Health & Wellbeing Strategy

ANNUAL REPORT: 2013/14

Reviewing performance of the Health and Wellbeing Strategy and JSNA activity over the previous year for presentation to the Health and Wellbeing Board

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ANNUAL REPORT 2013/14

This report summarises progress towards achieving the aims of Bolton's Health and Wellbeing Strategy over 2013/14 by providing an annual performance summary and updating the Health and Wellbeing Board on the work of the JSNA Operational Group.

1.0 ANNUAL PERFORMANCE SUMMARY

The Health & Wellbeing Board receive a quarterly update report that monitors performance across the indicators outlined in the Health & Wellbeing Strategy, as well as a more detailed commentary report focused on a specific theme of the Strategy. The themes so far reported in more detail to the Board are:

1. Starting Well;
2. Living Well;
3. Working Well;
4. Ageing Well.

The commentary report for 'Developing Well' accompanies this report and so is available from this quarter (Quarter 1 2014/15). This means the only theme not yet covered in more detail is 'End of Life'. At the time it was published, the Strategy did not identify outcomes to be monitored under this theme. The present quarter is the first that includes provisional indicators under this theme; they are to be finalised following the completion of the CCGs End of Life Care Strategy (currently under development).

Similarly, as the first year of monitoring has proceeded data for certain indicators that were undeveloped at the time of the Strategy have since been released nationally; therefore, the performance report has grown more complete since April 2013. However, there are still a few indicators where the methodology is yet to be finalised nationally or released at Local Authority/CCG level, as well as some that require finalising locally.

In the following, not every indicator in the Strategy is included; rather, only those issues of particular importance and those showing a noticeable change over the previous year are discussed.

1.1 OVERARCHING OUTCOMES

Life Expectancy

The Strategy states that we aim to:

- Continue to narrow the gap ion life expectancy between Bolton and England;
- Stop the increase in the internal life expectancy gap and at least maintain the Slope Index of Inequality at 12.5 years over the next three years.

Over the previous year two life expectancy figures have been released (2009-2011 and 2010-2012); in a typical year only one figure is released but ONS were delayed nationally and the base was reviewed given the revised [population estimates from the Census 2011 outputs.

Both releases show Bolton's life expectancy has increased for both sexes, which is to be expected. More important for the aims of the Strategy is that the difference between Bolton and England has continued to reduce. Historically, our gap to England increased dramatically from 2000 and reached a peak around 2003-2005 of 2.3 years for men and 2.1 years for women. For the next few years it plateaued and this significant gap was maintained; 2008-2010 saw the first reduction and since then the gap has slowly been reducing so that the latest data shows we have a gap of 1.8 years for men and 1.6 years for women. Whilst this is still a considerable gap it illustrates that in Bolton over the last three years we have improved life expectancy faster than seen across England as a whole.

The Slope Index of Inequality measures the difference in life expectancy between the most and least deprived in our town. At the start of the Strategy the latest figure was for 2006-2010 and was a difference of 13.5 years for men and 11.3 years for men. This gap has increased every year since 2001-2005 and was the widest inequality gap of all our statistical neighbours. A new figure was released this year for the period 2009-2011 and the gap has fallen to 12.1 years for men and 9.2 years for women. Whilst ostensibly the increase has stopped, a factor in this change is due to the revised population estimates (not yet backdated on this indicator as it has been on the general life expectancy indicator) and we still have the widest inequality gap of our statistical neighbours.

1.2 STARTING WELL

'Starting well' means good health before conception, a healthy pregnancy and good preparation for becoming a parent. A positive birth and experience in the early days and weeks of life; good maternal mental health; secure attachment between parents and child; love and responsiveness of parents; and promotion of the child's physical, cognitive, language and social and emotional development in a safe environment.

Infant mortality

While the infant mortality rate has not reduced significantly over the previous year (though it has reduced from a notably higher rate several years ago) it has been maintained, bringing us back in line with our peers. Therefore, though the picture relative to England has stayed broadly the same and negative, compared to our peers we closed the gap last year and have maintained this year.

