

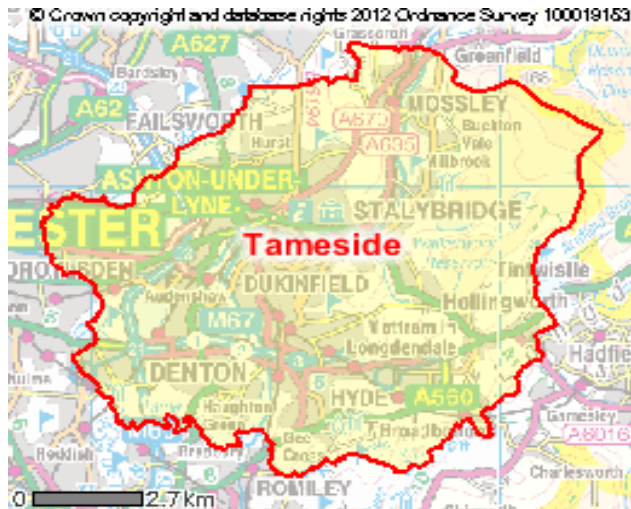
2013/14

# Joint Strategic Needs Assessment for Tameside



## KEY FINDINGS & IMPLICATIONS

**Health&Wellbeing**  
*making it happen together in Tameside*



## The local view of Health and Wellbeing in Tameside

The Tameside borough sits on the edge of both the Pennines and the Peak District. It is named after the river Tame which flows through the borough and spans the areas of Ashton-under-Lyne, Audenshaw, Denton, Droylsden, Dukinfield, Hyde, Longdendale, Mossley and Stalybridge. Tameside borough shares its border with Manchester, Stockport, Oldham and the borough of High Peak.

## Population

More people now live in the borough of Tameside than at any time in the past, with the last 2011 Census showing that 219,324 people now live in the Tameside borough. Over the next 10 years Tameside will see a 6.9% increase in its overall population size, reaching 235,491 by 2021. The proportion of the population aged 65 years and over will grow from

15.7% to 18.7%. The proportion of people aged 16 to 64 years is projected to increase slightly to 61% of the total population and there will also be a projected increase in the number of young people aged 0 to 15 years taking this population group to 49,090(21%) in total.

The ethnic composition of the Tameside population is also changing, with the current Census (2011) showing that 11.5% of the local population are from an ethnic minority group; this is an increase from the last Census (2001) of 7.4%.

## Health & Well-being

The issues for health & wellbeing in Tameside are complex and often lie outside the traditional health and care services. It is widely recognised that social and environmental determinants and their interdependencies influence the health and wellbeing outcomes of our population and communities.

As the population continues to grow, age and change, so too will the demand for services across the board and with the increasing size of the economic inactive populations (children and older people) the impact will be felt on the local economy.

Changes to the older population will increase demand on health and social care services. The demands on carers will increase as more people live longer and therefore it will be important to have responsive flexible arrangements in place to support people caring for others and to support older people who want to live independently.

Demand on school age services will increase and a service response will need to take into account of the changing diversity of the population going forward.

### Health and Well-being at a glance

- Health and well-being of people in Tameside is generally worse than the England average
- Deprivation is higher in Tameside with around 10,500 children living in poverty
- Life expectancy at birth and healthy life expectancy for both males and females is lower than the England average (75.9 years males, 80.5 years females)
- Life expectancy locally is **10.4 years** lower for men and **8.8 years** lower for women in the most deprived areas of Tameside compared to the least deprived areas.
- Healthy life expectancy at birth is currently **57.5 years** for males in Tameside and **56.8 years** for females in Tameside. This is significantly lower than the England averages.
- In year 6, 19.7% of children are classified as obese, levels of teenage conceptions, GCSE attainment, under 18 alcohol specific hospital admissions, breast feeding initiation and at 6 to 8 weeks and smoking in pregnancy are all worse than the England average.
- Rates of smoking related deaths and hospital admissions for alcohol harm are significantly higher than the England average
- For overall premature deaths, Tameside is ranked 138<sup>th</sup> out of 150 Local Authorities in England (<75 years)
- For premature deaths from Cancer, Tameside is ranked 133<sup>rd</sup> out of 150 Local Authorities in England
- For premature deaths from heart disease and stroke, Tameside is ranked 145<sup>th</sup> out of 150 Local Authorities in England

