

<b>Report to:</b>	<b>HEALTH AND WELLBEING BOARD</b>
<b>Date:</b>	28 June 2018
<b>Executive Member / Reporting Officer:</b>	Jacqui Dorman Public Health Intelligence Manager
<b>Subject:</b>	<b>JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)</b>
<b>Report Summary:</b>	This report contains information about the new 'Life in Tameside and Glossop' website and the summary Joint Strategic Needs Assessment 2017/18.
<b>Recommendations:</b>	The Health and Wellbeing Board is aware of the new website that supports the Joint Strategic Needs Assessment process.
<b>Links to Health and Wellbeing Strategy:</b>	<p>As previously reported the Health and Social Act (2012) requires that Health and Wellbeing Boards produce a Joint Strategic Needs Assessment for their area that is refreshed on an annual basis.</p> <p>The Joint Strategic Needs Assessment is now produced as an online tool, meaning we can keep the data more up to date than we could previously and is more accessible to all partners across Tameside and Glossop.</p> <p>An annual refresh summary is also produced and is available on the new portal.</p>
<b>Policy Implications:</b>	From the 1 April 2013 every Health & Wellbeing Board in England has a statutory responsibility to publish and keep a up to date a Joint Strategic Needs Assessment
<b>Financial Implications: (Authorised by the Section 151 Officer)</b>	There are no immediate direct financial implications arising from the report. However, it is essential that the joint strategic needs assessment is considered when determining the prioritisation of locality resource allocations.
<b>Legal Implications: (Authorised by the Borough Solicitor)</b>	From the 1 April 2013 every Health and Wellbeing Board in England has a statutory responsibility to publish and keep an up to date Joint Strategic Needs Assessment. This new website supports the Joint Strategic Needs Assessment process.
<b>Risk Management:</b>	The Health and Wellbeing Board need to ensure the delivery of the Joint Strategic Needs Assessment, which is robust enough to inform local commissioning plans. The Health and Wellbeing Board must be able to demonstrate need within Tameside and Glossop to enable commissioners to make decisions about services and interventions delivered across the borough.
<b>Access to Information:</b>	All papers relating to this report can be obtained by contacting: Jacqui Dorman, Policy, Communication and Performance



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e-mail: [Jacqui.dorman@tameside.gov.uk](mailto:Jacqui.dorman@tameside.gov.uk)

## **1. LIFE IN TAMESIDE & GLOSSOP (JSNA)**

- 1.1 Local information is vital to us, our partners and our residents when making key evidenced based decisions. Advances in technology have resulted in new and advanced methods to support decision-making. For example, data observatories and web based information systems have enabled people to make better decisions. Emerging research into Decision Support Systems demonstrates that decision makers can operate in a more timely manner using real-time data, more accurately due to data mining and 'big data' methods, more strategically by considering a greater number of factors, more precisely and inclusively due to the availability of social networking data, and with a wider media reach with video and audio technology.
- 1.2 We need good information to effectively manage our health and social care system. Tameside's health and social care system faces a growing challenge: doing more and better with less. Good information is crucial to achieving a high-performing and sustainable health and social care system that is also safe and responsive to the needs of our residents.
- 1.3 The value of better information use for health and social care decision-making has never been stronger, nor has the time for concerted action been more appropriate. Working together toward a shared vision of *better information for improved health and wellbeing outcomes* can help us realise an important opportunity to achieve the best possible health, the highest-quality care and a sustainable, efficient health and social care system.
- 1.4 With the emergence of a fully Integrated Care Organisation for the borough, it is vital that commissioning decisions are based on timely and robust information and evidence. Traditional methodologies that highlight the needs of a population or how services are utilised are report based that are costly in both time and capacity.
- 1.5 Technology that enables all secondary use data and information to be stored in one place that is available to the fingertips of the commissioner at the point of need; that enables the commissioners for the Integrated Care Organisation to make effective and appropriate decisions is the strategic objective for making a difference to how we commission services in the future.
- 1.6 For our residents to make decisions about their own health and wellbeing and care, it is also important that information is available to them that is appropriate to them and where they live.
- 1.7 The provision of health information to patients and the public is now firmly embedded in health policy across the UK. There are powerful legal, moral, ethical and financial incentives for providing quality information to enable people to better manage their health and wellbeing and make fully informed decisions about their treatment and care. Providing access to good quality health information, and the support to use it, is the key to unlocking much sought after and much needed patient and public engagement.