Breastfeeding and smoking in pregnancy

Latest data shows 36.2% of Bolton women are breastfeeding at 6-8 weeks which is around average for our statistical neighbours but the trend has struggled to improve historically. This follows the national picture where over recent years breastfeeding initiation has been increasing but prevalence at 6-8 weeks is more static locally, regionally, and nationally.

Initial analysis, though results will require more time to be conclusive, suggests that the infant feeding workers based in the maternity ward and the antenatal work carried out by the local breastfeeding support worker pilot has particularly improved initiation – this effect will not yet influence the official rate as included in the Strategy. Simply comparing the quarter before and after the introduction of the pilot (not as robust as annual or longer time periods), initiation has increased and this increase has been statistically significant. A similar significant improvement is evident for prevalence at primary visit. While 6-8 weeks has improved, the change is not statistically significant. Though initiation and primary visit are higher, the proportion still breastfeeding at 6-8 weeks from

those who were doing so at initiation (drop off rate) has unfortunately increased slightly (from 39.6% before to 42.2% after), although not significantly. This suggests that the services have improved the overall 6-8 weeks breastfeeding prevalence by making a significant increase in those initiating and pushing up those still doing so at primary visit. As the drop-off rate by 6-8 weeks has also increased however, there is undoubtedly room for more to be done at this difficult stage of the process and as the breastfeeding support worker pilot develops this will continue to have an impact. *Regardless, the overall picture is positive as initiation has significantly, and markedly, increased, as have those still breastfeeding at 6-8 weeks as a proportion of those initiating, and the key indicator of 6-8 weeks as a proportion of the total cohort of children born has also increased, but not statistically significantly so.*

Tooth decay in children under 5 years

In general, children aged both 5 and 12 years old in Bolton have worse dental health than is average for England but we seem to perform considerably worse for 5 year olds and are one of the worst areas across Greater Manchester. Data from the latest Oral Health Survey carried out by Public Health England was only released 20th September 2013 and Bolton shows a small improvement (from 46.3% of 5 year olds with decayed missing or filled teeth to 43.4%). However, to give an indication of how far behind we remain, the national average is 27.9%. The full report of the survey by Public Health England has been added to Bolton's Health Matters for reference.

1.3 DEVELOPING WELL

Many of the health problems that young people develop as they grow older are rooted in their experiences of childhood and adolescence. A sense of aspiration, achievement and security are intrinsically linked to young people's life chances and their long term wellbeing.

Excess weight in schoolchildren

Promisingly Reception obesity is falling, but Year 6 remains an issue. Reception age children in Bolton generally have a healthier weight than the North West and England, but are more likely to be underweight. However, this positive picture changes by Year 6 where Bolton performs poorly across all weight categories. South Asian ethnicities in Bolton are more likely to be underweight, whilst the Asian Pakistani population is more likely to be obese compared to the Asian Indian population. With some exceptions, Reception children are more likely to be obese in the more deprived South East and East of the borough.

Teenage pregnancy

New official data shows the previous rate has been maintained (change from 36.8 to 39.6). Though this puts us around average for our statistical neighbours it is a promising update as our trend prior to these two points has historically been higher (Bolton is improving from its baseline of 46.1). The rate for teenage conceptions in children aged under 16 years of age follows a similar pattern, a recent increase from 7.3 to 8.0 per 1,000 from a historically higher rate of 10.9. Finally, in 2012/13, 1.5% of Bolton women giving birth were aged under 18 years.

It is inappropriate to publish quarterly teenage pregnancy statistics here, but Public Health does receive such data and looking ahead we expect 2012 to maintain this downward trend, and hopefully be an improvement on 2011.

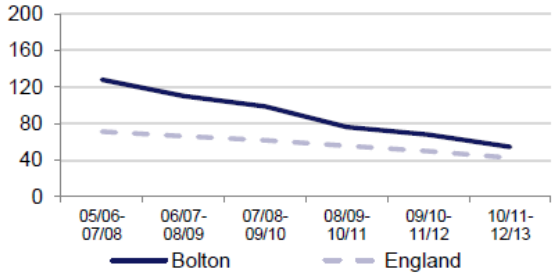
Alcohol admissions in young people

Bolton's under 18 alcohol admission rate has seen major and significant reductions over recent years; from a baseline of 93.7 per 100,000 we are now below our statistical neighbour average (59.8) with the most recent figure being 54.6 per 100,000. This has been an important improvement locally as well as comparatively to the national picture, where we must consider this reduction as wholly positive. As an example of progress made, the below chart is taken directly from Bolton's Child Health Profile 2014, published earlier this month.

