

# LOCALITY PLAN TARGETS

**Brief report outlining projections of  
key Health and Wellbeing outcomes**

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# LOCALITY PLAN

# TARGETS

*This brief report outlines the projections of current outcomes and the requirements to meet the five year targets outlined in the Locality Plan.*

## **1 Reducing the internal inequality gap between the most and least deprived across Bolton**

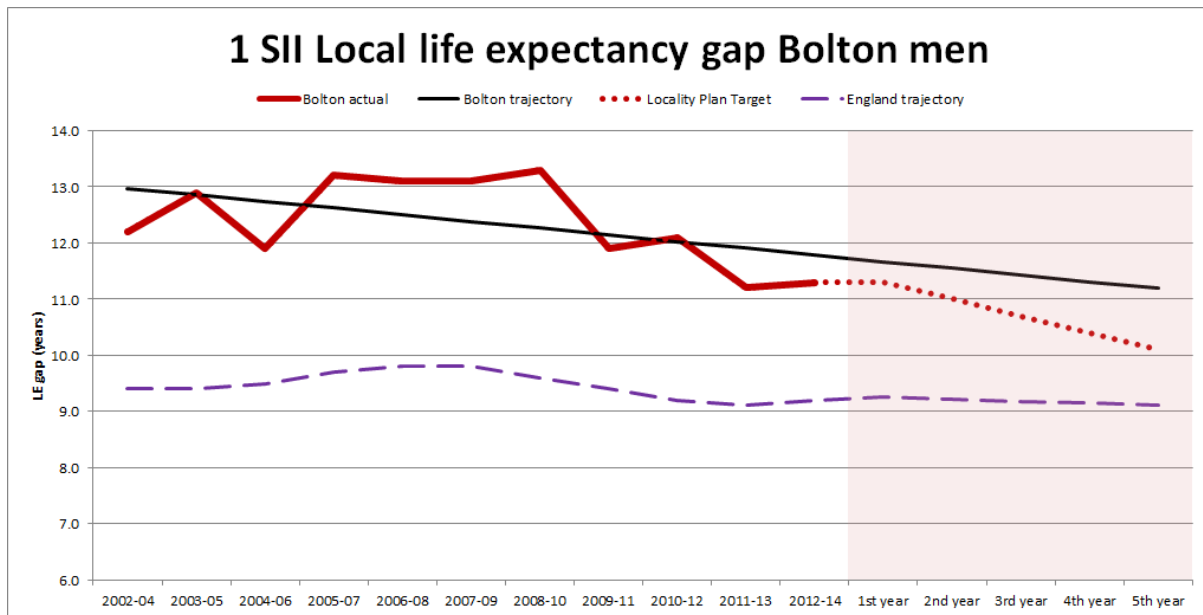
**DEFINITION OF TARGET:** Target is to reduce local life expectancy gap to the Greater Manchester average (10.1 years for Bolton men and 8.4 years for Bolton women).

**QUANTIFIABLE BENEFIT:** This will mean 28,439 people in Bolton will live an average 1.2 years longer.

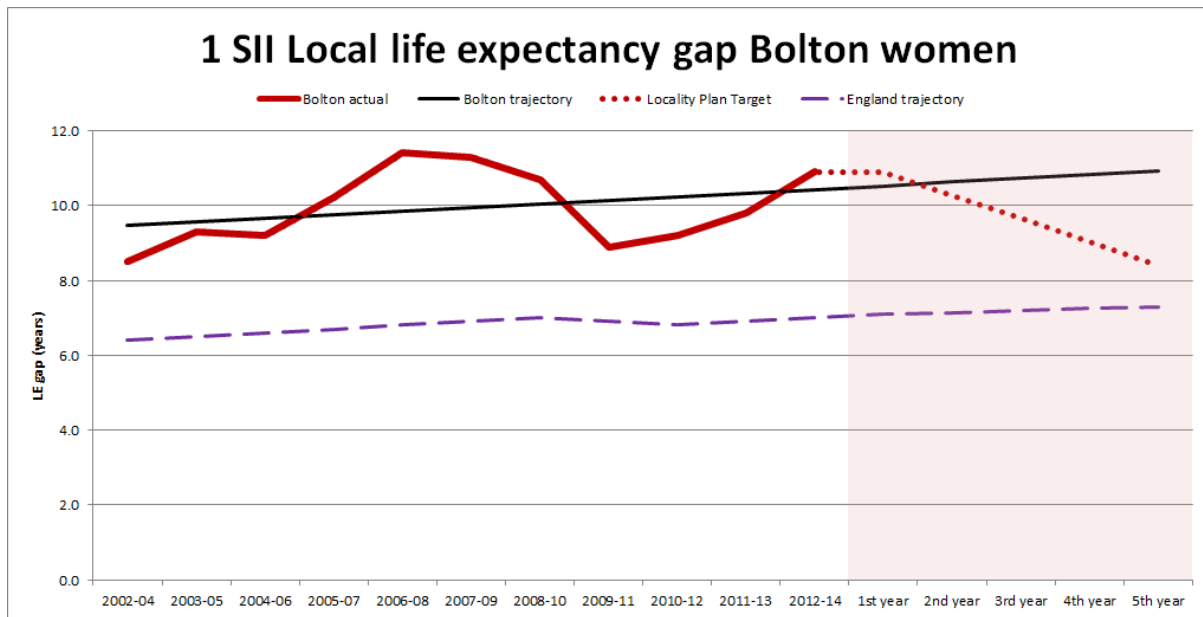
**NOTE:** Assumed stasis for both parts of indicator for 1<sup>st</sup> year<sup>1</sup>.

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<sup>1</sup> The assumption of stasis in year 1 reflects the time delay between the implementation of new delivery models, services or interventions, and impact on population outcomes. This assumption has been applied to the majority of indicator trajectories in this report.



