Bolton's HealthMatters

JSNA: LIVING WELL

POPULATION

In the Census 2011 219,300 Bolton residents (79.3%) reported their health as being very good or good. However, of the 116,370 households in Bolton there are 33,300 (28.7%) in which resides at least one person with a long-term health problem or disability. The proportion of people with a long-term health problem or disability has remained the same over the decade between the last two Censuses, but the actual number of people has increased significantly and this is primarily due to increasing population aged 55-64 years. This cohort will continue to grow into the future.

Key vulnerable groups in Bolton include disabled people (29,700), carers (30,650), LGBT groups (4,300-10,600), homeless and the vulnerably housed (630 homelessness applications per year), offenders and recent offenders (1,800 supervised by NPS at any one time), gypsies and travellers (250 families), refugees and asylum seekers (750), substance misusers (2,800 problem drug users (PDUs)) and street sex workers.

LIFESTYLES

Of particular importance from the JSNA are individuals with a clustering of lifestyle risk factors such as those below as these are the people at greatest risk of early death and chronic illness.

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. 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.

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. The least deprived group have the highest proportion of people drinking over the limit but the harm as a result in terms of emergency hospital admissions and early death disproportionately affects the lest deprived group due to associated risk factors such as smoking, unhealthy diet, lack of exercise, poor housing, and mental health problems. Furthermore, the profile of those drinking over the limit is changing and so future work locally 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.

Obesity has a significant impact upon morbidity, especially Type 2 diabetes, CVD, and cancer, which negatively influences healthy life expectancy. In Bolton 39,500-47,600 adult residents are obese and this is predicted to continue increasing significantly in the future, following the national picture. Related to obesity, physical activity is amongst the ten leading causes of death in developed countries and is responsible for significant proportions of disability-adjusted years. The level of CHD risk associated with inactivity is equivalent to smoking and it is estimated that inactive and unfit people have at least double the risk of dying from CHD compared to those more active. As well as being associated with this major killer for Bolton, physical activity is also a protective factor against many chronic diseases and conditions. Men in Bolton are more active, but the female rate for those participating in sports in Bolton has been increasing in recent years. A healthy diet is also a preventative factor for obesity and its related chronic conditions (especially diet related illnesses such as diabetes) and poor eating habits are associated particularly with the more deprived and BME groups which contributes to local health inequalities.

The number of people in food poverty or who are suffering due to lack of access to an affordable healthy diet is rising in part due to the economic climate. It is estimated that approximately 4,700 individuals a year are accessing one of two food banks in Bolton and this is set to rise with the introduction of the welfare reforms in April 2013.

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. Furthermore, approximately 22,500 households are in fuel poverty. 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. This is likely to create further problems for these households and create additional demand on services.

HEALTH

Bolton's biggest killers are CVD, cancer, and respiratory disease and these are conditions very strongly associated with the poor lifestyle behaviours above. The most significant cancers in Bolton are lung, bowel, prostate, and breast cancer.

The physical health conditions that are increasing in Bolton are diabetes, which is increasing in line with obesity, liver disease as a result of alcohol misuse, and skin cancer. In addition, last year was the first in our town where more women died of lung cancer than men.

Mental health conditions are also increasing and those will such illnesses typically have poorer physical health as well. 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. Between 30 and 40 people take their own life in Bolton each year; in addition, self-harm is a significant challenge and the exact scale of the problem is unknown. All of these factors impact the lives of many more than those directly affected. Locally, depression is significantly higher in the most deprived fifth, in the Asian Pakistani population, and in the disabled and LGB populations.

Wellbeing as "a positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment". Wellbeing was first measured in Bolton in the 2010 Bolton Health & Wellbeing Survey and will be repeated in 2014. Wellbeing in Bolton is lower than it is across Greater Manchester and the North West region as a whole. Furthermore, there is a clear inequality gradient in wellbeing evident in Bolton with the most deprived group experiencing the lowest levels. The economic downturn is also likely to have an impact on the number of people with mental health problems over the next few years. This is particularly relevant in terms of mental wellbeing amongst the whole population, which may well be lower in the upcoming Bolton Health & Wellbeing Survey compared to the baseline 2010 figure. The impact of the economic downturn on suicide rates has been nationally reported; the impact is felt particularly amongst men facing unemployment.

SOCIOECONOMIC AND GEOGRAPHICAL INEQUALITIES

While Bolton has seen a recent reduction in the life expectancy gap to England, the overarching socioeconomic gap in life expectancy in Bolton is widening. The Slope Index of Inequalities, which represents the gap in years between the best-off and worst-off in a population shows a life expectancy gap of 13.5 years for Bolton men and 11.3 years for Bolton women; this is the largest inequality gap of our statistical neighbours. Circulatory diseases including CHD and stroke account for a large part of the life expectancy gap in both sexes, as do cancer and digestive diseases (which includes chronic liver disease and

cirrhosis). External causes including injury, poisoning and suicide make up a large proportion of the gap in men, as do respiratory diseases in women.