Young people and alcohol

In comparison with the 2005/06-2007/08 period, the rate of young people under 18 who are admitted to hospital because they have a condition wholly related to alcohol such as alcohol overdose is lower in the 2010/11-2012/13 period. The admission rate in the 2010/11-2012/13 period is higher than the England average.

Young people aged under 18 admitted to hospital with alcohol specific conditions (rate per 100,000 population aged 0-17 years)



Data source: Public Health England (PHE)

1.4 LIVING WELL

Many premature deaths and illnesses could be prevented by improving lifestyles. It is estimated that 80% of cases of heart disease, stroke and type 2 diabetes and 40% of cases of cancer could be avoided if lifestyle risk factors were eliminated.

Current adult smokers

Smoking prevalence is measured by the *Bolton Health & Wellbeing Survey* (official statistics are inappropriate as they are only modelled estimates based North West level data). The most recent survey was carried out in 2010 and Bolton's smoking prevalence then was 20.7%; along with the national picture Bolton's smoking prevalence has fallen each time it has been measured since 2001. The next survey is due this year (subject to information governance issues) and we expect it to have fallen further since 2010.

Despite these reductions, smoking remains the most significant cause of ill health, premature death, and health inequalities in Bolton. All of Bolton is at risk of harm for tobacco use, but certain particular groups are more at risk than others - locally, our key target groups are routine and manual workers, pregnant women, people with mental health problems, South Asian men, and children/young people.

NHS Health Check uptake

It must be noted that the Department of Health indicator for NHS Health Checks is unsuitable for Bolton as we made such a significant start with the Big Bolton Health Check and are now concentrating on the hardest to reach groups, and therefore we are doing much better than reported nationally (this indicator has been disputed earlier this year to the Department of Health by Triple Aim at the CCG). Importantly however, following the Big Bolton Health Check model this work is systematic and coherent and is an approach designed to reduce health inequalities.

Our five year cumulative data ending 2013/14 (minus a complete 2013/14 quarter 4 figure) shows that we have offered a Health Check to 49,387 eligible people aged 40-74, of which 48,474 have received a Health Check. As our total eligible population is 74,145 this means that so far 66.6% of our total eligible population have been offered a Health Check and 65.4% have received a Check.

The number offered is not really so important, more important is what is done, that is, those receiving a Check and what happens afterwards. Locally, we should be looking at what's being done and always striving for the 82% we achieved with the Big Bolton Health Check (rather than the nationally accepted figure of 75%). However, in Bolton we are acknowledged world leaders in carrying out population level health checks and more work is continuing with our GPs to achieve this ambition.

Prevalence of recorded diabetes

Recorded diabetes continues to increase linearly towards our estimated prevalence. This is a positive outcome as we are finding previously undiagnosed and so unmanaged Type 2 diabetes in our population. However, looking ahead diabetes will further increase in tandem with the increasing levels of obesity seen in Bolton.

