

Finding out more about health and the things that affect it

Find out more statistics about the health of people living in Bath and North East Somerset from the council's searchable Joint Strategic Needs Assessment (JSNA). It's designed to be the single portal for facts, figures and intelligence about our local area, its communities and its population. It has been developed to be used by anyone who has an interest in or makes decisions about Bath and North East Somerset. It works as an on-line 'wiki' resource, that can be updated more easily to reflect the flexible and ever changing nature of our local communities. The JSNA is still in development, so please bear with us if things fall over, don't work or look silly (we're working on making tables better) - if you spot something doing any of those things, please drop us a line - research@bathnes.gov.uk. You can find it at <http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/about-jsna>.

To find out more about the priorities that we and our partners have set for improving the health of people in Bath and North East Somerset look at the Health and Wellbeing Board's Strategy at <http://www.bathnes.gov.uk/services/neighbourhoods-and-community-safety/working-partnership/health-and-wellbeing-board>. The priorities are not an exhaustive list of everything that the Council and NHS are doing to meet local health and wellbeing need; but rather a small set of priorities for the Health and Wellbeing Board to really focus on and make a difference in the coming years. The priorities identified are set out in the next column.

THE HEALTH AND WELLBEING BOARD HAS IDENTIFIED THE FOLLOWING PRIORITIES

Theme 1

Helping people to stay healthy

- Helping children to be a healthy weight
- Improved support for families with complex needs
- Reduced rates of alcohol misuse
- Create healthy and sustainable places

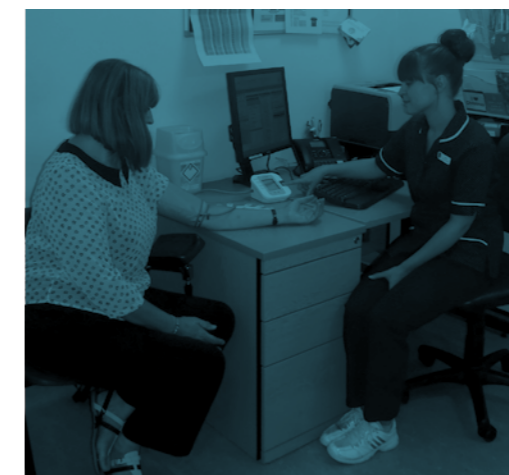


Theme 2

Improving the quality of people's lives

- Improved support for people with long term health conditions
- Reduced rates of mental ill-health
- Enhanced quality of life for people with dementia
- Improved services for older people which support and encourage independent living and dying well

Report of the Director of Public Health 2013-14 The Good, the Bad and the Ugly



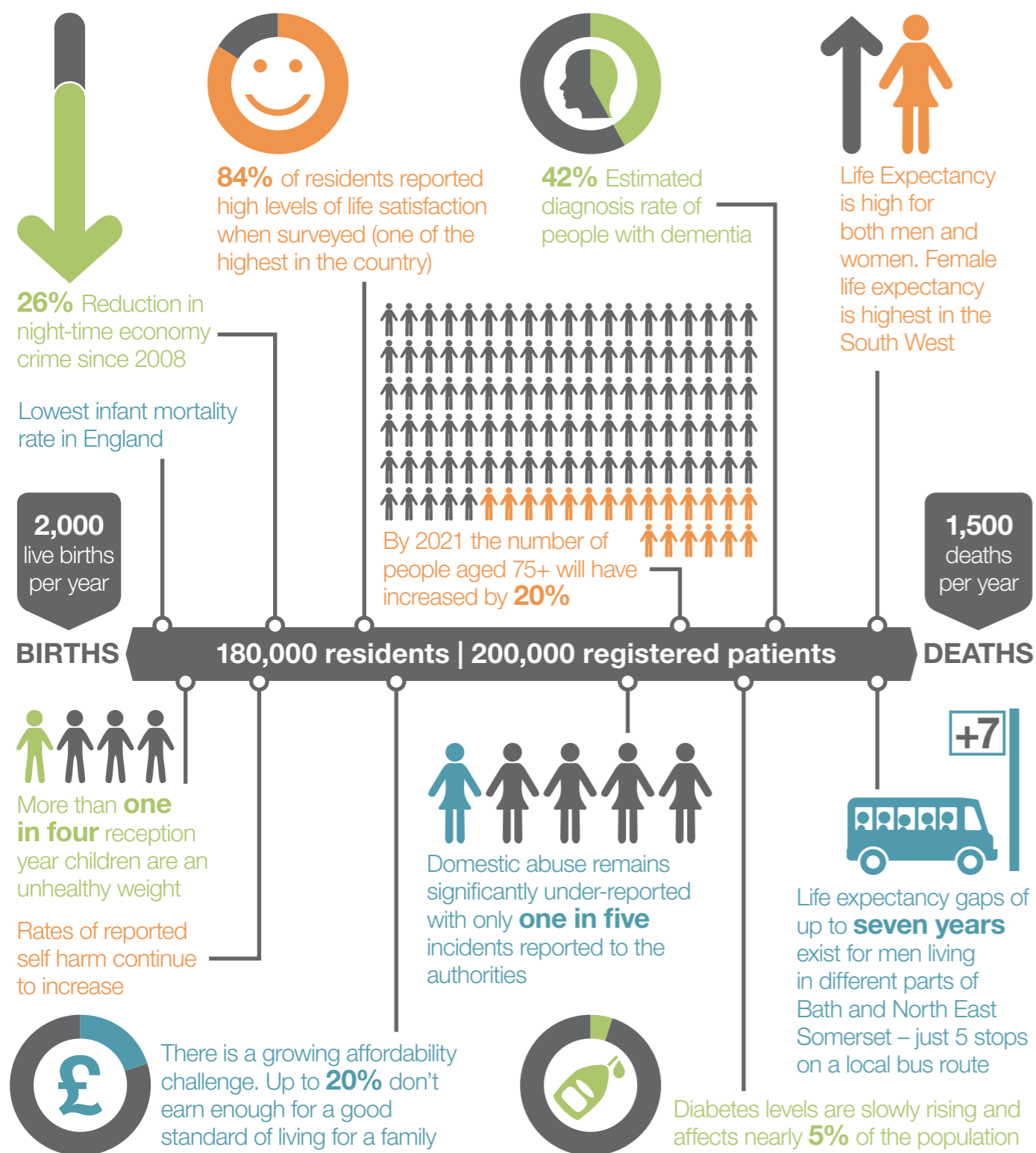
Theme 3

Creating fairer life chances

- Improve skills, education and employment
- Reduce the health and wellbeing consequences of domestic abuse
- Increase the resilience of people and communities including action on loneliness

The health of the local population

By most measurements, health & wellbeing in Bath and North East Somerset is good...
...but there are still challenges



Key ● Helping people stay healthy ● Improving the quality of people's lives ● Creating fairer life chances

For more information please visit the Joint Strategic Needs Assessment (JSNA) at www.bathnes.gov.uk/jsna

Contents

- 4 Foreword by Dr Bruce Laurence, Director of Public Health
- 5 Views of elected members on what is different about Public Health being in the Council
- 6 The importance of where we live for our health and happiness
- 7 **Case study:** Helping Bath and North East Somerset become a healthier place to live
- 10 Vox pops: hearing from local people about what health and wellbeing means to them
- 12 Moving towards a smoke-free world
- 13 **Case study:** The benefits of giving up smoking
- 14 Staying well – a profile on diabetes
- 15 **Case study:** Free NHS Health Check
- 17 **Case study:** SHINE Health in Pregnancy Group
- 18 Five ways to wellbeing in Bath and North East Somerset
- 20 The five ways to wellbeing
- 21 Child poverty and its impact on physical and mental health
- 25 **Case study:** Early years Director of Public Health Award
- 26 Director of Public Health report indicator set
- 27 Understanding how things that are unhealthy impact on disease
- 28 Finding out more about health and the things that affect it

Acknowledgements

I would like to thank all the colleagues within the Public Health team and the Council who contributed to this report, in particular Joe Prince and Natalia Urry for their help with data analysis. Thanks also go to the people who shared their experiences and the organisations who worked with them: Sirona Healthy Lifestyles Service, the Health in Pregnancy Service, Playful Families and the Widcombe Acorns Pre-school. I appreciate the efforts of Ryan Smart, apprentice at Somer Valley FM, and station manager Dom Chambers, who helped me get some insight into what being healthy and happy means to local people and am grateful to the following for sharing their thoughts: Al Hannan, Frank Asante, Tanya Kingman, Carrie Edgeworth, Pam Beaver, Kelly Parsons, Georgia Butler, Patrick Edgeworth, Joe Alexander and Carol Smart. And most of all, I'd like to thank Justine Womack for her central role in the production, designing, and editing of this report.

