Bolton's HealthMatters

BOLTON

JSNA: EXECUTIVE SUMMARY

2013

NHS Bolton

Bolton Council

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Introduction: What is a Joint Strategic Needs Assessment (JSNA)?

The purpose of Joint Strategic Needs Assessment (JSNA) is to enable local partners to develop common priorities for the improvement of health and wellbeing and to make changes in the way services are planned and delivered. The NHS White Paper Equity and Excellence: Liberating the NHS is clear that JSNA should be used to inform local Joint Health and Wellbeing Strategies which, in turn, will drive local commissioning decisions.

Producing a JSNA is a mandatory requirement but in keeping with the 'light touch' approach from national government, Department of Health guidance on the preparation of the JSNA allows for local initiative and discretion. The guidance does however make it clear that the JSNA should be seen as an evolving process of understanding local needs and establishing agreed priorities, rather than as a traditional planning document to be produced at a single point in time.

Our approach in Bolton

Bolton's first JSNA was completed in 2008 and has been developing since then to have a clearer focus on informing commissioning. It provides the 'big picture' in terms of the health and wellbeing needs of the Bolton population but also identifies where inequalities exist, gaps in service provision, gaps in local knowledge, and highlights issues for Commissioners to consider.

There has been a move towards an 'enhanced JSNA' nationally and Bolton has achieved this with the construction and maintenance of the Bolton's Health Matter's web site. Almost uniformly across our region the JSNA model adopted is of a web presence for core intelligence, regularly updated, with focused analyses identified for additional priority issues. Bolton's Health Matter's takes this further with its Knowledge Hub feature that collates the supporting evidence and data underpinning our JSNA. The chapters of the JSNA are:

- **Life Expectancy**
- **Adult Health and Disability**
  Autism, Cancer, Cardiovascular Disease, Carers, Dental Health, Diabetes, Infectious Disease, Learning Disability, Limiting Long-term Illness and Disability, Mental Health, Older People, Respiratory Disease, Wellbeing
- **Children and Young People**

Accidents, Childhood Obesity, Disabled Children and Young People, Early Years and Maternal Health, Emotional Health and Wellbeing, Looked After Children, Safeguarding, Teenage Pregnancy

- **Lifestyle and Risk Factors**
  Adult Obesity, Alcohol, Diet and nutrition, Drugs, Physical Activity, Sexual Health, Smoking

- **Socioeconomic, Environmental and Demographic Factors**
  Crime and Fear of Crime, Demographics, Fuel Poverty, Homelessness, Housing, Older People and Housing

Key information on needs

The following summarises the key issues arising from the refreshed JSNA. The information is structured around the chapters of the Health and Wellbeing Strategy 2013-16.

The Bolton context

- There are 276,800 people currently resident in Bolton. Our population is increasing and ageing. This is in line with the national picture, with the stipulation that Bolton is ageing at a slightly slower rate;
- Bolton's BME population is 20.6%, which is a significant increase from 11.0% as recorded in the Census 2001. Our most significant BME groups are South Asian Indian (7.8%, an increase from 6.1% in 2001) and South Asian Pakistani (4.3%, an increase from 2.5% in 2001);
- Life expectancy in Bolton remains lower than England and the gap has generally widened over recent years. The internal gap in life expectancy between the most deprived and most affluent is significant at 13.5 years for men and 11.3 years for women. This inequality has been increasing over recent years and is currently the largest gap of Bolton's statistical peer group;
- Wellbeing in Bolton was first measured in 2010 and will be measured for the second time in Autumn 2013. The mean wellbeing score for Bolton is 25.4, which is lower than both Greater Manchester (27.0) and the North West (27.7). Due to the resilience it can engender, wellbeing is particularly important as a protective factor for those experiencing negative health inequalities in Bolton.