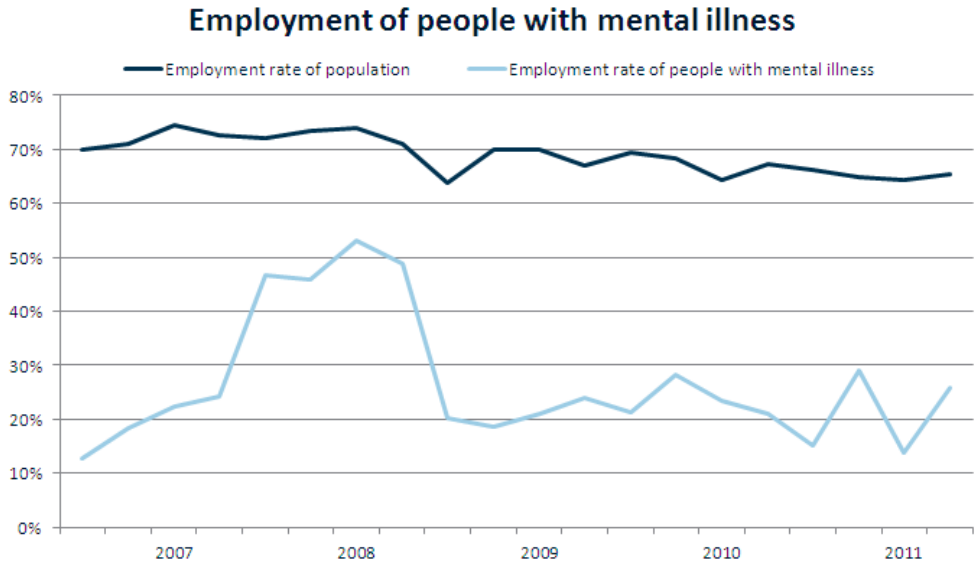
Analysis clearly demonstrates that people in the most deprived quintile of Bolton are significantly more likely to suffer from diabetes as people from the other end of the local deprivation scale. There are socio-economical variations in the frequency of diabetic complications. The complications of diabetes, especially retinopathy and CVD are more prevalent in areas of high socioeconomic deprivation in Bolton. Furthermore, the use of insulin in such areas has been shown to be less than elsewhere.

1.5 WORKING WELL

Work contributes to health by improving self-worth, fulfilment, personal identity, and standing in the community, as well as providing the means for maintaining and enhancing standards of living and social participation. A fit, healthy, and motivated workforce helps increase productivity and is essential for economic prosperity. Conversely, unemployment negatively impacts on health as poor financial circumstances lead to material deprivation.

Gap in employment for those with long-term conditions, mental illness, and learning disabilities

The employment rate for those with long-term conditions in Bolton is around 50%, which is fairly typical for our statistical neighbour group. The latest release shows that employment for those with mental illness has increased for the last three periods and is now 32.8, which is now higher than average for our peer group. This employment rate peaked in 2008 in Bolton but has struggled much more than the general employment rate to recover since the recession. As mentioned in the Developing Well commentary report, the suicide trend also follows the pattern of the recession. The struggle of the rate to recover is illustrated below where the difference between the two rates in Bolton is clear. However, as above whilst caution is advised, the most recent releases suggest a slow recovery is beginning.



Bolton's employment rate for people with learning disability is particularly poor, with just 1.1% in employment compared to 5.7% across our statistical neighbours. Bolton has a low recording of people with moderate/mild learning disability on primary care QOF registers, with an estimate of only 23% of people with learning disabilities known to health and social care services (Public Health England Learning Disability Observatory). This under-reporting locally will influence the poor employment rate as many working people with mild learning disabilities will be unrecorded as such. However, there are low levels of employment among people with learning disabilities who are known to services and a lack of coordination of Employment Support services locally.

1.6 AGEING WELL

Although many older people live active lives and make a positive contribution to their community there are increased risks of poor health, deprivation, and isolation as age increases.

Injuries due to falls: over 65s

Nationally, about a third of all people aged over 65 fall each year; the majority of hospital and social care activity for hip fractures is due to falls.

For the new indicator as described in the Public Health Outcomes Framework there are only two points in time published for this trend. Bolton's performance shows little change between the two points in time and is currently comfortably below the average rate for our statistical neighbours (those areas most similar to Bolton) as well as the England average. Bolton performs significantly better than England across all the key breakdowns of this indicator: persons (65+), male (65+), female (65+), persons (65-79), and persons (80+). Taking a wider view, for indicators that specifically measure hospital admissions for hip fractures Bolton has a rate similar to the England average for all key age groups – 65+, 65-79, and 80+.

However, looking ahead we can estimate a 13% increase in the number of people aged 75+ admitted to hospital as a result of a fall by 2018.

Excess winter deaths

Peaks of mortality typically occur in winter, most commonly the result of factors such as cold snaps and increased circulation of respiratory viruses, in particular influenza.

