

Director of Public Health's
Annual Report 2022

How are you Bolton?



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Contents

04

About this report and Summary

10

Foreword

12

1. Bolton's population and cost of living

18

2. Life expectancy and inequalities within Bolton borough

24

3. Focus topic: Mental health and wellbeing in Bolton

34

Recommendations

36

Where can I find out more?

About this report

The Director of Public Health's Annual Report is a professional statement on the health and wellbeing of Bolton's population and includes independent recommendations on actions to improve and protect the health of residents in the borough.

The report is aimed at people who live, work, or have another connection to Bolton.

It aims to cover:

Whilst it won't describe all the many things which affect people's mental health and wellbeing in Bolton, further detail on this will be available in the series of reports and information forming a Mental Health and Wellbeing section of the Bolton JSNA.

This and lots more information like it can be found on the JSNA webpage.
www.boltonjsna.org.uk

What helps to look after our mental health

Examples of what is going on in Bolton to support mental wellbeing and where to go for more information

Some of what we know about how people are feeling and what is important to them

The main changes in Bolton's population and some of the main things affecting our health

Different experiences between people



At a glance...

The population has grown to nearly **300,000**

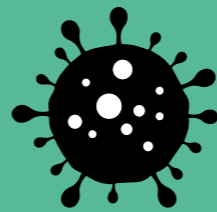


9.8% of respondents to the 2021 census in Bolton provide between one and 50 hours of unpaid care per week

91% of usual residents of Bolton identified with at least one UK National identity



Covid-19 now accounts for more than **10%** of the gap in life expectancy within Bolton



43% find it difficult to afford rent or mortgage costs



29% of respondents to a Bolton survey were really struggling with the rising costs and were unable to cope financially



22% of children now live in relative poverty; significantly higher than the England average



26% of the Bolton population live in an area that is among the 10% most deprived nationally



Bolton's Big Wellbeing Conversation



30% of people with any long-term physical health condition also have a mental health condition.

24% of Bolton survey respondents reported low levels of happiness



23% of respondents reported a low level of life satisfaction

71% of Bolton's survey respondents reported high or very high anxiety

Over the last ten years between

20-30 people from Bolton

have died by suicide each year



We have heard directly from young people and parents about their challenges and worries around children missing out on learning and socialisation during the pandemic but also the opportunities and resilience they found



We have data on sexuality and gender identity for the first time, allowing us to better target services and recognise more fully our diverse population



Life expectancy has reduced. There is around 11 years difference between the most and least deprived groups



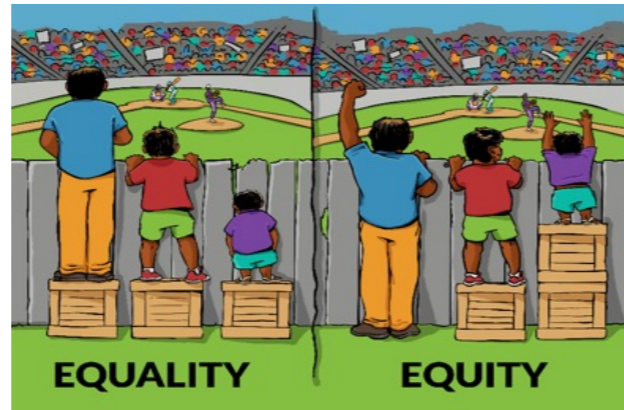
5 ways to wellbeing

are evidence-based ways to help yourself and communities to keep well and protect and improve mental health

Summary

Inequalities are increasing:

- Health is determined by a complex interaction between individual characteristics, lifestyle and the physical, social and economic environment.
- Life expectancy, an important indicator of our population's health, is lower in Bolton than the England average and has fallen in recent years, partly due to the Covid-19 pandemic. Inequalities in residents' health have widened, with life expectancy varying by 11 years between different areas within the borough.
- The proportion of Bolton's children living in relative poverty (families whose income is 6-% or less than the UK median) has risen to 22%, an increase of 4.7% since 2014/15.
- We are moving out of the Covid-19 emergency response but the effects will live with us for many years; directly in life expectancy (Covid-19 now accounts for more than 10% of the gap in life expectancy within Bolton) and indirectly, through disruption to education, changes in how people use town centers and high streets, impact on mental health, changing job opportunities and reductions in preventative health care including screening and immunisations. These have not affected all people equally.
- The rising cost of living is affecting many of the people already disproportionately affected by Covid-19 pandemic.
- This level of inequality is not inevitable, there is evidence on what can be done. These are complex problems requiring coordinated action across partners. The Active Connected Prosperous (ACP) Board brings together public services and voluntary and community organisations to deliver the Vision 2030; Bolton's joint health and wellbeing strategy.
- New arrangements are developing across Greater Manchester to bring NHS, local authority services and wider place based services closer together. Greater



Source: <https://interactioninstitute.org/illustrating-equality-vs-equity/>

Manchester Integrated Care (Bolton Locality) are the commissioners for health and social care services and lead on reducing inequalities in people's experience of health and social care. GMIC Bolton and the wider Health and Social Care Partnership will continue to work on joined up approaches to tackling inequalities as key partners to the ACP Board.

- Some groups within society experience more risks from their physical and social environment or find it more difficult to access support. Some experience discrimination. Responding to this with universally available services that are able to respond differently to the level of need they see is called 'proportionate universalism.'¹

Mental Health and Wellbeing:

- Our mental health influences our physical health and vice versa, with around 30% of people with any long-term physical health condition also having a mental health condition. Life expectancy is lower for people with mental health conditions.
- Bolton's Big Wellbeing Conversation highlighted:
 - o Nearly a quarter (24%) of Bolton survey respondents reported low levels of happiness – a much higher proportion than the national average (<5%).
 - o 23% of respondents reported a low level of life satisfaction compared to less than 5% nationally
 - o The proportion of people in Bolton reporting a low level of belief that their life is worthwhile was 22%, compared to less than 5% nationally

- o 71% of Bolton's survey respondents reported high or very high anxiety compared to less than 40% nationally
- Over the last ten years between 20-30 people from Bolton have died by suicide each year .
- Bolton's Children and Young People's Emotional Health and Wellbeing Joint Strategic Needs Assessment suggests the pandemic made it more difficult to get help but in 2020/21 for those who were assessed, more than double the number were referred on to receive further help and nearly 50% more young people required specialist mental health services.
- During the pandemic, local authority children's services across the country consistently reported to Department for Education increases in complexity, with mental health issues in children heightened throughout and existing mental illness in parents exacerbated. We have heard directly from young people and parents about their challenges and worries around children missing out on learning and socialisation during the

- o pandemic but also the opportunities and resilience they found.
- Bolton Council worked with the University of Bangor³, who interviewed 1,876 adults in Bolton about experiences of Adverse Childhood Experiences (ACEs). They found 52% of local adults had at least 1 ACE; 11% had 4 or more ACEs. People with more ACEs were found to be at higher risk of health, social and emotional problems. They were more likely to smoke, to report having been a victim of violence, and more likely to report having a mental health diagnosis. A programme of work to prevent ACEs and increase resilience and protective factors is now underway in Bolton.
- The '5 ways to wellbeing' are evidence-based ways to help yourself and communities to keep well and protect and improve mental health. There are lots of ways that people in Bolton are already connecting, giving, taking notice, being active and learning and helping others to do so.

Recommendations...

1. Build on the rapid partnership response to the cost of living pressures by producing a system-wide Poverty Strategy for Bolton	2. Provide energy bill, food bill and car fuel consumption advice and support	3. Continue to develop and promote the Joint Strategic Needs Assessment (JSNA)
4. Embed 'proportionate universalism' ⁴ ; resourcing and delivering universal services at a scale and intensity proportionate to the degree of need	5. Deliver the Prevention Concordat for Better Mental Health Plan	
6. Make every contact count – for staff and residents	7. Improve measurement of mental wellbeing using new Toolkit	8. Make it easy to access and navigate holistic mental health and wellbeing support

² ONS (2022) Suicides in England and Wales by local authority. <https://bit.ly/3YdUJAc>

³ Ford K, Hughes K, Bellis M. (2021). Adverse childhood experiences (ACEs) in Bolton Impacts on health, wellbeing and resilience. Bangor ⁴ University. <https://bit.ly/3nM6OpL>

⁴Proportionate universalism and health inequalities (healthscotland.com); Macdonald W, Beeston C, McCullough S. Proportionate Universalism and Health Inequalities. Edinburgh: NHS Health Scotland; 2014.

Foreword



The report is in three sections

1

Considers the findings that have recently been released for the 2021 Census, showing how Bolton's population demographics are changing. It also reflects on the emerging impact of the rapid fall in disposable incomes since late 2021⁵ ('cost of living crisis').

2

Presents analyses of recent trends in life expectancy and health inequalities amongst Bolton's residents.

3

Explores what we know about mental wellbeing in Bolton, including '5 ways to wellbeing' with examples of things going on in Bolton, with a final section for recommendations and where to get more information.

