

Buckinghamshire County Council

# **PUBLIC HEALTH REVIEW**

***WHAT ARE WE SPENDING THE RINGFENCED  
PUBLIC HEALTH BUDGET ON AND WHY ?***

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Director of Public Health



## **BCC public health responsibilities**

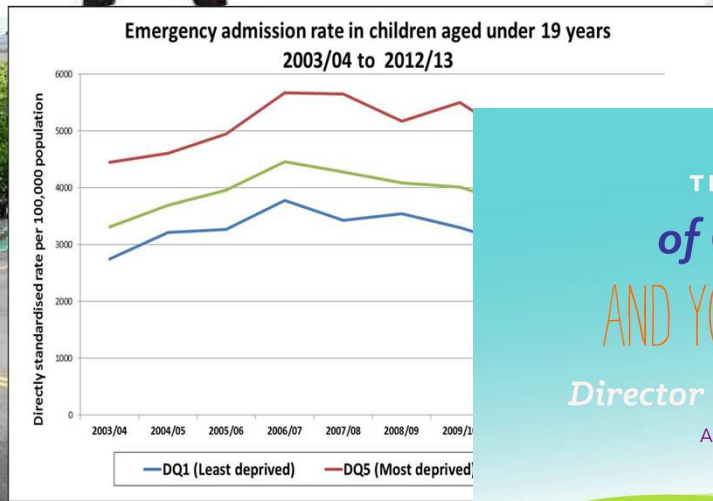
- Local government has a new duty to promote and protect residents health
- This responsibility transferred from the NHS to BCC in April 2013 with a ringfenced budget

Government has set 2 high level objectives for councils ;

- **To increase healthy life expectancy**
- **To reduce the differences in life expectancy and healthy life expectancy between communities**

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## What are our core Public Health responsibilities in BCC ?



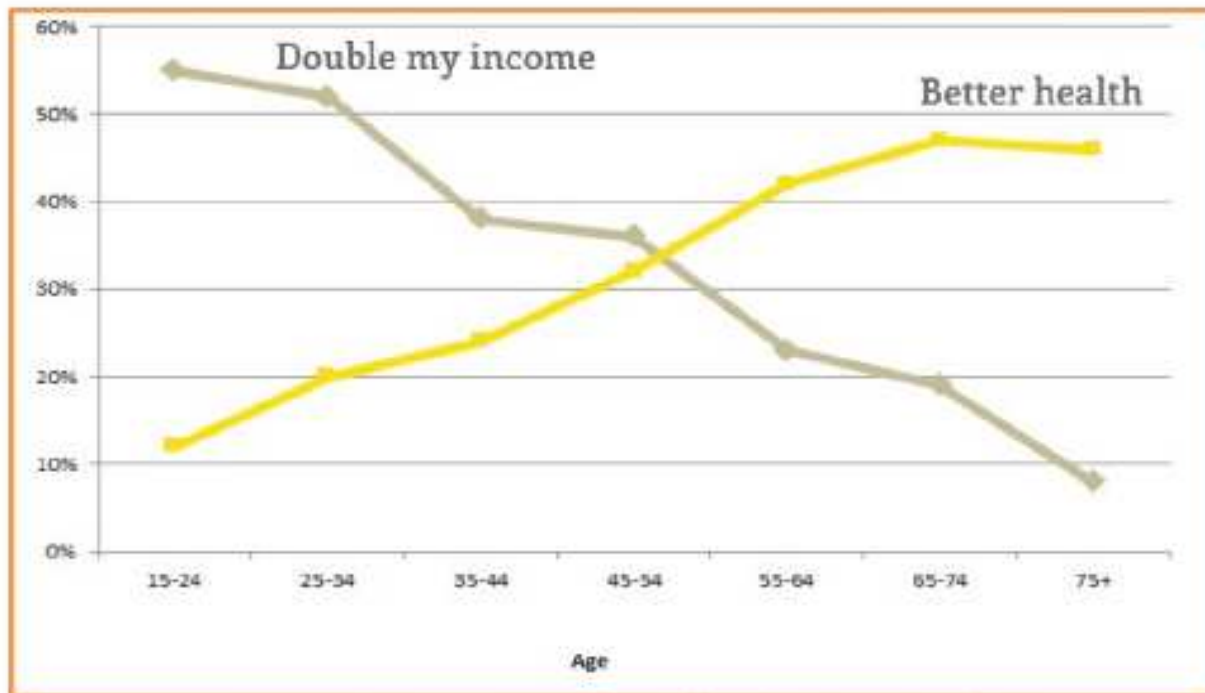
THE HEALTH  
*of Children*  
AND YOUNG PEOPLE  
*Director of Public Health's*  
Annual Report 2014

