

PUBLIC HEALTH IN BOLTON

OUR

10 YEAR

STORY SO FAR...

DIRECTOR OF PUBLIC HEALTH
ANNUAL REPORT 2011-2012

[Redacted]

REPORT OF THE DIRECTOR OF PUBLIC HEALTH
FOR THE YEAR 1911

Foreword

For my 2011/12 Public Health Annual Report we have taken a look back over the past 10 years. In 2002, Primary Care Trusts were established, with 3 main aims – to improve health and reduce inequalities, to provide services and to commission health services to meet the needs of the population in the budget available. In Bolton, the first of those aims was taken very seriously, and in partnership with other agencies, the PCT has worked hard to improve the health and wellbeing of the Bolton population.

So much has changed over the last decade, and we have tried to reflect those changes in this report, from the perspective of a family in Bolton. In 10 years, families experience many changes – the birth of a new baby, children growing up and starting school, young people starting out in their own lives, family members experiencing ill health and getting older.

And just as families change, so do organisations. The NHS is undergoing massive change with the abolition of PCTs, the emergence of GP led Clinical Commissioning Groups, and the introduction of new responsibilities for health and wellbeing for local authorities. All of this is happening at a time of great economic pressure across Europe, resulting in a reduction in funding to public services, rising unemployment and new challenges to the health and

wellbeing of our Bolton family.

So although we have noted some remarkable achievements over the past 10 years, many challenges remain. I am confident however that the new Clinical Commissioning Group and Bolton Council will continue with the excellent partnership which the PCT has developed over the past decade, to maintain and accelerate the progress that we have made in improving health and reducing inequalities since 2002.

As ever, I am grateful for the contribution of colleagues to this report, in particular Billie Moores and David Holt.

This is my last Public Health Annual Report before my retirement. It has been a privilege to serve as Director of Public Health in Bolton.

Jan Hutchinson
Director of Public Health
Bolton

Acknowledgements

The work that we have achieved over the past 10 years would not have been possible without the hard work of so many people working in the Public Health Department during this time, along with many colleagues in partner organisations. We would like to thank them but obviously cannot list them all here. Instead, we would like to acknowledge people who have directly contributed to the production of this report.

Alf Barker

Gary Bickerstaffe

Marie Bisset

Alan Brown

Jackie Casey

Mark Cook

Michael Cook

Joan Farnworth

Brenda Griffiths

Lesley Hardman

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Leesa Hellings

Lesley Jones

David Kinsley

Jayne Littler

Nicki Lomax

Debra Malone

Ruth Molloy

Billie Moores

Graham Munslow

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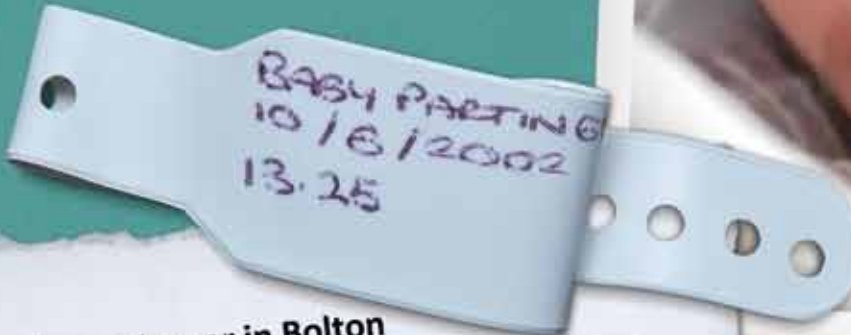
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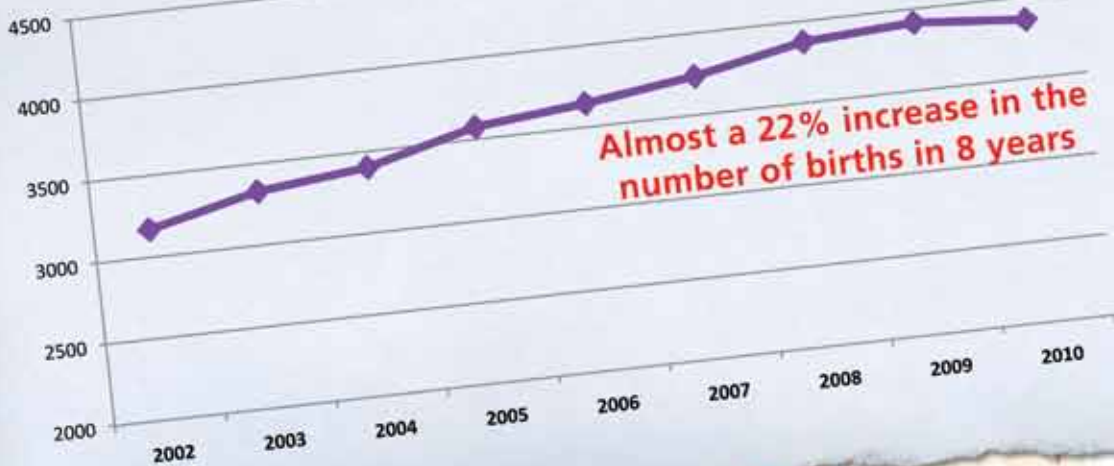
Shan Wilkinson

Jayne Wood

She was one of the 3170 babies born in Bolton this year. We've seen quite an increase since then.



Number of births each year in Bolton



Born in Bolton in 2002, this little girl could expect to live to 79.2 years. A little boy could expect 74.3 years.

I'm so glad to hear that my sister has decided to breastfeed her baby - Breast is best!

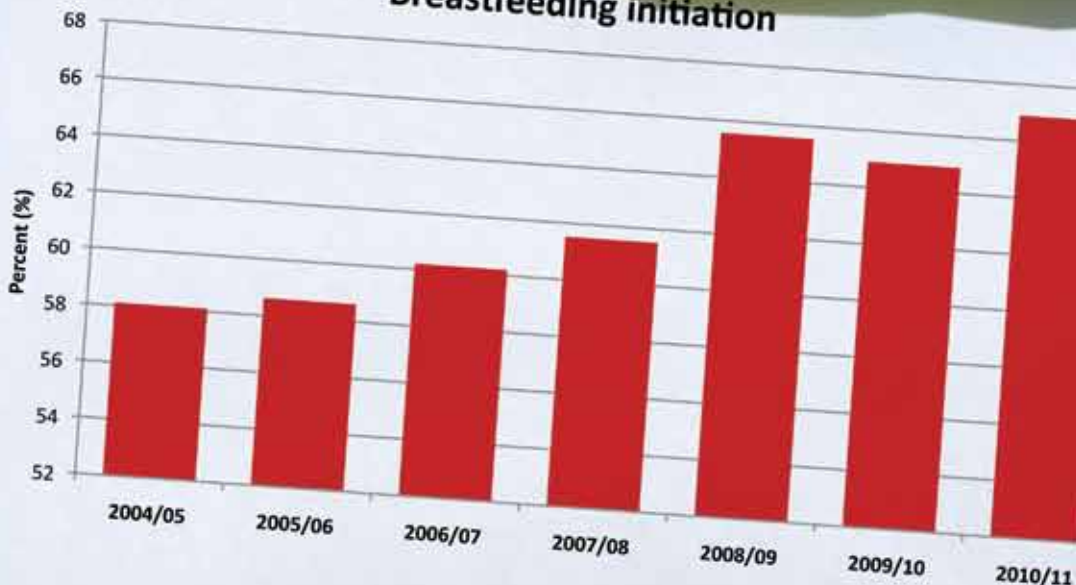


Although we have seen an increase in breastfeeding in the first few days, the challenge is to sustain this beyond 6-8 weeks...

Breastfeeding

- Provides important short and long terms health benefits to both the infant and mother.
- Breast milk not only provides complete nutrition for infant development, it protects against gastroenteritis and respiratory infection.
- NHS Bolton has worked hard with partner agencies to improve breastfeeding rates over the past decade.

Breastfeeding initiation



YEAR 2002



First day at school



National Healthy Schools Programme

What is it?

Although a national programme, it is delivered locally by a Healthy Schools Team. A Healthy School promotes the health and wellbeing of pupils and staff through a well planned, taught curriculum in an environment that promotes learning and healthy lifestyle choices. Pupils in Healthy Schools report a range of positive behaviours such as diminished fear of bullying and reduced likelihood of using illegal drugs.

Why did we do it?

The aims of the programme are:

- to support children in developing healthy behaviours
- to help raise pupil achievement
- to help reduce health inequalities
- to help promote social inclusion

What has this helped to achieve?

- By March 2011, 96% of Bolton's 125 schools had achieved the National Healthy School Status, exceeding the 80% national target
- Online audits and surveys show the following successes:
 - 2% increase in school attendance
 - 100% of children participate in SEALs (social & emotional aspects of learning) and circle time activities
 - 45% of pupils now eat 5 daily portions of fruit and vegetables
 - There is now an assessment format for PSHE (Personal Social and Health Education) where staff monitor pupil progress towards annual targets
 - 100% of children participate in at least 2 hours of weekly physical activity
 - Increase in identification of and provision for vulnerable children
 - A 6% fall in 14-17 year olds claiming to drink once a week or more compared to 2007
 - Over half of schools currently moving forward to enhanced programme

What else are we doing?

- Despite the national programme ending in March 2011, the Bolton programme has been retained to take forward an enhanced programme which includes the overarching topics of healthy weight, healthy relationships, substance misuse and emotional health and wellbeing
- Support for schools based upon needs analysis and proportional to deprivation ranking
- Continued staff training to increase capacity to deliver health messages

Ageing Well

What did we do?

The aim of Ageing Well (a Partnership initiative between NHS Bolton and Age Concern Bolton) is to promote the health of people over the age of 50, particularly those who struggle to get involved in mainstream activities. Ageing Well trains older volunteers to deliver health promoting initiatives such as chair based exercise or tai chi classes within local communities.

Why did we do it?

- Older people are often excluded from mainstream activities due to transport/disability/finance/social acceptability reasons
- Remaining physically active in older age can help people remain independent, prevent falls, reduce social isolation and improve or prevent health conditions
- Ageing Well trains and utilises older volunteers, which has health and social benefits for the volunteers as well as participants

What has this helped to achieve?

Ageing Well currently has 36 trained volunteers and 36 groups running throughout Bolton. Approximately 500 different older people access the programme each week.

Evaluation has shown many health benefits for participants. Individuals have reported that they have fallen less since taking part, been able to reduce medication, felt fitter, healthier and more confident.

Importantly, people have told us that they have made friends and feel less lonely and that they have fun at the classes.

What else are we doing?

- Ageing Well classes continue and the programme continues to develop
- We work in partnership with other organisations to examine how we can access more excluded older people
- We have developed a Home Based Chair Exercise programme so that those who are housebound can take part



↑ me and the gang
Happy days!

Stop Smoking Service

What have we done?

Bolton's Stop Smoking Service was established in 1999 and the Public Health Department has worked in partnership with them since then to help people in Bolton to quit smoking. In 2003, we provided a health equity audit to inform a service redesign to meet the differing needs of the population.

Why did we do it?

- To improve the overall health and lifestyles of people in Bolton – smoking is a major cause of death and inequalities
- To provide a fair and responsive service tailored to the differing needs of people trying to stop smoking. The health equity audit found that whilst people living in the most deprived areas accessed the service as much as others, they had a much lower quit rate - they faced more barriers
- To improve life expectancy – smokers who quit before the age of 45 have a life expectancy close to those who have never smoked
- To reduce the impact of second hand smoke, which increases the chances of a non-smoker getting a smoking related illness by 25%

What has this helped to achieve?

- A repeat of the health equity audit in 2007 showed a marked improvement in the proportion of people from deprived areas successfully quitting smoking with their quit rate almost equal to

**SMOKEFREE
BOLTON**

those living in the least deprived areas (41% vs 43%)

- Thousands of Bolton people have quit smoking with the help of the service since its inception
- Over the past decade, the smoking prevalence in adults in Bolton has reduced from 29.5% to 20.7% - approximately 18,000 less smokers now than in 2001

What else are we doing?

- The stop smoking service continues to develop with targets increasing each year
- Bolton's refreshed tobacco control strategy 'Tackling tobacco together 2011-2014' was recently launched www.bolton.nhs.uk/Library/your_pct/bolton%20tobacco%20control%20strategy.pdf
- This strategy includes the objective to motivate and assist every smoker to quit – aspiring to reduce the adult smoking rate to 10%, halving the rate in routine and manual workers, pregnant women, and those from the most disadvantaged areas by 2020

Well
done
Dad



I was one of almost 14,000 people to have quit smoking in Bolton since 2003 with the Stop Smoking Service...

g Service.
ou quit.

efully with our support.
and advice

**SMOKEFREE
BOLTON**

Childhood immunisation programme

What do we do?

The routine national childhood immunisation programme consists of the following immunisations at the following ages:

- Within the first year - Diphtheria/Tetanus/Pertussis/Polio/Haemophilus Influenza b (DTaP/IPV/Hib), Pneumococcal (PCV), Meningitis C (MenC)
- Between 12 & 18 months - Hib/MenC, Measles Mumps Rubella (MMR) and PCV
- Then later in their childhood years - Human Papilloma Virus (HPV) (girls only), Tetanus, low dose diphtheria and polio (Td/IPV)

Why do we do it?

After clean water, immunisation is the most important public health intervention worldwide.

- Protects the vulnerable against a range of serious infections
- Saves lives and reduces complications of infection
- Protects individuals for life
- Protects those who can't be immunised via "herd immunity". An immunisation uptake rate of 95% is accepted as the proportion of the population needed to be immunised to prevent outbreaks of disease and also protect those who cannot be immunised for varying reasons.

What has this helped to achieve?

Since 2005, all childhood immunisation uptake rates in Bolton have been above 90%. In 2011, the following rates apply:

DTaP/IPV/Hib	97.6%
Men C	96.2%
MMR	96.1%
Hib/Men C	94.6%
PCV	96.9%

As a consequence we have seen a much reduced number of cases of meningitis and we have had no new outbreaks of measles, mumps or rubella.

