Director of

2019
2020

Public Health Annual Report

The Health and Wellbeing of Bolton – An Overview

Bolton Council

Contents

01 Introduction

Dr Helen Lowey,
Director of Public Health

I am pleased to present to you my first annual report on the health of the people of Bolton. In the twelve months since I joined Bolton Council, I have had the pleasure of learning about the town and its people, and getting to know new colleagues from across the public sector and beyond. A highlight has been meeting members of the community and enjoying a waltz at a community tea dance!

During the year I've been developing a deeper understanding of the health and wellbeing of the people of Bolton, as well as seeing the breadth of work happening across the borough by the council, its partners and from amongst the community as we all work towards achieving Bolton's ambitious vision for 2030:

In 2030, we want Bolton to be a vibrant place built on strong cohesive communities, successful businesses and healthy, engaged residents. It will be a welcoming place where people choose to study, work, invest and put down roots.

To support the achievement of the Vision, the council and its partners will need to ensure that strategies and decision making are informed by shared and robust insight and intelligence on the existing strengths and challenges, but also through evidence of what will work to deliver improved outcomes for residents and the town.

Bolton's Vision Themes

- Giving our children the best possible start in life, so that they have every chance to succeed and be happy
- Improving the health and wellbeing of our residents, so that they can live healthy, fulfilling lives for longer
- Supporting older people in Bolton to stay healthier for longer, and to feel more connected with their communities
- Attracting businesses and investment to the Borough, matching our workforce's skills with modern opportunities and employment
- Protecting and improving our environment, so that more people enjoy it, care for it and are active in it
- Developing stronger, cohesive, more confident communities in which people feel safe, welcome and connected

Marmot's Principles

- Give every child the best start in life
- Strengthen the role and impact of ill health prevention
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities

The six themes for Bolton's 2030 Vision align closely with the principles for reducing inequalities in health described by Sir Michael Marmot. Recognising that the Vision arrangements provide a good foundation for improving health and wellbeing, the Vision board are working to come together with the Health and Wellbeing Board to launch the 'Active Connected Prosperous Board' in July 2020.

While some of this may be familiar to many, I'm keen to ensure we develop a clear and shared understanding of the challenges we face and recognise the strengths and opportunities we have here in Bolton.

This Public Health Annual Report 2019-20 presents an overview of the health and wellbeing of Bolton residents using key population health indicators as by way of an introduction to Bolton's Joint Strategic Needs Assessment (JSNA). This report draws together a selection of key population health indicators from a range of sources.

Bolton's JSNA is a set of local arrangements that create a shared picture of the health and wellbeing of Bolton residents, and the local factors acting to influence health.

JSNA activities and products support a focus on improving outcomes for everyone across the short, medium and long term. This includes preparing a new set of arrangements for gathering and sharing data and insights about our population, their health and wellbeing, and the local factors that influence health.

Simply put, a strong JSNA process increases the likelihood of achieving Bolton's 2030 Vision and making the place and people of Bolton as active, prosperous and connected as we can be.

Good public health is system wide.
In my first year here in Bolton, I have:

1. Created a new Public Health Directorate within Bolton Council so that public health is central, working right across People, Place and Corporate directorates, using the Healthy Weight Declaration as a way to embed public health approaches into the Council's priorities.

2. Worked with the Public Health team to develop the Public Health Strategic Business Plan so that we can refocus our efforts to ensure we are best placed to effectively deliver Bolton's Vision for 2030.

3. Sought agreement for new arrangements for Health and Wellbeing Board responsibilities. This will offer exciting opportunities for longer term vision to focus on health and wellbeing, providing leadership to enable the newly created Active, Connected and Prosperous Board to develop a strengthened focus on improving health and wellbeing, and reducing inequalities.

4. Produced Bolton's Joint Strategic Needs Assessment and agreed a strong leadership process, aligning with the Active, Connected and Prosperous Board.

Please note *that much of the work included in this summary, both in terms of data and analysis, pre-dates the COVID-19 outbreak. Once the data becomes available both the JSNA website (**www.boltonjsna.org.uk**) and future summaries will show the impact of COVID-19 on the town, people and services of Bolton.*

All data correct as of 1st July 2020.

02 Key points

Bolton's resident population is 287,550, but it has a higher GP registered population of 312,873

Bolton has a rich and diverse population with just over a fifth (20.59%) coming from Black and Minority Ethnic Backgrounds

The resident population in Bolton has increased by an estimated 6% in the last 10 years, this reflects the average for Greater Manchester

Bolton has many assets, with a thriving voluntary sector and access to green space which is valued by many

The people of Bolton experience poorer health than the average for England. This is seen across a range of measures of life expectancy (77.8 years for males, 81.6 years for females), and in death rates for common causes amongst those aged under 75

There are well established social and economic circumstances that together influence health throughout the life course, known as the 'social determinants of health'. Bolton, as a more deprived local authority district, faces more challenges than more affluent areas as there is a social gradient across many of these determinants that contribute to health, with poorer individuals experiencing worse health outcomes than people who are better off

As with England as a whole, Bolton has an ageing population. Bolton's older population, the over 70s, do however make up a lower proportion of the local population than the England average

Both life expectancy and healthy life expectancy in Bolton for both males and females is below the regional and national average:

Comparison of life expectancy and healthy life expectancy in Bolton, North West and England (2016-18)[1]

Gender	Area name	Healthy life expectancy	Life expectancy	Years not in good health
Male	England	63.4	79.6	16.3
Female	England	63.9	83.2	19.3
Male	North West	61.6	78.3	16.7
Female	North West	62.5	81.9	19.3
Male	Bolton	62.5	78.0	15.5
Female	Bolton	58.4	81.5	23.2

(Both life expectancy and healthy life expectancy are calculated at birth)

However, across Bolton itself there is also a gap in life expectancy between wards – a gap of 12 years in females and 13.1 years in males across the borough. This highlights inequalities in socio-economic levels, with Bolton having areas of affluence and areas of deprivation which link to inequalities in health and health outcomes.

[1]*Public Health England (2020) Public Health Outcomes Framework – Overarching indicators. https://bit.ly/38Kzzq8*

03 Our people

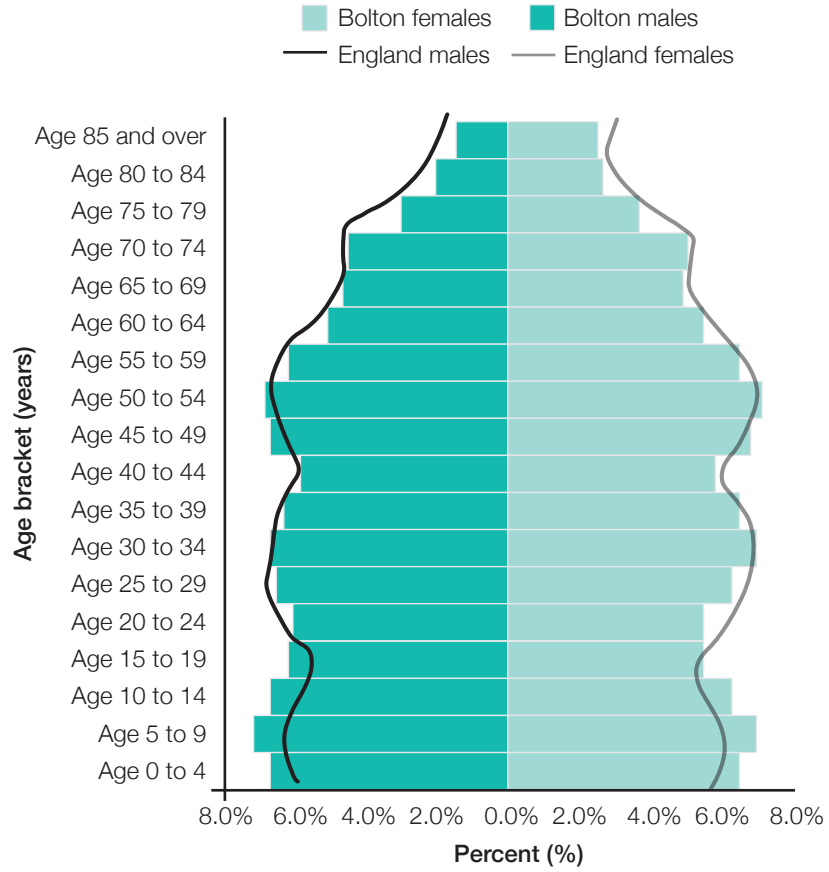
3.1 Population size and structure

Bolton has a resident population of 287,550[2], whereas the GP registered population is higher at 312,873[3]. The Bolton population forms 4% of the population of the North West region as a whole, and 10% of the Greater Manchester population[2].

The average age of the population in Bolton is slightly younger than England and the North West averages (38.9, 40.0 and 40.3 years respectively). The population distribution is on the whole similar to the national profile, although a greater proportion of Bolton's population is aged under 14 compared to England as a whole[2].

Figure 1 shows Bolton's population distribution by five year age bands and gender compared with England.

Figure 1: *Population structure by age and gender in Bolton compared with England* [4]



[2]*Office for National Statistics (2020) Dataset: Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland. Mid 2019: 2020 LA boundaries. Table MYE2.* ***www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland***

[3]*Public Health England (2019) National General Practice Profiles (supporting indicators) – total list size 2018/19.* ***https://bit.ly/3cGgCY5***

[4]*NOMIS (2018) Population estimates – local authority based by five year age band.* ***https://bit.ly/2U3OQMX***

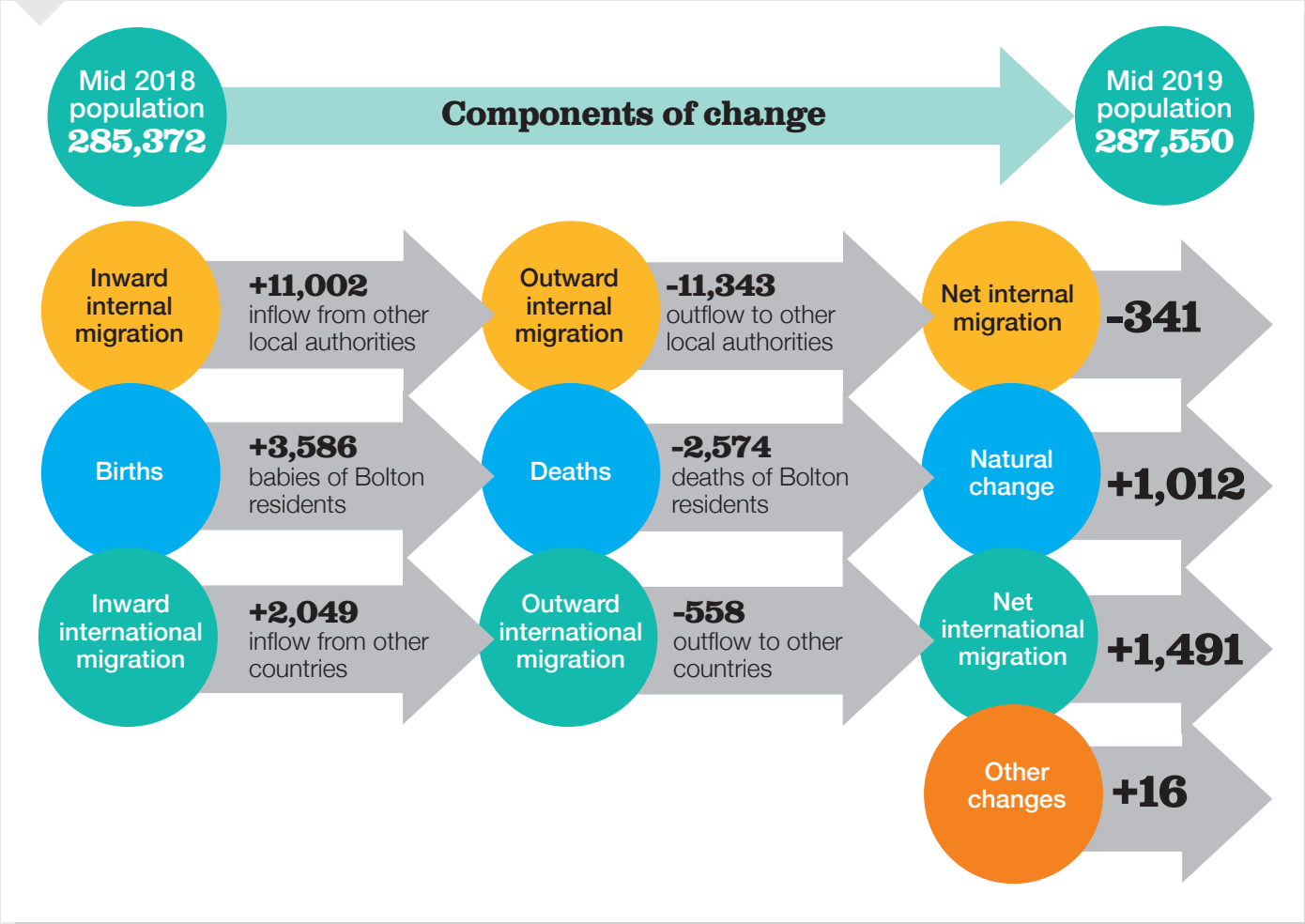
Population change

The resident population in Bolton has increased by an estimated 5% in the last 10 years from 273,049 in 2009. This is a typical value for Greater Manchester, but some way behind Manchester and Salford which have seen the greatest population growth at 12.5% and 11.6% respectively.

Population change is determined by trends in the number of births, deaths and net migration into and out of the borough. Figure 2 shows the components of population change between mid-2018 and mid-2019. In the 12 months 2018 to 2019, the biggest components of population change were international migration with 2,049 people moving to Bolton from outside of the UK, and over 550 moving out of the UK from Bolton, giving a net gain of around 1,500.

Over the next ten years, the highest projected population increases are expected amongst 15-19 year olds and the over 60s[6]. Reductions are anticipated in the proportions aged 0-9, 25-34 and 45-54 (Table 1 and Figure 3).