## **2. THE TAMESIDE AND GLOSSOP JSNA (LIFE IN TAMESIDE AND GLOSSOP) WILL DO THIS A MORE**

- 2.1 The JSNA website will bring data, intelligence and evidence from all health and social care partners into one easily accessible and useable website.
- 2.2 The home page has the key headlines for the borough and the most frequently asked for statistics, latest news, document releases and statistics for the area.

- 2.3 The web portal will also have a complete directory of data sets covering the whole life course and geodemographic information and more.
- 2.4 The website includes a 'Find Support' directory that will enable commissioners to audit current provision across the borough (Assets) and support social prescribing for our residents that is appropriate to their needs.

### 3. IN SUMMARY

- 3.1 In view of reduced capacity across the Tameside and Glossop health and social care economy, ensuring data and information is available to those who need it at the point of need is more important than ever. Holding the information in one place and creating a portal that is easy to use and accessible to all is a cost effective way of enabling everyone across Tameside and Glossop to access the knowledge and information they need. The website also supports our statutory responsibility to produce a JSNA.
- 3.2 The publics' ability to engage depends on finding and using information to increase their understanding, and being supported to develop the motivation, confidence and care skills needed to actively manage and improve their own health. There is clear evidence that more knowledgeable residents enjoy better health outcomes and incur lower costs. Investing in high quality consumer health information and support, therefore, is not only the right thing to do from an ethical standpoint as a crucial element of patient centred care; it is also a financial and clinical imperative.
- 3.3 The Life in Tameside & Glossop portal is accessible here:

<https://www.lifeintamesideandglossop.org/>

***Please note we are still in the process of adding information into the 'Find Support' pages as the mapping of assets is still on going.***

- 3.4 Attached is the JSNA summary of health and wellbeing for 2017/18

### 4. RECOMMENDATION

- 4.1 As set out on the front of the report.

# Joint Strategic Needs Assessment for Tameside

2017/18



Due to the unique position of the local authority and local CCG, where a single commissioning function exists between the council and CCG for health and social care This JSNA summary of health and wellbeing is for Tameside but includes both Tameside only and Tameside and Glossop information, as the CCG commissions health services for both Tameside and Glossop. Therefore the information contained in this JSNA summary will cover both Tameside only and Tameside and Glossop. Please note that publicly available Public Health data is based at Local Authority level and not CCG level. Information in this summary is for Tameside only unless otherwise stated.



### The local view of Health and Wellbeing in Tameside

The Tameside area of Greater Manchester sits on the edge of both the Pennines and the Peak District. Tameside 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. Glossop is a market town in the High Peak, Derbyshire, about 15 miles (24 km) east of Manchester. Historically, the name Glossop refers to the small hamlet that gave its name to an ancient parish recorded in the Domesday Book of 1086.

The resident population of Tameside and Glossop is approximately 254,646, (13% Glossop, 87% Tameside) with the GP registered population currently being 245,511, meaning that

the health economy of Tameside and Glossop doesn't serve all the residents of Tameside and Glossop, with around 4% receiving health and social care services outside the Tameside and Glossop boundaries..

## Population

More people now live in Tameside than at any time in the past, with population projections estimating that this will continue to increase over the next 10 years.

The ethnic composition of the Tameside population is also changing, with the current Census (2011) showing that 15.8% 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 health and social care services across the area, thus a need to enable our population to live as long as possible in good health, illness and disability free to ensure services can cope with increased demand and that health and social care are affordable to the local economy.

