HEALTH & ADULT SOCIAL CARE SCRUTINY PANEL
22 SEPTEMBER 2022

POPULATION HEALTH UPDATE

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Tameside
Metropolitan Borough

NHS
Tameside and Glossop
Clinical Commissioning Group

For everyone every day

Agenda

1. Introduction – Health Challenges in Tameside
2. Wider Determinants of Health & Inequalities
3. GM Population Health Characteristics Framework
4. Poverty & Cost of Living Crisis
5. Role of Tameside Health & Wellbeing Board
6. Tameside MBC Population Health Service – Priorities
7. Questions / Areas for future discussion

Tameside Metropolitan Borough

NHS Tameside and Glossop Clinical Commissioning Group

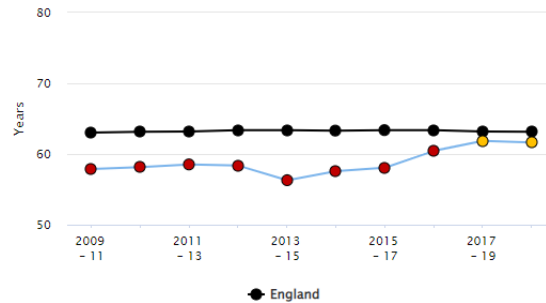For everyone every day

Healthy Life Expectancy in Tameside

*The average number of **years** a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health*

A01a - Healthy life expectancy at birth (Male)

Life expectancy - Years

Show confidence intervals   Show 99.8% CI values   ▶ More options

Recent trend: Could not be calculated

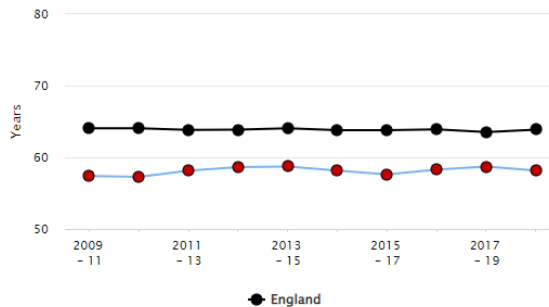| Period		Tameside			North West	England
	Count	Value	95% Lower CI	95% Upper CI		
2009 - 11	●	-	57.9	56.2	59.5	60.8	63.0
2010 - 12	●	-	58.2	56.4	59.9	61.0	63.2
2011 - 13	●	-	58.5	56.8	60.3	61.2	63.2
2012 - 14	●	-	58.4	56.6	60.1	61.0	63.4
2013 - 15	●	-	56.3	54.5	58.1	61.1	63.4
2014 - 16	●	-	57.6	55.8	59.3	60.9	63.3
2015 - 17	●	-	58.1	56.4	59.7	61.2	63.4
2016 - 18	●	-	60.4	58.7	62.2	61.6	63.4
2017 - 19	●	-	61.9	60.2	63.5	61.7	63.2
2018 - 20	●	-	61.6	59.8	63.5	61.5	63.1

A01a - Healthy life expectancy at birth (Female)

Life expectancy - Years

Show confidence intervals   Show 99.8% CI values   ▶ More options

Recent trend: Could not be calculated
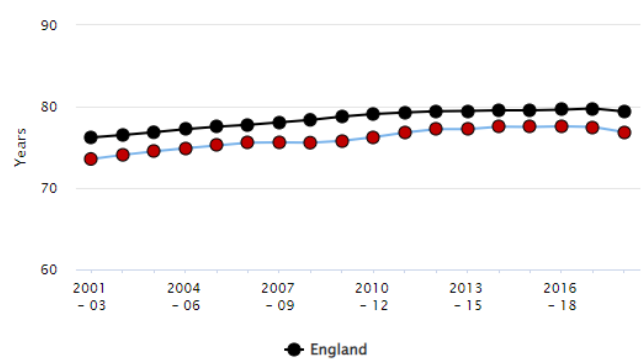
Period		Tameside			North West	England
	Count	Value	95% Lower CI	95% Upper CI		
2009 - 11	●	-	57.4	55.6	59.2	61.6	64.0
2010 - 12	●	-	57.3	55.4	59.1	61.7	64.0
2011 - 13	●	-	58.1	56.3	60.0	62.0	63.8
2012 - 14	●	-	58.6	56.8	60.5	61.7	63.9
2013 - 15	●	-	58.7	56.9	60.5	61.9	64.1
2014 - 16	●	-	58.1	56.3	60.0	61.9	63.8
2015 - 17	●	-	57.6	55.8	59.4	62.3	63.8
2016 - 18	●	-	58.3	56.5	60.1	62.5	63.9
2017 - 19	●	-	58.7	56.9	60.5	62.2	63.5
2018 - 20	●	-	58.2	56.0	60.3	62.4	63.9

Source: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/healthstatelifeexpectancyallagesuk

Inequality of Healthy Life Expectancy at Birth – For Males and Females

● Male
● Female

	Male	Female
2009 - 13	13.7	13.4

Life Expectancy in Tameside

*The average number of **years** a person would expect to live based on contemporary mortality rates.*

