

Public Health Priorities in Buckinghamshire

Dr Jane O'Grady

Director of Public Health

Buckinghamshire



Buckinghamshire

- More affluent and therefore healthier than the national average
- Death rates and life expectancy better
- Overall death rates falling
- 13% have limiting long term illness vs 18% nationally



But ...

- Huge burden of preventable disease
- Stark preventable inequalities in health
- Ageing population
- Adverse social trends
- Significant population growth



Economic case for prevention

- Preventable ill health costs 19% of GDP
- Each 1% improvement in health saves £190m public expenditure, £700m for families, £110m employer costs
- Failure to achieve Wanless vision will threaten affordability of health and social care, life chances and prosperity
- UK - 35m working days lost to ill health and injury
- Sickness absence costs £12bn p.a. (£4bn in public sector) at least 16% of salary costs
- South East has highest sickness absence rates
- Sickness rates in health and social care highest of all sectors



Countywide Public Health Group Priorities

- Improving health where needed most
- Obesity
- Physical activity
- Alcohol
- Smoking
- Improving the Health of Vulnerable Groups
- Childhood poverty



Local Area Agreement

- Increase the proportion of smoking quitters from most disadvantaged groups
- Physical activity
 - Increasing the % of schools that achieve 2 hours sport and physical activity a week
 - Increasing the uptake of physical activity in young people and adults in the most disadvantaged areas
- Halting the increase in childhood obesity



Obesity

- shortens life by 9 years and estimated to be responsible for 9,000 deaths a year in England
- Obesity will increase diabetes by 54%, heart attack by 18%, stroke by 5% by 2023
- Obesity costs £3.7 bn (+overweight £7.4 bn) & 18 million sick days nationally
- 1 in 5 adults & 11% children obese and prevalence is increasing.



Physical Activity

- Decreases risk of premature death by 20-30%
- Prevention (up to 50%)& treatment of chronic diseases
- Impact on heart disease equivalent to smoking
- Improves mood, decreases anxiety & depression, improves sleep, slows cognitive decline
- Maintains mobility & independent living, prevents falls & slows bone density loss
- In Bucks hip fracture rates worse than England average
- 13.4% of adults in Bucks report achieving the recommended levels of physical activity



Alcohol

- In Bucks Alcohol accounts for 598 (15%) of all deaths
- Increases stroke, cancer , liver disease, accidents and suicide
- One third of domestic violence linked
- Alcohol -1 in 6 A&E attendances, 35% A&E and ambulance costs, 1in 7 acute admissions, 12% in-patient resources
- Higher binge drinking than national average



Smoking

- Single greatest cause of preventable illness and premature death
- Accounts for 1 in 5 deaths nationally
- Impact on smokers and non-smokers
- Increases risk of low birthweight babies, meningitis, cancer, heart disease, osteoporosis
- Failing our smoking cessation target in Bucks



Improving the Health of Vulnerable Groups

- Socio-economically deprived people
- Children and young people
- Certain minority ethnic groups
- Older People
- Prisoners



Childhood Poverty

- Poverty key determinant of health before birth and into adult life
 - Poorer health
 - Poorer reading skills, more difficult school behaviour, poorer educational attainment, more drug misuse, more teen parent/lone parent, unemployed, homeless, involved in crime, reduced cognitive and emotional function
 - Die younger, more suicides
- Over 10,000 children living in income deprived households in Bucks



Vulnerable Groups

- Children and Young People's Plan
- Older people – benefits of promoting the health of people in their 50's
- Understanding the health of our minority ethnic groups
- Access to healthcare for offenders



Links

- Healthier communities peer review
- Joint strategic needs assessment
- A health & wellbeing strategy
- Local Area Agreement



Healthier Communities Peer Review

Part of IDeA Healthier Communities Programme –

aim of which is to support the enhanced role for local authorities set out in “Choosing Health” and “Our Health, Our Care, Our Say” to:

- tackle local health inequalities
- provide leadership to promote well being
- foster a joined-up approach to health improvement across local government and through Local Strategic Partnerships/LAAs



Potential future topics for scrutiny

- Impact and contribution of practice based commissioning to improving public health
- Could focus on specific services e.g provision of weight management services, smoking cessation
- Provision of health care for offenders
- Contribution of other NHS bodies to public health