Changes in the ageing population now are currently contributing to the increased demand on health and social care services. The demands on these services will continue as people live longer and the dynamics of the ageing population changes. The number of carers will also increase as more people live longer and therefore it is important to have responsive flexible arrangements in place to support people caring for others and to support people who want to live independently; this will create an health and social care culture where the need for secondary hospital services are a last resort.

Demand for early years and school age children's services is also on the increase therefore children's service will need to adapt and respond to take into account the changing diversity of the population going forward.

## Health and Well-being at a glance

- The health and well-being of people in Tameside is generally worse than the England average, with the exception of a few wards.
- Deprivation is higher in Tameside with over 10,560 children under 16 years living in low income families. A decrease from previous years.
- Life expectancy at birth for both males and females is lower than the England average ( approx. 77.3 years males, 80.7 years females)

- Life expectancy locally is 10.4 years lower for men and 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 **56.4 years** for males in Tameside and **58.8 years** for females in Tameside. This is significantly lower than the England averages but an improvement on previous years.
- In year 6, 33.9% of children are classified in the excess weight category, an decrease on previous years, GCSE attainment, under 18 alcohol specific hospital admissions, hospital admissions for self-harm and injuries, breast feeding initiation and at 6 to 8 weeks and smoking in pregnancy are all significantly worse than the England average.
- Rates of smoking related deaths and hospital admissions for alcohol harm are significantly higher than the England average
- Deaths from Cardiovascular disease in 2014/16 show that 594 people (104.1/100,000) in Tameside died prematurely, higher than the England average (73.5/100,000).
- Deaths from Cancer in 2014/16 show that 894 people (156.5/100,000) in Tameside died prematurely, higher than the England average (136.8/100,000).
- Deaths from Respiratory disease in 2014/16 show that 248 people (43.7/100,000) in Tameside died prematurely, higher than the England average (33.8/100,000).

### Useful Information:

Longer Lives: <http://longerlives.phe.org.uk>

Public Health Outcomes Framework: [fingertips.phe.org.uk/profile/public-health-outcomes-framework](http://fingertips.phe.org.uk/profile/public-health-outcomes-framework)

Tameside Health Profile: [fingertips.phe.org.uk/profile/health-profiles](http://fingertips.phe.org.uk/profile/health-profiles)

General Practice Profiles: [finger tips practice profiles](http://fingertips.phe.org.uk/profile/health-profiles)

Tameside Child Health Profile: [fingertips.phe.org.uk/child-health/profile](http://fingertips.phe.org.uk/child-health/profile)

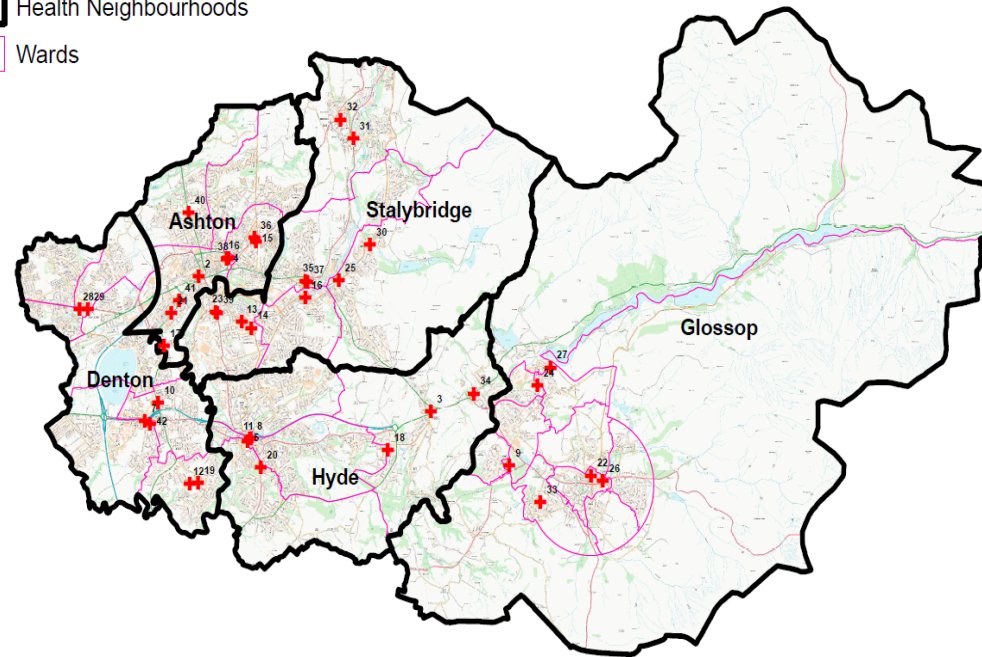
Older Peoples Health & Wellbeing: <https://fingertips.phe.org.uk/profile/older-people-health/>