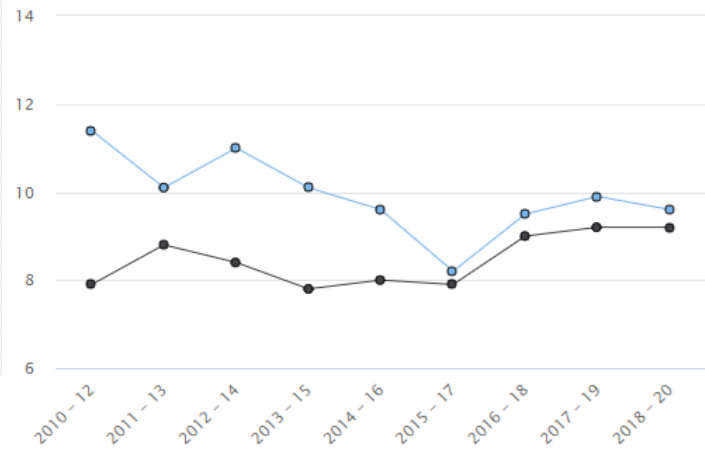## A01b - Life expectancy at birth (Male, 3 year range)

Recent trend: Could not be calculated

Period		Count	Value	95% Lower CI	95% Upper CI	North West	England
				Tameside			
2001 - 03	●	-	73.6	73.1	74.1	74.8	76.2
2002 - 04	●	-	74.1	73.6	74.5	75.1	76.5
2003 - 05	●	-	74.5	74.0	75.0	75.4	76.8
2004 - 06	●	-	74.9	74.4	75.4	75.7	77.2
2005 - 07	●	-	75.2	74.8	75.7	76.0	77.5
2006 - 08	●	-	75.6	75.1	76.0	76.3	77.8
2007 - 09	●	-	75.6	75.2	76.1	76.6	78.1
2008 - 10	●	-	75.6	75.1	76.1	76.9	78.4
2009 - 11	●	-	75.8	75.3	76.3	77.3	78.8
2010 - 12	●	-	76.3	75.8	76.7	77.6	79.1
2011 - 13	●	-	76.8	76.4	77.3	77.9	79.3
2012 - 14	●	-	77.2	76.8	77.7	78.0	79.4
2013 - 15	●	-	77.2	76.8	77.7	78.1	79.5
2014 - 16	●	-	77.5	77.1	78.0	78.2	79.5
2015 - 17	●	-	77.5	77.1	77.9	78.2	79.6
2016 - 18	●	-	77.6	77.1	78.0	78.3	79.6
2017 - 19	●	-	77.5	77.1	77.9	78.4	79.8
2018 - 20	●	-	76.9	76.4	77.3	77.9	79.4

Source: 3 year values calculated by ONS, single year trend calculated by OHID

A01b - Life expectancy at birth (Female, 3 year range)
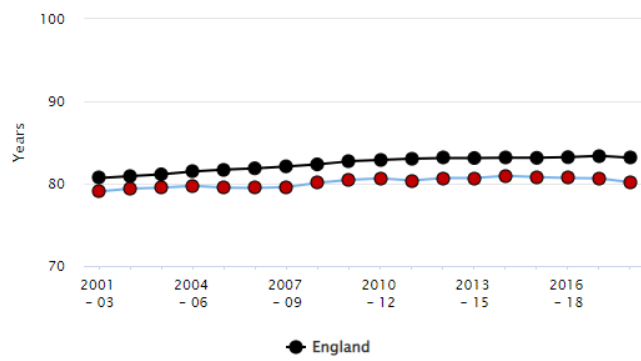
Recent trend: Could not be calculated

Period		Count	Value	95% Lower CI	95% Upper CI	North West	England
				Tameside			
2001 - 03	●	-	79.1	78.6	79.5	79.5	80.7
2002 - 04	●	-	79.4	79.0	79.8	79.7	80.9
2003 - 05	●	-	79.5	79.1	79.9	79.9	81.1
2004 - 06	●	-	79.7	79.3	80.2	80.2	81.5
2005 - 07	●	-	79.5	79.1	79.9	80.4	81.7
2006 - 08	●	-	79.5	79.0	79.9	80.5	81.9
2007 - 09	●	-	79.6	79.1	80.0	80.7	82.1
2008 - 10	●	-	80.1	79.7	80.5	81.0	82.3
2009 - 11	●	-	80.4	80.0	80.9	81.4	82.7
2010 - 12	●	-	80.6	80.2	81.1	81.6	82.9
2011 - 13	●	-	80.4	79.9	80.8	81.7	83.0
2012 - 14	●	-	80.7	80.3	81.1	81.8	83.1
2013 - 15	●	-	80.7	80.3	81.1	81.8	83.1
2014 - 16	●	-	81.0	80.5	81.4	81.7	83.1
2015 - 17	●	-	80.8	80.4	81.2	81.8	83.1
2016 - 18	●	-	80.7	80.3	81.1	81.9	83.2
2017 - 19	●	-	80.6	80.2	81.1	82.1	83.4
2018 - 20	●	-	80.1	79.7	80.6	81.7	83.1

Source: 3 year values calculated by ONS, single year trend calculated by OHID

Inequality of Life Expectancy at Birth – For Males and Females

Legend: Male, Female

	Male	Female
2010 - 12	11.4	7.9
2011 - 13	10.1	8.8
2012 - 14	11.0	8.4
2013 - 15	10.1	7.8
2014 - 16	9.6	8.0
2015 - 17	8.2	7.9
2016 - 18	9.5	9.0
2017 - 19	9.9	9.2
2018 - 20	9.6	9.2

Tameside Metropolitan Borough

Greater Manchester Integrated Care Partnership — Tameside

Deprivation in Tameside

The English indices of deprivation measure relative deprivation in small areas in England called lower-layer super output areas. The index of multiple deprivation is the most widely used of these indices.