What else are we doing?

- We need to maintain and increase uptake rates until 100%
- Promote immunisation via a variety of routes and initiatives
- Identify incompletely immunised individuals and ensure they are vaccinated



YEAR **2003**

Seeds of success

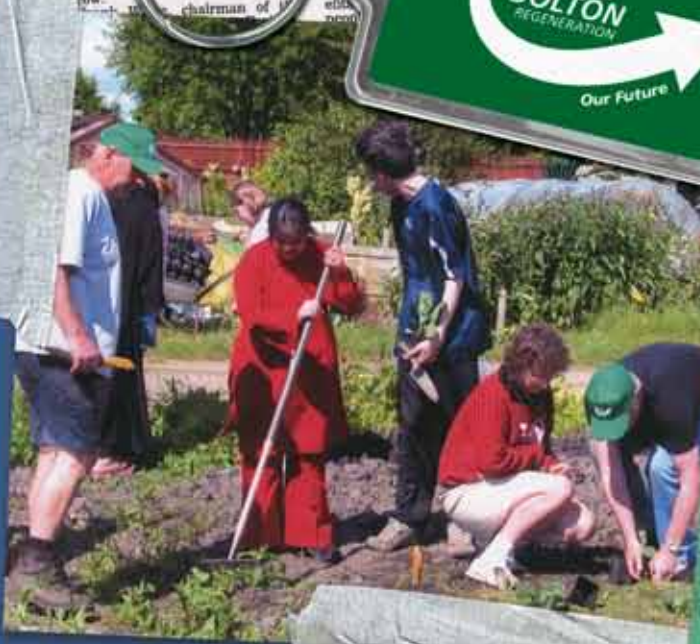
Allotments harvesting many health benefits

ALLOTMENTS are proving to be a recipe for success in Bolton.

by Kathryn Eccles

Three food growing projects in East Bolton have become both popular and profitable. As part of the East Bolton Regeneration project, supported by Bolton Primary Care Trust, the Levens Wildlife Trust is running allotments at Millth Wood, Red Lane and New Lane, both at Top o' the...

support wildlife. Surplus produce is donated to local nursing homes. Under an agreement, East Bolton allotments will...



East Bolton Regeneration

What was it and how were we involved?

East Bolton Regeneration (EBR) was an area based initiative funded by Single Regeneration Budget and City Challenge. The main activities were delivered through the following themes: build sustainable communities; improve the area's image; improve access to work and services; and build a better future for children and young people. Providing a health development worker as an integral member of the EBR team and community development work ensured the maximum health impact was gained throughout the initiative.

Why did we do it?

- To improve health in the area and reduce inequalities
- To influence other work topics to maximise their impact on health
- To develop the social prescribing project
- To develop welfare rights in primary care settings
- To develop the community food growing initiative

What did our involvement help achieve?

Our Health Development Worker developed a social prescribing directory for use by health staff in EBR to address local peoples socio-economic and emotional needs that negatively impact on health, which has been further developed and is now provided borough wide.

They also developed a Welfare Rights Service in Primary Care settings such as health centres and GP Surgeries within EBR, reducing health inequalities and improving quality of life. This project has now been piloted borough wide and sustainable funding is being sought.

What else are we doing?

- Health Needs Assessments conducted by Health Development Workers in other deprived parts of Bolton confirm the need for community development approaches to improving health and well-being
- Core funding has been obtained to provide Health Development Workers to support neighbourhood renewal teams in Bolton, through community development approaches.

5-A-Day

What is it?

As part of the national campaign, Bolton's 5-A-Day campaign aimed to improve local people's health and prevent disease by increasing their fruit and vegetable intake. It was largely based on six targeted areas – Brightmet, Oldham's estate, Deane, Great Lever, Tonge Moor and Kearsley plus general promotional efforts targeting the whole population.

What did we do?

- The 5-A-Day campaign aimed to increase intake to the recommended levels of five or more portions of fruit and vegetables a day where as at the time, most people ate only two to three portions per day
- Eating at least 5 portions or 400g of fruit and vegetables a day can help lower the risk of health problems such as heart disease, stroke, diabetes, obesity and certain cancers
- Innovative participatory appraisal research was used in Bolton to reveal a range of access and availability issues concerning fruit and vegetables to inform the campaign
- The Bolton campaign was based upon a series of community-based healthy eating initiatives to maximise the impact upon health by helping people to help themselves

What has this helped to achieve?

The total number of people engaged with the project was over 22,000 people in Bolton. The Bolton Health Surveys show that the proportion of people eating five or more portions of fruit & vegetables significantly increased between 2001 and 2007 from 11.6% to 18.9%.

What else are we doing?

Since 2005 there has been ongoing promotion of the 5-A-Day message through the Food Access Bolton (FAB) project which has developed cook and eat sessions, food growing projects, a healthy eating café, a mobile fruit & vegetable shop, food celebration events and school garden schemes.

5-A-Day helps 22,000 in Bolton



2001
11.6%



2007
18.9%



BATTLING HOMOPHOBIC BULLYING

Homophobic bullying in schools

'Living It', a Tackling Homophobic Bullying teaching resource for secondary schools was developed by members of the Public Health Department and a broader steering group. A video drama which complemented the resource pack was produced by Crag Rats Theatre in Education Company.

Why did we do it?

- Bolton schools expressed concern about the mental wellbeing of gay pupils and wished to learn how best to support them
- Studies have shown that the rates of suicide and self-harm among gay and lesbian adolescents are 2-3 times higher than for their heterosexual peers
- In one study, 40% of young lesbians, gay men and bisexuals had attempted suicide on at least one occasion. In the same study 72% indicated that they had either played truant or feigned illness to avoid homophobic abuse at school
- Ofsted recognises that '...in too many secondary schools homophobic attitudes among pupils often go unchallenged. The problem is compounded when derogatory terms about homosexuality are used in everyday language in school and their use passes unchallenged by staff.'

What has this helped to achieve?

- All Bolton secondary schools have availed themselves of the resource and training on tackling homophobic bullying
- Health sessions for secondary schools now include activities to address homophobic bullying as well as that of other disadvantaged groups - delivered to over 20,000 young people
- Resource formed basis of national 'Stand Up for Us' guidance document
- Specialist support group has been set up for Lesbian Gay Bisexual & Trans-sexual young people in partnership with Bolton Council

What else are we doing?

- Ongoing teacher training
- Inclusion in parental Speakeasy training
- Inclusion in initial teacher training programme

GMP and Bolton NHS Primary Care Trust have joined forces with agencies across Greater Manchester in a campaign to combat homophobic bullying.

A teaching resource pack, Living It, has been produced by the Greater Manchester Anti-Homophobic Bullying Steering Group and was introduced publicly at the end of September.

It has been funded by the Greater Manchester Shirevalty Police Trust and Bolton Primary Care Trust as part of its 'healthy schools' programme.

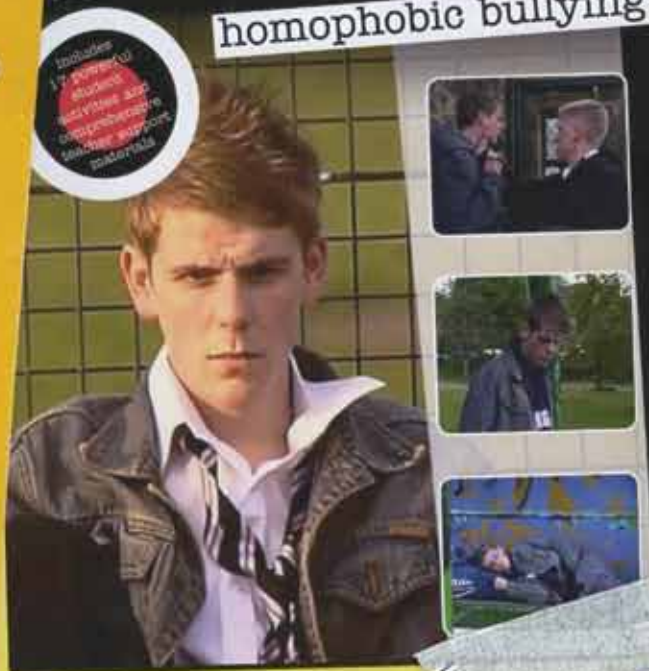
The pack includes teacher support material, a drama video and a range of activities that can be tailored to many age groups, said Sgt Mark Kenny (HQ Community Affairs).

The Anti-Homophobic Bullying Steering Group consists of: GMP Bolton NHS Primary Care Trust the Lesbian and Gay

Living It

a powerful teaching resource on homophobic bullying

a powerful teaching resource on homophobic bullying



**EXCELLENT
MMR UPTAKE
96.1%**

Patient I.D. Nu

Site

Increasing the MMR uptake rate

What did we do?

During 2004 there was a concerted effort locally to promote the Measles, Mumps and Rubella vaccine (MMR). A Local Enhanced Service along with the PCT Immunisation Team helped to improve the uptake rate within Bolton.

Why did we do it?

- There was a general declining faith in the MMR vaccine as a result of now discredited concerns regarding safety of the vaccine
- The uptake rate in Bolton for the vaccine dropped to 88% in 2004/5
- This led to an increase in the number of mumps cases seen in Bolton
- Initially there were an increased number of children/adolescents with complications following infection

What has this helped to achieve?

- Since the low of 2004, the uptake rate has steadily improved in Bolton through excellent promotional work
- Uptake is now at 96.1%, which is above the world/national target of 95%

What else are we doing?

The importance of maintaining the uptake rate for MMR and other vaccinations is constantly emphasised via staff training and providing access to specialist advice and information.

YEAR 2004

FAB Van

What did we do?

The FAB Van (Food Access Bolton) is a walk on mobile fruit and vegetable shop that operates across the borough but is particularly busy in certain places. These are Horwich, Astley Bridge, Hall 'th Wood, Great Lever, Hulton Lane, Rumworth, Washacre, Farnworth and the hospital site.

Why and how did we do it?

- The FAB Van is one of the solutions to the food access and availability issues identified in research which led to the 5-A-day project
- Within this research local residents raised the idea of a fruit and vegetable delivery scheme. The 5-A-day project was tasked with investigating a 'green' bicycle-based delivery scheme
- In 2005 residents in the Hulton Lane area identified a fruit and vegetables delivery scheme as a solution to availability issues and specifically mentioned the idea of a mobile fruit and vegetable shop
- The 5-A-DAY project opted for a 'green' van solution – a recycled van run on biodiesel
- The project was mainstreamed in 2008 with NHS Bolton's commitment to provide a full-time worker, an operating base and a new lease vehicle

What has this helped to achieve?

The project currently supports over 130 households a week to get their 5-A-Day. According to the Bolton Health Surveys, the proportion of people eating five or more portions of fruit and vegetables significantly increased between 2001& 2007 from 11.6% to 18.9%.

What else are we doing?

- The FAB Van is part of the wider Food Access Bolton project
- FAB projects include careful targeting of social groups with low fruit and vegetable intake including school-age children, people with mental health challenges, deprived areas, asylum seekers and refugees, and clients with learning difficulties.

Iron rich foods

- Apricots
- Sundried Tomatoes
- Seafood
- Sardines
- Lean Beef
- Lentils

I'll pick some iron rich food up for the family whilst shopping today

FAB

FOOD ACCESS BOLTON
WALK ON MOBILE
FRUIT AND VEG
SHOP

MARKET PRICES
LOCAL AND SEASONAL
PRODUCE

PLEASE CALL FOR A NO
OBLIGATION FAB VAN VISIT



- WE SELL:
- FRESH FRUIT AND VEG
 - DRIED GOODS
 - FRESH HERBS
 - COOKING OILS
 - MILK
 - EGGS



N
ary Care NHS Trust
L. Bolton, BL1 1PP
ccassbolton.org.uk
you're well

Iron deficiency anaemia

What did we do?

We worked with health visitors to help reduce the incidence of Iron Deficiency Anaemia (IDA) in the local preschool population.

Why did we do it?

- IDA is a common preventable childhood condition which is easy to treat
- Studies in Bolton identified that up to 28% of children under 3 may suffer from IDA
- Longstanding IDA in childhood impairs cognitive and behavioural development and the immune function

What has this helped to achieve?

An IDA opportunistic screening service was developed to try and reduce the incidence of IDA in the under five population. Any child whose dietary intake was of concern to either parents or a relevant health professional, or who had indicative symptoms of anaemia was offered a finger prick estimation of haemoglobin. A protocol for subsequent treatment and action was implemented.

Since then, hundreds of children have had their haemoglobin levels recorded with significant numbers identified as being iron deficient. Following the protocol, these children have either been referred for further investigation, treated with iron medication, or given dietary advice and in each case their progress has been monitored.

What else are we doing?

Following the success of the service in identifying IDA:

- The service was extended to include children of school age
- In 2010 the management of the service was removed from health visiting and school nursing to the Child Health Development Team at Halliwell and now includes all children in their care
- Preventing its occurrence and recurrence has proved more difficult as in most cases, its underlying causation is dietary and related to long standing feeding behaviour which proves hard to rectify

Johnson Fold Health Visiting Project

What did we do?

Throughout the last decade, a team of health visitors have worked within the Johnson Fold estate to build community capacity and to empower residents self belief and self esteem as a route to better health and wellbeing.

Why did we do it?

- Johnson Fold residents have traditionally suffered with worse health outcomes and less healthy lifestyles
- Health visitors identified the need to work more closely within the community to build a level of trust and acceptance of them and their role to work effectively with families with complex health and emotional needs

What has this helped to achieve?

Through local consultation, health visitors acted upon residents responses to -

- set up a baby clinic and a parents group
- support residents in their campaigning for healthier eating and against the development of a fast food outlet
- support a resident led road safety campaign to establish a 20 mile an hour speed limit on the estate
- work with partner agencies, sharing information and resources to ensure a number of successful initiatives e.g. replacement of existing lead water pipes, a number of resident led school holiday play schemes, and a 'Communiversities' project that helped 14 local mothers to gain Child Care qualifications and six mothers to gain an Open University Openings Course qualification.

