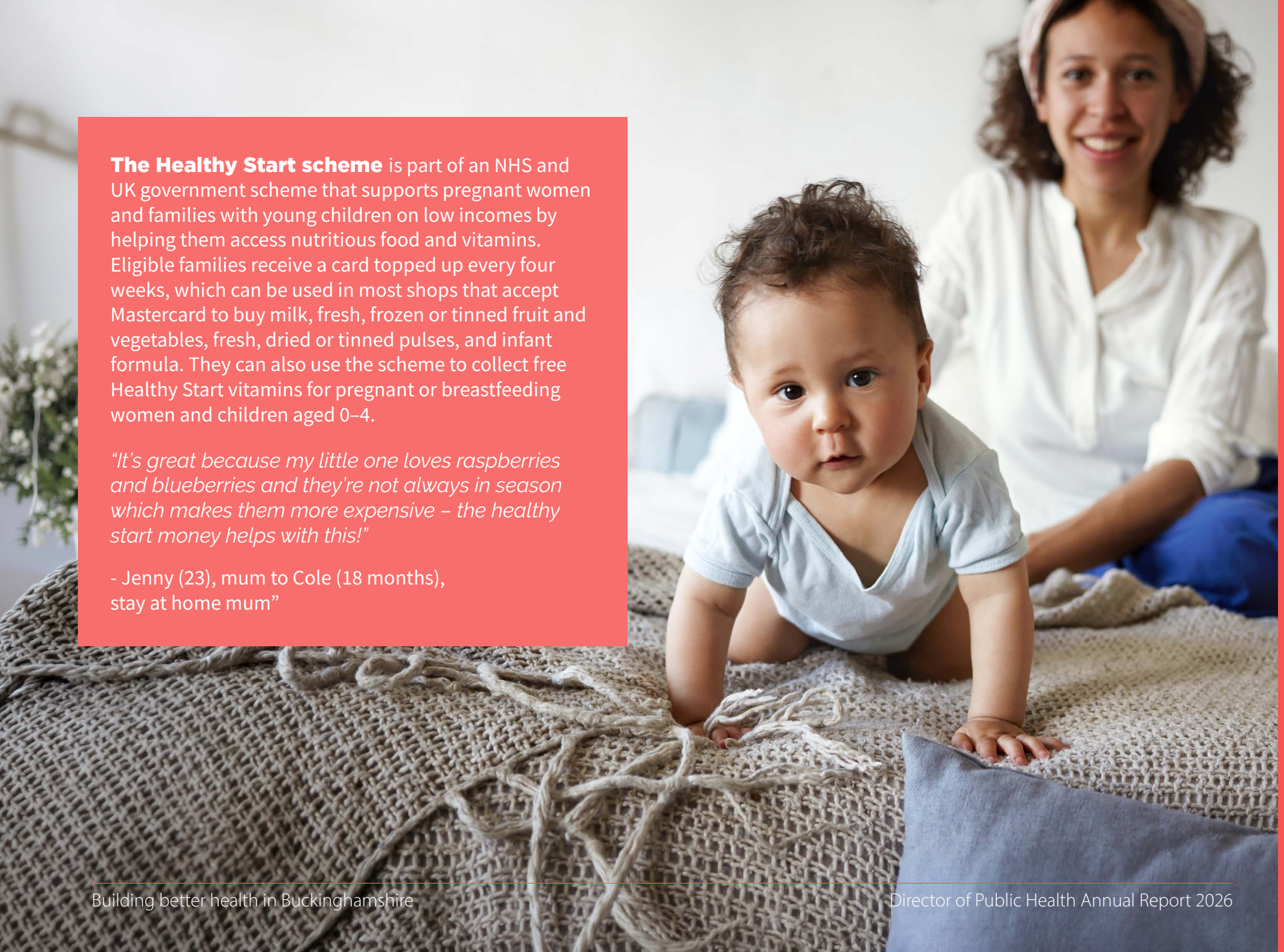
Maintaining a healthy diet can be challenging, particularly for lower income groups, where barriers to healthy eating contribute to widening health inequalities and poorer health outcomes . These barriers include the higher cost of healthy food, limited access to affordable healthy options in deprived areas, lack of time due to long or irregular working hours, and reduced access to cooking facilities or skills. In addition, healthy foods can be in competition with widely available, heavily promoted unhealthy options, especially in areas with high densities of takeaways and increasing use of food delivery services[82].

The picture in Buckinghamshire

Evidence of poor diet and related poor health outcomes are evident from an early age in Buckinghamshire. The most recent school health surveys show that 8% of children did not eat any fruit or vegetables, and nearly two thirds did not meet the recommended five a day. Almost 4 in 10 children reported eating fast food at least once or twice a week as their main meal. While most children drink water regularly, many also consume sugary and energy drinks, milkshakes and fruit flavoured squashes on most days, which is also a risk factor for poor dental health.

Child obesity remains persistently high, 1 in 5 children (20.9%) start school living with overweight or obesity, and 1 in 12 are living with obesity at age 4–5[83]. By the time children reach age 10 and 11, the picture becomes more pronounced, around 1 in 3 children (30.0%) are living with overweight or obesity. Although this is lower than England (36.2%), clear inequalities persist, with children in the most deprived areas more likely to be affected than those in the least deprived areas[84].

These patterns continue into adulthood. In 2023/24, 65.9% of adults in Buckinghamshire were living with overweight or obesity[85]. Nationally, rates are highest in the most deprived areas (71.2%) compared with the least deprived (59.4%).



The Healthy Start scheme is part of an NHS and UK government scheme that supports pregnant women and families with young children on low incomes by helping them access nutritious food and vitamins. Eligible families receive a card topped up every four weeks, which can be used in most shops that accept Mastercard to buy milk, fresh, frozen or tinned fruit and vegetables, fresh, dried or tinned pulses, and infant formula. They can also use the scheme to collect free Healthy Start vitamins for pregnant or breastfeeding women and children aged 0–4.

"It's great because my little one loves raspberries and blueberries and they're not always in season which makes them more expensive – the healthy start money helps with this!"

- Jenny (23), mum to Cole (18 months),
stay at home mum"

Food and Retail Environment

The shops and services around us influence everyday health choices by shaping what is visible, affordable and easy to access. When neighbourhoods are dominated by unhealthy options, making healthier choices becomes much harder. This reflects a wider dynamic that health is often heavily shaped by the environments people live in and the individual health-related choices made are taken within this wider context[86,87].

Communities with good access to affordable, fresh and nutritious food are more likely to have healthier diets. In contrast, areas where fast food outlets and convenience stores are more common tend to have higher levels of obesity and diet-related health conditions[88]. When neighbourhoods are saturated with fast food outlets and have limited access to fresh, healthy options, unhealthy choices become normal and difficult to avoid.

Mapping of fast-food outlets across the UK consistently show that local authority areas in England with the highest densities of fast-food outlets are found in the most deprived communities[89]. This means that people experiencing greater barriers to healthy eating such as low income also face more challenging food environments.

In the same areas we also see poorer diets and greater proportions of people who are overweight or living with obesity[90]. Similar patterns are seen for alcohol and tobacco, where higher retailer density is linked to increased consumption and harm[91,92,93].

The picture in Buckinghamshire

Within Buckinghamshire, some communities experience more challenging food environments than others, making healthy choices harder. The Buckinghamshire Fast Food Report[94] showed that higher numbers of fast-food outlets are concentrated in Opportunity Bucks wards in Wycombe and Aylesbury which experience greater socioeconomic disadvantage and high child obesity.

In Abbey ward, for example, there are 339.8 fast-food outlets per 100,000 people, far above the Buckinghamshire average of 61.3 per 100,000[95]. These are also the places where more children start school overweight or obese[96].

National evidence shows that neighbourhoods with higher densities of alcohol outlets experience higher rates of alcohol related hospital admissions[97,98]. This is becoming an increasing problem, in Buckinghamshire we have seen year on year increases in alcohol related hospital admissions, with rates 48% higher now than 5 years ago[99]. 2,408 people in Buckinghamshire were admitted to hospital for alcohol related conditions in 2023/24, when the wider harms from alcohol related conditions are included, this number increases to 8,670[100]. We also see alcohol harm much more concentrated in Opportunity Bucks wards where rates are 43% higher than the rest of the County[101].



Alcohol related hospital admissions are 48% higher now than 5 years ago[99]

The Good Food Retail (GFR) project aims to increase the availability of healthier food and drink options in local convenience stores. These stores often offer a limited range of affordable healthy foods compared to larger stores or stores located in more affluent areas. Ten stores located in High Wycombe and Aylesbury were selected to participate in the project. On average, shops stocked 9.8 additional healthier lines at the end of the project compared to the start.

Subramanian Anpalagan, who runs the Nisa store in Aylesbury said of his experience with the Good Food Retal Project:

"The support has been really helpful. I've increased my range of healthier products by over 13%, including new lines in biscuits, snacks, and fresh produce. It's great to be able to offer more choice to my customers."



A secondary school in Wycombe highlights challenges of the local food environment, with over 10 fast food outlets near the school and along key walking routes. The area has one of the highest child obesity rates in Buckinghamshire, and 28% of students report eating fast food weekly on the way home over three times the county average (8%).

"We encourage healthy eating and actively discourage students not to bring in fast/ junk food, but it's a real challenge when the students are surrounded by fast food and takeaway on the way to and from school. Some students buy addictive fast food and sugary energy drinks, crisps and sweets on the way to school and on the way home. With parents often working multiple jobs or shift work, older kids order takeaways on their apps. It presents other challenges such as trying to run a healthy school dinner programme and the growing concerns of litter in the community."