Foreword

Welcome to the 2013-4 Director of Public Health Report. This year I want to show you some interesting and varied examples of how we are working within Bath and North East Somerset Council and with a wide range of partners, to improve the health and wellbeing of residents across Bath and North East Somerset.

Why did I call this 'The Good, the Bad and the Ugly' – apart from bringing back the memory of a great film...

The Good is the enthusiastic way in which the Council has taken on wide new responsibilities for the public's health after last year's NHS reorganisation. An example of this is in the section on 'healthy places to live', which shows how good health can be built into the way we plan our towns, villages and transport systems and how this can have just as much impact as the NHS with its surgeries and its hospitals. The good is also the long life expectancy and high levels of physical and mental health and wellbeing that the majority of our residents enjoy compared to other parts of England as illustrated in some local statistics presented in the report. And, of course, how good are our wonderful towns and villages and the beautiful natural environment that we are so lucky to share?

The Bad is the very significant set of health challenges that still afflict us, and in particular those illnesses and disabilities that are not due to bad luck, but that are avoidable if only we all had the means, the knowledge and the will to lead healthier lifestyles. This is illustrated by the sections on diabetes and smoking. I firmly believe in the value of supporting people of all ages to take charge of their own health and that of their families. This support can take many forms but the benefits of wise investment will be felt by individuals and by our society now and into the future. Pulling up the roots of disease is so much more satisfying than tasting its bitter fruits!

The Bad is also the flip-side of our excellent longevity, which are the consequences on health and social services of an aging population, against a difficult national economic picture. And then on a global scale there are big environmental challenges that we face like climate change and pollution.



And what about the Ugly? This is embodied in the persistent and unacceptable levels of health inequality that we have throughout the UK, exemplified in Bath and North East Somerset by the seven year difference in male life expectancy between the highest and lowest ranked wards. We put a spotlight on child poverty, the effects of which can last throughout life, and which, despite the commitment expressed by successive governments has been a stubborn problem, shaming in such a wealthy country as ours.

The report contains much more besides. We have included examples of local people working to overcome their difficulties, and have asked councillors and members of the public to give their views on health and wellbeing and how we might make a difference here and now.

The Joint Health and Wellbeing Strategy, developed last year, symbolises the way in which different partners across Bath and North East Somerset work together to safeguard and improve health, and most sections of this report link to one or other of its priorities. You can follow links at the end of the report to this strategy and also to a wealth of local information. I have also included an interesting chart showing the most important underlying causes of illness and death in the UK, most of which can be modified by individuals or by communities working together.

I have aimed to give a balanced picture of our highs and lows, and some insight into the many factors that influence how well we feel, how healthy we remain and how long we live. As a public health worker my role can be to work with anyone in Bath and North East Somerset whose actions somehow impact on their own health, that of their family or of the wider community, and if that sounds like it might include you, you are surely right. So whether you agree with what I have written, or don't like it at all, please contact me if there is anything that you would like to say.

Dr Bruce Laurence
Director of Public Health

Views of elected members on what is different about Public Health being in the Council

Councillor Martin Veal

"Health is something that is important to all of us although we don't always give it much thought until we are ill ourselves or affected by the illness of someone close to us.

"Having public health come back into local government provides fresh opportunities to encourage people to take their health seriously and create places and communities that promote it.

"The importance of a good start in life is often talked about and we know that the early years, families and schools play a critical role in establishing behaviours that will have a significant impact on children's health in later life. I am excited by the potential we now have to build the confidence of parents and communities to get that healthy start right.

"A key part of that is getting children and young people active. Team facilitated sports and games help both children and adults to build friendships, social networks, give people a sense of belonging and help to break down social barriers. We have a strong culture of sports clubs in the area and continue to work with the school sports partnership to continue to ensure high quality sport and physical activity opportunities are delivered within schools."

Councillor John Bull

"Health is a big component of overall wellbeing and happiness for all of us.

"Apart from freedom from pain or mental anxiety, good health requires as little uncertainty as possible about things that can cause our quality of life to deteriorate. There are many of these, which are known in the technical jargon as the social determinants of health. They recognise that how healthy we are is affected by where we live, the resources we have, our education and our access to meaningful work. They are all aspects of society in which local authorities play a critical part, which is why I am so delighted that this is now recognised through our responsibility for public health. It means we have the opportunity to influence improvements in health through education, the environment, licensing, planning, leisure and transport.

"By being proactive in these areas the Council can help to improve all our prospects whether in relation to tobacco, alcohol or drug addiction, obesity, fitness or mental health."

Councillor Simon Allen

"It's interesting to hear in this report what being healthy and happy means to some of the people living here. What they have to say reflects the fact that so many things affect our health, such as where we live, what the environment is like, our access to work, facilities and transport and how connected to other people we feel.

"Local councils have responsibilities in all these areas, which is why it makes sense for the job of improving health to sit with us. But we know that we can't do this on our own, which is why working with so many partners in the NHS and voluntary sector through the Health and Wellbeing Board is so important.

"Although we know that broadly speaking people in Bath and North East Somerset are pretty healthy compared to those in other parts of the country, we also know that not everyone is experiencing it in the same way and we know that there are some real threats to all of us, such as the challenge of not becoming overweight and inactive.

"It's why we put such a significant emphasis on creating high quality work opportunities, healthy places for people to live and work with good transport links that support being active and supporting children and families to ensure a positive start and build resilience to address the pressures of modern life. It is these pressures which can affect our mental health and lead to patterns of unhealthy behaviour developing.

"The opportunities for us to build a new way of thinking about being healthy and well into all the things that we do are significant."

The importance of **WHERE WE LIVE** for our **HEALTH AND HAPPINESS**



What do you think about the area in which you live?

Does it look nice, is it safe, can you get to school, college or work easily? Is your house dry and can you afford to keep it warm? Does it have a kitchen big enough to cook in? Is there room to store a bicycle? Can your children play safely outside? Do you have any green space nearby where you can sit and think and enjoy nature or grow things? Can you get around easily by walking, cycling or public transport and not only by car? Is it easy for older people to get around or get help or meet people easily? Is it easy for you to meet people or join activities, are people friendly?

This might seem like a very long list of questions with no connection to places people normally associate with health such as GP surgeries and hospitals, yet all these make a big difference to how healthy and well we are. People generally enjoy walking, but if it is not accessible and easy they are less likely to actually do it. Likewise, if people cannot buy healthy, affordable food easily, they are less likely to cook well for themselves and family.

How healthy is Bath and North East Somerset to live in?