After a long period of a gradual reductions lasting over a decade, Bolton's excess winter deaths are now consistently increasing each year, but at present we still perform average for our peer group. The new official figure showing the excess winter deaths for last year (2012/13) gives an index score of 16.3 which brings us back to our original baseline of 16.7, showing little real change has happened. However, national data shows that excess all-cause mortality has been high in elderly people in 2012 and 2013 and further analysis of subdivisions of all-cause data show the excess to be found predominantly in the elderly (85+) and in deaths coded as resulting from respiratory causes.

Reported vs. expected prevalence on GP dementia registers

Latest data shows that in Bolton 54.7% of those expected to have dementia are now on the dementia register. Since monitoring began, Bolton - along with many areas - has consistently increased its dementia register and our latest position pushes us above our peer group average.

An analysis of 2011 acute inpatient data indicated that 9.9% of non-elective bed days were used by patients with dementia in Bolton, close to the Greater Manchester average (10.1%). However, the average length of stay for patients with a primary diagnosis of dementia was 62.7 days for Bolton CCG, the highest in Greater Manchester (average of 40 days).

Looking ahead, we can expect a 14% increase in the total number of people aged 65+ with dementia (3,394 people by 2018 including 1,493 people aged 85+).

Rate of stroke admissions (65+)

Stroke admissions in Bolton for the older population have begun to increase significantly over the last few years and we are now considerably above our statistical neighbours – this difference is notable, where Bolton has an admission rate of 1002.7 per 100,000 compared to 774.0 for our peer group.

Looking ahead we can expect a 12% increase by 2018 in the number of older people in Bolton living with a longstanding health condition as a result of having had a stroke.

1.7 END OF LIFE

Whilst we would aspire to live a healthy long life, death is inevitable and our experience of death is important not only to minimise the individual's personal suffering but also for those who are bereaved.

Deaths at home

Bolton also performs relatively poorly regarding deaths at home (19.7%). Though this proportion is similar to our peer average (20.3%) and our highest peer is just 22.9%, indicating a common problem, the reason in Bolton is largely due to the higher than average number of deaths in hospital (58.3%). Bolton tends to perform just slightly worse than average across all indicators relevant to dying in hospital (terminal admissions that are emergencies, terminal admissions that are eight days or longer, average number of bed days per admission ending in death) with the exception of terminal admissions aged 85 years and over where we are notably worse than our best performing peers – with 37.4% of all terminal admissions aged 85 years and above compared to 29.6% in Rochdale. Those over 85 years are at a very increased likelihood of living with chronic long-term conditions and as such death may be predictable in many cases, meaning that appropriate planning can work to prevent the end of their life involving and emergency admission.

Identification of palliative care need

Bolton performs particularly badly regarding identification of need with only 22.7% of people with a palliative care need identified on the GP Palliative Care Register, compared a peer best of 39.3% (Bradford). A similar picture is seen for the same identification indicator relating to deaths. All our peers within Greater Manchester (Rochdale, Oldham, Tameside, Wigan, and Bury) perform similar to Bolton regarding identification; the notable exception being Salford which is amongst the best of our peer group.

2.0 BOLTON'S JSNA

2.1 JSNA WORKPLAN ACHIEVEMENTS 2013/14

The JSNA has been summarised according to the themes of the Health & Wellbeing Strategy; therefore, on Bolton's Health Matters there is now a high-level paper summarising the key issues for Starting Well, Developing Well, Living Well, Working Well, Ageing Well, and End of Life.

As discussed above, (provisional) outcome indicators have been assigned to the End of Life theme and wider intelligence gathered to fill this gap as well as meet the intelligence requirements of the in-development revised End of Life Care Strategy, led by the CCG.

Public Health led on the completion of a BME and Emerging Communities Health Needs Assessment; awaiting sign-off prior to launch.

Specification written for Children's Health Survey and currently scoping prior to tender.

Bolton's large-scale Health & Wellbeing Survey was due to be carried out and analysed during 2013/14 but there are now significant information governance issues around its delivery following the Health & Social Care Act and the lack of clarity on usage of patient identifiable data nationally. Public Health are liaising with Public health England, NHS England, the CCG, and Greater Manchester CSU as appropriate to overcome these barriers.