### Useful Links:

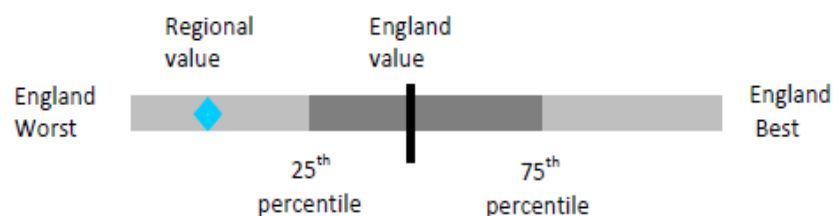
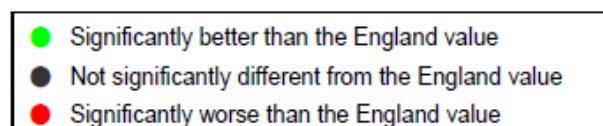
Longer Lives: <http://longerlives.phe.org.uk/area-details#are/E08000008/par/E92000001>

Public Health England; Data and Knowledge Gateway: <http://datagateway.phe.org.uk/>

## Inequalities

### Marmot Indicators for Local Authorities in England, 2012 - Tameside

The chart below shows key indicators of the social determinants of health, health outcomes and social inequality that correspond, as closely as is currently possible, to the indicators proposed in Fair Society, Healthy Lives. Results for each indicator for this local authority are shown below. On the chart, the value for this local authority is shown as a circle, against the range of results for England, shown as a bar.



Indicator	Local Authority Value	Regional Value	England Value	England Worst	Range	England Best
<b>Health outcomes</b>						
<i>Males</i>						
1 Male life expectancy at birth (years)	75.7	77.0	78.6	73.6		85.1
2 Inequality in male life expectancy at birth (years)	10.4	11.1	8.9	16.9		3.1
3 Inequality in male disability-free life expectancy at birth (years)	11.3	14.1	10.9	20.0		1.8
<i>Females</i>						
4 Female life expectancy at birth (years)	80.3	81.1	82.6	79.1		89.8
5 Inequality in female life expectancy at birth (years)	8.8	8.1	5.9	11.6		1.2
6 Inequality in female disability-free life expectancy at birth (years)	9.5	12.2	9.2	17.1		1.3
<b>Social determinants</b>						
7 Children achieving a good level of development at age 5 (%)	57.3	57.6	58.8	49.5		71.4
8 Young people not in employment, education or training (NEET) (%)	7.4	7.5	6.7	12.3		2.6
9 People in households in receipt of means-tested benefits (%)	18.1	17.3	14.6	32.8		4.7
10 Inequality in percentage receiving means-tested benefits (% points)	35.8	40.5	29.0	55.1		4.6



# Starting and Developing Well

<http://www.chimat.org.uk/>

## Key Findings

### Emotional wellbeing of looked after children:

- The percentage of looked after children achieving 5 or more A\* to C GCSEs or equivalent including English and maths has increased by 28% between 2009 and 2013.
- By year end, 31<sup>st</sup> March 2013, 6.2% of looked after children aged 10 to 17 years had been convicted or subject to a warning/reprimand
- 3.5% of looked after children had a substance misuse problem

### Excess weight in children:

- Within the 2011/12 academic year 9.3% of reception year children and 19.4% of year 6 children were classified as obese. This is similar to the England average.
- Within the 2011/12 academic year 15% of reception children and 15.9% of year 6 children were classed as over weight. This is higher than the England average and higher than the previous year

### Under 18 Conceptions:

- The under 18 conception rate for Tameside in 2011 was 45.2 per 1,000 15 to 17 year olds a 6.4% decrease from 2010 but still higher than both the England and North West averages

## Key Implications

### Emotional wellbeing of looked after children:

- At the 31<sup>st</sup> March 2013, there were 411 looked after children in Tameside a 4% increase on 2012
- Looked after children have poorer educational outcomes than non-looked after children
- A high proportion (68%), have special educational needs
- Looked after children are twice as likely to be permanently excluded from school.