Figure 2: *Bolton population - components of change, 2018 to 2019[5]*



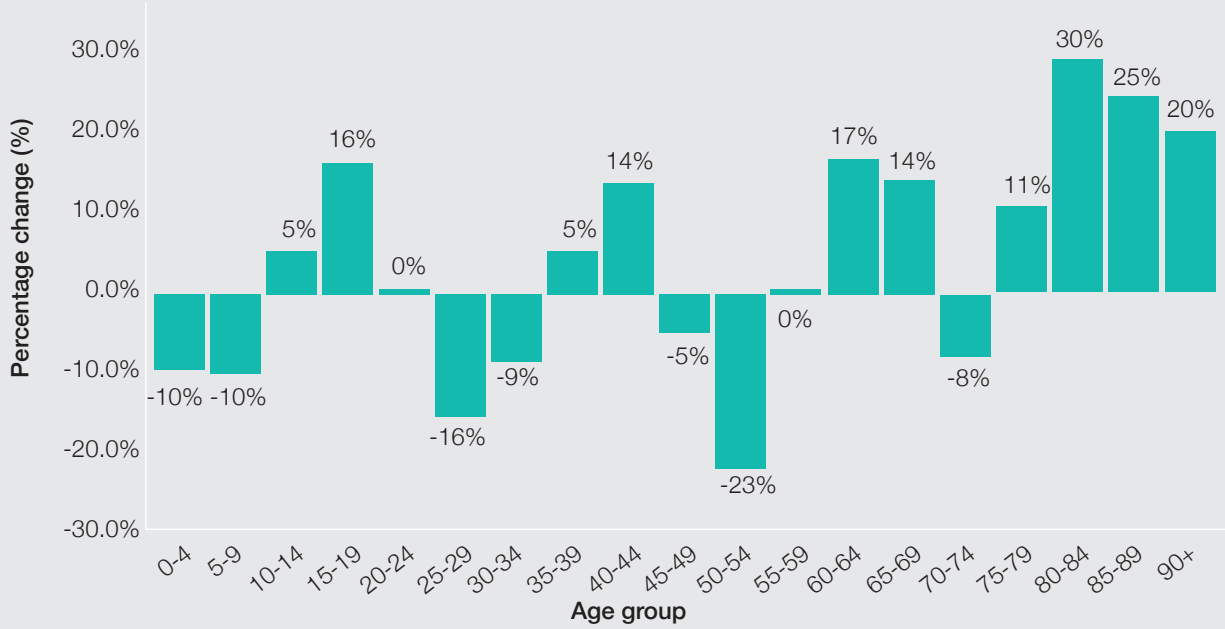
[5]*Office for National Statistics (2020) Dataset: Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland. Mid 2019: 2020 LA boundaries. Table MYE2. www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland*

[6]*Office for National Statistics (2019) Dataset: Population projections for local authorities. Table 2. https://bit.ly/2HBym8H*

Table 1: *Past and estimated future population change by age in Bolton*[7]

Age group	2019	2024	2029	Change between 2009 and 2019 (numbers)	Change between 2009 and 2019 (%)
0-4	19,003	17,625	17,301	670	3.7%
5-9	20,160	19,617	18,256	3596	21.7%
10-14	18,697	20,296	19,705	742	4.1%
15-19	16,394	18,138	19,562	-1969	-10.7%
20-24	16,293	14,885	16,351	-1145	-6.6%
25-29	18,475	17,226	15,925	633	3.5%
30-34	19,432	19,048	17,822	2689	16.1%
35-39	18,403	19,634	19,405	-1342	-6.8%
40-44	16,849	18,447	19,571	-3898	-18.8%
45-49	19,268	16,666	18,277	-35	-0.2%
50-54	20,007	18,767	16,309	3333	20.0%
55-59	18,238	19,375	18,187	2642	16.9%
60-64	15,247	17,298	18,376	-1233	-7.5%
65-69	13,752	14,083	16,015	1258	10.1%
70-74	13,869	12,415	12,804	3679	36.1%
75-79	9,677	12,063	10,879	1931	24.9%
80-84	6,677	7,517	9,474	893	15.4%
85-89	3,724	4,314	4,942	99	2.7%
90+	2,032	2,168	2,550	603	42.2%
Total	**286,195**	**289,581**	**291,709**	**13,146**	**4.8%**

Figure 3: *Projected population change between 2019 and 2029 by age group*[7]

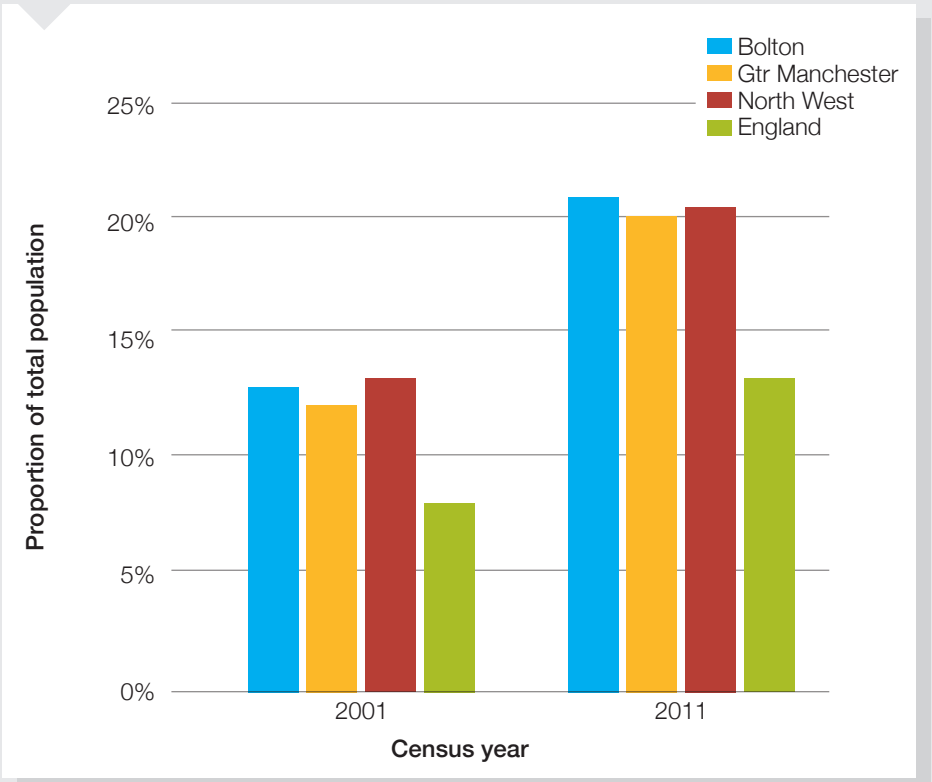


[7]*Office for National Statistics (2019) Dataset: Population projections for local authorities. Table 2. https://bit.ly/2HElUoG*

Ethnicity

The proportion of Bolton's population who are from a Black, Asian or Minority Ethnic (BAME) group is 21%[8], similar to Greater Manchester and the North West as a whole. Population change is similar to the North West region with an increase of 10% seen between the 2001 and 2011 Census. Bolton's BAME population is in general younger than the White British population.

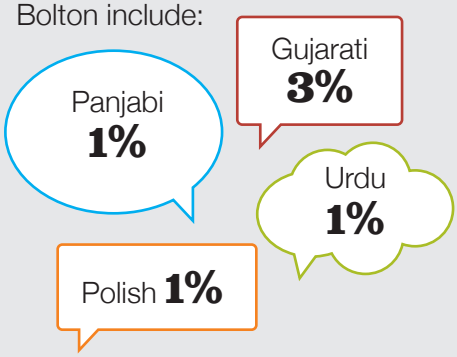
Figure 4: *Percentage of population from BAME group 2001[9] and 2011[8]*



3.2 Languages

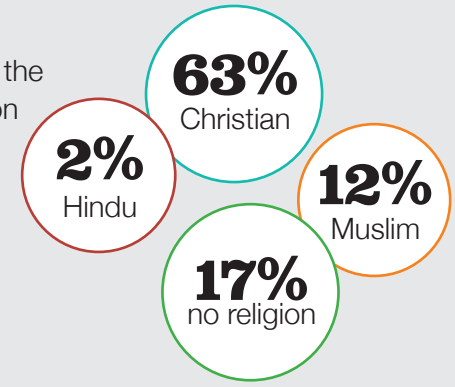
At the time of the last census (2011), more than 91% of the resident population spoke English as their first or preferred language[10].

Other languages spoken in Bolton include:



3.3 Beliefs and religion

At the last census (2011), the religious make up of Bolton was as follows:[11]



[8] *Census 2011 obtained from NOMIS (2013) Table QS211EW - Ethnic group (detailed). https://bit.ly/2wpBy4V*
[9] *Census 2001 obtained from NOMIS (2003) Table KS006 - Ethnic group. https://bit.ly/2ufWnPM*
[10] *Census 2011 obtained from NOMIS. Table QS204EW - Main language (detailed). https://bit.ly/2uhoXAk*
[11] *Census 2011 obtained from NOMIS. Table KS209EW – Religion. https://bit.ly/2V4nUOV*

3.4 Sexual and gender identity

The proportion of the UK population aged 16 years and over identifying as heterosexual or straight decreased from 95.3% in 2014 to 94.6% in 2018. The proportion identifying as lesbian, gay or bisexual (LGB) increased from 1.6% in 2014 to 2.2% in 2018. Men (2.5%) were more likely to identify as LGB than women (2.0%) in 2018. Younger people (aged 16 to 24 years) were most likely to identify as LGB in 2018 (4.4%)[12].

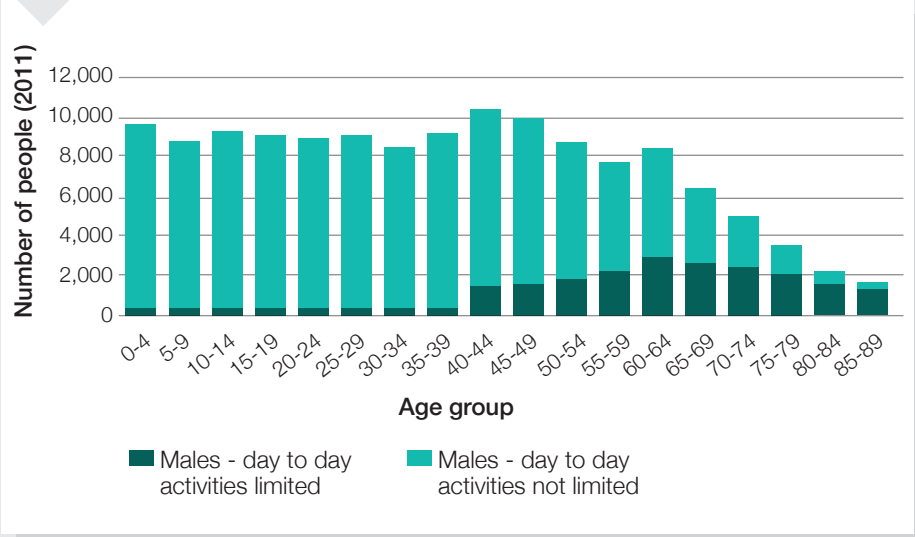
Estimates of sexual identity at local authority level for Bolton are considered unreliable for practical purposes[13]. There are no estimates for the number of people in Bolton who identify as transgender or as gender identities other than male or female.

3.5 Disability

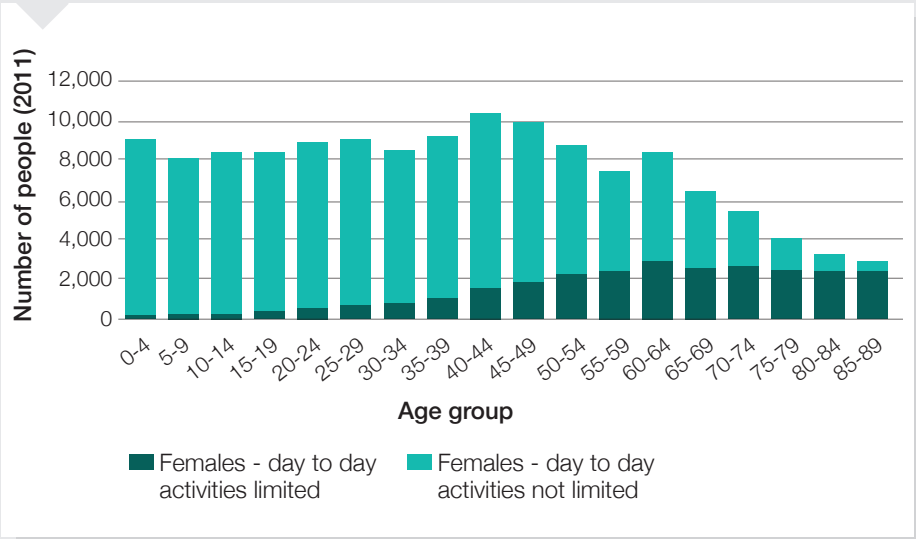
The Census 2011 states that 20% of Bolton's population has a long-term health problem or disability; this equates to around 55,000 people. The estimated prevalence of the population aged 16-64 with a physical disability in Bolton is 11.1%, similar to the prevalence at regional level (11.2%) and the same as the national average.

Figure 5: *Numbers of people with a disability in Bolton by sex and age (2011)[14]*

Males



Females



[12]*Office for National Statistics (2020) Sexual orientation, UK: 2018. https://bit.ly/3a93FnV*
[13]*Office for National Statistics (2017) Sexual Identity, subnational. https://bit.ly/2xctsNH*
[14]*NOMIS (2011) Table: LC3101EWls - Long term health problem or disability by sex by age. https://bit.ly/3a8P7ES*

04 Our place

This section is concerned with the underlying determinants of health. It presents a selection of data that give a picture of the range of economic, social and environmental conditions influencing the health of Bolton residents.

4.1 Social and economic conditions

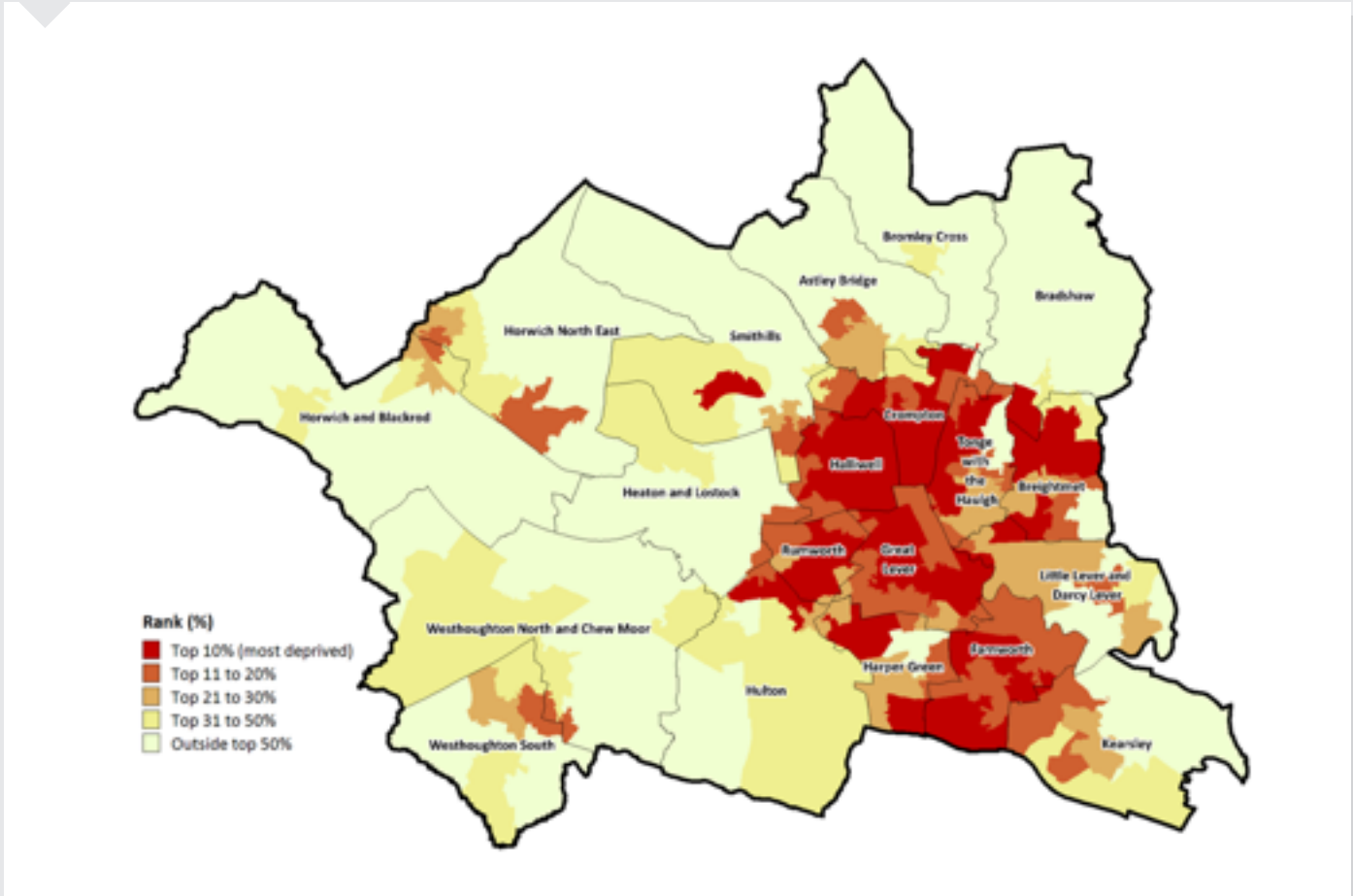
4.1.1 Deprivation

The Index of Multiple (IMD) is the official measure of relative deprivation for small areas known as lower super output areas (LSOAs) in England. LSOAs typically cover a population of around 1,500.

