

Bolton Council Public Health Bulletin

August 2017

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Bolton Blackrod Farnworth Horwich Little Lever South Turton Westhoughton... all the family



In this month's issue:

Health Profile for England:

- People in England are living longer
- Good health is about more than just health care
- Causes of death have changed over time
- Dementia is now the leading cause of death in women, it's heart disease in men

Marmot Indicators:

- The rise in life expectancy seen over the last 100 years has stalled
- Nationally life expectancy for women in 83 years and 79 years for men
- In Bolton life expectancy is 81 years for women and 78 years for men
- Across Bolton there is a 10-11 year difference in life expectancy between the most and least deprived areas

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Improving People's Health through Spatial Planning:

- Our environment impacts upon our health
- We can modify our environment to improve health
- Improving neighbourhoods, housing, access to food, local environments and active travel will improve our health

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Health Profile for England: Telling a story about our health

A new report published by Public Health England [here](#) brings together a number of different data sources to tell the story of the health of the people of England.

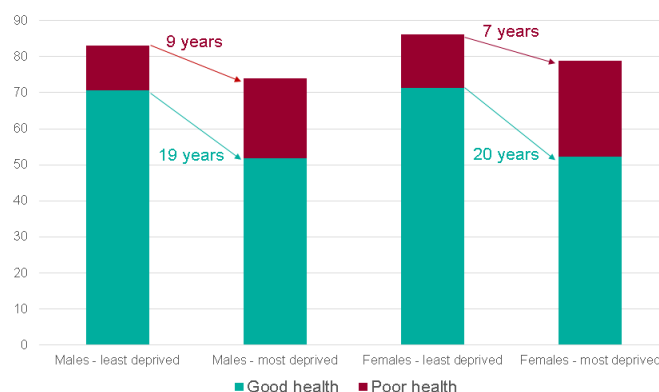
The report summarises and interprets current trends in health outcomes in England and is divided into seven chapters:

- Life expectancy and healthy life expectancy
- Major causes of death and how they have changed
- Trends in morbidity (the rate of incidence of a disease) and behavioural risk factors
- European comparisons
- Inequality in health
- Social determinants of health
- Current and emerging health protection issues

The report outlines how long we're living, in what condition, the causes of death, disease and disability, how we compare with our European counterparts and how the circumstances of people's lives impact on their health.

Key points:

- People are living longer, but often in poorer health, many people will have to contend with disease and disability before they collect their pension.
- What people eat and whether they smoke are the behaviours that have the biggest impact on their health.
- Lower back and neck pain causes the most ill health and disability.
- In poorer parts of the country people have lower life expectancy and fewer years of living in good health (see table below).
- People living in more deprived areas have shorter life expectancy and spend more time in poor health.
- Good health is about much more than good health care.
- The ingredients for a healthy life are relatively straight-forward: a good education, a good job, a healthy diet, a suitable roof over your head and people to care for and about.



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As the public's health changes so do the causes of death

The report also considers causes of death over time and shows that non-communicable diseases (those that cannot be directly transferred from one person to another such as cancer) have replaced communicable diseases as the leading cause of death. The majority of deaths have also shifted from the younger to the older aged population. Over the past 15 years, there has been a decline in some non-communicable diseases such as heart disease, stroke, and most major cancers, which had resulted in the increase in mortality up until 2010. The top ten causes of death (in the table below) show some variation between males and females.

Leading causes of death in England in 2015

	Males (% of all male deaths)		Females (% of all female deaths)	
1	Heart disease	14.2%	Dementia and Alzheimer's disease	15.3%
2	Dementia and Alzheimer's disease	8.0%	Heart disease	8.8%
3	Lung cancer	6.5%	Stroke	7.5%
4	Chronic lower respiratory diseases	6.2%	Influenza and pneumonia	6.0%
5	Stroke	5.6%	Chronic lower respiratory diseases	6.0%
6	Influenza and pneumonia	5.1%	Lung cancer	5.1%
7	Prostate cancer	4.2%	Breast cancer	3.7%
8	Colorectal cancer	3.0%	Colorectal cancer	2.4%
9	Leukaemia and lymphomas	2.6%	Kidney disease and other diseases of the urinary system	1.9%
10	Cirrhosis and other liver disease	1.9%	Leukaemia and lymphomas	1.9%

Key findings

- Two thirds of deaths nationally occur in those aged 75 and over
- Deaths under 35 years were most likely to be from external sources such as accidents or suicide
- In the last fifteen years, deaths from dementia and Alzheimers have increased by 60% in men and have doubled in women. This is due to a variety of factors included an ageing population and increased awareness, and therefore diagnosis, of dementia
- Tobacco smoke and poor diet were the behavioural factors that contributed to the highest proportion of deaths
- In both males and females four of the top ten causes of death are cancers

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The rise of life expectancy in the UK is slowing

Another publication in the same vein was the release by the Institute of Health Equity of the Marmot Indicators for 2017 [here](#) . The key findings of this year's data are:

- The near 100 year rise in life expectancy seen in the UK has stalled since 2010
- Levels of health and life expectancy are linked to where you live, with large gaps between the most and least deprived local authorities as well as large gaps within local authorities.