The logo of Buckinghamshire County Council, featuring a stylized figure within a circular emblem, surrounded by the text 'BUCKINGHAMSHIRE COUNTY COUNCIL'.

## Why invest in improving our residents health ?

People really value their health

When asked what would make them happiest, people responded .....



Ipsos MORI survey - Base: 2,015 interviewed face to face in home in GB aged 15+, 20-25 Sept

**Investing in public health interventions supports other council objectives and reduces demand by**

- Reducing demand for adult social care by preventing long term conditions which account for 70% of adult social care spend
- Reducing the need for childrens social care by reducing disability and reducing child maltreatment.
- Improving school readiness and educational attainment.
- Supporting a thriving economy by increasing productivity and decreasing sickness absence, worklessness and reducing need for welfare support.
- Improving health can improve community resilience, safety, cohesion and reduce crime.
- Reducing congestion and contributing to environmental quality & sustainability.

## Buckinghamshire County Council

### What could we achieve ?

#### *We could ...*

- save 100 lives in Buckinghamshire per year just by getting everyone to walk 10 minutes more a day
- reduce the 600 deaths per year due to smoking and save Bucks £109m
- ensure 266 babies are born at the right time rather than too early thus ensuring they are healthier, learn better and reduce disability
- increase school childrens grades by 40%
- reduce the number of people getting dementia by 30% & hence need for social care
- reduce the number of children suffering abuse
- halve the rate of heart disease and stroke for our residents
- reduce workplace sickness absence by more than 20%
- reduce the number of mothers developing post natal depression by 30% and thus improve outcomes for their children

### The budget

- BCCs ringfenced public health budget is was £17.2m in 2014/15 with no uplift for 2015/16 to reflect demography or inflation
- This is £33 per head of population in Bucks compared to national average of £51. The highest funded local authorities receive approximately 4x as much per head
- The budget reflects historic spend by PCTs and some movement towards “target allocation”.
- The target allocation is weighted based on the relative health of our population (death rate under 75 years). Bucks is currently £1.8m under target ie underfunded.
- In October 2015 we will receive £2.7m for health visiting and 266 K for Family nurse partnership service
- However there is also to be a national 7.6% cut to the local authority PH budget in year
- This budget funds the public health responsibilities that transferred over and includes mandatory and non-mandatory services.