This year's Annual Public Health Report for Bolton adds to our knowledge and understanding of the health and wellbeing of Bolton's residents and explores the differences in people's health and experience across the borough.

Lynn Donkin,
Director of Public Health

Last year's report discussed the impacts of the pandemic and the response in the borough. This captured the very significant direct and indirect consequences for health and wellbeing. The previous report also highlighted the incredible response from people and organisations across the borough. This was nationally recognised with a Gold Award for Community Focus at the national iESE Public Sector Transformation Awards.

Over the last year, we've all been learning to adapt to 'living with Covid'. Within the local authority public health team we have been adapting arrangements for protecting residents' health from covid and other infectious diseases and emergency events, by updating the Local Outbreak Management Plan and refocusing the work of the Health Protection Board.

But we now need to take the learning from Covid to help each other with recovery and pick up where we left off on creating environments that promote wellbeing and make Bolton a great place to live. There is a lot to deal with.

The cost of living forces people to make difficult choices and adds stress to daily lives. It is harder to live healthily and happily when money is tight and it is not good for any community to feel big differences between groups.

During the pandemic, people showed incredible resilience and support for others. We can build on this

with asset-based community development (ABCD) that focuses on social connections and building on what is already good in Bolton.

The pandemic also took a real toll on many people's mental wellbeing⁶. For children and families the loss of education and time outside the home put pressure on relationships and added worries about the future. For those who were unwell it made accessing help harder and for others the isolation, loss, money worries and/or caring responsibilities made it harder to keep well mentally. That is why we have decided to focus on mental wellbeing this year.

We know that the impact of the pandemic was not equal and that is not new; often the same people experience multiple challenges and structural barriers to good health. We have to focus on reducing those differences – or inequalities – by improving things faster for those who are worst off so that everyone has the same opportunities to thrive.

Bolton is part of the Greater Manchester Marmot City Region and our own 2030 Vision for Bolton is structured around the Marmot Principles which set out an evidence-based strategy to address the things that determine our health; the conditions in which people are born, grow, live, work and age.

⁵ Institute for Government. (2022). Cost of Living crisis: explainer. <https://bit.ly/40Mkfns>

⁶ Local Government Association. (nd). Public mental health and wellbeing and COVID-19. <https://bit.ly/3ztz9na>

1. Bolton's population changes and cost of living

How Bolton's population has changed between 2011 and 2021

The census happens every 10 years and gives us a picture of all the people and households in England and Wales.

The most recent Census Day was Sunday 21 March 2021 and we are starting to see the results showing how Bolton's population has changed over the last 10 years. Whilst this is valuable data, it's also important to supplement this with other sources of information and through work with communities to understand findings in more depth.

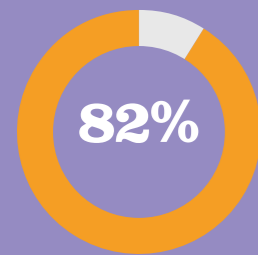


The population has increased by 6.9%

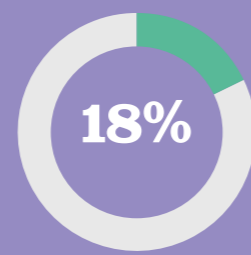
300,000

Bolton has a younger population than the NW and England – median age 38

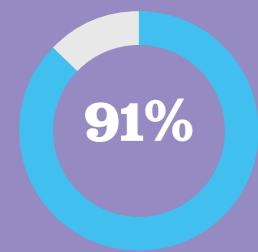
Bolton is a diverse town.



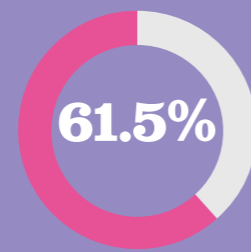
82% of the local population were born in England, with Pakistan the next most commonly represented country of birth (4.2%) and then India (2.7%).



18% Increase in the proportion of people in Bolton living in private rented properties.



91% of usual residents of Bolton identified with at least one UK National identity (English, Welsh, Scottish, Northern Irish, British and Cornish), similar to national figure.



61.5% own their home with or without a mortgage.

For briefings on census and links to national and local mapping and other tools, see New and notable – Bolton JSNA.

The census shows some changes in people's home and work circumstances, but this may be influenced by the census being done in 2021 when lockdown restrictions were still in place or only recently lifted:



There are proportionately fewer households without children (single-adult or couples)



5.4% of people are not in paid work due to being long-term sick or disabled. This has not changed since 2011.



More people are working 30 hours or less



Unpaid caring responsibilities have changed. This may have been affected by the pandemic. Some people appear to have done much more caring, possibly due to lack of support from others, and some did less, possibly due to avoiding contact.



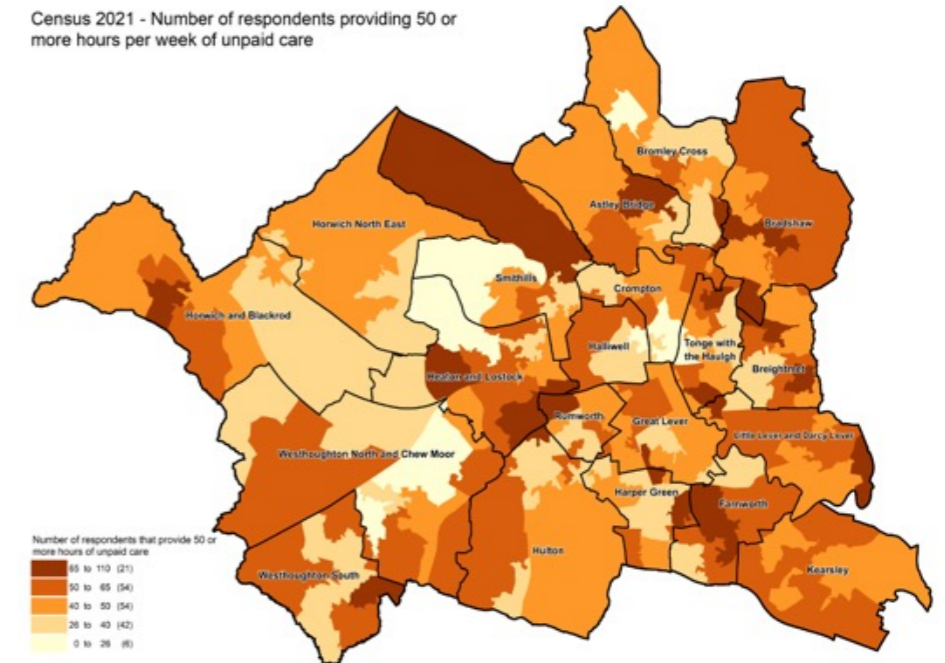
Reasons for people being out of the workforce have changed somewhat, with more people looking after their family or home. Bolton saw the third highest rise in the North West of people not in paid work for this reason.









9.8% (25,980) of respondents in Bolton said that they provide between one and 50 hours of unpaid care per week, with 3.3% (8601) providing 50+ hours of unpaid care per week. Caring responsibilities vary across Bolton:

Figure 1: Census 2021 - respondents providing 50 or more hours per week of unpaid care

Census 2021 - Number of respondents providing 50 or more hours per week of unpaid care



<p>Bolton's population 295,963</p> <p>26% of the Bolton population live in an area that is among the 10% most deprived nationally, while 56% of the population live in an area that is among the 30% most deprived nationally.</p>		<p>Gender: men 49% 145,907 women 51% 150,056</p>		<p>Age: 0-15 63,674 15-24 30,992 25-64 150,574 65+ 50,721</p>	<p>Pregnancy and maternity: 3,453 births in 2021, of which 32.8% of births in 2021 were by non-UK born mothers. 14,930 stay at home to look after family/home.</p>
<p>Race: 72% White 20% AsianAsian British 4% Black/Black British/ BlackWelsh/Caribbean/African 2% Mixed/Multiple ethnic groups 2% Other</p>	<p>28% are from communities facing racial inequality. Main languages include English, Gujarati, Panjabi, Polish, Arabic and Somali.</p>	<p>Marriage/Civil Partnerships: 105,505 married 362 civil partnerships</p>		<p>Sexual Orientation: 5,695 LGBT+ community</p> <p>Gender Identity: 1,469 residents have a different sex from the one registered at birth</p>	
<p>Religion: No religion 26% Christian 47% Muslim 20% Hindu 2% Other 1%</p>		<p>Unpaid carers 25,980 Care leavers 190</p>		<p>Disability: 18% (16+) 9% have a long term health condition or disability which limits their day to day activities a lot</p>	 <p>Armed forces veterans 7,345</p>

All data was correct at the time of publication, gathered from Office of National Statistics sources and Bolton JNSA

Cost of living⁷

Bolton Council's recent cost of living survey heard from nearly 500 people:

- Just under one-third (29%) stated that they were really struggling with the rising costs and were unable to cope financially.
- 44% of respondents stated they were managing, but were finding the rising costs difficult
- Just under one-quarter (24%) stated they were currently managing the costs of living, but were concerned about future price rises.