Although people in Bath and North East Somerset are generally healthier than the average for England, there is still plenty to do. About 13% (3,700) of children live in poverty, and between 10-14% of all households experience fuel poverty (a need for well insulated, heat-efficient homes). The high cost of private and rental accommodation contribute to poverty, which in turn is bad for health and wellbeing. In 2013 house prices were 40% higher than the national average, which is particularly concerning when residents earn (on average) less than those in the South West and nationally.

Only 30% of adults living in Bath and North East Somerset consume the five pieces of fruit and veg a day recommended for a healthy diet, a recommendation that has recently increased to seven pieces. Rates of obesity are rising in adults in Bath and North East Somerset even though they are still lower than national rates. In the 2013/14 school year, 23% of reception aged children were overweight or obese, higher than national and



Healthy food growing and preparation taking place at the Community Farm, an organic not-for-profit farm, which aims to reconnect people with the land where their food is grown.

● CASE STUDIES ● Helping Bath and North East Somerset become a healthier place to live

● Getting around Bath and North East Somerset can be active and fun!



Bath Two Tunnels Circuit is attracting people from all over the South West to cycle or walk all or part of the 13 mile circular route. People can enjoy art, light and music installations while cycling or strolling through the tunnels. Bath and North East

Somerset Council also supports people to 'go by bike' by providing cycling training in schools and free adult training. Regular cycling sessions are also open to members of the public at the Odd Down Cycle Circuit. For more information about these and other cycling schemes see the Council website at: <http://www.bathnes.gov.uk/services/parking-and-travel/cycling/go-bike>



● **Bath Area Growers (BAGS):** Bath Area Growers is a network of community food growing groups in Bath many of whom have set up communal orchards, veg plots, and agricultural projects and work with vulnerable people.

● **Food For Life Partnership in Bath and North East Somerset:** The majority of schools in Bath and North East Somerset (57 out of 78) are enrolled in the Food For Life Partnership (FFLP) programme which raises food awareness amongst children and engages them in food growing, cooking and composting activities. A national evaluation of the FFLP programme showed that following their participation in FFLP programme, the proportion of primary school children eating five or more pieces of fruit and veg a day increased by 28%.

➤ regional levels. Physical activity is crucial in addressing obesity and supporting more residents to gain a healthy weight.

That's why Bath and North East Somerset Council is working with local people to help to continually improve the places where people live.

What is a healthy community?

A healthy community is a good place to grow up and grow old in, which supports social interaction. It is one which makes it easy for people to be healthy both physically and mentally. The key to this is good urban design. This includes good access to local services and facilities, green open space, safe places for play and food growing, and where it is easy to walk and cycle to work, school or activities. It helps children and young people to grow and develop, as well as being adaptable to the needs of an increasingly elderly population and those with dementia and other disabilities.

What are we doing to create a healthy Bath and North East Somerset?

Bath and North East Somerset Council is working to influence these wider factors that affect our health and wellbeing in a whole range of ways...

Public health and Planning colleagues are

working together to ensure that health and wellbeing is improved through all our planning processes. So for example, when council plans for major redevelopments are looked at, they will be judged on how 'healthy' they are. Questions such as "Is the development designed to promote active lifestyles?" and "has consideration been given to designing for all ages?" will be asked. Public health staff will also comment on pre-planning applications for major developments locally to see that developers have thought about cycling and walking routes, play and recreation areas, allotments, housing for people of all ages and vibrant, well connected neighbourhoods.

Council colleagues, including those in Transport



Only 30% of adults living in Bath and North East Somerset consume 5 pieces of fruit and veg a day. This percentage is lower in poorer parts of our community.

A new development in Ralph Allen Yard provides well designed housing with low running costs, a community space, cycle storage and proximity to shops and bus routes.



The new civic centre in Keynsham will be among the most energy efficient office developments in the country.

and Planning, have been working with partners such as Sustrans to make Bath and North East Somerset more accessible on foot and by bike. The local area is becoming well known for the way it is connecting up key city attractions and green spaces through new cycling and walking paths. The Council's Transport Plan for Bath 'Getting Around Bath' also promotes walking and cycling, and sets the vision for a 'walking friendly city'.

Bath and North East Somerset is developing a local authority-wide food strategy to promote healthy, sustainable and local food in their area. The aim is to get healthy, affordable food to all our people and to transform their food culture to one that improves health and wellbeing, environmental sustainability and the local economy. Numerous successful food projects are underway in Bath and North East Somerset relating to healthy eating, communal food growing, cooking and growing skills and local food markets.

Strategic Director of Place Louise Fradd said: "Planning colleagues have always had an interest in developing healthy places, and with public health colleagues now working alongside us within the Council, this has enabled a renewed emphasis on this." ●

● **CASE STUDIES**
● **Helping Bath and North East Somerset become a healthier place to live**



This Council's Food Forum: The Council food forum has an important role supporting schools, colleges and early year settings to increase the quality and uptake of lunchtime meals and to reduce the amount of unhealthy food that children consume within educational settings. The

Food Forum develops and delivers a range of award schemes to promote healthy eating including the Food For Life Partnership Award, the Director of Public Health Award, SHINE And HENRY awards. The Food Forum has also supported the implementation of the School Food Plan, including support to implement universal free school meals for all key stage 1 primary school children from September 2014. This will help to reduce cost for all families and help children to be healthy and ready to learn.

Eat out-Eat well award: Delivery of the 'Eat-out, Eat-Well' award by the Council and Sirona supports food outlets and catering businesses to provide a wider range of healthy food options and to reduce the level of trans-fats, salt and sugar provided in their foods.



Your voice

WE ASKED PEOPLE IN THE AREA TO TELL US WHAT BEING HEALTHY AND HAPPY MEANS TO THEM.

Al Hannan

Age: 45-59
Area: Midsomer Norton
Vocation: Secondary School Teacher

“Being healthy and happy means not being ill but feeling energetic and being able to live life to the full. This is definitely a big step in being happy and having a sense of wellbeing. Not only being physically healthy but mentally and emotionally happy as well. All of these things work together.

I feel happy today but not every day but it would be nice if that was a more consistent thing.

The biggest problem with being healthy and happy is the amount of stress and pressure that people are under from work or family or whatever. Just having enough time to exercise would be a good thing. I like cycling but it a few near misses with cars has put me off. I can't afford to get run over because of my job and family.”



Georgia Butler

Age: 18-29
Area: Haydon
Vocation: Unemployed

“For me, being healthy is about eating a balanced diet, and not too much junk food, as well as being able to keep fit.

I notice I get out of breath quickly because I don't get much exercise. It's probably due to the fact that I moved house and am unemployed and I'm at home and because I'm at home I eat lots more. Being active gives you more energy and when you have more energy you go out and do more things with friends which in turn makes you happier.”

Patrick Edgeworth

Age: 16
Area: Paulton
Vocation: Student

“Playing organised sport such as football is key to me being health and happy because I enjoy it and it keeps me fit. Free or cheaper access to the local gym would help me be healthier and happier because money is tight.”

Tanya Kingman

Age: 30-44
Area: Midsomer Norton
Vocation: Sales Assistant

“Being fit, having good overall health and not feeling ill all the time are essential to being healthy and happy. The normal things would help people be healthier and happier such as giving up smoking, keeping fit, eating well and keeping on top of your finances. I would like to see nicer places to keep fit such as warm swimming pools and cleaner and more up to date gyms.”



Carrie Edgeworth

Age: 45-59
Area: Paulton
Vocation: Seamstress for Mulberry

“I don't really know what being healthy and happy means. I'm not either of these things at the moment I would be happier if it was easier for my children to move into their own home but at the moment this is unachievable due to housing prices in the area and the lack of full time employment for them to earn a good wage.”

