



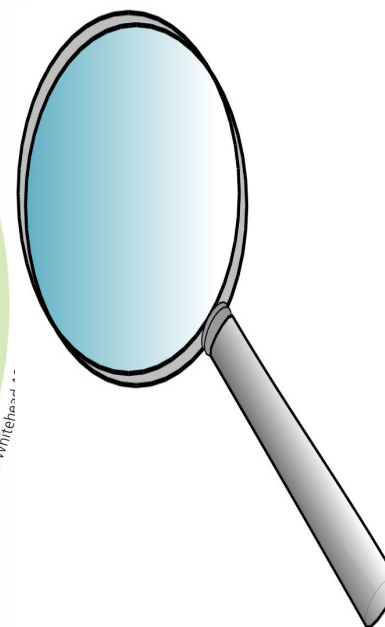
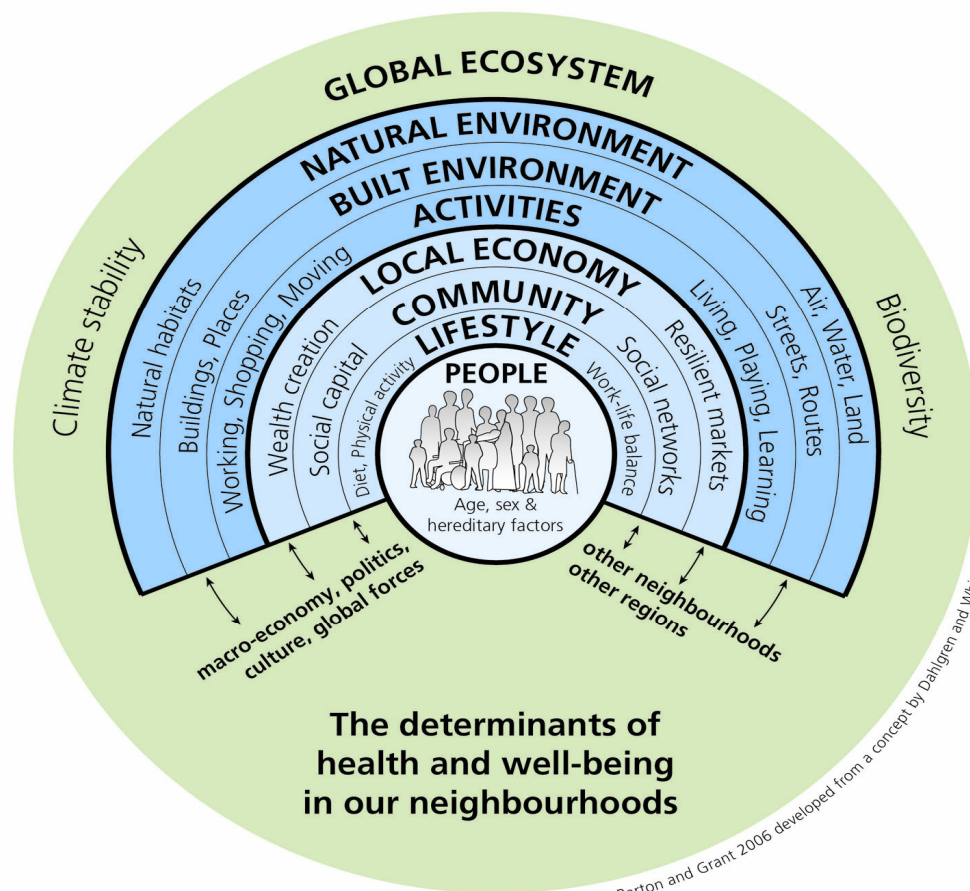
Healthy Reforms? Influencing public health for the brave 'new' world beyond March 2013