A Greater Manchester residents⁹ survey found similar rates of concern amongst Bolton respondents and also:

- 43% of respondents in Bolton say that they would not be able to afford an unexpected but necessary expense of £850
- Over half of respondents in Bolton say that it is hard to afford their energy costs (55%), with 43% saying that it is difficult to afford their rent or mortgage costs

These figures are similar to the Greater Manchester averages.

Some of the worst impacts are likely to be seen well into the future on a large scale:

- Almost one third of Greater Manchester respondents (30%) say they have borrowed more money or used more credit in the past month, compared to this time last year.
- Of this 30%, 1 in 5 estimate borrowing over £2,000 more than this time last year.
- Over half (53%) of those who have borrowed more money or taken out more credit are worried about being able to pay back this money.
- A quarter (24%) of Greater Manchester residents are seeking information or support for the first time

Worries about food:

- 45% of Bolton residents are experiencing low or very low food security, meaning they do not have enough food to facilitate an active and healthy lifestyle¹⁰.
- Over half (58%) of Bolton respondents with children live in a food insecure household, similar to the GM average (56%). This is much higher if the adult is aged 16-24 years (86%), a renter (74%) or a lone parent (70%).
- A quarter (25%) of Bolton respondents have not eaten for a whole day because there wasn't enough money for food, higher than the GM average (21%).

This impacts directly on people's wellbeing, with certain groups showing a much higher rate of 'low life satisfaction' than the average across Greater Manchester (15%):

- Disabled respondents (30%) including those who have mental ill health (44%), a mobility disability (30%), a sensory disability (26%) or a learning disability (25%)
- Those not in work due to ill health or disability (49%)
- Those who have been out of work for more than six months (36%)

- Those who have not eaten for a whole day due to lack of money (33%)
- Those who have got a loan from a friend, family member, neighbour or other personal connection (31%), or a loan from a bank / overdraft (29%)
- Those who live in a property rented from a housing association (27%)
- Those who are homemakers (27%)
- Those who find it difficult to afford their mortgage/rent (26%)

The rising cost of living is impacting on the health and wellbeing of Bolton residents.

Bolton Council's survey found...



89% of residents were cutting back on heating their homes



88% were changing shopping habits



78% were cutting down on socialising with others

These things can have a major impact on people's health and wellbeing.

Respondents wanted more information on energy bill support, how to reduce food bills and car fuel consumption, which may help people live more sustainably but must be done with the health risks in mind.

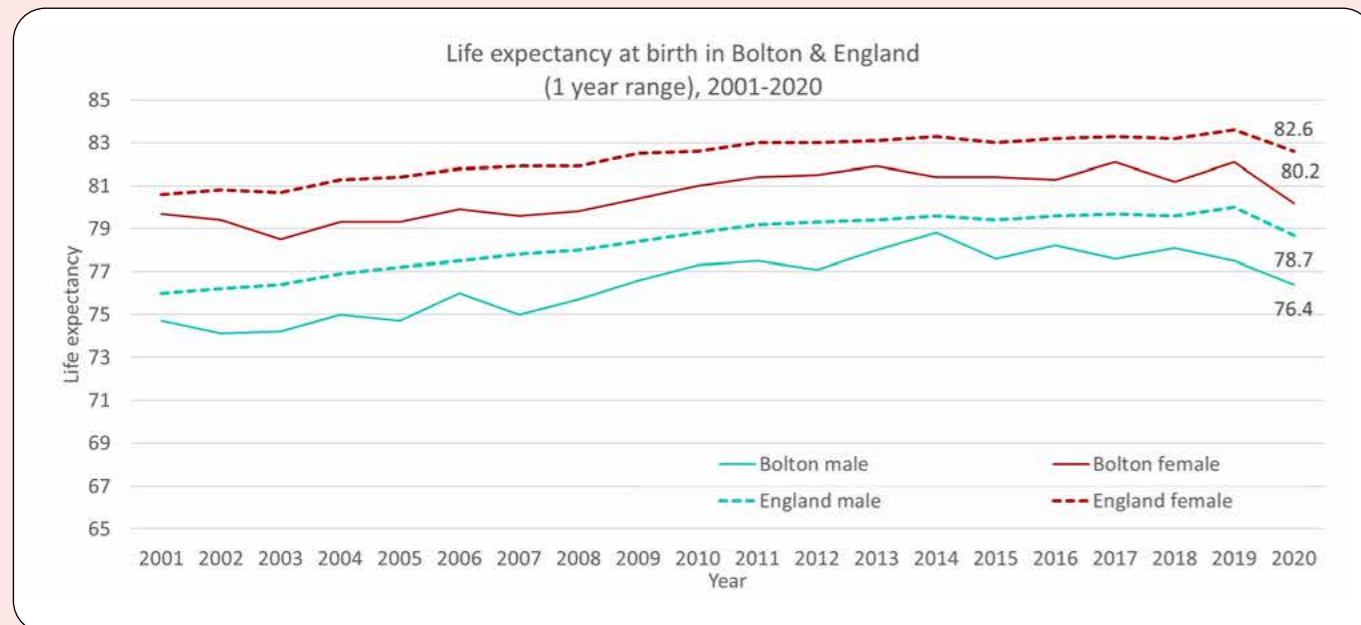


2. Life expectancy and inequalities within Bolton borough

Life expectancy is reducing and gaps widening.

- Life expectancy is an important indicator of overall health and the differences between different groups of people.
- Improvements in life expectancy slowed between about 2014 and 2020 in Bolton and across England as a whole.

- Direct and indirect impacts of the Covid-19 pandemic appear to have contributed to a decrease nationally and within Bolton to levels not seen since 2009.
- Life expectancy in Bolton is persistently lower than in England as a whole and varies a lot within Bolton¹¹.
- Closing the gap and reversing these trends requires co-ordinated focused efforts.
- It also requires doing more for those groups whose life expectancy has reduced faster than average in Bolton.



Life expectancy varies within Bolton by 11 years for men and 10 years for women across the social gradient from most to least deprived part of the borough.¹²

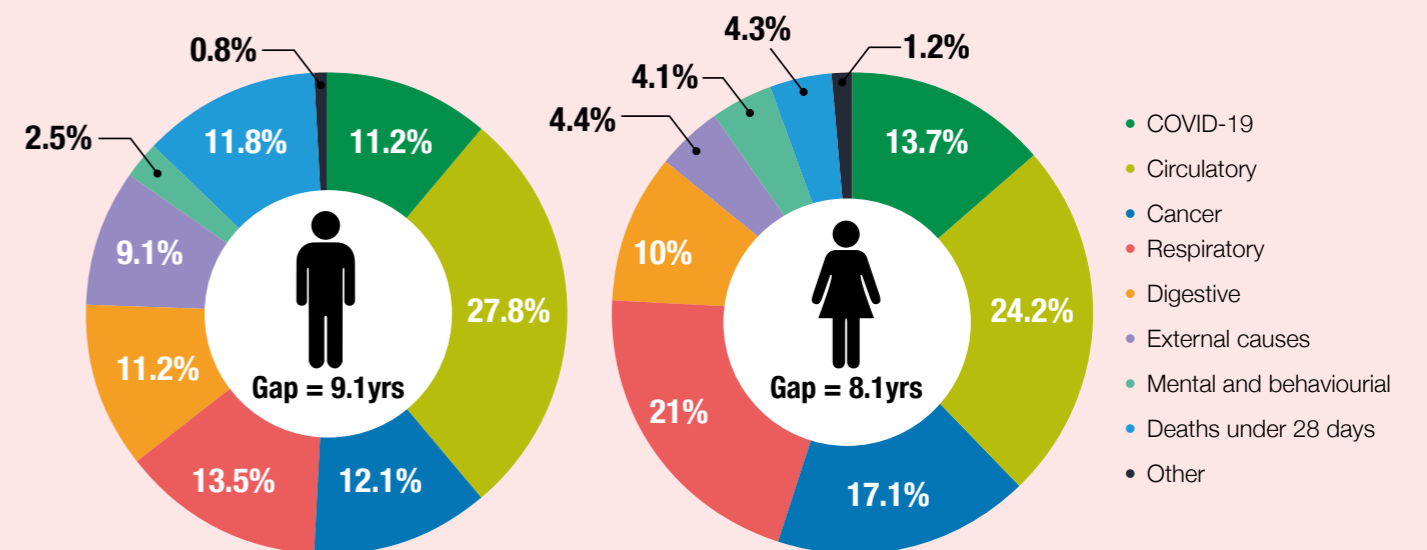
1 Dunscar - Knowsley St
Riding the number 1 bus for 20 minutes from Dunscar war memorial to Knowsley Street in the town centre sees life expectancy at birth drop by just under 15 years for males (from 85.2 to 70.3 years)

575 CNR - Markland Hill
Taking the 575 bus for 15 mins from Chorley New Road by Markland Hill (Lostock and Ladybridge) to the town centre sees female life expectancy fall just over 8 years (from 87.5 to 79.4 years)

8 Moses Gate
Catching the number 8 for 10 mins to Moses Gate station sees female life expectancy drop a further 4 years to its lowest for females in Bolton (75.6 years)¹³

Explore life expectancy by bus route on Bolton JSNA www.boltonjsna.org.uk/life-expectancy


In Bolton, the main causes of death that account for these differences in life expectancy are **circulatory disease, respiratory disease, cancer and Covid-19**.