Bolton is amongst the 20% most deprived local authorities in the country, ranking 46th out of the 317 English local authorities.

Within Bolton there is large variation in IMD scores between LSOAs. Figure 6 shows the pattern of deprivation across the borough.

Figure 6: *Indices of Multiple Deprivation 2019 – LSOAs in Bolton compared to the highest levels of deprivation in England*



4.1.2 Children living in poverty

There are a number of ways of measuring poverty, but in the UK the main official measures consider those households who earn less than 60% of the median (average) income, adjusted for household size and type. On the main official measure of child poverty (children in low income families local measure), from the latest data 20% of children living in the borough are in poverty, significantly worse than that seen in the North West region but similar to Greater Manchester as a whole. At ward level there is considerable variation, with the highest figure at 32% for Halliwell, and the lowest at 4% for Bromley Cross[15]. The introduction of Universal Credit and means testing of child benefit has disrupted production of this statistic and the latest data available relates to 2016.

Other more current sources of child poverty data are available, using different methodologies. End Child Poverty publishes the most reputable recently updated measure, Local Indicators of Child Poverty, developed by the Centre for Research in Social Policy at Loughborough University[16]. On this measure at borough level 37% of children are in poverty after housing costs, with the highest rates seen in Rumworth ward at 55%, and the lowest at 19% in Bromley Cross.

4.1.3 Fuel poverty

Fuel poverty is measured using the Low Income High Costs indicator: a household is considered to be fuel poor if they have required fuel costs that are above average and, were they to spend that amount, they would be left with an income below the official poverty line. Living in cold homes is associated with poor health outcomes and an increased risk of morbidity and mortality for all age groups. More than one in five (22%) excess winter deaths in England and Wales are attributable to the coldest quarter of homes. In 2016 there were 16,477 homes in Bolton that were fuel poor. This is equal to 14% of the total homes in Bolton and it is higher than the national rate of 11%[17].

4.1.4 Employment, education and training

Employment is an important factor for health, directly and indirectly having an impact on the individual, their families and communities. Unemployment is associated with an increased risk of mortality and morbidity, including limiting illness, cardiovascular disease, poor mental health, suicide and health-damaging behaviours. There are substantial variations in employment rates across groups and health conditions[18].

71% of adults in Bolton are in employment, lower than both the England and North West rates[19]. On average working adults spend a third of their waking hours in the workplace. Evidence shows that good work is good for health and that a bad working environment, characterised by low levels of job control and organisational fairness, and a high effort-reward imbalance, may contribute to poor health[18].

Among Bolton working age residents, 33% have level 4 qualifications (equivalent to an undergraduate degree) or higher, this is 6% lower than the England average of 39%; while 31% only had qualifications below level 2 (equivalent to five GCSEs at grade C or above) which is worse than the England average of 25%[20].

[15]Office for National Statistics (2020) Official Statistics: Personal tax credits: Children in low-income families local measure: 2016 snapshot as at 31 August 2016. https://bit.ly/2P7yPUw

[16]End Child Poverty (2020) Poverty in your Area. https://bit.ly/3bT95F3

[17]Public Health England (2020) Wider determinants of health. https://bit.ly/2SJBSo9

[18]Public Health England (2020) Guidance: Workplace health: applying All Our Health. https://bit.ly/327OJU1

[19]Public Health England (2020) Wider determinants of health. https://bit.ly/37BDUdT

[20]GMCA (2019) Greater Manchester Strategy performance dashboard: Priority 3 – Good jobs with opportunities for people to progress and develop. https://bit.ly/3bUn8KG

School readiness is a key measure of early years development across a wide range of developmental areas. Children from poorer backgrounds are more at risk of poorer development and the evidence shows that differences by social background emerge early in life. In Bolton, 68% of children are classed as 'school ready'. The latest data indicates that this is similar to the England average, having previously been worse than the England rate[21].

4.1.5 Housing

Housing is an important social determinant of health, and the link between housing and health is widely acknowledged. Housing affordability affects where people live and work, and factors that influence health include the quality of housing available, poverty, community cohesion and time spent commuting. There is increasing evidence of a direct association between unaffordable housing and poor mental health, over and above the effects of general financial hardship. In Bolton, the average home costs 5.3 times the average wage. This makes housing more affordable than in England as a whole where the average home costs 8.0 times the average wage and in the North West where the ratio is 5.8[22].

Homelessness is associated with severe poverty and is a social determinant of mental health. To be deemed statutorily homeless a household must have become unintentionally homeless and must be in priority need. As such, statutorily homeless households contain some of the most vulnerable and needy members of our communities. There are a number of risk factors associated with the likelihood of someone becoming homeless, ranging from drug and alcohol issues, bereavement, or experience of the criminal justice system, to the wider determinants of health such as inequality, unemployment, and housing supply and affordability. The statutory homelessness rate in Bolton is 1.6 per 1,000 people, which is significantly lower than England as a whole, and similar to the North West rate. Most of the people that are found to be homeless but not considered to be 'in priority need' are single homeless people, who as a group have a very high prevalence of mental and physical health issues. Bolton has a rate of 0.6 per 1,000 people who are homeless but not in priority need, significantly better than the England and North West rates.

4.2 Adverse childhood experiences

Stable and protective childhoods are critical factors in the development of resilience to health-harming behaviours in England. Interventions to reduce adverse childhood experiences (ACEs) are available and sustainable, with nurturing childhoods supporting the adoption of health-benefiting behaviours and ultimately the provision of positive childhood environments for future generations. Nearly half of all individuals in England are exposed to at least one adverse experience during childhood, and 9% experience four or more ACEs. ACEs asked about included experience of: parental separation; domestic violence; physical abuse; verbal abuse; sexual abuse; living with anyone who experienced: mental illness; alcohol abuse; drug abuse; incarceration. Those who have experienced ACEs are more likely to engage in less healthy behaviours. Table 2 shows the increased likelihood of engaging in a number of less healthy behaviours among those who have experienced four or more ACEs[23].

[21] *Public Health England (2019) Wider determinants of health. https://bit.ly/32cO5oq*
[22] *Public Health England (2019) Wider determinants of health. https://bit.ly/38ELKFa*
[23] *Bellis M.A., Hughes K., Leckenby N., Perkins C., Lowey H. (2014) National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviors in England. BMC Medicine, 12,72. https://bit.ly/3aY88di*

Table 2: *Adjusted odds ratios for health risk behaviors for those experiencing 4+ ACEs*

Behaviour	Odds ratio for those experiencing 4+ ACEs (vs none)
Sexual behaviour	
Unintended teenage pregnancy (<18 years)	**5.86 (3.93 to 8.74)**
Early sexual initiation (<16 years)	**4.77 (3.56 to 6.39)**
Substance use	
Smoking (current)	**3.29 (2.54 to 4.27)**
Binge drinking (current)	**2.08 (1.47 to 2.94)**
Cannabis use (lifetime)	**6.20 (4.74 to 8.12)**
Heroin or crack cocaine use (lifetime)	**10.88 (5.86 to 20.18)**
Violence and criminal justice	
Violence victimization (past year)	**7.48 (4.92 to 11.38)**
Violence perpetration (past year)	**7.71 (4.90 to 12.14)**
Incarceration (lifetime)	**11.34 (7.67 to 16.75)**
Poor diet (current)	**2.00 (1.49 to 2.67)**

4.3 Crime and violence

Nationally, over recent decades we have seen continued falls in overall levels of crime but in the last year there has been no significant change. There are differences in the lower-volume but higher-harm types of violence nationally, with increases in homicide and offences involving knives and sharp instruments but decreases in offences involving firearms[24].

The rate of violent crime in Greater Manchester is the fourth largest of all the combined authorities, seeing year on year increases. Greater Manchester saw its largest increase in violent crime during 2017/18, however the increase in the rate has recently slowed down[25].

Table 3: *Violent crime (including sexual violence) - violence offences per 1,000 population by combined authority[25]*

Combined Authority	2016/17	2017/18	2018/19
CA-Greater Manchester	24.34	33.83	35.06
CA-Cambs and Peterborough	16.92	19.81	20.34
CA-Liverpool City Region	20.74	25.52	33.21
CA-North East	23.27	32.07	36.12
CA-North of Tyne	22.21	30.06	32.72
CA-Sheffield City Region	20.63	27.61	32.68
CA-Tees Valley	23.64	27.32	39.43
CA-West Midlands	17.26	20.10	26.30
CA-West of England	24.52	25.55	26.26
CA-West Yorkshire	29.14	35.73	46.17

[24]*Office for National Statistics (2020) Crime in England and Wales: year ending December 2019. https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/crimeinenglandandwales/yearendingdecember2019*
[25]*Public Health England (2018) Public Health Outcomes Framework. https://bit.ly/2xetcNW*

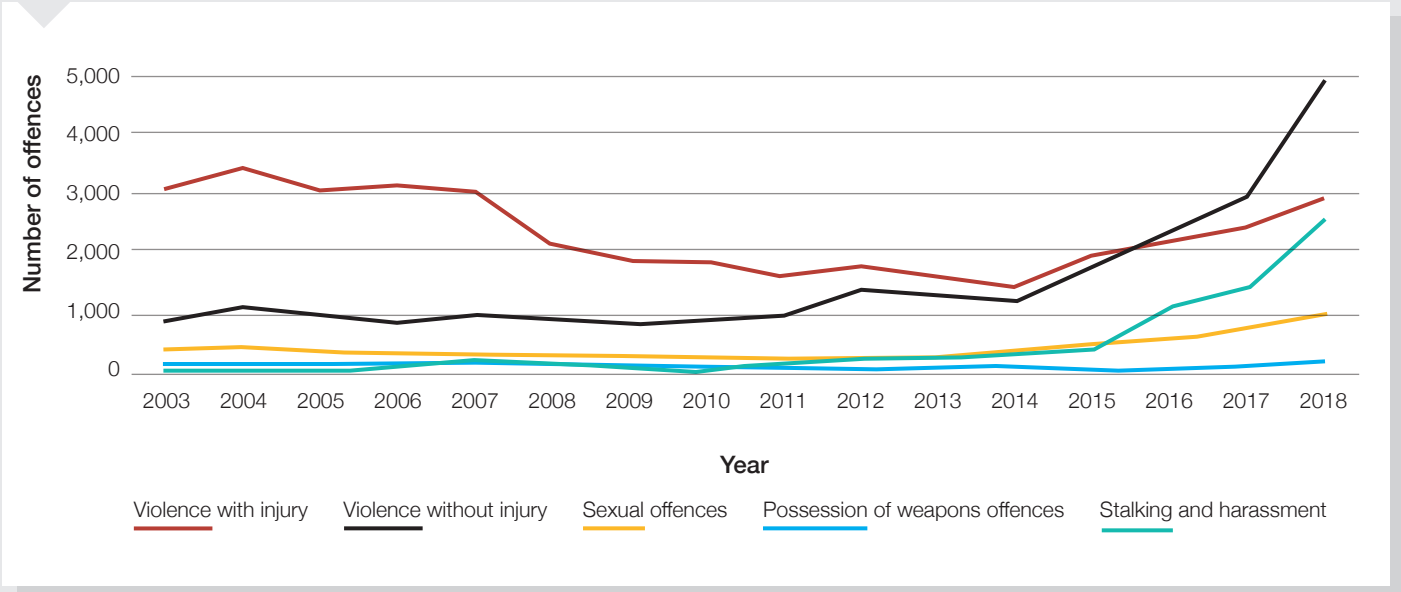
Other than Manchester and Stockport, all local authorities in Greater Manchester saw their highest recorded rate for violent crime in eight years. Bolton's rate of violent crime (including sexual violence) has increased significantly from 24.3 during the 2016/17 period, to 38.6 per 1,000 people in 2018/19. All Greater Manchester authorities have had an increase in violent crime over the last three years, with Bolton having a violent crime rate which is around average for the conurbation[26].

On average, 26,500 crimes are reported in Bolton every year. Over the last five years, Bolton has seen an increase of 50% in the total number of crimes recorded by Greater Manchester Police. During the period of 31/03/2017 to 31/03/2018, the total number of offences for violence (including violence without injury and violence with injury) increased by 2,457; the second largest categorical increase behind public order offences (3,452)[27].

Figure 7 shows that all violence related categories of crime saw a rise in the number of offences reported in Bolton within the last three years. There have been significant rises in the number of violence without injury, stalking and harassment and sexual offences, since 2003[27].

NHS data helps to provide further insight into offences involving weapons and violence with injury. NHS hospitals in England reported 4,986 admissions for assault by a sharp object between April 2017 and March 2018, an increase of 15% on the previous year[28].