Dr Adrian Davis

Public Health support to Neighbourhoods and City
Transport, Bristol City Council



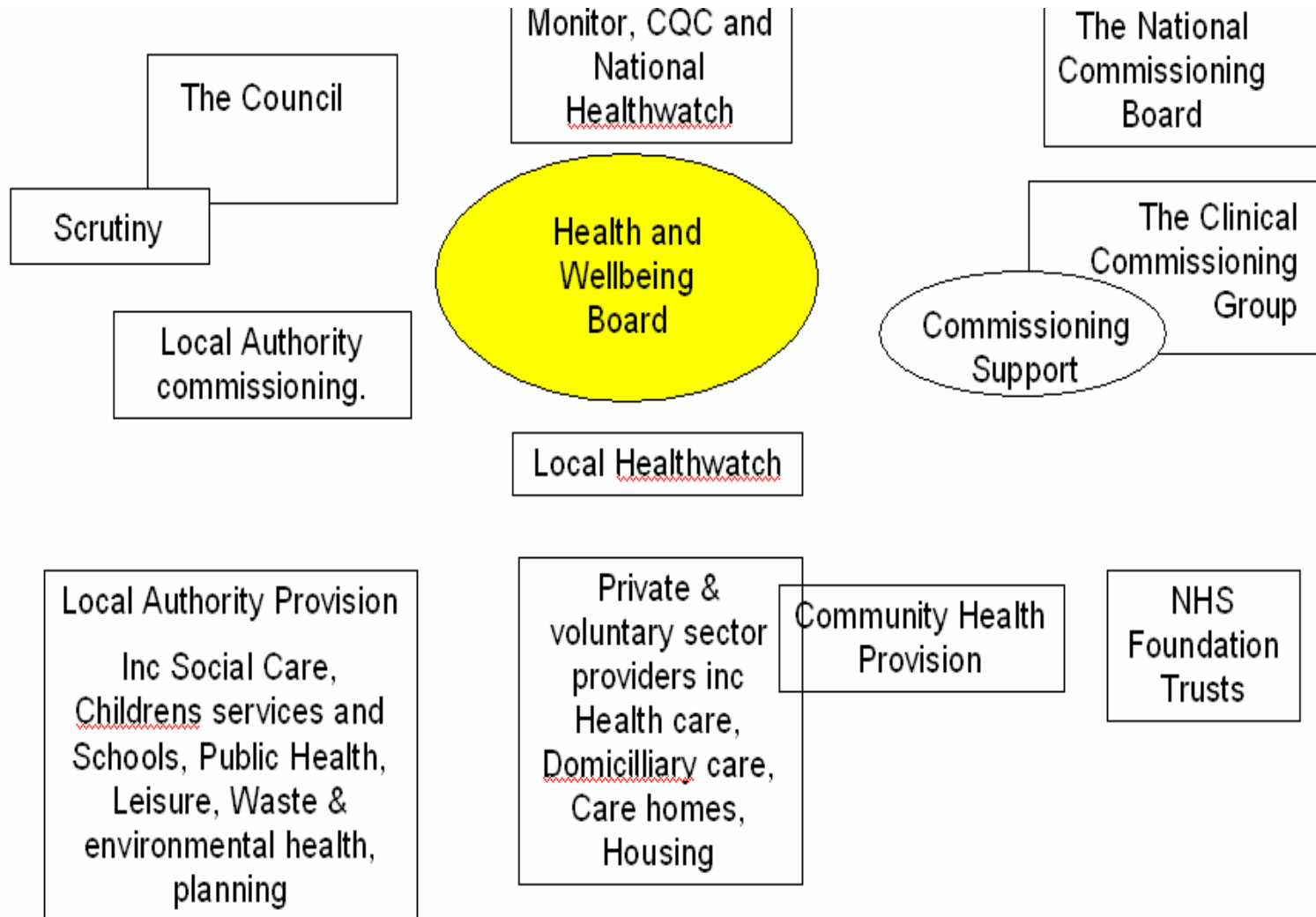
A wider determinants of health lens



The health map: Barton and Grant 2006 developed from a concept by Dahlgren and Whitehead



Bristol Health & Wellbeing Board





Bristol Health & Wellbeing Board



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 or via NHS Bristol web-site (About Us / Understanding Local Needs)



Joint Strategic Needs Assessment 2010
Easy Read Summary

A report about the needs of people that live in Bristol



Joint Strategic Needs Assessment 2010
...keeping you informed

Understanding Health & Wellbeing in Bristol
The Joint Strategic Needs Assessment (JSNA) is an ongoing process that identifies current and future health and wellbeing needs of the local Bristol population. This informs decisions not just about how we design, commission and deliver services (both now and in the future), but also about how the urban environment is planned and managed. Our aim is to improve and protect health and wellbeing across the city while reducing health inequalities.