1 SII Local life expectancy gap Bolton men			
	Bolton trajectory DO NOTHING	Locality Plan target	England trajectory
2002-04	12.2		
2003-05	12.9		
2004-06	11.9		
2005-07	13.2		
2006-08	13.1		
2007-09	13.1		
2008-10	13.3		
2009-11	11.9		
2010-12	12.1		
2011-13	11.2		
2012-14	11.3		
1st year	11.7	11.3	10.9
2nd year	11.5	11.0	10.4
3rd year	11.4	10.7	10.0
4th year	11.3	10.4	9.5
5th year	11.2	10.1	9.1
OUTCOME	MISS TARGET	HIT TARGET	BEAT TARGET



1 SII Local life expectancy gap Bolton women			
	Bolton trajectory <b>DO NOTHING</b>	Locality Plan target	England trajectory
2002-04	8.5		
2003-05	9.3		
2004-06	9.2		
2005-07	10.2		
2006-08	11.4		
2007-09	11.3		
2008-10	10.7		
2009-11	8.9		
2010-12	9.2		
2011-13	9.8		
2012-14	10.9		
1st year	10.5	10.9	10.2
2nd year	10.6	10.3	9.5
3rd year	10.7	9.7	8.7
4th year	10.8	9.0	8.0
5th year	10.9	8.4	7.3
<b>OUTCOME</b>	<b>MISS TARGET</b>	<b>HIT TARGET</b>	<b>BEAT TARGET</b>

**DEFINITION OF INDICATOR:** This indicator measures inequalities in life expectancy within English local authorities. For each local authority, life expectancy at birth is calculated for each local deprivation decile based on Lower Super Output Areas (LSOAs). The slope index of inequality (SII) is then calculated based on these figures. The SII is a measure of the social gradient in life expectancy, i.e. how much life expectancy varies with deprivation. It takes account of health inequalities across the whole range of deprivation within each local authority and summarises this in a single number. This represents the range in years of life expectancy across the social gradient from most to least deprived, based on a statistical analysis of the relationship between life expectancy and deprivation across all deprivation deciles. Life expectancy at birth is a measure of the average number of years a person would expect to live based on contemporary mortality rates. For a particular area and time period, it is an estimate of the average number of years a newborn baby would survive if he or she experienced the age-specific mortality rates for that area and time period throughout his or her life.

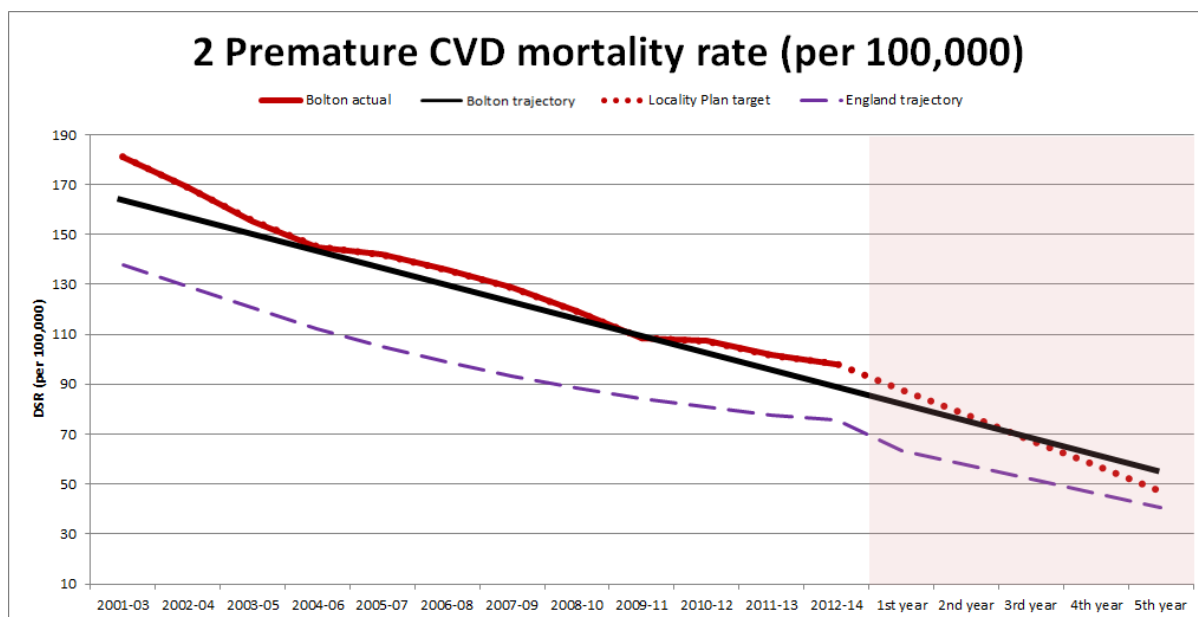
## **2 Significantly reducing premature heart disease and stroke mortality**

**DEFINITION OF TARGET:** Target is for Bolton to achieve 'Better than average' yellow ranking on 'Longer Lives' for heart disease and stroke when compared to similar areas.

**QUANTIFIABLE BENEFIT:** An estimated 17 Bolton residents per year will live beyond 75 years of age who would not have previously.

**NOTE:** Projection uses forecast for current 'Better than average' statistical peer (St Helens) and the pace Bolton must improve to meet this predicted rate in five years' time.

**NOTE:** No assumption of stasis for 1<sup>st</sup> year as this is a strongly reducing trend.



2 Premature CVD mortality rate (per 100,000)			
	Bolton trajectory DO NOTHING	Locality Plan target	England trajectory
2001-03	181.0		138.0
2002-04	168.9		129.5
2003-05	155.4		120.9
2004-06	145.0		112.3
2005-07	141.9		105.1
2006-08	135.7		99.0
2007-09	128.7		93.1
2008-10	119.1		88.6
2009-11	108.6		84.0
2010-12	107.3		80.8
2011-13	101.7		77.8
2012-14	98.2		75.7
1st year	92.1	88.0	63.4
2nd year	84.7	77.7	57.7
3rd year	77.3	67.5	52.0

4th year	69.9	57.2	46.3
5th year	62.5	47.0	40.6
<b>OUTCOME</b>	<b>MISS TARGET</b>	<b>HIT TARGET</b>	<b>BEAT TARGET</b>