- Head teacher

Household Food Security and Access

Household food security means having reliable access to enough affordable, nutritious food to live a healthy, active life. Rising food prices, alongside increasing housing, energy and transport costs, are pushing more households into financial crisis, leaving little scope for a healthy diet[102].

When people experience food insecurity, it means they go hungry, skip meals, eat less or even go a whole day without eating, because they cannot afford or get access to food. This leads to poor-quality diets, and ongoing stress, all of which undermine physical and mental wellbeing.

The Trussell Trust reports that 14.1 million people experienced food insecurity in 2024, with 1 in 6 UK households struggling to afford enough food. Low income is the main driver, with people referred to food banks having as little as £104 per week after housing costs[103].

Food insecurity is highest among households receiving Universal Credit, families with children, those with disabilities, and single parent households. Access is also a barrier for people with limited mobility, without access to transport or online shopping, or living in rural areas. These groups often rely on small local shops, where essential budget food options are frequently unavailable, limiting access to affordable healthy food.

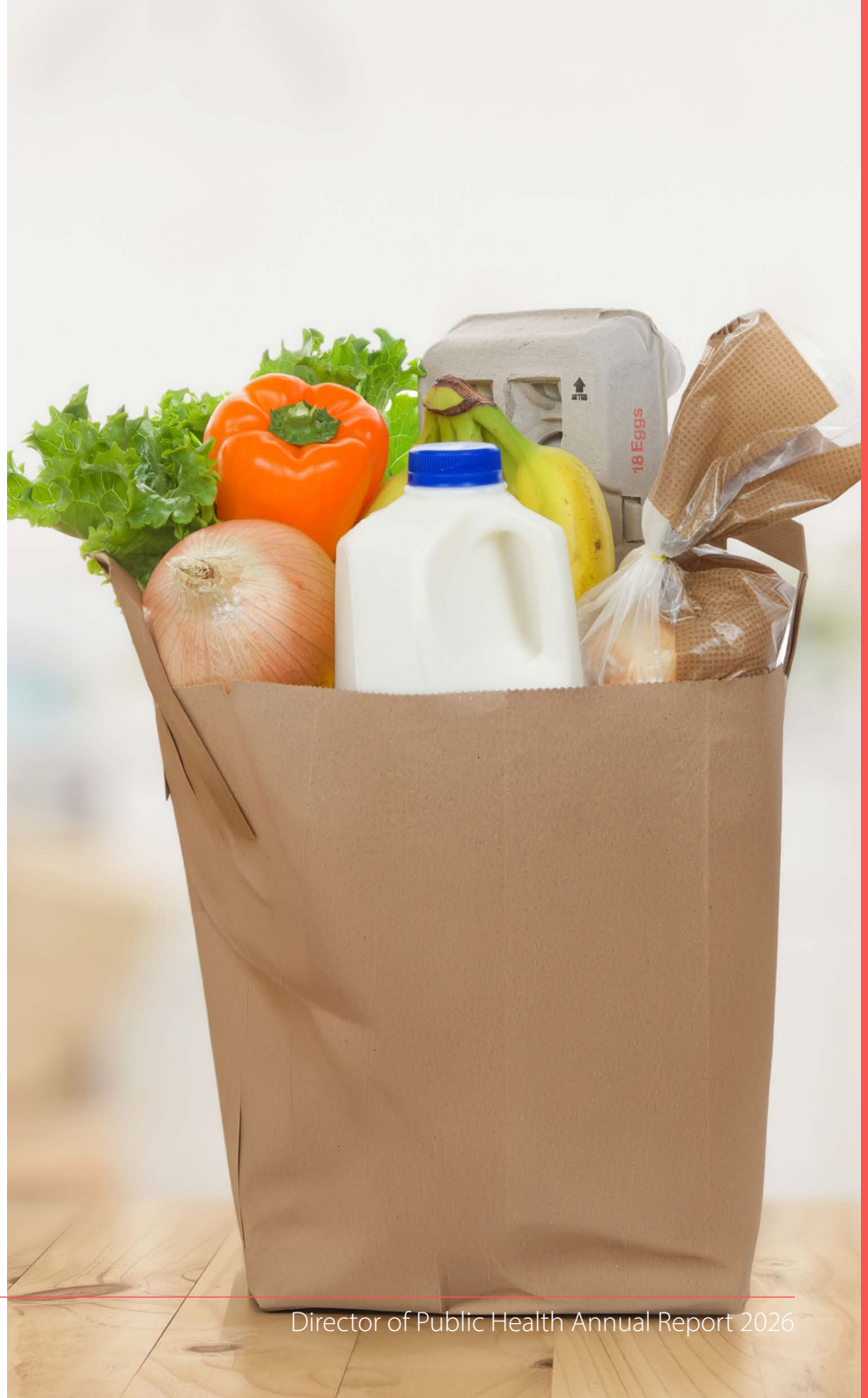


The picture in Buckinghamshire

In 2020, an estimated 13.2% of residents were living in households at higher risk of food insecurity, with the highest levels in Aylesbury (17.6%) and High Wycombe (17.3%), reflecting wider inequalities across the county[104].

Between April 2025 and March 2026, Buckinghamshire Council's Helping Hands service made over 1,100 food bank referrals and issued a similar number of supermarket vouchers, with most support going to households in Opportunity Bucks wards.

The Trusell Trust distributed 8,152 food parcels to children across the county from April 1, 2022, to March 31, 2023, compared to 8,007 the previous year. It is important that food provided through food banks and similar schemes is healthy and nutritious. Building on learning from Raising Nutrition's previous project with a food bank in High Wycombe, Buckinghamshire Council partnered with Raising Nutrition and four local food banks to transition to healthier, meal-based parcels aligned with the Eatwell Guide, with a focus on increasing fruit, vegetables, pulses and wholegrains. The pilot project included changes to food policies, revised picking lists and volunteer training, leading to a more sustainable approach to providing nutritious, dignified provision and helping address food insecurity and health inequalities. Food banks in Aylesbury and Chesham are now delivering an estimated four extra portions of vegetables for single-person households and eight for families in their food parcels, resulting in over 60,000 additional portions in 2026.



A referral made to the Council's Helping Hands team

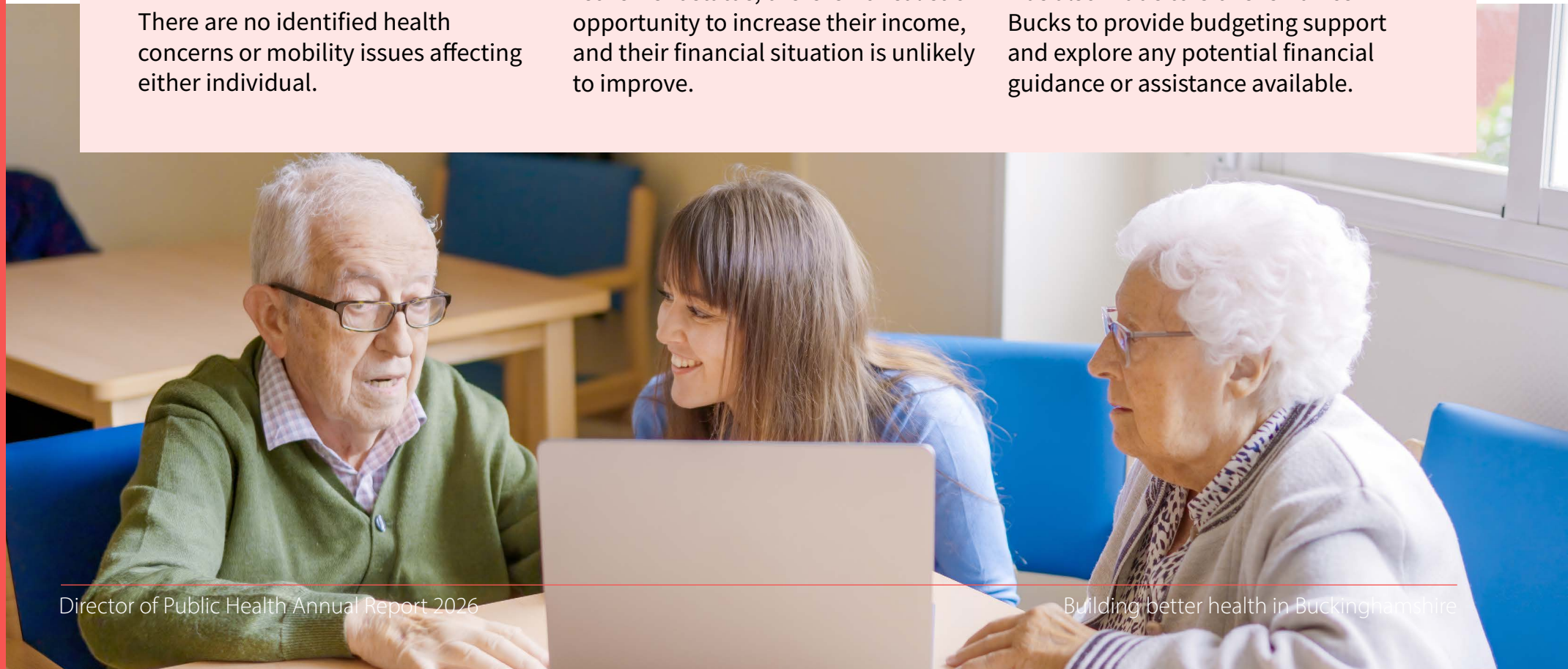
Two adults aged 70 and 80, who are retired and living independently in Buckinghamshire. They rely on a small private pension as their sole source of income, which results in them not meeting the eligibility criteria for Pension Credit or other means-tested benefits.

