Bolton Joint Strategic Needs Assessment

Executive Summary 2009-10

1. Introduction – What is a Joint Strategic Needs Assessment?

A Joint Strategic Needs Assessment (JSNA) is a statutory duty and provides 'a means by which PCTs and local authorities describe the future of health and wellbeing needs of local populations and the strategic direction of service delivery to meet these needs' (Commissioning for Health and Wellbeing 2007 – Department of Health).

The JSNA is a tool 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.

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, building on a nationally defined dataset of key information. The guidance does, however, make it clear that the JSNA is better seen as an ongoing 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.

2. Our Approach

Bolton's first JSNA was completed in 2008 and has been developing since then to have a clearer focus on informing commissioning. It provides an analysis of data to show the health and wellbeing status of local communities including where inequalities exist. It forms a key part of the evidence base on which commissioning decisions will be made. Using local knowledge and evidence of effectiveness of current interventions it helps to identify any gaps in service provision and makes recommendations for consideration by commissioners.

A cross partner working group has taken the work on the JSNA forward during 2009-10. This group has established a JSNA web page as part of the Bolton Vision (Local Strategic Partnership) website. The web page hosts a range of JSNA chapter, data and other supporting documents structured as follows:

- Life Expectancy

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

- Adult health and disability
  Cancer, Cardiovascular disease, Carers, Dental Health, Diabetes, Infectious Diseases, Learning Disability, Limiting Long Term Illness and Disability, Mental Health, Older People, Respiratory Disease

- Children and Young People
  Accidents, Childhood Obesity, Dental Health, Disabled Children & Young People, Early Years and Maternal Health, Emotional Health and Wellbeing, Teenage Pregnancy

- Socioeconomic, environmental and demographic factors
  Demographic, socioeconomic and environmental factors, Crime and fear of crime, Housing, Homelessness, Older People and Housing

3. Key Information on Needs

The following sections summarise the key issues arising from the 2009-10 Joint Strategic Needs Assessment.

Bolton's Population

- In 2008, Bolton's resident population was estimated to be 262,800. The population is projected to increase by approximately 20,300 people (7.7%) in the next 25 years;
- In 2001 89% of the population in Bolton was White British, 6.1% Indian and 2.5% Pakistani;
- Fertility rates in Bolton are higher than seen regionally and nationally and have been increasing at a faster rate. Local data indicates official figures may be under-estimated;
- The number of children born to White British mothers has been decreasing fairly consistently with an increase in the numbers born to Non-White British mothers;
- Whilst Bolton's rate of internal migration has shown a slight but fairly consistent net loss in recent years, the rate of international migration has fluctuated significantly, meaning that the total net gain/loss in migrants to the town's population has also varied over the years;
- Bolton's age structure is due for significant change in the next twenty-five years. The proportion of the population aged 65 and above is set to increase from 15.1% in 2006 to 21.2% in 2031 with a 64% increase in the number of people aged 75+ years.

Life Expectancy

Life expectancy is commonly used as an indicator to gauge and compare the health and well-being of a population. The most commonly used indicator is life expectancy at birth i.e. the number of years that a baby boy or girl can expect to live to.

- Life expectancy in Bolton remains lower than the national average and the gap continues to widen;
- Large internal life expectancy inequalities exist within Bolton, particularly for women. The steep social gradient within Bolton plays a significant role within this inequality;
- The all age all cause mortality rates continue to fall within Bolton but not as fast as the England rate and the 2010 inequalities target is in danger of not being met;
- The major causes of death in Bolton, circulatory disease (CVD), respiratory disease and cancers (mainly lung) contribute approximately half of the gap in life expectancy. Alcohol related digestive diseases are another significant contributor.

It is widely accepted that it is only through reducing inequalities in social and economic opportunity in Bolton that it will be possible to reduce health inequalities across all population groups.

Lifestyles and Risk Factors

- Smoking in Bolton remains high, especially in the more deprived areas and this is a significant contributor to health inequalities in the borough. Smoking in Bolton's men is falling at a slower rate than that of women. Evidence also suggests there are high smoking start up rates among young people;

- The prevalence of obesity continues to increase both nationally and locally. There are many associated morbidities and mortalities that are set to increase alongside obesity, the most significant being diabetes;

- Inequalities related to deprivation persist within Bolton regarding both healthy eating and many conditions and outcomes for which healthy eating is a preventative factor;

- Physical activity levels are increasing although they are lower in BME groups;

- Bolton rates significantly above national levels for most of the indicators in the Local Alcohol Profile, indicating the importance of alcohol related health and harm in the borough. Evidence suggests there is a potentially enormous demand for alcohol treatment services;

- There are estimated to be 2,788 problematic drug users (16.3/1000) in Bolton with just over 50% in effective treatment. Drug use trends are changing with a move away from heroine & crack to alcohol, cannabis, cocaine and ecstasy and other emerging drug use/misuse (including ketamine and mephedrone), as well as the use of steroids among different population groups;

- The prevalence of many sexually transmitted infections has been increasing both nationally and locally over the past 10 years but despite the potential consequences of sexual ill health, (including the prospect of premature death and expensive care packages) sexual health improvement has a relatively low profile across the borough.