Research into the outcomes of the project showed a significant change to residents' perceptions of what health visitors did and a welcoming of their empowering approach and support.

What else are we doing?

- The project provided a blueprint to support a redesign of the health visiting service across Bolton to support community based working
- Lessons learned from the project identified the need for community based health development workers and three have been appointed to work within some of the most deprived areas of Bolton
- Building on this work, a health needs assessment has been undertaken. This will inform the Wellbeing Strategy currently being developed at a time when wellbeing, as an important determinant of health, is beginning to be a driver of the health agenda



Great family meal from the winner of the curry chef competition last night...

Food Hygiene and Nutritional Standards

What did we do?

In 2005 we were joint organisers with Bolton Council of a Bolton wide curry chef competition featuring chefs from local restaurants to highlight the public health significance of good food hygiene and nutritional standards.

Why did we do it?

- To promote the excellent food hygiene standards of local curry restaurants
- To improve and promote good nutritional standards within local curry restaurants
- To illustrate the range of cultural food available from local curry restaurants

What has this helped to achieve?

- The competition fuelled a wide range of interest from a variety of restaurants showcasing the diversity of Bolton's foods culture
- It helped to raise the food hygiene standards in competing restaurants as well as providing an opportunity to promote the importance of good nutritional levels within their food

What else are we doing?

Following on from the success of the curry competition we are scoping the appetite from catering establishments for the introduction of a Greater Manchester Good Food Award which would encompass, Food Hygiene, Healthy Eating and possibly sustainability including food miles and food waste. It is anticipated that this work will start in 2012



Bolton Curry Chef

Promoting Bolton's Cultural Diversity

YEAR **2005**

What an
Invaluable
Scheme
This proved
to be

05

DO NOT PLACE NEAR HEAT SOURCE OR IN DIRECT SUNLIGHT

°C

27

24

21

18

15

12

9

0-32

**Bolton
Council**



Fuel poverty – the Affordable Warmth Strategy

What did we do?

Bolton's Affordable Warmth Strategy was launched in 2005 developed by a multi agency steering group. NHS Bolton is the only PCT to fund an officer with a particular remit around fuel poverty/affordable warmth. This has helped raise the profile of fuel poverty among health staff and reach the more vulnerable people within Bolton.

Why did we do it?

- Increasing numbers of people in Fuel Poverty
- In 2005, a household was in fuel poverty if it spent more than 10% of its income on fuel to adequately heat the home
- Fuel Poverty impacts upon health including more illness and deaths in winter
- Fuel poverty contributes to inequalities in health
- Fuel poverty is preventable with appropriate action such as cavity wall/loft insulation, switching energy suppliers, income maximisation and behaviour change.

Keep Warm  Keep Well

What has this helped to achieve?

Affordable Warmth has traditionally been led by the Local Authority Housing Department. The close partnership working and involvement of health has led to a more holistic approach to addressing fuel poverty, including behaviour change.

Bolton has seen a reduction in excess winter deaths since the introduction of the strategy.

What else are we doing?

- Undertaking a Health Impact Assessment on fuel poverty
- Raising awareness of the impact of fuel poverty on health within local health services
- Developing an approach to enable more sustainable approaches and funding to tackling fuel poverty across Greater Manchester

Oral Health – The Brush Bus Programme

What did we do?

The Brush Bus Programme is an innovative scheme aimed at Nursery/ Reception children to help reduce the inequalities in dental health amongst very young children living in Bolton.

Why did we do it?

When the Brush Bus Programme was launched, the national statistics showed that 5 year olds living in Bolton had an average number of decayed, missing or filled teeth (dmft) of 3.2 compared to the national average of 1.5.

The health reasons for the Brush Bus Programme were as follows:

1. Evidence states that tooth brushing with the recommended amount of fluoride toothpaste reduces dental decay
2. The programme teaches children dexterity when brushing
3. It gives the children an extra "fluoride hit" by brushing with a pea-sized blob of family fluoride toothpaste
4. It gives the children the opportunity to brush with their own toothbrush, if this is not always possible at home

5. To reduce inequalities and improve dental health amongst Bolton's very young children.

What has this helped to achieve?

The outcome has been very successful with over 40 Nursery/Reception classes brushing using the Brush Bus Programme everyday throughout the borough, which means approximately 1,200 children benefitting from the programme.

We have seen a reduction in the average number of dmft in 5 year olds in Bolton from 3.2 in 2003/04 to 1.9 in 2008/09.

What else are we doing?

- We must maintain the programme as it stands encouraging all Nurseries and Reception classes to continue with positive practice
- We must seek further funding to ensure the security of the programme in the foreseeable future
- Develop further programmes as new Nurseries/ Reception classes want to join the scheme
- Work in partnership with other Health Care professionals such as the Healthy Schools team

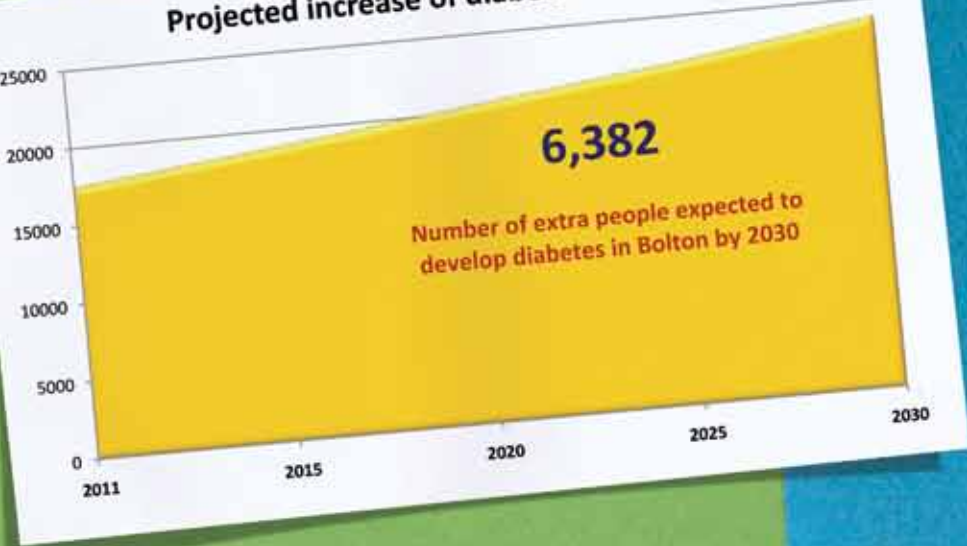


The average 5 year old in Bolton now has 1.9 decayed/missing/filled teeth as opposed to 3.2 in 2003...



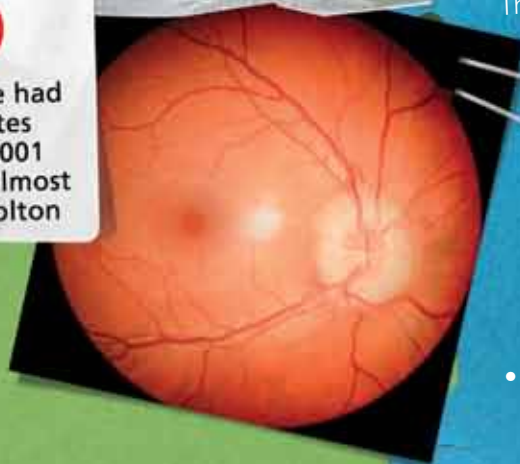
YEAR **2006**

Projected increase of diabetes in Bolton



6,496

Number of adults who have had their self reported diabetes diagnosed by a GP since 2001 making a possible total of almost 18,000 adult diabetics in Bolton



Diabetic retinopathy screening

What did we do?

Diabetic retinopathy is damage to the retina section of the eye and is a complication that can affect anyone who has diabetes. The diabetic retinopathy screening programme invites people with diabetes (aged 12 and over) for an annual eye screen. The screening checks for changes in diabetic retinopathy that could affect sight.

Why did we do it?

- Diabetes is a key disease and priority area for Bolton
- The Bolton Health Survey shows the prevalence of self reported diabetes in adults rising from 5.7% in 2001 to 8.9% in 2010
- GP practice registers of diabetic patients have grown in size through such initiatives as the Big Bolton Health Check, from 3.8% of the population in 2004/5 to 6.8% in 2010/11
- This increase is a combination of better reporting of the condition, better detection within primary care, and actual increase in the number of diabetics
- Diabetes is particularly prevalent in the BME communities especially within the Asian population
- This increase has resulted in increased demand for retinal screening
- We have also introduced an annual foot screen at the same time, which is an innovative approach to providing diabetes care

What has this helped to achieve?

The GP diabetes register shows that 92% of diabetic patients in Bolton have had a retinal screen in the past 15 months.

There are currently 15,717 people on the diabetes register in Bolton who are invited for screening, but as pointed out by the Bolton Health Survey, this number could be greater and some people will still not know that they have diabetes, so there is still potential unmet need for retinopathy screening.

What else do we need to do?

- Encourage participation in the diabetic retinopathy screening programme by targeting people who have never attended for screening and those who are relapsed attenders
- Work with GP practices to ensure that the diabetic register is up to date so that appropriate people can be targeted more easily
- Ensure that the screening programme operates in an efficient way

Mass vaccination exercise

What did we do?

Bolton hosted one of the UK's first large scale NHS Mass Vaccination exercise. Following a series of briefings, participants were put through the mass vaccination process and were given specific scenarios to test the responsiveness of the model.

Why did we do it?

- Development of Civil Contingencies Act 2004 and DH guidance 2005
- To practice setting up and running a mass immunisation centre in light of the risk of pandemic flu
- To test the logistics of a mass immunisation approach
- Crowd management and patient flow assessment including triage
- To produce a generic mass immunisation framework

What did this help to achieve?

- The Department Of Health tasked us with developing a formula to determine the number of people who could be immunised by a set number of immunisers over a given period of time. The results of the exercise indicated that one immuniser could immunise 80 individuals in 90 minutes
- The template has been adopted nationally in the UK, in Western Europe and the USA
- The template was used in 2009 during the swine flu pandemic

What else are we doing?

- Major incident exercises are now held annually throughout NHS Bolton

I took an orange with me to be immunised as part of the mass vaccination exercise...



Smoke Free Homes

What did we do?

The Bolton Smoke Free Homes project, initiated in 2006, asks people to make a promise to keep their homes smoke free and protect children and other adults in the home from second hand smoke.

Why did we do it?

- Second hand smoke is a toxic cocktail of over 4000 chemicals – as babies and children breathe faster and deeper than adults, they are at a greater risk of these dangerous chemicals
- To reduce exposure to second hand smoke - when an adult smokes with children around, the child can inhale the equivalent of 150 cigarettes per year
- To change children's attitude to smoking – smoking restrictions in the home will encourage children to remain non-smokers
- To improve child health – many children are hospitalised each year due to conditions exacerbated by exposure to second hand smoke in the home
- To help reduce smoking related house fires

What has this helped to achieve?

By end of 2011, 2,185 homes in Bolton had signed up to the project. Almost 3,400 children live in these homes that have pledged to remain smoke free.

What else are we doing?

- Increasing the promotion of the smoke free homes project across Bolton
- Combining this work with the smoke free pregnancy project

Our home is now one of 2,185 homes in Bolton to pledge to be a Smoke Free Home...



Our Home is a Smoke-Free Home

Bolton Smoke Free Homes 01204 462173

Income maximisation

What did we do?

Following the example of income maximisation and integral evaluation from East Bolton Regeneration, funding was secured to provide a Welfare Benefits Advice in Primary Care service across the borough of Bolton.

Why did we do it?

- The impact of poverty upon health is well proven and documented
- Poverty hugely contributes to the inequalities in health present in Bolton
- The number of children living in poverty can be reduced with income maximisation
- Fuel poverty can be minimised through income maximisation

What has this helped to achieve?

- Over 2,000 people helped by the service
- Cash gains through appropriate benefit claimed total £2,187,000
- Evaluation of the project has shown the common themes that participants spent their extra income on was trips out, food and heating bills
- Evaluation has also shown a significant increase in wellbeing of those benefitting from the project

What else are we doing?

- Working towards securing sustainable funding to provide a service across Bolton
- Conducting a Health Impact Assessment of the project



CAB Advice in Health Settings...
Providing free, independent, quality, confidential advice on debt & welfare benefits issues

Call the helpline on

01204 574 814

YEAR 2007

Childhood obesity – National Child Measurement Programme

What did we do?

The National Child Measurement Programme is a surveillance programme where children in reception and year 6 classes are weighed and measured each year to help monitor childhood obesity. Recently the programme has evolved to become a screening programme with feedback of results to parents and offers of support packages.

Why did we do it?

- To monitor and understand local childhood obesity
- To help plan interventions for weight-related problems in Bolton
- To raise awareness of the importance of healthy weight and help parents and families engage with issues about healthy lifestyles

What has this helped to achieve?

Every year approximately 8000 reception and year 6 children are weighed and measured. The figure for 2010/11 shows that 9% of Reception and 21.2% of Year 6 children are obese.

This year, all year groups in 12 primary schools in Farnworth were weighed and measured, with the results posted to parents. The results are promising in terms of take up of the local children's weight management programme MEND (Mind Exercise Nutrition Do It).

What else are we doing?

In relation to the Farnworth project:

- Offering parent support, such as a place on MEND
- Local activity incentives for families such as free passes to local leisure centres
- Enrolling Farnworth schools on the enhanced healthy schools programme to tackle obesity, including a focus on activities in schools delivered by a range of organisations
- The healthy weight strategy provides a vision of how a multi-agency co-ordinated approach is needed to tackle obesity in Bolton, acknowledging that schools are just one part of a large jigsaw.

Childhood obesity in Bolton



NHS Bolton Library

What did we do?

