

Wellbeing PDS Panel

The direction of travel

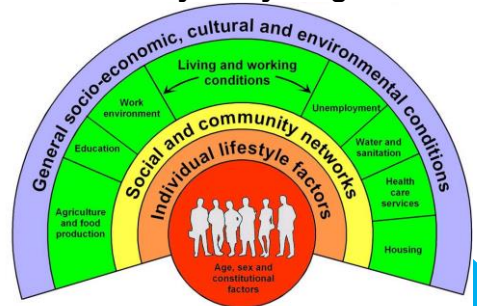
Public Health

March 2014

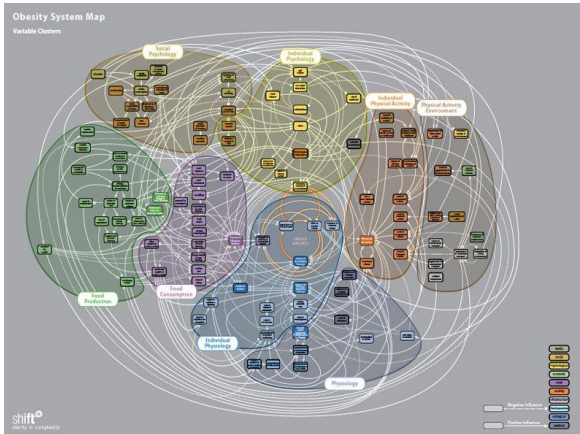


Bath and North East Somerset – The place to live, work and visit

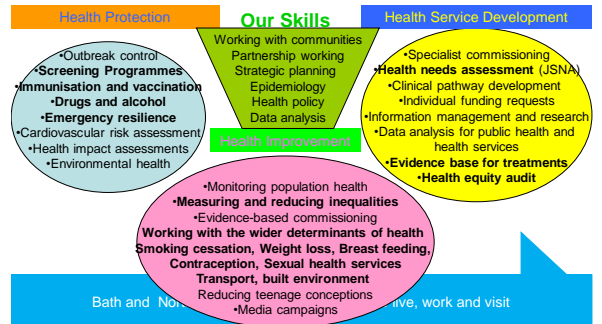
Public health: is only everything...



Source: Dahlgren and Whitehead, 1991



Public health in 3.5 nutshells

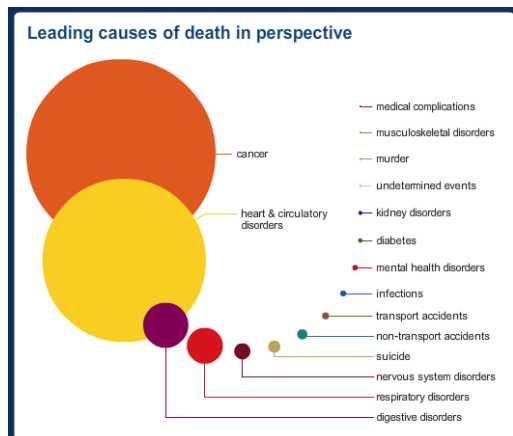


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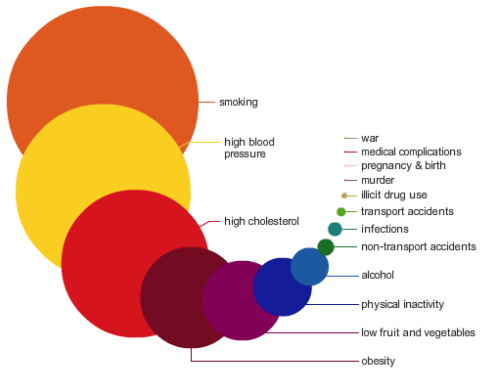
Public health policy: Why would we do what we do?

- Needs of the people of Bath and North East Somerset based on data, JSNA, local democratic voice
- Council's vision and Health and Wellbeing Strategy
- Finding the new opportunities in local government: working with planning, place-making, transport, leisure, children and adult services.
- Nationally mandated services and roles and emerging policy
- Existing contractual commitments and legacies
- Serving others in a way that promotes public health
 - The NHS through CCGs
 - Other partnerships

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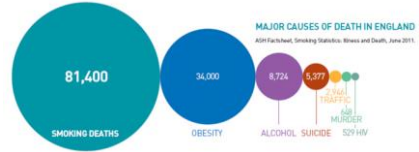
Risks leading to death in perspective