Bristol's JSNA baseline report for Bristol was published in October 2008, with an update released in 2009. These reports described some of the key health and wellbeing issues for the local population, and looked into the future to predict how these might change, and what the implications of these changes might be in terms of service planning. The JSNA provides an analysis to support strategic decision-making.

All reports are available online at www.bristol.gov.uk/JSNA and are supported by a regularly updated core dataset (<http://profiles.bristol.gov.uk>).

An Update for 2010
There have been many national policy and economic changes in the past 12 months. These will influence what we need to do locally in order to continue to improve health and wellbeing and reduce inequalities in our local population – both now and in the future. In view of this rapidly changing national (political and economic) policy context, this year's JSNA has taken a different approach from previous years and focuses on:
The need to better support decision-makers during this period of austerity and change.

A "joint" (multi-agency and multi-sectoral) approach is suggested in order to strengthen and sustain efforts to improve health and wellbeing across the city. A conceptual model and some tools are introduced to help us rise to the challenge. All this is underpinned by latest evidence of health and wellbeing need, policy and best practice to ensure an evidence-based approach to commissioning decisions locally.

Research and evidence referenced within this report can be requested at JSNA@bristol.gov.uk.

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Executive Summary

What are the local priorities for improvement and how does Bristol compare?
Changing World, Changing Lives
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Can We Afford not to Change?
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Glossary of Terms
Alternative formats & Accessibility

Some Key Findings to date

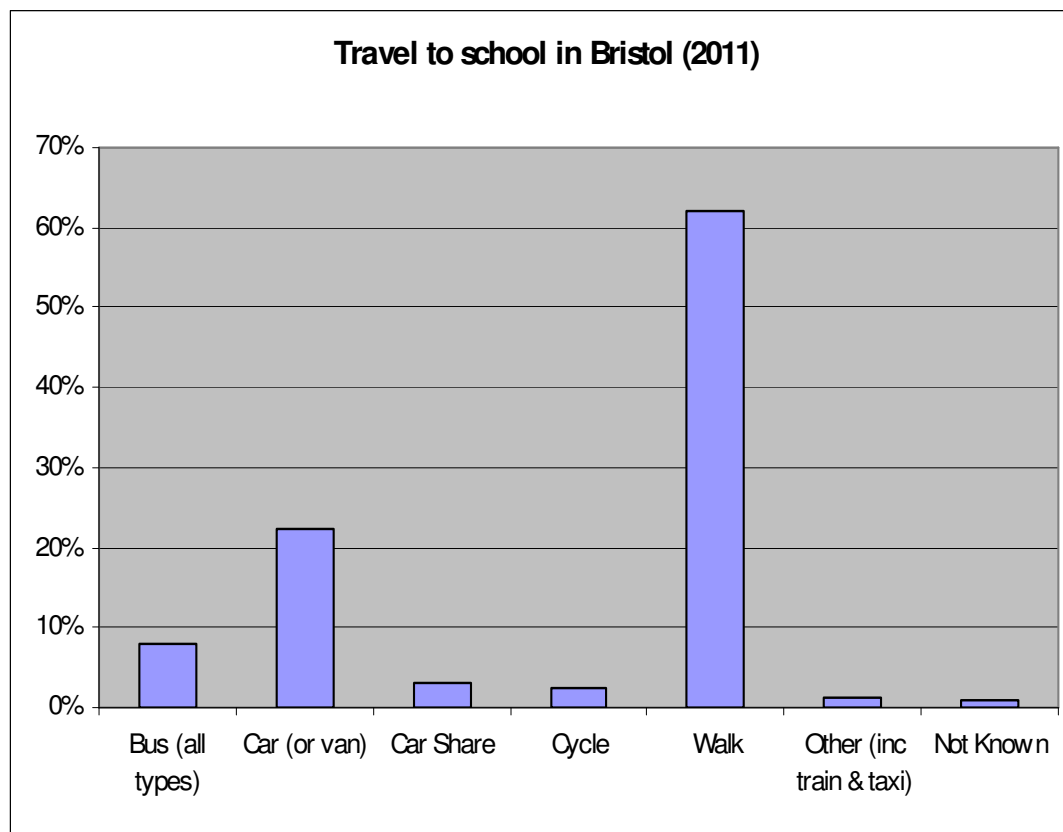
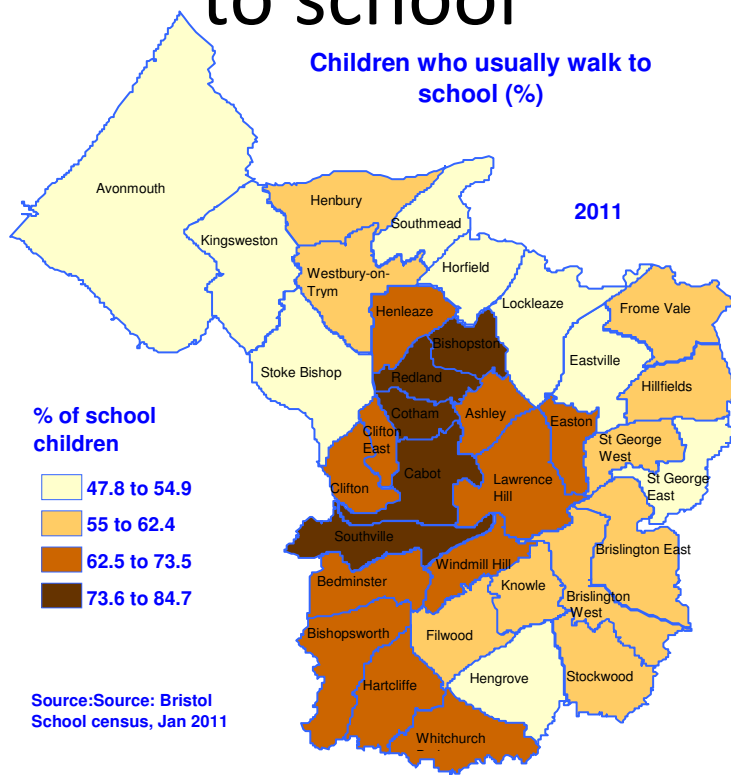
- **Population profile is changing**
 - Bristol growing at twice national rate
 - Increasing BME % (esp children eg 28% of Reception yr are BME)
 - Life expectancy increasing, but often with long-term health conditions or support needs – further increasing pressure on future services
- Increasing numbers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