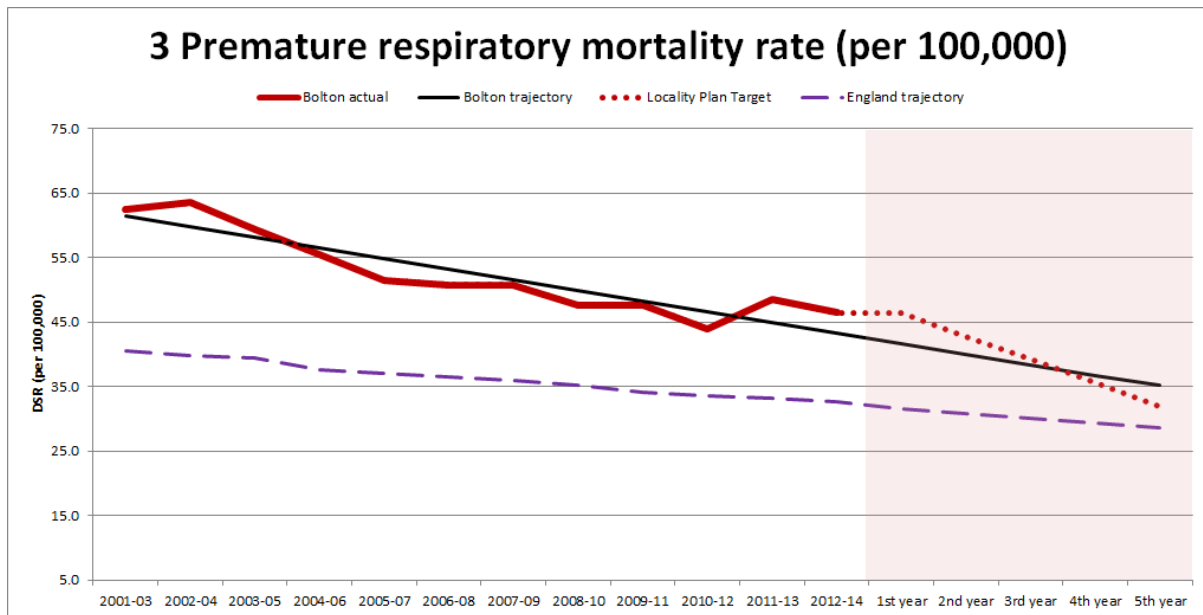
**DEFINITION OF INDICATOR:** Age-standardised rate of mortality from all cardiovascular diseases (including heart disease and stroke) in persons less than 75 years per 100,000 population.

### 3 Reducing premature respiratory mortality

**DEFINITION OF TARGET:** Reduce the inequality gap between Bolton and England for premature respiratory mortality to half by 2020 (a DSR of 31.9 per 100,000).

**QUANTIFIABLE BENEFIT:** In 2020, 98 more people in Bolton will live to over 75 who would not have done previously.

**NOTE:** Assumption of stasis in 1<sup>st</sup> year.



3 Premature respiratory mortality rate (per 100,000)			
	Bolton trajectory DO NOTHING	Locality Plan target	England trajectory
2001-03	62.5		
2002-04	63.5		
2003-05	59.4		
2004-06	55.5		
2005-07	51.5		
2006-08	50.8		
2007-09	50.8		
2008-10	47.7		
2009-11	47.7		
2010-12	44.0		
2011-13	48.5		
2012-14	46.5		
1st year	41.7	46.5	31.5
2nd year	40.1	42.8	30.8
3rd year	38.4	39.2	30.1
4th year	36.8	35.5	29.3
5th year	35.1	31.9	28.6
OUTCOME	MISS TARGET	HIT TARGET	BEAT TARGET

**DEFINITION OF INDICATOR:** Age-standardised rate of mortality from respiratory disease in persons less than 75 years per 100,000 population.

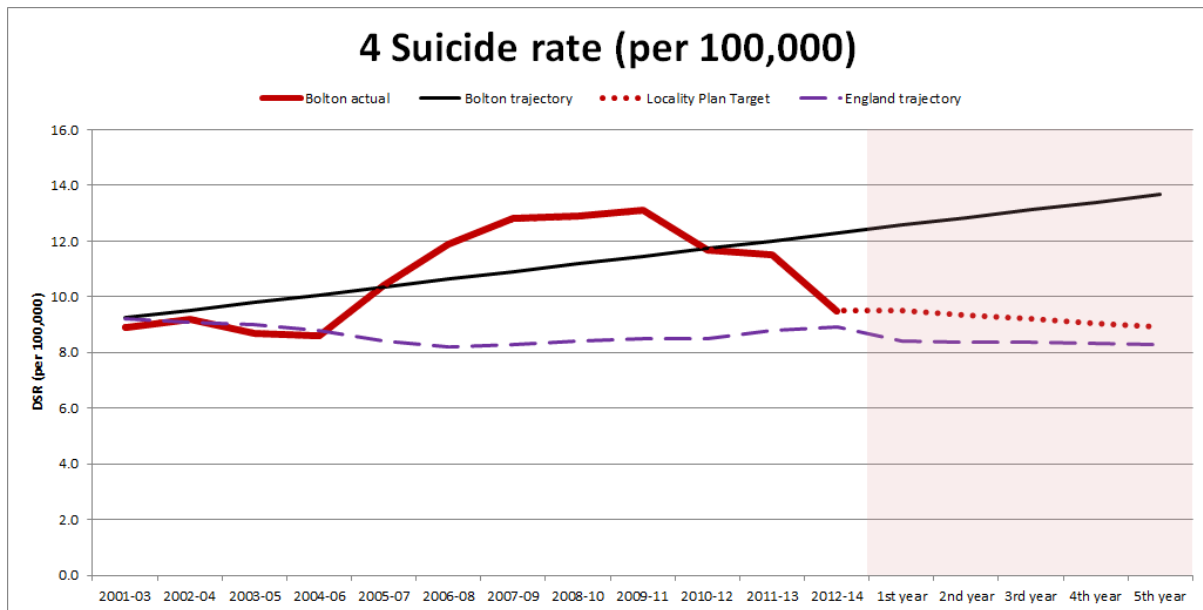


## 4 Reducing suicide and self-harm

**DEFINITION OF TARGET:** Reduce Bolton's suicide rate to 8.8 (per 100,000) and self-harm admissions in children and young people to at least previous levels.