Joe Alexander

Age: 18-29
Area: Stoke St. Michael
Vocation: Unemployed

“Being healthy is not having to go to the doctor's all the time as well as eating properly and getting exercise. Being happy is being content with what you are doing in life, including your job, being able to afford the things you need and having things to do in your local area. It would help if people had more things to do in their area. I used to live in London and there were lots more things for people my age to do than there are here. I would like to see more venues developed to attract more bands.”

Frank Asante

Age: 30-44
Area: London
(works in the area)
Vocation: Pharmacist

“Being healthy and happy means a lot. It depends on how you see life. In your mind you have to be mentally healthy, and your body physically fit as result of eating healthily and exercising. Happiness comes from the simple things in life and is affected by your outlook and attitude to life. People need to look after themselves by avoiding emotional and physical stress and getting help with any medical issues they develop.”

Pam Beaver

Age: 60+
Area: Corston
Vocation: Retired

“I'm retired and if I'm well I can do a lot of things I couldn't when I was working. You can only be happy and healthy if you are well, have close friends and eat and exercise properly. However, it would help if doctor's surgeries were open longer hours to enable people who work to get there.”



Carol Smart

Age: 30-44
Area: Farmborough
Vocation: Nursery Assistant

“Health is not something you can buy. Exercising more and having more relaxation time would help people to be healthier and happier because mental health is just as important as physical health. It's important not to over analyse things and have achievable expectations as well as being satisfied and enjoying happy times and memories.”

Kelly Parsons

Age: 18-29
Area: Radstock
Vocation: Complementary Therapist

“Keeping fit and staying relaxed is essential for me to be healthy and happy. I think people need help to motivate them to stay healthy and people to talk to about problems they have. Keeping people emotionally and mentally healthy is really important.”

“The biggest problem with being healthy and happy is the amount of stress and pressure that people are under from work or family or whatever.”

“Keeping fit and staying relaxed is essential for me to be healthy and happy.”



Moving towards
A SMOKE FREE WORLD

PROVIDING SUPPORT FOR PEOPLE TO QUIT SMOKING IS A KEY HEALTH PRIORITY



In Bath and North East Somerset 83% of people don't smoke, which is much better than the national average. This is great news but nevertheless there are still 23,000 adult smokers and for those that do smoke giving up is the single biggest thing they can do to avoid becoming ill or dying early, which is why it remains a key health priority for the Council.

As well as providing support for people to quit, protecting other people from second-hand smoke is really important, which is why our end goal is a world where no one smokes.

A ban on smoking inside any public buildings was introduced in 2007 and in February 2014 a ban on smoking in cars in England, when children are passengers, was approved in an amendment to the Children and Families Bill.

Protecting children

But it's also a problem outside, which is why in Bath and North East Somerset we've introduced a scheme to encourage adults not to smoke where children are playing through clear signs in 61 playgrounds across the area. This is also important because children start smoking by copying adults and we know that 65% of people who smoke start before the age of 18.

We're keen for all other places where children and young people play and hang out to encourage a no-smoking approach outdoors such as schools and children's centres.

And there's plenty of evidence that people support smoke-free outdoor spaces. A recent survey in the South West by Smoke Free South West on attitudes to a ban on smoking in High Streets found that the great majority of non-smokers (84%) and even more than half of the smokers asked (52%) felt that a voluntary ban was either 'very acceptable' or 'fairly acceptable'.

Schools and colleges do a great deal of work to prevent children taking up smoking, ranging from making their sites smoke free, providing peer-led and other health promotion sessions as part of the curriculum. Recognising that smoking isn't the norm is an important message for young people, which is why Bath College has been trying to get this



Bath College students with their message

CASE STUDY | KEN, ST MUNGO'S

The benefits of giving up smoking

Ken, who works for St Mungo's, recently trained to become a Stop Smoking Advisor to help others after giving up because of health and financial reasons. He said: "I decided to stop smoking because my breathing was difficult, and I would become breathless walking up a small incline and used to wheeze at night. My energy levels were very low, my mood was not good for most of the time and I would spend £50 per week on smoking.

"I gained 2 stones when I first stopped smoking, but then lost all of that, and another stone, and now exercise regularly which

is something I never thought I would manage to get to do again.

"I work in mental health and now have clients that have stopped smoking as well, which means they feel they are doing something really positive for themselves and get back some health and energy that they may not have had previously.

"For clients on certain types of medication, it can even mean a decrease in their medication as the effectiveness increases after stopping. This can mean less sedation, and other side effects for them. All in all stopping smoking has made a massive difference to my life."

"I would become breathless walking up a small incline and used to wheeze at night."



across through its 'seven out of ten students don't smoke' campaign, which aims to change common perceptions about smoking habits (<http://www.citybathcoll.ac.uk/index.php?id=9668>).

E-cigarettes

Many people will have noticed or read about e-cigarettes or 'vaping', which provide inhaled doses of vaporised nicotine but without the toxic chemicals that go with it in cigarette smoke. We don't know how many people are using them in our area but what we do know is they are mainly used by current and former smokers, and only about 0.5% of people who have never smoked in Great Britain have tried the product. They are becoming an increasingly important way of people giving up smoking and reducing the harm to their health from cigarettes.

But like lots of things, it's complicated. There's also a concern that smokers will use both e-cigarettes and conventional cigarettes and delay giving up completely and that they might make smoking in public places more acceptable again and even introduce some of the next generation of children to

smoking. E-cigarettes already come in a variety of flavours likely to attract children.

One of the biggest concerns is the impact of children copying adults and particularly the effect of aggressive marketing campaigns. This is why the Children and Families Bill included a ban on their promotion to under-18s.

Other services

Illegal tobacco and hand-rolling tobacco are both big issues in the South West, which is why the Council-funded Smoke Free South West has mounted local campaigns against both these in addition to supporting national campaigns including Stoptober and No Smoking Day.

In addition to our range of actions to prevent smoking we offer a range of specialist support to help people quit including support through GP surgeries, pharmacies, maternity services, mental health services and through Sirona Healthy Lifestyles service. ●

For more on burden of disease risk factors, including smoking, turn to page 27

STAYING WELL: A PROFILE ON DIABETES

WITH MORE PEOPLE AT RISK OF DIABETES, HELPING PEOPLE MAINTAIN A HEALTHY WEIGHT IS CRUCIAL

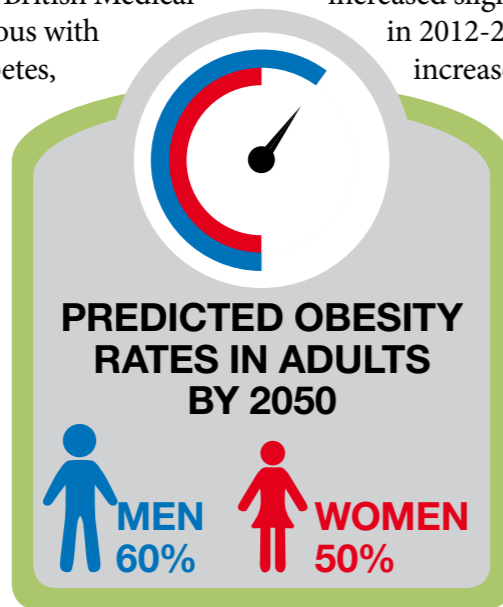
Diabetes is rapidly becoming one of the biggest threats both to the health of our residents and also the viability of our local health services. This is equally true across most of the UK and indeed many other countries. A third of adults in England are on the verge of type 2 diabetes, according to a recent study in the British Medical Journal. The implications are serious with one in ten progressing to full diabetes, which can cause death and disability, including heart disease, stroke, kidney disease, blindness and amputations, if not well controlled. Fifty per cent of people already have complications when they are diagnosed with Type 2 diabetes and 10% of the NHS budget is currently being spent on it.