There are no identified health concerns or mobility issues affecting either individual.

Both can manage their daily living activities independently without the need for formal care or additional support services.

Despite receiving a private pension, the household is experiencing ongoing financial hardship. Their fixed income is not sufficient to meet increasing living costs, particularly food and energy expenses. Due to their age and retirement status, there is no realistic opportunity to increase their income, and their financial situation is unlikely to improve.

Support has been provided by the Helping Hands team through ongoing food bank referrals issued on an as-needed basis. This intervention has been essential in preventing food insecurity, as the household would otherwise struggle to meet basic food needs. While food bank use is not intended to be a long-term solution, it has been necessary due to the lack of alternative financial options. A referral was also made to Citizens Advice Bucks to provide budgeting support and explore any potential financial guidance or assistance available.



5. Education and skills

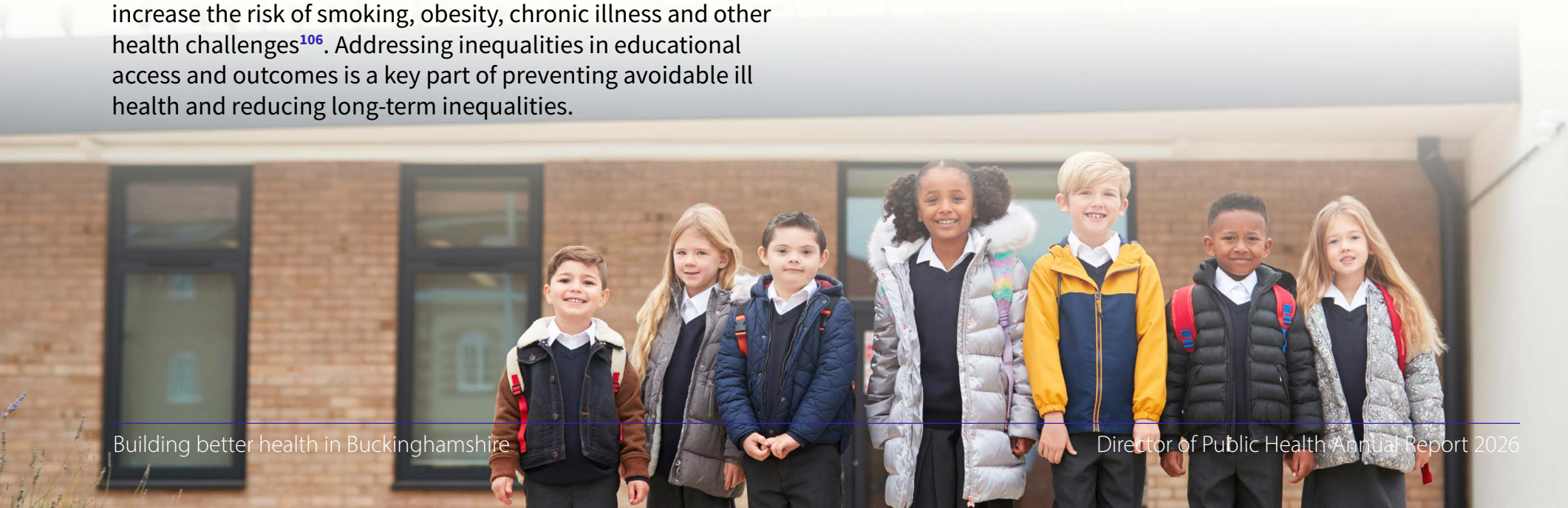


Education is one of the key foundations of good health, it shapes the opportunities and aspirations people have, influencing the jobs they can access, the income they can earn, and their overall life chances. When people have access to good quality education, it strengthens the foundations needed for long-term health through secure employment, financial resilience, confidence, and the ability to participate fully in community life[105].

Research consistently shows that people with more years of education tend to live longer, experience fewer long-term health conditions, and report better mental wellbeing. People who face barriers in education are more likely to experience insecure work, unstable income, and poorer living conditions, factors that increase the risk of smoking, obesity, chronic illness and other health challenges[106]. Addressing inequalities in educational access and outcomes is a key part of preventing avoidable ill health and reducing long-term inequalities.

Education is not only about academic attainment. Supportive early years settings, high-quality teaching, safe learning environments, and opportunities for enrichment all contribute to creating the conditions in which children and young people can thrive. These early experiences help build strong foundations that protect against poorer health outcomes later in life.

Access to adult skills and lifelong learning is also important. Ongoing learning can support resilience, enable healthier choices and help prevent declines in health and wellbeing. Helping people to adapt to changing circumstances, improve employment opportunities and maintain independence and wellbeing across the life course.





Early Childhood Development

The earliest years of life are a crucial period for building the foundations of lifelong health and wellbeing. From pregnancy to age five, children's brains grow faster than at any other stage. During this time, they develop the core abilities that support thinking, learning, managing emotions, and forming relationships. When children experience warmth, safety, good nutrition, and opportunities to play and communicate, their brains form strong, healthy connections that support development throughout childhood and beyond[107].

Families, early years settings and local services are important community assets that help create nurturing environments, providing the support and stability children need to thrive, giving children the best possible start in life.

Secure relationships with adults, predictable routines, and safe, nurturing surroundings reduce stress and create the conditions children need to thrive. High and persistent stress in early childhood can disrupt the developing immune system, affect heart and mental health, and shape behaviours later in life. Creating stable, supportive environments helps buffer these effects and gives children a stronger start[107].

Early communication, learning, and school readiness form another essential part of this foundation. Strong early language development is linked to later educational outcomes, with vocabulary at age two providing an early indication of how children will progress when they start school and in future learning. These early skills make it easier for children to engage in the classroom, build relationships, and participate fully in their communities as they grow[108].

The picture in Buckinghamshire

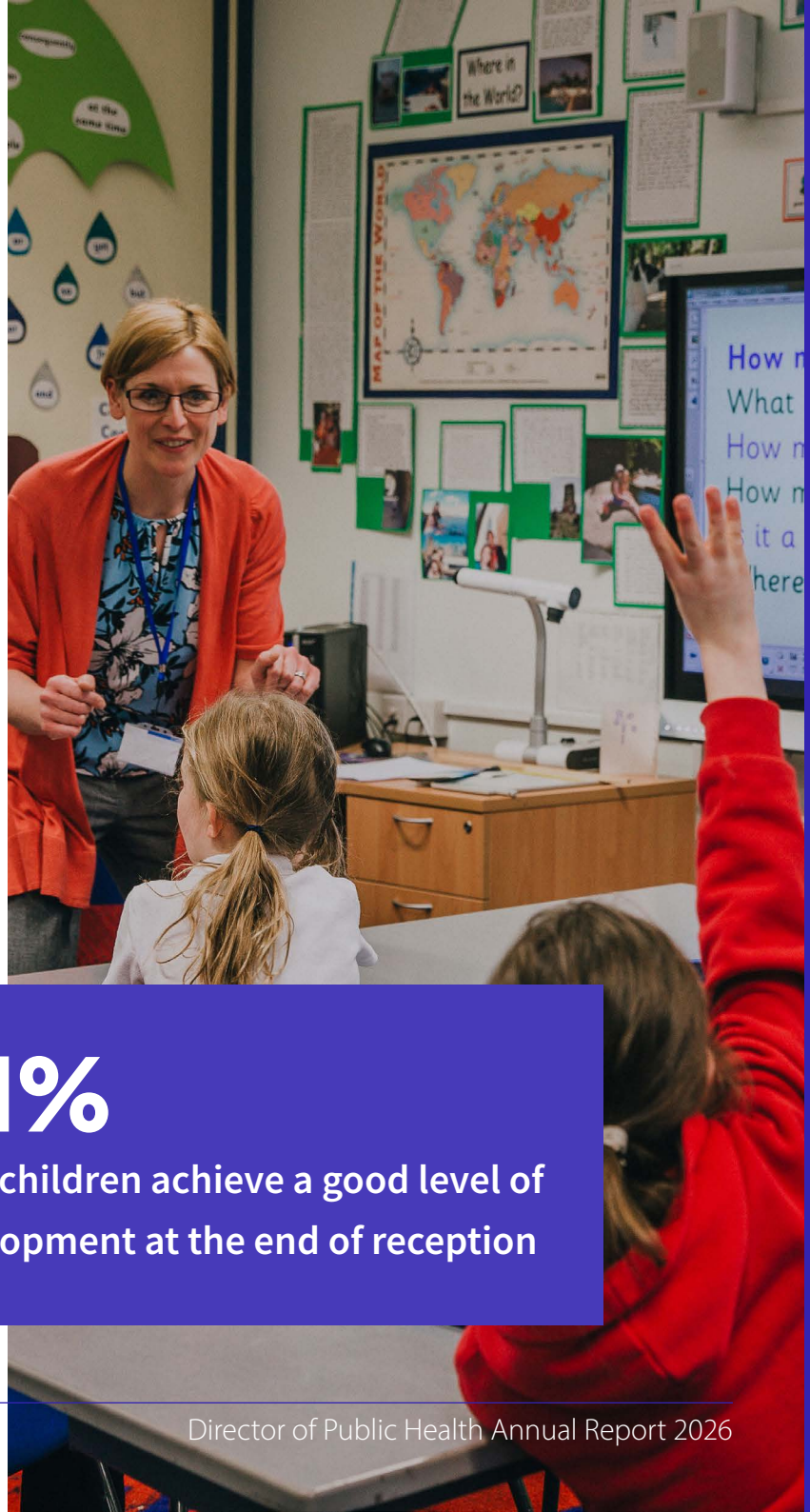
School readiness is an important marker of how well the conditions around young children have supported their early development. It is measured as the proportion of children who reach a good level of development at the end of the Early Years Foundation Stage. This includes early communication, social skills, physical development, and the foundations of literacy and numeracy.