## Inequalities

Tameside and Glossop is split into five neighbourhoods; Ashton, Denton, Glossop, Hyde and Stalybridge, with 40 general practices serving the five neighbourhoods in total. Of the 40 practices 34 practices (85%) are more deprived than the England averages, with 21 practices (53%) being more deprived than the Tameside and Glossop average. There are five practices in Tameside and Glossop that fall into the 10% most deprived practices in the country. ( Hattersley Group Parctice, Ashton GP services, West End medical centre, Cottage Lane surgery, Stamford House). These practices are in the neighbourhoods of Ashton, Glossop and Hyde.

### Tameside and Glossop GP Surgeries

- + GP Surgeries
- Health Neighbourhoods
- Wards





Tameside and Glossop is also broken into to 30 wards. 19 within the Tameside boundary 11 within the Glossopdale boundary. Health and Wellbeing outcomes across these wards varies considerably with poor health outcomes such as disease prevalence and premature mortality being significantly higher in the wards of St Peters, Gamesley and Hadfield North.

Health inequalities are the differences between people or groups due to social, geographical, biological or other factors. These differences have a huge impact, because they result in people who are worst off experiencing poorer health and shorter lives.

Some differences, such as ethnicity, may be fixed. Others are caused by social or geographical factors (also known as 'health inequities') and can be avoided or mitigated.

In England, the cost of treating illness and disease arising from health inequalities has been estimated at £5.5 billion per year. In terms of the working-age population, it leads to productivity losses to industry of between £31–33 billion each year. Lost taxes and higher welfare payments resulting from health inequalities cost in the region of £28–32 billion. [Estimating the costs of health inequalities: A report prepared for the Marmot review](#)).

The following JSNA summary will enable commissioners and service providers to better understand the complexities and needs of the population served within the Tameside and Glossop health and social care economy. A wider set of statistics and information will be available on the Life in Tameside & Glossop JSNA website. [www.lifeintamesideandglossop.org](http://www.lifeintamesideandglossop.org) This summary takes the data that has been collected, collated and analysed and pulls out the key issues, challenges and improvements that effect our population across the life course.



## Starting and Developing Well

### EARLY YEARS and PRE SCHOOL

The early years are a key determinant of health. The [Marmot Review](#) recognised this in its priority policy objective - 'Give every child the best start in life' - which is crucial to reducing health inequalities across the life course, and other social and economic inequalities throughout life.

The foundations for virtually every aspect of human development - physical, intellectual and emotional - are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and well-being - from obesity, heart disease and mental health, to educational achievement and economic status.

The following are key findings across Early Years. More information can be found here [Overview of child health](#)

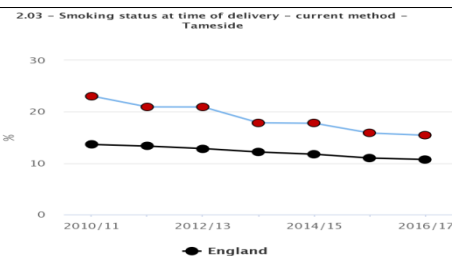
### Population of children under 5 years

Across Tameside and Glossop there are approximately 14,847 children under the age of five years.