¹² OHID (2022). Public health profiles. <https://bit.ly/3ZuCMVK>

¹³ Male: Bolton 001, Dunscar & Egerton -> Bolton 016, Central Bolton
Female: Bolton 020, Lostock & Ladybridge-> Bolton 027, Farnworth North


The differences in likelihood of experiencing these health conditions is determined by health-related behaviours; **smoking, physical activity, nutrition and excessive alcohol use.**




18% of Bolton residents smoke¹⁴ (31% of those in routine and manual jobs¹⁵)



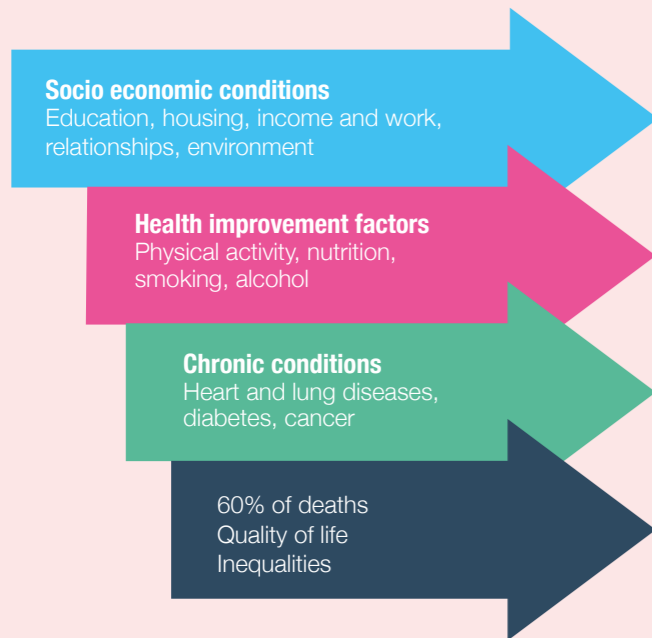
50% of Bolton adults eat 5-a-day (an indicator of a broader healthy diet)¹⁷



32% of Bolton adults are physically inactive¹⁶



23% of Bolton adults drink over 14 units of alcohol a week¹⁸



These health behaviours in turn are determined by a complex interaction of the social, environmental and economic conditions in which people are born, grow, live, work and age (called wider or social determinants or 'the causes of the causes').¹⁹

For example; the quality of education, family support; income to support a good standard of living, suitable housing, and the relationships we are able to build. These things are not distributed evenly and this helps to account for different outcomes for different people.

Income inequality – a major driver

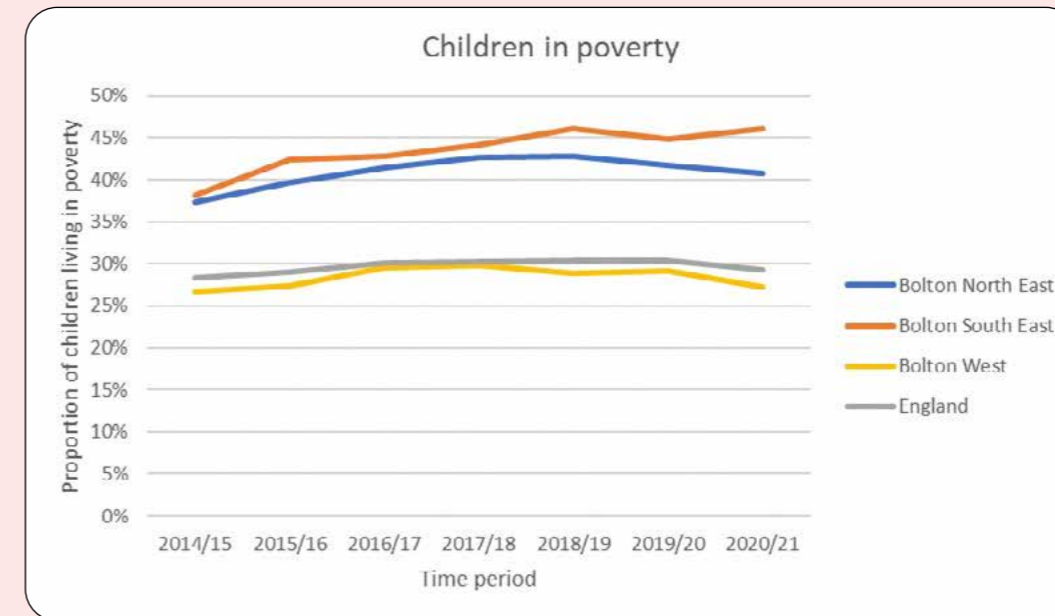
Evidence²⁰ from around the world highlights that it is not just the experience of very low income which impacts on health and wellbeing; it is also how different we feel to others on the social 'ladder' (relative income). This matters for self-esteem, stress and trust and ultimately drives health behaviours and therefore outcomes. We feel those differences more sharply if the differences are bigger.

This matters particularly when children are young and forming perceptions about their place in society and relationships with others.

The proportion of Bolton's children who are living in poverty has risen 4.7% in Bolton between 2014/15 and 2020/21. 22% of under 16s now live in families whose income is 60% or less than the UK median (relative low income); that is 12,800 under 16s and is significantly higher than the England average.

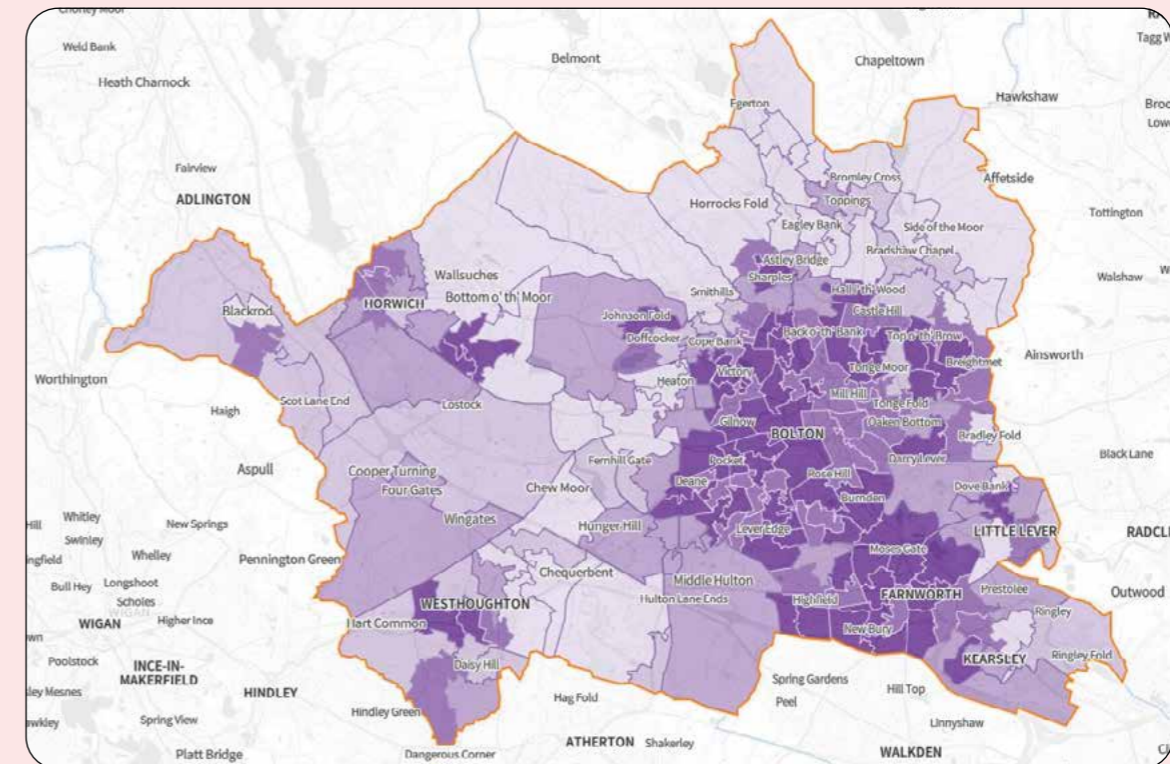
The increase has been greatest in Bolton South East, where it continues to rise. Bolton West has child poverty rates slightly lower than the England rate, but even here there were an estimated 5000 children (27%) in relative poverty in 2020/21.

Figure 2: Children in poverty by constituency (after housing costs)²¹



Nationally, the latest data²² shows children from Black and minority ethnic groups are more likely to be in poverty; 46%, compared with 26% of children in white British families. We can expect similar local variation in child poverty for different groups in Bolton.