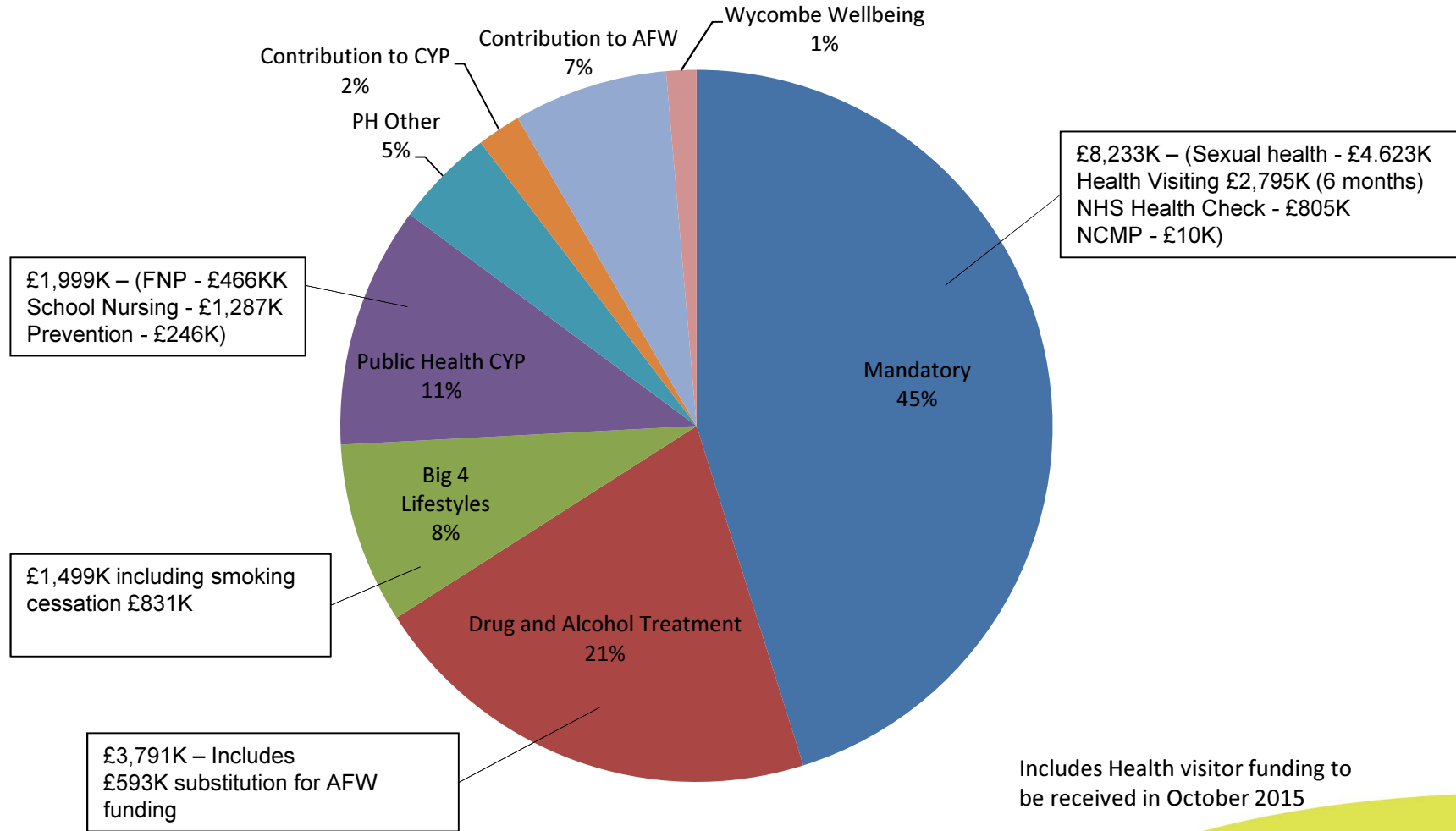
## Local authority public health responsibilities

Mandatory responsibilities	Other responsibilities
Sexual health & contraception services	Drugs and alcohol services
NHS health check	Smoking cessation services
National child measurement programme	Weight management services
Health visiting service	Healthy eating
Health care advice to NHS commissioners	Oral health promotion
Health protection – communicable disease, environmental hazards & emergency planning	School nursing service
Monitoring the populations health including DPH annual report and Joint Strategic Needs Assessment	Public mental health
Dental epidemiology survey	