Adult Health and Disability

- The prevalence of type 2 diabetes is increasing; to a considerable extent this is because of the ageing population and increases in the prevalence of risk factors, in particular obesity. The prevalence of diabetes is strongly correlated with socioeconomic deprivation and ethnicity in Bolton;

- Cancer is one of the major causes of death in Bolton and certain cancers make significant contributions to reduced life expectancy in the borough. Early presentation of symptoms is essential to early detection and long term survival but late presentation is high in more deprived communities and from BME populations. Those lifestyle factors that increase risk of cancers predominate in more deprived communities;

- Prevalence of and mortality from cardiovascular conditions is strongly correlated with levels of deprivation and proportions of BME population;

- For some patients, with a mild/moderate exacerbation of respiratory illness, their first port of call is an attendance at A&E, with subsequent emergency admission. It is apparent that the current pattern of service utilisation is not the most cost effective, in particular the high rate of hospital admissions;

- Levels of physical disability are likely to be higher in Bolton than nationally but are likely to be similar to Greater Manchester as a whole. The numbers of people with physical disabilities are expected to increase over the next 20 years due to the ageing population

profile but there is uncertainty about how large the increase will be. This increase is likely to have a significant impact on services unless effective preventative approaches are developed;

- Although Bolton is expecting only a very small growth in the overall numbers of people with learning disabilities over the next 20 years, the projected growth in the numbers of people with profound and multiple learning disabilities is significant. As a result of an ageing population there will also be significant increases in the number of older people with learning disabilities and autistic spectrum conditions;

- Currently services are only reaching a minority of carers in the borough and identifying 'hidden' carers is a priority. The number of informal carers is expected to increase significantly in future years as the number of older and disabled people increases;

- Almost a quarter of the adult population in Bolton shows some element of poor mental health. There is likely to be significant unmet/identified need in terms of mental illness, particularly amongst deprived communities, ethnic minorities, people with dual diagnosis (people suffering with mental health and substance misuse issues), personality disorder, eating disorders and people with dementia. The evidence in Bolton also points to a high use of inpatient beds when compared with national averages.

Children and Young People

- Lifestyle choices and behaviours in pregnancy are poor in some groups e.g. high levels of smoking in pregnancy, maternal obesity;
- Breastfeeding rates at initiation and 6-8 weeks are below national targets;
- Infant mortality in Bolton is higher than regional and national averages;
- Childhood obesity is not increasing as expected yet, and is below the national and regional average;
- Child oral/dental health is worse in Bolton than it is both regionally and nationally. However, in recent years it has improved at a faster rate than nationally;
- National Indicator NI 48 measures the number of children killed or seriously injured over a 3 year rolling period. Since 1994 this has reduced from an average of 36, to an average of 16 for the 2006, 2007 and 2008 calendar years;
- Higher rates of teenage pregnancies in deprived areas continue to dominate, particularly in those areas with smaller proportions of BME population. The trend in teenage conceptions in Bolton appears to be changing. Whilst there has been a slow decline in the overall rate, recently conceptions under the age of 16 years have risen.

Socioeconomic and Environmental Factors

- Bolton is ranked in the bottom 20% of the country in the 2007 Indices of Deprivation. Almost a third of lower super output areas are in the 15% most deprived in the country;

- In August 2009 Bolton had a worklessness rate of 18.1%, which was an increase of 2.3 percentage points from the previous year. In August 2009 the largest group of workless people in Bolton were those on sickness benefits, who made up 10.2% of the total working age population;

- Unemployment in Bolton has continually increased since September 2007 and at January 2010 was 5.4% of the working age population. February 2010 saw the first decrease in unemployment levels since the recession began;

- One in five working age adults claims a benefit in Bolton;

- The average household income in Bolton is £31,769 below the North West and England averages;

- One in four of Bolton's children live in poverty;

- In 2008, 15% of the working age population in Bolton had no qualifications, higher than the national but in line with the regional average. While there is evidence of increasing skill levels in the working age population in recent years more work is needed to increase skill levels beyond A level equivalent. The % of 16 year olds in Bolton who achieve 5 or more good GCSE passes including English and Maths is below the national average particularly for those living in the more deprived areas of the borough;

- House prices have fallen. In January 2010 they were 16.8% lower than two years ago, and 4.8% lower than the same time last year. Repossessions in Bolton have increased over the last two years as a result of people getting into difficulty with mortgage payments;

- 22% of households in the private sector are vulnerable households (in receipt of at least one of the principal means tested benefits). 37.4% of vulnerable households were living in non-decent homes in 2006.

4. Key Recommendations for Commissioning

A wide range of recommendations are made in the JSNA chapters with key themes as follows:

- Intervention/support for people to address lifestyle factors needs to be focussed on settings e.g. schools, workplaces, particularly for high risk groups and communities;

- Clearer focus on promoting a **'**leptogenic environment' across all public services to tackle obesity and physical activity levels;

- Co-ordinated cross-partner approach to tackling high levels of alcohol consumption;

- Increase work on smoke free homes and cars;

- Clearer focus on early intervention and prevention across health and care services. Early presentation, identification, diagnosis and treatment for key diseases are key and all partners should consider how they can support this;

- Continue to improve the quality of disease management within primary care, particularly management of long term conditions and encouragement of self care techniques;

- Pay attention to the slope index of inequality to ensure that interventions are tailored to meet the needs of people in different deprivation deciles in line with the Marmot Review;

- Improve access to universal services for elderly and disabled people so that they do not become dependent on expensive support services;

- Continue to improve integration between primary care, social care and secondary healthcare;

- Develop/update key commissioning strategies including mapping existing provision and skills audits;

- More focus on the needs of carers across all services;

- Development of an overall workforce plan across partner organisations;

- Continue to focus on key targets e.g. ensure as many mothers as possible breastfeed up to six months.

Next Steps

Work on the JSNA will continue over the next year and new information will be added to the website as it becomes available. There will be an annual update at the end of 2010-11. Key priorities for improvement for the JSNA process over the next year will include:

- Increased involvement of /links to commissioners and the wider health and wellbeing partnership;
- Increased involvement of third sector partners and a clearer focus on community engagement;
- Increased focus on the wider determinants of health and wellbeing and preventing ill health occurring;
- Developing a culture of sharing research and intelligence work across partners to inform the JSNA with clearer alignment of work plans to inform priorities.