### Excess weight in children:

- The trend of overweight and obesity is increasing year on year across England.
- Children who are overweight or obese are at greater risk of early onset diabetes, coronary heart disease in adulthood and have a higher cancer risk.

### Under 18 Conceptions

- Around three quarters of teenage pregnancies are unplanned and half end in abortion.
- Children of teenage mothers have a 63% increased risk of being born into poverty.
- Teenage mothers are three times more likely to smoke through their pregnancy and 50% less likely to breast feed



# Starting and Developing Well

## Key Findings

### Chlamydia:

- The diagnosis rate for 2012/13 indicates that 3,150 young people aged 15-24 years had a diagnosis for chlamydia, which is the highest in Greater Manchester

### Hospital admissions caused by unintentional and deliberate injuries in the under 18s:

- In Tameside between 2008/09 and 2010/11 there were 2,164 emergency hospital admissions in this category
- Tameside is ranked 7<sup>th</sup> when comparing our admission rates with our statistical neighbours
- Over a third of all injuries took place in the home in the 0-4 age group
- Childhood injuries disproportionately affect children from lower socioeconomic groups

### Unplanned hospitalisation for asthma, diabetes, epilepsy and lower respiratory conditions in the under 18s

- Tameside had the 6<sup>th</sup> highest rate of hospital admissions for asthma, diabetes and epilepsy in Greater Manchester (2012/13) and as a significantly higher rate than the England average
- Tameside had the 7<sup>th</sup> highest rate of hospital admissions for lower respiratory conditions in Greater Manchester (2012/13)

## Key Implication

### Chlamydia:

- Chlamydia infection is the most common STI in England and can lead to infertility as well as pelvic inflammatory disease and ectopic pregnancy in women and epididymitis in men.
- A high chlamydia rate is an indication that local young people who are sexually active are not practicing safe sex

### Hospital admissions caused by unintentional and deliberate injuries in the under 18s:

- 20% of all child deaths are as a result of injury
- The NHS spends around £131 million a year on emergency admissions for injuries to children
- Injuries are a leading cause of hospitalisation, death, disability and ill health among children

### Unplanned hospitalisation for asthma, diabetes, epilepsy and lower respiratory conditions in the under 18s:

- Long term conditions such as asthma, diabetes and epilepsy can have far reaching impact on a young persons well-being, including high rates of depression, increased dependency on parents, poor vocational skills, lower employment rates and negative self image
- There is a significant relationship between deprivation and high hospital admissions for both asthma and epilepsy.



# Living and Working Well

[http://www.apho.org.uk/default.aspx?QN=P\\_HEALTH\\_PROFILES](http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES)

## Key Findings

### Proportion of physically active and inactive adults:

- The latest active people survey (APS6) show that in Tameside 33% of adults are classed as inactive.
- 50% of adults participate in sport or physical activity at least once per week

### Recorded Diabetes:

- As of 2012 there were 12,326 people on the diabetes register in Tameside and Glossop
- Tameside and Glossop have the 4<sup>th</sup> highest recorded level of diabetes in Greater Manchester which is also higher than both the England and North West average

### Diet:

- In 2009/10, only 30% of adults aged 19-64 years met the recommended five portions of fruit & veg a day
- Average intake of saturated fat exceeded the recommended daily amount in all age groups
- Consumption of oily fish is well below the recommended one portion per week

### Health Checks:

- In 2012/13, there was a 53% uptake in NHS health checks and increase on 2011/12
- A community health checks programme launched during 2012/13 contributed to better uptake

## Key Implications

### Proportion of physically active and inactive adults:

- The national cost of inactivity in England is £8.2 billion a year
- There is a direct link to inactivity and premature death
- The health costs of inactivity in Tameside are £21,5 million a year

### Recorded Diabetes:

- 24,000 people with diabetes are dying unnecessarily each year from causes that could be avoided through better management of their condition
- Tameside as a higher than average mortality rate from diabetes
- Women are nine times more likely to die young from diabetes