Figure 7: *Trend in reported crime relating to violence in Bolton[27]*



[26]*Public Health England (2018) Public Health Outcomes Framework. https://bit.ly/2xetcNW*
[27]*Data.Police.UK (2019) Published crime data. https://data.police.uk/*
[28]*NHS Digital (2018) Sharp object injury: supplementary information. NHS admissions data. https://digital.nhs.uk/data-and-information/find-data-and-publications/supplementary-information/2018-supplementary-information-files/sharp-object*

Figure 8: *Hospital admissions for violent crime (including sexual violence), by sex - directly standardised rate per 100,000*[29]

Trauma and Injury Intelligence Group (TIIG) data records ambulance and accident and emergency (A&E) admissions to local hospitals. From the data within the last year, April 2018 to March 2019, Bolton had 1,031 A&E attendances for assault to Royal Bolton Hospital. 70% of the admissions were male, the highest rates were seen in people aged 15-24 (31.2%) and the highest number of admissions came during the months of April and May. Figure 9 shows where those people admitted due to an assault lived.

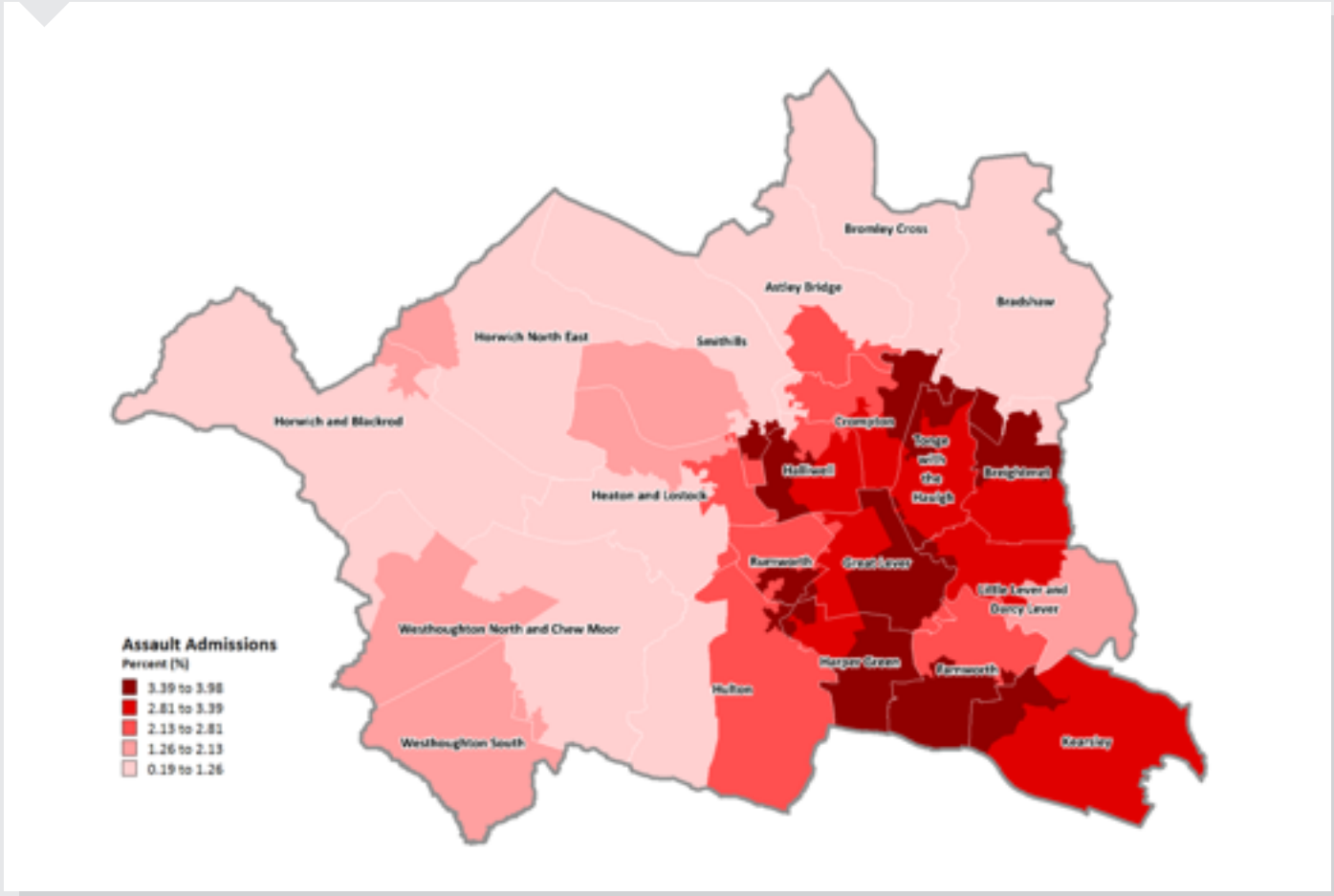
[29]*Public Health England (2018) Public Health Outcomes Framework. https://bit.ly/2xetcNW*

The crime survey for England and Wales (CSEW) states that nationally, almost 10% of all children aged 10 to 15 were a victim of some sort of violence, of which 7.4% were injured as a result[30].

NHS figures show that nationally, teenagers accounted for more than 1,000 admissions to hospital as a result of assaults with a knife or sharp object during the period of 2018-2019. Admissions for all injuries caused by an assault with knife or other sharp object have gone up by almost a third since 2012-2013, from 3,849 to 5,024 in 2018-2019[31]. However, admissions involving youngsters aged between 10 and 19 increased at a much faster rate, with 312 hospital admissions in 2012-2013 up to 635 in 2018-2019.

In 2018-2019 in Bolton there were 1,034 emergency admissions for assault, with the largest proportion of these (31.2%) being among 13-24 year olds. When comparing this to hospital admissions across Greater Manchester, there is a similar pattern seen in other local authorities[32].

Figure 9: *Location of patient residence across Bolton, by percent (%) of admissions for assault*[32]



[30]*Office for National Statistics (2019) Crime Survey for England and Wales. https://bit.ly/2Uqvh18*
[31]*NHS Digital (2019) Hospital Admissions for assault by sharp object. https://bit.ly/2woFKIY *Provisional Statistics used.*
[32]*TIIG Admissions Data – Trauma and Injury Intelligence Group.*

In the year ending March 2019, the latest data available, an estimated 2.1 million adults aged 16 to 59 years experienced domestic abuse in the last year (1.4 million women and 0.7 million men).[33]

The rate for domestic abuse related incidents and crime for 2018/19 was 27.4 per 1,000 of the population of England. Regionally, the North West has a similar rate to what is seen nationally, with Bolton having a higher rate than both (36.0), however local authorities are all allocated the rate of the police force area within which they sit. As with the regional and national rates, Bolton has seen an increase in the prevalence of domestic abuse related incidents and crimes over the last four years.

Table 4: *Domestic abuse-related incidents and crimes, 2015-2019[34]*

Domestic abuse-related incidents and crimes, 2015-2019 per 1,000 of population

Period	Bolton	North West	England
2015/16	30.2	23.5	23.7
2016/17	30.9	24.1	24
2017/18	33.1	25.1	25.1
2018/19	36.0	28.6	27.4

4.4 Environmental conditions

4.4.1 Green space

Access to green space such as woodland supports wellbeing and allows people to engage in physical activity. Both the presence of a woodland and the number of people who can readily access the space represents a significant asset to that community. Woodlands provide spaces for community activities, social connectedness and volunteering, as well as employment. Bolton's access to woodland is significantly higher than that seen in the North West or England as a whole[22].

4.4.2 Air quality

Poor air quality is a significant public health issue. There is clear evidence that particulate matter has a significant contributory role in human all-cause mortality and in particular in cardiopulmonary mortality. Bolton has a similar level of exposure to fine particulate air pollution as the North West region as a whole[22]. There are likely to be areas where the levels are significantly higher, particularly within Bolton's Air Quality Management Areas, which are concentrated on main roads leading to the town centre and motorway[35].

4.4.3 Transport

Walking and cycling for travel can be a good way to fit activity into busy lives, but Bolton has significantly lower numbers of adults walking or cycling three days a week for travel than either England or the North West Region[36].

The rates of people killed or seriously injured on Bolton's roads are lower than those seen in England as a whole[37].

4.4.4 Density of fast food outlets

One of the dietary trends in recent years has been an increase in the proportion of food eaten outside the home, which is more likely to be high in calories, which in turn is linked to obesity. Obesity is a complex issue that requires action from individuals and society across multiple sectors. One important action is to modify the environment so that it does not promote sedentary behaviour or provide easy access to energy-dense food. Bolton has a significantly higher density of fast food outlets than seen across England, but is similar to that seen in the North West as a whole[38].

[33]The Office for National Statistics (2020) Crime in England and Wales: year ending December 2019: https://bit.ly/3aT5zuh
[34]Public Health England Fingertips: https://bit.ly/3gsiLr9
[35]Clean Air Greater Manchester (2016) Air quality management area. https://bit.ly/2SXJCSh
[36]Public Health England (2019) Physical activity. https://bit.ly/2uhs5fy
[37]Public Health England (2020) Local Authority Health Profiles: Injuries and ill health. https://bit.ly/3bS7Dmr
[38]Public Health England (2019) Wider determinants of health. https://bit.ly/38ELKFa

4.5 Health related behaviours

The topics in this section are related to an individual's behaviour which is crucially influenced by the social and physical environment in which they live.

4.5.1 Tobacco use

Smoking is the leading cause of preventable ill health and premature deaths in the UK. Smoking is one of the main causes of health inequalities in England, with the harm concentrated in more disadvantaged communities and groups[39]. One in four patients in hospital beds are smokers. Smokers see their GP 35% more than non-smokers[39].

Patterns and trends in smoking in Bolton are similar to those in the North West region and England.

- Smoking prevalence has been declining in recent years. The decline has been faster in Bolton, where rates are now similar to the national average
- Smoking prevalence in Bolton is as follows:[40]
  - 16% of adults smoke
  - 14% of pregnant women smoke at time of delivery
- People from the lowest socio-economic group in Bolton are three times more likely to smoke than people in the other groups[40]
- Bolton residents suffer a higher than average burden of ill health due to smoking. The rates of hospital admission for smoking attributable conditions and deaths from smoking attributable causes are both significantly higher in Bolton than in England

The Government's Tobacco Control Plan[41] sets out the action to reduce smoking prevalence among adults and young people, and to reduce smoking during pregnancy.

4.5.2 Physical activity

Physical inactivity is responsible for one in six UK deaths (equal to smoking) and is estimated to cost the UK £7.4 billion annually (including £0.9 billion to the NHS alone)[42]. Being active has significant benefits for health, both physical and mental, and can help to prevent and manage over 20 chronic conditions and diseases, including some cancers, heart disease, type 2 diabetes and depression[42].

Rates of physical activity in Bolton are lower than average. 62% of adults are classed as physically active, compared with 67% across England and 66% across the North West[43]. There have been no significant changes in the Bolton rate over the three years the Active Lives survey, from which this information is obtained, has run.

38% of Bolton young people surveyed were active every day (an average of 30 minutes or more both at school and outside school every day); whereas 62% were not active at this level. These figures are similar to those seen for England as a whole, and Bolton sees no change from the previous year's figures[44].

[39] *Public Health England (2019) Guidance: Smoking and tobacco: applying All Our Health. https://bit.ly/2P8HtBZ*
[40] *Public Health England (2019) Local tobacco control profiles. https://bit.ly/32aRG65*
[41] *Department of Health and Social Care (2017) Smoke-free generation: tobacco control plan for England. https://bit.ly/2T1dPjr*
[42] *Public Health England (2019) Guidance: Physical activity: applying All Our Health. https://bit.ly/2HySHeS*
[43] *Public Health England (2019) Physical activity dashboard. https://bit.ly/325U1zs*
[44] *Sport England (2019) Children and Young People surveys: Table 4c: Sport and Physical Activity Levels Both At and Outside School (school years 1-11). https://bit.ly/3dnSie2*

4.5.3 Diet

The following indicators of population diet and nutrition are presented here: proportion of residents eating the recommended 5-a-day, breastfeeding rates, overweight and obesity rates, and rates of dental decay.

- In Bolton, 46.1% of adults eat the recommended 5-a-day on a 'usual day'. This is lower than the rest of the North West and significantly lower than the 54.6% who do so in England as a whole[45]. Fruit and vegetable consumption is a simple indicator of a healthy diet

- Breastfeeding rates in Bolton are worse than those seen in England as a whole, but better than those in the North West region. 70.7% of mothers initiate breastfeeding. By six to eight weeks after birth, 41.1% of mothers have continued to breastfeed[46]

- Dental health is worse than that seen in England as a whole. 37.8% of five year olds in Bolton have one or more decayed, filled or missing teeth compared to 23.3% for England as a whole[46]

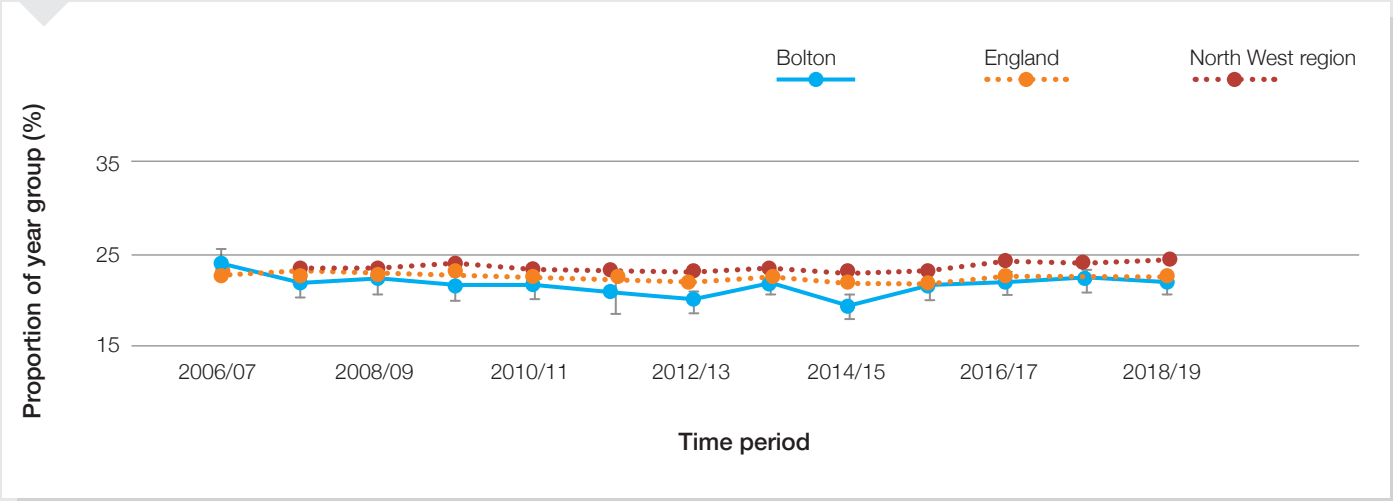
- Levels of child obesity in Bolton are similar to those seen across the country. 10.3% of children in Reception and 20.9% of children in Year 6 are obese[47]

- Over a fifth of children (22%) are overweight or obese when they start the Reception year of primary school. The proportion of children who are overweight or obese increases through the primary school years. By Year 6, the last year of primary school, more than a third (36%) are overweight or obese[47]