Tameside Indices of Deprivation 2019 - With Ward Outlines
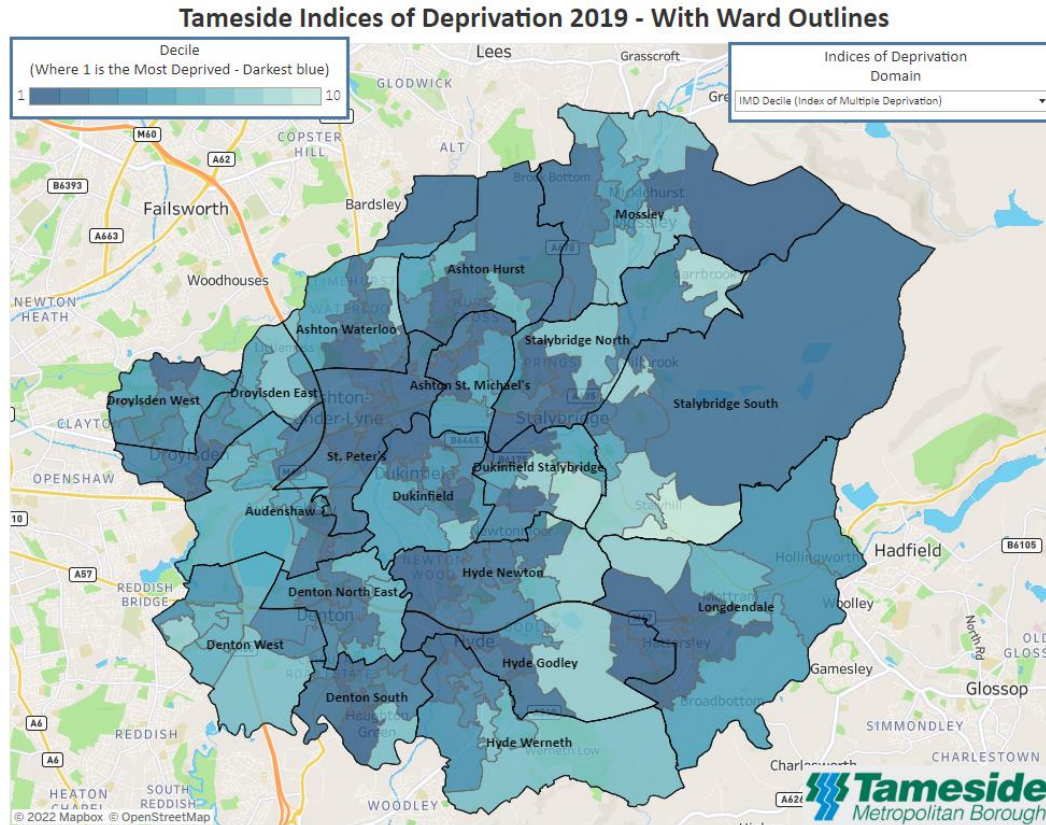
Deprivation Decile	Number of Lower Super Output Areas (LSOAs) in Tameside	% Of LSOA's
1 (Most Deprived)	29	21%
2	31	22%
3	17	12%
4	15	11%
5	17	12%
6	12	9%
7	10	7%
8	7	5%
9	2	1%
10 (Least Deprived)	1	1%

Wider Determinants

Wider determinants, also known as social determinants, are a diverse range of social, economic and environmental factors which impact on people's health.

