

2019
2020

Director of

Public Health Annual Report

The Health and Wellbeing of Bolton
– An Overview



**Bolton
Council**

Director of Public Health Annual Report 2019/20

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January 2021

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Quick guide to PHAR and JSNA

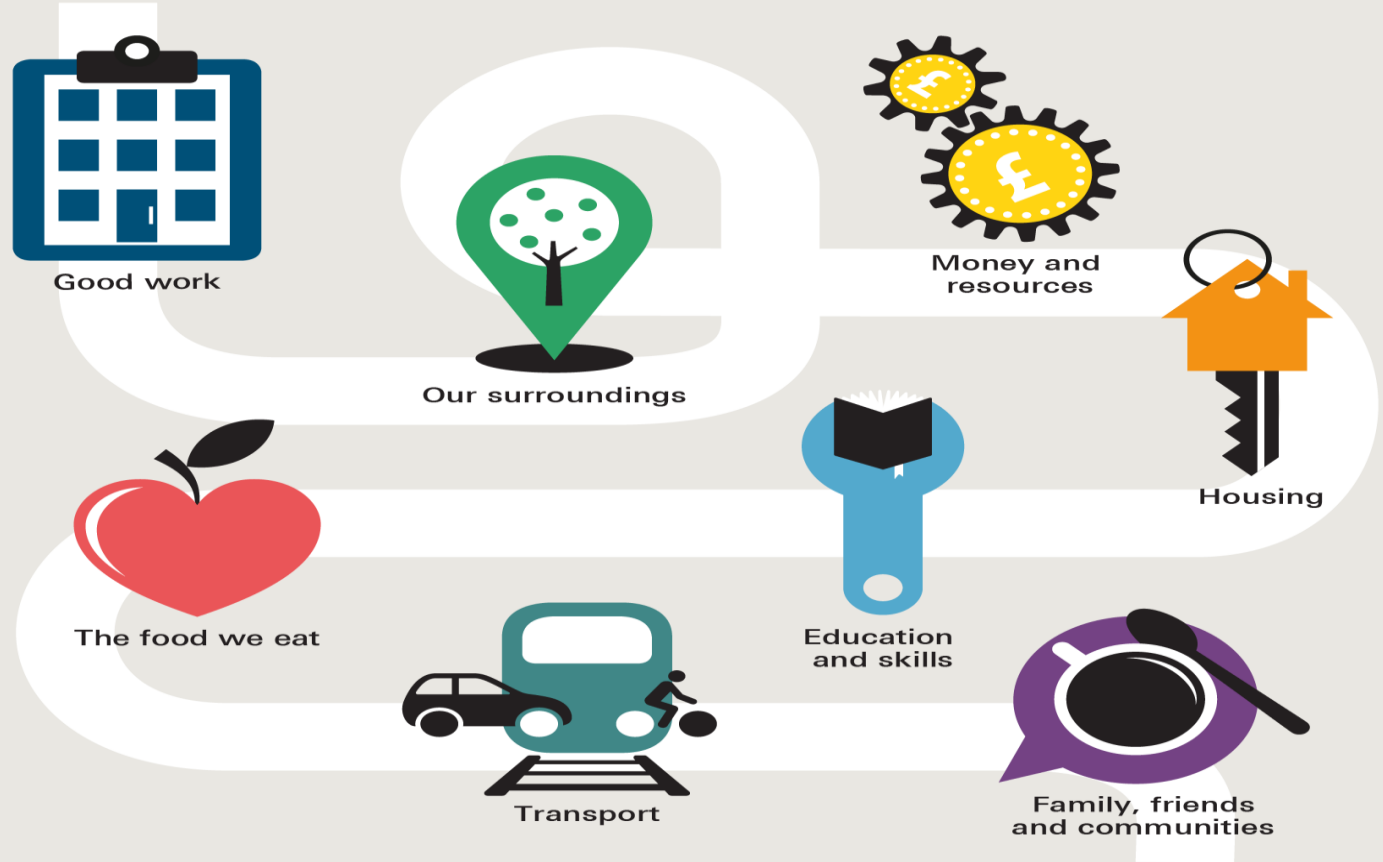
	Public Health Annual Report (PHAR)	Joint Strategic Needs Assessment (JSNA)
What is it?	The Director of Public Health's independent assessment of the health of the population	Set of local systems and processes that create an objective summary of health and wellbeing needs that can be met by the local authority, CCG or NHSE and are recognised and shared by all partners and local communities
Who is responsible for production?	Director of Public Health PHAR is a statutory duty	Active Connected Prosperous Board JSNA is statutory duty on the health and wellbeing board
How often?	Annually	Ongoing
When?	Varies between authorities	Core items updated according to annual programme of updates. Individual needs assessments generally considered valid for three years.
Where is it found?	Published on the JSNA website	Dedicated website at www.boltonjsna.org.uk

Determinants of Health

What makes us healthy?

Good health matters, to individuals and to society. But we don't all have the same opportunities to live healthy lives.