In 2016 there were 2,886 babies born in Tameside, with 21% of babies born in the most deprived quintile. 11% of babies were born with a low birth weight, with 7% being of very low birth weight (<1500 grams) and the highest proportion of births was born to mothers aged 25-34 years (61%). 1% of babies were born to women under 18 years; 10% 18 to 24 years and 29% to women over the age of 35 years.

	Outcome	Challenge	Implications	Recommendations
1.	Children in low income families	There are nearly a quarter of under 16s living in low income families across Tameside and Glossop (23.7%), this equates to around 10,473 children compared to 20.1% in England. The highest proportions of these children live in the wards of Gamesley, St Peters, Ashton St Michaels and Hyde Newton.	<p>The Marmot Review (2010) suggests that childhood poverty leads to premature mortality and poor health outcomes for adults. Reducing the numbers of children who experience poverty should improve these adult health outcomes and increase healthy life expectancy.</p> <p>Children born in the poorest areas of the UK weigh, on average, 200 grams less at birth than those born in the richest areas.</p> <p>Children from low income families are more likely to die at birth or in infancy than children born into richer families.</p>	<p>Increase opportunities for parents to work and to work in well paid employment.</p> <p>Support parents from more deprived backgrounds at the pre-birth stage more.</p> <p>Reduce smoking in pregnancy, increase pre-birth health visiting visits to parents to be from the most deprived backgrounds to ensure they are fully prepared for birth.</p>

			They are more likely to suffer chronic illness during childhood or to have a disability.																						
2.	< 18 Conceptions	<p>The under 18 conception rate for Tameside in 2015 was 25.1 per 1,000 15 to 17 year olds a 1% decrease from 2014 and now similar to the England average of 20.8</p> <p>Under 18s conception rate / 1,000 – Tameside</p> <table border="1"><caption>Estimated data for Under 18s conception rate / 1,000</caption><thead><tr><th>Year</th><th>Tameside (per 1000)</th><th>England (per 1000)</th></tr></thead><tbody><tr><td>1998</td><td>55</td><td>45</td></tr><tr><td>2001</td><td>55</td><td>45</td></tr><tr><td>2004</td><td>55</td><td>45</td></tr><tr><td>2007</td><td>55</td><td>45</td></tr><tr><td>2010</td><td>45</td><td>35</td></tr><tr><td>2013</td><td>25</td><td>25</td></tr></tbody></table>	Year	Tameside (per 1000)	England (per 1000)	1998	55	45	2001	55	45	2004	55	45	2007	55	45	2010	45	35	2013	25	25	<p>Poverty and deprivation are strongly associated with teenage conceptions and hence teenage pregnancy is still a significant public health priority. There are a number of associated issues with teenage parents for both the parents and the child that include, poor emotional health, poor physical health, poverty, low educational attainment and unemployment.</p>	<p>Enhanced sexual health education in schools where rates of teenage conceptions are highest. Women under the age of 19 years who are admitted to maternity units or who attend sexual health clinics should receive extensive information and advice on the full range of contraceptive methods available to them.</p> <p>All health and social care professional working with vulnerable young people should be trained to provide standard contraceptive advice or able to sign post to services</p>
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3.	Smoking at Time of Delivery (SATOD)	<p>Smoking in pregnancy in 2016/17 is still on the decrease. However, Tameside is still significantly higher than the England average with 15.4% of women smoking throughout their pregnancy. (10.7% for England and 12.5% Greater Manchester average).</p>	<p>Smoking during pregnancy is related to many effects on health and reproduction, in addition to the general health effects of tobacco. A number of studies have shown that tobacco use is a significant factor in miscarriages among pregnant smokers, and that it contributes to a number of other threats to the health of the foetus, such as premature birth, complications in birth, still birth, low birth weight, asthma and other</p>	<p>Identify pregnant women who smoke at the earliest opportunity.</p> <p>Ensure clear advice to smoking pregnant women is clear about the danger of continuing smoking.</p> <p>Use Nicotine Replacement Therapy (NRT) or other pharmacological support. Work with the whole family re stop smoking through relevant interventions.</p>																					



respiratory conditions and sudden infant death.