Figure 3: Income Deprivation Affecting Children Index (IDACI) 2019 – a measure of relative child poverty, shown by quintile across Bolton MSOAs



¹⁹ Representation of information from: The Vitality Institute (2016). Communicating Non-communicable Diseases: From 3Four50 to 4Four60. <https://bit.ly/3nchaP5>

²⁰ The Equality Trust (nd). Latest research: the most up to date research on the costs of economic inequality. <https://bit.ly/3U6ftzk>

²¹ End Child Poverty Coalition (2022). Local child poverty rates. After Housing Costs <https://bit.ly/3LKdIpN>

²² Child Poverty Action Group (2022). Official poverty statistics: government pulled children out of poverty - but universal credit cut will push them back again. <https://bit.ly/3lZrQk9>

¹⁴ OHID (2022). Public Health Outcomes Framework <https://bit.ly/3Rxo1W>
¹⁵ OHID (2022) Local Tobacco Control Profiles <https://bit.ly/3wNFF71>
¹⁶ OHID (2022). Public Health Outcomes Framework <https://bit.ly/3Hx6bGw>
¹⁷ OHID(2022) Public Health Outcomes Framework <https://bit.ly/3Ya6l8a>
¹⁸ OHID (2021). Fingertips Public Health profiles. <https://bit.ly/3yUu9l8>

Children who grow up in poverty may miss out on opportunities to thrive, including being disadvantaged at school or being frequently absent from school, missing out on the protective environment that can provide. Lower attendance in some schools since the pandemic is a cause for national concern.

In 2015 nationally there was a 28 per cent gap between children eligible for free school meals and their wealthier peers in achieving at least 5 A*-C GCSE grades. The Covid-19 pandemic has contributed to increasing educational inequalities, through differences in how families could adapt to virtual learning and pressures on family life at home.

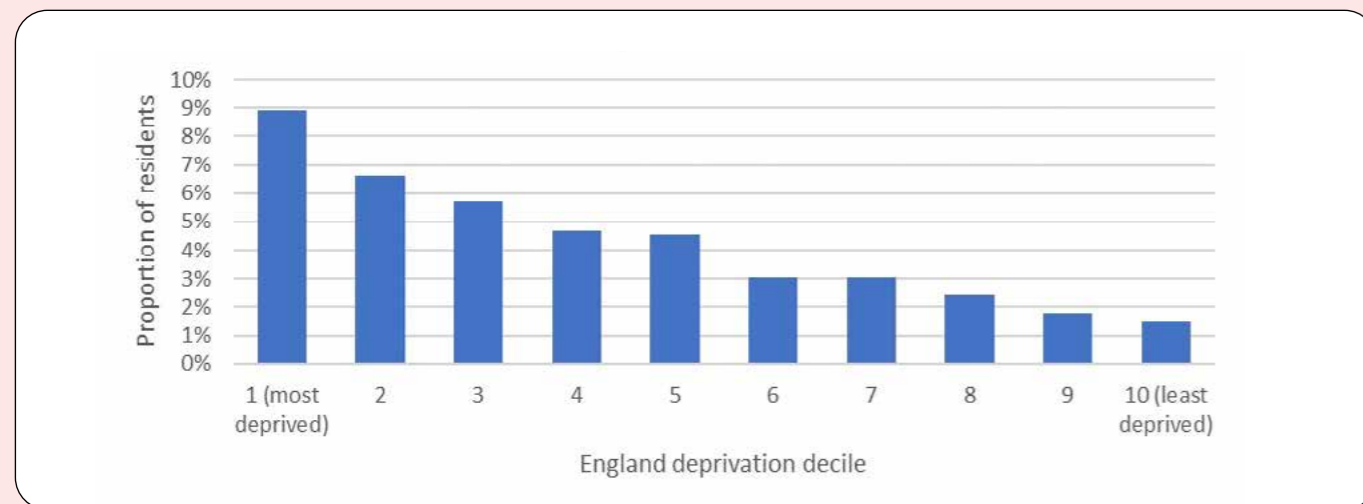
There are long-lasting effects of these differences in childhood; ONS longitudinal research published in 2022²³ shows that at age 25 years, 23.0% of free school meal (FSM) recipients in England had recorded earnings above the equivalent of Living Wage in comparison with 43.5% of those that did not. The rate for female FSM recipients was much lower (18.2%) compared to 39.3% who did not claim FSM.

We need to go further faster for these families, to tackle child poverty and to mitigate against its effects on health and social relationships. The answer is not simple; whilst individual support can help in times of crisis, if we are to reduce inequalities longer term, we need to support 'health for wealth', linking good work and ways to maximise income with promotion of health.

Nationally, in 2020/21, two thirds (65%) of children in poverty lived in households where at least one adult is in work. 40% of children in lone parent households were in poverty, compared to 24% of those in two parent households²⁴.

In more deprived²⁵ parts of Bolton higher proportions of residents said they were economically inactive because of long term illness or disability (see Figure 4). One may lead to the other; the causal relationship is unclear, but the impact is the same.

Figure 4: Proportion economically inactive (long term sick or disabled), by deprivation decile. Census 2021 (NB: The census was taken while some Covid-19 measures were still in place, which may affect results.)



Bolton 2030 – our response

Bolton 2030 sets the framework for action to address inequalities and functions as Bolton’s overarching joint local health and wellbeing strategy.

Key partners in Bolton come together at the Active Connected Prosperous Board to work together on key outcome aims, shown opposite. The Bolton 2030 framework uses the Marmot Principles, an evidence-based approach to address the wider determinants of health and reduce inequalities that was developed by Professor Sir Michael Marmot and his team at University College London (see various Marmot Review reports).

Bolton 2030 describes what we will focus on to improve the lives of everyone in Bolton and reduce the differences in quality and length of life between people in Bolton:



Reforms to the NHS and Social Care

Current government reforms are bringing together the NHS and local government to jointly deliver health and social care for local communities. In Bolton this is led by the Place-based Health and Care Lead and overseen by Bolton’s Locality Board. This integration champions health and well-being and places a much greater emphasis on prevention and partnership working at a neighbourhood level to reduce inequalities in healthcare access, experience and outcomes.

That includes making it as easy as possible for different people to access and understand the help they need, for example by considering 'health literacy' for different groups²⁶:

In Bolton **49% of people aged 16-64** would likely have difficulties in understanding or interpreting health information including about which health services to use, appointment letters and medicine instructions.

²³ Education, social mobility and outcomes for students receiving free school meals in England - Office for National Statistics (ons.gov.uk)

²⁴ Child Poverty Action Group. (2023). Child Poverty facts and figures. <https://bit.ly/3K3Cdv8>

²⁵ All small areas in England are ranked on their level of deprivation, taking into account a number of factors. The areas are then split into 10 groups in order of deprivation, where 1 is the most deprived. Bolton has more areas that fall within the more deprived groups.

²⁶ University of Southampton/ Health Education England. (2019). Health Literacy. <https://bit.ly/3K9hYMz>

3. Focus topic: Mental health and wellbeing in Bolton

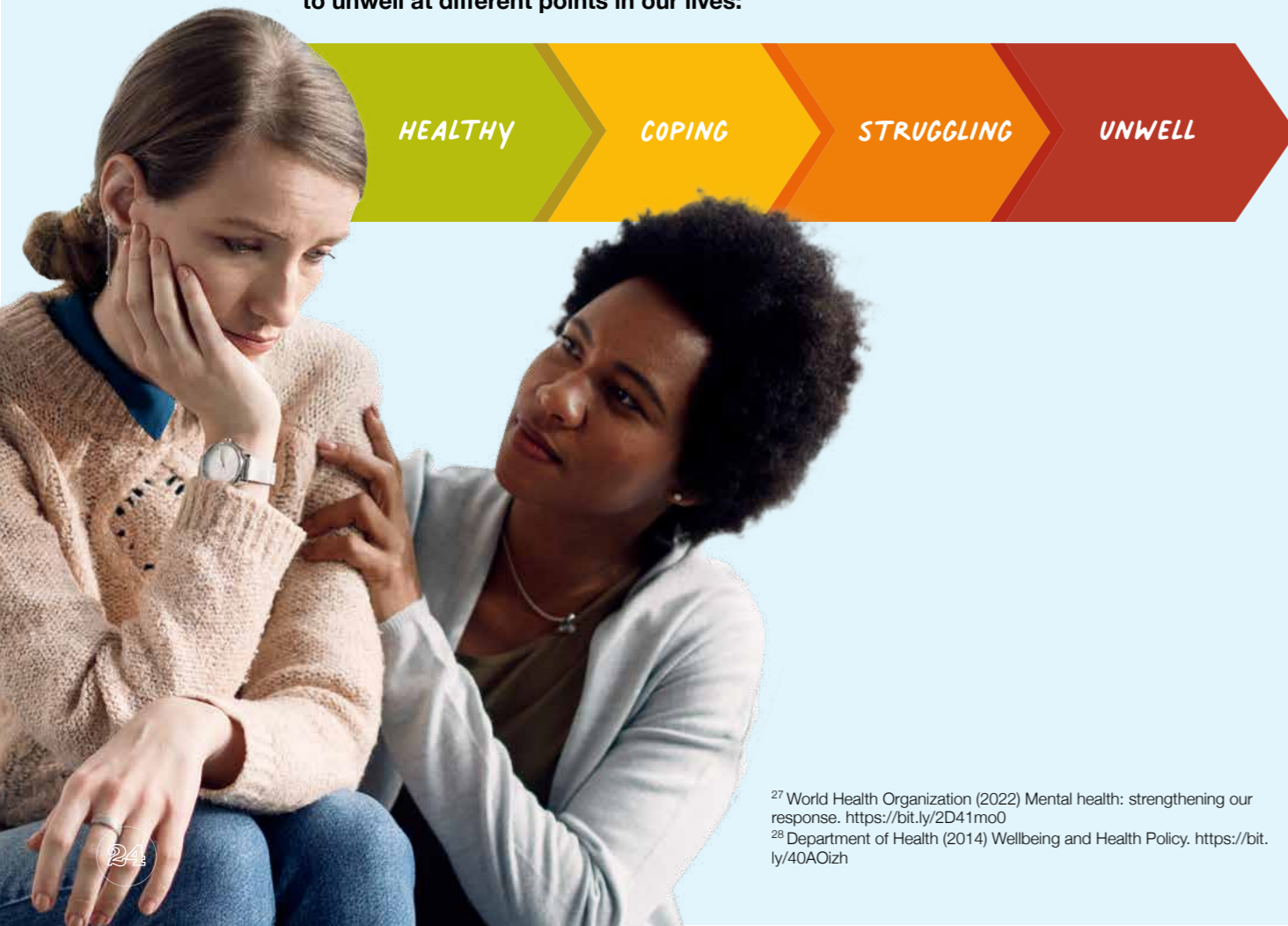
Although there are many inequalities to consider, for the 2022 annual report we have chosen to have a particular focus on mental health and wellbeing.