In Buckinghamshire, most children start school with the skills they need to learn well. In 2024/25, 71.4% achieved a good level of development, comparable with the South East (70.7%) and higher than England overall (68.3%)[109]. The government has set a target for 80% of children in Buckinghamshire to reach this level by 2028[110].

However, not all children have the same start. 47.0% of children eligible for free school meals in Buckinghamshire achieved a good level of development, significantly below their more affluent classmates and below the national average of 51.3% for the same cohort[111].

As part of the Healthy Child Programme, all children are offered a developmental review with a Health Visitor at age two to two and a half, using the Ages and Stages Questionnaire (ASQ) to assess progress across five key developmental areas. These reviews identify support needs early and mean families can get the help they need to support healthy development and school readiness.

In Buckinghamshire, 77.2% of children meet expected milestones across all five ASQ domains, communication, gross motor, fine motor, problem-solving and personal-social[112].



71%

of all children achieve a good level of development at the end of reception

Best Start Family Hubs

Building on the success of the existing Buckinghamshire family hubs, three Best Start in Life Family Hubs are being developed across the county where additional support is needed. Elmhurst Family Centre was chosen as Buckinghamshire's first Best Start Family Hub, recognising both local need and the centre's strong foundations for delivering joined up support for families.

Buckinghamshire Family Hubs provide the main local access for support for families, acting as a single, joined-up system of services from pregnancy through early childhood.

They act as a single access point for a wide range of services including health, early years support, parenting advice, SEND support and youth services making it easier for families to get the help they need early.

Delivered through a network of local centres and partner organisations, the model focuses on prevention, improving outcomes across the life course, and reducing inequalities.

School Attainment and Engagement

Strong educational attainment is one of the most powerful predictors of lifelong health and wellbeing. When children and young people regularly attend school and are supported to achieve their potential, they are more likely to secure stable employment, earn higher incomes, and experience better living conditions throughout adulthood[113].

Schools play an important role in supporting children's health by providing access to physical activity, nutritious breakfast clubs and school meals[114], opportunities for social connection, health related education like PHSE, and essential health interventions such as vaccination programmes[115]. When children are absent, they not only miss learning but also lose access to these health promoting activities.

The link between education and health continues well into adulthood. People with higher qualifications are far more likely to report good or excellent health, while those with no qualifications are significantly more likely to report poor health. Research has shown that in the UK, adults with a degree are almost three times more likely to be in excellent health than those with no qualifications, and people without qualifications are five times more likely to rate their health as poor[116].

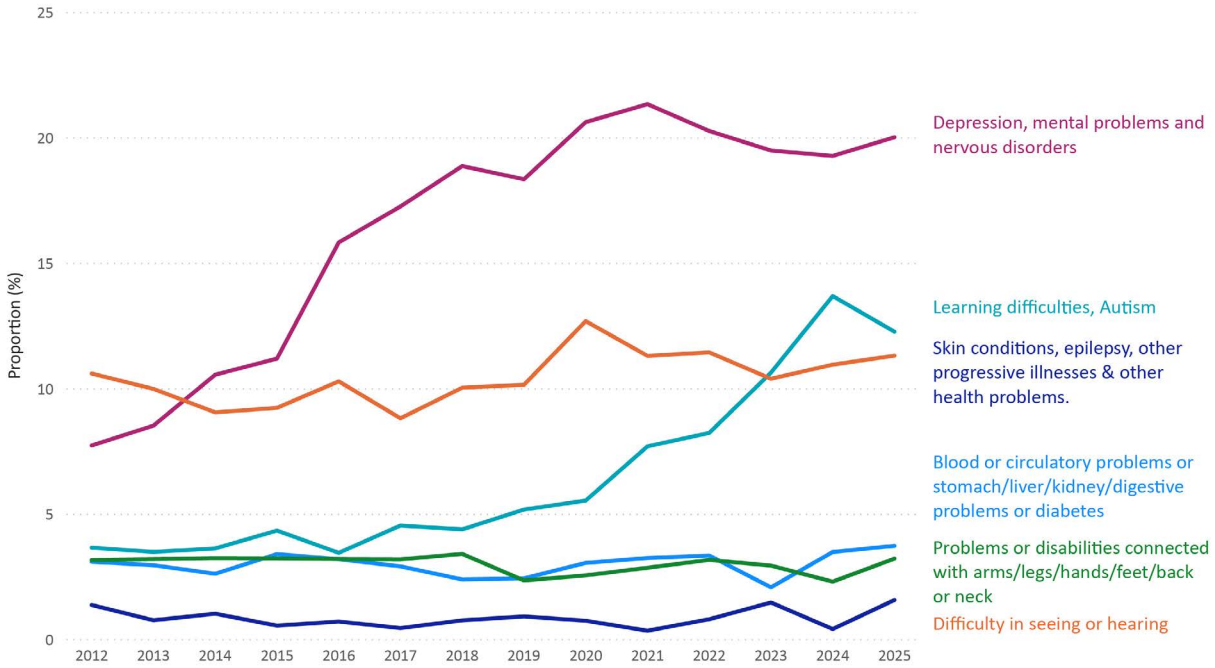
The picture in Buckinghamshire

Following the COVID-19 pandemic, the proportion of children who were persistently absent from school (defined as missing more than 10% of school sessions in the last year) increased across England, and Buckinghamshire experienced the same pattern.

In 2024/25, the proportion of primary pupils who were persistently absent fell to 12.1% in Buckinghamshire, from a high of 17.6% in 2021/22. This is a positive shift, suggesting that younger children's routines, engagement and support structures are starting to stabilise. However, levels remain above those seen before the pandemic, showing that full recovery is still underway.

In 2024/2025, 23.3% of secondary pupils were still classed as persistent absentees. Whilst this represents an improvement from the pandemic peak, it remains considerably higher than the pre-pandemic range of 13.1% to 14.5%. This highlights challenges for pupils as they move into the teen years and shows some ongoing challenges, including anxiety, reduced engagement and difficulties re-establishing consistent attendance[117].

Reported health conditions over time in NEET population
National figures for NEET population aged 16-24



23.3%

Secondary Pupils missed more than **10%** of school sessions

12.1%

Primary Pupils missed more than **10%** of school sessions

Young people are required to stay in education, employment or training until age 18. Buckinghamshire consistently has a higher proportion of 16- and 17-year-olds who are not in education, employment or training (NEET) at 7.6%, compared with 5.6% nationally. This suggests that some young people are finding it harder to remain connected to learning or make successful transitions into work or training[118]. These children are much more likely to have a health condition than non-NEET peers. The proportion of NEET young people reporting work-limiting health conditions nationally reached 44% in 2025, an increase from 26% in 2015[119]. This increase is being driven by an increase in reported mental health conditions and autism among young people. Estimates show that in 2025, 1 in 5 NEET young people have a mental health condition - more than twice the proportion in the total population of 16- to 24-year olds[120].

Art Mural Project: Unit 33, Friars Square, Aylesbury

A targeted engagement session was delivered with a group of young people not in education, employment or training (NEET) to explore their experiences of health and wellbeing, alongside the barriers they face in accessing support.

The session, led by Buckinghamshire Council youth workers, brought together young people from diverse backgrounds, enabling a broad range of perspectives to inform understanding of local health inequalities. Participation was strong, with young people engaging openly and constructively in discussions around mental health, access to services, and wider determinants of wellbeing.

A key feature of the session was the co-production of a creative mural, capturing the priorities and lived experiences shared. The mural is now installed at Unit 33 in Friars Square and will remain as an interactive piece, allowing ongoing contributions from the wider community. This provides a visible platform for youth voice and raises awareness of the health challenges facing young people locally.

This work has generated valuable insight into the lived experiences of NEET young people and reinforces the importance of inclusive, youth-led approaches in shaping health promotion and service development. It also demonstrates the value of creative engagement methods in reaching groups who are less likely to engage through traditional routes.





Adult Skills and Lifelong Learning

Adult skills and lifelong learning play an essential role in shaping people's health and wellbeing. Skills such as literacy, numeracy, digital confidence and vocational capabilities help people manage everyday life, stay connected and navigate an increasingly complex world. Research in the UK consistently shows that lifelong learning improves people's ability to secure stable employment, participate socially and maintain a sense of control over their circumstances, factors that are strongly linked to both physical and mental health[121].

Developing strong basic skills also supports people to take part more fully in society[122]. Evidence from the House of Lords Library highlights that lifelong learning strengthens social participation, ability and willingness to volunteer, and helps adults adapt to changing work and life demands, offering benefits that extend well beyond employment alone. The government's Future of Skills and Lifelong Learning report further notes that improving adult skills enhances opportunity, social mobility and individual wellbeing, supporting people to remain resilient across a rapidly changing labour market and over the life course[123].

Digital confidence is increasingly important for everyday health and wellbeing. Digital skills enable people to access reliable online health information, engage with digital public services and maintain social connections[124]. Yet digital capability is unevenly distributed: while 95% of adults with higher-level qualifications use the internet, only 40% of those with no qualifications do so[125]. This digital divide can reinforce existing health inequalities by limiting access to services, information and opportunities for those with lower skill levels.