### Diet:

- There is no local information for Tameside re the nutritional intake of our residents
- On the basis that health and well-being outcomes are worse in Tameside than the England average, it is presumed that the diet of our residents is worse than the England averages opposite.
- Obesity is the biggest threat to health and well-being for Tameside residents

### Health Checks:

- Cardiovascular disease is the biggest killer of people in Tameside
- People not on disease registers will not have annual checks or interventions for their condition and therefore are at higher risk of premature death. The health check programme is designed to find patient at risk who are not currently on a disease register



# Living and Working Well

## Key Findings

### Smoking:

- 26% of Tameside residents currently smoke, this is around 59,000 people
- Smoking prevalence is higher than both the North West and England averages
- Each year smoking causes at least 500 deaths and 2,500 hospital admissions
- Last year Tameside stop smoking service helped 2,037 people to quit

### Alcohol:

- Alcohol harm in Tameside is extensive and is a factor adversely affecting overall health and well-being
- An estimated 19.4% of Tameside residents are hazardous drinkers
- 6.4% of Tameside residents are estimated to be harmful drinkers
- It is estimated that around 26% of Tameside residents are regular binge drinkers
- The rate of sickness benefit claimants (2011) with a medical reason for alcoholism was twice as high as the England average
- There were 21.5 per 1000 incidents for violent crime with injury, higher than the GM average

## Key Implications

### Smoking:

- Smoking is a major contributor to preventable deaths and our low life expectancy
- Smoking is the single most modifiable risk factor for adverse outcomes in pregnancy and contributes to around 40% of infant deaths and a 12.5% increase risk of premature birth
- Smoking accounts for half the difference in life expectancy between those from the most deprived areas and those from the most affluent areas of Tameside.

### Alcohol:

- Alcohol is linked to 40% of all domestic violence cases
- Alcohol related harm accounted for more than 1.1 million hospital admissions during 2010/11
- Almost half of all violent crime is alcohol related
- Alcohol misuse equates to around £419 per person per year
- There were 91 deaths attributable to alcohol in Tameside in 2010
- Alcohol harm is a major contributor to lower life expectancy





# Living and Working Well

## Key Findings

### Successful completion of drug treatment:

- Overall successful completion rates for all treatment for opiates (2013/14) quarter 2 was 8.6% and 48% for non opiates compared to the England average of 2012 of 8.2% and 46.2% respectively.
- There are no local statistics available for domestic abuse
- For 2010/13 there were 40.5 per 1000 incidents for violence against the person

### Violent Crime including domestic and sexual abuse:

- There are no local statistics available for domestic abuse
- For 2010/13 there were 40.5 per 1000 residents for violence against the person
- There were 21.5 per 1000 incidents for violent crime with injury, higher than the GM average

### Self Reported Well-being:

- The findings from the NW Mental Health Wellbeing Survey show that for Tameside & Glossop in 2012/13 was 28.38, an increase on the 2009 score of 26.50
- The T & G score is higher than the regional average of 27.66
- Around 14.4% of the T&G population have low mental well-being
- Non smokers and ex smokers had higher scores than current smokers
- Non smokers and ex smokers had higher scores than current smokers

## Key Implications

### Successful treatment of drug treatment:

- Effective drug treatment reduces crime, health and social care costs and increases the quality of life of people who use drugs
- Effective drug treatment underpinned by the Recovery model aims to see service users holistically as complete people who have the capacity to cope with their distress in a way that enables them to participate in a full life.

### Violent Crime including domestic and sexual abuse:

- Domestic abuse is linked alcohol and increased hospital admissions, culture and forced marriage
- Violence is linked to the night time economy, drug and alcohol abuse

### Self Reported Well-being:

- Well-being is defined as 'feeling good and functioning well' and can help a person feel positive about life.
- People with higher well-being have lower rates of illness, recover more quickly from illness and have generally better physical and mental health
- Improving well-being can lead to better outcomes in employment, productivity, education, healthier lifestyle choices and behaviours and thus increase life expectancy.
- Certain groups experience poorer mental well-being particularly those from more deprived backgrounds and those with a long term medical or physical disability.