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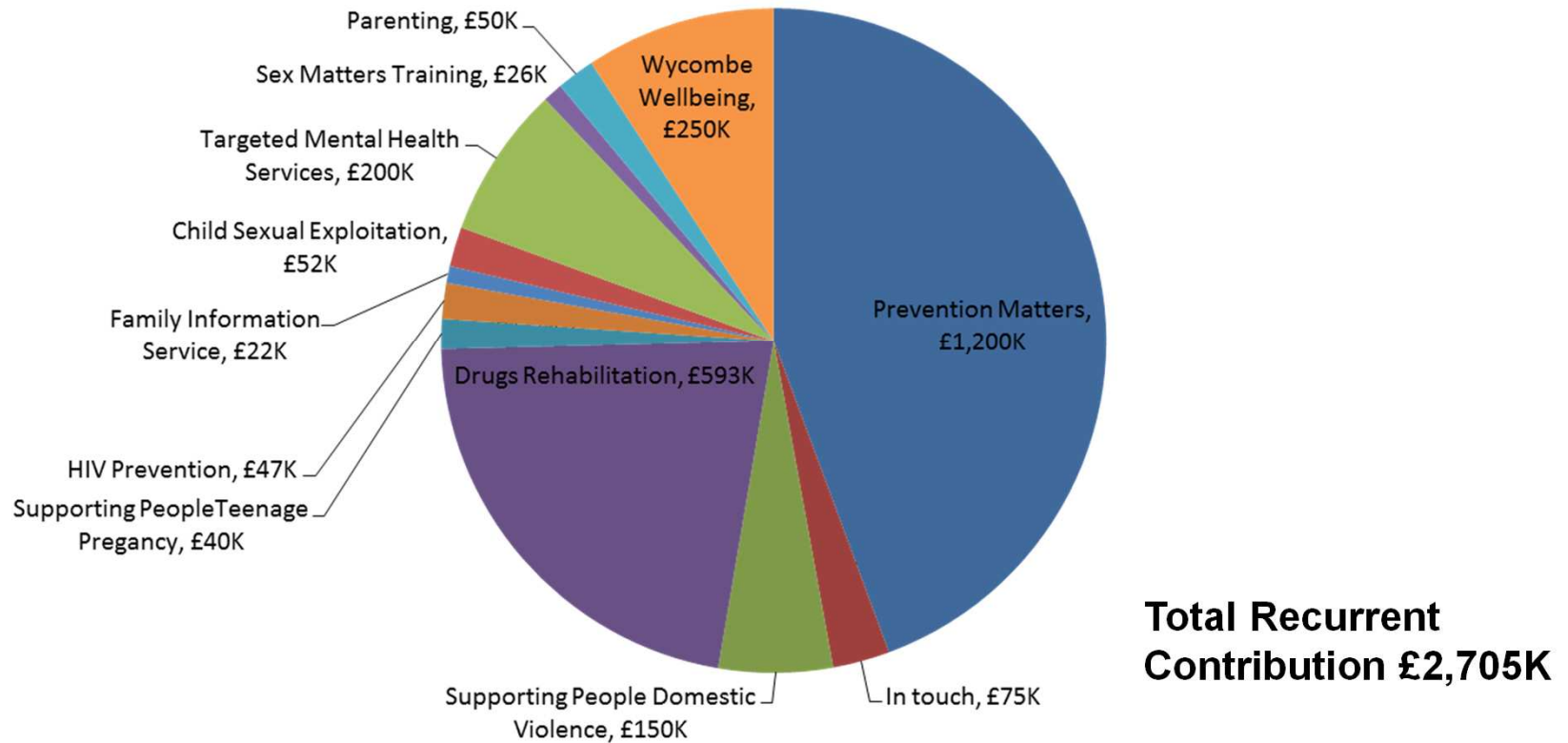
## Public Health Budget areas of spend 2015/16



Includes Health visitor funding to be received in October 2015

# Buckinghamshire County Council

## Recurrent support to other council programmes delivering public health outcomes



## **Immediate & Future Cost Pressures 2015/16 - 2016/17**

- Nationally 7.6% in year cut to local authority public health grant announced. Total impact £1.2m – £1.5m depending on whether allocation for Health Visiting and FNP is included in the total
- Mandatory introduction of Nalmefene by NICE (a drug to reduce the craving for alcohol in high risk drinkers) estimated cost pressure £300K
- Re-commissioning several services in 2015/16