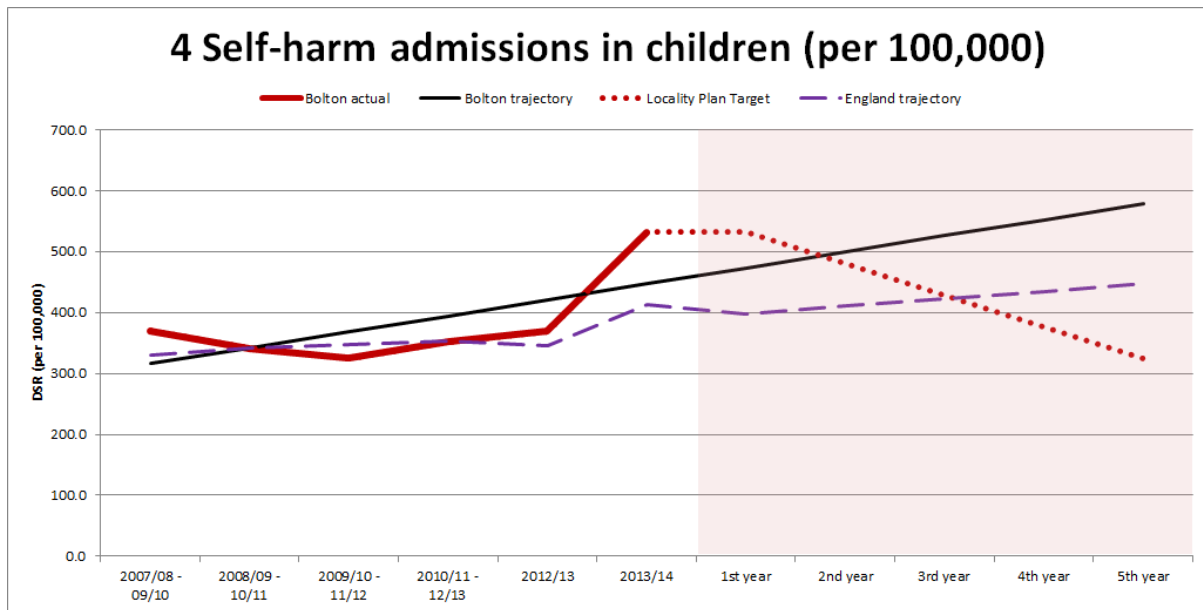
**QUANTIFIABLE BENEFIT:** An estimated 8 suicides and 93 child admissions will be avoided each year.

**NOTE:** Assumed stasis for both parts of indicator for 1<sup>st</sup> year.



4 Suicide rate (per 100,000)			
	Bolton trajectory DO NOTHING	Locality Plan target	England trajectory
2001-03	8.9		
2002-04	9.2		
2003-05	8.7		
2004-06	8.6		
2005-07	10.4		
2006-08	11.9		
2007-09	12.8		
2008-10	12.9		
2009-11	13.1		
2010-12	11.7		
2011-13	11.5		
2012-14	9.5		
1st year	12.6	9.5	9.3
2nd year	12.8	9.4	9.0
3rd year	13.1	9.2	8.8
4th year	13.4	9.1	8.5
5th year	13.7	8.9	8.3
OUTCOME	MISS TARGET	HIT TARGET	BEAT TARGET

**DEFINITION OF INDICATOR:** Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population.



4 Self-harm admissions in children (per 100,000)			
	Bolton trajectory DO NOTHING	Locality Plan target	England trajectory
2007/08 - 09/10	369.6		
2008/09 - 10/11	341.5		
2009/10 - 11/12	325.0		
2010/11 - 12/13	351.4		
2012/13	368.7		
2013/14	531.7		
1st year	473.2	531.7	514.8
2nd year	499.4	480.0	497.9
3rd year	525.7	428.4	480.9
4th year	551.9	376.7	464.0
5th year	578.1	325.0	447.1
OUTCOME	MISS TARGET	HIT TARGET	MISS TARGET

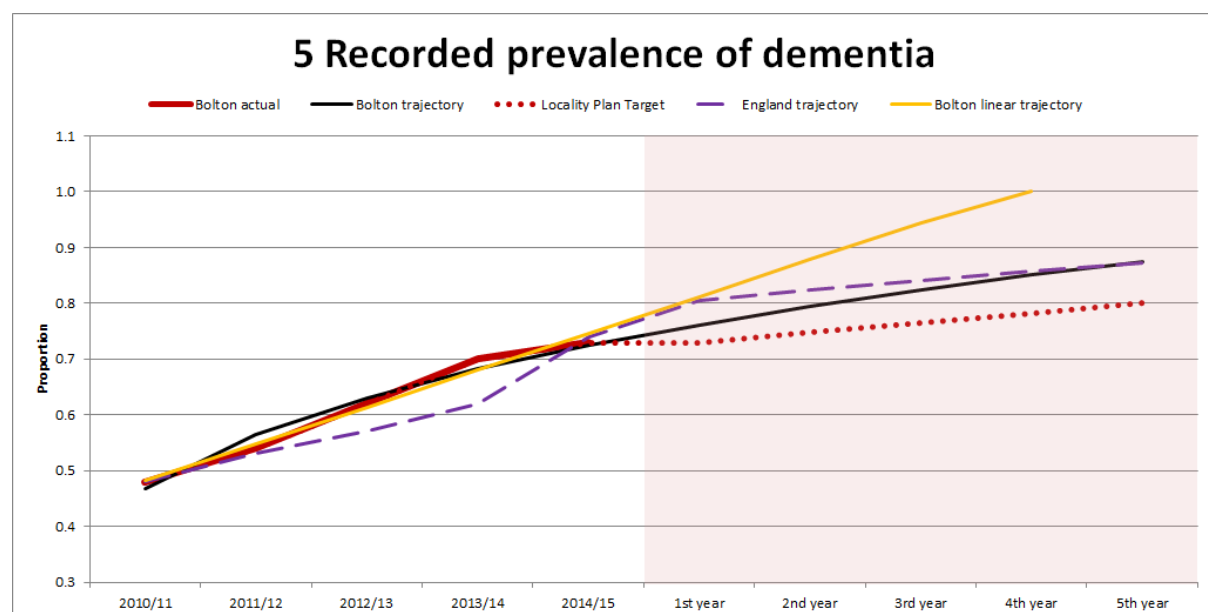
**DEFINITION OF INDICATOR:** Directly standardised rate of finished admission episodes for self-harm per 100,000 population aged 10-24 years.