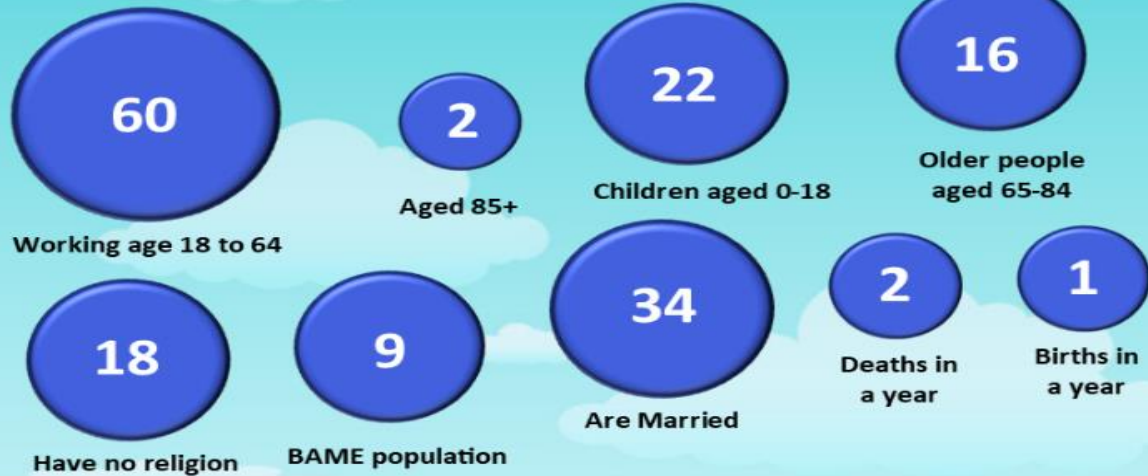| Indicator	Age	Sex	Period	Value	Value (England)	Unit	Recent trend	Change from previous
B01b - Children in absolute low income families (under 16s)	<16 yrs	Persons	2020/21	17.6	15.1	%	→	↓
B01b - Children in relative low income families (under 16s)	<16 yrs	Persons	2020/21	22.3	18.5	%	→	↓
B02a - School readiness: percentage of children achieving a good level of development at the end of Reception	5 yrs	Persons	2018/19	66.9	71.8	%	↑	→
B02a - School Readiness: percentage of children with free school meal status achieving a good level of development at the end of Reception	5 yrs	Persons	2018/19	54.4	56.5	%	↑	→
B02b - School readiness: percentage of children achieving the expected level in the phonics screening check in Year 1	6 yrs	Persons	2018/19	78.3	81.8	%	↑	→
B02b - School readiness: percentage of children with free school meal status achieving the expected level in the phonics screening check in Year 1	6 yrs	Persons	2018/19	66.6	70.1	%	→	→
B02c - School readiness: percentage of children achieving at least the expected level in communication and language skills at the end of Reception	5 yrs	Persons	2018/19	77.9	82.2	%	↑	→
B02d - School readiness: percentage of children achieving at least the expected level of development in communication, language and literacy skills at the end of Reception	5 yrs	Persons	2018/19	67.5	72.6	%	↑	→
B03 - Pupil absence	5-15 yrs	Persons	2020/21	4.18	4.62	%	→	→
B04 - First time entrants to the youth justice system	10-17 yrs	Persons	2021	151.6	146.9	per 100,000	↓	→
B05 - 16-17 year olds not in education, employment or training (NEET) or whose activity is not known	16-17 yrs	Persons	2020	4.75	5.48	%	↓	→
B06a - Adults with a learning disability who live in stable and appropriate accommodation	18-64 yrs	Persons	2020/21	95.8	78.3	%	→	→
B06b - Adults in contact with secondary mental health services who live in stable and appropriate accommodation	18-69 yrs	Persons	2020/21	62.0	58.0	%	−	→
B08a - Gap in the employment rate between those with a physical or mental long term health condition (aged 16 to 64) and the overall employment rate	16-64 yrs	Persons	2020/21	12.7	10.7	Percentage points	−	→
B08a - The percentage of the population with a physical or mental long term health condition in employment (aged 16 to 64)	16-64 yrs	Persons	2020/21	59.3	64.4	%	−	−
B08b - Gap in the employment rate between those who are in receipt of long term support for a learning disability (aged 18 to 64) and the overall employment rate	18-64 yrs	Persons	2020/21	64.9	70.0	Percentage points	−	→
B08b - The percentage of the population who are in receipt of long term support for a learning disability that are in paid employment (aged 18 to 64)	18-64 yrs	Persons	2020/21	7.12	5.14	%	−	−
B08c - Gap in the employment rate for those who are in contact with secondary mental health services (aged 18 to 69) and on the Care Plan Approach, and the overall employment rate	18-69 yrs	Persons	2020/21	66.0	66.1	Percentage points	−	→

Wider Determinants Continued

Wider determinants, also known as social determinants, are a diverse range of social, economic and environmental factors which impact on people's health.

Indicator	Age	Sex	Period	Value	Value (England)	Unit	Recent trend	Change from previous
B08c - The percentage of the population who are in contact with secondary mental health services and on the Care Plan Approach, that are in paid employment (aged 18 to 69)	18-69 yrs	Persons	2020/21	6.00	9.00	%	–	–
B08d - Percentage of people in employment	16-64 yrs	Persons	2020/21	72.0	75.1	%	→	→
B09a - Sickness absence - the percentage of employees who had at least one day off in the previous week	16+ yrs	Persons	2018 - 20	2.28	1.92	%	–	→
B09b - Sickness absence - the percentage of working days lost due to sickness absence	16+ yrs	Persons	2018 - 20	1.10	1.02	%	–	→
B10 - Killed and seriously injured (KSI) casualties on England's roads	All ages	Persons	2020	71.9 $	86.1 $	per billion vehicle miles	–	–
B11 - Domestic abuse-related incidents and crimes	16+ yrs	Persons	2020/21	34.3 @	30.3	per 1,000	–	–
B12a - Violent crime - hospital admissions for violence (including sexual violence)	All ages	Persons	2018/19 - 20/21	52.9	41.9	per 100,000	–	→
B12b - Violent crime - violence offences per 1,000 population	All ages	Persons	2020/21	- ~	29.5 [a]	per 1,000	–	–
B12c - Violent crime - sexual offences per 1,000 population	All ages	Persons	2020/21	- ~	2.29 [a]	per 1,000	–	–
B13a - Re-offending levels - percentage of offenders who re-offend	All ages	Persons	2019/20	18.7	25.4	%	–	–
B13b - Re-offending levels - average number of re-offences per re-offender	All ages	Persons	2019/20	3.45	3.74	per re-offender	–	–
B13c - First time offenders	10+ yrs	Persons	2021	160.2	166.3	per 100,000	↓	→
B14a - The rate of complaints about noise	All ages	Persons	2019/20	4.70 $	6.37 $	per 1,000	–	→
B14b - The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more, during the daytime	All ages	Persons	2016	5.54	5.50	%	–	–
B14c - The percentage of the population exposed to road, rail and air transport noise of 55 dB(A) or more during the night-time	All ages	Persons	2016	8.33	8.48	%	–	–
B15a - Homelessness - households owed a duty under the Homelessness Reduction Act	Not applicable	Not applicable	2020/21	11.4	11.3	per 1,000	–	↓
B15c - Homelessness - households in temporary accommodation	Not applicable	Not applicable	2020/21	1.59	4.03	per 1,000	–	→
B16 - Utilisation of outdoor space for exercise/health reasons	16+ yrs	Persons	Mar 2015 - Feb 2016	14.5	17.9	%	–	→
B17 - Fuel poverty (low income, low energy efficiency methodology)	Not applicable	Not applicable	2020	14.1	13.2	%	–	–
B18a - Social Isolation: percentage of adult social care users who have as much social contact as they would like	18+ yrs	Persons	2019/20	46.8	45.9	%	–	→
B18b - Social Isolation: percentage of adult carers who have as much social contact as they would like	18+ yrs	Persons	2018/19	29.4	32.5	%	–	→
B19 - Loneliness: Percentage of adults who feel lonely often / always or some of the time	16+ yrs	Persons	2019/20	23.5	22.3	%	–	–
1.01i - Children in low income families (all dependent children under 20)	0-19 yrs	Persons	2016	19.0	17.0	%	↓	→

