Bolton's HealthMatters

JSNA: END OF LIFE

POPULATION

In Bolton, 60.6% of all deaths occur after the age of 75, which is notably fewer than the England average (66.7%). In addition, 31.3% of Bolton residents die over the age of 85, which is again lower than we see nationally (36.2%). The percentage increase in Bolton's 85+ population by 2033 will be 126.3%, or an extra 11,800 people.

Life expectancy is currently 77.4 years for Bolton men and 81.4 years for Bolton women. Significantly, after almost a decade of a widening gap in the life expectancy between Bolton and England, we now have three consecutive reductions in the female gap (currently 1.6 years) and a consistent gap of 1.8 years being maintained for men. Life expectancy in Bolton is below average and so is disability free life expectancy. There is a huge internal inequality within Bolton itself, among the highest in the country and higher than all our statistical peers. The steep social gradient within Bolton plays a significant role within this inequality, but the main causes of the local gap in life expectancy are cardiovascular disease, respiratory disease, external causes (men), and cancer (particularly, lung).

In Bolton, 0.71% of the population will have a palliative care need.

HEALTH

Cardiovascular disease is the chief cause of premature death in Bolton. Tackling premature CVD death is vitally important if we are to reduce health inequalities in the borough. After CVD, cancers account for the largest numbers of deaths; 650 deaths each year are attributed to cancer and 1,350 new diagnoses are made. The most commonly diagnosed cancers are lung, breast, bowel, and prostate – and these account for over half of all cancer deaths. However, these cancers vary in the likelihood of early mortality following diagnosis with bowel cancer the lowest, breast and prostate follow with a similar risk, and finally lung cancer is significantly the highest. Due to its association with deprivation (smoking rates being much higher in more deprived population groups) lung cancer is a major cause of the gap in life expectancy between Bolton and England, as well as within Bolton itself.

As would be expected the majority of people who die in a hospice in Bolton have cancer recorded as their underlying cause of death (131 people from a total of 136 dying in a hospice over a typical three year period). Of the Bolton residents dying in a hospital, the greatest number die from CVD or respiratory disease, followed by cancer and renal disease. End of life care for those dying of CVD and respiratory disease can be complicated due to the increased likelihood of comorbidities associated with CVD and the acute exacerbations for COPD patients (accounting for the majority of respiratory deaths). In Bolton, Alzheimer's,

dementia, or senility is listed as either an underlying or contributory cause in 13.4% of deaths. The majority of Bolton residents dying where Alzheimer's/dementia/senility is mentioned on their death certificate die either in a care home or at hospital.

The number of people dying from liver disease is increasing in Bolton, as it is across England. Over 70% of people with liver disease die in hospital, and end of life care for people with liver disease can be particularly challenging as patients tend to be younger, often come from isolated or ethnically diverse subcultures, and are more likely to have come to healthcare attention by circuitous routes of access. They may feel great stigma associated with their disease, the progress of which is punctuated by acute exacerbations.

In total 70 people in Bolton are expected to have early onset dementia; 10 people aged 25-49 years and 60 people aged 50-64 years.

SOCIOECONOMIC AND GEOGRAPHICAL INEQUALITIES

The Marmot Review of health inequalities demonstrates very clearly the relationship between social circumstances and health. There is a considerable and significant difference in life expectancy between people living in the richest and poorest neighbourhoods nationally as well as locally, and an even greater difference in disability free life expectancy. Thus, people in more deprived areas not only die sooner, but can expect to live more of their shorter lives with disability. This difference is not just between the richest and poorest in our society however, but is a graded relationship across all social positions.

The proportion of deaths in hospital is greatest for the most deprived quintile of the population across all age groups (under 65, 65-84, and 85 years and over).

VULNERABLE GROUPS

For cancer, early presentation of symptoms is essential to early detection and long-term survival but late presentation is high in more deprived communities and BME populations.

The rate of carers aged 65 years and older in Bolton who are in receipt of social care support is 1,231.7 (per 100,000) and this is currently lower than the national average (2,003.3). Carers in Bolton show a pronounced vulnerability to mental health inequalities. A significantly higher proportion of carers compared to non-carers report suffering with depression in the previous year. Carers also have a significantly higher standardised rate for the GHQ12 questions, which include reporting 'feeling unhappy and depressed', 'losing sleep over worry', 'feeling constantly under strain' and can signal possible mental health problems. In addition, carers have significantly higher prevalence rates of suffering recurrent or constant backache. Finally, a significantly higher proportion of carers report having a long-term health problem or disability compared to non-carers.

People with learning disabilities have a much lower life expectancy than the general population. Furthermore, 120 people aged 18-64 years in Bolton are expected to have Down's Syndrome. Due to the early mortality of people with Down's Syndrome, the number of those above the age of 65 is expected to be nil. Of those with Down's Syndrome, approximately 10-20 people are expected to have early onset dementia.

USE AND EFFECTIVENESS OF SERVICES

In Bolton 91.2% of terminal admissions are emergencies, slightly higher than is considered average. However, the percentage of terminal admissions that are eight days or longer is 47.2% and the average number of bed days per admission ending in death is currently 13 days; both these figures mirror the national picture.

For those whose death follows a progressive long-term condition it becomes possible to predict end of life and if possible allow people to die at home. In Bolton, 19.7% of people die in their own home which matches the proportion seen nationally. In addition, 58.3% of Bolton residents die in hospital, 15.0% die in a care home, and 5.4% die in a hospice. In the North West 64% of people state their preferred place of death is at home but there is a 43% gap between this preference and actual place of death.

However, the number of deaths with a palliative care need recorded on the primary care palliative care register as a percentage of total number of people with palliative care needs locally is 22.7%. This is effectively the number of those with palliative care needs in Bolton identified by primary care and is lower than the England average (26.8%).

Patient and family experience of palliative care across Greater Manchester is generally lower than seen nationally. Quality of palliative care rated outstanding/excellent across the conurbation is 41/0%, 29.1% responded there was definite coordinated care between the hospital and other services, and 46.1% of bereaved relatives felt that they received as much support as they wanted from health and social services when caring for the deceased during the last three months of life. All these proportions are lower than the national averages, but Greater Manchester performs well on its rating for relief of pain (48.6% of bereaved relatives agreeing that the relief of pain in the deceased's last two days was excellent compared to 43.7% nationally).

In Bolton there are 50 care homes which works out as 2.6 per 1,000 Bolton residents aged 75 and over; this is a lower proportion than seen nationally (4.4 per 1,000). Similarly, there are 1,727 care home beds in Bolton which equates to 91.3 per 1,000 Bolton residents aged 75 and over; again, this is lower than the national picture where 114.1 per 1,000 is the norm. However, seven of Bolton's care homes have achieved the Gold Standard Framework (14%) which is a significantly better performance than average (1.6%) and is amongst the highest in the country.

Service providers must recognise the complex and diverse needs of carers and awareness of the pressures they have and their particular support needs. Improving information and advice to help carers make informed choices is a priority.

Work should be undertaken to improve the quality of primary care learning disability registers and review the provision of annual health checks for people with learning disabilities to ensure equal access and consistency across the borough. In Bolton we need to ensure all services are accessible to people with learning disabilities and that reasonable adjustments are made.