Healthy Reforms?
Influencing public health for the brave ‘new’ world beyond March 2013

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Public Health support to Neighbourhoods and City Transport, Bristol City Council
A wider determinants of health lens

The determinants of health and well-being in our neighbourhoods
Where we are

• New duty on Councils and CCG through the Health and Wellbeing Board
• JSNA 2012
• Have consulted on the principles and early ideas for priorities within the Strategy
• The issues are not new and neither are many of the challenges, but there are some new opportunities
What is the JSNA?

- JSNA is ongoing process to identify the health and well-being needs of the Bristol population - now & in the future
- **Jointly produced** - City Council (CYPS and Adult HSC) and NHS Bristol (Public Health)
- JSNA main purpose is to provide evidence base to help shape current services, and inform future commissioning plans
- **Strengthened influence** in future – inform new statutory Health and Wellbeing Strategy (BCC and GP/clinical)
- The NHS and upper-tier local authorities have had a statutory duty to produce an annual JSNA since 2007
JSNA to date

• **2010 Update** was end product of 3-year cycle, building on 2008 JSNA Baseline, plus Update and Atlas tool.

• **Strategic focus / planning tool** to support Commissioning, inc Bristol Model for Health & Wellbeing

• All JSNA Reports are on [www.bristol.gov.uk/JSNA](http://www.bristol.gov.uk/JSNA) or via NHS Bristol web-site (About Us / Understanding Local Needs)
Some Key Findings to date

- Population profile is changing
  - Bristol growing at twice national rate
  - Increasing BME % (esp children eg 28% of Reception yr are BME)
  - Life expectancy increasing, but often with long-term health
deficiencies or support needs – further increasing pressure
  on future services

- Increasing numbers with cardio-vascular disease & diabetes
  (link to obesity & aging pop’n) – emphasise importance of
  prevention & physical activity.
More Key Findings

• **Older people needs** – as more older people & more with long-term conditions, forecast increases in dementia, CVD & diabetes

• Est. 40,000 **unpaid carers** in Bristol – many are aging, so further increase in needs

• **Lifestyle risk factors** – impact on health outcomes (eg poor diet, obesity, substance & alcohol misuse, smoking, risky sexual behaviours)

• Importance of **integrated planning** – housing, transport, energy use, green space for a more healthy city
Few transport stats (2011)

- CYPS journeys to school

Source: Bristol School census, Jan 2011
Few transport stats (2011)

- Cycle to work increase from 6.7% (2007) to 9.8% (2010)—some wards over 20% (Quality of Life survey)

- Still way to go to substantially reduce % of people who travel to work by car
Transport development

- Use of Health Economic Assessment Tool (HEAT) in Cost Benefit Analysis?
- Bristol Walking & Cycling schemes show benefit to cost ratio over 3:1 (‘High’ VFM) – national BCRs even higher
- Cycle City stats – “number of serious injuries to cyclists under 18 years of age is down by 50% (ref: NHS report)”
- Joint Protocol (2011) – bring health expertise into planning (BCC & NHS Bristol)
Public health professionals want to work with transport

- Priority attached to physical activity
- Quality of collaboration with transport colleagues

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