Nationally

- Average life expectancy in England is currently 83 for women and 79 for men
- The rise in life expectancy in England continues, but in recent years the rate has slowed
- It is not possible to draw conclusions about the exact cause of this slow down
- Social factors such as education, employment, working conditions and poverty all contribute to life expectancy by influencing peoples lifestyles
- Differences in these social determinants contribute the inequality in life expectancy between the most affluent and the poorest in our society
- It cannot be ruled out that austerity may be placing pressures on these social determinants, and that they may in turn be influencing lifestyle and life expectancy

In Bolton

- Average life expectancy in Bolton is currently 81years for women and 78 years for men. This is 1-2 years less than the rest of England
- Life expectancy continues to rise for men in Bolton, but has slowed down in more recent years in line with the national trend. Female life expectancy has remained static for the last three years in Bolton
- There remains an inequality in life expectancy of around 10-11 years between the most advantaged and disadvantaged people of Bolton
- The main causes of earlier deaths in Bolton are circulatory disease, respiratory disease, cancers, digestive diseases and mental and behavioural disorders such as dementia. These conditions may be influenced by both social determinants of health and lifestyles.

Inequalities in life expectancy between Bolton and England

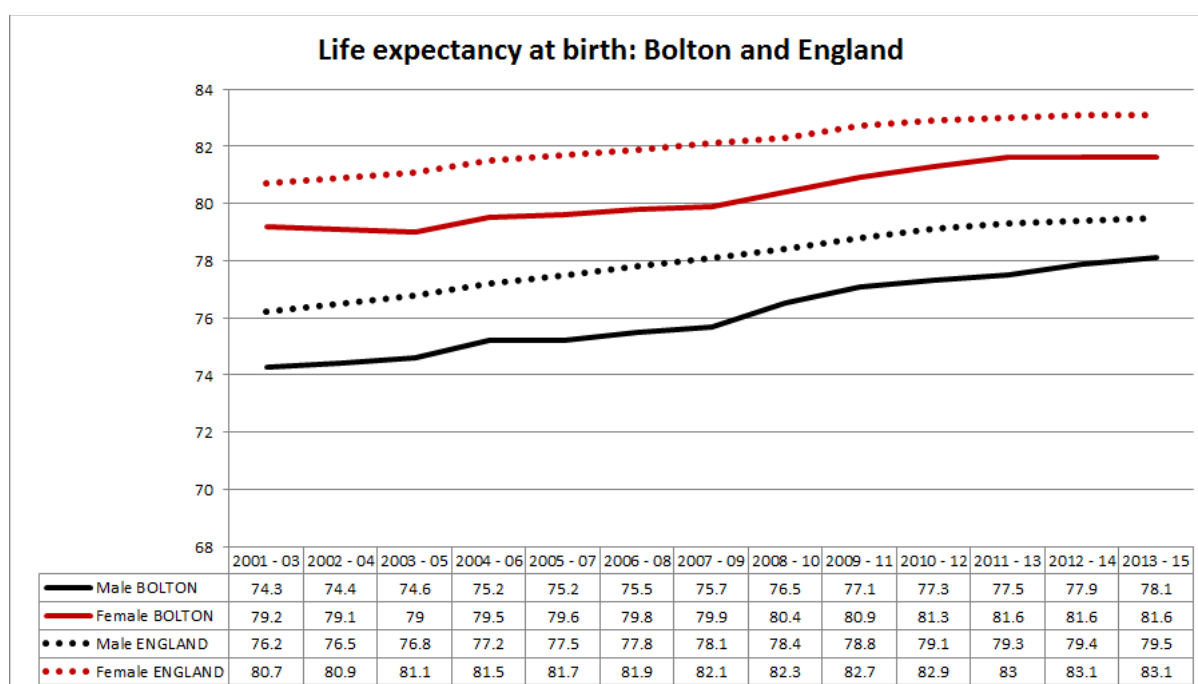
	Male	Female
Life expectancy at birth in Bolton, 2013-2015	78.1	81.6
Life expectancy at birth in England, 2013-2015	79.5	83.1
Absolute gap in life expectancy between Bolton and England	-1.4 yrs	-1.5 yrs

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Inequalities in life expectancy within Bolton