To understand why, we need to look at the bigger picture:



The healthy life expectancy gap between the most and least deprived areas in England is over **18** YEARS

Find out more: health.org.uk/what-makes-us-healthy

PHAR 2019/20: Health and Wellbeing in Bolton – an overview

1. Our people

Population estimates, projections and turnover

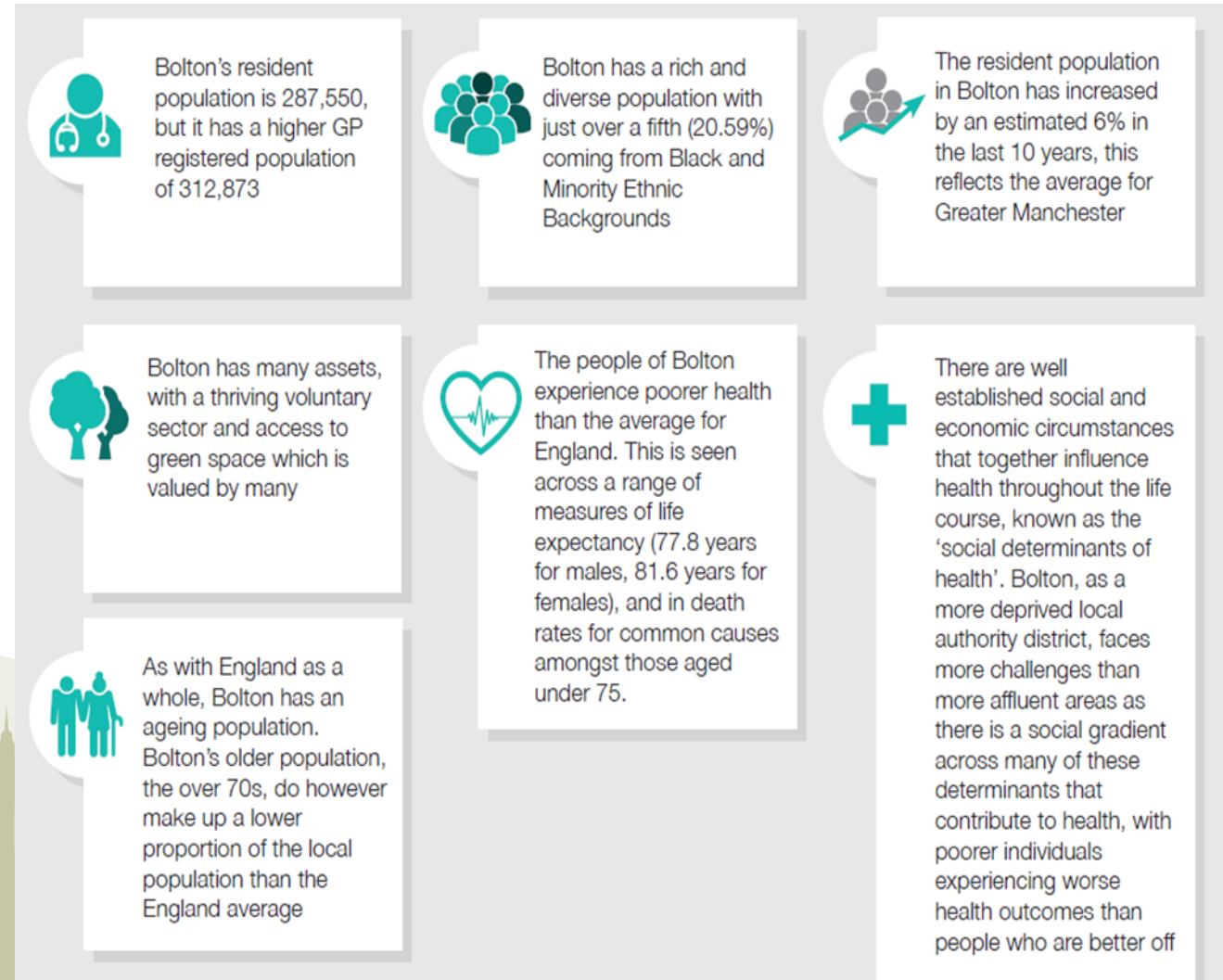
Population age profiles, ethnicity, language and beliefs

2. Our place

Range of determinants that create the conditions for health and wellbeing in Bolton