Our mental health influences our physical health and vice versa, with around 30% of people with any long-term physical health condition also having a mental health

condition. Good mental health and wellbeing is about feeling good and functioning well²⁷.

It enables us to realise our abilities, cope with the normal stresses of life, work productively and fruitfully, and contribute to our community²⁸.

All of us have mental health which can vary on a spectrum from healthy to unwell at different points in our lives:



²⁷ World Health Organization (2022) Mental health: strengthening our response. <https://bit.ly/2D41mo0>
²⁸ Department of Health (2014) Wellbeing and Health Policy. <https://bit.ly/40AOizh>

Every year **one in four** adults experience at least one mental health problem.



People with severe mental illness on average have 15 to 20 years shorter life expectancy than the general population

Together with substance (drug and alcohol) misuse, mental illness accounts for 21% of the total burden of illness (morbidity) in England and is associated with many forms of inequalities, particularly for people living with severe mental illness (SMI).

Mental illness is often associated with distress and a sense of struggling to function in social, work or family activities. At its most tragic, people feel they have no option but to take their own life. Each year sadly between 20-30 Bolton people die by suicide²⁹. All partners in Bolton are committed to suicide prevention including a regular audit of all suicides to identify opportunities to learn and themes that can help us improve people's lives and prevent anyone feeling this way.

More than 1,500 people took part in The Big Wellbeing Conversation in Bolton in 2021³⁰. This included a survey for anyone over the age of 12 and focus groups with people whose voices are often not well heard.

It provided a powerful reminder of why we should focus on mental wellbeing:

24% of Bolton survey respondents reported low levels of happiness – a much higher proportion than the national average, which was less than 5%

A similar gap exists for life satisfaction, with **23%** in Bolton reporting a low level compared to less than 5% nationally

22% of people in Bolton reporting a low level of belief that their life is worthwhile was, compared to less than 5% nationally

71% of Bolton's survey respondents reported high or very high anxiety compared to less than 40% nationally

In addition, national data shows us that:

In Bolton an estimated **42,000** (around 19%) of residents aged 16 and over have a common mental health disorder (using 2017 data)

An estimated **9.8%** of children aged 5 to 16 years have a common mental health disorder

²⁹ ONS (2022) Suicides in England and Wales by local authority. <https://bit.ly/3YdUJAc>
³⁰ Bolton Council (2021). Big Wellbeing Conversation. <https://bit.ly/3ZiY4EF>

BOLTON'S BIG

WELLBEING CONVERSATION

The Big Wellbeing Conversation identified six themes to promote and improve people's wellbeing:

- 1 **Supporting the best start in life – preventing adverse childhood experiences and enabling children and young people to thrive**
- 2 **Enabling people to have enough money to enjoy a decent standard of living**
- 3 **Tackling discrimination**
- 4 **Creating physical environments that support access to free or genuinely affordable community amenities, green space and decent housing**
- 5 **Supporting good family and community relationships**
- 6 **Access to quality financial, health and other advice and services**

It was clear from responses that overall support to the community needed to be:

- Created with communities themselves in a way that involves people with lived experience to shape the support that is commissioned and provided
- Better communicated so that more people in the community and other services know what is available
- Joined up better with other sources of support – among the things mentioned were one-stop shops, alliance contracts that incentivise services to work together, better sharing of information about service users, and making it easier to refer between services

The findings were then discussed at a 'Let's Talk Bolton' co-production event to narrow down what we need to do and this has informed a full programme of work.

Be kind to your mind

It's good to talk



Population Mental Wellbeing and Suicide Prevention Programme

In response, partners around Bolton borough have signed up to the Prevention Concordat for Better Mental Health, with a detailed action plan, which has informed the recommendations in this report. This is aligned to Bolton's full Population Mental Wellbeing and Suicide Prevention Programme, led by a large and active Population Mental Wellbeing Partnership that includes organisations from across all sectors.

Public Perspectives are evaluating the Bolton Programme including local projects funded through the Better Mental Health Fund from Office for Health Improvement and Disparities (OHID).

The programme includes promoting better understanding of mental health with training tools for partners' staff, volunteers, community leaders and toolkits to improve measurement of mental wellbeing and understanding of how policies impact it.

“OUR CLIENTS WERE REALLY STRUGGLING, AFTER COVID, AND SO WERE WE AS AN ORGANISATION TO SUPPORT THEM. THE FUNDING HELPED US INCREASE OUR CAPACITY AND PROVIDE DEDICATED SUPPORT. FOR SOME PEOPLE THIS HAS BEEN ABOUT SMALL THINGS, BUT FOR A FEW WE'VE BEEN ABLE TO HAVE A MASSIVE IMPACT ON THEIR LIVES, TO HELP THEM RE-CONNECT WITH THE WORLD AND PEOPLE, HELP THEM BE MORE ACTIVE AND REDUCE THEIR ISOLATION. WE KNOW HOW IMPORTANT SUCH SUPPORT IS AND WE'VE BEEN WORKING HARD TO FIND FUNDING AND OTHER WAYS TO KEEP DELIVERING THE SERVICE.”
Project representative

Giving children the best start



There is a legal and moral responsibility to create the best environments for children to grow up in and promote their safety, health and wellbeing, as well as responding when they do need help. Our Emotional Health and Wellbeing JSNA in 2021 looked at both quantitative data (eg. numbers you can count) as well as qualitative information (how people feel or their reasons for doing things) about young people's needs and experiences.

Hospital admissions for mental health concerns for under 25s and under 18s have increased since 2019/20, having reduced from a peak in 2014/15. It is not yet clear why there was such a large reduction since 2014/15 and whether this represents real change in need or service changes / referral patterns.

Figures from Bolton Children's Integrated Health and Wellbeing Service suggest that in 2020/21 far fewer children had a low health and wellbeing score than in 2019/20. But, for those who did, more than double the number were referred on to receive some help and about 50% more required specialist mental health services. This suggests the pandemic may have made it more difficult to get help, which may account for rises now.

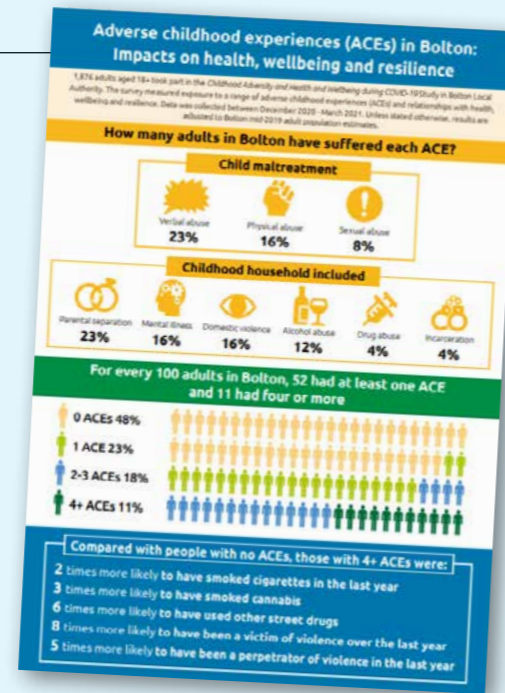
We will have to see how the impact of covid-19 on young people unfolds long term. During the pandemic, local authority children's services across the country consistently reported to Department for Education increases in complexity, with mental health issues in children heightened throughout and existing mental illness in parents exacerbated.