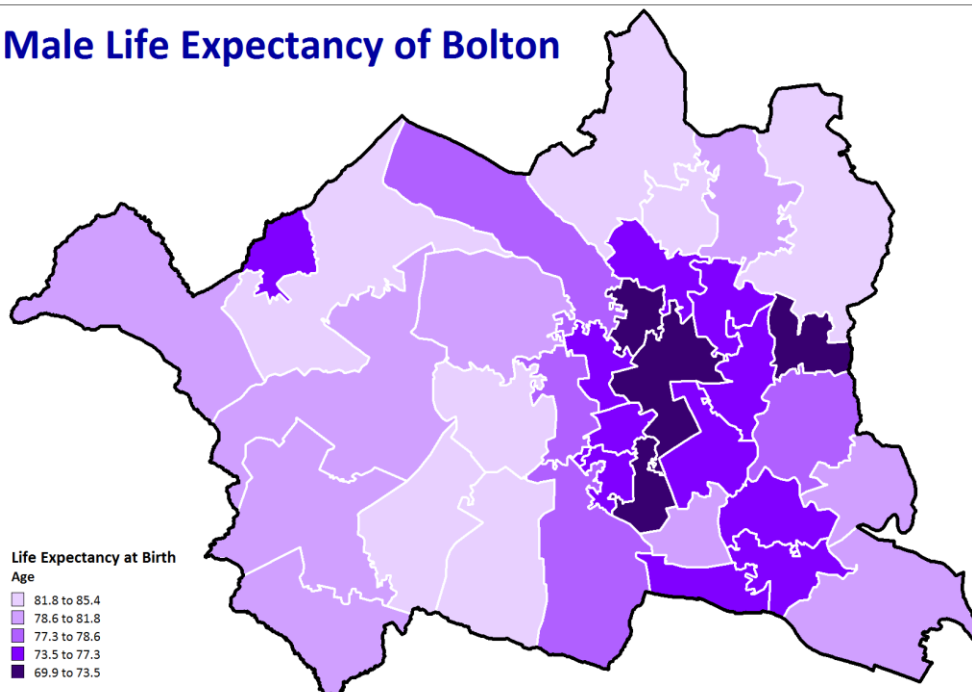
	Male	Female
Life expectancy at birth in the most deprived quintile of Bolton, 2013-2015	73.3	75.7
Life expectancy at birth in the least deprived quintile of Bolton, 2013-2015	83.5	87.4
Absolute gap in life expectancy between most and least deprived areas within Bolton	-10.2yrs	-11.7 yrs

The table below shows the trends in life expectancy since 2001 for men and women and compares Bolton's rates to those of England as a whole. As can be seen, that like England, the trend for Bolton shows an upward trajectory. The gap between Bolton and the England average however persists although this gap has narrowed since the turn of the century.

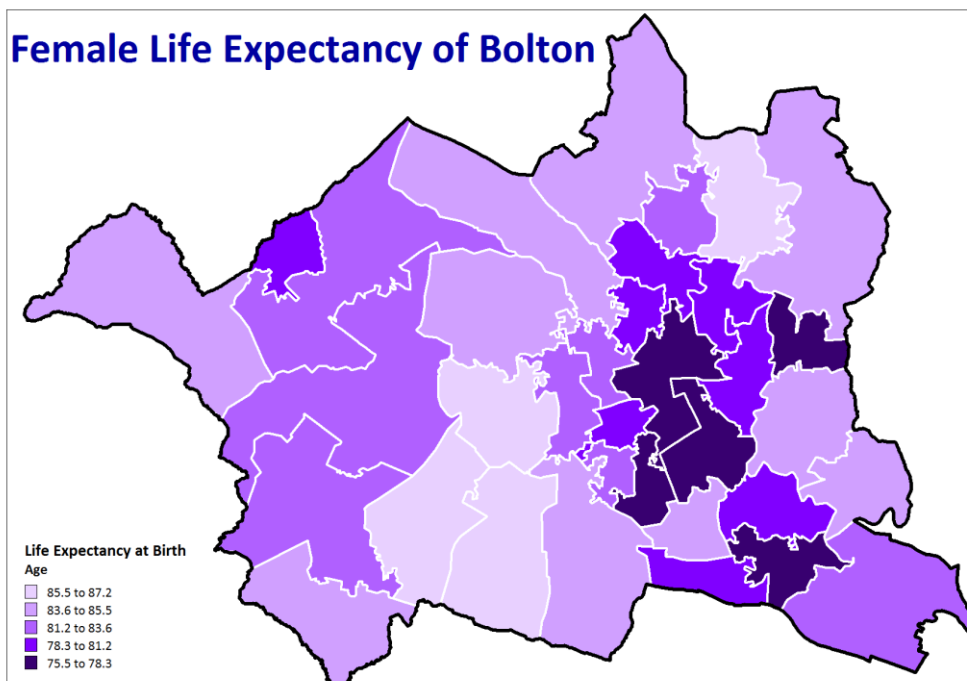


The two maps below use the recent data to show the variation in life expectancy for men and women **across** Bolton for the period 2013-15, the lighter the colour the greater the life expectancy.