# Ageing and Dying Well

<http://www.wmpho.org.uk/olderpeopleatlas/Atlas/atlas.html>

## Key Findings

### Enhancing the quality of life for people with dementia:

- It is estimated that there are currently 2,500 people over the age of 65 years with dementia in Tameside.
- By the year 2015 this total is expected to rise to by 41% to reach 3,351 people.
- The percentage of dementia patients across Tameside who have had their dementia reviewed in the last 15 months to March 2013 was 83% which is slightly higher than both the North West and England averages.

### Health related Quality of life for older people:

- Currently there are around 34,525 people aged 65 and older in Tameside, making up 15.7% of the population.
- Tameside has a significantly higher proportion of older adults affected by income deprivation compared with England as a whole.
- In Tameside almost a quarter of adults over the age of 60 (23.4%) live in households receiving pension credit

### Fuel Poverty and Excess Winter Deaths:

- Fuel poverty and excess winter deaths effect people over 60 years more than any other population group
- Tameside households have above average households in fuel poverty than the England average but are below Greater Manchester as a whole.
- Households with low incomes have a higher fuel poverty rate than those from better off households

## Key Implications

### Enhancing the quality of life for people with dementia:

- Dementia causes premature death with life expectancy being around 5 to 10 years post diagnosis
- Dementia results in loss of independent living resulting in the need for costly social care
- A greater risk of mental health; particularly depression
- A high burden of care for families and carers

### Health related Quality of life for older people:

- Over the next 20 years the age profile of Tameside and Glossop will change quite significantly.
- High levels of income deprivation are likely to have a negative impact on health and wellbeing.
- Economic well-being has a direct correlation with the quality of life that older people can experience.

### Fuel Poverty and Excess Winter Deaths:

- Living in poorly heated homes is associated with high morbidity and mortality, especially excess winter mortality rates
- Cold homes have a high correlation with cardiovascular disease and respiratory disease
- There is evidence to suggest that decreasing household temperatures by 1°C can increase blood pressure by 1.3mmHg



# Ageing and Dying Well

## Key Findings

### Falls and Injuries in the over 65s:

- Each year around 35% of people over 65 years fall at least once. In Tameside this equates to 13,440 falls per year
- 10% of all ambulance call outs are to people over 65 who have fallen
- One in 20 falls in people over 65 years resulted in a fracture during 2007-2011 which equated to 600 fractures being treated at our local hospital trust

### Under 75s Mortality from Cardiovascular disease and Respiratory Disease:

- Premature deaths from CVD (<75) are significantly higher in Tameside than both the England and North West averages.
- Emergency hospital admission rates for CVD and stroke are significantly higher than the England averages.
- The mortality rate within 30 days of a heart attack is similar to the England average
- Stroke patients across Tameside are less likely to be discharged back to their usual place of residence compared to the England average.
- Tameside as one of the highest rates of mortality from COPD in Greater Manchester and is above the England average.

### Under 75s Mortality from Cancer:

- Cancer mortality is higher in deprived communities
- Cancer mortality in Tameside accounts for 37% of all deaths in males and 43% of all deaths in females.

## Key Implications

### Falls and Injuries in the over 65s:

- Hip fractures account for 25% of fractures from falls in the community
- 10% of people who sustain a hip fracture die within one month and 33% die within 12 months of sustaining their fracture.
- Frequent falls are a contributing factor in 40% of admissions to nursing homes

### Under 75s Mortality from Cardiovascular disease and Respiratory Disease:

- Cardiovascular disease and respiratory disease are major causes of death in Tameside for people under 75 years
- Around 45% of all deaths are from CVD and stroke
- Cardiovascular disease risk is very clearly linked to lifestyle behaviours such as smoking and obesity
- Quality of life for people with advanced COPD is diversely effected
- The majority of COPD cases are caused by smoking, therefore stopping smoking is the biggest contributor to preventing the disease and slowing down progression of the disease

### Under 75s Mortality from Cancer:

- Cancer is the biggest cause of death in people under 75 years in Tameside
- The chance of developing cancer increases with age
- Many cancers are preventable and treatable, reduction in the smoking population, screening and better treatments all help to reduce premature deaths