At the end of 2007, the NHS Bolton Library moved into shared premises with the local authority library – the 1st health library in the UK to do so. The library provides a unique blend of services to its users: from traditional library provisions such as resource loan, to health promotion, to supporting the public health and commissioning functions within Bolton to providing the means for best practice, be it supplying the latest evidence or information skills training.

Why did we do it?

- Opportunity to work closer with the local authority in partnership
- Increase the quality and access to health information for the general public
- Develop the library as an evidence hub to inform all local health related decision making

What has this helped to achieve?

- The 'Bolton Model' for partnership working in libraries is being replicated across England
- Improved consumer health provision throughout Bolton
- Further development of the library as an evidence based practice resource

What else are we doing?

- Providing Health Information Points in branch libraries
- A breastfeeding area has been provided within Central Library to provide a pleasant environment for mothers and to support initiatives to increase breastfeeding in Bolton
- Development of a Self-led Cognitive Behavioural Therapy Pilot hosted on Library computers
- Developing a knowledge hub website for Bolton's Joint Strategic Needs Assessment to be a 'one stop shop' for all intelligence and evidence to inform effective commissioning of health and care services.



Get Active

What did we do?

The Get Active Programme in Bolton encourages adults to become more active and achieve the national recommendations for physical activity, which can be achieved by taking at least 30 minutes of moderate intensity physical activity on five or more days of the week.

Why did we do it?

- Meeting the recommended levels of physical activity helps to prevent and manage over 20 chronic conditions including coronary heart disease, stroke, Type 2 diabetes, cancer, obesity, mental health problems and musculoskeletal conditions
- To reduce levels of obesity in adults across Bolton
- Physical activity is important in both preventing mental health problems and improving the quality of life for those with such problems
- To help narrow the gap in life expectancy

What has it helped to achieve?

- Currently 2,296 adults in Bolton are registered with the Get Active Programme
- On average 835 people attend a Get Active session each week
- Get Active has developed links with more than twenty different partners to engage adults in physical activity
- There has been an improvement in the proportion of people doing no sessions of physical activity in a week

What else are we doing?

- Development of a specialist Physical Activity Care Pathway
- Development of a training strategy for instructors enabling them to deliver specialist sessions for patients with long term conditions
- Development of partnerships to broaden the number and scope of activities
- Development of the national NHS relay triathlon challenge



The Get Active Team will be coming to your area...



Grandma is one of 835 people to attend a Get Active session each week!

We are coming to your area to help you get active this summer

For more information please contact us! 0800 4589029 or visit our website: www.getactivebolton.co.uk



18,000 less smokers in Bolton in 2010 than in 2001...

Smoke free Bolton

What did we do?

On July 1st 2007, new laws were introduced to make virtually all enclosed public places and workplaces in England smoke free. Prior to the legislation, there was a programme of awareness raising, community engagement and lobbying to raise awareness of the health impact of breathing in second-hand smoke, helping non-smokers recognise their right to smoke free environments.

Why did we do it?

- Significant health risks associated with breathing in second-hand smoke such as heart disease, cancer and respiratory diseases
- Smoke-free environments encourage and support smokers who want to quit
- They also help create societal smoke-free norms leading to fewer young people taking up smoking

What has the legislation helped to achieve?

- Smoking prevalence amongst adults in Bolton has reduced from 23% in 2007 to 20.7% in 2011, and from 23% to 19% in young people aged 14-17 years

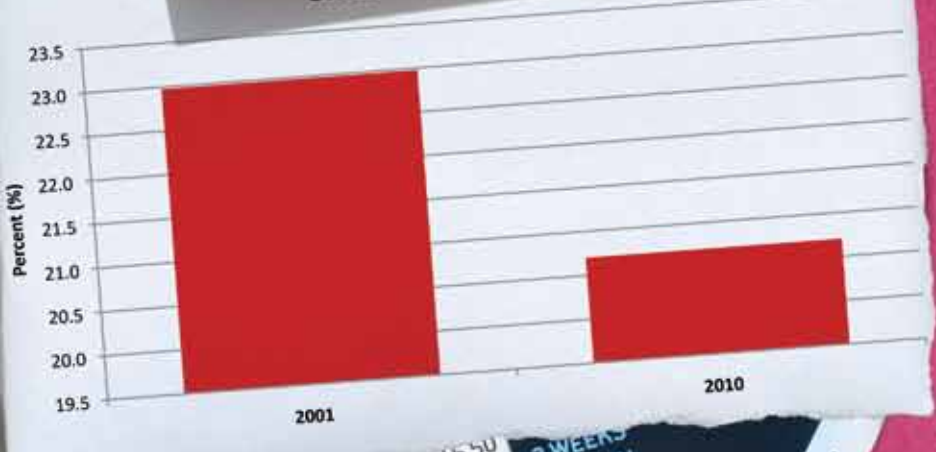


- The greatest reductions have been in the most deprived areas of Bolton helping to reduce health inequalities
- Smoking during pregnancy has fallen from 23.4% in 2006 to 16.8% in 2011 improving infant and maternal health

What else is happening in partnership?

- Tackling illegal sales to under 18 year olds through test purchase programmes
- Action on counterfeit and smuggled tobacco
- Tobacco education through the Healthy Schools programme
- Cigarette vending machines were banned on 1st of October 2011
- Point of sale cigarette displays are to be banned in large supermarkets and small stores in the future
- Government consultation on plain packaging is expected in 2012

Smokers in Bolton



Human Papilloma Virus vaccination & cervical cancer screening

What did we do?

The Human Papilloma Virus (HPV) vaccination started in September 2008, inviting 12-13 year old girls to take part, largely delivered through secondary schools. A catch up programme also started in 2008 to vaccinate 14-17 year olds.

Why did we do it?

- HPV is responsible for causing changes in cells that can lead to cervical cancer, the second most common cancer in women under 35
- HPV vaccine protects against 70% of the types of HPV that can lead to cervical cancer. As it does not protect against all causes, participation in the NHS Cervical Screening programme is still important.
- Women from South Asian backgrounds are less likely to take part in screening. In 2008, the Bolton Community Engagement Network undertook a project to identify barriers in taking part, using an innovative approach of a 'Road Map' to highlight areas of concern.

What has this helped to achieve?

- 85% of girls aged 12-13 have taken part in the HPV vaccination programme. There has been an increase in uptake over the past few years.

- By 2008, 55,000 Bolton women had had one cervical screen during the last 5 years, representing 77% of the eligible population. Since 2008, the uptake of screening has slightly decreased, and is lower in younger women (aged 25-29) at 66%.

- Of the 17,324 women who took part in screening in 2008, 91% received a normal result, with around 4% needing a repeat smear and 5% needing referral for further investigations.

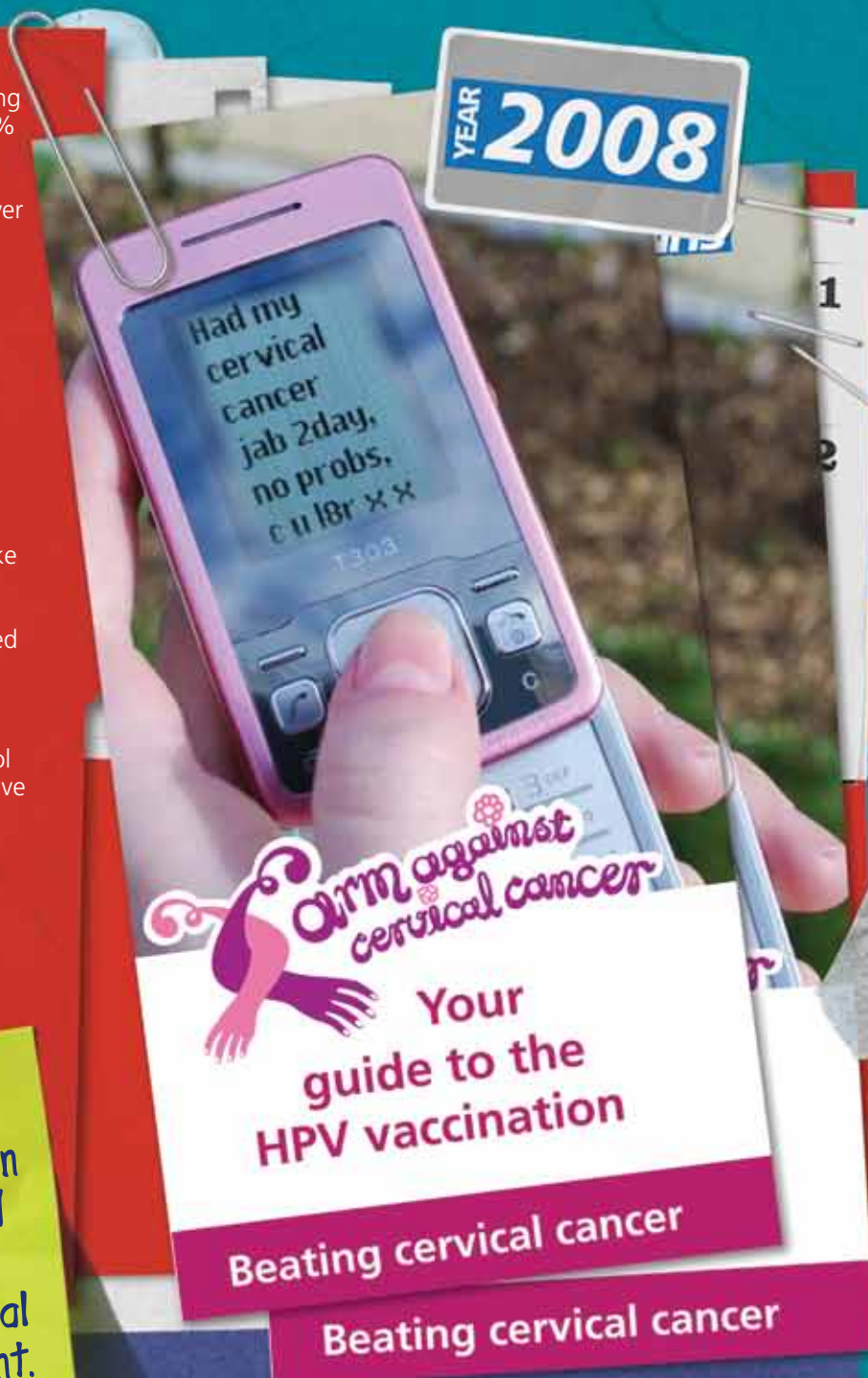
What else are we doing?

- Although the road map project slightly increased screening uptake in the short-term, it was not sustainable. To create a longer lasting change, we need to embed the project recommendations into practice.
- Domicillary catch up visits to immunise girls absent from school on the day of HPV vaccination have recently begun
- With the advent of the HPV vaccination, we must ensure that participation in the cervical screening programme remains high, particularly in the younger age group.

My daughter had her HPV vaccination today. It reminded me about my forthcoming cervical screen appointment.



UPSY



YEAR 2008



Community Engagement Network

What did we do?

We commissioned the Community Engagement Network at Bolton Community Voluntary Service to provide a fun and interactive programme to improve people's health and wellbeing.

Why do we do it?

- To systematically engage local people and communities in improving their health
- To improve the equity of uptake of health improvement services and programmes as some communities and populations are less likely to seek treatment or the help of such services as screening services.

What has this helped to achieve?

- Over 1,500 people have taken part in 'Upsy Downsy' and 'Noodle Doodle' workshops which promote mental wellbeing
- Over 1,000 people have been taught to be body aware for testicular and

breast cancer using 'biolike' models with hidden lumps

- An increase in women from BME communities attending cervical screening appointments
- Increased uptake of Bowel Cancer Screening in deprived areas
- Increased awareness of dangers of shisha tobacco smoking with increasing members of BME communities reporting that they have cut down or stopped using shisha

What else are we doing?

- Applying social marketing principles and methods to mass media awareness raising campaigns
- Health Development Workers based in Neighbourhood Management Areas are helping to ensure that health improvement interventions address the needs of local residents
- Recruitment of local 'Cancer Champions' to raise awareness of screening programmes and symptoms of cancer to encourage early presentation

BOWEL CANCER SCREENING CAN SAVE YOUR LIFE.

60+
take the test

Bowel cancer screening

What did we do?

In 2007/08, Bolton became the 7th centre in the country to begin bowel cancer screening. People aged 60-69 are sent a faecal occult blood test kit every two years from their 60th birthday. Completed kits are tested to check for hidden blood – which may indicate that further investigations are needed. From 2010 the upper age for inclusion extended to 74.

What has this helped to achieve?

- The latest uptake figure for bowel cancer screening in Bolton is approximately 56%
- This has improved greatly, be it broken down by gender or deprivation level
- To date, 59 cancers and 461 polyps have been identified that may have gone undiagnosed without screening.

Why did we do it?

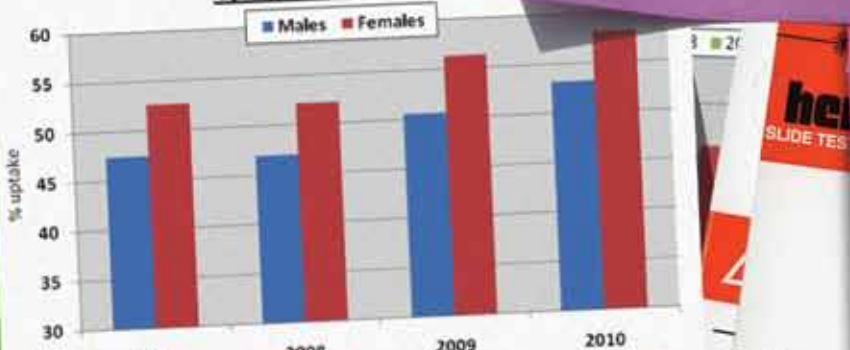
- Bowel cancer screening is a way of detecting cancer and polyps (which may turn into cancer) before symptoms are present. By doing this, the chances of successful treatment are very high – 90% of bowel cancers are treatable if caught early.
- The incidence of bowel cancer in Bolton is higher than the national average
- NHS Bolton hosts the Greater Manchester Health Bowel Cancer Screening team, who aim to increase uptake and reduce screening inequalities. The team have worked closely with the Bolton Community Engagement Network, who developed the pioneering game of 'Bowel Bingo' – a fun interactive way for community groups to discuss issues around bowel screening.