## 5 Improving the percentage of people expected to have dementia being on the dementia register

**DEFINITION OF TARGET:** To improve from 68.5% diagnosed in 2014/15 to 80.0% by 2020. 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.

**QUANTIFIABLE BENEFIT:** In 2020 there will be 2,834 people on the Bolton dementia register.

**NOTE:** Given how positively diagnosis rate is increasing, Bolton's predicted trajectory will meet England's over the next five years (currently both have very similar diagnosis rates). As such, for a more ambitious comparator Bolton's linear trajectory is illustrated – suggesting we would meet 100% by the 4<sup>th</sup> year. This is unlikely to happen as we can expect diagnosis to become more difficult as the register nears completion (remainder will be hard to reach groups, difficult to engage etc.). As such, Bolton and England trajectory's here are power models (rather than linear). Though linear should always be preferred for common forecasts, and chosen over a power model when of similar significance as being the simplest solution, the power calculation used here reflects the conservative behaviour we can anticipate as the register nears completion. This is the reason also for assuming stasis in 1<sup>st</sup> year.



5 Recorded prevalence of dementia			
	Bolton trajectory DO NOTHING	Locality Plan target	Bolton linear trajectory AMBITIOUS
2010/11	0.48		
2011/12	0.54		
2012/13	0.62		
2013/14	0.70		
2014/15	0.73		

1st year	0.76	0.73	0.81
2nd year	0.79	0.75	0.88
3rd year	0.82	0.77	0.94
4th year	0.85	0.78	1.00
5th year	0.88	0.80	
<b>OUTCOME</b>	<b>HIT TARGET</b>	<b>HIT TARGET</b>	<b>BEAT TARGET</b>

**DEFINITION OF INDICATOR:** The number of people diagnosed with dementia as a percentage of estimated number of people with dementia.

## 6 Reducing infant mortality

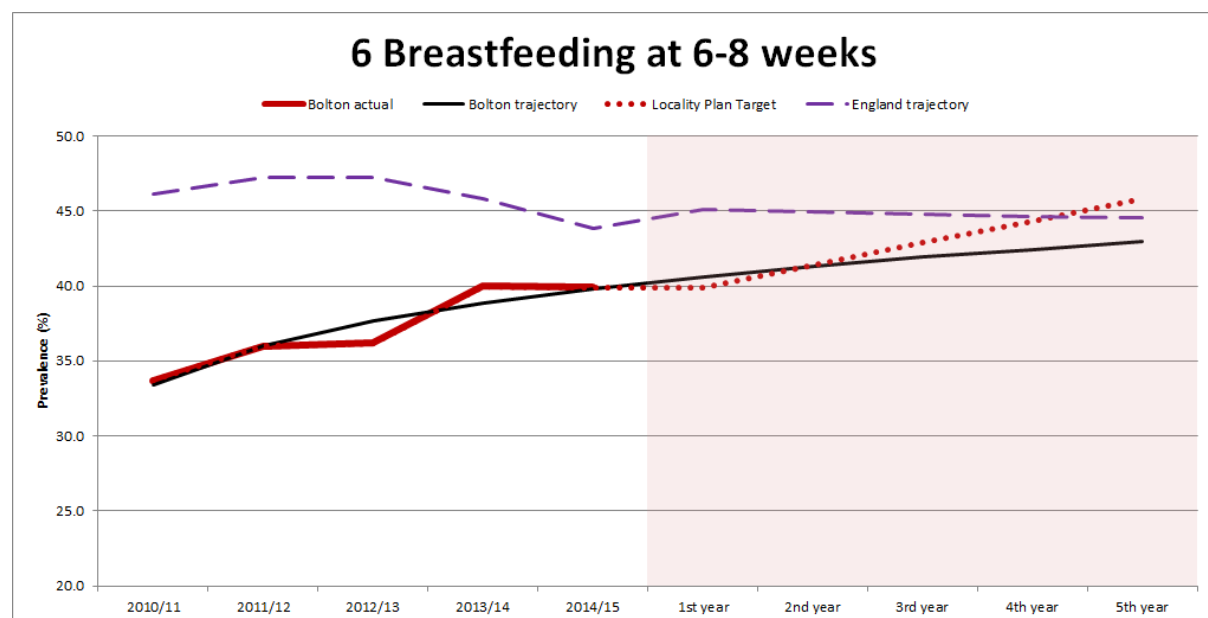
**DEFINITION OF TARGET:** Improve breastfeeding at 6-8 weeks to England average (currently 45.8%) and reduce Bolton women smoking in pregnancy to 10.0%.

**QUANTIFIABLE BENEFIT:** By 2020 210 more Bolton mothers will breastfeed to 6-8 weeks and 228 fewer mothers will smoke in pregnancy.

**NOTE:** England's breastfeeding trajectory is influenced by recent reductions. This may be due to data issues during a transitional period for 0-5 services around the country, or may be representative of a true pattern observed nationally. This means Bolton's trajectory will meet England's in around five years' time (if not a data issue) – however, the Locality Plan Target (– 45.8%) is to improve to the England rate at time the Plan was written and this remains a suitably ambitious but achievable target for Bolton.

**NOTE:** Assumption of stasis in 1<sup>st</sup> year, especially relevant for breastfeeding given stasis in two latest actual data releases (40.0% and 39.9% respectively).