There have been some important messages coming directly from young people in Bolton. Creatives Now³¹, for example, is an arts collective for social change led by young people aged 12-18 from secondary schools and colleges across Bolton who act as community champions. They undertook a range of arts projects and a creative consultation with peers. Young people they spoke to felt that Covid had affected their confidence and mental health (due to isolation from friends and outdoor activities) and their education. Some felt a lack of motivation and difficulty concentrating on school work.

However positive impacts included being able to spend more time with family, being able to focus more on artwork, developing new skills and making new/international online friendships. Being involved in the community champion and creative arts project also had benefits for those involved, in terms of wellbeing, social skills and gaining other skills and paid work. These 'ways to wellbeing' are explored a little bit more in the next section.

In November 2021, Bolton Library and Museum Services began Create Wonder Play, a series of creative early years sessions to explore families' recent experiences of covid-19 lockdown restrictions. Over 31 sessions they spoke to around 600 people and ran an online survey and found:

- Socialisation, emotional development, along with speech language and communication were key parent/carer concerns for their children. This was also highlighted by educational professionals.
- Declining parental/carer mental health due to heavy restrictions during such a key family period was also evident for some families. The inability to see family and friends, the cancellation of EY provisions and limited EY health support contributed to many parents' negative emotional wellbeing.



ACEs and Protective Factors

Adverse Childhood Experiences (ACEs) are traumatic events that occur whilst growing up. This includes exposure to direct abuse and indirect abuse, such as living in households with domestic violence, substance misuse, and mental illness. The effects of ACEs can disrupt child development and when there are several of these it can make it much harder to stay healthy mentally and physically.

Bolton Council worked with the University of Bangor³², who interviewed 1,876 adults in Bolton. Our study found that that 52% of local adults had at least one ACE; 11% had four or more ACEs. People with more ACEs were found to be at higher risk of health, social and emotional problems. They were more likely to smoke, to report having been a victim of violence, and more likely to report having a mental health diagnosis. [see fig]

Many children who experience ACEs or trauma will go on to do well and that is because of 'protective factors' in their home, environment and relationships. Having a trusted adult, supportive friendship groups, activities to do and living in safe communities all help to reduce the impact of ACEs and the risk of poor health and wellbeing later in life.

Through a priority programme of the Active, Connected and Prosperous Board (ACP) and Vision 2030, partners are working with residents and communities to recognise the importance of ACEs and build personal and collective resilience. This will help prevent future childhood adversity and support people who have experienced trauma in their past to recover.

Living Well through the 5 ways to wellbeing

The 5 Ways to Wellbeing describe things which research has shown we all can do to help us keep well mentally and emotionally. Our community engagement team and the partners to the Population Mental Wellbeing Partnership have been exploring ways that Bolton residents and organisations are creating these opportunities:



CONNECT

- Thousands of people told us why 'I love Bolton' and it was clear that our sense of community is really strong: we trust and care for each other. This kind of connection is shown to help keep people feeling positive about themselves and where they live and is an important way to tackle inequalities described above³³.
- Rebecca, a community facilitator, has been involved in supporting important community connections, using 'Asset-Based Community Development' (which means building on strengths including people and spaces to create a sense of belonging and connections between people):

"I MANAGED TO GET ACCESS TO A RECENTLY CLOSED COMMUNITY SPACE AT FARNWORTH FIRE STATION. NOW I FACILITATE AN OVER 50'S GROUP WHICH MEETS ON A WEEKLY BASIS TO SOCIALISE AND DISCUSS OUR WELLBEING AND WHAT WE CAN DO TO IMPROVE IT."

The community has access to a local asset which was previously run at a GM level. The involvement and sessions have improved the wellbeing of participants and brought together a sense of community to tackle other issues.

It's also brought older residents out of isolation after the pandemic and provided a warm space, hot drinks and snacks, which makes everyone feel welcome.



LEARN

- Team Bolton are developing a Skills Strategy this year to maximise the chances that people in Bolton have to learn, throughout their lives. Having a job or being involved in education and training can help to protect mental health and is especially important as young people are starting out. Although Bolton has a higher proportion of 16 and 17 year olds not in employment, education or training, we have been focusing on identifying who needs support and improving opportunities for them in Bolton so that we have seen a further reduction over the last 12 months.
- Learning can take place in many ways and places, including learning from meeting and working with others.

Demi has been involved in helping people learn new skills whilst sharing a warm space:

I FACILITATED THE WARM SPACE AT FOUR SEASONS RECENTLY. I DELIVERED EDUCATIONAL ACTIVITIES SUCH AS TRANSPLANTING AND WOODWORK WITH OTHERS. THEN WE HAD THE CHANCE FOR A CHAT AND SNACKS AROUND A WARM AND COSY FIRE, LOVELY!

People are now visiting the space and enjoying their time there. People have expressed how they are happy to have learnt how to do things such as chicken husbandry and feel better within themselves.

ACTIVE

- Every year, leading an active life prevents 900,000 cases of diabetes and 93,000 cases of dementia (the leading cause of death in the UK), which also saves the UK economy £7.1 billion.
- People who get active have greater levels of happiness, life satisfaction and feeling worthwhile.
- Bolton's Active Lives Strategy has been developed with lots of input from residents and organisations working in Bolton to demonstrate a common purpose across the town, to help residents to move more everyday, supporting both emotional resilience and physical wellness.

Here are just a couple of examples:

ADAPTED CYCLE PROGRAMME

Wheels for All Bolton is a voluntary led group which is a corner stone boroughwide disability provider for people with disabilities in Bolton

The group provides activities for schools, community groups, residents, carers. Wheels for all have maintained their Bolton Mark Accreditation and will become a major component of the Leverhulme community Hub.

AJAYS MORRIS DANCE TROUPE is a local based voluntary led dance group that provides community focused dance sessions to young people.

Ajays have achieved the Bolton Mark and are a vital asset in the local Brightmet community. They provide friendship groups and community support to many families in the area.

GIVE

- Bolton has 58,259 volunteers giving 211 233 hours of their time each week
- Bolton has a thriving community, voluntary and social enterprise sector of over 1672 groups and organisations which provides a range of opportunities for people to both give and receive support from others, have fun and take part in something.
- Bolton's Community Fund continues to support many local groups and is contributed to by all sorts of partners locally as a way to reinvest in our communities.
- It has been a particularly hard few years for smaller groups and organisations, and many people who need them, so we must continue to connect and support those people who give their time and energy to others.

- Statutory services and the Community, Voluntary and Social Enterprise Sector work closely together in many forums. CVS are co-designing a model for making it easier to do this and we will work with them to make sure that the voice and experiences of different groups of people can influence policies and decisions including by providing as much information as possible to our public.

COMMUNITY KITCHEN HAVE BEEN SUPPORTING BOLTON RUGBY UNION CLUB, BY GROWING FRESH PRODUCE AND DONATING IT TO THE CLUB TO BE ABLE TO OFFER OUT A FREE MEAL TO MEMBERS OF THE COMMUNITY

The project has successfully provided many individuals with hot meals and brought the community together, showing one another that the support is there.

Volunteers who are with CVS have also described how it has changed their lives for the better.

www.boltoncvs.org.uk

NOTICE

- There is evidence that the arts help with mental health³⁴. One arts-on-prescription programme designed to significantly reduce anxiety, depression and stress saw GP consultation rates drop by 37 percent and hospital admissions by 27 percent.
- There is also evidence of involvement with creative activities helping to manage long-term conditions, cancer and pain, which are significantly associated with mental ill-health³⁵.
- 'I love Bolton because...' work led to further discussions about what people want to see for Bolton in 10 or 20 years. So far, we have heard from young and older residents, investors and students that green spaces to enjoy are high on their list.

LITTER PICK & INSIGHT DAY ON THE CLARION HOUSING ESTATE IN BRIGHTMET

Residents and volunteers helped to clean up their green space and start to plan events and links to local provision. This brought the local community together and brought a sense of belonging to the estate. Some useful information given by residents was different to the residents' survey, providing the community lens.

DEAN AND DERBY CRICKET CLUB

In June 2022 using the residents of Rumworth with help from Community Facilitators identified the cricket club as an asset but not well used by the wider community. In September, the club was successful with bids to GMP, Bolton's Fund, Bolton at Home and GM Green Spaces.

By Dec 2022 several activities were running, keeping local residents active and mentally well, include women's keep fit, girls football, a walking group, arts and craft sessions and a friendly warm space. Two big events have run- a Winter Market attracted around 500 visitors and a Jobs/Volunteering Fair.

A lead volunteer has really taken on this asset and has plans now to work with other local partners including schools, Wave Adventure, Nuffield Health and others to develop further activities such as wellbeing drop-in and ESOL and a digital library.