The latest figures for Bath and North East Somerset show there are 7,460 people aged 17 years and over registered with

diabetes. It is estimated that there are a further 3,259 adults in the Bath and North East Somerset Clinical Commissioning Group GP Practice population with undiagnosed diabetes. The level of diabetes in 17 year olds and over has been steadily increasing locally, regionally and nationally. In this area it has increased slightly from 4% in 2008-2009 to 4.6% in 2012-2013 and is expected to continue to increase, by approximately 150-200 people per year adding up to a 34% rise from 2005 to 2025.

People with diabetes in NHS Bath and North East Somerset are 44% more likely to have a heart attack, 32% more likely to have a stroke, 73% more likely to have a hospital admission related to heart failure and 44% more likely to die in any given year than the general population in the same area.

Diabetes is a condition in which the amount of glucose >



CASE STUDIES

Free NHS Health Check

Everyone aged 40 – 74 who does not have a related pre-existing condition will be invited for a NHS Health Check once every five years. The free Check is to assess a person's risk of developing heart disease, Type 2 diabetes, kidney disease and stroke. It takes about 20 – 30 minutes and includes simple tests to check cholesterol, blood pressure and Body Mass Index (BMI). Last year in Bath and North East Somerset over 6,000 people took up the offer of a free NHS Health Check. They are now armed with the information and support they need to reduce their risk of developing heart and vascular problems.

A further 12,000 people will be invited for their NHS Health Check this year. People are given personalised advice on how to lower their risk and maintain a healthy lifestyle. Treatment or medication may be prescribed to help people maintain their health.

Michael, 48, from Bath, describes how he discovered he had diabetes because of his Health Check:

“In January I received an invitation from my doctor's surgery to attend for a free NHS Health Check. I thought it would be a good idea to go along so I made an appointment to see the practice Health Care Assistant. She was very helpful. As a result of attending I was told that I

could have diabetes. At first I found it very hard to believe as I didn't feel ill. She reassured me and arranged for me to see a nurse who helps people who have diabetes. I had more tests and it was confirmed that I do have Type 2 Diabetes. Since then I have been supported by the surgery and I have made changes like eating more healthily and increasing the activity I do. The changes I have made along with the tablets I take now have helped me take to control and manage my condition. When I last had a check-up in May my blood test results were very good. I'm very glad that I went along for the NHS Health Check as I might have become very unwell otherwise. Now I am able to keep control.”



> (sugar) in the blood is too high because the body can't use it properly. The reason behind it is linked to the production of insulin, a hormone which helps the glucose enter the cells where it is used as fuel for the body. Type 1 diabetes, where the body can't produce insulin, isn't preventable. It usually appears before the age of 40 and only accounts for about 10% of people with the condition. During pregnancy, some women have such high levels of blood glucose their body is unable to produce enough insulin to absorb it all, this is known as gestational diabetes.

Type 2 diabetes, which is the one mainly responsible for the great increases of recent years, develops when the body either can't make enough insulin or the insulin produced doesn't work well enough. It is very much linked with being overweight although in a small number of cases people of normal weight can develop the condition.

The number of people who are obese in England has more than doubled in the last 25 years, with a particularly high rate of increase in England. And it is set to get much worse with 60% of men, 50% of women and 25% of children predicted to be obese by 2050.

There has been considerable debate about what's

behind the massive increase in weight but there is general consensus that it is a combination of increased availability, and therefore consumption, of high fat, high sugar foods such as processed food and fizzy drinks as well as lack of physical activity and people living more sedentary lifestyles.

There is increasing concern that it is taking over from tobacco as the leading cause of preventable illness and death and there have been calls for regulation of the food industry, particularly on products targeted at children. These controls include stricter regulation of how food is advertised, the way nutritional information is provided and raising the standard of food including reducing salt, saturated fat and levels of sugar.

A considerable proportion of the council's budget already goes on promoting more physical activity both through planning and transport infrastructure and commissioning facilities and programmes to enable people to build it into their every-day lives.

The sheer scale of the problem and impact on local health services is why the local clinical commissioning group has made diabetes, including preventing it through maintaining a healthy weight, one of their top 6 priorities. ●



☞ CASE STUDIES ☜

SHINE Health in Pregnancy Group

The Health in Pregnancy Service describes the positive progress made by one of the mums in the Paulton maternity weight management group:

"I met Ann when she was 14 weeks pregnant. Ann already had 4 children, having her eldest when she was 17. On meeting Ann she was very anxious about our visit and her pregnancy. We talked through the risks associated with a high BMI. Ann felt very guilty that her weight may lead to complications for her unborn child. Nice recommends that women with a BMI > 30 should aim to maintain a healthy weight gain of between 5-9kg. We discussed how this could be achieved by sticking to 2000 calories (2200 third trimester) and knowing your food groups. I explained to Ann that by doing

15 minutes of exercise 3 times a week building up to 30 minutes 7 times a week, not only does this help her to maintain her weight it also helps to build her stamina in preparation for labour. We recommend that women walk and, if possible, swim.

"For every woman the most enlightening information I give is regarding portion control! I asked her to put into a bowl the amount of pasta she would have on her plate. To say she was a little surprised when I then weighed out a 35g portion was a bit of an understatement! A handful of pasta, rice and veg is roughly equivalent to 35g.

"I made 4 further visits to Ann who embraced the opportunity to make changes and quickly saw the benefits. In addition to her maintaining a healthy weight gain we also looked at ways of improving her confidence and self-esteem. I encouraged her to join children centres to meet other mums and build up a circle of friends that will support her.

"Ann had a normal delivery of a healthy boy and managed to maintain a healthy weight gain in pregnancy. I received a text 5 weeks post-natal saying she was now 123kg, 5kg below her initial booking weight."

"To say she was a little surprised when I then weighed out a 35g portion was a bit of an understatement! A handful of pasta, rice and veg is roughly equivalent to 35g."



The Paulton Maternity Weight Management Group



5 Ways to Wellbeing in Bath and North East Somerset

HAVING A NETWORK OF SOCIAL CONNECTIONS OR HIGH LEVELS OF SOCIAL SUPPORT HAS BEEN SHOWN TO INCREASE OUR IMMUNITY TO INFECTION, LOWER OUR RISK OF HEART DISEASE AND REDUCE MENTAL DECLINE.

How happy and well people feel is an important part of life. In recent years there has been a growing interest in the science of well-being and happiness and the factors that affect it, with increasing recognition of the importance of our relationships and resilience in the way we respond to things that happen to us.

Happiness includes the fluctuating feelings we experience everyday but also our overall satisfaction with life. It is influenced by our genes, upbringing and our external circumstances - such as our health, our work and our financial situation. But crucially it is also heavily influenced by our choices - our inner attitudes, how we approach our relationships, our personal values and our sense of purpose.

And improving how happy we are has an important impact on our physical functioning. Harvard School of Public Health examined 200 separate research studies on psychological wellbeing and cardiovascular health and found that optimism and positive emotion provide protection against cardiovascular disease, slow progression of heart disease and reduce risk, by around 50%, of experiencing a cardiovascular event, such as a heart attack.

Having a network of social connections or high levels of social support has been shown to increase our immunity to infection, lower our risk of heart disease and reduce mental decline as we get older.

Recent research has shown that an eight week

mindfulness meditation class can lead to structural brain changes including increased grey-matter density in the hippocampus, known to be important for learning and memory, and in structures associated with self-awareness, compassion and introspection.