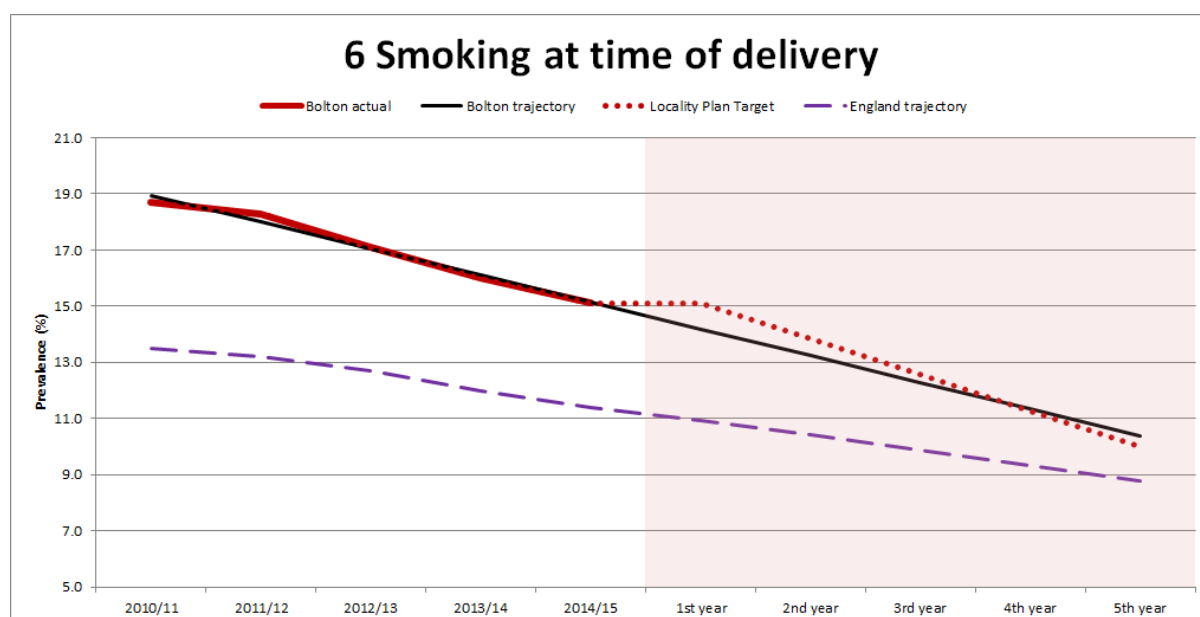
**NOTE:** Smoking at the time of delivery (SATOD) indicator only requires a minor improvement to meet Locality Plan Target; improvement to the England trajectory is given as a more ambitious comparator, but unlikely given differences in socioeconomic profile.



6 Breastfeeding at 6-8 weeks			
	Bolton trajectory DO NOTHING	Locality Plan target	England trajectory
2010/11	33.7		
2011/12	36.0		
2012/13	36.2		
2013/14	40.0		
2014/15	39.9		
1st year	40.6	39.9	40.8

2nd year	41.3	41.4	41.8
3rd year	41.9	42.9	42.7
4th year	42.4	44.3	43.6
5th year	42.9	45.8	44.5
<b>OUTCOME</b>	<b>MISS TARGET</b>	<b>HIT TARGET</b>	<b>MISS TARGET</b>

**DEFINITION OF INDICATOR:** This is the percentage of infants that are totally or partially breastfed at age 6-8 weeks. Totally breastfed is defined as infants who are exclusively receiving breast milk at 6-8 weeks of age - that is, they are not receiving formula milk, any other liquids or food. Partially breastfed is defined as infants who are currently receiving breast milk at 6-8 weeks of age and who are also receiving formula milk or any other liquids or food. Not at all breastfed is defined as infants who are not currently receiving any breast milk at 6-8 weeks of age. The numerator is the count of the number of infants recorded as being totally breastfed at 6-8 weeks and the number of infants recorded as being partially breastfed. The denominator is the total number of infants due a 6-8 weeks check.



6 Smoking at time of delivery			
	Bolton trajectory <b>DO NOTHING</b>	Locality Plan target	England trajectory
2010/11	18.7		
2011/12	18.3		
2012/13	17.1		
2013/14	16.0		
2014/15	15.1		
1st year	14.2	15.1	10.9

2nd year	13.2	13.8	10.4
3rd year	12.3	12.6	9.9
4th year	11.3	11.3	9.3
5th year	10.4	10.0	8.8
<b>OUTCOME</b>	<b>MISS TARGET</b>	<b>HIT TARGET</b>	<b>BEAT TARGET</b>

**DEFINITION OF INDICATOR:** Number of women who currently smoke at time of delivery per 100 maternities.

## 7 Improving attainment at Early Years Foundation Stage

**DEFINITION OF TARGET:** Target needs review. Bolton already surpasses original target – to improve from 54.2% to 60.0%.

**QUANTIFIABLE BENEFIT:** Target not yet set.

**NOTE:** Target not yet set.



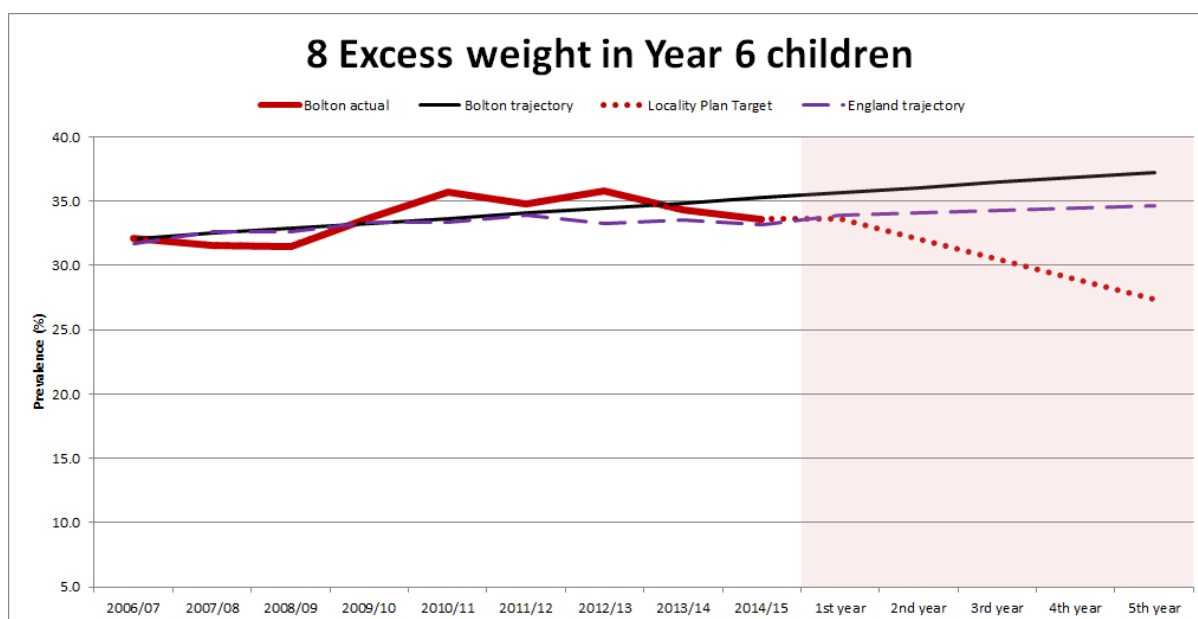
## 8 Reducing excess weight in school children

**DEFINITION OF TARGET:** Reduce excess weight in Year 6 children to 27.4%.

**QUANTIFIABLE BENEFIT:** By 2020, 234 fewer Bolton children will be of excess weight when they reach Year 6.

**NOTE:** Though we have seen a relative plateau in recent years, this indicator remains one of our most ambitious targets locally.