#### 4. Breast Feeding

##### [Infant feeding profile Tameside](#)

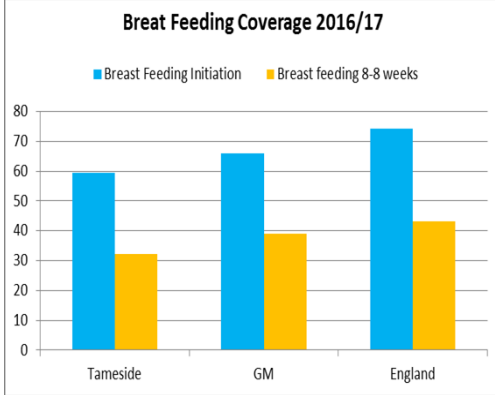
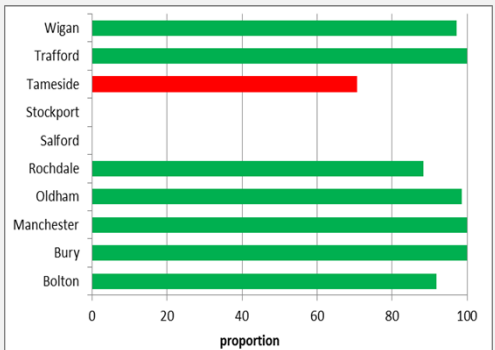
New mums initiating breast feeding in Tameside (2014/15) was 59.6%. This is lower than both the Greater Manchester and England averages (65.9% and 74.3% respectively) and has not increased over the last 5 years.

At 6 to 8 weeks breast feeding decreases further with 32.2% of babies still being breast fed (a 27.4% reduction/drop-off). For Greater Manchester 6-8 week breast feeding was 39% and for England 43.2%.

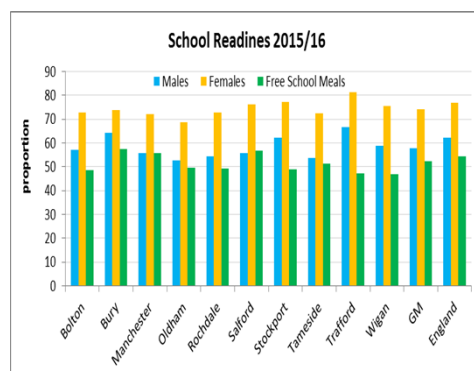
Evidence is clear on the benefits to health of breast feeding for both mother and infant. In the short term babies who are not breast fed are more likely to have infections such as gastroenteritis, respiratory and ear infections and are at particular risk of hospitalisation. The infant feeding profile for Tameside supports this as emergency hospital admissions for gastroenteritis and respiratory infections is significantly higher than the England average. In the long term, evidence shows that non-breast fed babies are more likely to be overweight or obese-this can then lead to type 2 Diabetes, higher blood pressure and cholesterol.

NICE guidance to improve breast feeding rates recommends commissioners to:

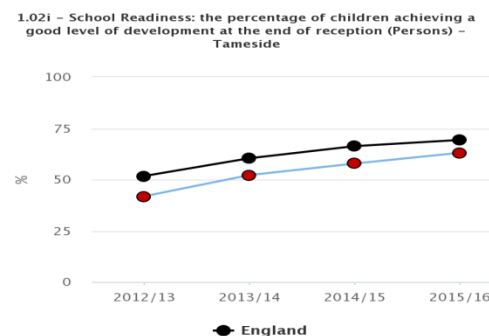
- Adopt a multi-faceted approach or a coordinated programme of interventions across different settings
- Activities to raise awareness of the benefits of, and how to overcome the barriers to, breastfeeding
- Training for health professionals
- Breastfeeding peer-support programmes
- Joint working between health professionals and peer supporters
- Education and information for pregnant women on how to breastfeed, followed by proactive support during the postnatal period
- Work with local partners to ensure mothers can feed their babies in public areas.