- 67.5% of Bolton adults are classified as overweight or obese, higher than the North West and England rate[48]

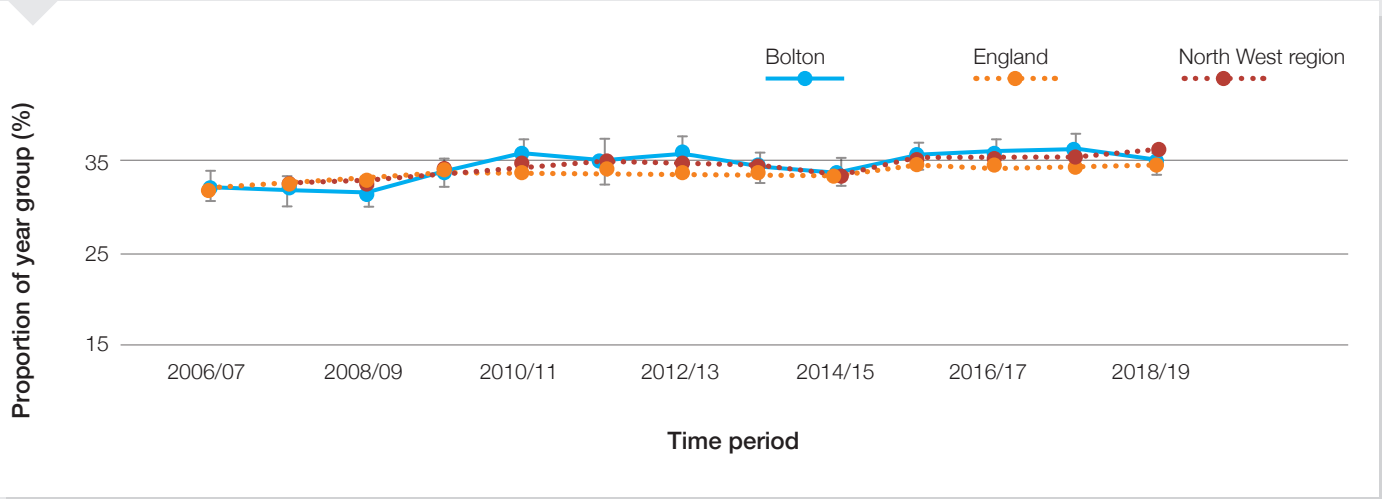
- Adult and child weight status are displayed here for information but cannot be directly compared because they are collected and calculated in very different ways

Figure 10: *Prevalence of overweight (including obesity) in Reception Year*[47]



[45]*Public Health England (2019) Public Health Outcomes Framework, C. Health improvement, indicator C15. https://bit.ly/38BTcA4*
[46]*Public Health England (2018) Child and Maternal Health. https://bit.ly/339diQN*
[47]*Public Health England (2019) NCMP and child obesity profile. https://bit.ly/2ujflVG*
[48]*Public Health England (2019) Public health outcomes framework: Health improvement. https://bit.ly/2uS2muw*

Figure 11: *Prevalence of overweight (including obesity) in Year 6*[47]



4.5.4 Alcohol

Alcohol misuse is associated with a wide range of health and social consequences. Alcohol misuse is the biggest risk factor for death, ill-health and disability among 15-49 year olds in the UK, and the fifth biggest risk factor across all ages. It is a causal factor in more than 60 medical conditions, including: mouth, throat, stomach, liver and breast cancers, high blood pressure, cirrhosis of the liver and depression[49].

Alcohol misuse is associated with mental health problems; an estimated 44% of community mental health patients have reported problem drug use or harmful alcohol use in the previous year[50] and there is a strong association between alcohol misuse and suicide[51]. An association does not necessarily mean that one thing is causing the other, but that they are commonly found together.

Alcohol misuse impacts not just on the drinker but also those around them. Children affected by parental alcohol misuse are more likely to have physical, psychological and behavioural problems[50].

Parental alcohol misuse is strongly correlated with family conflict and with domestic violence and abuse. This poses a risk to children of immediate significant harm and of longer-term negative consequences. Alcohol plays a part in 25 to 33% of known cases of child abuse[50].

Public Health England analyses show that alcohol dependence is more common in men (6%) than in women (2%) across England[52]. The same analyses show considerable inequalities in the impact of harmful drinking and alcohol dependence with much more harm for those in the lowest income bracket and those experiencing the highest levels of deprivation. The reasons for this are not fully understood. People on a low income do not tend to consume more alcohol than people from higher socio-economic groups. The increased risk is likely to relate to the effects of other issues affecting people in lower socio-economic groups.

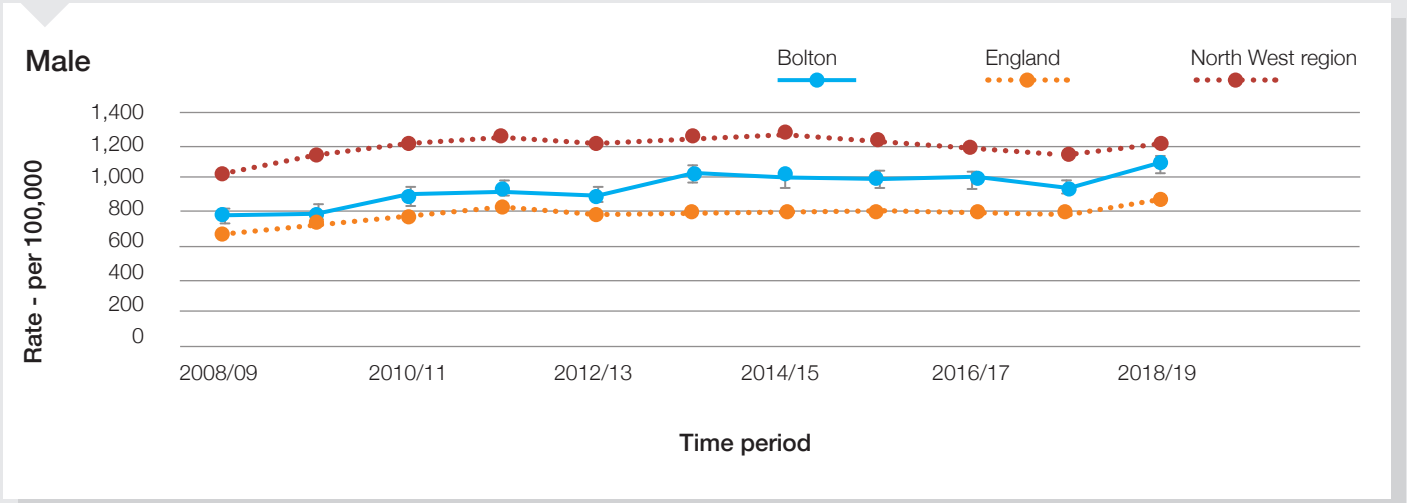
Bolton residents suffer higher death rates and a greater than average burden of ill health due to alcohol consumption than that seen in England

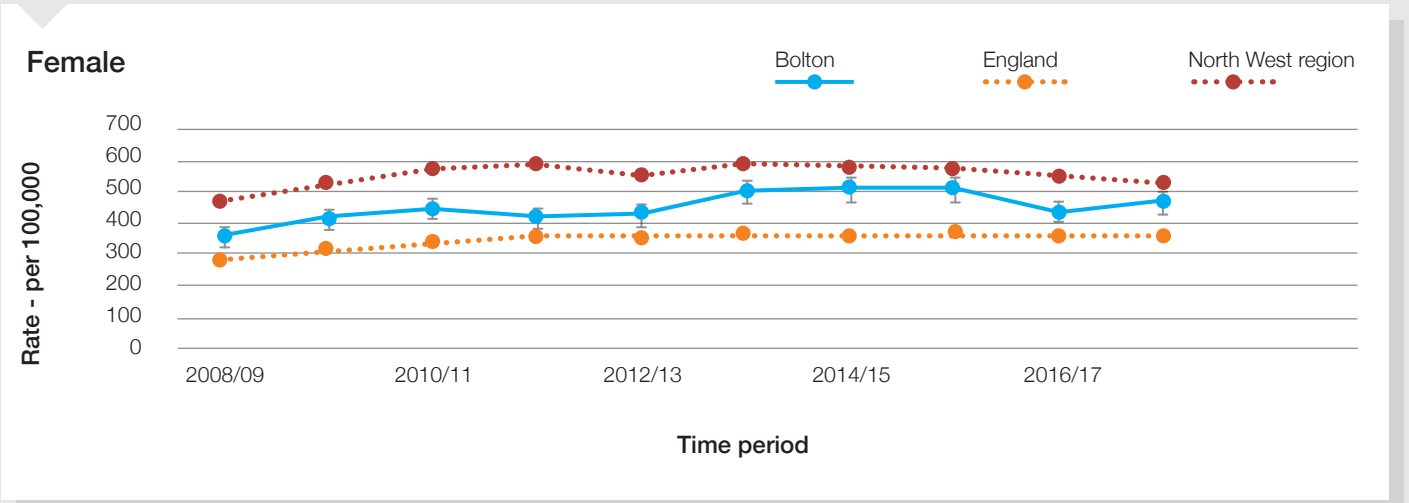
[49]Public Health England (2016) The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An Evidence Review. https://bit.ly/39MI7ht
[50]Public Health England (2016) Guidance: Health matters: harmful drinking and alcohol dependence. https://bit.ly/2TCKL3a
[51]Healthcare Quality Improvement Partnership (2018) National Confidential Inquiry into Suicide and Safety – Annual Report 2018. https://bit.ly/2THleot
[52]Department of Health (2004) Alcohol Needs Assessment Research Project (ANARP): The 2004 national alcohol needs assessment for England. https://bit.ly/2Q3hlce

as a whole, however when compared with the North West region Bolton is similar in terms of mortality, and significantly better in terms of hospital admissions[53]. Rates of alcohol-specific hospital admissions in Bolton are higher than England but lower than the North West rates, when population characteristics are taken into account. Alcohol-specific means that the primary diagnosis or any of the secondary diagnoses are wholly attributable to alcohol. Rates of alcohol-specific deaths in Bolton are higher than England but similar to the North West rates. The rates of both are higher among men than women. In 2018/19, there were 2,145 alcohol-specific admissions, and 140 alcohol-specific deaths in Bolton.

Bolton is fourth highest in the region in the volume of all pure alcohol sold through the off-trade with 7.6 l/ adult (1,619,777 units) in 2014, after Blackpool (9.4), Tameside (8.3) and Oldham (8.1)[53].

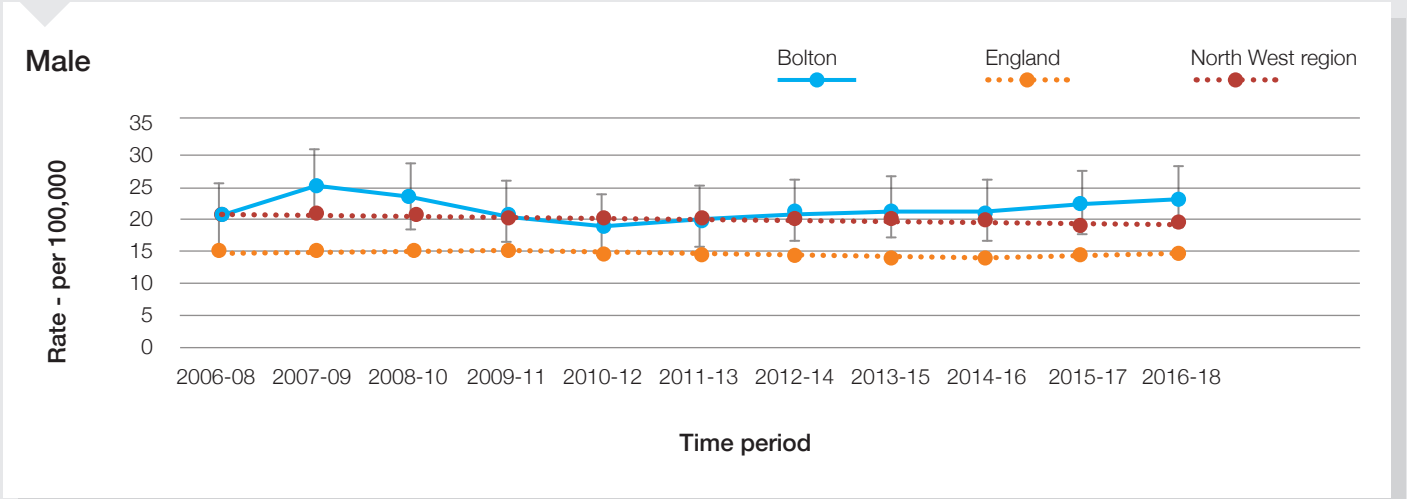
Figure 12: *Admission episodes for alcohol-specific conditions (directly standardised rate), by sex[54]*

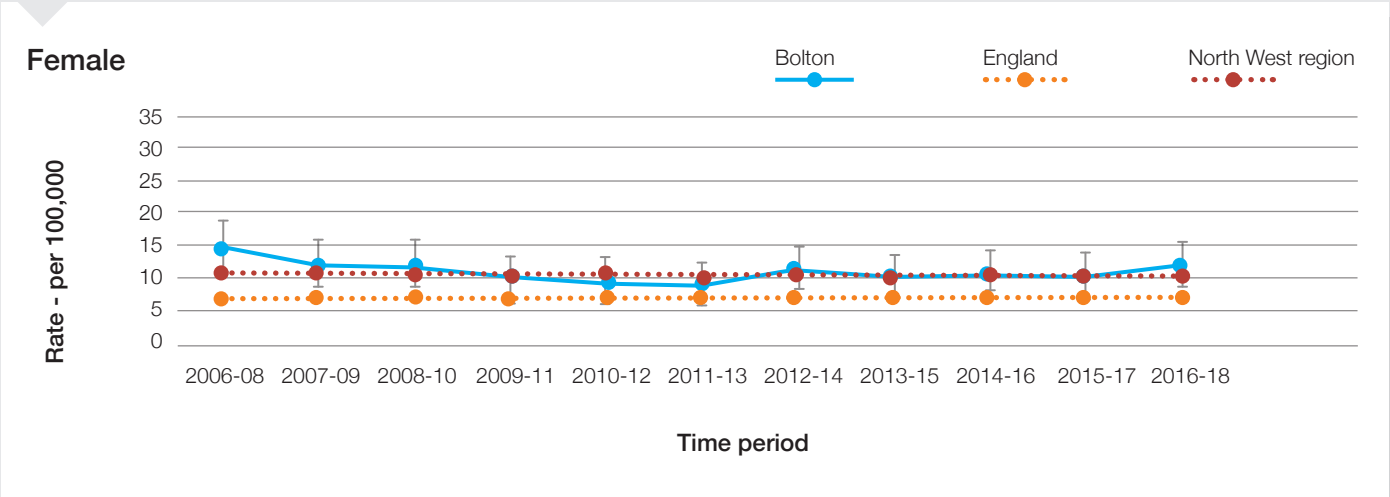




[53]*Public Health England (2019) Local alcohol profiles for England. https://bit.ly/2V42527*
[54]*Public Health England (2020) Local Alcohol Profiles for England. https://bit.ly/38J7uyB*