The picture in Buckinghamshire

We have just launched a new Skills and Employment Strategy in Bucks. Skills Bootcamps are a key component of Buckinghamshire's skills offer, providing flexible and intensive training designed to respond quickly to employer demand in priority sectors. Aligned with the Local Skills Improvement Plan, these programmes enable adults to upskill, retrain, or progress into employment through short, high-quality courses that are linked to real job opportunities.

Skills Bootcamps

Chanani Campbell progressed her career in the screen industry by completing a two-week Skills Bootcamp to become a 3rd Assistant Director, where she gained practical, industry-led training that built her confidence and understanding of production processes such as scheduling and budgeting. While still on the course, she secured a job and has since moved into continuous work as a Production Assistant and Set PA across major productions for platforms including Disney+, BBC One and Amazon Prime.

"The skills and understanding that I've learned are going to be immensely valuable to me in any work environment. Highly recommended!"

Chanani Campbell
Becoming a 3 Assistant Director Skills Bootcamp

Alongside this, Buckinghamshire Adult Learning provides inclusive learning opportunities to promote wellbeing and inspire people living or working in Buckinghamshire to achieve their potential. They offer over 1,500 courses at a range of levels from entry level courses to Level 3 qualifications. In 2024 they supported 8,722 Buckinghamshire residents to access adult learning.



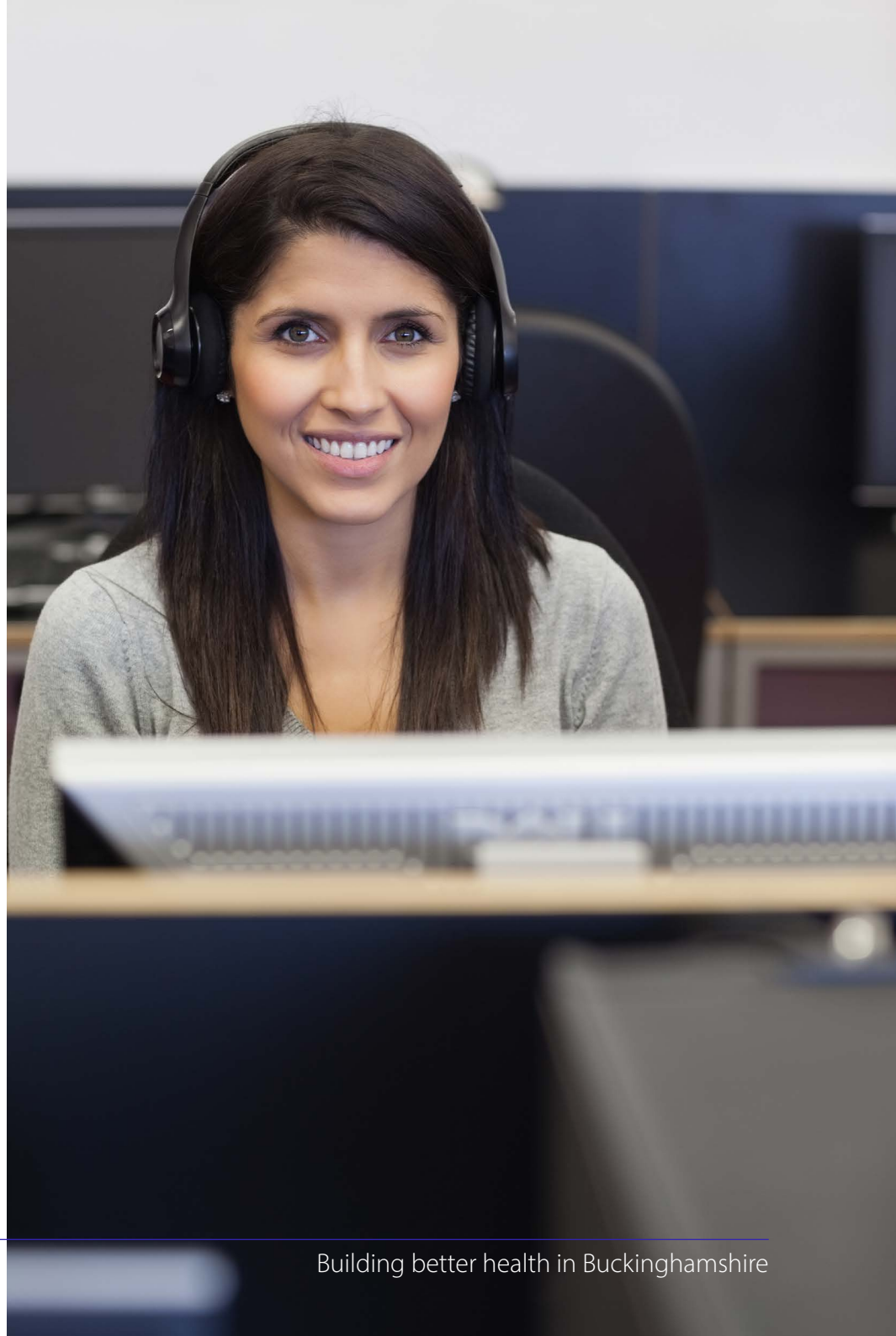
"I am so happy that I decided to do the digital course, it has helped my mental health. I was going through a hard time in my life and attending the class has supported my wellbeing as I spend time with new people."

Digital skills learner

The adult learning service also supports apprenticeships for learners aged 16+. These programmes delivered in partnership with Buckinghamshire businesses offer structured, hands on training opportunities that create pathways into employment for young people, school leavers, and existing workers.

The apprenticeship has been in-depth and helpful. For example, when I learned about customer service principles, I was able to put them into practice straight away, whether it was handling questions or supporting my colleagues with projects or tasks. These skills help me improve daily and enable me to support others and complete my tasks."

Customer Service Apprentice, level 3

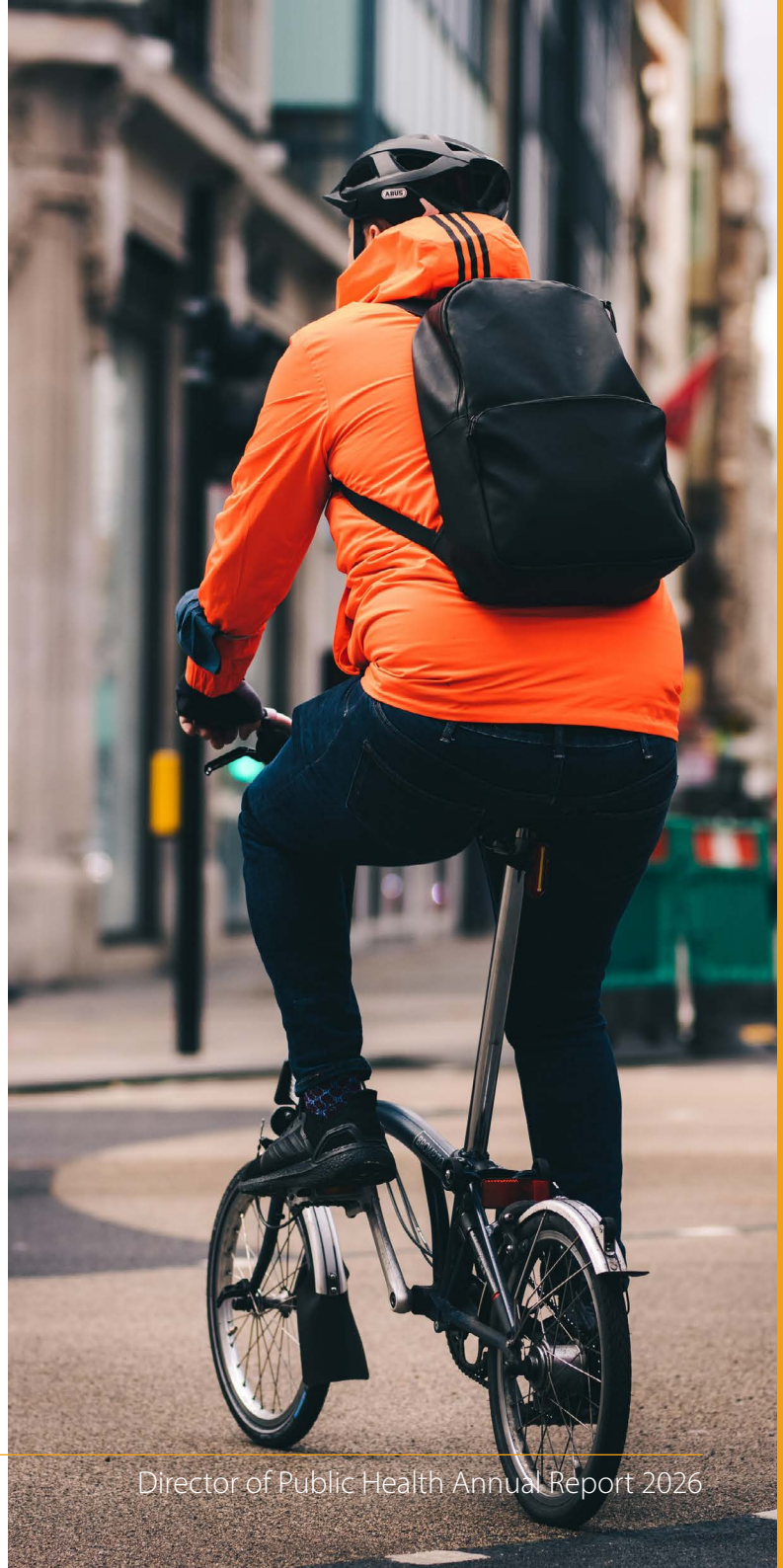


6. Transport

Transport plays an important role in shaping health and wellbeing. The more people are able to build routines that include some form of active travel, such as walking or cycling, the more they can benefit from increased physical activity and its role in maintaining good health and preventing long-term conditions. The way roads, paths, and public transport are designed affects how easily and safely people can move around. When communities have well connected routes for walking, cycling, wheeling and public transport, they gain access to cleaner air, safer roads, and more opportunities for physical activity, conditions that directly support better health[126].