What else are we doing?

- Pilot studies show that GP endorsement of the programme improves uptake. We will engage closely with primary care to identify ways to improve uptake.
- Continue to target areas of deprivation and men as well as the general population
- Flexi-sigmoidoscopy screening (a one-off screen at the age of 55) will be introduced from 2013 – this has been shown to reduce bowel cancer mortality by 34%.
- It is important that people with symptoms visit their GP rather than wait for a screening kit – we will continue to support and develop initiatives that encourage this.

A friend of mine passed away this year from Bowel Cancer. I did take the test.

Uptake Rates by Gender



Equality Target Action Groups

What did we do?

Equality Target Action Groups (ETAG) were developed as a way for NHS Bolton to communicate with excluded community members and their representatives. The groups were divided into disability, gender, race, religion, sexual orientation and age to meet the new equality legislation. As an addition, NHS Bolton decided to have a carers group as this is a large group who are particularly vulnerable to suffering from health inequalities.

Why did we do it?

- The aim of the ETAGs was to act as a consultation mechanism for NHS Bolton and to give the groups the opportunity to challenge NHS Bolton in terms of services and strategies
- Local and national research tells us that people who fit into the target groups often suffer worse health than the general population
- We recruited community members to join the ETAGs and they were offered support and training by a community development worker
- The groups developed action plans to tackle health inequalities and were supported to challenge NHS managers

What has this helped to achieve?

The ETAGs have had many successes, some seemingly small such as encouraging Greater Manchester Ambulance Service to clarify its position around disabled escorts and some bigger, such as the development of a disability training DVD for health care professionals in Bolton. The disability ETAG also supported NHS Bolton to review its eligibility criteria for wheelchairs.

What else are we doing?

- The ETAGs continue to meet as one large group to add strength to their voice
- The Disability training DVD is to be made available to all health care workers
- Equality and Diversity training continues for all staff



Party Hard, Party Safe

What did we do?

'Party Hard, Party Safe' is a relationships and sexual health education campaign before the Christmas party season, for young people in Year 11, sixth form and colleges. Sessions on safe choices around sex and alcohol were provided for those taking part.

Why did we do it?

- Prevention of teenage pregnancy
- To reduce serious sexual assaults on females aged 15 to 19 at weekends
- Safeguarding young people
- Raise alcohol awareness

What has this helped to achieve?

- Approximately 2,000 young people have currently taken part in the campaign with more to follow
- The campaign has been offered for 3 years now and this coincides with a decrease in the teenage pregnancy rate
- 12 of the 17 High Schools in Bolton have taken up the offer of education sessions and we hope more will follow

What else are we doing?

- The Healthy Schools enhanced programme includes teenage pregnancy reduction
- A Sexual Relationships Education Development Officer continues to train school staff and supports the curriculum and policy development in partnership with the Healthy Schools team
- Commissioning of young people's sexual health services in schools, colleges and clinics

PARTY
HARD
PARTY
SAFE

YEAR
2009



During my recent hospital stay, I made sure I chose the healthier options

Bolton **NHS**
NHS Foundation Trust

Your Health; Your Choices

Can All Hospital Food Be Healthy Food?



A strong public health message can be delivered by hospitals to a significant number of people from all socio-economic groups, about the impact that food has on health. Many hospitals, whilst promoting healthy eating, do still or provide a large amount of unhealthy foods, choose high in saturated fat, sugar and salt. This is likely to seriously undermine any NHS strategies which promote healthier food choices.

Aim

To improve the availability of good quality, healthy and nutritious food for staff, patients and visitors. Raise awareness of both good and bad nutrition.

What we have done so far

Increased availability of fruit and vegetables via mini markets. Fat and salt levels reduced across the menus, also no salt tables. Unhealthy snacks removed. Nutritional value of restaurant food analysed. Traffic Light Labelling (Food Standards Agency) applied to restaurant menus. Increased nutritional information provided to consumers.

Royal Bolton Hospital – a Health Promoting Hospital

What did we do?

A Health Promotion Specialist worked with colleagues at Royal Bolton Hospital to gain Health Promoting Hospital status. The hospital has pledged to make health improvement and public health a priority throughout its provision of services.

- Developed a patient health promotion assessment and referral pathway between secondary care and primary care, helping to advise people on keeping healthy
- Improved food and nutrition including traffic light labelling and calorie counts and removing the unhealthy snack food and drink products and increasing fruit and vegetable consumption
- Developed a nationally recognised stop smoking pathway and a smoke-free hospital site policy

Why did we do it?

- Act as a role model for individuals and other large organisations
- Engage with many thousands of people to offer advice and support on improving health
- Reduce the avoidable harm to health caused by lifestyle choices
- Demonstrate good corporate citizenship

What has this helped to achieve?

Over 1,500 hospital staff have been trained to give advice on aspects of lifestyle health. We have signposted or referred thousands of people to community support services and this will continue to increase. We have reduced the sales of many high sugar, salt and fat foods and drinks so making them less available for general consumption.

What else are we doing?

- Continuing to increase access to healthy food and reduce access to unhealthy food and drink
- Increase the number of staff who are trained in health promotion so that we can make every contact count
- Strengthen compliance with the smoke free site policy and help other hospitals to put smoke free policies in place
- Increase opportunities for people to get more physically active
- Taking a lead on prevention of ill health as well as the treatment of it

The Big Bolton Health Check

What did we do?

The BIG Bolton Health Check aimed to identify people aged 45 years and over, at risk of developing cardiovascular disease within the next 10 years. The project supported local GPs to offer a comprehensive health check to eligible patients and subsequently build registers of patients at risk of developing cardiovascular disease.

This was the first time in England that a primary prevention project of such scale had been undertaken.

Why did we do it?

- Identify people at risk of developing cardiovascular disease such as heart disease, stroke and diabetes and help manage them to prevent future disease
- Reduce mortality rates from heart disease, stroke and related diseases in people under 75
- Provide support and advice for people at risk of cardiovascular disease to adopt a healthier lifestyle
- Address health inequalities within Bolton
- Increase life expectancy, narrowing the internal gap and to the England average

What has this helped to achieve?

Between April 2008 and March 2009, over 70,000 local people were provided with a comprehensive health check to establish their risk of developing the above mentioned conditions. 82% of the eligible population took advantage of this opportunity. In April 2008 the Primary Prevention registers consisted of 9000 patients. By April 2009, the registers had increased to 19,000 patients.

Those patients identified as being at 'high risk' of developing cardiovascular disease are offered the chance to discuss how to manage their risk with either their Practice Nurse or GP. They are then referred onto a Health Trainer who motivates and supports them to undertake a comprehensive lifestyle assessment as well as develop a personalised health plan to change unhealthy behaviours.

Latest figures show that Myocardial Infarction hospital admissions have almost halved from 125 per quarter in 2007/8 to 64 per quarter in 2011 and deaths from heart attacks and stroke have similarly reduced.

What else are we doing about this issue?

- Health Checks are now routinely carried out in primary care
- The age threshold for health checks has been reduced to 40 years and over
- An annual review with a health professional is now offered to all those patients who are identified as high risk
- Due to the success of the project – the team now support other NHS organisations to develop similar projects throughout the UK.



70,000 people given a health check in one year!

10,000 people identified as being at risk of cardiovascular disease...

Swine flu pandemic

What did we do?

April 2009 saw the first reports of a new strain of influenza virus appearing in the USA/Mexico. The virus spread around the globe quickly, reaching the UK in May. The UK response was divided into 3 phases - containment, mitigation and vaccination. The pandemic was declared over in 2010.

Bolton's response was on two levels. Firstly, we co-ordinated the local Bolton response, providing training/information to professionals/public, arranging and running an anti viral distribution system for the population and latterly arranging and delivering a swine flu vaccination programme. NHS Bolton is also the lead PCT for emergency planning in Greater Manchester, so we also co-ordinated their wider response.

What did this help to achieve?

- Nationally fatalities were relatively low at 474, with Bolton's fatality rate one of the lowest in the UK
- Longer term, the pandemic has helped ensure that Bolton's responsiveness to emerging threats remains extremely robust and highlighted the value and importance of multi agency work.

What else are we doing?

- Bolton has built on its response to the 2009 pandemic. Our pandemic flu plan is reviewed annually and dovetails with the response plan of the wider NHS and with partner agencies.



Bolton Health & Wellbeing Survey 2010

What did we do?

The 2010 Bolton Health & Wellbeing Survey was the third in a series of adult health surveys delivered by the Public Health Department over the past decade. The survey includes a wealth of questions to monitor the key health needs and lifestyles of the Bolton population.

Why did we do it?

- To help us understand population health needs to inform service planning
- To monitor changes in health and lifestyles and adjust strategies and services accordingly
- To understand inequalities in health and to target initiatives and services to those most in need

How has this helped us?

The surveys have highlighted many changes in the health and lifestyles of the Bolton population over the past decade including:

- Smoking prevalence has reduced from 30% to 21%
- The prevalence of diabetes has increased from 6% to 9%
- Obesity in adults has increased from 13% to 20%
- People doing no physical activity in a week has reduced from 29% to 17%
- The prevalence of possible mental health problems has increased from 22% to 27%.

What else are we doing?

We will continue to survey the population at regular intervals as the information is now embedded into local strategic planning of health and care services.

More information about the surveys and numerous reports on the results are available at <http://bit.ly/tkLCAc>

The health survey series has played a major role in informing the Joint Strategic Needs Assessment for Bolton which describes and prioritises the major health needs of the Bolton population.

NHS Bolton
Bolton Health and Wellbeing Survey

Helping us to plan your health services

I received a letter from the Director of Public Health today asking me to fill in a Bolton Health and Wellbeing Survey. It's got a lot of questions in about my health and things like, do I smoke and take exercise. The alcohol section has already got me thinking about how much I had to drink last week. I'm going to make time to fill it in this weekend. I'll feel like I'm doing my bit to help them plan for people's health care in Bolton.

Chlamydia Screening - "RU Clear" campaign

What did we do?

This was the widespread roll out of "RU Clear?" – the Chlamydia and Gonorrhoea screening programme, with a target to test 35% of 15-24 year olds each year.

Why did we do it?

- Chlamydia is the most common sexually transmitted infection (STI) and particularly prevalent in young people
- It can be symptomless so can be passed on without knowing
- Untreated infection can lead to infertility (for both sexes)
- All STI rates are increasing annually with consistent condom use remaining the only method of prevention
- Chlamydia treatment is quick, simple and effective.

What has this helped to achieve?

In order to achieve the 35% annual screening target, Bolton needs to screen over 12,000 people aged 15-24 years. During 2010/11, Bolton achieved 9,500 screens, 27% of

the target population. Although the target was missed, this was a marked improvement in performance on the previous year.

- In 2009/10 Bolton had the lowest RU Clear screening rate in Greater Manchester with just 9.1%. In 2010/11, Bolton achieved the second highest rate in Greater Manchester and the 61st best rate nationally.
- The positivity rate for Chlamydia reduced from 9.1% in 2009/10 to 7.1% in 2010/11. This suggests that 15-24 year olds in Bolton are aware of the RU Clear programme and are taking up Chlamydia screening opportunities. It is also likely that they are completing treatment and increasing their use of condoms.

What else are we doing?

- Linking RU Clear with promotion of Bolton's C-Card (free condoms for young people) scheme
- Training professionals and parents to increase their knowledge of sexual health issues
- Improving young people's confidence in relation to sexual health and facilitating access to confidential, non-judgemental services
- Working with schools and the police to highlight the sexual health and safety risks of excess alcohol use via the Party Hard, Party Safe programme.

RU CLEAR?

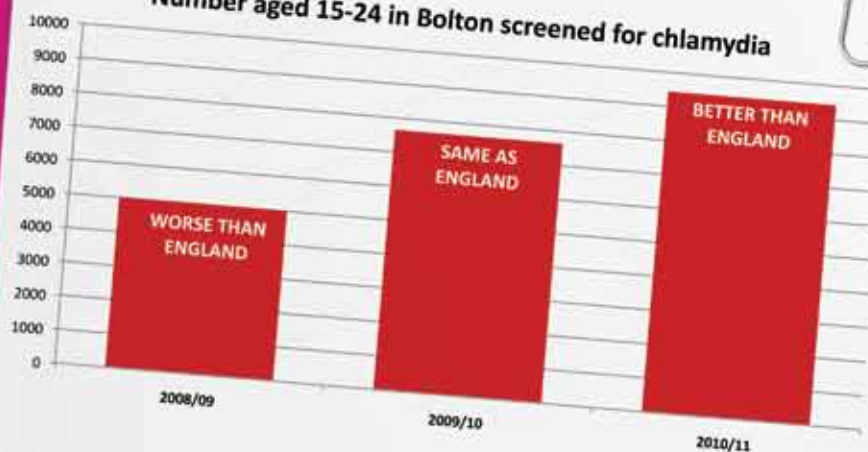
What's on your mind?