Figure 13: *Alcohol-specific mortality (directly standardised rate), by sex*[54]



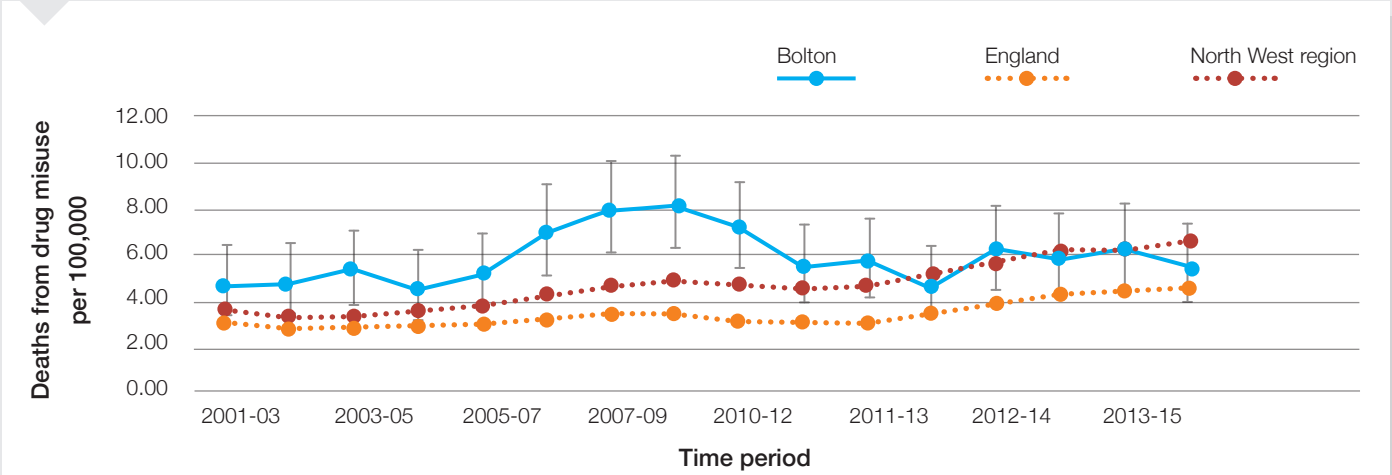


4.5.5 Substance misuse

The rate of adults in specialist drug treatment services (7.7 per 1,000) is higher than that in England and the North West and has remained fairly static in recent years[55]. However, the percentage of service users who successfully complete treatment is worse than the England and North West averages, with 3.1% of opiate users successfully completing treatment and 19.9% of non-opiate users successfully completing treatment, and both figures getting worse over time[56]. Bolton does engage well with those leaving prison who have a substance misuse treatment need; 52.7% of this group successfully engage in structured community substance misuse treatment, which is higher than both the England and North West average[57].

In Bolton the number of deaths from drug misuse (5.4 per 100,000) is similar to the England and North West rates, after a trend of being predominantly higher than the national average for the last 15 years (Figure 14)[58].

Figure 14: *Age-standardised mortality rate from drug misuse per 100,000 population*

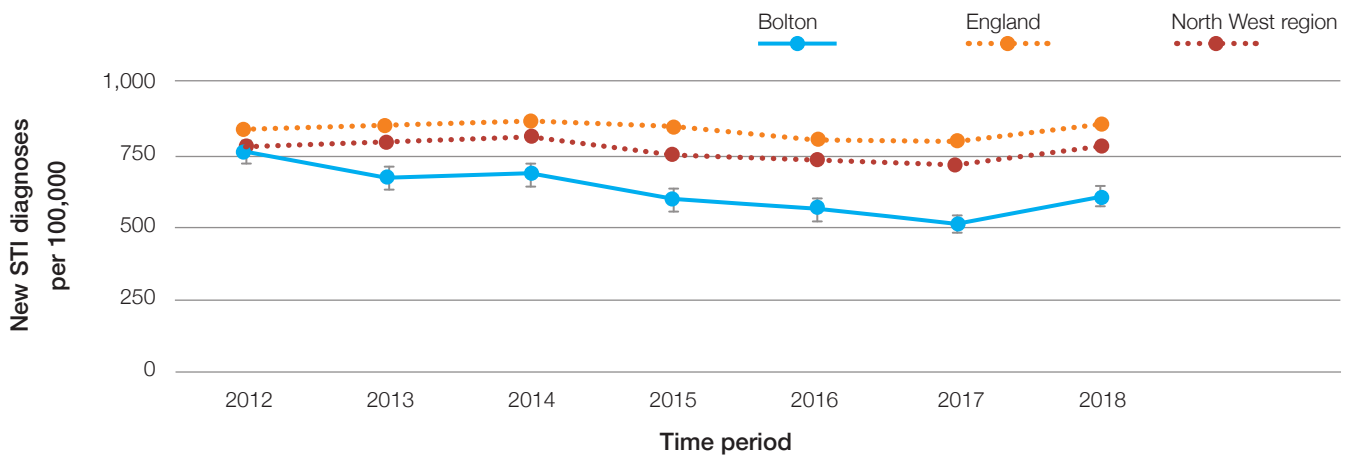


4.5.6 Sexual health

There is a mixed picture in Bolton when it comes to sexual health[59]. The Chlamydia detection rate is 2,020 per 100,000, which is in line with the England and North West average, but screening rates for the high risk younger population for Chlamydia (at 17.2% of the population aged 15 to 24) are significantly worse than the England and North West average. Rates of new sexually transmitted infections (STIs) for under 25s (excluding Chlamydia) at 607 per 100,000 in Bolton are significantly better than those seen in England and the North West as a whole. Figure 15 shows that there has been a general downward trend in rates of new STI diagnoses over the past few years.

[55] *Public Health England (2020) Crisis care profile: Access to support. https://bit.ly/38MI3x5*
[56] *Public Health England (2020) Public Health Outcomes Framework. https://fingertips.phe.org.uk/profile/public-health-outcomes-framework*
[57] *Public Health England (2020) Public Health Outcomes Framework. https://fingertips.phe.org.uk/profile/public-health-outcomes-framework*
[58] *Public Health England (2019) Mortality profile. https://bit.ly/2SI3EkA*
[59] *Public Health England (2019) Sexual and reproductive health profiles. https://bit.ly/38LGXBB*

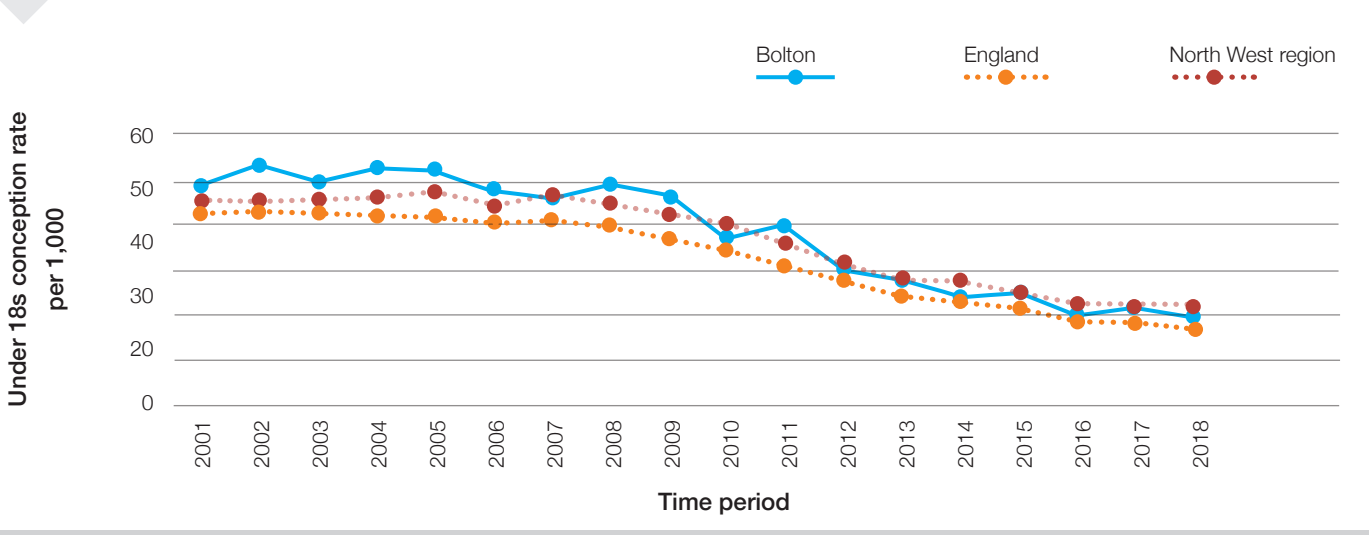
Figure 15: *Crude rate for new STI diagnoses (exc chlamydia aged <25) per 100,000 persons*



Prevalence rates for HIV (2.02 per 1,000 of the population aged 15 to 59) and percentage getting a late diagnosis (37.5%) in Bolton are not significantly different from the England or North West averages. However, the testing coverage for HIV (41.6% of people attending sexual health services in Bolton) is lower than England and North West averages.

The rate of women receiving long acting reversible contraception (LARC) in Bolton (45.3 per 1,000 women aged 15 to 44) is similar to the North West average but lower than the England average. Bolton's under 18 pregnancy rate is 19.4 per 1,000, which is statistically similar to the England and North West average. Figure 16 shows how teenage pregnancy rates have fallen over the last 20 years both in Bolton and nationally.

Figure 16: *Conceptions in women aged under 18 per 1,000 females aged 15-17*



05 Our Health

5.1 Life expectancy

Life expectancy at birth is commonly used as an overall indicator of a population's health. It is a convenient way to compare death rates experienced between different populations and communities, and monitor trends over time.

Life expectancy is the average number of years a newborn baby would live if they experienced the age-specific deaths rates for a given area and time-period throughout their life[60]. *The figures discussed in this section are for the three-year period 2016-18 unless otherwise specified.*

Seven key points about life expectancy patterns and trends:[60]

1. Life expectancy for women is longer than for men. In Bolton it is currently 82 years for females and 78 years for males, and for England as a whole 83 and 80 respectively.

2. Bolton residents experience shorter life expectancy than both the national and the regional (North West) averages.

3. There is a well-established link between life expectancy and relative deprivation, with a strong socio-economic gradient which sees disadvantaged communities experience shorter life expectancy compared with more advantaged communities.

4. There are inequalities in life expectancy within Bolton: it is 11.3 years lower for men and 8.9 years lower for women in the most deprived areas of Bolton compared to the least deprived.

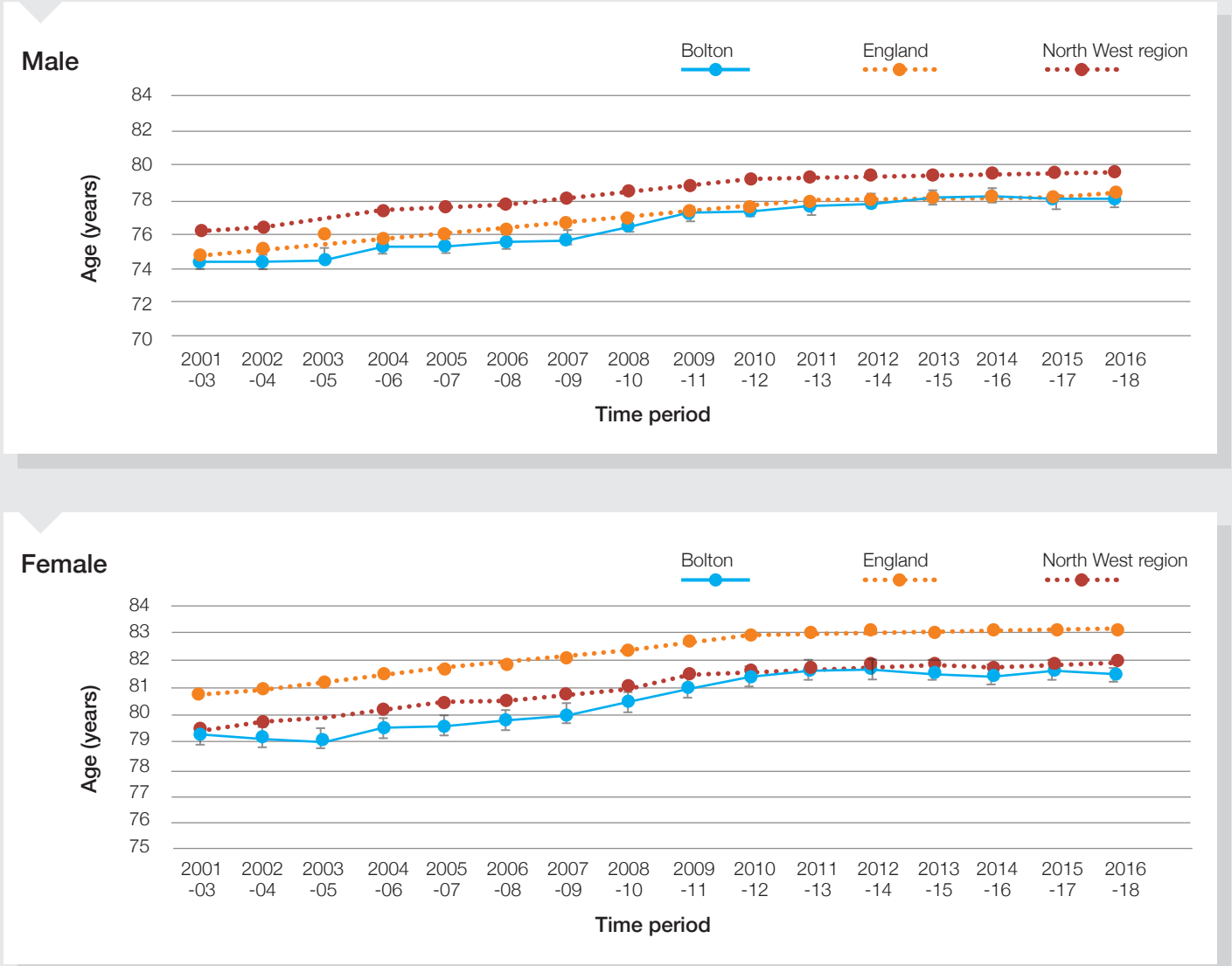
5. Life expectancy has been improving for males and females over the long term. In Bolton this improvement has been at a faster rate than the national and regional averages. The faster rate of improvement has meant that Bolton has closed the gap (i.e. caught up) with the Greater Manchester average.

6. The national trend for improvement in life expectancy has slowed since 2011 and appears to have stalled. There has been considerable public debate about the causes of the slowdown, and whether it represents an anomaly in the long-term pattern of improvement or a substantive change in the underlying trend. Researchers have suggested a range of possible explanations for the slowdown and there is growing consensus that several factors are likely at play, none of which can be singled out as being the most important with any certainty.