Reliable, affordable, and accessible transport enables people to reach the places that support their wellbeing, workplaces, schools, hospitals, fresh food shops, social events, and leisure spaces. When the transport network functions well, it connects people to the resources that help them stay healthy both physically and mentally supporting independence and participation across the life course. But when transport is poor, unreliable, unsafe, or hard to access, it becomes a barrier. It limits opportunities, makes it harder to reach essential services and can contribute to poorer health outcomes, and can worsen health inequalities[127]. Addressing transport barriers can improve equitable access to employment, education, healthcare and communities, while supporting healthier behaviours and reducing health inequalities across the county.





Active Travel (Walking, wheeling and cycling)

Active travel includes walking, cycling and wheeling and has a wide range of benefits for health. Wheeling includes adapted cycles, wheelchairs (manual and electric), mobility scooters, e-scooters, prams and push scooters and enables a wider range of people to benefit from active travel.

Active travel builds physical activity into everyday routines, supporting mental wellbeing, and the prevention of many common health conditions. Active travel is often free or lower cost and helps people connect, reducing social isolation and supporting community cohesion.

The UK Chief Medical Officer recommends 150 minutes of moderate activity a week, and they highlight that daily activities like walking and cycling are often the easiest way for people to achieve this[128].

To support active travel, people need safe, direct and connected paths and cycle routes. When infrastructure is high quality for example, segregated cycle lanes, continuous pavements and safe junctions, people are far more likely to choose walking, wheeling or cycling for everyday journeys[129].

People living in lower-income areas, older adults and people with disabilities often face active travel barriers due to cracked pavements, inaccessible crossings and limited safe cycling routes. These barriers are not minor inconveniences. They shape whether active travel is realistic or possible, and in doing so, they influence people's health, independence and ability to participate fully in daily life[130].

The picture in Buckinghamshire

In Buckinghamshire the latest data shows that 18.6% of adults are classed as physically inactive (engage in less than 30 minutes of physical activity each week) this compares favourably to both national and local figures which are higher at 21.8% and 21.0% respectively[131].

However, our local data is moving in the wrong direction with the percentage of adults that have walked twice in the past 28 days in Buckinghamshire declined from 68.2% in 2020/21 to 63.8% in 2024/25. In contrast, nationally the proportion walking at least twice in the past 28 days has remained fairly consistent over the same time period[132].

The percentage of adults cycling at least twice in the last 28 days in Buckinghamshire has declined from 16.2% in 2020/21 to 15.2% in 2024/25. This is consistent with national trends132. Residents report busy roads (79%), lack of suitable routes (67%) and personal safety concerns (41%) as barriers to active travel[133].





Platinum Way is a 3-mile walking and cycling route from Aylesbury Town Centre to Aylesbury Vale Parkway railway station, connecting people to local schools, businesses and community facilities.

Quieter roads, widened footpaths, wayfinding signs, lighting and cycle parking encourage more people to walk and cycle, supporting physical activity, better air quality, and reduced road congestion. The raised and segregated crossing point improves pedestrian and cyclist safety, through improved visibility and reduced speeds of approaching vehicles.

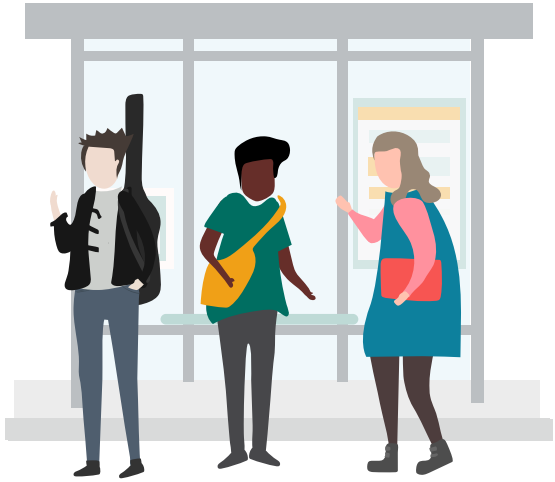
Public Transport Access, Safety and Reliability

The UK's transport system is shaped by a strong reliance on car travel. In 2024, three quarters (76%) of all distance travelled was by car, while public transport accounted for only 17% of total distance travelled. Despite this high dependence on private vehicle ownership[134] more than one in five people (23.5%) in England do not have access to a car and 40% of households in the lower income quartile have no access to a car.[135],[136]. This can become a health issue if it creates a barrier to accessing health services, healthy affordable food, broader education and employment opportunities and leads to social isolation.

Therefore, safe, affordable and accessible public transport is essential for maintaining independence, enabling people to access work, healthcare, education and social opportunities, particularly for residents without access to a private car, including older people, young people, disabled residents, and those on lower incomes[137],[138],[139]. Physical accessibility is also crucial, poorly maintained pavements, steep kerbs, inaccessible crossings, stations without step free access and public transport that does not accommodate mobility aids can make everyday journeys difficult or impossible for many disabled people, limiting their independence and opportunities[140].

High costs can also act as a strong barrier. When people cannot afford bus or train fares, it becomes harder to reach essential services such as healthcare, shops, childcare or community activities. This increases the risk of social isolation and can worsen health inequalities, because those with the greatest need for support often face the greatest barriers to reaching it[141].

Safety concerns include both personal and road safety. Personal safety concerns, particularly for women and girls can discourage walking and cycling, even if it is their preferred choice of transport[142]. Traffic safety presents a further barrier and risk to health. Individuals from lower socioeconomic backgrounds are disproportionately affected by road safety issues. For example, there are four times as many child pedestrian casualties in the most deprived neighbourhoods compared with the least deprived neighbourhoods[143]. Safer streets can both reduce injuries and enable more people to adopt healthier, more sustainable travel behaviours and help shape places people want to live in.



The picture in Buckinghamshire

One in ten households across Buckinghamshire do not have access to a car[144], rising to one in five households (20.9%) in Opportunity Bucks Wards, meaning residents rely on other forms of transport to reach essential services, employment, education, shops and social opportunities.

Bus use in Buckinghamshire has been recovering steadily following the COVID 19 pandemic. Passenger numbers have increased year on year and are now estimated to be around three quarters of pre pandemic levels. Usage is highest among concessionary pass holders, younger people, and those making regular local trips, particularly for access to services and education. Most journeys involving a bus start and finish with a form of active travel highlighting the role of buses in reducing health inequalities and supporting improved physical activity.

Through the **Buckinghamshire Bus Service Improvement Plan (BSIP)**, the Council is working in partnership with bus operators to improve accessibility, safety, and the overall quality of bus services. Key areas of focus include investing in more frequent and reliable services, improving bus stop infrastructure and passenger information, enhancing personal safety at stops and on vehicles, and making services easier to use for disabled passengers and those with mobility challenges. This includes the protection and enhancement of key local routes, expanded evening and Sunday services in several towns, and the restoration of important connections between communities where services had previously been withdrawn. Investment has also been made in bus stop infrastructure, including improved shelters, seating, lighting, and clearer timetable information, alongside the expansion of real time passenger information displays to support safer and more confident travel.



7. Our community

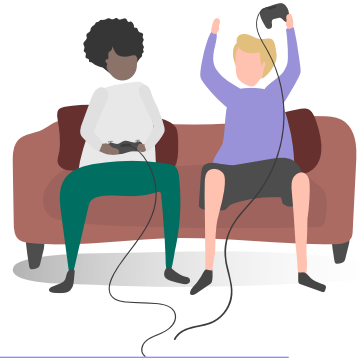


Family and friends are central to people's wellbeing. They provide emotional support, practical help, and a sense of belonging that strengthens resilience in everyday life. When people can stay connected to those who matter most, they are better able to cope with challenges, maintain good mental health, and feel rooted in their communities. These relationships shape everything from day-to-day routines and caring responsibilities to recovering from illness or managing long-term health conditions and play an important role in protecting against poor health and supporting wellbeing over time[145].

Beyond close relationships, community networks and opportunities for social participation also play an important role. Being part of local groups, neighbourhoods, faith communities, volunteering activities or social organisations helps people build trust, share resources and feel valued. These connections create informal support systems that can prevent isolation and provide a vital safety net during times of need[146].

Communities where people feel connected and able to participate tend to experience stronger wellbeing, greater resilience, lower need for statutory services and improved health outcomes overall[147].

When opportunities to connect are limited whether due to transport barriers, cost, poor health or lack of inclusive spaces people can become isolated, which is associated with poorer mental and physical health, reduced independence and lower quality of life[148]. Strengthening community networks and enabling inclusive social participation is therefore essential to reducing inequalities, supporting recovery and helping people to live well and independently within their communities.



Social Connections and Relationships

Strong relationships play a vital role in supporting people's mental health. When families, friends and communities stay connected, they create a network of support that helps people manage stress, feel emotionally steady, adapt and cope with everyday challenges and stay engaged in healthy routines[149]. These connections make it easier to share concerns, find reassurance and receive practical help, which strengthens people's ability to get through difficult times.