3. Our health

High level summary of the physical and mental health of the people of Bolton



1. Our people

Population estimates, projections and turnover

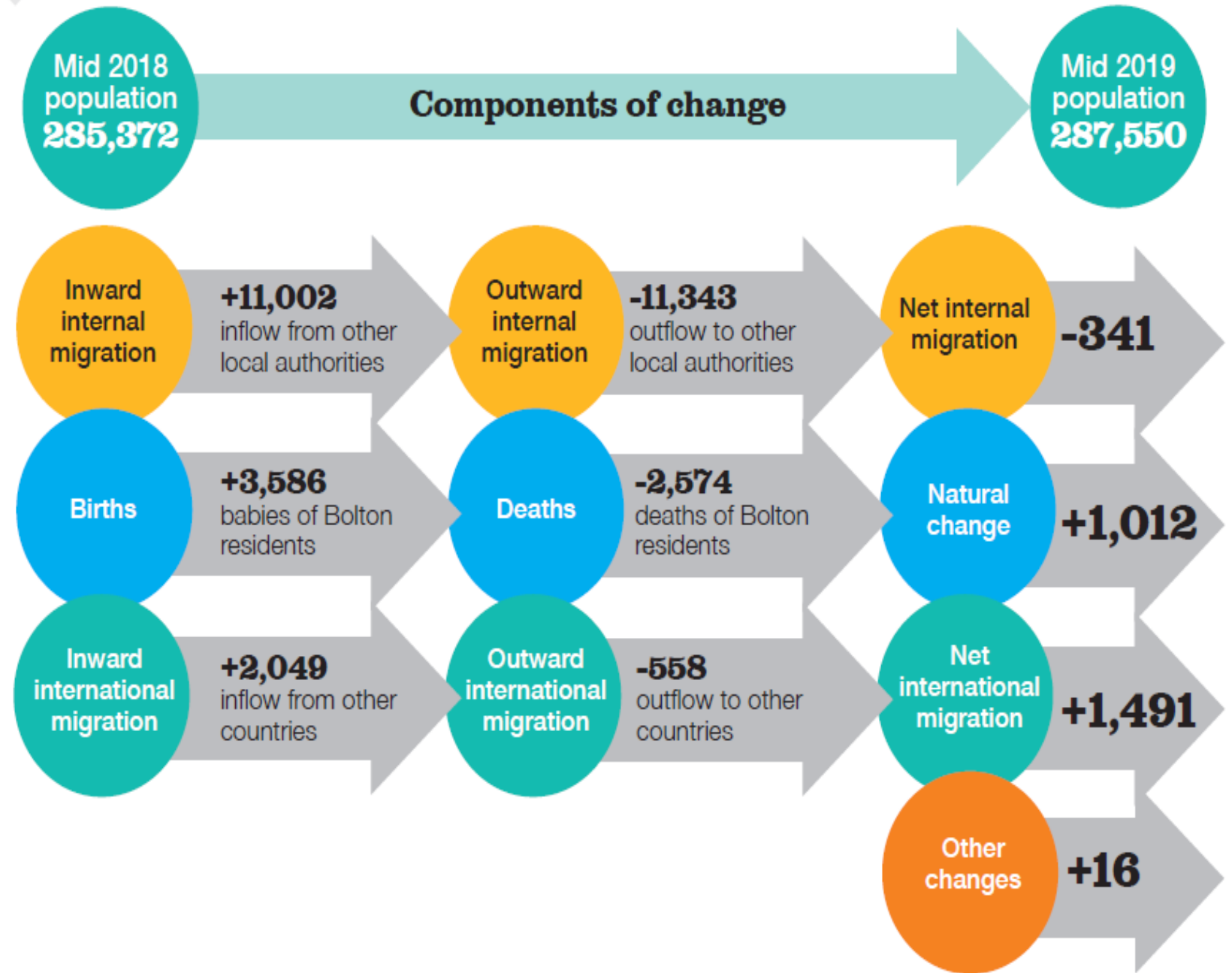
Population age profiles, ethnicity, language and beliefs