## Where will investment have the biggest impact in Bucks ?

- **Priority 1. Ensuring every child and young person has the best start in life.** Early years - from conception to leaving school –prevention of disability & maltreatment, promoting good physical, mental, social and emotional development & educational attainment
- **Priority 2. Preventing long term conditions** including dementia, depression, cancer, heart disease, stroke, diabetes

## **Priority 1. Investing in Children and young people**

- What happens before birth and in the early years affects health, happiness and success for the rest of a persons life.
- Healthy children and young people can learn better and achieve more
- Adverse experiences set in train a cycle of poor outcomes that last a lifetime
- Cost to UK economy of social problems e.g. crime, mental ill health, family breakdown, drug abuse, obesity almost £4 trillion over 20 yrs but interventions in the early years could help address £1.5 trillion of social problems.
- There are evidence based ways to improve outcomes for children and young people in Bucks and reduce child maltreatment.

## **Improving outcomes for children and young people**

Public health commissions services that

- Aim to ensure that all children have a good start in life
- reduce adverse outcomes in pregnancy such as low birthweight and prematurity thus reducing physical and learning disability in children
- improve maternal mental health, improve parenting, reduce drug and alcohol misuse , thus improving child development and life chances and reducing risk of child maltreatment
- reduce teenage pregnancy and improve outcomes for teenage mothers and their babies and halve the risk of child maltreatment
- promote emotional resilience in young people
- Improve educational attainment
- Promote uptake of healthy lifestyles and reduce uptake of unhealthy lifestyles

## **Priority 2. Preventing long term conditions - why invest ?**

- Long term conditions such as heart disease, stroke, diabetes, cancer, dementia, chronic lung disease, depression account for **85%** of the burden of disease in Buckinghamshire and the UK.
- **70%** of health & social care spend is on people with long term conditions
- Long term conditions increase as the population ages but this is not inevitable as a very significant proportion are preventable.
- National research shows that **60%** of care home placements are due to dementia. In Bucks **68%** of people in care homes have dementia
- Long term conditions increase the chances of care home placement
- Chances of care home placement are increased by
  - >4x by dementia,
  - >2x by stroke, 60% by diabetes,
  - 50% by depression, 50-80% by hip fracture



## Many long term conditions are preventable

- **By action on 4 key lifestyles** smoking, increasing physical activity, adopting healthy diets, maintaining a healthy weight and drinking within “safe” limits, public health interventions can prevent
- 30% of dementia
- Up to 80% of strokes
- 80% of diabetes
- 80% of chronic lung disease
- 40% of cancers
- At least 25% and potentially up to 54% of falls

## **Reducing the development of long term conditions by**

- A multifaceted approach developing multiagency strategies for each of the Big 4 lifestyles, awareness raising campaigns and commission specific services including -
- NHS health checks –This can help reduce the risk of many diseases including dementia, stroke, cancer, diabetes.
- weight management services for those at higher risk of illness due to their weight to reduce obesity and risk of attendant diseases
- a diabetes prevention programme that evidence shows can reduce new cases of diabetes in higher risk people by 58%
- Active Bucks project to get everyone more active, and also improve community cohesion and increase volunteering
- smoking cessation services
- Alcohol brief intervention services & drug and alcohol treatment services

## **NHS health checks case study . “M” - male aged 53**

- “The message at the Health Check was clear and not unexpected in that I was overweight so needed to start some regular exercise if possible, eat more healthily and cut down a little on my drinking. Blood tests were also taken and sent away for analysis.
- Before I really had a chance to do anything I received a letter from the Health Centre (2 days after the Health Check) asking me to make an appointment urgently with the doctor following review of my blood test, which I did. At this appointment I was told that my HbA1C was 110 which was indicative of diabetes and that further tests were needed
- The doctor explained some of the follow up appointments, prescribed metformin and recommended that I read up further about diabetes on line.”