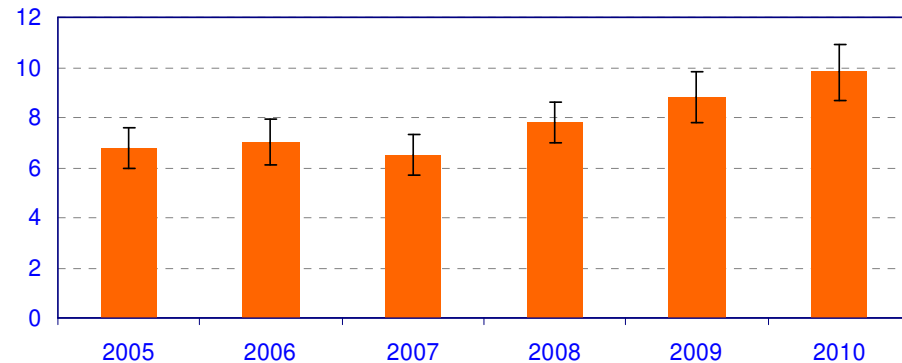
- CYPs journeys to school



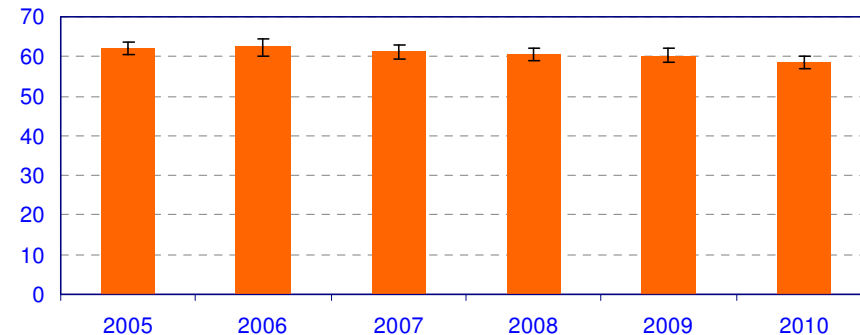
Few transport stats (2011)

- 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

% respondents who go to work by cycle



% respondents who go 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