Population

60 Working age 18 to 64

2 Aged 85+

22 Children aged 0-18

16 Older people aged 65-84

18 Have no religion

9 BAME population

34 Are Married

2 Deaths in a year

1 Births in a year

Wider determinants

3 Are self-employed

2 Had sickness absence in the last week

14 People experiencing fuel poverty

14 Have a degree

43 Live in areas ranked in the 20% most deprived in England

7 Are pensioners living alone

5 Are unemployed adults

3 Are children living in poverty

9 Work in Health & Social Care

2 Are in Temporary Accommodation

3 Are Students

14 Have been a victim of crime

If Tameside was a village of just 100 people...

Lifestyle

47 Physically active adults

7 Children with excess weight

5 Drink alcohol daily

22 Inactive adults

55 Adults with excess weight

1 Abuses Drugs or Alcohol

14 18+ Year olds Are smokers

39 Eat 5 portions of fruit & veg per day

18 Binge drinking adults

Health & Wellbeing

3 Have cancer

7 Report 'bad' or 'very bad' health

12 Suffer from depression

7 Have asthma

8 Have diabetes

1 65+ injured in a fall

7 Children have obvious Dental Decay

11 Provide unpaid care

16 Have hypertension

21 Have a limiting long term illness or disability

21 Adults reporting high anxiety

**78** Report 'good' or 'very good' health

The Complex Nature of Life Expectancy and Population Health

- Influenced throughout the lifecourse
- Lots of different factors throughout life contribute to your long-term health and life expectancy
- The health and care system is important, but only contributes about 25% to our health
- The majority of our health is impacted by other factors of our lives, including the our start in life, place we live in, our education, job or income.
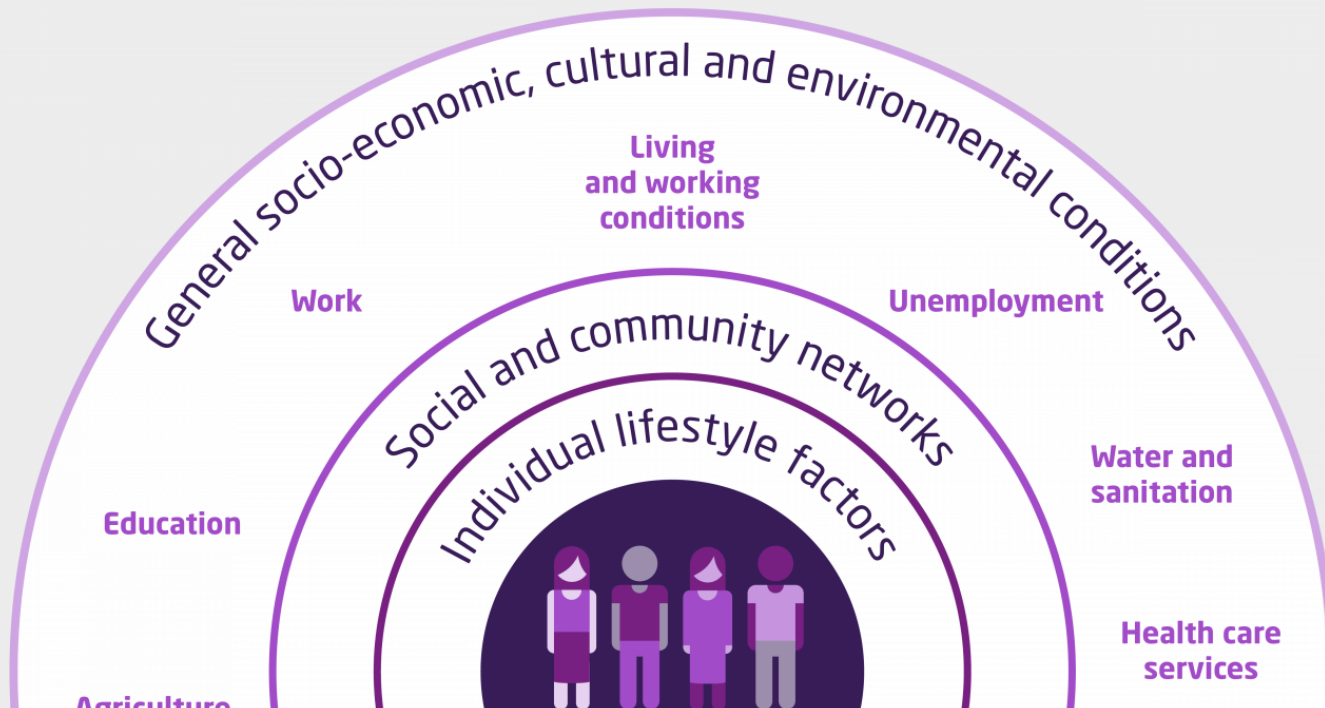
Health Inequalities