Get a FREE Chlamydia test:

Free postal testing kit, text 'TEST' to 84010

1 in 10 young people aged between 15-24 has a sexually transmitted infection called Chlamydia

Number aged 15-24 in Bolton screened for chlamydia



YEAR 2010

NHS breast screening

Your screening appointment is on

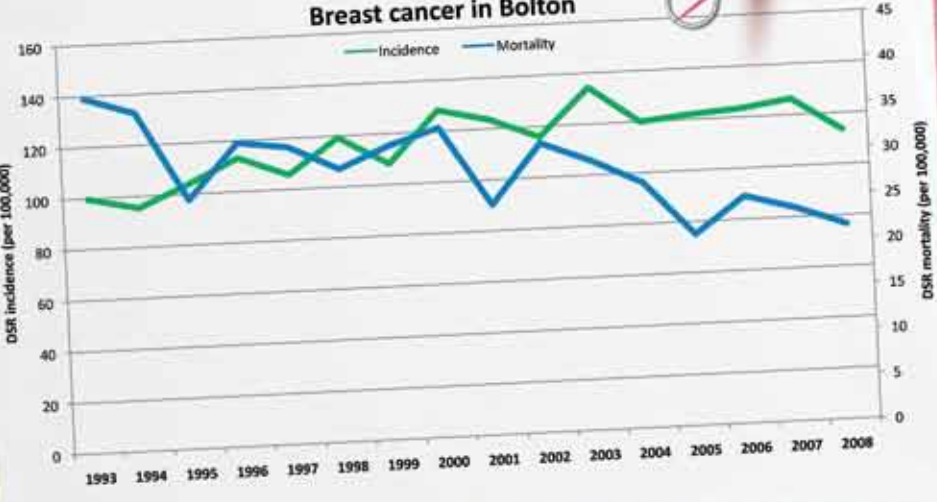
18-12

at

3pm



Breast cancer in Bolton



Breast cancer screening

What did we do?

Breast cancer screening involves an x-ray of each breast - a mammogram. The mammogram can detect small changes in breast tissue which may indicate cancers that are too small to be felt either by the woman herself or by a doctor.

Bolton was a pilot site for the age extension for breast cancer screening - the addition of women aged 47-49 and 71-73 years of age.

Why did we do it?

- Breast cancer is the most common cancer in women
- Breast screening started in 1988, inviting women aged between 50-70
- Breast screening can detect breast cancer early
- If cancer is caught early, it is much more treatable
- About a third of all breast cancers are found from screening

What has this helped to achieve?

- In 2010, 10,408 women took part in breast screening in Bolton (uptake rate 71%), with 73 cancers detected.
- The incidence of breast cancer in Bolton has increased as it has nationally in the past decade due to screening
- Survival after diagnosis is increasing and mortality rates have fallen
- Bolton piloted a scheme to encourage non-attenders to go for screening, achieving a 2% increase in attendance by using a reminder postcard.

What else are we doing?

- Breast screening will be part of the new services provided at Bolton One in the town centre
- Improving uptake - Bolton Community Engagement Network have undertaken work to encourage increased participation, particularly within Black & Minority Ethnic groups where uptake is generally low, and this needs to continue
- Continuation of the reminder postcard strategy

Clock on 2 Health

What did we do?

Clock on 2 Health is a structured programme of health improvement and ill health prevention designed by NHS Bolton specifically for local businesses. Tailored on-site support is provided covering topics such as healthy eating, becoming more active, healthy joints and bones, weight management, mental wellbeing and managing stress, supporting people to stop smoking and cut down their alcohol consumption.

Why did we do it?

- Improve the general health and wellbeing of employees
- Reduce sickness absence
- Boost staff morale
- Improve recruitment and retention of employees
- Give employees access to health initiatives that they would not have access to because of work commitments

What has this helped to achieve?

To date, over 50 local employers are participating in Clock on 2 Health and these companies employ almost 14,000 staff. Employers develop through the programme to achieve advancing levels of workplace health. Currently 3 employers have achieved gold standard, with 6 at silver with a further 8 at bronze level.

What else are we doing?

- Provide workplace based workshops to raise awareness of cancer symptoms
- Provide employees access to one to one appointments with Health Trainers to support lifestyle change
- Help employers develop workplace policies to help create a healthier environment
- Working with Occupational Health services to help prevent long term sickness absence
- Implementing the 'Fit Note' locally

Employers on the programme
3 at Gold,
6 at silver,
8 at bronze.



Are your staff, absence minded?

Excessive drinking can lead to increased absenteeism...



YEAR 2011

Joe receives an appointment reminder and is asked to confirm his attendance or reschedule the meeting:



Alcohol Relapse Prevention Project

What did we do?

2010/11 saw the introduction of new national substance misuse targets, focussed on moving people through alcohol treatment services into sustained recovery. Consequently, we introduced a pilot Bolton (Alcohol) Relapse Prevention Project enabling alcohol service providers to maintain contact with clients using mobile phone messaging and other technology.

Why did we do it?

- Alcohol related premature deaths have increased in the last decade, especially in the most deprived areas of Bolton
- The health harms of excessive alcohol use include cardiovascular disease, cancer, self harm, accidents, assault, suicide and mental ill health – having a major impact on life expectancy and health inequalities
- Alcohol dependency is a relapsing condition resulting in heavy burdens on health and social care and maintaining clients' motivation to remain abstinent is problematic
- Sustained recovery from alcohol dependency is better for the health and safety of individuals and communities and reduces the economic burden on society.

What has this helped to achieve?

The aim of the programme is to increase engagement in after care.

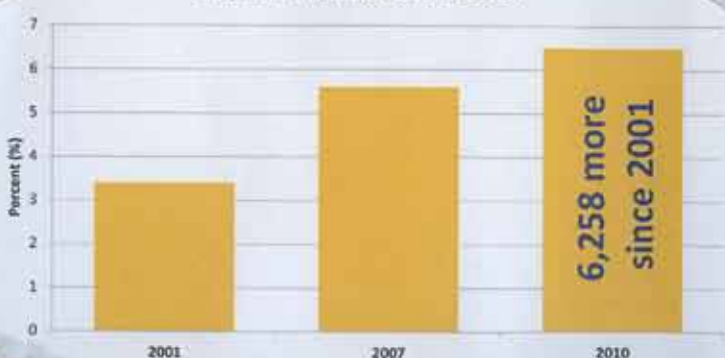
- As of November 2011 the engagement rate had increased to 62% compared to 42% in the previous year
- Clients were more likely to attend after care compared to those who had not taken part (87% vs 57%)
- Client and service feedback has been very positive suggesting it has the potential to be highly cost effective

What else are we doing?

- Working with a range of colleagues to reduce alcohol related repeat hospital attendances
- Raising awareness of the scale of excess alcohol use via a Triple Aim primary care project
- Promoting Bolton's substance misuse website (www.boltondrinkanddrugs.org)
- Engaging services and communities in alcohol awareness and health improvement initiatives e.g. The Flipside.

My Uncle is much more confident in his ability to not return to drinking since this project.

Harmful drinkers in Bolton



Safe Sleeping

What did we do?

2011 saw the development of a Safe Sleeping campaign across Bolton (Salford and Wigan) to communicate clear consistent messages to parents on the risk and protective factors for Sudden Unexpected Deaths in Infancy (SUDI), with the aim of reducing the incidence of SUDI deaths.

Why did we do it?

- A higher than average incidence of infant deaths in Bolton
- A high incidence of Sudden Unexplained Deaths or Sudden Infant Death Syndrome deaths (cot deaths) in Bolton
- Evidence from the Child Death Overview Panel review of cases showing that some deaths were potentially preventable, if modifiable risk factors area were addressed

What has this helped to achieve?

Thus far, the outcome has been the launch of a high profile media campaign, publication of Safe Sleeping guidance, the introduction of new visual tools to use with new parents, training for practitioners and the introduction of a Safe Sleeping Assessment and action plan for families.

What else are we doing?

- We will be evaluating the acceptability and impact of the campaign – has it increased parents understanding of risk and protective factors?
- The campaign is running for three years and we will measure the impact on the incidence of SUDI deaths
- We are working with key partners to deliver the campaign, including housing providers, health and social care practitioners, children's centres and the voluntary and community sector.



Don't be a Cancer Chancer

What did we do?

'Don't be a Cancer Chancer' launched in Spring 2011 and ran for a period of 3 months. It involved a campaign to promote the awareness and early diagnosis of breast, bowel and lung cancer.

Why did we do it?

- Breast, bowel and lung cancer are the 3 most common cancers in Bolton
- The survival rate for cancer is higher when the cancer is detected early
- The aim of Don't be a Cancer Chancer was to:
 - Raise awareness of the signs and symptoms of the three cancers
 - Encourage people with symptoms to visit their GP
 - Work with primary care by encouraging health professionals to engage with the campaign
- The target audience was people aged 45+ and particularly people from South Asian communities
- The campaign consisted of posters, radio and local press advertising, community events and outdoor advertising.

What has this helped to achieve?

In Bolton, 117 community sessions were held, led by both local Cancer Champions, and the Bolton Community Engagement Team. Over 1700 local people took advantage of the opportunity to talk one-to-one with a Cancer Champion. The campaign was successful in increasing the number of people confident in recognising the main signs and symptoms.

What else are we doing?

- Further work to engage with primary care and referral pathways - cancer is one of the priority topics for 2012
- There is a Department of Health national campaign 'Be Clear on cancer' starting January 2012 focusing on bowel cancer. This will involve TV advertisements for the first time.
- Appointment of a Macmillan funded GP to lead on cancer
- Continuation of cancer champions and community engagement network to promote early awareness and diagnosis, focussing on bladder and kidney cancer

If it's **CANCER**...
then what?
The

cancerchancer.com



Healthy Heads Wellbeing Programme

What is it?

Healthy Heads is a package of wellbeing programmes for Bolton workplaces, schools, communities and residents.

Why did we do it?

- Emotional wellbeing lies at the root of improving health and tackling health inequalities
- Better mental wellbeing has many beneficial effects including the prevention of physical and mental illness, improved achievement and attainment including education and career prospects and better quality of life
- Key to achieving better mental wellbeing is developing people's ability to take care of their own wellbeing
- There are a range of effective messages and techniques to help people take care of their mental wellbeing.

What has this helped to achieve?

In the first year, 58 programmes across schools, workplaces and community settings were attended by over 1000 individuals.

Evaluation thus far has revealed positive results. People were generally aware of the importance of wellbeing before taking part in Healthy Heads, but lacked the knowledge and motivation to make improvements. After taking part, there were measurable and significant improvements amongst those involved. Major Bolton employers have reported reductions in workplace sickness absence where Healthy Heads has delivered a programme focussed on workplace stress.

What else are we doing?

- Healthy Heads will develop in the coming years in order to work with three times as many Bolton residents per year
- We will also develop what is on offer. For example, provide training for front line staff in health to support the emotional health needs of the people they see.
- A new service to support the emotional health needs of people suffering from low level symptoms of anxiety and depression will be established in 2012
- The 'Think Positive' service will help us to better support the thousands of people living with emotional health distress in Bolton



It was really fun and relaxing painting healthy heads!

Opening of Bolton One

What are we doing?

Bolton One, a health, leisure and research centre, is due to open in the centre of Bolton during the early months of 2012. The project is a partnership between NHS Bolton, Bolton Council and the University of Bolton.

What will be offered by Bolton One?

- Primary care services
- General outpatient services
- Thoracic medicine
- Podiatry services
- Musculoskeletal services
- Diagnostics
- Screening services
- Wellness services
- A pharmacy

- Leisure facilities including an 8 lane 25m pool, hydrotherapy pool, fitness suite
- Teaching and research facilities

Why did we do it?

NHS Bolton has listened to local people about what they want from health buildings. Bolton One reflects these views by providing convenient services in a central location, easily located by car or public transport.

Bolton One brings a range of community and primary services and facilities together with services traditionally based

at the hospital under one roof to make it easier to carry out assessments and diagnostic tests in just one visit and one easily accessible location.

A key development will be the creation of a new 'wellness service' bringing together services such as the Health Trainers, Stop Smoking Service, 'Rite Weight', 'Get Active' with the brand new 'Think Positive' Service to provide an holistic approach to supporting individuals make positive lifestyle changes to improve their health.

The family will be putting the range of services in Bolton One to good use in 2012.

Targeted prevention support for older people

What are we doing?

This project targets preventative support for older people who have a high potential future social care need.

Why are we doing it?

- Promote health, wellbeing and independence in older age
- Ageing population will lead to increasingly expensive social care need
- Current prevention interventions are ad hoc and inequitable
- A driver for better integration of service provision – an holistic approach
- A driver for engaging primary care in the wider determinants of health

What will this help to achieve?

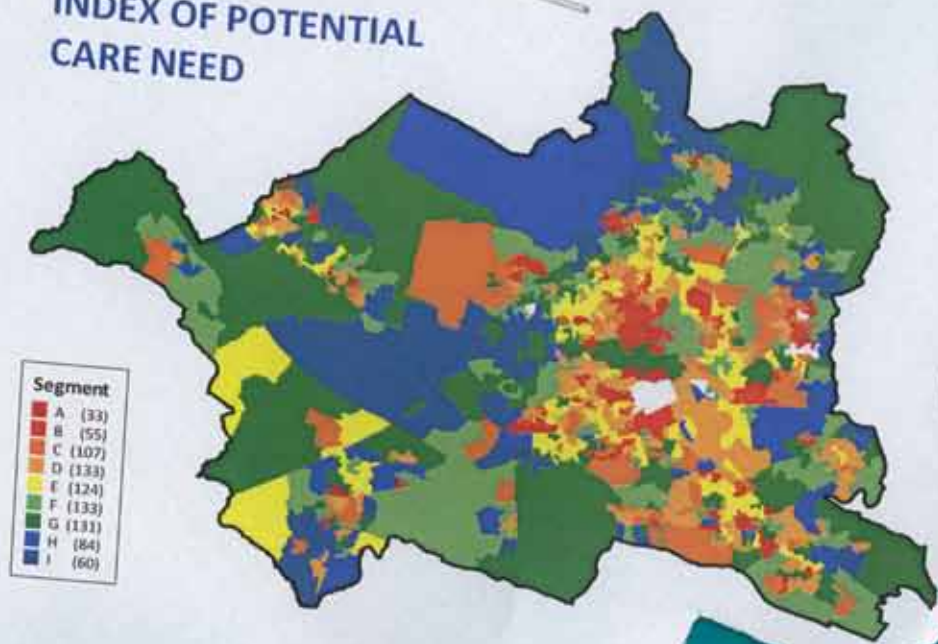
- Development of a profile tool showing over 50's at relative risk of potential future care need
- Equity audits of service provision to inform service redesign
- Design of conversation checklist tool to enable one to one discussion with older people about issues which may impact on their ability to remain healthy, happy and independent as they grow older
- Pilot of project in 2012 with patients registered at six GP practices – design of project informed by workshop involving older people, carers, existing service users, community and voluntary organisations and front line staff from health, social care, housing, police, and welfare rights.