But being happier is easier said than done. Poor mental health is influenced by genetic factors as well as changes in life circumstances such as divorce, bereavement, illness, unemployment, financial pressures and housing worries as well as uncertain and stressful work environments.

These pressures not only influence psychological wellbeing, but may also contribute to relationship strain, less leisure time for those in work, and less money to spend on healthier foods and leisure activities for those out of work.

One in four people will experience a mental health problem during their lives and at any one point one in six is living with a common mental disorder. Mental health problems have not only a human and social cost, but also an economic one. The overall cost to the UK is estimated at more than £110 billion a year. The costs of mental illness are currently greater than the costs of crime and are projected to double over the next 20 years.

Based on the Office for National Statistics survey of wellbeing, residents in Bath and North East Somerset experience some of the highest levels of recorded wellbeing in the country. However, estimates also suggest that 16% of the working age population have a common mental illness, and levels of reported anxiety (41% feeling anxious yesterday) are higher than regional and national levels. There

84%

of residents reported high levels of life satisfaction when surveyed



are also significant variations in different sections of the community. For example, younger and older people report higher levels of wellbeing, while Black and Minority Ethnic communities; those with poor reported physical health and the unemployed experience lower levels of wellbeing.

Poor mental health covers a range of problems including: depression, anxiety, obsessive-compulsive disorder, phobias, eating problems, bi-polar disorder, schizophrenia, and personality disorders. Symptoms can include: panic attacks, self-harm and suicidal feelings.

The life expectancy of those with serious mental illness in the UK is 12-13 years lower than the national average; with death rates from heart disease, strokes and cancer at a level experienced by the general population in the 1950s, and not improving. Additionally people with serious long term mental illness do not usually get to live in the most affluent areas and suffer poorer income, employment and housing prospects.

Although a whole range of factors determine an individual's level of personal well-being, evidence indicates that the things we do and the way we think can have the greatest impact on improving mental health. 'Bridging the Gap' peer research on people with mental health issues accessing community activities and groups in Bath and North East Somerset found that connections with other people and the ability to do things that people are interested in is essential to feeling better about themselves and interacting with the world.

But although participating in activities can promote wellbeing it can be harder for some people to join things because of a range of practical factors including cost, family responsibilities and lack of transport options. In our local survey people with mental health difficulties identified practical barriers such as cost and transport as more important than any lack of confidence that they might have.

There is increasing evidence that being physically



active and having good general well-being protects against both dementia and mental health problems like depression and anxiety in later life. It

seems that it does this by increasing people's sense that they can achieve things and cope and serves as a distraction from negative thoughts.

In order to make it easier for people to access the kind of courses and volunteering opportunities that enable them to connect with others, participate, learn and be active, the council is setting up a Wellbeing College. People can be referred or phone up themselves and discuss what they're interested in doing and have help joining up to a course that interests them. By working with a range of providers, the College will connect people up to subjects ranging from mindfulness to dancing, gardening to IT skills. >



The 5 Ways to Wellbeing



Keeping in touch

with family, friends colleagues and neighbours, at home, school, work on in your community are all essential for our wellbeing. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day.



Why not: Meet people and enjoy the view at the Bath Skyline Walk. Children can check out the woodland play area off Claverton Down Road, near Ralph Allen School
<http://www.nationaltrust.org.uk/bath-skyline/>

Give

Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, linked to the wider community can be incredibly rewarding and creates connections with people around you.

Why not: Find out about volunteering opportunities with the Volunteer Centre at <http://www.vol-centre.org.uk/>



Keep learning

Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy achieving. Learning new things will make you more confident as well as being fun.



Why not: Join up for an evening class by looking at the options for adult learning at colleges in the area at www.bathnes.gov.uk/services/schools-colleges-and-learning/learning-16/adult-learning

Take notice

Be curious. Catch sight of the beautiful, remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.



Why not: Look at the Mental Health Foundations Be Mindful website for ideas of how to take notice of what's around you <http://bemindful.co.uk/>

Be active

Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly pick a physical activity you enjoy and that suits your level of mobility and fitness.



Why not: Cycle through the Two Tunnels and connect up with this 13 mile circular route from the centre of Bath that takes in National Cycle Route 24 and National Route 4. The route also takes riders of the spectacular Dundas Aqueduct on the Kennet & Avon Canal.
www.sustrans.org.uk/ncn/map/route/bath-two-tunnels

CHILD POVERTY

To be poor in an essentially wealthy society is a very particular and stigmatising experience, and children are well aware of this.

Through Young Eyes: The Children's Commission on Poverty

A child's start has a huge impact on their health and wellbeing throughout their life. The resources available to the family they live in play a big role in that start.

While Bath and North East Somerset is considered a fairly affluent area, it hides a very different economic picture for many people living here, which is particularly hard on children. The amount of money people have affects the type and size of housing they live in, what food they eat, their

ability to take part in different activities and whether they have the same kind of life as most other people in the area they live in.

It has a big impact on children's physical health but also how they feel. Children from poor families are more likely to die in their first year of life, have higher rates of accidents, are more likely to miss school as a result of illness and are nearly three times as likely to suffer mental health problems.

A recent report found children themselves say

In 2012/13 in Bath and North East Somerset...



Young people from low income families achieving 5+ GCSE A-C (including English and Mathematics): 31%*



Young people not in receipt of Free School Meals achieving 5+ GCSE A-C (including English and Mathematics): 66%*

they worry about whether their family can pay for things they need, that it affects their sleeping and studying at home and how safe they feel in the area they live. They also experience bullying due to visible signs of poverty and difference.

Child poverty is not necessarily something that stays the same over time. Some families are persistently poor for long periods of time, others only occasionally, whilst some families move in and out of poverty. Poverty is also not something that fits neatly into defined classifications. Families who are just above the eligibility for benefits may also live in considerable poverty and face additional costs.

Poverty can be such a destructive force because of its long-term grip on families and communities, holding them back generation after generation.

Child poverty in Bath and North East Somerset

According to the End Child Poverty report, about 12% (4,056 children) of children in Bath and North East Somerset live in poverty. This compares to 14% in North Somerset, 17% in West Somerset and 11% in Wiltshire. 13% of all children in Bath and North East Somerset (16% in the South West, 20% in England) were in low income families in 2011.

There are dramatically different proportions of children living in poverty or in families on low incomes across different parts of Bath and North East Somerset. It can be particularly hard for those children living in poverty or on low incomes in more affluent areas because their circumstances are so different from their peers.

Child poverty is estimated to cost £44 million in Bath and North East Somerset.

The impact on children living here

In 2012 11% of children in primary schools and 8% in secondary schools were eligible for Free School Meals. Although this is lower than the national picture, children eligible for Free School Meals (FSM) in Bath and North East Somerset performed significantly worse in the Key Stage 2 Reading, Writing and Mathematics attainment measure at the expected level compared to their non-FSM peers – 54% and 82% respectively (2012/13). FSM pupils are also more likely to make unhealthy or risky lifestyle choices, according to the Child Health and Wellbeing Survey 2013. A higher proportion of the secondary school pupils eligible for the Pupil Premium (PP) responded that they felt afraid of

CASE STUDIES

Playful Families

Bath and North East Somerset commissions a range of Community Play services for 5-13 year olds including Playful Families; group play sessions requested by families or professionals working with them. They explained how the experience has helped two fathers to learn to understand the importance of play and support improved attachment with their children:

“A father of three children who was living in a hostel due to his substance misuse and had no access to his children (who were on a child protection plan) and very low self-esteem was referred by another voluntary agency. He was then allowed weekly access to his children at the Playful Families group. Play workers continued to support the father including making successful housing applications and he was awarded custody of the children.