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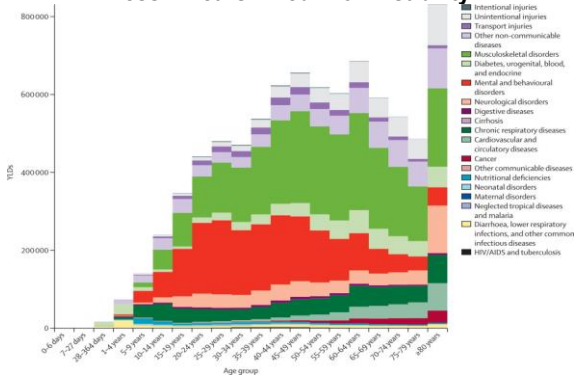
NHS Bath and North East Somerset Clinical Commissioning Group

Causes of avoidable death



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Illness: “Years Lived with Disability”.



Bath & North East Somerset Council

NHS Bath and North East Somerset Clinical Commissioning Group

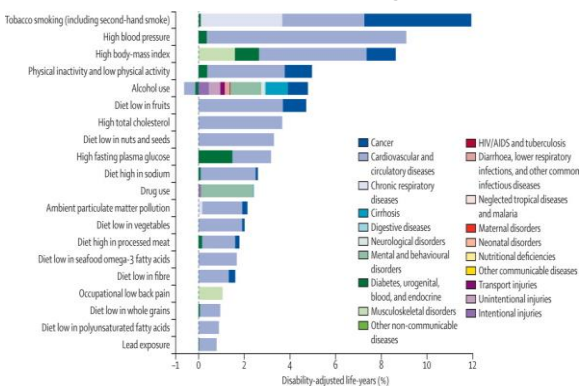
The common long term conditions

Type of Long-Term Condition	Numbers affected		% Change
	2006/07	2010/11	
Hypertension	6,706,000	7,460,000	11%
Depression	0*	4,878,000	N/A
Asthma	3,100,000	3,273,000	6%
Diabetes	1,962,000	2,456,000	25%
Coronary heart Disease	1,899,000	1,878,000	-1%
Chronic Kidney Disease	1,279,000	1,855,000	45%
Hypothyroidism	1,367,000	1,667,000	22%
Stroke or Transient Ischaemic Attacks	863,000	944,000	9%
Chronic Obstructive Pulmonary Disease	766,000	899,000	17%
Cancer	489,000	876,000	79%
Atrial Fibrillation	692,000	791,000	14%
Mental Health	380,000	438,000	15%
Heart Failure	420,000	393,000	-6%
Epilepsy	321,000	337,000	5%
Dementia	213,000	267,000	25%

Plus 8.5 million with arthritis!!

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Burden of disease from 20 leading risk factors



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NHS Bath and North East Somerset Clinical Commissioning Group

Needs assessment and issues informing commissioning intentions

- Local residents needs, identified through the Joint Strategic Needs Assessment (JSNA) www.bathnes.gov.uk/JSNA
- Local wellbeing priorities, set out in the Health and Wellbeing Strategy and the Annual Report of the Director of Public Health (DPH)
- Learning from local reviews of 2013/14, including an external assessment of our work on tobacco control and a council inquiry day on alcohol harm reduction.
- New evidence and policy emerging on key public health issues during 2013/14 and a review of local service provision for gaps or opportunities to improve quality
- Input from members, Healthwatch and other channels for local opinion
- Partner's needs for public health evidence analysis and advice

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Emerging priorities for commissioning and strategy in 2014/15

- Implement the priorities arising out of key local needs assessments, strategies and reviews. Support delivery of all HWS streams
- Influence wider work of B&NES council to impact on the social and economic determinants of health and health inequalities. Particularly through placemaking plans and transport and get active strategies
- Shifting investment from treatment to prevention across system
- Develop stronger locality focus inc. through Connecting communities
- Meet obligations to commission a range of public health services.
- Support our Clinical Commissioning Group partners with public health information and advice in delivering their services

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New strategy, pathways, services or programmes expected to be in place in 2014/15:

- Tobacco control strategy and action plan agreed and implementation underway
- Refresh healthy weight & physical activity strategies. Food policy focus
- Progress delivery of the public health priorities within the Health and Wellbeing Strategy (including child obesity, alcohol, mental health, healthy and sustainable places)
- New Contraception and Sexual Health service contracted by October 14
- Increase uptake of Health Checks across B&NES, with greater increase in areas of low uptake and higher risk of vascular disease
- A range of programmes to support mental wellbeing and reduce the risk of self-harm
- Support CCG plans particularly self care and healthy living workstream

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