What else are we doing?

- Using the profile tool to help services better target those with highest need through further equity audits and by building into the allocation criteria for Adult Social Services preventative grants
- Qualitative research to gain deeper understanding of different population groupings within the profile tool
- Supporting development of over 50's time bank project
- Promotion of 'social prescribing' among health care professionals. Social prescribing was initially developed during East Bolton Regeneration and enabled primary care staff to refer patients to non-medical projects to address their socio-economic and emotional problems. It has been further developed and will be launched early 2012 as a website (Open Bolton) for use by primary care staff and the general public.



INDEX OF POTENTIAL CARE NEED



YEAR **2012**

Improving infant health

What are we doing?

Giving every child the best start in life is the foundation for future health and wellbeing. The Healthy Child Programme ensures early, easy access to maternity care to support a healthy pregnancy, providing a range of health screening, development checks, immunisations, support and advice to achieve the best start for every child. Alongside this, Children's Centres and early year's provision are focused on supporting families and early child development.

Why are we doing it?

In comparison to the national average, Bolton has historically had:

- higher infant death rates
- lower rates of breastfeeding initiation and continuation
- higher rates of smoking in pregnancy
- higher rates of stillbirth and low birth weight babies
- higher rates of hospital admission for infections
- higher teenage pregnancy rates.

What is this helping to achieve?

Recent outcomes show:

- Reduction in the infant mortality rate but still unacceptably high
- Increase in breastfeeding initiation and continuation rates
- Reduction in stillbirth rates
- Reduction in smoking in pregnancy
- Reduction in teenage pregnancies
- Reduction in low weight births.
- Excellent uptake to childhood immunisations

What else are we doing and still need to do?

- Improving the outcomes for parents and young children through delivery of an integrated Healthy Child Programme
- Halting and reversing the increase in childhood obesity
- Focus on key initiatives including promotion of breastfeeding, Healthy Start and safe sleeping
- Reduce smoking in pregnancy and increase smoke free homes
- Promoting parental mental health, positive parenting and safeguarding children

A baby boy born in Bolton can now expect to live to 76.5 years and a baby girl, 80.6 years!

% of low weight births have decreased...
10.7% in 2002
7.6% in 2010

Teenage conceptions have fallen from 286 per year in 2002 to 206 in the last period...



Wellbeing Project

What are we doing?

Bolton Market and NHS Bolton have formed a partnership to fund the 'Wellbeing Project'. This provides Bolton residents aged 16 and over with an opportunity to learn and improve their cookery skills whilst also learning how to shop at the market. Advice is given on choosing seasonal produce, how to cook specific foods within healthy recipes and provides weekly sessions with other services to help improve their health and wellbeing and encourage them to become more physically active. The project aims to teach the supermarket generation how to shop on the market and what to do with the produce bought.

Why are we doing it?

- Improving residents food and nutritional knowledge
- Improving understanding of the health benefits gained from a healthier diet
- Market shopping and the shared cooking experience can help improve a person's wellbeing by raising confidence and self esteem and improve social inclusion in Bolton

What has this achieved so far?

From the 16 starters on the first 10 week course, 14 have successfully completed. Follow up sessions with this first group are already planned for the next year. Four members have now become volunteers to support the project in the next term, and also a sub group has formed with organised weekly craft activities.

Participants are now regularly shopping at the market and choosing a wider range of healthy seasonal ingredients for them to test out new recipes at home with family and friends.

What else are we doing?

- 3 more terms of the wellbeing project planned for 2012
- Plans for healthy shopping tours of the produce market are in progress
- Quarterly health fairs to be held at the market
- Plans to continue to liaise with other health services for input on a regular basis

OUR FUTURE

OUR NEXT

10 YEARS

The future

Having looked at the last 10 years of public health in Bolton, it's timely to consider what the next decade may bring. Although no-one has access to a crystal ball, there are a number of issues that we already know about that will influence the shape and direction of public health in the future. This section of the report looks at three main issues, and makes recommendations for future strategy.

The three main aspects to consider when we look to the future are:

- Changes to the structure of Bolton's population and its overall socio-economic status
- New or increasing health challenges
- Major changes to the way in which the public health function is structured and delivered.

Demographic and socio-economic changes

An ageing population

Due to improved health services, better prevention and improving quality of life, we have an increasingly ageing population, and therefore there is increased prevalence of the diseases of old age. As more people live to be over 75, the prevalence of cancer, mental health problems, falls, stroke and dementia increase. In addition, the number of people caring for older people will increase, and a proportion of these will be older people themselves. Our public health annual report in 2009 focused on the challenges that an ageing population bring, and many of the issues were considered in depth in that report. However, one issue that is becoming increasingly important is that of dementia. In December 2011, a comprehensive external review of dementia services was undertaken, which also included the needs of carers. In addition, two complementary local strategies, the Carers Strategy and the Mental Health Strategy, have recently been developed.

Recommendations:

- That the findings from the external review on dementia are implemented, in partnership with service users and carers, Bolton Council, Bolton Foundation NHS Trust, Greater Manchester West Mental Health Trust, Bolton Clinical Commissioning Group and third sector partners.
- That the opportunities afforded by the integration of public health within the Local Authority be maximised to enable increased joint working around the health and wellbeing needs of carers.
- That the content of the Mental Health Strategy and the Carers Strategy is used to inform future development and commissioning of services for older people.

Economic environment

With economic growth slower than anticipated, increasing unemployment (particularly for young people), a reduction in public sector budgets and increasing overall cost of living (particularly fuel and food), it is likely that the next 10 years will see more people facing financial hardship. The relationship between income and health is well documented, with people on restricted incomes experiencing poorer health. In this socio-economic environment, the challenge of protecting the health of the population becomes greater. Despite the potentially bleak outlook there are a number of areas where we can have a positive impact – particularly in the early identification of problems, such as increased substance misuse, poorer mental health and fuel poverty.

Recommendations:

- The challenge will be to maintain a preventative focus, whilst attempting to address the consequences of poorer health. Work to fully implement the targeted prevention strategy will become increasingly important. New approaches will be needed to address the key issue of worklessness.
- Improved collaboration between the NHS and Local Authority to maximise low incomes and support the most vulnerable individuals/communities, whilst also addressing associated physical and mental health issues.
- Conduct an impact assessment on the effects of the economic environment on health and ensure that the findings are used in future planning and partnership working, particularly in relation to the implementation of the Community Strategy and the Health and Wellbeing Strategy.

Health issues

If we look back at 2002, the main challenges to be tackled by public health colleagues in Bolton were smoking, cardiovascular disease, diabetes, inequalities in life expectancy, and vaccination and immunisation rates, particularly MMR. Over the last 10 years, we have seen positive changes in all of these areas – both as a result of investment in specific services, public health interventions, better health care and societal changes. Over the next ten years, there are 3 issues that are becoming increasingly prominent. These are alcohol, obesity and new and re-emerging infections. Each of these areas will be considered separately on the following pages...

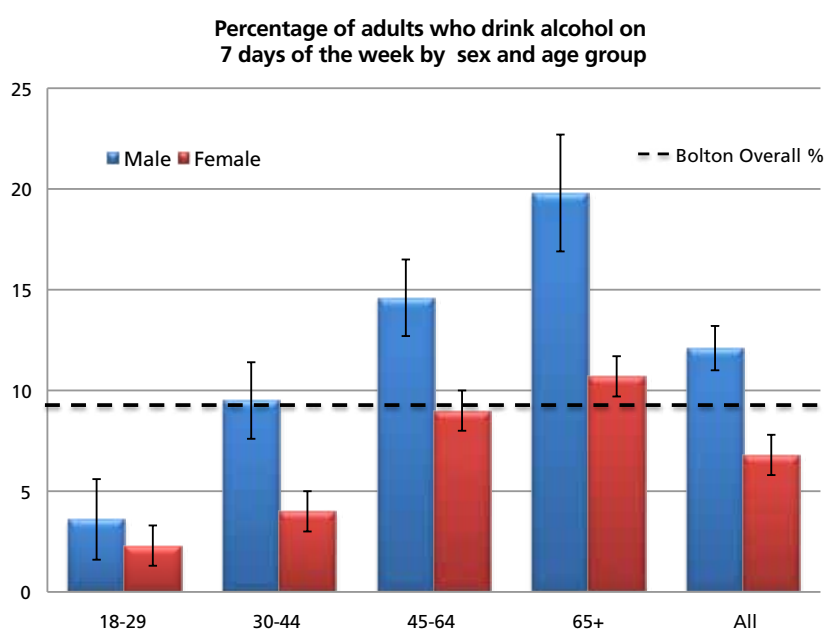
Alcohol

What is the challenge?

Despite the fact that approximately 60% of the population drink sensibly, there has been a year on year increase in alcohol related deaths and alcohol related hospital admissions both nationally and locally, over the last decade. Consequently, alcohol related harm affects a large number of Bolton residents both directly and indirectly.

Who drinks alcohol in Bolton?

Alcohol consumption is part of Bolton's culture and tradition, as it is in the rest of the UK. As such, alcohol consumption tends to be highest in the white population. Nevertheless, it is known that consumption is increasing in BME populations and is often regarded as a hidden issue. Despite popular media coverage of young people's drinking, regular alcohol consumption spans all age groups from mid teens to mid 60's and beyond. The chart below, taken from the 2010 Bolton Health Survey, indicates how daily consumption of alcohol increases throughout adulthood and older age.



What are the health impacts of excess alcohol consumption?

Sensible drinking is currently defined as up to 14 units of alcohol per week for women and up to 21 for men. It is estimated that up to 90,000 Bolton residents regularly exceed these guidelines with up to 57,700 adults drinking at binge levels (6 units for women and 8 units for men in one session).

The health impacts of binge drinking and sustained alcohol consumption above sensible levels are premature death and/or chronic ill health from cancer, stroke, accidents, mental illness, suicide and unintentional injury.

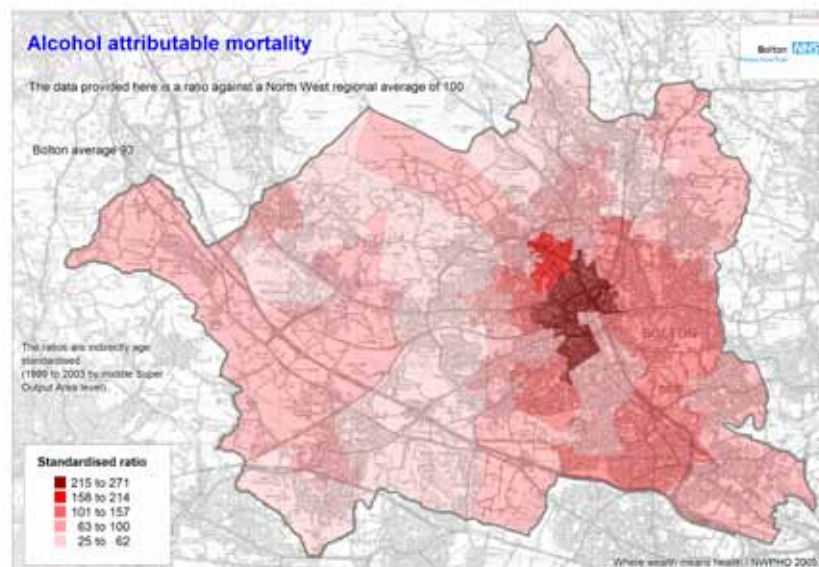
Other impacts

In addition to health impacts, there are many other harms associated with excess alcohol use. These include crime, being a victim of crime, fear of crime, domestic abuse, child neglect, anti social behaviour and violence. There are also large impacts on the workforce and on productivity.

The cost of alcohol related harm is immense. The financial burden on Bolton Foundation NHS Trust of caring for only the most frequent users of alcohol related acute care was estimated at £650,000 in 2010. This was for 43 individuals requiring a total of 290 episodes of care for mental illness, gastro-intestinal, liver and nervous system disorders.

Impact on health inequalities

Alcohol is a key factor in health inequalities. In Bolton the highest levels of alcohol consumption are found in the most affluent areas of the borough but alcohol related premature deaths are more common in the most deprived areas. The reasons for this are multi-factorial; drinkers in deprived areas may not have the material assets to enable them to make alternative choices to ongoing excess alcohol consumption, and are more likely to have other health problems which will be exacerbated by excess alcohol consumption.



Key issues

Given the ageing population and increasing consumption patterns across most of Bolton's demographic groups, the economic burden of alcohol treatment will increase and eventually become unaffordable. In addition, there will continue to be an adverse effect on health inequalities and (healthy) life expectancy. It is therefore vital that awareness of the harms of excess alcohol use is increased and that there is a focus on prevention to reverse the current consumption trends.

What are we doing about it?

Currently Bolton is delivering a number of initiatives aimed at combating alcohol misuse. These include:

- Patients being asked about their alcohol misuse by GPs, pharmacies and health trainers
- Expansion of the hospital based liver and alcohol liaison team
- Local media campaigns
- Healthy Schools and Colleges harm reduction programmes
- Alcohol awareness interventions particularly aimed at home drinkers
- Outreach team to case manage people who frequently re-present to hospital with alcohol related ill health and low level depression/anxiety

What else do we need to do?

Bolton has recently developed an Alcohol Health Improvement Plan. However, tackling the health related harms of alcohol in isolation is not the answer and a multi-agency partnership response is required. Alcohol has therefore been included as a cross cutting theme in Bolton's refreshed Community Strategy. It is only by implementing this Strategy, can the wider impacts on individuals and communities be addressed.

Obesity

What is the challenge?

Obesity can be considered the health time bomb of the 21st century as rates have continued to rise annually in recent decades. According to the 2010 Bolton Health Survey, over half of all Bolton adults are now either overweight or obese, and this is likely to be under reported. In children we have seen a steady rise over the last few years and recently just over a fifth of reception year children and a third of year 6 children were measured as overweight or obese. If these current trends continue, by 2050 it is predicted that 60% of men, 50% of women and 25% of children will be obese and as overweight and obesity rises, it becomes the social norm making it increasingly difficult to tackle.