Starting Well

- One in four of Bolton's children live in poverty;
- There are around 3,900 births each year in Bolton. The general fertility rate locally is 74 live births per 1,000 women aged 15-44. This is higher than England and is increasing at a faster rate. Locally, the percentage of babies born to mothers born

outside the UK has been increasing and today 27.4% of Bolton's school age children are from BME groups;

- A key inequality locally is the significant difference in infant mortality between the routine and manual socioeconomic group and the rest of Bolton;
- In Bolton 17.3% of mothers are regular smokers at time of delivery which is higher than average (13.2%);
- Breastfeeding rates at initiation have been increasing but prevalence at 6-8 weeks is more static locally, regionally, and nationally. There are inequalities in Bolton with the more deprived White British areas typically having the lowest rates. There is also a noticeable difference between Bolton's two dominant BME populations (60% of Pakistani mothers initiate compared to 90% of Indian mothers);
- Obesity will increase in the future which will impact upon the numbers of obese women during pregnancy;
- We have the second highest admission rate for childhood accidents in our statistical peer group. Boys are more likely to be admitted for an accident than girls across all age groups and this inequality widens with age;
- The numbers of LAC has been increasing, which is in line with the national picture where children are entering care at a younger age and staying for longer periods. LAC are one of the most vulnerable groups in Bolton and have significantly higher health needs and poorer life opportunities and outcomes than their peers.

Developing Well

- Bolton generally performs well in terms of immunisation programmes for young children and has a higher uptake than seen nationally;
- Bolton is currently ranked 87 (of 326 local authorities) in England for rates of Sexually Transmitted Infections (STIs). Chlamydia is the most commonly diagnosed STI and prevalence is highest in the 16-24 age group. There are around 970 diagnoses of chlamydia each year in Bolton which gives a higher rate than seen nationally. This is not necessarily a negative finding, as a higher prevalence is judged to be a product of 'better' testing with a recommended rate of greater than 2400.0 per 100,000 to effect a reduction in prevalence - of which Bolton scores higher;
- There currently persist very strong geographical inequalities in the teenage pregnancy rate across Bolton with the more deprived and predominantly White British areas having the highest rates. Of particular concern are Breightmet, Farnworth, Tonge with the Haulgh, and the South East parts of the Great Lever Ward;
- Nationally, almost a third of children are either overweight or obese and projections demonstrate that without serious action, this figure will rise to two thirds by 2050. Obesity increases the risk of many diseases including CVD and cancer – the two biggest killers in Bolton;
- In Bolton around 57,000 adults and 23,000 children visit a dentist each year. There is a great deal of evidence that suggests worse dental and oral health in more deprived population and lower social classes. BME groups are less likely to have visited a

dentist in the last two years than the general population, as are Bolton's disabled and LGB groups;

- For years 1-13, 76% of Bolton schoolchildren participate in at least 120 minutes of curriculum PE. With the exception of Liverpool and Knowsley, Bolton schools have the lowest PE participation in the North West;
- The emotional wellbeing of looked after children in Bolton is amongst the lowest in the North West, but there is little significant variation between the areas.

Living Well

- Smoking remains the most significant preventable cause of ill health, premature death, and health inequalities in Bolton. Whilst smoking has reduced in recent years, approximately a fifth of the Bolton population are current smokers and ten people die each week as a result;
- Bolton, along with several other parts of the North West, is well above the national average for the prevalence of problem drinking. Bolton itself is in the top quarter nationally for all measures of alcohol-related harm;
- Much work has been done in Bolton to find the undiagnosed diabetes population so that we now have one of the most complete diabetes registers of our peers. However with an ageing population and increases in obesity, prevalence of Type 2 diabetes will continue to increase;
- Under-nutrition in pregnancy and childhood is a serious concern and there is growing attention given to the Vitamin D levels of mothers and children;
- Our South Asian community has very low activity rates and over recent years the proportion of this group participating is sports locally has also been reducing. The South Asian community also has some of the highest levels of chronic conditions (especially diabetes) that can gain particular benefits from physical activity;
- Of particular importance from the JSNA are individuals with a clustering of risk factors such as those above as these are the people at greatest risk of early death and chronic illness;
- At any one time there are approximately 24,000 people registered with depression in Bolton and estimates suggest a substantial level of undiagnosed mental illness in our population. Locally, depression is significantly higher in the most deprived fifth, in the Asian Pakistani population, and in the disabled and LGB populations;
- The Census 2011 showed there were 30,649 people who were looking after another person in Bolton, with almost half likely to be aged 45-64 years. Currently services are only reaching a minority of carers in the borough and identifying 'hidden' carers who are at high risk of being unable to cope is a priority;
- There are currently estimated to be approximately 5,500 adults with learning disabilities in Bolton. Less than a fifth are currently identified on the QOF register and only approximately 5% are receiving an annual health check. People with learning disabilities experience significant health inequalities and difficulties accessing services;