7. Bolton, like many other areas, is experiencing the stalling of improvement in life expectancy that has been observed nationally since 2011.

[60] *Public Health England (2019) Public Health Outcomes Framework. https://bit.ly/2HD5e0R*

Figure 17: *Trends in life expectancy at birth, by sex*[61]



Variance in life expectancy across Bolton

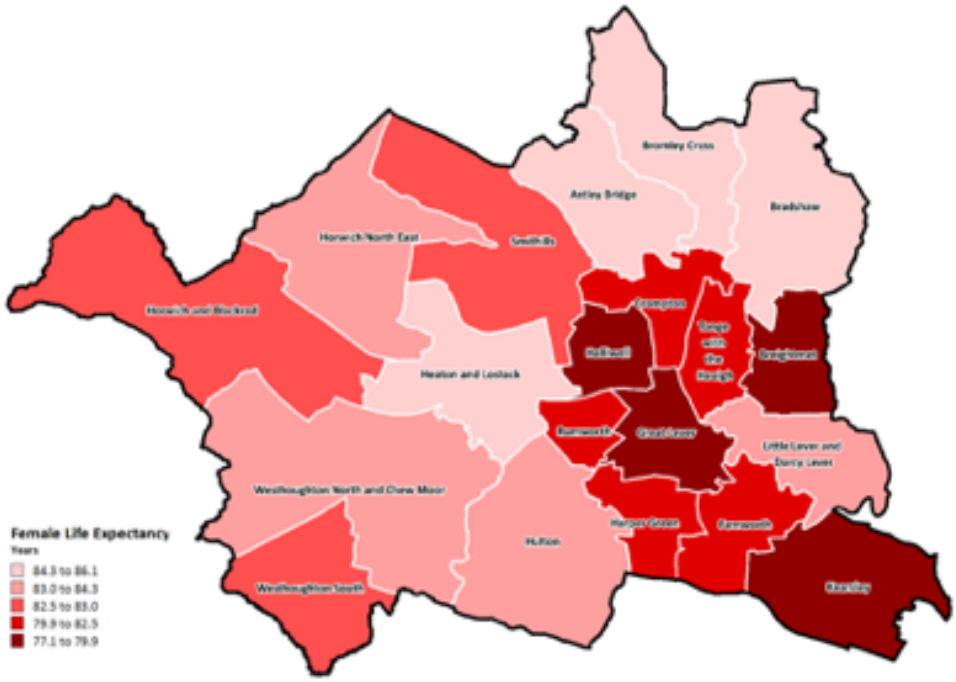
Women in Bolton are predicted to live longer than men, with the highest being in the Lostock and Ladybridge neighbourhood (87.4 years). Females living in the Lever Edge area, are expected to live 12 years less, with their life expectancy being 75.4 years.

The lowest life expectancy for males living in Bolton at MSOA level, can be found in the Town Centre area (Bolton 016), where males are expected to live till 71.4 years; the highest male life expectancy is in Westhoughton East (84.5 years), where residents are expected to live 13.1 years longer than those in the Town Centre area.

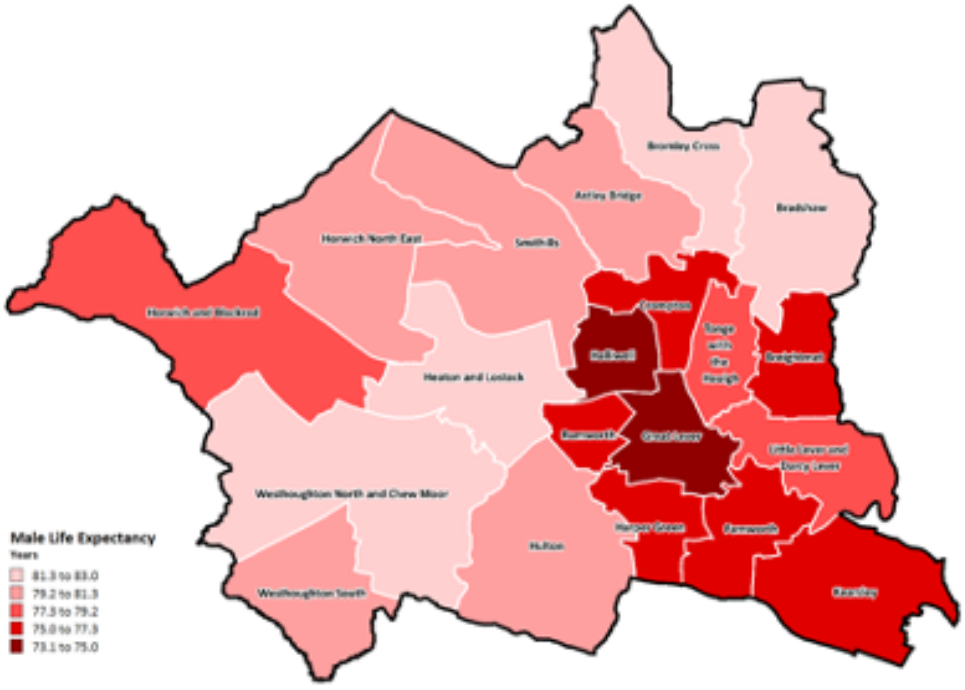
[61] *Public Health England (2019) Public Health Outcomes Framework. https://bit.ly/2HD5e0R*

Figure 18: *Life Expectancy at birth in Bolton by Ward*[62]

Female



Male



[62]*Bolton JSNA 2020 Life Expectancy https://www.boltonjsna.org.uk/life-expectancy*

5.2 Healthy life expectancy

Healthy life expectancy at birth is the average number of years that an individual, born today in a certain area, is expected to live in a state of self-rated good or very good health, based on current death rates and prevalence of good or very good health[63].

Over the past 10 years nationally, healthy life expectancy has increased slightly but hasn't kept up with the increases in life expectancy and so the average number of years spent in poor health has increased. For England, healthy life expectancy at birth is similar for men (63.4 years) and women (63.9 years). However, since women live longer, they spend a greater proportion of their life in poor health (Table 5)[63].

Table 5: *Comparison of life expectancy and healthy life expectancy at birth between Bolton males and females (2016-18)[63]*

Measure	Male	Female
Life expectancy	**78.0**	**81.5**
Healthy life expectancy	**62.5**	**58.4**
Years not in good health	**15.5**	**23.1**
Proportion of life not in good health	**19.9%**	**28.3%**

In addition, women have experienced a greater increase in the number of years spent in poorer health than men. The number of years spent in poorer health has increased by about three-quarters of a year for women and half a year for men over the last 10 years[63].

The trend in healthy life expectancy at birth for males in Bolton is similar to the national average and follows the national trend of steady increase. The trend for women has diverged from the national average, declining in Bolton whereas for England it remains steady. This means that for women the gap, or inequality, between Bolton and England is getting wider. Coupled with an increase in life expectancy over the same time period, we are seeing a larger than average increase in the number of years women in Bolton are likely to spend in poor health[63].

Table 6: *Comparison of life expectancy and healthy life expectancy in Bolton, North West and England (2016-18)*

Gender	Area Name	Healthy life expectancy	Life expectancy	Years not in good health
Male	England	63.4	79.6	16.3
Female	England	63.9	83.2	19.3
Male	North West	61.6	78.3	16.7
Female	North West	62.5	81.9	19.3
Male	Bolton	62.5	78.0	15.5
Female	Bolton	58.4	81.5	23.2

Both life expectancy and healthy life expectancy are calculated at birth

[63]*Public Health England (2020) Public Health Outcomes Framework – Overarching indicators. https://bit.ly/38Kzzq8*

5.3 Infant and child mortality

Infant mortality rates are influenced by social, economic and environmental factors, as well as the quality of healthcare services. Conditions relating to premature birth, such as respiratory and cardiovascular disorders, and congenital abnormalities, are common causes of infant deaths[64].

Measures that reduce poverty and mitigate the impact of poverty on the health of women before and during pregnancy have a significant impact on the risk of stillbirth and death during infancy[64]. Policies that are directed at improving the health of pregnant women (such as stop smoking services) and early intervention services such as health visiting and midwifery, are likely to reduce infant and neonatal mortality rates[64].

Infant mortality rates in Bolton are 5.3 per 1,000 live births (2016-18). Although the latest data point is significantly higher than the England rate, over the last 15 years the Bolton rate has tended to be similar to both the England and North West rates. Neonatal mortality rates in Bolton have remained similar to England and North West rates over the last 15 years[65].

Table 7: *Neonatal and infant mortality rates in Bolton, North West and England (2016-18)*

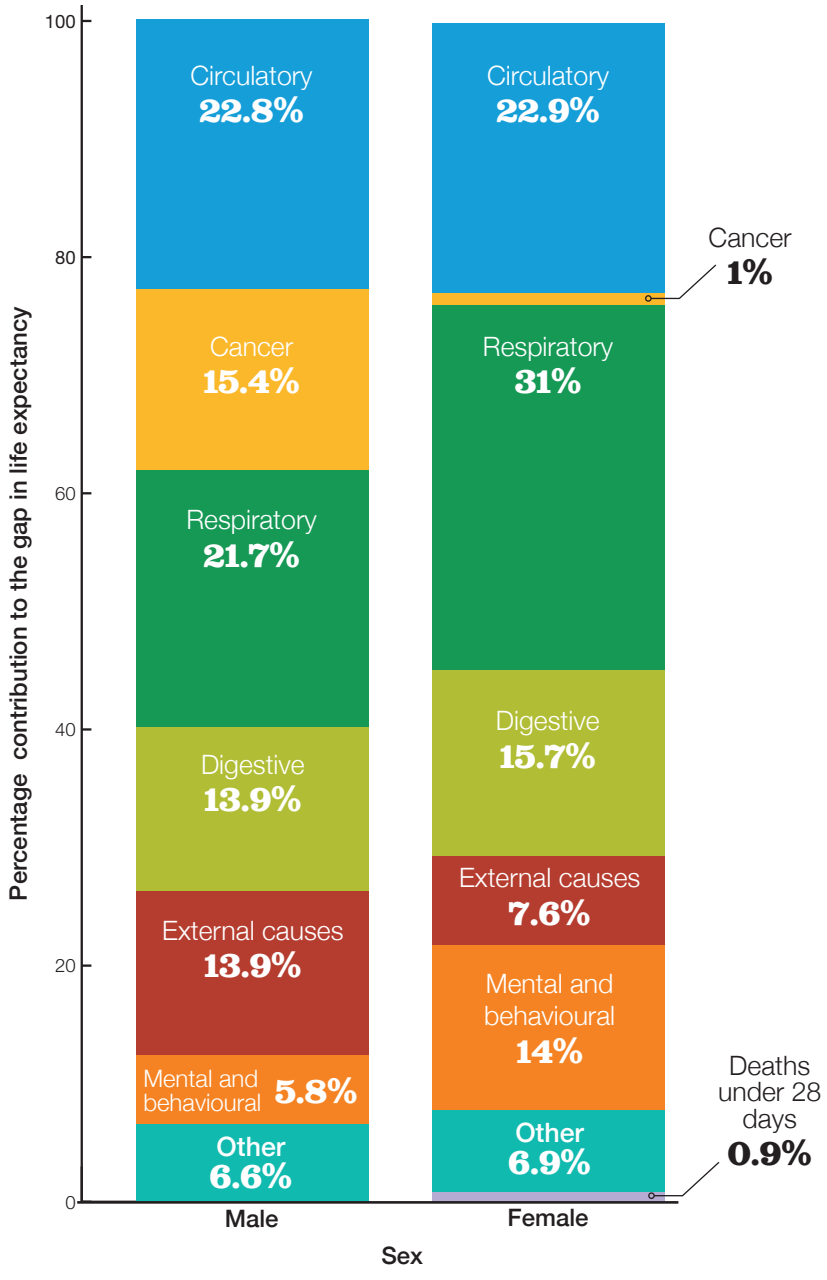
Neonatal mortality		Infant mortality	
(Deaths to babies aged under 28 days) Per 1,000 live births		(Deaths to babies aged under 1 year)	
Bolton	**3.3**	Bolton	**5.3**
North West	**3.3**	North West	**4.6**
England	**2.8**	England	**3.9**

[64]*Nuffield Trust (2020) Infant and neonatal mortality. https://www.nuffieldtrust.org.uk/resource/infant-and-neonatal-mortality*
[65]*Public Health England (2020) Public Health Outcomes Framework - Infant mortality rate 2016-18 - https://bit.ly/39a6960*

5.4 Health conditions

We have seen from life expectancy and healthy life expectancy analyses that the health of people in Bolton is generally worse than the England average. This section presents a brief summary of major causes of death and health conditions including cardiovascular diseases, cancers, respiratory diseases, diabetes and mental health conditions.

Figure 19: *Breakdown of the life expectancy gap between the most deprived quintile and least deprived quintile of Bolton, by broad cause of death[66] (2015-17)[67]*



[66]*Cause of death definitions:*
Circulatory includes heart disease and stroke; Respiratory includes flu, pneumonia and chronic obstructive respiratory disease.; Digestive includes alcohol-related conditions such as chronic liver disease and cirrhosis; External includes deaths from injury, poisoning and suicide; Mental and behavioural includes dementia and Alzheimer's disease
[67]*Public Health England (n.d.) Segment Tool. https://bit.ly/2TCquKU*

5.4.1 Cardiovascular diseases (CVD)

Cardiovascular disease (CVD) is one of the major causes of death, accounting for one in four of all deaths. CVD is a group of disorders of the heart and blood vessels including heart disease and stroke. Death rates have almost halved over recent decades and the gap between Bolton and the England average has narrowed. However, death rates from CVD amongst the under 75s remain worse in Bolton than the England average[68].

Ill health related to CVD is a major issue for health and social care: an estimated 12.5% of people are living with these conditions presenting major challenges in individual lives, our communities and across our society as a whole.

There are strong inequalities in avoidable deaths and ill health from CVD between the most and least deprived. If you live in England's most deprived areas, you are almost four times as likely to die prematurely than those in the least deprived. CVD is also more common where a person is male, older, has a severe mental illness, or is South Asian or African Caribbean. Across England, 40% of amenable CVD deaths occur in the most deprived areas[69].

5.4.2 Cancers

Breast, prostate, lung and bowel cancer are the most common cancers and together account for over half of newly diagnosed cancers[69]. Bolton residents experience a higher rate of lung cancer than England whilst rates of breast and prostate cancer are lower in Bolton than average. Death rates from cancer amongst the under 75s are worse in Bolton than the England average[68].

5.4.3 Respiratory diseases

Respiratory diseases are diseases of the airways and other structures of the lung. Two of the most common are asthma and chronic obstructive pulmonary disease (COPD). Respiratory disease is one of the main causes of premature deaths. Rates of respiratory disease are higher than average in Bolton including for COPD and asthma. Just over 6% of adults registered with general practitioners in Bolton suffer from asthma and 2% with COPD[70].