Loneliness and social isolation happen when people do not have enough meaningful contact with others. Anyone, at any age, can experience a lack of social connections.

In England, around 1 in 5 adults report feeling lonely at least some of the time[150]. Young adults were more likely than older adults to report feeling lonely at least some of the time, with 29% of those aged 16 to 24 feeling lonely at least some of the time compared with 15% of those aged 65 to 74[150]. This challenges common assumptions that loneliness is primarily an issue of older age and highlights the importance of addressing social connection across the life course.

Loneliness and social isolation have a clear impact on health. Research shows that feeling lonely increases the risk of dying early by around 16% and being socially isolated or living alone increases this risk to 29–32%[151]. People who say they often feel lonely are also more than five times more likely to experience severe psychological distress compared with those who do not[152].

The picture in Buckinghamshire

Many local communities benefit from strong local networks and informal support systems, which help people stay connected and resilient. Just over 1 in 10 people (10.6%) in Buckinghamshire live alone[153] which increases the risk of social isolation, especially when combined with other factors such as older age or declining mobility, English not being the main language, living in households without access to a car, being a lone parent, poor physical or mental health, bereavement or having family living at a distance, and the additional challenges associated with rurality, limited transport or digital exclusion.

In Buckinghamshire, 1 in 24 adults aged 16 and over (4.2%) report feeling lonely often or always (2022/23–2023/24). While this is lower than the South East (5.9%) and England (7.0%) averages, it still represents a substantial number of residents. Nationally, loneliness is far more common among people who are unemployed (20.0%) and those with a disability (16.5%), compared with people who are working (5.7%) or not disabled (3.9%), highlighting clear inequalities in who is most affected[154].

In the 2024 Buckinghamshire Healthy Ageing Survey, 28% of respondents identified socialising as one of the most important factors for their health and wellbeing underscoring the important of maintaining relationships, engaging in community activities and avoiding loneliness[155].

Much of Buckinghamshire is classed as rural,; approximately 1 in 3 people live in rural areas[156]. Residents in these communities may face additional challenges in maintaining social connections and relationships, particularly where transport, digital access or locally available social spaces are limited.

Social prescribing in Buckinghamshire is delivered through Primary Care Networks, where link workers connect people to community and voluntary services to address the building blocks of health such as loneliness, mental wellbeing and social needs. It recognises that many people present to GP services with non medical issues, particularly social isolation and the need for connection, and provides an alternative pathway of support.

Making Every Contact Count (MECC) is training available to anyone working or volunteering in Buckinghamshire. MECC plays an important role in addressing loneliness and social isolation and reducing related health inequalities. MECC focuses on key lifestyle and social factors that, when addressed early, can make the greatest improvement to an individual's health, supporting prevention, resilience and stronger community connections.



Simply Walk is a Buckinghamshire Council-run health walking scheme offering free, volunteer-led walks to improve fitness and mental wellbeing. The programme features over 70 regular, accessible walks, with various levels catering to different abilities, promoting a healthier lifestyle through community-based, guided walking.

"As a walk leader, I enjoyed offering a service to the community, and now I really enjoy the social side. Keeping up with friends I've known in Simply Walk for more than 20 years. Although the reason for setting up Simply Walk was for physical health, I have come to realise that mental health is just as important - there are a lot of lonely people out there."

- **Colin Kennedy**
Lane End and Booker Simply Walk Volunteer

Community Assets, Networks and Social Participation

Action at a neighbourhood level to allow people to connect with each other is essential for reducing loneliness and isolation, people who are at risk of experiencing loneliness often spend more time in their immediate neighbourhood and often feel a greater commitment to their neighbourhood.

Having the infrastructure and community assets like community centres, libraries, faith settings, community groups and volunteering brings people together and strengthen communities. When people take part in shared activities, they build friendships, feel a stronger sense of belonging, and become more confident and supported. These community activities work like a social safety net, helping people stay mentally and physically well by giving them regular opportunities to connect, contribute, and feel valued.

Volunteering and participation in community activities are associated with improved mental wellbeing. National studies show that adults who volunteer regularly report higher levels of life satisfaction, better self-rated health, and lower levels of anxiety and loneliness compared with those who do not volunteer . Volunteering can support mental wellbeing by increasing social connection, purpose and self-esteem, and has been linked to lower risks of depression and social isolation, particularly among older adults.

The benefits also stretch to physical health, with volunteering associated with increased physical activity, improved functional ability in later life, and reduced risk of long-term illness.

For older adults, regular volunteering has been linked with better mobility and a lower likelihood of frailty, supporting healthy ageing. For younger people, regular participation in group based activities like youth and sports clubs is associated with better physical health, stronger social skills and sustained improvements in wellbeing that persist into adulthood.

This evidence highlights how creating more opportunities for people to come together can have lasting health benefits for individuals and communities alike.

The picture in Buckinghamshire

Buckinghamshire offers a wide range of opportunities for people to connect through social activities across community settings. These include library-based sessions such as toddler bounce and rhyme, mindful crafts, singing groups, board games and book clubs, in 2025-2026, over 2,700 sessions took place with over 27,000 participants. There are also activities that make use of local green spaces, including walking groups, park runs, gardening, growing projects and tree planting. The new Buckinghamshire Local Plan gives us opportunity to ensure we hardwire to the way we design new housing developments approaches that enable these ways of residents connecting with one another.

Alongside structured activities, informal “bumping” spaces (such as shops and cafés) also support social interaction. Initiatives like the Chatty Café scheme create dedicated “chat and natter” tables in places including high street cafés, faith settings and Wycombe Wanderers Football Club, helping people come together for conversation in 16 locations across Buckinghamshire.

In Buckinghamshire there are approximately 4,683 voluntary organisations, with more charities registered per 1,000 residents in Buckinghamshire compared to England as a whole[162]. Many of these Voluntary, Community and Social Enterprises (VCSE) are key to building social connections within neighbourhoods and communities.

Locally, Community Impact Bucks plays a key role in enabling community participation and volunteering making it accessible and inclusive to all.

Through the Volunteer Bucks platform, 841 volunteers were matched with local organisations between its launch in autumn 2024 and December 2025, supporting charities, community groups and statutory services across the county. These activities not only strengthen community capacity but also provide meaningful opportunities for residents to improve their own health, wellbeing and resilience[163].

Buckinghamshire is an Age Friendly Community, as recognised by the World Health Organisation[164]. This approach focuses on improving physical and social environments to reduce isolation and enhance social connectedness among older residents. As part of this programme, VCSE organisations have received support through the Healthy Ageing Fund since 2024. These organisations have delivered a range of community-based initiatives across Buckinghamshire designed to strengthen social connections for older adults.

Activities have included intergenerational programmes, coffee mornings, falls prevention sessions, accessible book groups, and creative opportunities. Alongside reducing loneliness and isolation, these initiatives also create valuable opportunities for volunteering, contributing to improved health and wellbeing for participants and volunteers alike.

Evie has been recently matched as a Buddy Lead volunteer with Macmillan Cancer Support, and as a Schools Service volunteer with the NSPCC through the Community Impact Bucks Volunteer platform.

"I have been unemployed for several years due to a long-term health condition which has prevented me from returning to work. This has been frustrating as I used to be very professionally active.

I am embarking on a new chapter in my life and volunteering is a way of being part of an organisation again, and I am glad to apply my skills, and personal and professional experience. I have learnt a lot about myself through my health condition, so this is a chance to bring everything together and give back to others.

In the long-term I will be looking to be returning to employment at some point. Volunteering means being able to hold my head up high and get back into professional environments again."

Conclusion

The 7 building blocks outlined in this report are the cornerstone of ensuring good health and wellbeing for all residents in Buckinghamshire both now and into the future. This approach requires broad and systematic action to improving health and wellbeing.

In Buckinghamshire we have some current areas of work that put us in a good position to take forward action and the recommendations that follow. This includes our economic growth plan, skills and employment strategy, refreshed strategies currently in development on homelessness and Community Safety as well as our new Local Plan for Buckinghamshire.

There are new national policies that are also of direct relevance. For example, the health system is developing a Neighbourhood Health approach to the organisation and delivery of health and care services. This needs to not simply be about changes to how acute clinical services are integrated and provided closer to home (though this is welcome) but ensure a joined up and seamless offer to residents that effectively addresses their needs for these building blocks of health as well as their clinical health need. Neighbourhood health hubs can be utilised to provide employment, skills, financial and housing support alongside primary and secondary care services, all anchored in the local community in a way that supports engagement and social connection.

Similarly, there is significant reform happening within Children's services, this includes the Families First programme and Best Start in Life family hubs. Overall, these changes seek to intervene earlier, reduce inequalities, strengthen protective factors within families and communities, and improve long-term outcomes for children and young people. There is of course a requirement within these changes to be integrating universal and targeted support, and reducing avoidable escalation into statutory and crisis services, but again this can't be approached as just changes to statutory service delivery. For these reforms to truly deliver the desired improved outcomes for children in Buckinghamshire we need to ensure families who need it are supported with these building blocks so that all children realise their full potential in life.

The local Opportunity Bucks programmes is also a key enabler to embed this building blocks approach to health locally, focusing support where it is needed most and working with communities to take a bottom-up approach.

We know these seven building blocks work in combination and whilst presented in this report in separate chapters this isn't how people experience this in their day to day lives, and the following theoretical case studies emphasise their interconnected nature.