Different conditions are associated with different geographical areas within Bolton based on the demographic make-up but in many cases the conditions that are having the greatest impact on our internal life expectancy gap are associated most strongly with the most deprived areas around the town centre – Crompton, Halliwell, Rumworth, Great Lever, Tonge with the Haulgh as well as Breightmet to the East and Farnworth to the South East.

Regarding our dominant BME groups – Asian Indian and Asian Pakistani – the most important disease area to target is CVD and especially diabetes. In consequence the most significant lifestyle behaviour to target for this group is obesity and is associated factors – diet and physical activity. In addition, we know there is an underreporting of mental health problems and depression in our local Asian communities.

VULNERABLE GROUPS

Disabled people are at great risk of obesity because of the restrictions they face upon their lifestyles and this causes a higher prevalence of long-term health problems. Also important for this vulnerable group are mental health issues. The wellbeing of the disabled population demonstrates one of the most serious inequalities in wellbeing in the borough. Of those classified disabled, just 3.8% report high wellbeing, whilst 47.2% of all disabled people in Bolton are 'languishing', this is group has profoundly deteriorated wellbeing compared to Bolton overall. The key factors that influence the mental health and wellbeing of people with disabilities are decreased life chances (particularly education, employment, and housing), social inclusion, support, choice, control, and lack of independence.

Carers often face greater social deprivation, isolation and ill health and have fewer opportunities to do the things other people may take for granted, such as access to paid employment or education, having time to spend on their own or with friends to do the things that interest them, and in terms of young carers, it can often compromise their education and social life, and their life chances may thus be limited. However, of particular importance is mental health and wellbeing, and back problems. 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.

Physical activity in the South Asian community of Bolton is very low and over recent years the proportion of this group participating is sports locally has been reducing. The South Asian community of Bolton also has some of the highest levels of chronic conditions (especially diabetes) that can gain particular benefits from physical activity.

Problematic patterns of drinking are much more common among lesbian, gay, and bisexual (LGB) people than the general population. This group also has a much higher smoking prevalence and are at greater risk of mental illness and poor wellbeing.

There is an additional need in terms of people with mental illness who are more likely to lead unhealthy lifestyles, become obese, and take little exercise as a direct result of the symptoms and treatment associated with their illness. Those with mental illness also have a markedly higher smoking prevalence and are less likely to receive interventions to quit from health professionals as their mental illness often takes priority over their physical health in many settings.

Vulnerable households are those in receipt of at least one of the principal means tested or disability benefits. They are more likely to suffer additional health problems as a result of poor housing conditions. There are approximately 24,642 private sector households in Bolton that are vulnerable. Of these, an estimated 38% live in non-decent housing. This equates to 9,481 local households. As above, 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.

Injecting drug users are the key risk group for Hepatitis C; furthermore, prevalence of Hepatitis C in this group in the North West is the highest in the country. Evidence suggests that concurrent alcohol use is an issue for a significant proportion of PDUs (heroin and crack cocaine users). The recent Harm Reduction Needs Assessment identified a pattern of poly-drug use including heroin, crack cocaine, alcohol, and benzodiazepines. The concurrent use of alcohol increases the risk of overdose and longer-term health consequences; there will also be increased social consequences both for clients and for their families. Non-PDU drug users are also likely to include alcohol in poly-drug repertoires.

Newly arrived refugees and asylum seekers will be unfamiliar with how the British healthcare system works, that they need to make appointments, or know about the range of services available. Key countries for Bolton are Pakistan, Iran, and China. Further barriers are language difficulties, mistrust of services, and literacy (the latter, particularly amongst women).

USE AND EFFECTIVENESS OF SERVICES

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 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.

Regarding cancer screening, men, people from deprived communities, and those from Bolton South Asian communities tend to present later with symptoms than others and are less likely to take up screening programmes. A similar pattern is evident in access to primary care, especially regarding the NHS Health Checks.

There is a very clear inequity of attendance to Accident & Emergency in Bolton with people from the most deprived Wards having the highest rates of attendance. This is particularly true for circulatory conditions, respiratory conditions, alcohol related conditions, and mental health problems/self-harm.

Disabled people may require adaptations to their home to be able to live comfortably, safely and independently. The level of assistance available from government and the local authority falls short of what would be necessary to meet all identified need, resulting in long waiting times and unmet need.

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.

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.

A troubled family is one that has serious problems, including parents not working and children not in school, and causes serious problems, such as youth crime and anti-social behaviour. A lot of time and money is spent by local service providers routinely responding to these problems. As part of the Troubled Families programme, the Government, alongside local authorities, will change their way of working with these families by:

- Joining up local services;
- Dealing with each family's problems as a whole rather than individually;
- Appointing a single key worker to get to grips with their problems and work intensively to help them change for the long term.

Bolton's troubled families programme is known as 'Families First' to ensure it is viewed in a positive and constructive light and requires all partners from the public, private and voluntary sector to be signed up to and committed to working with Family First targeted

families as a priority. The programme also represents a cultural challenge to local services as it demands consideration of the whole family and not just individual issues.

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 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.

Future local strategies and service redesigns should give greater prominence to wellbeing given the protective resilience it can instil 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.