	<p><b>Breat Feeding Coverage 2016/17</b></p>  <table><caption>Breat Feeding Coverage 2016/17</caption><thead><tr><th>Region</th><th>Breast Feeding Initiation (%)</th><th>Breast feeding 8-8 weeks (%)</th></tr></thead><tbody><tr><td>Tameside</td><td>~60</td><td>~32</td></tr><tr><td>GM</td><td>~68</td><td>~38</td></tr><tr><td>England</td><td>~75</td><td>~43</td></tr></tbody></table>	Region	Breast Feeding Initiation (%)	Breast feeding 8-8 weeks (%)	Tameside	~60	~32	GM	~68	~38	England	~75	~43												
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5	<p>Child Development at 2 to 21/2 yrs.</p> <p>The proportion of children aged 2 to 21/2 yrs. offered ASQ-3 as part of the healthy child programmes (2015/16) was 70.6% (Tameside), 93.9% (GM) and 81.3 % (England). This is a new outcome measure and therefore these results are for an aggregate of 3 quarters of annual data (Q4 missing)</p>  <table><caption>ASQ-3 Offered Proportion</caption><thead><tr><th>Region</th><th>Proportion (%)</th></tr></thead><tbody><tr><td>Wigan</td><td>~95</td></tr><tr><td>Trafford</td><td>~98</td></tr><tr><td>Tameside</td><td>~71</td></tr><tr><td>Stockport</td><td>~92</td></tr><tr><td>Salford</td><td>~90</td></tr><tr><td>Rochdale</td><td>~88</td></tr><tr><td>Oldham</td><td>~95</td></tr><tr><td>Manchester</td><td>~98</td></tr><tr><td>Bury</td><td>~98</td></tr><tr><td>Bolton</td><td>~92</td></tr></tbody></table>	Region	Proportion (%)	Wigan	~95	Trafford	~98	Tameside	~71	Stockport	~92	Salford	~90	Rochdale	~88	Oldham	~95	Manchester	~98	Bury	~98	Bolton	~92	<p>Children aged 2 to 2.5 years should be offered ASQ-3 as part of the healthy child programme. This measure is important to help monitor child development in order to observe and track changes in outcomes over time. This measure will also help assess the effectiveness and impact of services for 0-2 year olds. The ASQ-3 health and development review is an important way to see how children have developed at this stage of childhood and is a good indicator of potential outcomes later on in childhood such as school readiness.</p>	<p>The ASQ-3 should now be an integral part of the healthy child programme and health visiting services locally. All children should be assessed and health visitors should encourage parents to complete the assessment and offer support to parents who need help to complete the assessment. The results of ASQ-3 assessment should be used to improve outcomes for children. Locally services to improve child development should be available to support parents and children to improve the areas within ASQ-3 ( communication, fine &amp; gross motor skills, personal/social skills and problem solving)</p>
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6	<p>School Readiness</p> <p>School readiness: The percentage of children achieving a good level of development at the end of reception</p>	<p><a href="#">why school readiness is important</a></p> <p>94% of children who achieve a good level of development at age 5 go on to</p>	<p>There is not one enabler to improve school readiness at age 5 years but many. 3 main enablers to improve outcomes at</p>																						

results for 2015/16. Show that for the 5<sup>th</sup> year running Tameside results for all children are improving year on year. 2015/16 results show that 63% of children were school ready, for GM and England the results were 65.7% and 69.3% respectively. Although Tameside is still significantly below the England average, the gap between Tameside and England as closed by 36% in 4 years.



achieve the expected level of achievement at key stage 1 and 5 times more likely to achieve the highest level<sup>1</sup>. Children who start off in the bottom 20% of development at 5 years are 6 times more likely to be in the bottom 20% at key stage 1.



age 5 for children include

- A good early years home learning environment
- Access to good quality pre-schools
- Access to effective primary schools

*What parents DO is more important than who parents are*

[measuring what matters\\_ Marmot](#)

<sup>1</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/180884/DFE-00274-2011.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/180884/DFE-00274-2011.pdf)