- Avoidable, unfair, systematic; about power and resources;
  - About 1 in 4 deaths 'avoidable'
- Inequalities in:
  - health status, eg life expectancy, Long Term Conditions, mental health
  - access to care; quality and experience of care
  - behavioural risks to health eg smoking
  - wider determinants of health eg education, jobs, housing, green space
- Between who?
  - socio-economic factors, eg income
  - geography, eg north - south
  - specific characteristics incl. protected in law, eg race, sex, age, disability
  - socially excluded groups, eg homelessness.
- Our health is shaped by a complex interaction between many inter-related factors.
  - Disadvantages are concentrated in particular parts of the population and can be mutually reinforcing.
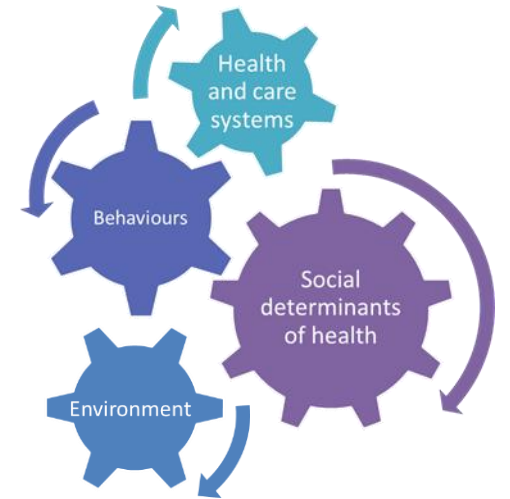
Equality

The assumption is that **everyone benefits from the same supports.** This is equal treatment.

Equity

Everyone gets the supports they need (this is the concept of "affirmative action"), thus producing equity.

Justice

All 3 can see the game without supports or accommodations because **the cause(s) of the inequity was addressed.** The systemic barrier has been removed.

MARMOT BEACON INDICATORS

Early years, children and young people

Indicator 1: School readiness
Indicator 2: Low wellbeing in secondary school children (#Beewell)
Indicator 3: Pupil absences
Indicator 4: Educational attainment by FSM eligibility

Work and employment

Indicator 5: NEETs at ages 18 to 24
Indicator 6: Unemployment rate
Indicator 7: Low earning key workers
Indicator 8: Proportion of employed in non-permanent employment

Income poverty and debt

Indicator 9: Children in low income households
Indicator 10: Proportion of households with low income
Indicator 11: Debt data from Citizens Advice

Housing, transport and the environment

Indicator 12: Ratio of house price to earnings
Indicator 13: Households/persons/children in temporary accommodation
Indicator 14: Average public transport payments per mile travelled
Indicator 15: Air quality breaches

Communities and place

Indicator 16: Feelings of safety in local area
Indicator 17: People with different backgrounds get on well together
Indicator 18: Antisocial behaviour

Public health

Indicator 19: Low self-reported health
Indicator 20: Low wellbeing in adults
Indicator 21: Numbers on NHS waiting list for 18 weeks
Indicator 22: Emergency readmissions for ambulatory sensitive conditions
Indicator 23: Adults/children obese
Indicator 24: Smoking prevalence

Michael Marmot – *Build Back Fairer in Greater Manchester (2021)*

- How we can reduce health inequities and 'build back fairer' from the Covid-19 pandemic