“Another father whose 6-year-old son had foetal alcohol syndrome struggled with his son's behaviour and energetic play and would end up watching TV or not taking him out. His play was aggressive and often violent towards his father. At the Playful Families group, we brought in some fancy dress clothes; the boy dressed up as a Ninja turtle and then started dressing up his father in a pink beaded head dress, a superman cape and a cowboy scarf. The boy thought this was very funny and his father let him completely lead this play without interruption and stayed dressed like that. This was a fantastic outcome as the child's behaviour was calm and methodical and Dad allowed him to be in control showing trust.”



“Playful Families went on to support the father with making successful housing applications and he was awarded custody of the children.”

going to school because of bullying at least 'sometimes'. It was 34% compared to 23% of non PP pupils.

The differences in educational attainment continue to show a stark contrast between young people from low income families and their peers.

What Bath and North East Somerset Council is doing to try to reduce the health impact of poverty on children

Tackling child poverty requires action targeted at both the children themselves, and at their wider environment, including their families, and their whole communities. Action to give families the resources they need include welfare support, improving pay and increasing employment, reducing the costs of working, increasing access to affordable housing. It also involves building children's resilience to deal with poverty as best as possible and trying to improve the child's future outcomes and so reduce the intergenerational transmission of poverty. Interventions focussing, for example, on improving educational attainment and health outcomes for disadvantaged children may fall into this category of intervention.

Bath and North East Somerset Council is taking a multi-pronged approach to trying to support children who are growing up in poverty through an economic strategy aimed at growing employment opportunities, developing healthy and sustainable places for children to be brought up in where there are places to play outside, good schools, supportive communities and accessible leisure activities for children of different ages.

The Connecting Families team in the council works hard to intervene early to take action to try to prevent negative future outcomes by providing intensive home-based professional family support and tailor-made packages to meet the individual requirements of all the families we work with.

In Bath and North East Somerset, Sirona delivers the Health Visiting and School Nurse service. Their role is to deliver the Healthy Child Programme. This means a universal offer of regular checks and screening for all children and young people, with further support offered to any children with identified



needs, or from vulnerable families. The health visiting service also delivers the Family Nurse Partnership (FNP) to all parents who are 19 and under. The FNP is an intensive, preventive, nurse-led programme for vulnerable, first time, young parents. FNP has one of the best evidence bases for preventative early childhood programmes, with evidence of impact on a range of health and social outcomes. The local FNP team are supporting 82 first time mothers currently.

The School Improvement and Achievement Service is committed to supporting schools in improving outcomes for all pupils including the most vulnerable and becoming good or outstanding as judged by OFSTED.

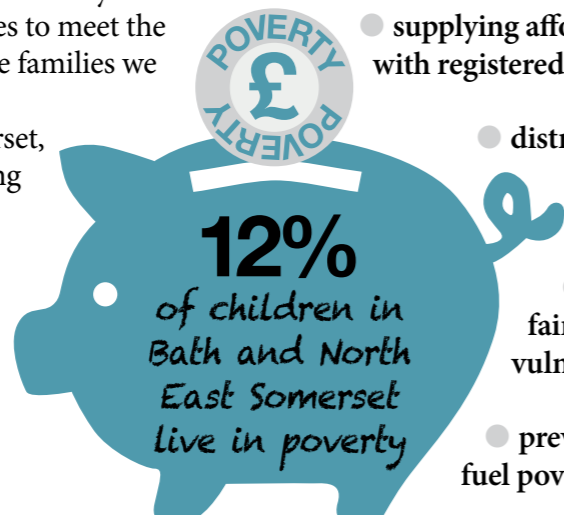
The Director of Public Health award enables nurseries, children's centres, schools, colleges, and other settings to identify their own health priorities and take actions that will promote physical and mental health and wellbeing among children, families and communities throughout Bath and North East Somerset.

With people experiencing greater financial pressures, the council's Family Information Service and Citizens Advice Bureau have produced a new Managing Your Money folder.

Low-cost housing options and the promotion of a fair living wage make it easier for residents to 'make work pay'. This is very relevant in Bath and North East Somerset where the average wage is lower than the national average and the cost of living high. Estimates suggest that over 20% of the working age population may not be earning a 'living' wage, suitable to maintain a good standard of living (JSNA, 2013).

The Council transferred its housing stock to Curo in 1999, which is responsible for:

- supplying affordable housing in partnership with registered housing providers
- distributing affordable housing fairly to those with greatest need
- distributing loan and grants fairly to improve the homes of vulnerable people
- preventing homelessness and fuel poverty. ●



Early years Director of Public Health Award

HOW ONE PRE-SCHOOL GOT CHILDREN GROWING AND EATING THEIR OWN FOOD AND TRAVELLING UNDER THEIR OWN STEAM



The Healthy Early Years Certificate and the Healthy Outcomes Certificate for Early Years were launched in September 2013 to early years settings (childminders, pre-schools, nurseries, children's centres and reception classes) to work towards the Director of Public Health Award alongside schools and FE colleges, making this a seamless 0 – 19 years programme. The main health priority for early years locally is to support babies and young children to establish and maintain a healthy weight.

Widcombe Acorns Pre-school is working towards the Healthy Outcomes Certificate for Early Years. They are focusing on increasing the opportunities for all children to be involved in a variety of planned growing/gardening experiences in order to meet their healthy eating outcome and to increase the number of children actively travelling to the pre-school. They said:

"Being on this programme has encouraged us to really think about how we could improve gardening experiences for the children in our care to enable them to think about healthy eating.

"We started by asking an ex-parent, who works as a gardener, if she would be willing to give us some of her time to work directly with the children with support from the team. She started to come in regularly to run gardening activities. The children planned what we would grow using resource books and the internet.

"The results are amazing already, the staff team feel empowered and are now confident in leading regular planned gardening opportunities and the children feel ownership of the area and what is grown, tending and watering, and then harvesting and eating the food once it is ready, we have even cooked many different foods on the fire outside.

"We also chose to look at active travel because we had



Widcombe Acorns Pre-school children

noticed that more children were being driven in to pre-school this year. We started by looking at where our children lived (the majority being within walking distance), we sent out a survey asking parents their preferred method of travelling to pre-school, and how many times per week they were likely to use their cars.

"We followed this by having a display of different containers; they were labelled with various methods of travelling – walking, cycling, car, train, bus, scooter, bike and push chair, we encouraged the children to place a button in the container that corresponded to how they had travelled in that day.

We wrote to the parents and gave the reasons why their children would benefit from being more active in the mornings, how they may settle better, be more alert, how they are more ready for their day ahead with fresh air, a good chat, and some physical exercise.

"We quickly saw a difference in how many children were travelling in under their own steam.