Bolton's population

Components of change

2018-2019

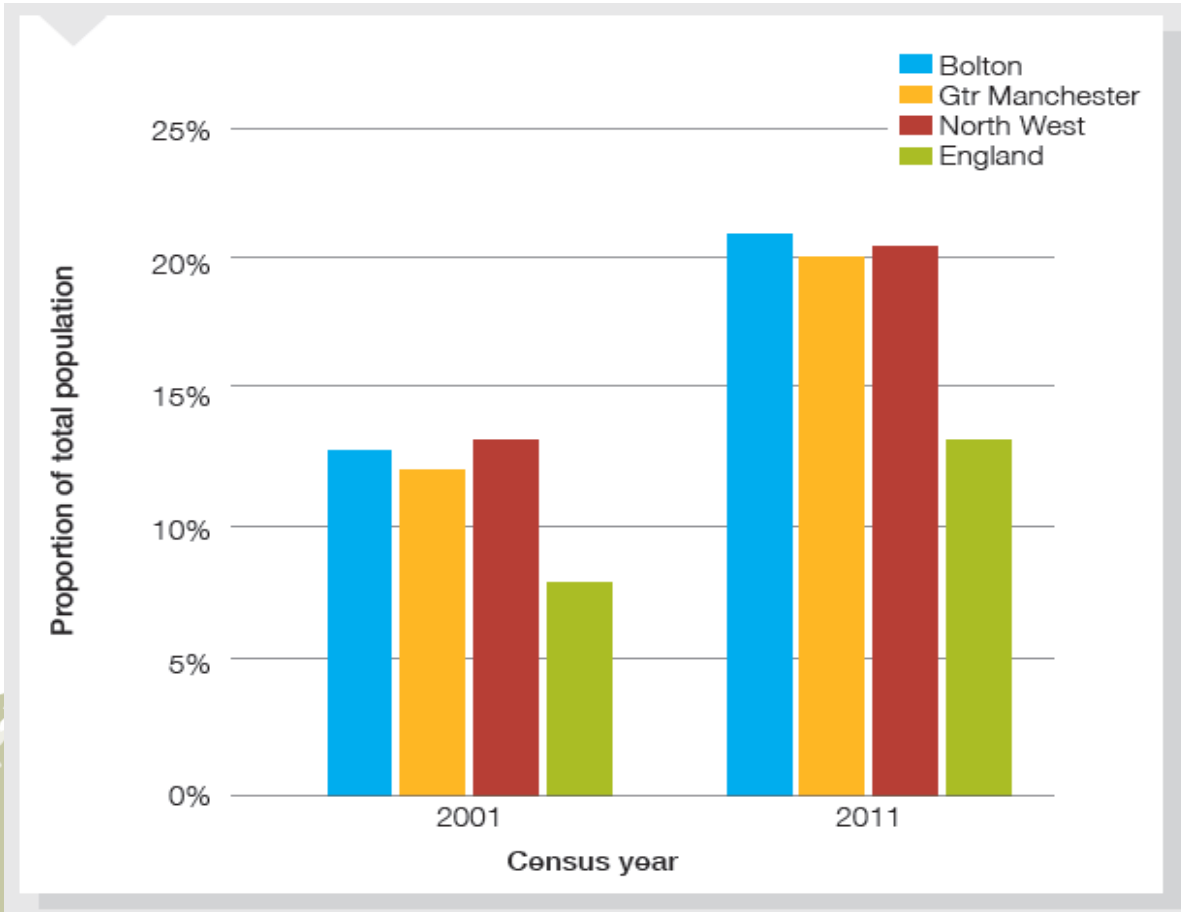


Bolton: Projected population change 2019-2029

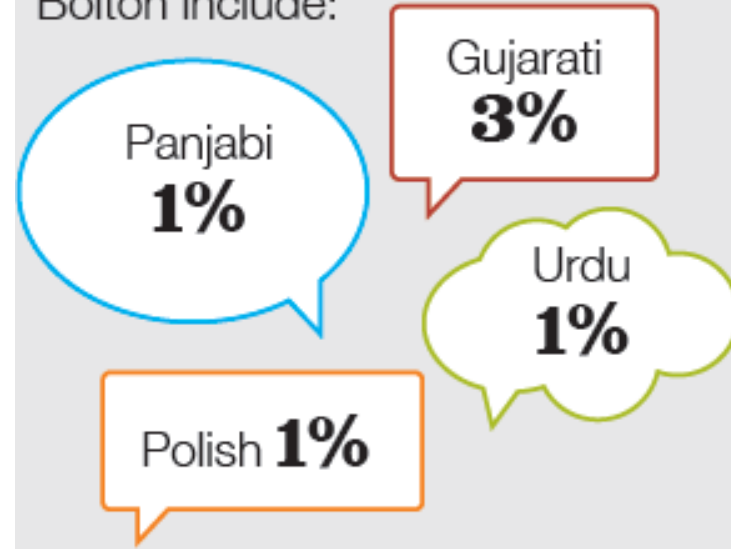


Census of Population: Ethnicity, language & religion

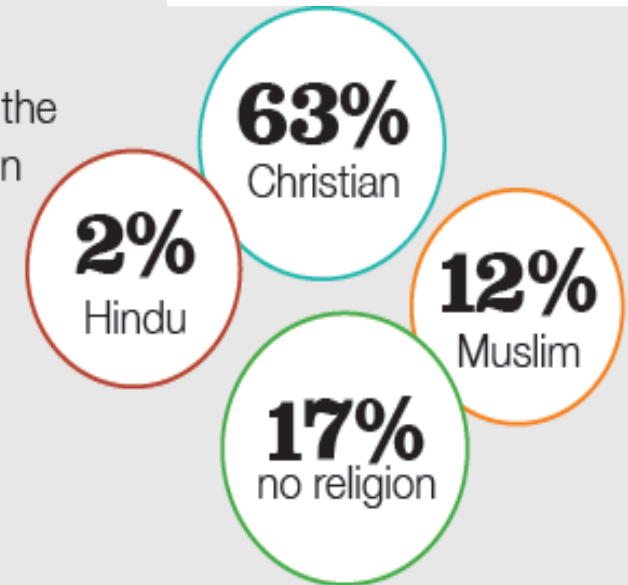
Proportion of people of black and minority ethnic origin is similar to GM and NW:



Other languages spoken in Bolton include:



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



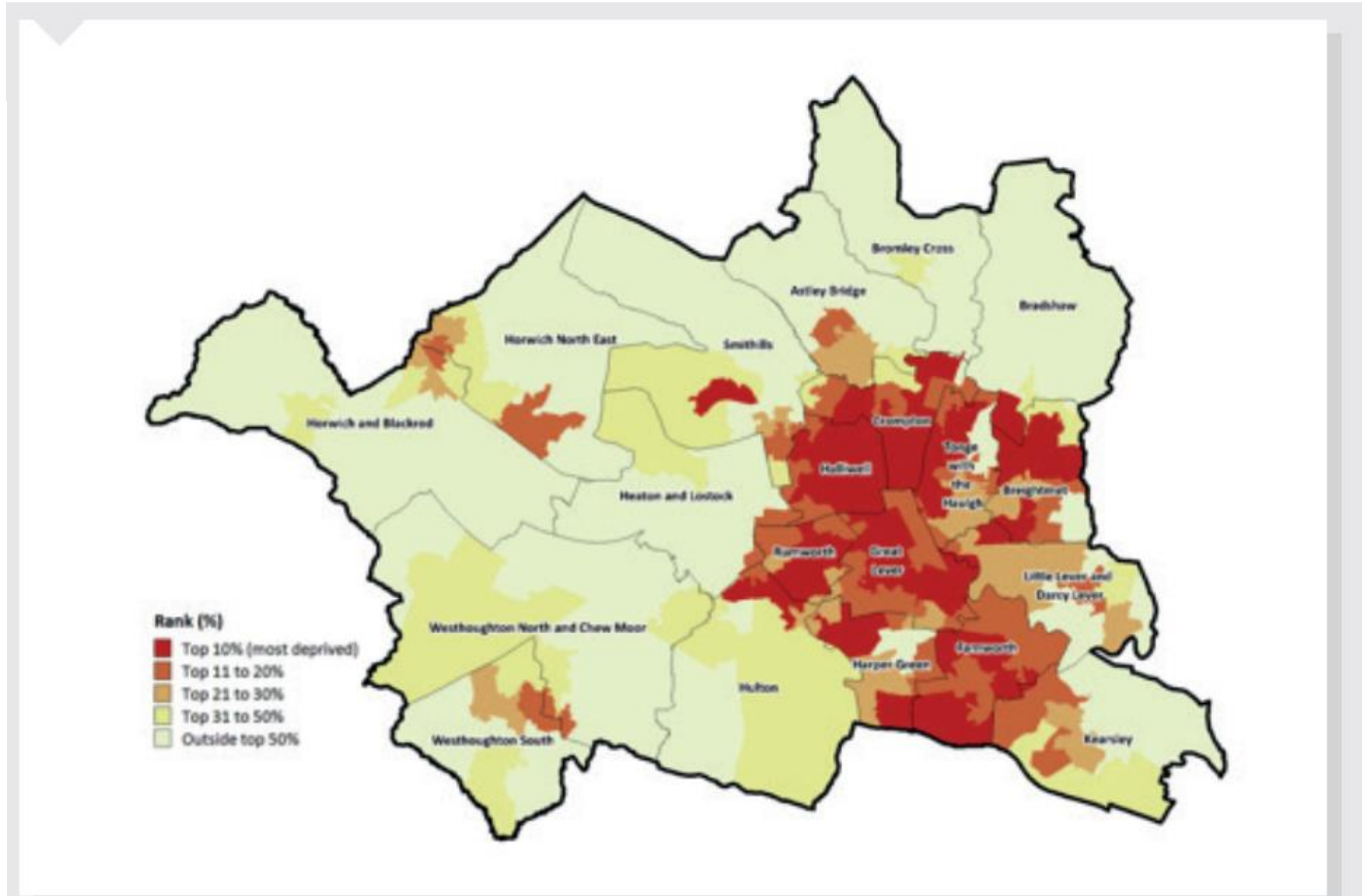
2. Our place

Range of determinants that create the conditions for health & wellbeing in Bolton



Deprivation

- Bolton is amongst the 20% most deprived LAs in England
- There are large variations in deprivation within Bolton (at LSOA)
- 37% children live in poverty after housing costs
- 14% homes suffer from fuel poverty

