

Director of Public Health – Bolton Council – Additional Information

Demographics of Bolton

Bolton has a population of around 283,500 and is rich in diversity with an evolving demographic profile. Around a fifth of the population in Bolton is non-White British; of whom the majority are of South Asian origin. The largest ethnic minority group in Bolton is of Indian origin. On a whole, Bolton has a BME population of 18%, with 14% being of Asian ethnicity.

The health of people in Bolton is generally worse than the England average. Bolton is one of the 20% most deprived districts in England and around 20% (12,000) of children live in low income families. The employment rate is currently 73.2% which is similar to the England average and is at its highest rate for five years, though issues persist such as the very low rates observed in those with long-term health conditions and disabilities. Life expectancy for both men and women is lower than the England average and this challenge has proved difficult to overcome.

Health inequalities in Bolton

Bolton is home to some of the most affluent and some of the most deprived areas in England. Narrowing the gap in outcomes between these areas has long been a priority for the borough. Good progress has been made during the last decade in terms of narrowing the gap around health, crime, cleanliness, and academic achievement but there is still more to do. Therefore narrowing the inequality gap remains a major local focus.

Key health issues

- Life expectancy has stalled locally, which though historically unusual, does now follow the national pattern;
- CVD is the chief cause of Bolton's life expectancy gap to England and within the borough between the most and least deprived (the town has one of the largest such inequality gaps of our peers and across GM);
- Obesity is increasing and with it so will CVD and diabetes – posing further risk to what is often considered the overarching indicator of a borough's health;
- Furthermore, diabetes and other forms of CVD are very strongly associated with deprivation and ethnicity and so it is expected this will disproportionately affect the most deprived in the borough as well as the South Asian community, further widening local inequalities;
- The rate of self-harm in the borough is worse than seen nationally, with Bolton seeing around 27 suicides a year. This is a recent improvement as following the recession Bolton briefly had the 5th highest rate in the country.

Multiple disadvantage

- There are Bolton residents subject to multiple disadvantage who will simply not benefit from the new job opportunities forecast over the coming decade. Unchecked this will lead to further concentration of needs locally;
- The people in this cohort range from those with a combination of unhealthy lifestyles (who will begin to contribute to CVD-related health inequalities as they age) to those suffering

severe multiple deprivation (homeless, alcohol/drug problems, contact with criminal justice system);

- Poverty is an almost universal indicator for this cohort whilst mental ill-health is a common and complicating factor;
- Some of these individuals are likely to be dependent on local services throughout their lives.

Older and younger people

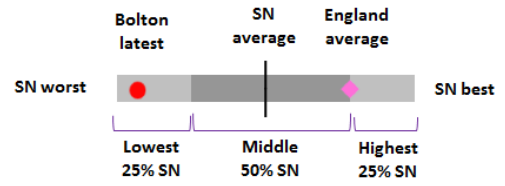
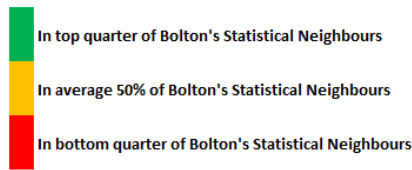
- Though Bolton has now passed its peak in births, given the much faster birth rate seen in the BME population, there is a question as to whether services are fully equipped to deal with the pace of this demographic shift going forward (esp. mothers born outside UK¹);
- There are implications for indicators such as school readiness, childhood obesity, and child poverty - particularly as the highest birth rates are seen in our areas of existing challenge;
- Levels of GCSE attainment, breastfeeding initiation and smoking at time of delivery are worse than the England average, while infant mortality and under 18 conceptions are equal to the national average. The latter are recent achievements following years of consistent improvement;
- As the dementia diagnosis indicator continues to improve, more work post-diagnosis will be required to minimise the effects of dementia;
- Preventative work through promoting better lifestyle and exercise will be vital to this –up to half of all dementias have a vascular component.

¹ This is particularly important for mothers born outside the UK as anecdotally, and from workshops carried out for previous intelligence support to health visiting and school nursing, language barriers have been identified as a key hindrance to effective service delivery and noted to be highly resource/time intensive. Of particular concern are new and emerging communities (especially New EU, and within that the Hungarian community) as there is a lack of professionals from similar ethnic backgrounds working in Bolton.

Public Health Profile

Bolton's latest published performance at 13th June 2018

Comparison with Statistical Neighbours



Domain	INDICATOR	BOLTON	ENGLAND AVERAGE	SN AVERAGE	SN WORST	STATISTICAL NEIGHBOUR RANGE	SN BEST	BOLTON'S DIRECTION OF TRAVEL
Overarching indicators	1 LE MEN	78.2	79.5	77.7	76.8		78.8	
	2 LE WOMEN	81.4	83.1	81.5	80.5		82.9	
	3 SII MEN	10.2	9.2	10.1	12.0		6.8	
	4 SII WOMEN	9.6	7.0	8.3	11.0		6.4	
Wider determinants	5 Killed and seriously injured casualties on roads	30.4	39.7	31.1	40.9		18.5	
	6 Fuel poverty	12.5	11.0	12.3	15.0		10.6	
Health improvement	7 Breastfeeding prevalence 6-8 weeks	40.8	44.4	36.6	22.4		48.7	
	8 Smoking at time of delivery	13.2	10.7	13.8	19.5		10.0	
	9 Hospital admissions due to injury aged 0-14	116.3	101.5	124.3	190.5		80.5	
	10 Children admissions aged 10-24: Self-harm	375.0	404.6	464.7	991.2		254.0	
	11 Under 18 alcohol admissions	43.1	36.6	47.3	77.9		21.4	
	12 Unplanned admission rate for children: ast. dia. epi.	334.5	311.7	379.8	501.9		253.9	
	13 Emergency admission rates for children: LRTIs	642.9	422.7	528.8	667.4		326.8	
	14 Successful completion of drugs treatment: opiate users	5.2	6.7	5.8	3.9		9.2	
15 Successful completion of drugs treatment: non-opiate users	34.9	37.1	40.0	20.8		58.6		
Health protection	16 Emergency hospital admissions due to falls in people aged 65 and over	1903.7	2113.8	2265.4	2941.6		1783.7	
	17 NHS Health Check uptake	87.0	56.4	53.2	28.6		87.0	
	18 New Sexually Transmitted Infections	528.3	743.1	643.5	1100.3		420.4	
	19 Completed MMR immunisation by 5th birthday	94.0	87.6	92.2	88.2		95.8	
	20 Completed Dtap/IPV/Hib by 2nd birthday	98.1	95.1	97.1	95.6		98.6	
	21 Flu vaccinations - over 65s	72.5	70.5	71.6	65.4		75.0	
	22 Flu vaccinations - at risk individuals	52.6	48.6	51.7	47.0		57.3	
	23 Incidence of TB	17.6	10.9	13.1	27.3		1.7	
24 Treatment of TB	92.3	84.4	86.1	75.0		100.0		
Healthcare and premature mortality	25 Tooth decay in children under 5 years	1.6	0.8	1.2	1.9		0.6	
	26 Premature mortality: CVD	91.0	73.5	94.7	107.9		72.7	
	27 Premature mortality: Cancer	151.5	136.8	155.3	173.1		141.7	
	28 Premature mortality: Liver disease	26.1	18.3	25.8	33.8		18.7	
	29 Premature mortality: Respiratory	47.6	33.8	46.3	63.3		35.1	
	30 Suicide and injury undetermined rate	10.9	9.9	11.1	15.8		8.3	
	31 Excess winter deaths	7.5	15.1	16.1	26.0		7.5	