**NOTE:** Assumption of stasis in 1<sup>st</sup> year.



8 Excess weight in Year 6 children			
	Bolton trajectory DO NOTHING	Locality Plan target	England trajectory
2006/07	32.1		
2007/08	31.6		
2008/09	31.5		
2009/10	33.7		
2010/11	35.7		
2011/12	34.8		
2012/13	35.8		
2013/14	34.3		
2014/15	33.6		
1st year	35.7	33.6	34.0
2nd year	36.1	32.1	34.1
3rd year	36.5	30.5	34.3
4th year	36.9	29.0	34.5
5th year	37.2	27.4	34.7
OUTCOME	MISS TARGET	HIT TARGET	MISS TARGET

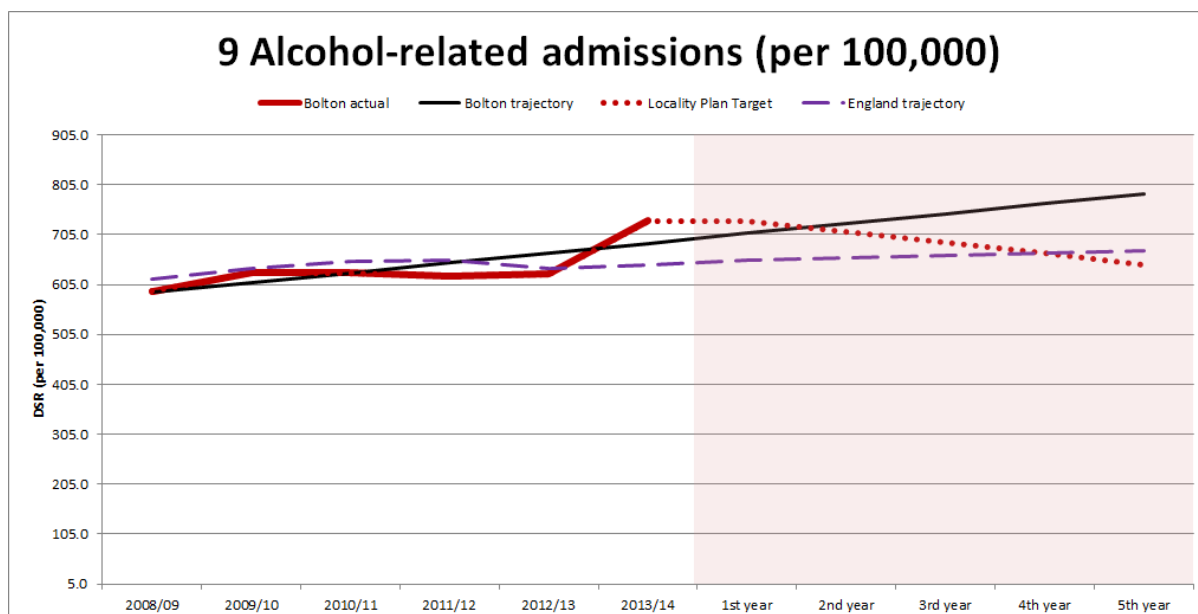
**DEFINITION OF INDICATOR:** Proportion of children aged 10-11 classified as overweight or obese. Children are classified as overweight (including obese) if their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex.

## **9 Reducing avoidable harm and mortality due to alcohol**

**DEFINITION OF TARGET:** Reduce the number of alcohol-related admissions (narrow definition) in Bolton back to the England average (currently 645 per 100,000).

**QUANTIFIABLE BENEFIT:** There will be 234 fewer alcohol-related admissions per year.

**NOTE:** Assumption of stasis in 1<sup>st</sup> year.



9 Alcohol-related admissions (per 100,000)			
	Bolton trajectory DO NOTHING	Locality Plan target	England trajectory
2008/09	592.0		
2009/10	628.0		
2010/11	628.0		
2011/12	622.0		
2012/13	626.0		
2013/14	733.0		
1st year	707.5	733.0	720.7
2nd year	727.3	711.0	708.5
3rd year	747.1	689.0	696.2
4th year	766.9	667.0	684.0
5th year	786.7	645.0	671.7
OUTCOME	MISS TARGET	HIT TARGET	MISS TARGET

**DEFINITION OF INDICATOR:** Hospital admissions for alcohol-related conditions (narrow definition), all ages, directly age standardised rate per 100,000 population European standard population. (Narrow definition = admissions to hospital where the primary diagnosis is an alcohol-attributable code or a secondary diagnosis is an alcohol-attributable external cause code).