The Pharmaceutical Needs Assessment is ongoing with a (provisional) consultation date on the Health & Wellbeing Board's Forward Plan of June/July 2014. Original deadline put back nationally (to February 2015) and has been held up locally due to issues around Bolton Health & Wellbeing Survey and the redesigning and distribution of the Pharmacy Contractor Survey via surveymonkey; the latter is resolved and underway. Regarding the former we have decided to use other sources where possible and rely on 2010 survey data where no other source is available – though it would have been best to use 2013/2014 new survey data, information governance issues have made this impractical but the 2010 data still constitutes an update from the previous PNA.

The Learning Disability Self-Assessment Framework has been completed by a steering group led by Adults and Children's Services, has been presented to the Health & Wellbeing Board, and is due to be published.

Bolton's health Matters Digital Engagement Strategy is currently in draft form and has been informed by the voluntary sector with an initial event taking place October 2013. Following the event, a working group was established and appropriate voluntary sector colleagues identified and invited to attend the JSNA Operational Group to inform future work.

A section entitled 'What Works' has been added to Bolton's Health Matters providing a summary of the evidence base behind each JSNA chapter topic (NICE guidance, key journal articles etc.). This will be continually updated as new information is published and added to the Knowledge Hub area of the site.

A revised Socioeconomic JSNA Chapter is currently in development following publication of Census 2011 local area statistics.

2.2 BOLTON'S HEALTH MATTERS: BOLTON'S JSNA AND KNOWLEDGE HUB

The Bolton's Health Matters website is home to our Joint Strategic Needs Assessment. Bolton's JSNA describes the health and wellbeing needs of local people and provides the key evidence for the commissioning of services to address and improve the populations' health. The site also provides a continually updated Knowledge Hub facility, containing the supporting evidence behind the chapters as well as wider intelligence that may be of use those working to improve the wider health and wellbeing of Bolton.

Over the financial year 2013/14 Bolton's Health Matter's was visited over 11,700 times by 7,200 different visitors. During this time these visitors accessed over 39,800 pages and spent an average time on the website of four minutes and twenty-five seconds. The most popular time people access the site is Monday mornings and Friday afternoons.

The most popular pages accessed during 2013/14:

1. Bolton's Health & Wellbeing Strategy;
2. Bolton Health Survey Ward profiles;
3. Disease and Ill Health JSNA Dataset;
4. Alcohol JSNA Chapter;
5. Mental Health JSNA Chapter;
6. Child and Maternal Health JSNA Chapter;
7. Learning Disability JSNA Chapter;
8. Teenage Pregnancy JSNA Chapter;
9. Demographic/Socioeconomic/Environmental JSNA Chapter;
10. Cancer JSNA Chapter;
11. Childhood Obesity JSNA Chapter;
12. Adult Obesity JSNA Chapter.

The above gives an indication of the popularity of the site and what people are most interested in; this data is reported to the JSNA Operational Group and is informing the development of our Engagement Strategy.

2.3 JSNA 2014/15

Given local restructures and that Public Health are now more embedded in the Local Authority, it was suggested at the most recent JSNA Operational Group meeting (24th March 2014) that this was an ideal time to review the purpose and direction of Bolton's JSNA. The JSNA has evolved over time, from the first paper report produced in 2009 to the 'enhanced' model of the JSNA we have today as Bolton's Health Matters, but we now have the Health & Wellbeing Board, the Health & Wellbeing Strategy (informed by the JSNA), and Healthwatch to name three major changes since its original purpose was defined. With this in mind the Group discussed several issues identified as key to the future of the JSNA:

- Use of a 'Knowledge Hub' with the JSNA sitting above it;
- Maintaining housing evidence and research;
- Capacity issues regarding JSNA involvement;

- Identification of gaps in the current JSNA and how Healthwatch can help achieve this;
- The use of the JSNA by the third sector;
- Lack of strategic direction given recent restructures;
- The strategies the JSNA has and how can these can be taken forward;
- The practicalities of the JSNA - for example, who uses the information and for what purpose and equally, what should be updated (not re-written).

Following this discussion a planning group has been identified to deliver a small and specific workshop with key strategy leads to help us answer these questions and reshape the JSNA and how it is produced to best serve the present health and wellbeing economy of Bolton.