"Having a whole setting approach has improved our confidence and our practice, and has certainly motivated the children, parents/carers and staff team!" ●



Public health indicators:

although many of our health outcomes are good in Bath and North East Somerset, we've identified areas where more work needs to be done

Public health outcomes framework and other key indicators (as at August 2014)

PHOF Reference/Source	Period	Indicator Description	England	South West	Bath and North East Somerset
Health Improvement					
2.02ii	2012-13	Breastfeeding - breastfeeding prevalence at 6-8 weeks after birth	47.2%	49.3%	59.7%
2.04	2012	Under 18 conceptions (females 15-17, rate per 1,000)	27.7	24.8	18.0
2.06i	2012-13	Excess weight (overweight and obesity) in 4 to 5 year olds	22.2%	22.9%	23.2%
2.06ii	2012-13	Excess weight (overweight and obesity) in 10 to 11 year olds	33.3%	30.9%	26.4%
2.07i	2012-13	Hosp admissions, unintentional and deliberate injuries 0 - 4 years per 10,000	134.7	142.1	184.4
2.07i	2012-13	Hosp admissions, unintentional and deliberate injuries 0 - 14 years per 10,000	103.8	103.9	120
ChiMat	2012-13	Hospital admissions as a result of self-harm (10-24 years old)/100,000	346.3	442.5	456.1
ChiMat	2011-13	Alcohol specific admissions to hospital aged under 18s per 100,000	42.7	51.2	68.2
2.13i	2013	Proportion of physically active adults	55.6%	57.7%	61.4%
2.14	2012	Smoking prevalence	19.5%	18.5%	16.7%
2.15ii	2012	Successful completion of drug treatment - non opiate users	40.2%	39.5%	33.5%
2.20i	2013	Cancer screening coverage - breast cancer	76.3%	78.9%	73.9%
2.22iv	2013-14	Take up of the NHS Health Check Programme - health check take up	49.0%	45.4%	51.1%

Healthcare and premature mortality

4.04i	2010-12	Under 75 mortality rate from cardiovascular diseases (per 100,000)	81.1	67.9	62.7
4.05i	2010-12	Under 75 mortality rate from cancer (per 100,000)	146.5	136.8	130.0
4.06i	2010-12	Under 75 mortality rate from liver disease (per 100,000)	18.0	15.2	16.1
4.10	2010-12	Suicide rate (per 100,000 population)	8.5	9.8	8.7
4.14i	2012-13	Hip fractures in over 65s (per 100,000)	568.1	555.5	576.8

Inequalities

Marmot	2006-10	Inequality in male life expectancy at birth (years)	8.9	7.0	5.7
Marmot	2006-10	Inequality in female life expectancy at birth (years)	5.9	5.0	4.5
1.01ii	2011	Child poverty, under 16s	20.6%	16.2%	13.1%
1.02i	2012-13	% of Reception Year FSM pupils achieving a 'Good Level of Development'	36.2%	36.8%	28.7%

KEY: Significance to comparable England figure

■ Significantly better ■ Not significantly different ■ Significantly worse ■ Significance not available

Health Protection

3.03x	2012-13	MMR take-up age 5 (2 doses)	87.7%	88.7%	88.5%
3.03xiv	2012-13	Population vaccination coverage flu aged 65 years and over	73.4%	73.4%	75.5%
3.04	2010-12	People presenting with a late stage HIV infection	48.3%	49.4%	50.0%

KEY:

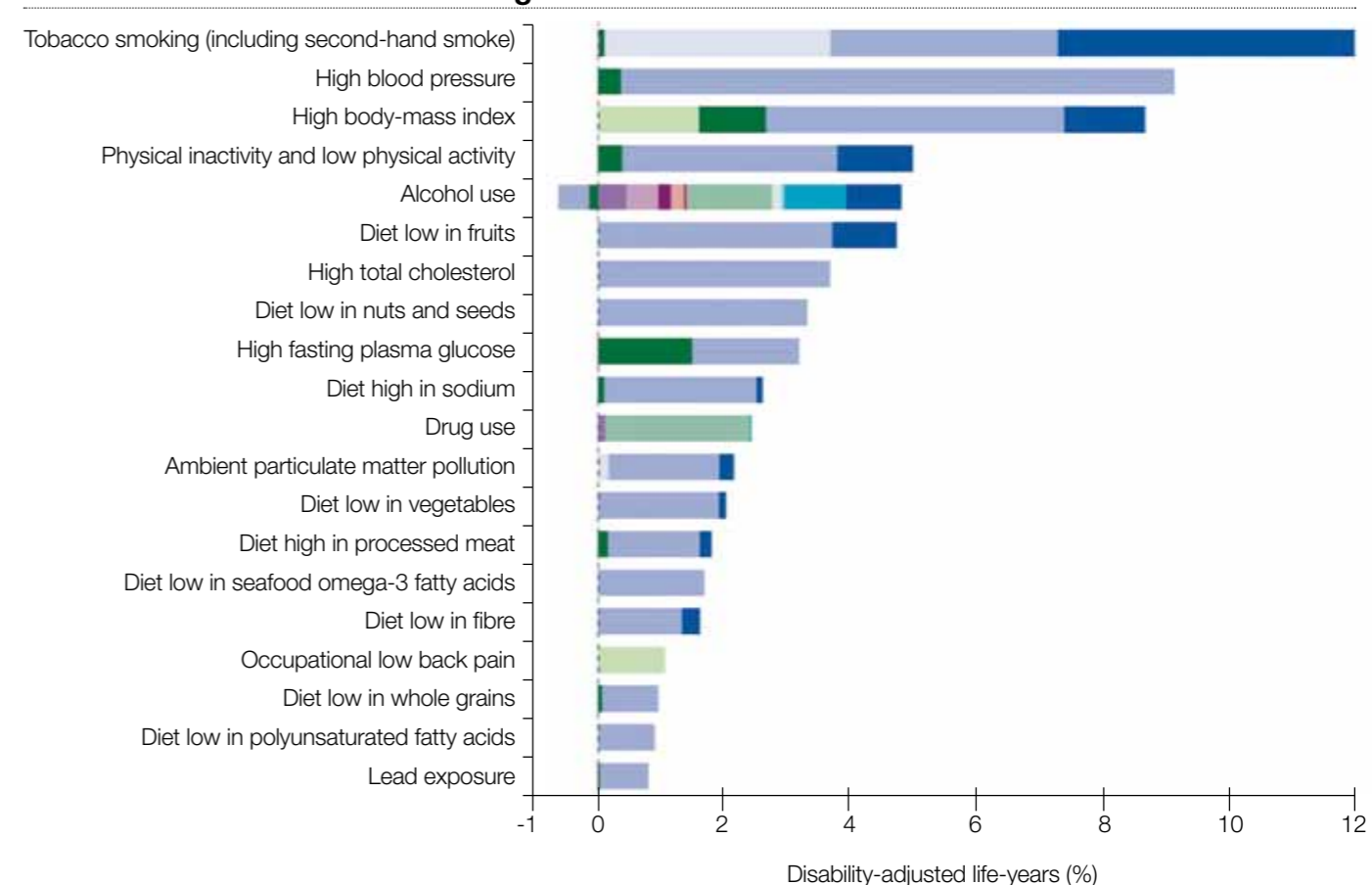
■ <90% target ■ ≥75% target ■ <75% target ■ <25% to 50% target

SOURCES | PHOF: <http://www.phoutcomes.info/> | ChiMat: <http://www.chimat.org.uk/>
Marmot: http://www.lho.org.uk/LHO_Topics/national_lead_areas/marmot/marmotindicators.aspx

Understanding how things that are unhealthy impact on disease

This chart shows the key things that influence our health in relation to their impact and the diseases they cause. Most of them are things that we can do something about and can influence in our own lives.

Burden of disease from 20 leading risk factors



KEY:

- Cancer
- Cardiovascular and circulatory diseases
- Chronic respiratory diseases
- Cirrhosis
- Digestive diseases
- Neurological disorders
- Mental and behavioural disorders
- Diabetes, urogenital, blood, and endocrine
- Musculoskeletal disorders
- Other noncommunicable diseases
- HIV/AIDS and tuberculosis
- Diarrhoea, lower respiratory infections, and other common infectious diseases
- Neglected tropical diseases and malaria
- Maternal disorders
- Neonatal disorders
- Nutritional deficiencies
- Other communicable diseases
- Transport injuries
- Unintentional injuries
- Intentional injuries

SOURCE | The Lancet, Volume 381, Issue 9871, 2013, 997 - 1020
[http://dx.doi.org/10.1016/S0140-6736\(13\)60355-4](http://dx.doi.org/10.1016/S0140-6736(13)60355-4)