**“M” NHS health checks case study (2)**

- “Following extensive reading I resolved to change my lifestyle by exercising regularly, not to drink bar special occasions and diet to get down to a normal BMI in order to bring my HbA1C down and avoid any diabetes complications if possible. Additionally I bought a blood glucose meter to test regularly and changed my diet to reduce my carbohydrate intake while recording everything.
- Within 6 months with regular exercise, around 1700 calories and 80g of carbs per day I had lost around 4 stone (25 kg) to get to a BMI of 23 and achieved an HbA1C of 37. I have since maintained my weight, increasing my calories and carbs, am still exercising albeit not every day now and my most recent HbA1C was 34 . I intend to maintain my current regime for the long term.”

**“M’s” view on health checks**

- “I am really grateful for the Health Check which led to my diagnosis with diabetes; I had no significant symptoms at all and thought that I was quite well. This has allowed me to make the necessary changes to my lifestyle. I would recommend everyone to have this check when they are invited as it is an invaluable aid to pinpointing conditions such as mine which can be largely symptomless. You will always be better off knowing and getting the appropriate treatment and taking suitable action than carrying on in ignorance. This Health Check can and will save lives and improve quality of life.”

## Other Residents feedback on NHS health check

- ***“I think I needed that kick in the behind to change my life for the better. I think my doctor and I were surprised that I had a cholesterol level of 8.4 but I have tablets to reduce that and its 2.4 now.”*** Female, 50, White British
- ***“Cut smoking down to half.”*** Female, 66, White British
- ***“Keeping an eye on weight.”*** Male, 73, White British
- ***“Excellent preventative programme. Good to discuss issues of concern.”*** Female, White British
- ***“A preventive/wellbeing approach to healthcare is a great way to ensure healthy individuals. Keep up the good work and many thanks to the team at [GP practice].”*** Male, 55, Indian

## **Physical activity**

- Being physically active helps prevent and manage more than 20 long term conditions, improves educational attainment and economic productivity
- Inactivity is the 4<sup>th</sup> largest contributor to global deaths
- Inactivity is responsible for 17% of premature deaths in the UK, 18% of cases of colon and breast cancer and 13% of type 2 diabetes.
- Inactivity costs UK economy £20bn per year
- 25% of adults in Bucks report they are inactive taking less than 30 minutes activity per week
  
- 57% people in Bucks report they meet recommended 150 minutes physical activity per week but national research using objective measures (accelerometers) revealed only 6% men and 4% of women were actually doing 150 minutes per week
  
- Most health gain is from getting inactive people to be more active



## Successful ageing and physical activity

Chances of ageing successfully almost 2x as high for active people

### **Being physically active reduces many of the factors triggering adult social care use**

- Chance of experiencing difficulties with activities of daily living by 43% for moderately active and 59% by vigorously active
- Falls by up to 68%
- Heart disease and stroke by up to 35%
- Diabetes by up to 50%
- Chronic disease by 33%
- Depression by up to 49%
- Dementia by 30%