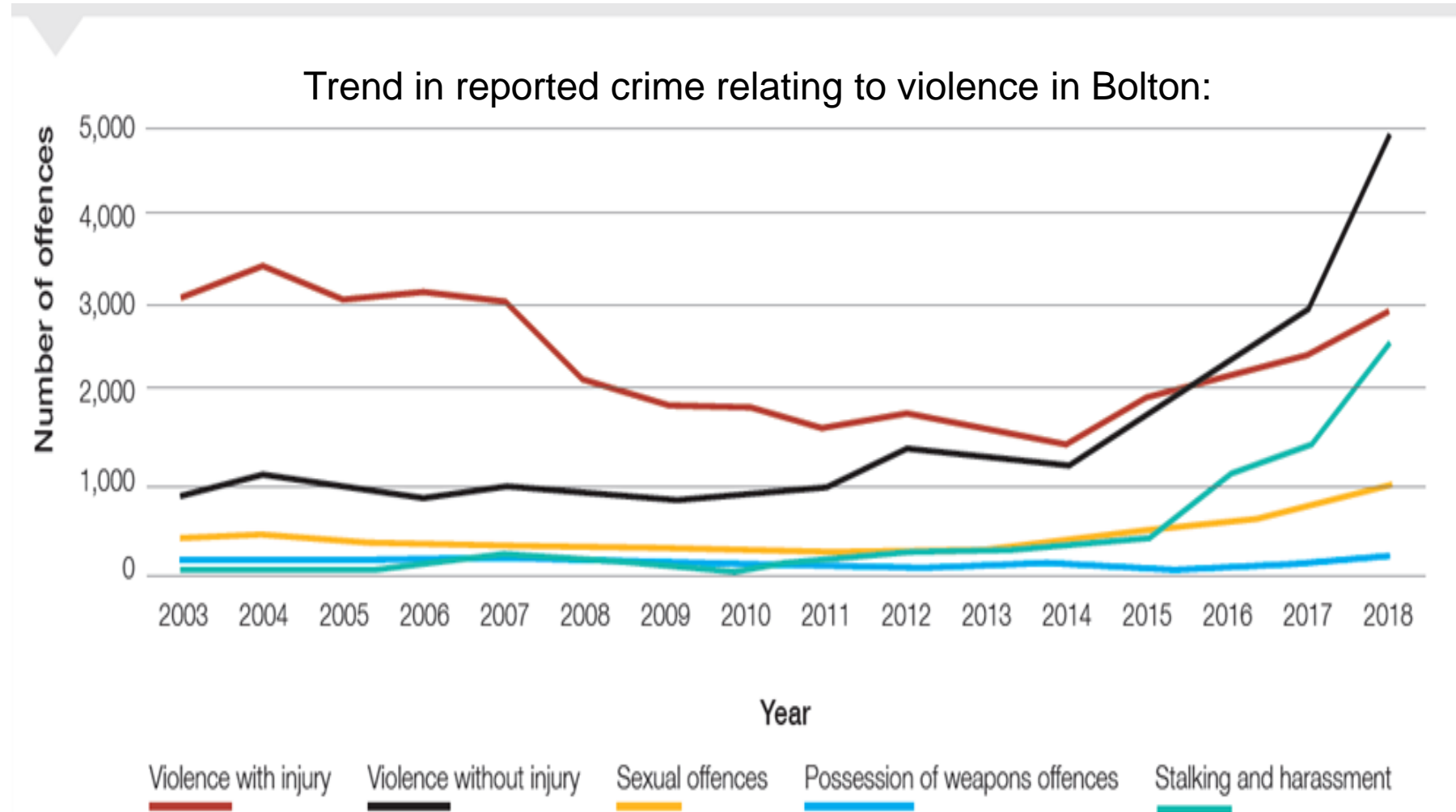


Employment, education & training

- 71% adults in Bolton are in employment, lower than England and NW rates
- 33% have level 4 qualifications (equivalent to an undergraduate degree) or higher, 6% lower than England average
- 31% have qualifications below level 2 (5 GCSEs at C or above), 6% higher than England average
- 68% children are 'school ready' (similar to England average)

Crime

- Bolton's rate of violent crime (including sexual violence) has increased significantly from 24.3 (2016/17) to 38.6 per 1,000 people (2018/19)
- Over the last five years, Bolton has seen an increase of 50% in the total number of crimes recorded



Environmental conditions

- Access to woodland is significantly higher than that seen in the NW region or England
- Similar level of exposure to fine particulate air pollution as the NW region
- Significantly lower numbers of adults walking or cycling 3 days a week for travel than either England or the NW region
- Rates of people killed or seriously injured on Bolton's roads lower than England average
- Significantly higher density of fast food outlets than England, but similar to NW region

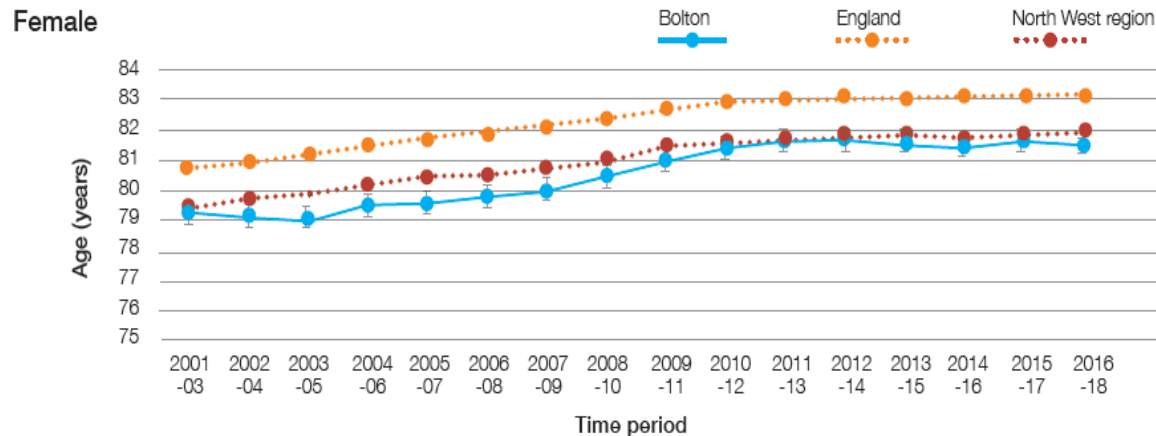
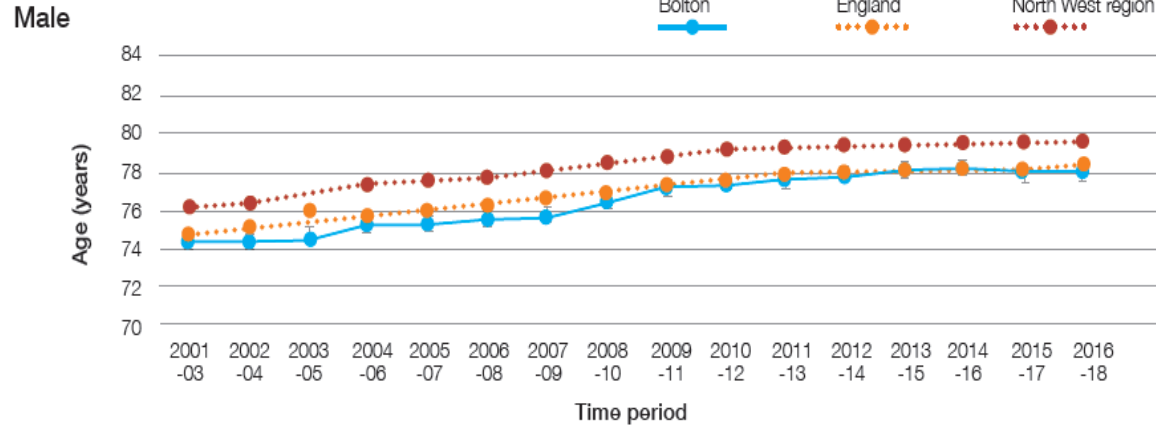
3. Our health