- GM was disproportionately affected – 25% higher deaths than England

- Many recommendations around supporting children; better employment; increasing income; improving housing and transport; and investing in public health
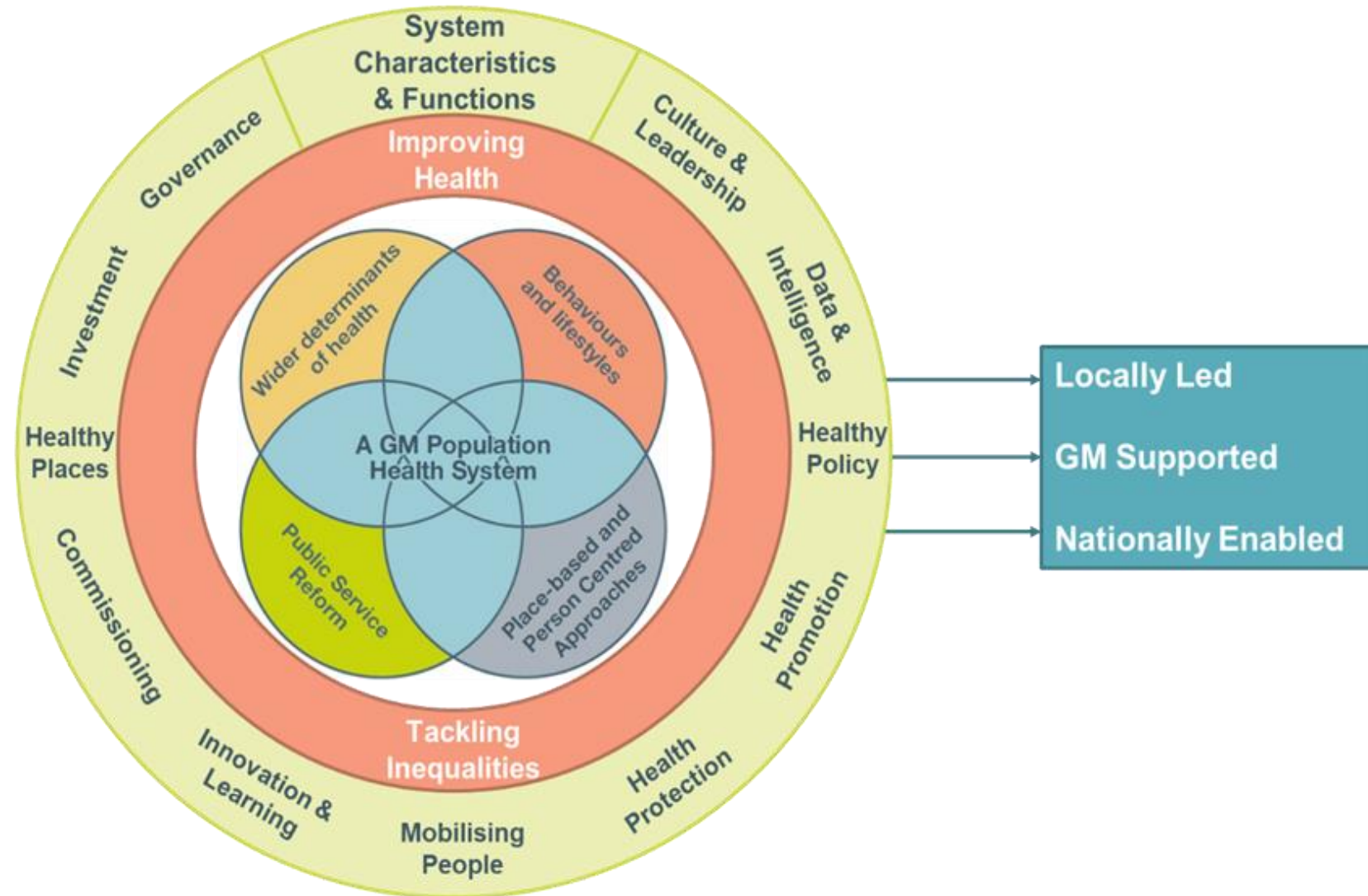
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Population Health Framework

- In order to meet our ambitions, and tackle challenges in a different way, our local system must be designed to incorporate characteristics which make up a population health system.

- The GM Population Health Framework details the **Core System Characteristics** and the locality/neighbourhood conditions and functions required to deliver these characteristics

- The intention is for more of the work done across the system in Tameside to follow these Population Health principles, which will help better tackle inequalities and address the wider determinants of health

Population Health Framework – Priorities

Culture	Governance
Mobilising and Involving People & Communities	Leadership
Sustainable Investment in Population Health	Data, Intelligence, Research & Evaluation
Shaping Healthy Policy & Strategy	Health Protection
Taking Action to Improve Health	Tackling Inequalities
Commissioning for Health & Outcomes	Shaping Healthier Environments by Optimising the use of regulatory & legislative levers and powers
Promoting Innovation & Learning	

- Some of these we are already doing, but some are challenging and will take time, resource and concerted effort:
- "*involve people living in neighbourhoods in co-design and delivery*"
- "*commitment to shift the balance of spend towards prevention and early intervention*"
- "*capacity and specialist capabilities are in place*" (Data Intelligence)

Poverty & Cost of Living Crisis
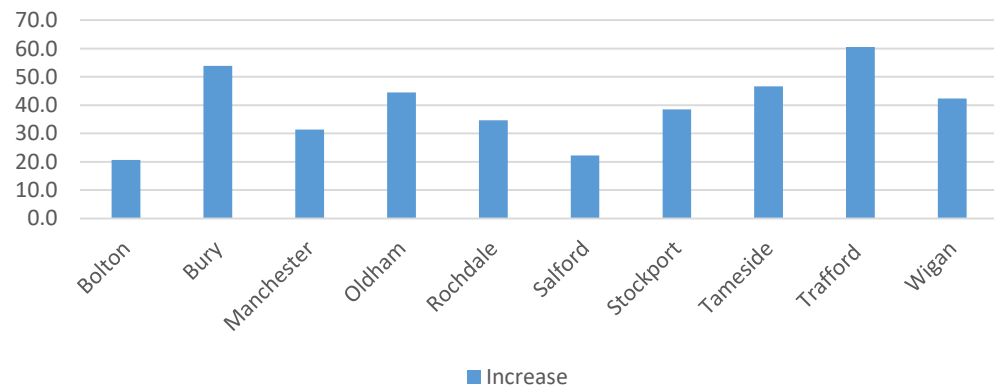
Poverty - Pen Portrait