- People with autism face many challenges and may have co-occurring conditions such as learning disabilities or mental health problems. Many adults with autism will be undiagnosed because autism only became formally recognised as a range of conditions in the late 1960s. Without a diagnosis they can struggle to receive the support they need to lead fulfilling and rewarding lives. There are approximately 2,500 adults with autism in Bolton, including approximately 1,000 adults with Asperger's/High Functioning autism. Key priorities are to improve diagnosis, increase awareness and understanding of autism and ensure appropriate support is available;
- There are over 36,000 private sector dwellings in Bolton that fall below the decent home standard. This equates to 36.0% of all our private sector homes;
- Over 22,500 households in Bolton are in fuel poverty, which equates to 19.7% of all households in the borough;
- There is a need for 12,500 individual adaptations or items of assistive technology within the next five years;
- There are around 630 homelessness applications per year in Bolton and in approximately 260 of these cases the Council has accepted as a main duty. Each night around eight people are sleeping rough in Bolton;
- Serious acquisitive crime represents the largest volume of reported crime within Bolton and it is concentrated in the core central Wards;
- Current rates for Bolton show a 26% reduction (April 2012–February 2013) in the number of violent offences. Alcohol-related crimes also demonstrate a recent reduction locally.

Working Well

- The average household income in Bolton is £32,918 which is the 7th highest in Greater Manchester, but lower than the national and regional averages;
- The unemployment rate in Bolton at April 2013 is 9.5%, which is higher than the national (7.9%) figure but is average for Greater Manchester;
- The worklessness rate for Bolton is 17.1% and 9.8% of the working age population are claiming sickness benefits;
- Significant changes are being made to the benefits and tax credit system due to the introduction of the Welfare Reform Act 2012. The biggest impact upon vulnerable households will be the introduction of Universal Credit and the benefit cap. Universal Credit will combine key benefits such as jobseekers allowance, housing benefit, and tax credits. The benefit cap will limit the amount of any benefit paid to households of working age to £350 per week for a single adult with no children and £500 per week for a couple or lone parent, regardless of the number of children they have. The changes will impact on those households reliant upon benefit payments, which are likely to be the most vulnerable and low income households in the borough.
- Welfare reform will impact on disabled people and carers through the reassessment for Disability Living Allowance and the move to Personal Independence Payments,

and through the shift to Universal Credit and the tie in of Carers Allowance. The impact of the Work Capability Assessment is likely to be highest on people with mental health problems who may not comply with the reassessment process or whose conditions are difficult to assess by generalists;

- There are very low rates of employment among people with disabilities in Bolton.
- Among carers of working age in contact with social care, almost a quarter are unable to work due to their caring responsibilities and 10% of carers that are working do not feel supported by their employer to combine caring with work.

Ageing Well

- Estimates suggest that in 2013 among those aged 65+ there were 19,650 people with social care needs in Bolton (42% of population, slightly higher than the North West average (40%) and considerably higher than the England average (33%). A large number of older people with care needs are either unsupported or funding their own social care. It is currently unknown to what extent this impacts on costs of hospital and other health care services;
- There are likely to be between 3,670 (6%) and 4,705 (13%) people over 60 years who often or always feel lonely in Bolton in 2013;
- Almost a quarter of Bolton's older households live in terraced accommodation which can be difficult to repair, insulate, and adapt;
- Bolton has a lower rate of emergency admissions for falls in older people than is average for our region and England as a whole, but our local rate is increasing (by 40% between 2006 and 2011);
- It is estimated that there are 3,026 people in Bolton who have dementia (diagnosed and undiagnosed). Numbers of people in need of care due to dementia will rise significantly as the overall elderly population increases because of the disproportionate rise in the number of people aged 85 years and over. A significant proportion of this population will have very high needs;
- There will be significant increases in the number of older people with learning disabilities in future years. It will be important to review specialist service provision for this group to ensure all needs are met;
- There is a relatively high suicide rate among older people in Bolton in comparison with the national average, particularly amongst men aged 75+ years and women aged 65-74 and evidence that older people with depression may not be assessed or treated.