High level summary of the physical and mental health of the people of Bolton



Life expectancy in Bolton

Seven key points about life expectancy patterns and trends:⁶⁰



1

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

2

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

3

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

4

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

5

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

6

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

7

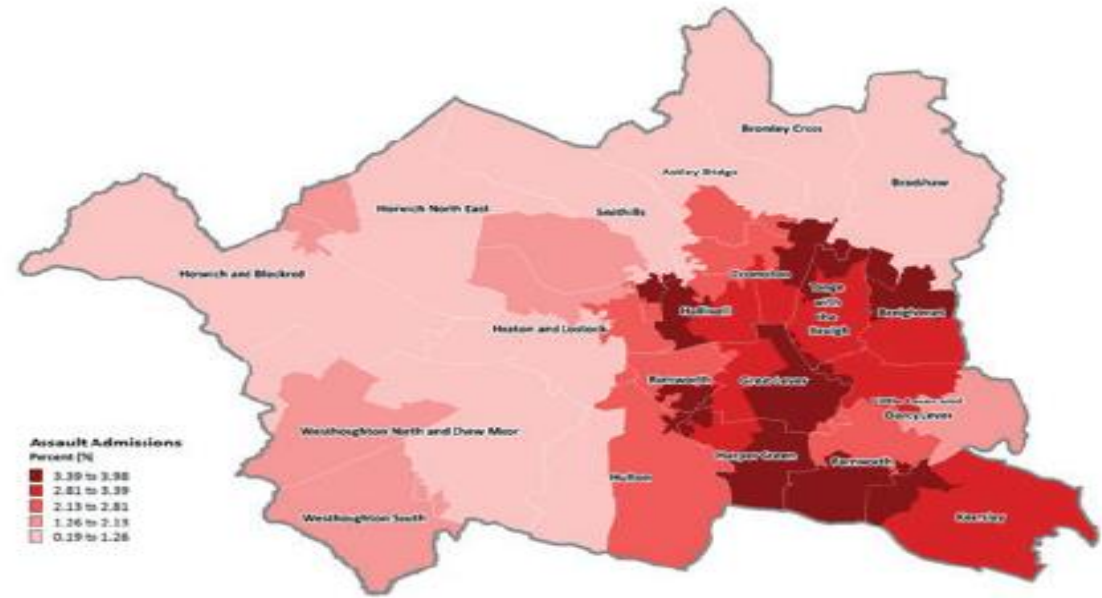
Bolton, like many other areas, is experiencing the stalling of improvement in life expectancy that has been observed nationally since 2011.

Life expectancy differs between the most affluent and most deprived areas

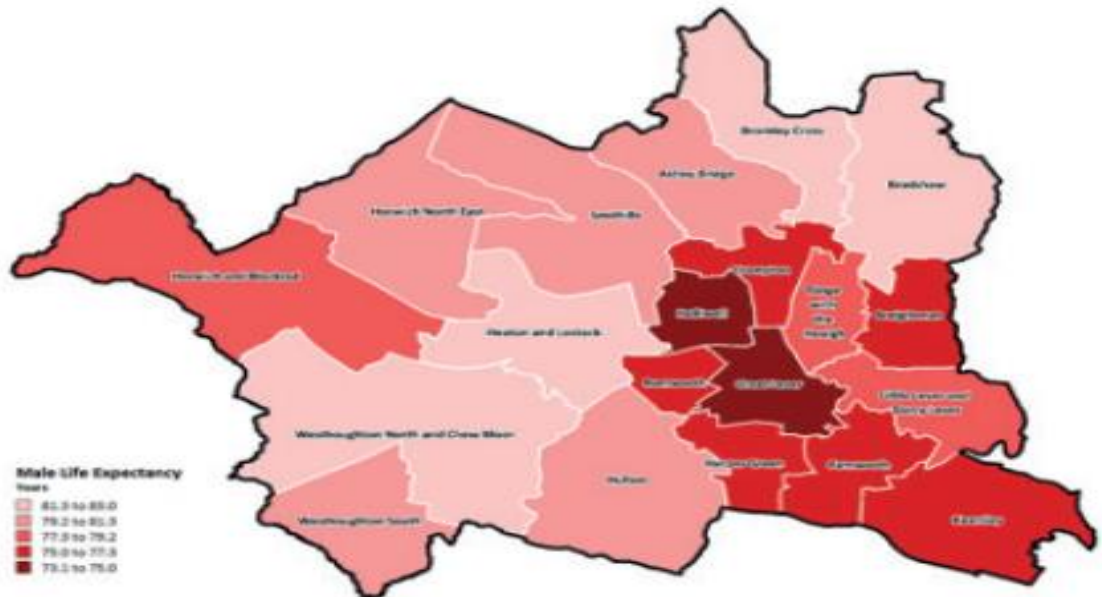
Life expectancy difference in Bolton:

- Females 12 year difference
- Males 13.1 year difference

Male



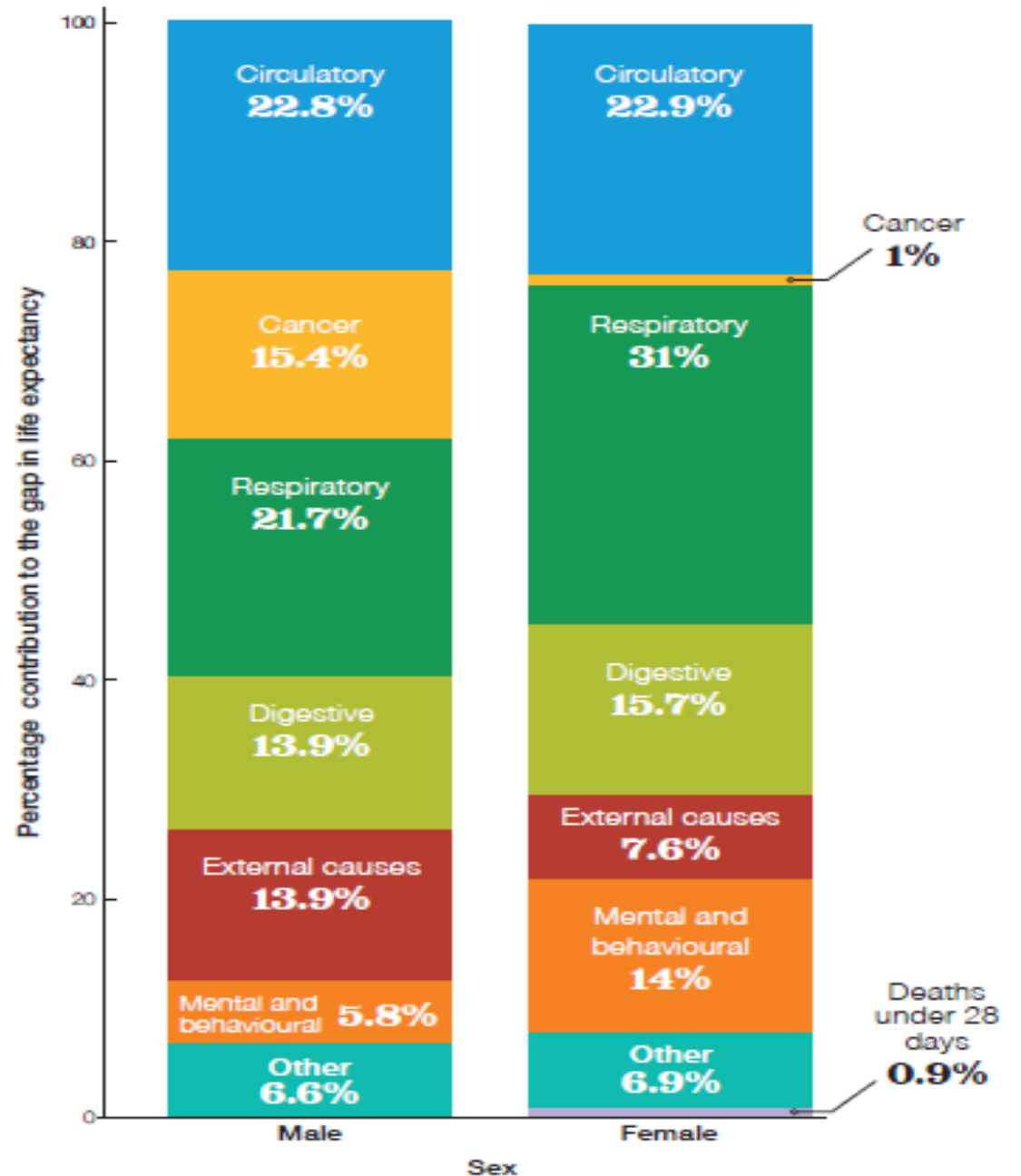
Female



What causes of deaths contribute to the life expectancy gap?

Females: respiratory diseases, circulatory disease, diseases of the digestive tract and mental health

Males: circulatory diseases, respiratory diseases, cancers, diseases of the digestive tract and external causes



Next steps

1

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

2

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

3

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

4

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

5

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

6

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

Disseminating the findings

- The report is published at www.boltonjsna.org.uk
- Presentation & circulation to a wide range of key Boards and Groups including The ACP Board, CCG Board, FT Divisional Board, Children and Young People's Board.....
- Topic for the 2020/21 report: COVID-19 inequalities, implications for health and wellbeing

Thank you

Questions / Feedback