What are the health impacts of being obese?

Obesity poses both physical and psychological risk factors for developing diseases such as cancer, coronary heart disease, fatty liver disease, dementia and type 2 diabetes. An obese adult male is five times, and an obese female is 13 times more likely to develop type 2 diabetes compared to a healthy weight person. Children who are overweight or obese are more likely to be overweight or obese as adults and as they get older, this risk increases.

Obesity also affects the health and wellbeing of children and adults alike with links to mental health problems such as stigmatization, poor self esteem, depression, bullying and social isolation.

Other impacts

The financial burden is also significant. For example in 2010, it cost an estimated £81.3 million to treat diseases related to overweight and obesity in Bolton and this is set to rise to £86.9 million by 2015.

In addition to the direct costs of treating obesity and related diseases, there is the wider impact on society. According to the National Audit Office, people who are obese experience higher sickness rates, earlier retirement and greater dependency on state benefits, mainly as a result of obesity related diseases.

What is the cause of this rise in obesity?

The simple answer is that people gain weight because their energy intake is exceeding their energy expenditure. The complexity is in determining the factors which have led to this so that mitigating action can be taken. There are a multitude of influences on what we eat and how much energy we expend, from physiology and psychology, to food production and food consumption, the physical environment and individual physical activity.

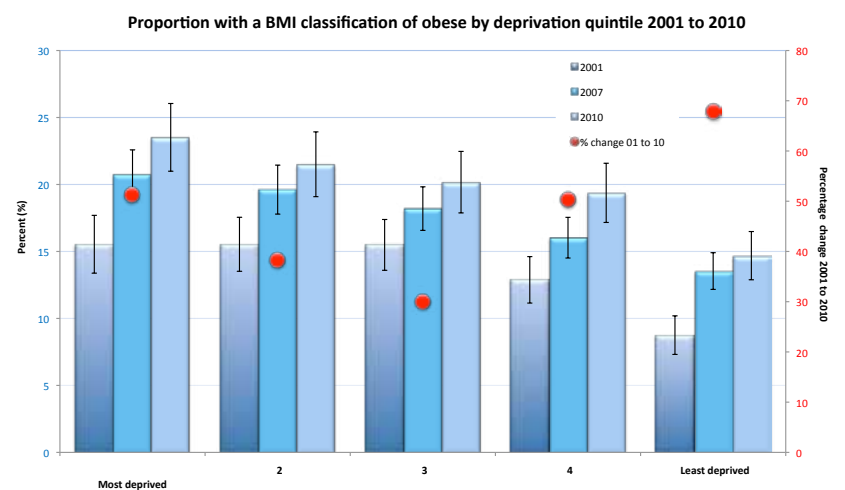
Who is at greater risk of becoming obese?

Obesity affects all groups and ages, however there are certain groups who are more at risk of becoming obese than others. Individuals of Asian origin, particularly South Asian, are at increased risk of becoming obese and this is reflected in the local prevalence rates with the Asian Pakistani population having the highest levels of obesity. Other groups include people with mental health problems, learning difficulties, physical disabilities, adults in semi-routine and routine occupations and the unemployed.

Mirroring the ageing population, we are expecting to see obesity rise in the growing older population. Families are also a key group as obesity is inter-generational, where children of overweight or obese parents are more likely to be overweight or obese themselves. Using the Change4Life cluster analysis we can see which families are more at risk of becoming obese and through this information can use social marketing to target specific interventions.

Impact on health inequalities

The latest Bolton Health Survey (2010) highlighted a link between obesity and deprivation with obesity highest in our most deprived communities and lowest in the least deprived communities. However, the greatest percentage increase seen between 2001 and 2010 was in the least deprived areas, reflecting the fact that obesity is a growing concern amongst all sectors of society.



How are we expected to tackle the issue?

To tackle the obesity crisis we need a multifaceted co-ordinated approach which involves as many partners as wide and varied as the complexity of the issue itself.

In 2011 Bolton developed a Healthy Weight Strategy which focuses on three priority areas:

- tackling the obesogenic environment
- early years
- provision of appropriate weight management services

Some high level impacts include tackling the 'fast food' culture and minimising the impact of take-away outlets, making breastfeeding the norm and addressing weight within the context of the family. To address the issues of both preventing obesity and taking action to reduce obesity, it is essential that the recommendations within the Healthy Weight Strategy are implemented.

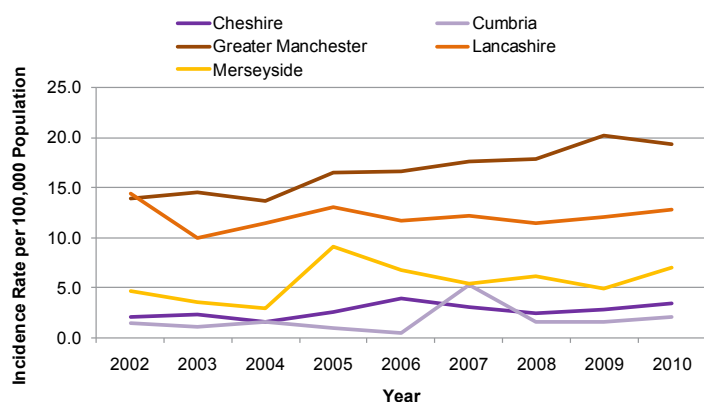
Infectious disease

What is the challenge?

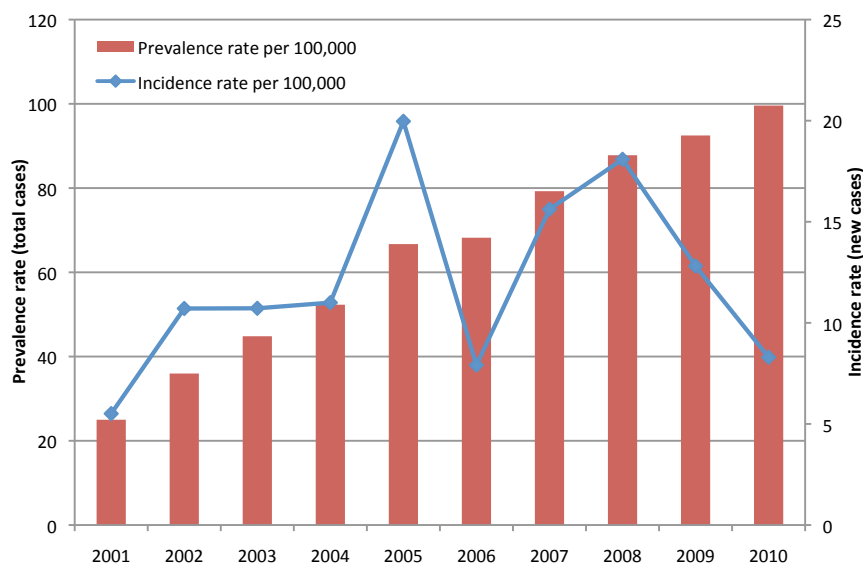
Towards the end of the 19th and throughout the 20th century, public health interventions to improve the quality of water, air and housing conditions made a huge impact on increased life expectancy. The development of a wide range of vaccines to immunise against infectious diseases has also meant that individuals are less likely to suffer the consequences of preventable communicable conditions. Nevertheless, there are some infectious diseases that are either increasing or re-emerging even though preventative interventions have been developed.

Sexually transmitted infections (STI) and Tuberculosis (TB) were rife in the Victorian era and widespread, effective treatment was unavailable. In the 21st century these infections are largely treatable and preventable but remain potentially fatal. In the last decade, TB infection has increased considerably locally as have STI/HIV rates.

Tuberculosis incidence rate per 100,000 by North West county 2002-2010



Trends in HIV rates in Bolton 2001-2010



Who is at risk of HIV and/or TB in Bolton?

Both HIV and TB are communicable diseases passed from person to person. Certain groups are more at risk of these infections than others. Frequently HIV and TB co-infection is found in the most vulnerable of these groups; including substance misusers, sex workers and some BME populations.

Generally, in Bolton, the groups most at risk of HIV are gay men and heterosexuals who have had unsafe sex with infected individuals. Overall patterns of STIs indicate that rates are rising in both young people and adults of working age, suggesting reliance on treatment rather than prevention.

TB is not entirely preventable and individuals known to be at greater risk of contracting TB are offered BCG vaccination in infancy. However, the current vaccine does not offer complete life long immunity and whilst TB is more commonly found in people from BME communities, deprived white populations are also at risk.

What are the health impacts of HIV and TB?

Both HIV and TB can be life threatening. If HIV disease cannot be treated and managed effectively, then life expectancy will be shortened. In the majority of cases, TB can be treated and cured.

The major health impacts of both diseases relate to the risk to wider public health. Infections that are not quickly diagnosed and treated can spread throughout communities, particularly when symptoms are not immediately obvious.

Other impacts

People with HIV and/or TB are often stigmatised and may experience anxiety leading to longer term problems. Myths about HIV/TB mean that some communities' understanding of the consequences of infection is low. Also, some people who suspect that they may have HIV and/or TB do not seek treatment for fear of reprisal, judgement and loss of confidentiality.

Impact on health inequalities

HIV and TB infection impact negatively on healthy life expectancy with the highest rates of infection found in Bolton's most deprived areas. Misunderstandings about prevention, transmission and treatment often mean that those individuals with the poorest levels of health education are the least able to practise safer sex and/or recognise signs of infection.

Key issues

Whilst consistent condom use is the key prevention message for HIV, there are other issues that are common to both HIV and TB infection. These in the main relate to susceptibility, early diagnosis and treatment.

There is a need to improve the confidence of communities to access primary care and specialist services and for services to widely communicate the confidential nature of provision.

In particular there remains a need for communities and professionals to increase their knowledge of the symptoms of infectious diseases, resulting in a positive impact on onward transmission.

What are we doing about it?

In Bolton in terms of HIV there is an increased focus on holistic harm reduction. Prevention programmes focus on reducing risk taking behaviours that may lead to unsafe sex (e.g. substance misuse). The wide distribution of free condoms across Bolton and targeted interventions with at risk groups aim to make safer sex choices easier.

Across Greater Manchester a broad programme of TB awareness raising is underway and a new service specification for TB treatment providers will be implemented in 2012. This is intended to drive up the quality of service provision and address current gaps in expertise and capacity.

What else do we need to do?

For TB/HIV there needs to be a stronger focus on prevention, symptom recognition, early presentation and adherence to treatment. It is essential that there is increased collaboration with local communities to reduce the stigma associated with these diseases whilst improving the acceptability of treatment services.

The future structure and function of public health

In November 2010, the Government published 'Healthy Lives, Healthy People' setting out the future for public health. Subject to the Health and Social Care Bill passing through Parliament, from April 2013, public health will become the responsibility of Local Government and at a national level, a new body, Public Health England, will be created. At the same time, major changes are happening in the NHS with the abolition of PCTs and the development of GP led, Clinical Commissioning Groups, who will take over many of the responsibilities that PCTs had over the last decade.

Bolton Council will employ a Director of Public Health (DPH) (and a team of staff) who will lead, as they do now, the implementation of policies and interventions to protect and improve the health of their local population. The DPH will focus on ensuring resources continue to be invested in services that will lead to improved outcomes for local people's health and wellbeing. She or he will seek to ensure that public health is always considered when the Local Authority, Clinical Commissioning Group and the NHS make decisions about health care and health improvement services.

Health and Wellbeing Boards, based in local authorities, will provide a forum to bring together NHS commissioners, council officers and elected councillors with patient representatives, and the community and voluntary sector to join up the public health agenda with the wider work of the NHS, social care and children's services. Bolton's Health and Wellbeing Board has been meeting in shadow form since the spring of 2011 and has made a good start in developing its understanding of the role it will take from April 2013.

There are many strengths in integrating public health within Local Authorities:

- Giving this role to Local Government will create new opportunities for community engagement, leading to the development of holistic solutions to health and wellbeing that embrace the full range of local services (e.g. health, housing, leisure, planning, transport, employment and social care).
- Having public health in the same organisation as the regulatory body for services such as licensing and planning will mean that cohesive and collective partnership responses to shared problems such as alcohol will be easier to achieve.
- A new public health outcomes framework will set out a range of outcomes with the aim of improving health and wellbeing and reducing the health inequalities that still persist. In order to achieve the outcomes, it is essential that a joined up approach is taken, with a whole range of public

services – many of which are provided via the council.

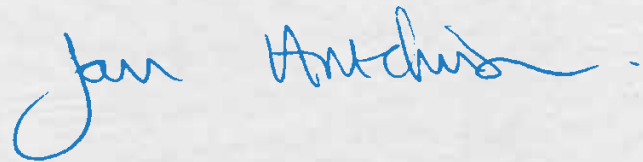
- Although historically there has been some local progress made in terms of the joint commissioning of local health and care services, integration affords us further opportunities to develop integrated interventions that will result in seamless and flexible care that meets needs. Examples already include collaborative work in relation to sexual health, drugs and alcohol and children's services. The notion of individual budgets, an increasingly familiar concept within Local Authorities, is based on individual need, but could be expanded to include population based approaches.

A final word

This is both my final Public Health Annual Report as a Director of Public Health, as I am about to retire, and the last Public Health Annual Report from public health in a PCT. As we have described in the previous page, Directors of Public Health and their staff are transferring to local authorities during 2012/13. This will provide new opportunities to improve health and wellbeing in Bolton, and will build on the good things we have achieved in the last decade with NHS Bolton and our partners.

Health is the most precious commodity that any of us possess. I am confident that the good working relationships between all the agencies who work in Bolton will help us to face the challenges ahead and ensure Bolton is a happy and healthy place for everyone.

Best Wishes



Jan

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DIRECTOR OF PUBLIC HEALTH
ANNUAL REPORT 2011-2012