End of Life

- Around 2,500 Bolton residents die each year, of whom 63% are aged over 75;
- Diseases of the circulatory system account for more deaths in Bolton than any other disease and such deaths account for much of the gap in life expectancy between Bolton and England. CVD is also 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 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;
- 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;
- 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 deaths occur in the person's own home which is just lower than England (20.3%).

Key implications for commissioning

A wide range of recommendations are made specific to each JSNA chapter. The key themes:

- The Wellness Services in Bolton are not all of scale to meet need; this is especially true for weight management and obesity has the highest population attributable risk for CVD - a key cause of premature mortality in our borough. Furthermore, Wellness Services need integrating to reflect the clustering of unhealthy behaviours;
- Much resource is currently spent on a relatively small proportion of the population with high levels of need. There is a clear economic case for primary prevention that is also necessary to enable a sustainable health and social care system - all partners should consider how they can support this;
- Future local strategies and service redesigns should give greater prominence to wellbeing given the protective resilience it can instill in those suffering health inequalities in our borough. This should be done primarily through Mental Wellbeing Impact Assessment, building wellbeing into care pathways for both individuals and community improvement initiatives, and by giving the JSNA more of a focus on local assets;
- The ageing population, particularly those over 85, will mean an increase locally in demand for physically accessible properties (across all tenures), for aids, adaptations, and equipment, for advice, information, and preventative services, and for the provision of long- and short-term support;
- Improve access to universal services for elderly and disabled people so they do not become dependent on expensive support services;

- Develop a more coordinated approach to prevention to enable older people to remain in their own home for as long as possible including an emphasis on reducing social isolation;
- Whilst the most significant gains in smoking reduction will likely come from central policy and restrictions in the market, we can expect to see a plateau in prevalence in coming years as the 'cohort effect' ends and we reach a group of core smokers that it will be difficult to engage with. Locally, focus must be on routine and manual workers, pregnant women, those with mental health problems, South Asian men, and children and young people;
- Promote a 'healthy weight environment' across all public services to tackle obesity and physical activity levels;
- Coordinated cross-partner approach to tackling the high levels of alcohol consumption in Bolton and the historical inequalities in outcomes. This must be tackled with an awareness that future work should be tailored to meet the different needs of very different population groups including the elderly, younger women, 'home drinkers', and other hidden groups. This demands a varied approach as these are not the 'traditional' drinkers that typically engage with services;
- The most deprived fifth of the population takes a significant and considerable burden of the infant deaths in the borough. This has been a persistent trend in Bolton. Emphasis must be on breastfeeding, smoking in pregnancy, and early access to services with specific attention given to the routine and manual group;
- Continue to improve the quality of disease management within primary care, particularly management of long-term conditions and encouragement of self-care techniques;
- 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. Ensure all services are accessible to people with learning disabilities and that reasonable adjustments are made;
- Bolton's mental health services have recently undergone a substantial programme of needs assessment and public consultation. The key recommendations from the final report in the first instance are to establish a Memory Assessment Service for dementia, establish a Mental Health Liaison Service at the acute trust, agree a pathway for adults with urgent mental health needs, and improve the involvement of service users and carers in this continuing development of local services;
- There is a need for early review of progress with the revised care pathway for people with Asperger's and High Functioning Autism to check it is able to meet demand and provide the support required;
- Service providers should 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;
- There is a need to support improved integration between housing, health and adult social care to provide a joined up approach to providing preventative services;

- Regarding community safety, promote a focus on seasonal campaigns to tackle key threats.

Next steps

Work on the JSNA will continue over the coming year and new supporting information and JSNA-specific work will be added to Bolton's Health Matters as it becomes available. The JSNA Team produce a quarterly newsletter communicating additions.

Key priorities for improvement for the JSNA over the next year will include:

- Embedding the JSNA and the priorities identified with the newly established Health and Wellbeing Board;
- Increase involvement of local commissioners across the health and care economy;
- Increase involvement of third sector partners and a clearer focus on community engagement;
- Develop an engagement strategy to better disseminate the findings of the JSNA;
- Develop a culture of sharing research and intelligence work across partners to continually improve the JSNA and invest it with clearer alignment of work plans to inform local priorities.