³⁴ All Party Parliamentary Group on Wellbeing (2017). Creative Health: The Arts for Health and Wellbeing Report <https://bit.ly/3ZC1rq9>
³⁵ See: Bradt, J., Dileo, C., Grocke, D. & Magill, L. (2011). Music Interventions for Improving Psychological and Physical Outcomes in Cancer Patients. Cochrane Database of Systematic Reviews;
 Bradt, J., Shim, M. & Goodill, S. W. (2015). Dance/Movement Therapy for Improving Psychological and Physical Outcomes in Cancer Patients. Cochrane Database of Systematic Reviews; and
 Walker, J. Holm Hansen, C., Martin, P., Symeonides, S., Ramessur, R., et al. Prevalence, Associations, and Adequacy of Treatment of Major Depression in Patients with Cancer: A cross-sectional analysis of routinely collected clinical data. The Lancet Psychiatry, 1 (5), pp. 343-50

Age Well – Mental health and wellbeing of older people

The latest census data shows that the over 65 age group is the fastest growing age group nationally. Greater Manchester projections indicate by 2041 residents aged 65 and over will rise by 29.4% and those aged 75 and over is projected to increase by 46.2%. People are living longer but not all in good health or experiencing a good quality of life.

The Greater Manchester Older Peoples Mental Health Network launched on 2nd March 2023 and provide evidence and insight from older people's experiences.

THE PROMOTING ACTIVE LIVES STUDY (PALS) WAS CREATED TO ADDRESS ISOLATION AND REDUCED ACTIVITY AS WELL AS THE GAP IN MENTAL HEALTH PROVISION AND COMMUNITY ACTIVITIES FOR OLDER PEOPLE. IT AIMED TO IMPROVE INDEPENDENCE AND PROVIDE A LINK BETWEEN PEOPLE AND THEIR COMMUNITY THROUGH A 'BEFRIENDING PLUS' BUDDY SERVICE. THIS PROJECT HAS NOW BEEN EVALUATED AND WILL BE EXTENDED.

They have highlighted that:



Older people's mental health is not just about dementia, it can be affected by a number of things including loneliness and isolation.



Of 450,787 older people in Greater Manchester, over **100,000** have a serious mental illness, and over **60,000** will experience depression.



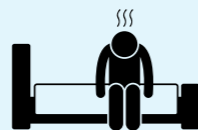
NHS stocktake in 2021 suggests depression has doubled in older people.



30% of carers also suffer from depression.



Left unaddressed the impacts of Adverse Childhood Experiences can lead to chronic health problems and condition, mental illness, and substance misuse in adulthood.



In 2020, the Centre for Ageing Better found that a third **36%** of 50-70 year old respondents said their mental health had deteriorated as a result of the pandemic. Individuals living alone were more likely to report increased stress and anxiety.

We know that it has been much harder for older people to 'bounce back' after covid as many have found their networks harder to engage digitally and groups have closed or moved. In many cases older people are not as strong or mobile as they were previously due to reduced activity, combined with lack confidence and fear of going outside of their home, known as deconditioning.

Money is a key source of worry for older people

Age UK research in March 2023 indicated that 9.6 million over 60's (60%) were worried about being able to heat their homes when they wanted to, and 7.2 million (45%) were worried about affording other essentials such as food.

Access to services for older people is important

UK Network of Age Friendly Communities reports that older people are less likely to access help through IAPT (NHS talking therapies for anxiety and depression) and other mental health and wellbeing services. Bolton's Ageing Well Partnership has received feedback from older people indicating:

- Barriers to accessing services, a lack of awareness of what is available, uncertainty around how to access them, digital exclusion, language.
- Some people perceive that it is normal to feel down when you are older and describe trying to keep a 'stiff upper lip'.
- Fear of stigma and ageism
- Professionals in contact with older people misunderstanding signs e.g. thinking they are self-neglect, dementia, other physical illnesses or just ageing.

The newly developed Living Well Service in Farnworth and Kearsley has seen an increase in older people with issues such as hoarding and 'hard drinking'. The service has found it harder to engage with older men but have made progress by linking with community projects and partners such as Bolton at Home, Age UK and primary care Social Prescribers.

Developing strong partnerships to respond

Bolton's own Ageing Well Partnership is currently working to develop the Age Well theme of the Joint Strategic Needs Assessment (JSNA) to understand experiences, barriers, gaps and good practice. This will inform the co-production of Bolton's Age Friendly Strategy, with action under each of the WHO eight domains of Age Friendly Living.



Recommendations...

Supporting our changing population in the post-covid era:

1. Build on the rapid partnership response to the cost of living pressures by producing a system-wide Poverty Strategy for Bolton, with reference to the developing Economic Growth and Resilience Plan.

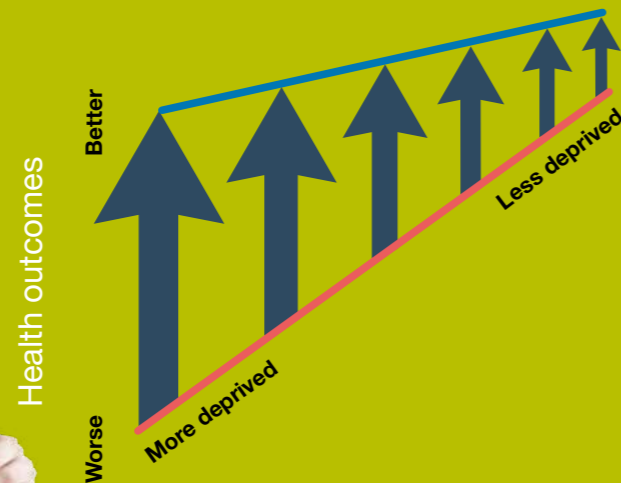
2. Provide energy bill support and information on how to reduce food bills and car fuel consumption to help people live more sustainably but with the health risks of these changes at the front of our minds.

3. Continue to develop and promote the Joint Strategic Needs Assessment (JSNA) resources to make intelligence about our population accessible so this is routinely used in policy and practice.

4. Embed 'proportionate universalism'³⁶; resourcing and delivering universal services at a scale and intensity proportionate to the degree of need. Services and improvements are not only for the most disadvantaged or only 'open access' but recognise the different barriers and starting point for different people's health.

Proportionate universalism

Arrows indicates intensity (e.g. investment)



³⁶ Proportionate universalism and health inequalities (healthscotland.com); Macdonald W, Beeston C, McCullough S. Proportionate Universalism and Health Inequalities. Edinburgh: NHS Health Scotland; 2014.

Improving Mental Health and Wellbeing:

5. Deliver Prevention Concordat for Better Mental Health Plan

In Jan 2023 Bolton became a signatory to the national prevention concordat for better mental, including delivery of a 12-month detailed plan across the health, social care, and voluntary sector system.

This will require everyone to play their part, seeing mental wellbeing as their responsibility and embedding wellbeing into policies and practice. Done well, with real buy-in across partners, this plan provides a platform for achieving mental health equality for all, whilst reducing the inequality gap.

7. Measure mental wellbeing to improve planning, implementation and review of decisions and services

Use the 'Measuring Mental Wellbeing: A Framework and Toolkit' to:

- decide which measures to use to assess the extent to which people's wellbeing has been impacted by activity or decisions
- better understand and monitor the local conditions that affect residents' wellbeing
- benchmark outcomes for Bolton against other local authorities, regional and national figures

6. Make every contact count – for staff, volunteers and public

Collectively all organisations and services should promote and support key messages so everyone in Bolton can:

- Become mental health aware
- Know key triggers for poor mental health and wellbeing
- Know the key risk and protective factors for mental wellbeing
- Know how to engage in positive conversations to help themselves and others
- Know how to access timely and appropriate support

See 'Further Information'.

All workplaces and business should embed wellbeing into everyday practice, using the toolkits available, offering training and embedding policies and structures to create a wellbeing culture within the workplace.

8. Improve access to and information about holistic mental health and wellbeing provision and support

Resident responses from the Big Wellbeing Conversation highlighted the need for easy access to mental health and wellbeing support, including specialist services, self-help and alternative support options. This report has focused on non-medical interventions, though we know there are also gaps in provision and long waiting lists for specialist services.

The Let's Keep Bolton Moving resource aims to plug a gap in access to information about local activities and ways to positively change or enhance your life through the five ways to wellbeing. Local people can upload and find activities to Live Well, and come forward to volunteer, or become a community champion.

We must ensure this resource is sustainable and well-used by embedding it within other local efforts to bring together information and ensure it is a core part of any mental wellbeing training and information going forward.

Where can I find out more?

Connect, Keep Learning, Be Active, Take Notice, and Give

A web-resource to support and encourage the people of Bolton to positively change their lives through the five ways to wellbeing.

For specific information on mental health and wellbeing go to letskeepboltonmoving.co.uk

Bolton JSNA www.boltonjsna.org.uk

- This and previous Public Health Annual Reports are available on the home page
- **New and notable** - includes census information and latest updates
- **Our place** - includes maps and information on different areas of Bolton
- **Our people** - includes differences between people in Bolton and what people have told us

University of Bangor Research into ACEs prevalence and impact in Bolton

5 steps to mental wellbeing

www.nhs.uk/mental-health/self-help/guides-tools-and-activities/five-steps-to-mental-wellbeing/

More general information:

- Five ways to wellbeing - Mind
- Centre for Mental Health
- RSPH | MECC for Mental Health training programme