Building Blocks of Health in Action

AMIR

Amir is 40 and lives in Princes Risborough, a non-Opportunity Bucks ward. He lives with his partner and their two children.

He starts his day in a warm, well-maintained home that the family can comfortably afford. This stability means he isn't worrying about rent increases or heating bills, it gives him a sense of control and security that makes daily life easier.

Each morning, Amir walks his children to school along quiet, safe streets with nearby green space. On weekends, they spend time outdoors, cycling, walking, or meeting friends in the park. Being active isn't something they plan, it's just part of their environment.

Amir works in a stable, well-paid job, which gives him financial security as well as routine, purpose, and social interaction.

He can afford to shop locally, where there is good access to fresh, healthy food, and family meals are a regular part of life.
His children are thriving at school. They are a healthy weight, active, and full of energy, growing up with positive habits that support their wellbeing. They are hopeful and aspirational about their future, feeling supported both at home and in school to achieve their goals.

Amir feels connected to his community. He knows his neighbours, feels safe in his area, and occasionally volunteers locally.

This translates into better health outcomes: male life expectancy in this area is around 83.3 years, 5.4 years longer than for a man living in an Opportunity Bucks ward, and healthy life expectancy is 73.6 years, giving an additional 10.3 years of life spent in good health.



LISA

Lisa is 44 and lives in Wycombe in an Opportunity Bucks ward. She lives with her teenage daughter and works part time.

Her day often starts with worry. Her flat has damp and poor insulation, and during colder months she must balance staying warm with keeping energy costs down. This ongoing pressure affects both her physical health and her mental wellbeing.

Outside there are busy roads, few green spaces, and safety concerns, particularly in the evenings. As a result, Lisa and her daughter spend a lot of time indoors and aren't physically active.

Lisa's work is low paid and unpredictable, making it difficult to manage bills or plan ahead. Financial pressure is constant, and small, unexpected costs can quickly become overwhelming.

The local area has plenty of takeaway options but limited affordable fresh food. After long or stressful days, quick meals often feel like the only affordable and practical choice.

Lisa left school without qualifications and hasn't had the opportunity to return to education or training. Over time, she's also become more socially isolated, with limited time and resources to stay connected with others.

Her daughter is facing challenges at school, including issues with attendance, and is struggling with anxiety. There aren't many free activities or places for young people to socialise together, and is struggling to build positive friendships. This all adds to Lisa's stress. With limited support and competing pressures, it can be difficult for Lisa to address these challenges, reinforcing a cycle of worry and reduced opportunity.

These circumstances are reflected in poorer health outcomes: female life expectancy in areas like this is around 81.5 years, 5.4 years lower than in more affluent parts of Buckinghamshire. Healthy life expectancy is just 64.3 years, meaning Lisa spends 11.6 fewer years in good health than a resident living in another part of Buckinghamshire.



Amir and Lisa's lives highlight how places, the conditions around us and the building blocks of health shape our individual health and wellbeing.

When these building blocks are strong, as in Amir's life, where his own assets and the social capital in his neighbourhood support them, they work together to make healthy living the easy, everyday option. For Lisa, the absence of these same building blocks creates a -very different reality. Poor housing, financial insecurity, limited access to healthy food, and weaker community connections do not act in isolation, they accumulate and interact, making daily life more stressful and limiting opportunities for good health. What may appear to be individual choices are often shaped by what is available, affordable, and accessible.

Crucially, these differences are not evenly distributed. People living in Opportunity Bucks wards are more likely to experience poorer housing, lower incomes, reduced access to green space and services, and fewer opportunities for education and employment.

These inequalities drive the differences in health outcomes seen across the county.

The differences in health outcomes across the county requires a tailored response to maintain and improve health outcomes across the county. In areas like Princes Risborough, where outcomes are already strong, we need to focus on protecting the assets that support good health by using things like the Local Plan to ensure new housing maintains access to green space, walkability, and community connectivity, alongside aligning the economic strategy to sustain and attract secure, well paid jobs that enable families to thrive.

In contrast, in many neighbourhoods within areas like Wycombe, targeted action is required to reduce inequalities. This includes using Opportunity Bucks to prioritise areas, improve physical activity and access to healthy food, working with registered providers to improve housing quality, and strengthening skills and employment support to improve long term opportunities.

Recommendations

1. **Harness the collective power of policy and decision making in Buckinghamshire to positively impact on health, adapting for local use frameworks like Health in All Policies & Health Impact Assessments**

   Health is shaped by the environments in which people live, such as housing, transport, education and the economy. Placing long-term health and wellbeing at the centre of decision-making helps ensure these factors support residents' health. Using structured approaches, such as health impact assessments, allows organisations to make informed decisions that improve outcomes and reduce inequalities. This approach is often a "win-win" situation as it improves health outcomes and in so doing reducing demand for many services provided by statutory organisations.

2. **Take an increasingly data informed approach to unify action that addresses inequalities and prevents ill-health**

   Health outcomes are not evenly distributed in Buckinghamshire, and some communities experience poorer health than others. Using data and insight, such as that within the Buckinghamshire Joint Strategic Needs Assessment, to understand these differences allows action to be focused where it will have the greatest impact and can support implementation of the recommendation above More can be done to link datasets and share data safely across organisations to harness our data assets. This supports more effective use of resources, strengthens prevention and helps reduce avoidable health inequalities.

3. **Ensure we identify and utilise the collective impact that key local public sector and commercial organisations have in Buckinghamshire to improve health and wellbeing of residents**

   Large local organisations such as the Council, NHS organisations, schools and major employers have a significant influence on people's lives through jobs, spending and investment. By working together on areas such as procurement process, use of estate, employment practices, these organisations can use that influence to strengthen the local economy, improve opportunities and support communities more effectively. This collective approach helps address the root causes of poor health and reduce inequalities.

4. Include healthy place-making as a default approach to planning, transport and regeneration programmes

The design of places strongly influences how people live their daily lives, including whether they can be active, feel safe, connect with others, access green space and use services. Prioritising healthy place-making ensures new developments and local transport options actively support healthier behaviours and environments. There are opportunities currently with the new Buckinghamshire Local Plan to establish this and over time, this helps prevent ill health, improves wellbeing and reduces inequalities between different communities.

5. Enhance residents' assets and build connected communities to reduce isolation and strengthen resilience

Many residents in Buckinghamshire benefit from personal and community assets, including supportive families, social networks and local connections, which support mental and physical health. However, this is not the experience for everyone, and we need to ensure the next phase of our Opportunity Bucks Programme ensure this is in place for all. Working together across the public sector, such as on the Neighbourhood Health approach, we need to deliver integrated approaches to services that are rooted in our communities and neighbourhoods. The way we design new areas of housing and undertake town centre regeneration will also have a direct effect on community connection and is an opportunity we must not miss. Investing in community assets and doing more to reduce loneliness and isolation is also key to building the future county we want.

6. Harness the impact of healthy home related programmes to improve residents' health

The role that housing plays in influencing health and wellbeing needs to be fully understood and incorporated into house-related work being undertaken. Strategies and programmes are often focused on specific areas such as rough sleeping, temporary accommodation, social housing, the rental market or private home ownership- Some interventions will need to be different for different cohorts of residents using the different types of housing in question. Programmes that support improving insulation, ventilation, heating and fuel poverty, energy efficiency and address damp and mould are areas on which to focus future action.

7. Strengthen the local food environment to improve equitable access to affordable and healthy food, with a particular focus on children and other populations at greatest risk of food insecurity and obesity

A greater focus is needed on the availability of healthy food for residents so that the healthiest choice is also the easiest choice. This includes strengthening a coordinated response to food insecurity in the county and expanding work already being done via our Healthy Schools Neighbourhood work to improve the local healthy food offer. For some residents support to increase their confidence and skills for cooking are also needed. We continue to have challenges with childhood obesity in Buckinghamshire and need to harness more work across the local system to address the drivers of this and tackle it before its starts.

8. Improve financial security and economic growth to reduce poverty related ill-health

A fundamental way we build a healthier and thriving Buckinghamshire is to ensure we have strong economic growth that delivers for all residents. A healthy and available workforce is part of what is needed to ensure this and supports the existing Buckinghamshire economic growth plan, which itself needs to be fully implemented. For people struggling with low income, we need to ensure a living wage for the work they do and there needs to be a focus on increasing benefit uptake through campaigns on support such as Pension Credit, Healthy Start and others.

9. Promote good work and skills as a health improvement programme

The refreshed Buckinghamshire Skills and Employment Strategy gives us an opportunity to build good health through employment opportunities. There are new initiatives such as Connect to Work, Work Well and our own Buckinghamshire Works plan that will support people out of work or at risk of falling out of employment for health-related reasons, back into work. The strengthening of connection between these programmes and creating skills and employment opportunities is needed to enhance the benefits. A focus on those population groups most likely to need the greatest support is needed- for example those with long term disability and young people not in employment education or training.

10. Implement Best Start in Life plans to promote health of children in Bucks and prevent future ill health

Experiences in early childhood have a lasting impact on physical health, emotional wellbeing and life opportunities. The Best Start in Life Programme and the wider Families First reforms provide Buckinghamshire with the opportunity to ensure there is strong support in the early years, with a key aim being that children are ready for school aged 5, so that they can achieve their full potential This includes access to services, family support and early education ultimately helping the county's children develop the skills and resilience needed to thrive. Focusing on the best start in life and supporting positive engagement and attendance at school helps prevent long-term health problems and reduces inequalities that can persist into adulthood.

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