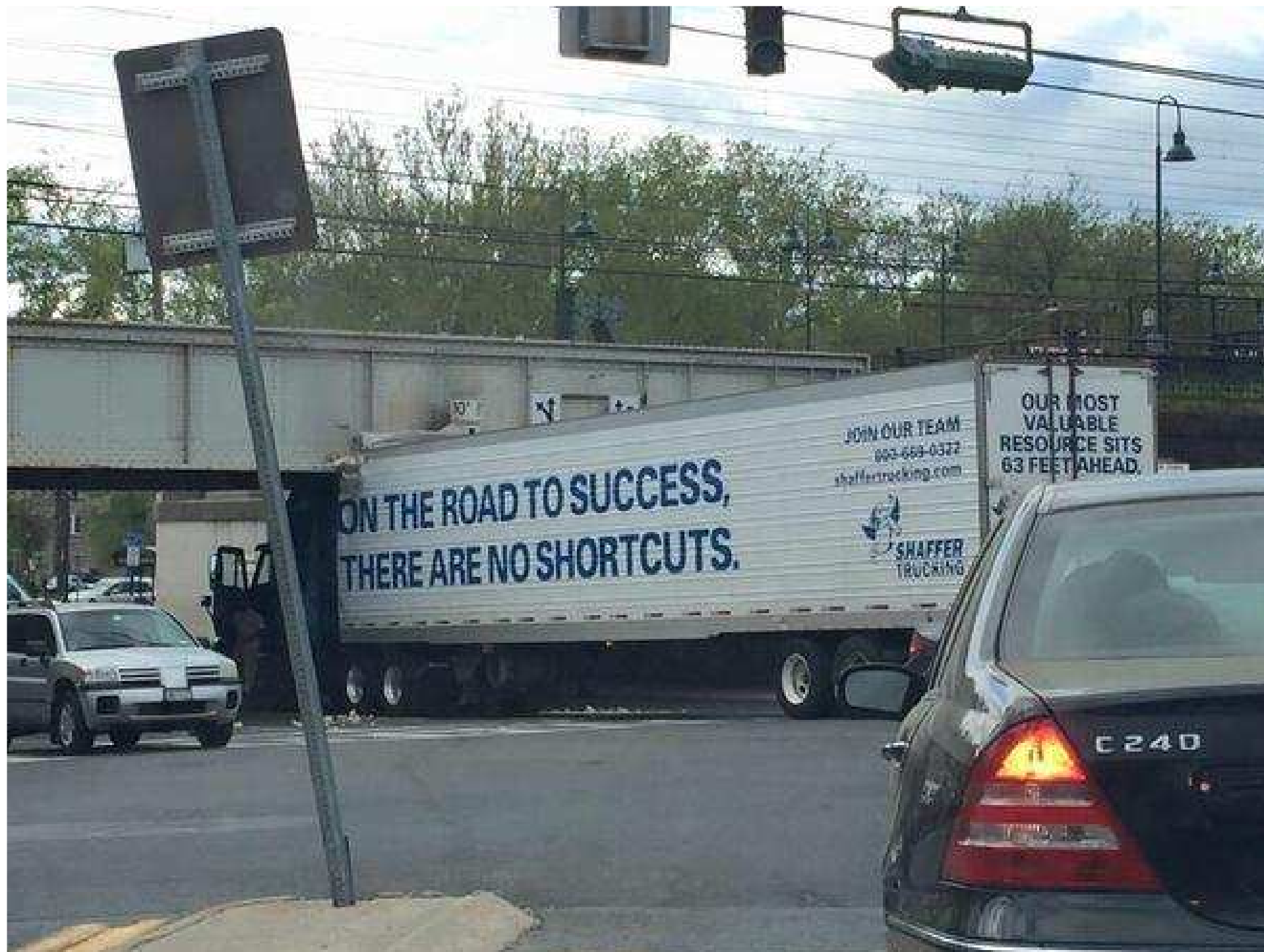
## **Bucks Physical activity**

- Multiagency strategy
- early years – physical literacy programme
- School programmes
- Green space project
- Active Bucks project
- Chair based exercise
- Physical activity in NHS treatment pathways
- DCLG project delivering differently



### A stitch in time ?

- Adult social care predicting cost pressures of £43m due to demographic growth by 2025
- Current spend in adults services is 280K per DAY
- 6 days of adult social care services spend = total annual budget for prevention for the 4 key lifestyle risks for long term conditions in Bucks.
- Demand on childrens services has also grown but it is possible to intervene early to improve outcomes and reduce pressures on services.
- Can we afford to invest in public health ? Can we afford not to ?



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