Male Life Expectancy of Bolton



Female Life Expectancy of Bolton



Improving people's health through spatial planning

The environment in which we live in has a huge impact on our health, the World Health Organisation (WHO) estimates that 23% of global deaths are due to modifiable environmental factors ([here](#)).

Their report which assessed the burden of disease from environmental risks showed that wherever we live, our health is hugely impacted by our surrounding built and natural environment and moreover, to a significant degree, that premature death and disease can be prevented through healthier environments.

With this in mind, PHE has published an evidence resource for public health teams, planners and local communities as a guide to the healthy design of places based on a series evidence-informed principles to improve health [here](#). The review centres on five aspects of the built and natural environment that have been identified as areas that can be designed and shaped by planners to improve health outcomes: neighbourhood design, housing, healthier food, natural and sustainable environment and transport. The review makes a number of recommendations for future working in each area and incorporates a number of case studies where these have been successfully implemented (including one from Bolton).

Neighbourhood design:

- **Enhance neighbourhood walkability;** making neighbourhoods accessible to walkers has been shown to increase physical activity and decrease social isolation.
- **Build complete and compact neighbourhoods;** to include mixed land use and provision of local amenities.
- **Enhance connectivity with a safe and efficient infrastructure;** through, for example, the provision of a walking and cycling infrastructure, easy access to public transport and street lighting in residential areas.



Enhance Neighbourhood Walkability



Build Complete and Compact Neighbourhoods



Enhance connectivity with safe and efficient infrastructure

Housing:

- **Improve the quality of housing;** a warm and energy efficient property reduces hazards, improves social outcomes and reduces social isolation.
- **Increase the provision of affordable and diverse housing;** has been shown to increase levels of physical activity and improve perceptions of the neighbourhood.

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- **Increase the provision of affordable housing for groups with specific needs;** this can improve social and behavioural issues as well as contributing to improved mental health status.



Improve Quality of Housing



Increase Provision of
Affordable and Diverse Housing



Increase Provision of
Affordable Housing for
Groups with Specific Needs

Healthier foods:

- **Healthy and affordable food for the general population;** this is strongly associated with improved attitudes to healthy eating and healthier food behaviours
- **Enhance the community food infrastructure;** a positive association has been demonstrated between urban agriculture (allotments etc.) and increased physical activity, social connectivity and increased fruit and vegetable consumption



Provision of healthy, affordable
food for the general population



Enhance community food
infrastructure

Natural and sustainable environments:

- **Reduce exposure to environmental hazards;** improved air quality and reduced noise pollution is proven to have positive effects on both physical and mental health.
- **Access to and engagement with the natural environment;** there is consistent evidence that having access to parks, playgrounds and outdoor recreation facilities improves both participation in physical activity and improved mental wellbeing.
- **Adaptation to climate change;** the planting of trees and provision and maintenance of green spaces can counteract some of the impact of climate change by reducing temperature and improving air quality.



Reduce exposure to
environmental hazards



Access to and engagement with
the natural environment



Adaptation to climate change

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Transport:

- **Provision of an active travel infrastructure;** there is a wealth of high quality evidence that investment in supporting a walking and cycling infrastructure supports improved cardiovascular, physical activity and mobility outcomes particularly in children and older people.
- **Provision of public transport;** increasing the availability and reliability of public transport is strongly associated with an increase of physical activity in all ages.
- **Prioritise active travel and road safety;** separating walking and cycling from road traffic can encourage active travel and its associated health benefits. Traffic calming measures and improved/smart street lighting reduces accidents and increases physical activity participation.
- **Enable mobility for all ages and activities;** increasing access to playgrounds and recreational facilities and active travel to school or work demonstrate improved cardiovascular outcomes.



Provision of active travel infrastructure



Provision of public transport



Prioritise active travel and road safety



Enable mobility for all ages and activities

Across all areas of the built and natural environment explored as part of this review, evidence was identified demonstrating an inextricable link between the built and natural environment and health. The review is also clear that although the linkages between the environment and health have long been established, there is, in some cases, insufficient evidence to ascertain causality and so some findings need to be viewed with caution.

Nonetheless, the environment in which people live has a profound impact on health and wellbeing. In addition to direct health benefits, enhancement of the built and natural environment can have an impact on people's attitudes, behaviours and perceptions of their environment. For instance, reducing air pollution can improve perceptions of safety and promote outdoor physical activity and social interaction.

Findings from this review strengthen the argument for the removal of obstacles to healthy living and improve circumstances that produce unhealthy behaviours. Communication between built environment and health professionals is essential. By incorporating health needs and impact into the the whole conceptualisation, design and planning of infrastructural projects, policy makers, planners and built environment professionals are able to trigger the development of sustainable communities.