The major risk factors of COPD amenable to intervention are smoking and poor air quality. Smoking is the major cause of COPD, while poor housing and fuel poverty can also have an impact.

5.4.4 Diabetes

There are more than 20,000 adults with a diagnosis of diabetes in Bolton[71]. This equates to 8.4% of adults registered with general practitioners in Bolton and is higher than the England and North West average. It is estimated that the true proportion of adults in Bolton who have diabetes (undiagnosed as well as diagnosed) is 9.1%.

There are striking ethnic inequalities in diabetes prevalence, with South Asian ethnic groups more likely to develop diabetes. In Bolton 14% of the population identified themselves as being Asian or British Asian in the 2011 Census.

[68]Public Health England (2019) Mortality profile: Premature mortality. https://bit.ly/2P7h1ZI
[68]Waterall J. (2019) Health Matters blog. https://bit.ly/39KpV78
[69]Office for National Statistics (2017) Cancer registration statistics, England: 2017. https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/cancerregistrationstatisticsengland/2017
[70]NHS Digital (2019) Quality and Outcomes Framework: Achievement, prevalence and exceptions 2018-19. https://bit.ly/37zkvdK
[71]Public Health England (2020) Diabetes. https://fingertips.phe.org.uk/profile-group/cardiovascular-disease-diabetes-kidney-disease/profile/diabetes-ft

5.5 Wellbeing and mental health

Social risk factors such as poverty, migration, extreme stress, exposure to violence (domestic, sexual and gender-based), emergency and conflict situations, natural disasters, trauma, and low social support, all increase risk for poor mental health and specific disorders. Across the UK, those in the poorest fifth of the population are twice as likely to be at risk of developing mental health problems as those on an average income[72].

5.5.1 Wellbeing

In terms of self-reported wellbeing, 78% of Bolton adults are estimated to report high satisfaction with their life, and 72% to report high happiness[73].

Since 2017/18 there have been no significant changes in wellbeing when looking at the average rating for all measures in Bolton. Bolton follows a similar pattern to that seen regionally and nationally. Other than a slight improvement in average happiness rating, which increased from 7.4 to 7.5, all measures remained stable[74].

The first year for which we have a full UK baseline at local level is the year ending March 2013. Since then, average life satisfaction improved by 4.3% in Bolton, with the largest improvement in Greater Manchester recorded in Tameside (6.3%).

Table 8: *Average self-reported life satisfaction ratings, for Greater Manchester local authorities*

	Average (mean) life satisfaction rating							% change
	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2012-19
Tameside	7.27	7.37	7.36	7.52	7.55	7.66	7.73	6.33
Manchester	7.17	7.19	7.33	7.36	7.45	7.42	7.53	5.02
Wigan	7.39	7.41	7.5	7.77	7.74	7.77	7.75	4.87
Bolton	7.39	7.39	7.58	7.53	7.56	7.7	7.71	4.33
Rochdale	7.18	7.23	7.47	7.52	7.52	7.56	7.48	4.18
Oldham	7.30	7.15	7.23	7.38	7.45	7.55	7.58	3.84
Trafford	7.51	7.62	7.68	7.76	7.78	7.76	7.77	3.46
Salford	7.30	7.27	7.51	7.42	7.49	7.67	7.55	3.42
Bury	7.47	7.52	7.66	7.61	7.52	7.62	7.65	2.41
Stockport	7.60	7.54	7.61	7.69	7.64	7.75	7.72	1.58
England	**7.44**	**7.50**	**7.60**	**7.64**	**7.68**	**7.68**	**7.71**	**3.63**
North West	**7.41**	**7.42**	**7.56**	**7.55**	**7.59**	**7.68**	**7.69**	**3.78**

[72]*Public Health England (2019) Guidance: Wellbeing and mental health: Applying All Our Health. https://bit.ly/325S6ee*
[73]*Public Health England (2019) Mental health & wellbeing JSNA. https://bit.ly/2P7DZjn*
[74]*Office for National Statistics (2019) Personal well-being in the UK. https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/measuringnationalwellbeing/april2018tomarch2019*

5.5.2 Mental health

10% of adults registered with general practitioners in Bolton suffer from depression and this is similar to England as a whole and across Greater Manchester[75].

Over the period of 2012/13-2018/19, average anxiety ratings in England improved by 5.6%, with the North West seeing the largest improvement (by 9.7%) at regional level. However, when looking at Greater Manchester, only Bolton has seen a slight improvement in their average anxiety ratings.

Table 9: *Thresholds - Proportion of respondents in each threshold (%) for anxiety in 2018/19[77]*

	Very Low	Low	Medium	High
	0-1	2-3	4-5	6-10
Rochdale	43.40	19.54	12.16	24.90
Bury	42.96	19.29	15.04	22.71
Manchester	38.32	25.07	14.10	22.52
Bolton	44.04	18.87	15.51	21.58
Salford	40.70	22.97	15.04	21.29
Oldham	43.79	20.50	15.84	19.87
Tameside	45.25	23.10	13.71	17.94
Wigan	49.10	18.54	15.21	17.14
Trafford	42.82	23.32	17.40	16.46
Stockport	41.77	24.92	18.12	15.18
England	**40.80**	**23.16**	**16.33**	**19.72**
North West	**43.46**	**21.84**	**15.09**	**19.62**

During 2018/19 a little over 37% of Bolton respondents had medium or high anxiety. The average for medium or high anxiety for the North West was 34.7%, with the national average being 36.1%. When looking at high anxiety, Bolton ranks fourth out of the ten Greater Manchester authorities.

5.5.3 Intentional self-harm and suicide

Following five years when it was higher, at 204.2 per 100,000 population (2018/19)[77], Bolton's overall emergency hospital admission rate for intentional self-harm is similar to the England rate and significantly better than the North West rate.

The rate of hospital admissions for unintentional and deliberate injuries in children aged 0-14 is significantly higher than that seen in England as a whole, but significantly better than the North West rate:

Bolton 109.3 per 10,000

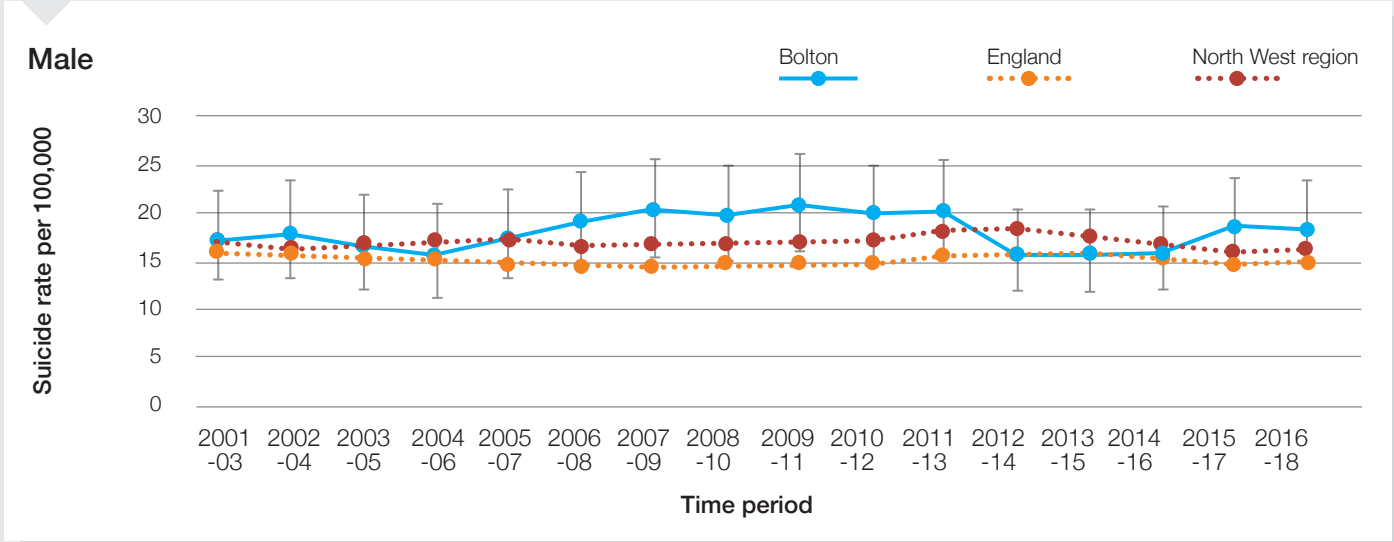
North West 129.5 per 10,000

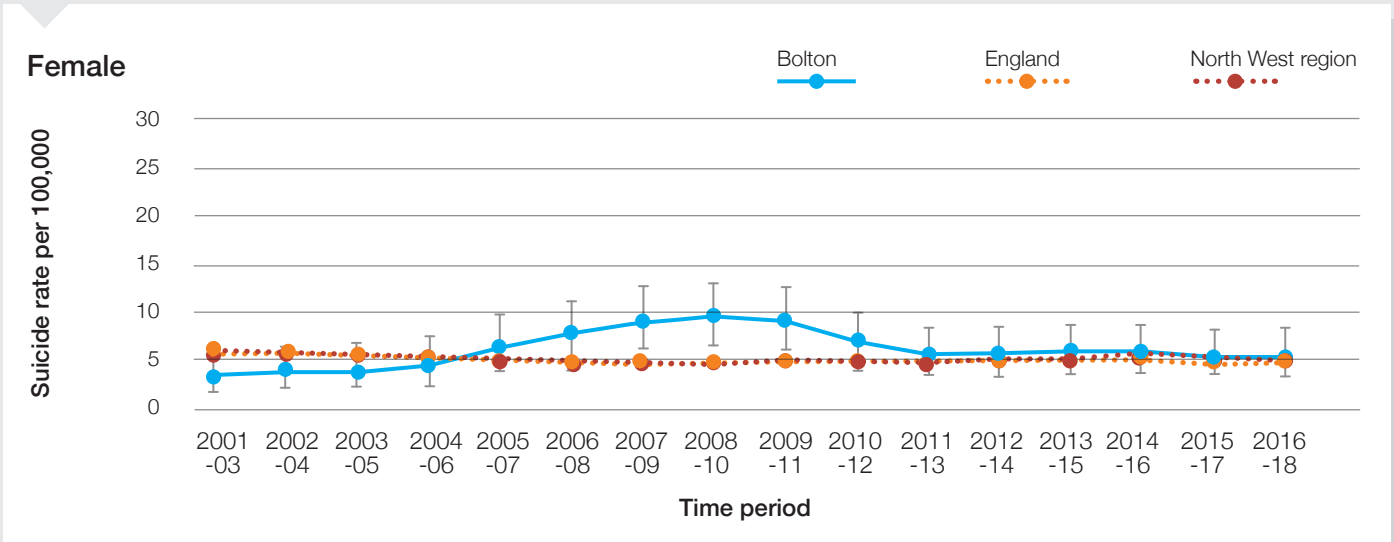
England 96.1 per 10,000 (2018/19)[78]

[75]*Public Health England (2019) National General Practice profiles. https://bit.ly/39LPMLV*
[76]*Office for National Statistics (2019) Personal well-being in the UK. https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/measuringnationalwellbeing/april2018tomarch2019*
[77]*Public Health England (2020) Local Authority Health Profiles. https://bit.ly/3cRKpNR*
[78]*Public Health England (2020) Child and Maternal Health. https://bit.ly/2IALKum*

Bolton's suicide rate is similar to both the England and North West rates, at 11.7 persons per 100,000 population (2016-18). The male rate is substantially higher than that seen among females, at 18.3 per 100,000 males compared with 5.2 per 100,000 females, but both are similar to the rates seen in both the North West and England as a whole. Bolton's suicide rate has reduced from a period when it was significantly higher than England among women, impacting on the overall rate, between 2006-08 and 2009-11[79].

Figure 20: *Suicide rate per 100,000, by sex*





[79]*Public Health England (2019) Suicide Prevention Profile. https://bit.ly/2IxPTz1*

06 Next Steps

The impact of COVID-19 will be felt globally across the longer term, and Bolton shall be no exception. Despite all of the challenges that COVID-19 has brought, people across Bolton have come together and supported each other to stay safe and well, showing the strength of our voluntary sector and of our communities and neighbourhoods.

As discussed throughout this report, Bolton already faced significant economic and social challenges and suffers from large inequalities, of which many will be magnified because of COVID-19. The challenges posed by COVID-19 disproportionally affect the most vulnerable in our communities, not just those who are clinically vulnerable but those who are at a greater risk from the secondary impacts including but not limited to socially isolated, digital exclusion, and poor mental wellbeing.

However, this should not dull our resolve in striving to achieve the ambitious aims for Bolton's Vision 2030, but instead it should help sharpen it as by ensuring Bolton is active, is prosperous, and is connected we will be strengthening our communities and reducing inequalities.

With our 2030 Vision at the forefront of our minds, over the next 12 months Public Health shall:

1. Launch Bolton's Joint Strategic Needs Assessment ensuring that strategic decisions are intelligence led, and that decisions focus on improving outcomes for everyone across the short, medium and long term.

2. Ensure that inequalities remains embedded in the Active, Connected and Prosperous Board, with a focus on the impact that COVID-19 has had on inequalities and developing our Health and Wellbeing Strategy

3. Undertake an Adverse Childhood Experiences (ACEs) Prevalence Study which shall present us with an accurate picture and understanding of ACEs across Bolton, ensuring we can address these underpinning issues with the most effective evidence informed approaches.

4. Drive the intelligence led approach by continuing to lead Bolton's 'Multi-agency Intelligence Hub' ensuring a coordinated, efficient and effective approach to achieving strategic goals, aligned with the Vision 2030.

5. Continue to lay the groundwork of the 'Healthy Weight Declaration', driving this whole systems approach through policy, engagement and advocacy that will allow the residents of Bolton to live and age well.

6. Review and shape our Pharmaceutical Needs Assessment (PNA; due in 2022). The purpose of this PNA is to assess the provision of pharmaceutical services across Bolton and ascertain whether the system is appropriate to meet the needs of our population and identify any potential gaps in the current service delivery. The PNA will be used by NHS England to inform decisions regarding applications to join Bolton's pharmaceutical list. You can access the current PNA here: **www.boltonjsna.org.uk/pharmaceutical-needs-assessment**

07 Find out more

7.1 Bolton's Joint Strategic Needs Assessment (JSNA)

Bolton's JSNA presents a range of data and resources drawn from local and national sources to give a picture of our local community's health and wellbeing: **www.boltonjsna.org.uk**

7.2 Local Authority Health Profiles

The Local Authority Health profiles produced by Public Health England provide a short summary of the health status of local populations. Bolton's profile can be accessed at: **www.fingertips.phe.org.uk**

7.3 Child Health Profiles

Public Health England's local authority level Child Health Profiles present data on a range of factors related to the health and wellbeing of pregnant women, children and young people.
www.fingertips.phe.org.uk/profile/child-health-profiles

7.4 Document details

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