Poverty is a particular challenge in Tameside - falling into the top 20% most income-deprived areas nationally; 1 in 3 children living in poverty; immediate situation of cost-of-living increases
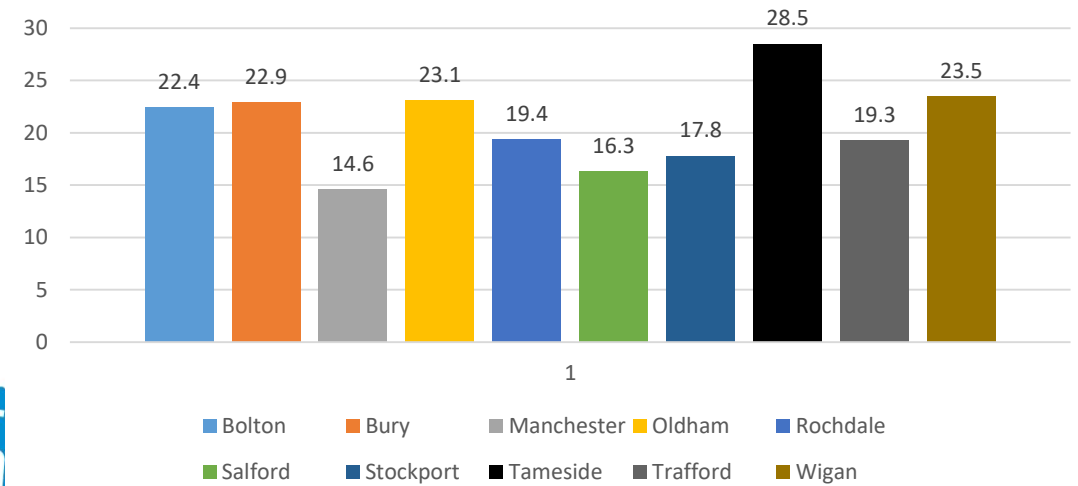
Key areas of focus:
Benefits; Debt; Low Incomes; Mental Health; Disability; Food & Fuel Poverty; Access to Services; Employment; Housing; Child Poverty

% increase in gap between LHA and average rent 2020 to 2021

Proportion of jobs paid below the Real Living Wage

Bolton 22.4 | Bury 22.9 | Manchester 14.6 | Oldham 23.1 | Rochdale 19.4 | Salford 16.3 | Stockport 17.8 | Tameside 28.5 | Trafford 19.3 | Wigan 23.5

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Current Activity to Tackle Poverty

- Poverty Strategy: Autumn needs assessment followed by full Strategy setting out approach and priorities (TMBC Policy)

- Socio-economic Duty

- Review of Locality working

- Poverty Truth Commission – people with lived experience of poverty

- Helping Hand Tameside Website

- Health & Wellbeing Board – poverty as a key priority (inc. working group)

- Short term support to tackle cost of living increases

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Role of Tameside Health & Wellbeing Board

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Health & Wellbeing Boards

- The Health & Wellbeing Board continues to be a statutory committee of the Council under the Health & Social Care Act (2012)

- Building strong and effective partnerships to improve the delivery of services and the health and wellbeing of local people

- Produce Joint Strategic Needs Assessments (JSNA) and Joint Health & Wellbeing Strategies

- Statutory Membership – elected member, local Healthwatch, local CCG, Directors of Adults services, Children's services and Public Health

- **HWBs should address the wider social, environmental and economic factors that impact on health** and should work closely with other partners, such as housing providers, DWP, police and crime commissioners, the voluntary and community sector and many others

- Building on the core membership of Local Healthwatch, HWBs should identify ways to engage with a wide range of people from local communities.

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The Shifting Role of the Health & Wellbeing Board

- The current TOR still stands with functions around JSNA; joint H&WB strategy; resident choice; sign-off of relevant policy such as Better Care Fund and Pharmaceutical Needs Assessment

- Stronger focus on how HWB links with the new Integrated Care System (ICS), making joint decisions and developing the population health system and tackling the wider determinants of health and inequalities.

- Importance of decisions being made as close as possible to local communities and building from the bottom up

- The ICS will rely on information from the HWB such as the JSNA – and must provide information to the HWB such as capital resource plan and forward plans

- NHS England and CQC will scrutinise how the ICS works with the HWB

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Setting Priorities

- It has been agreed that the role of the HWB will be focussed around the wider determinants of health and tackling inequalities

- Based on in-depth work with partners, 3 priorities have been selected for the Tameside HWB to drive forwards:

  1. Poverty
  2. Work & Skills
  3. Healthy Places

For everyone every day

HWB Charter

- Development session – support for a 'Charter' that holds members of the HWB to account for how we work and what we aim to achieve

- Draft Charter - what Board members will do:

  -Evidence based leadership

  -Focus on wider determinants and agreed priorities

  -Transparency in decision making

  -Prevention focused

  -Involve public in decision making

  -Critical self-assessment of partners

  -Work with VCSFE sector and Tameside PACT

  -Advocate approaches that tackle inequalities

- Draft Charter – outcomes the HWB will deliver:

  -Reduce the impact of poverty

  -Reduction in inequalities

  -People live in healthy, safe, sustainable places

  -Improved life expectancy and healthy life expectancy

  -Access to good employment and lifelong learning

  -Reduce levels of air pollution

  -Work programme on key cross-cutting issues

Tameside MBC Population Health Service: Priorities

For everyone every day

Population Health Service Plan: Key Areas

- System Leadership & Wider Determinants of Health

- Starting Well (0-19)

- Sexual Health

- Substance Misuse

- Domestic Abuse

- Mental Health

- Health Improvement

- Healthcare Public Health

- Health Protection

- Ageing Well

- Team Development