## 10 Reducing injuries due to falls

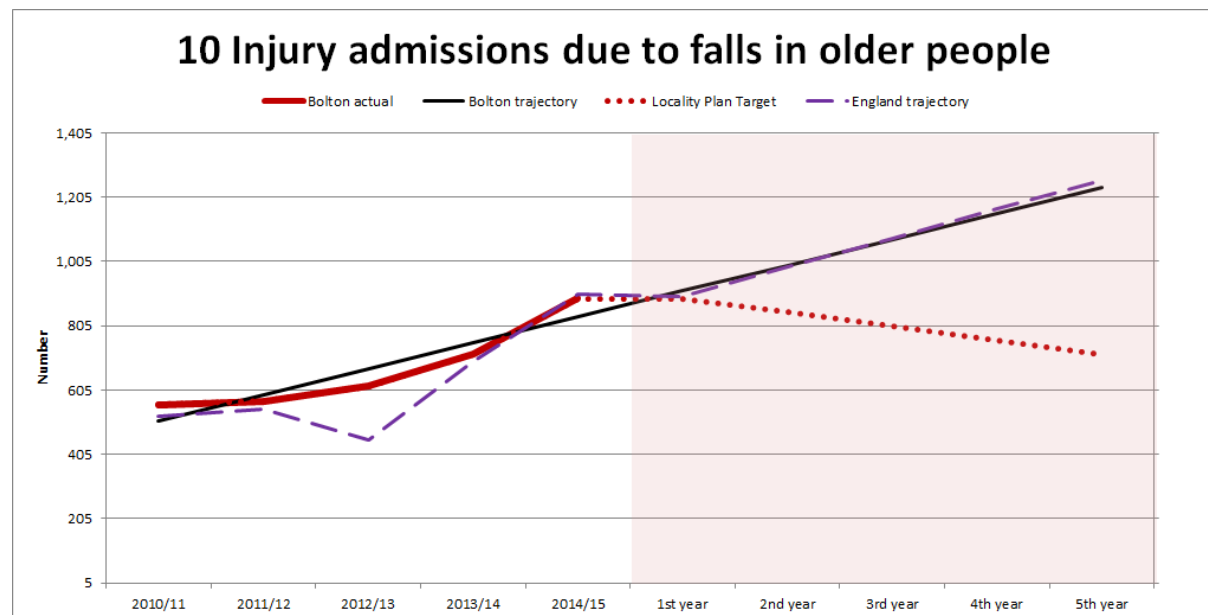
**DEFINITION OF TARGET:** Target is to maintain the number of emergency admissions from injuries due to falls in older people (716 per year) in light of demographic changes resulting in more older people at risk of falls.

**QUANTIFIABLE BENEFIT:** No increase in admissions due to falls per year. Without a comprehensive Falls Prevention Strategy we would expect admissions to increase to 1,082 per year by 2020 due to demographic changes alone.

**NOTE:** Outcome is the number of admissions per year; i.e. not a rate, as the number of admissions can increase as the rate remains static given the pace of increase in the older population base.

**NOTE:** As outcome is the number of admissions, the England trajectory in the table has been calculated by applying the England projected rate to Bolton's ONS population projections. As such, the chart (purple dotted line) and the table do not match exactly – the chart shows the trajectory of the England rate in isolation (to compare with the pace of the Bolton trajectory), whereas the table shows this trajectory applied to Bolton's predicted population growth.

**NOTE:** Assumption of stasis in 1<sup>st</sup> year.



10 Injury admissions due to falls in older people			
	Bolton trajectory DO NOTHING	Locality Plan target	England trajectory
2010/11	560		
2011/12	571		
2012/13	617		
2013/14	717		
2014/15	890		
1st year	913	890	996
2nd year	993	847	1,030
3rd year	1,074	803	1,056
4th year	1,155	760	1,087
5th year	1,235	716	1,116
OUTCOME	MISS TARGET	HIT TARGET	MISS TARGET

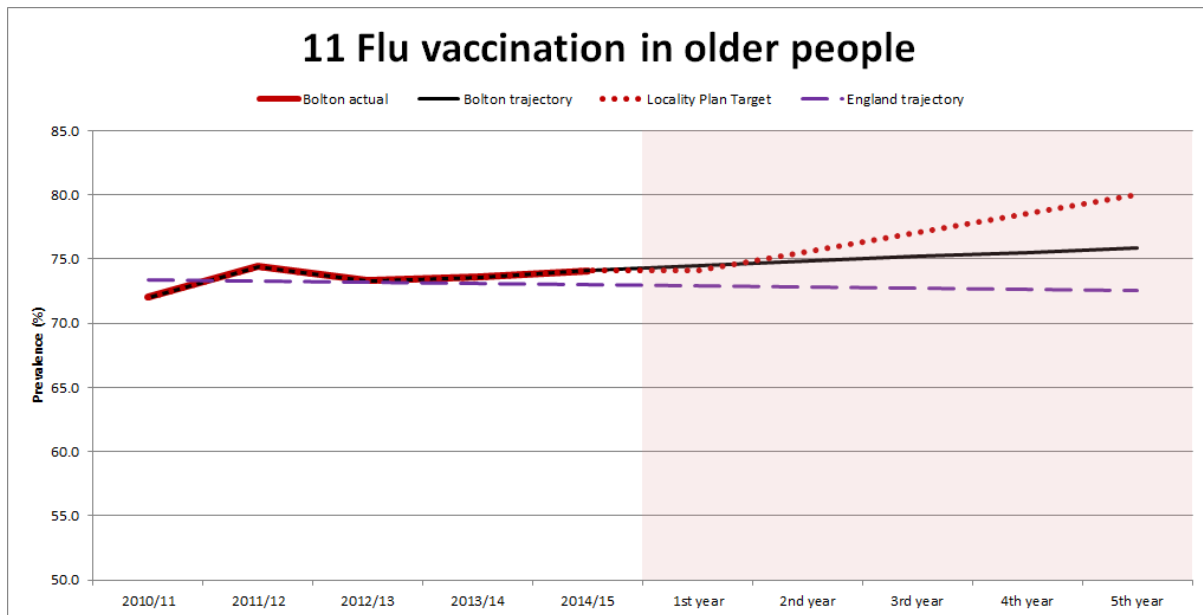
**DEFINITION OF INDICATOR:** Emergency hospital admissions for falls injuries in persons aged 65 and over, directly age-sex standardised rate per 100,000.

## **11 Improving Flu vaccination uptake rate**

**DEFINITION OF TARGET:** Target is to improve uptake in older people to over 80.0%.

**QUANTIFIABLE BENEFIT:** We will vaccinate 2,874 more older people per season.

**NOTE:** Assumption of stasis in 1<sup>st</sup> year.



11 Flu vaccination in older people			
	Bolton trajectory DO NOTHING	Locality Plan target	England trajectory
2010/11	72.0		
2011/12	74.4		
2012/13	73.3		
2013/14	73.6		
2014/15	74.1		
1st year	74.5	74.1	73.8
2nd year	74.8	75.6	73.5
3rd year	75.2	77.1	73.2
4th year	75.5	78.5	72.8
5th year	75.9	80.0	72.5
OUTCOME	MISS TARGET	HIT TARGET	MISS TARGET

**DEFINITION OF INDICATOR:** Flu vaccine uptake (%) in adults aged 65 and over, who received the flu vaccination between 1<sup>st</sup> September to 31<sup>st</sup> January in a primary care setting (GPs).