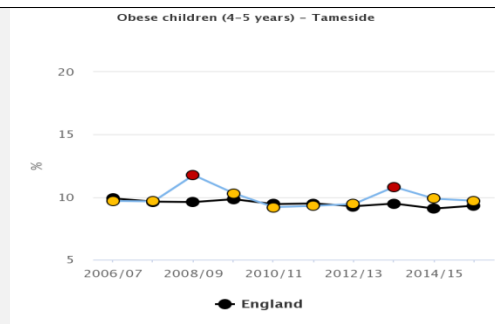
# Starting and Developing Well

## CHILDREN and YOUNG PEOPLE

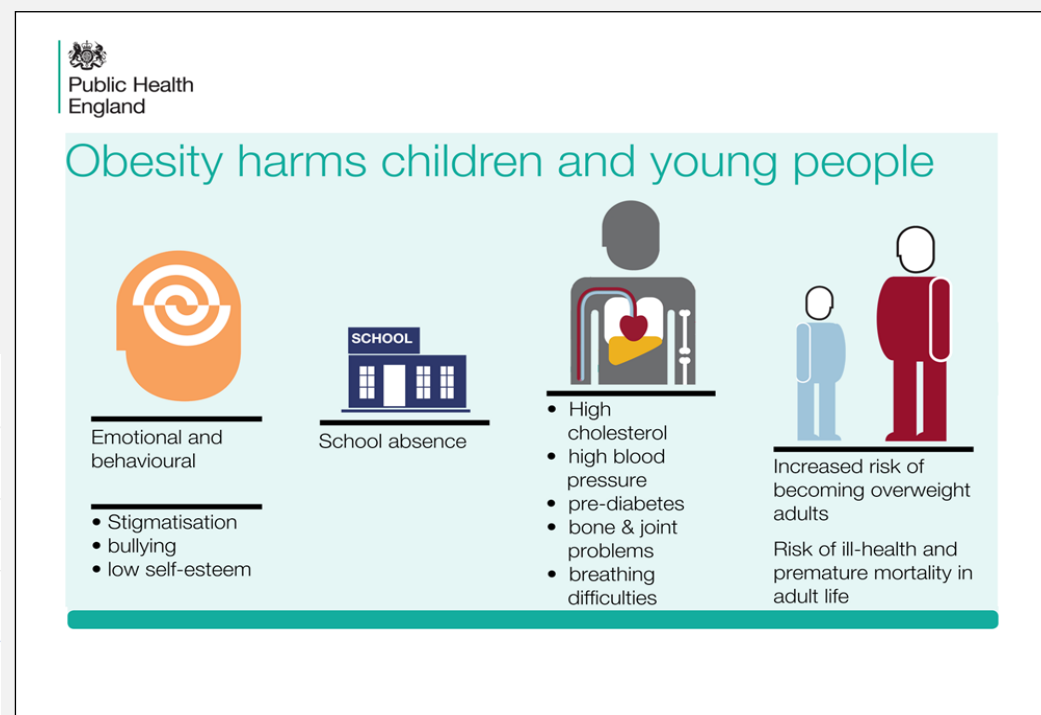
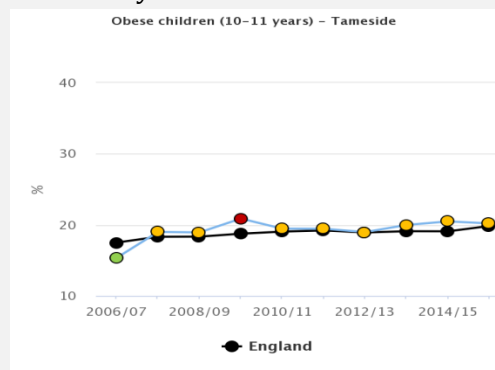
Children and young people are rightly a target for population health programmes and services. The fact of their youth means there is time to prevent damaging behaviours and attitudes developing and time to help them establish good patterns of managing their health and wellbeing for the rest of their lives.

The following are key issues for children and young people in Tameside and Glossop

	Outcome	Challenge	Implications	Recommendations
1.	Over weight and Obesity in children and young people	<p>The proportion of 4 to 5 year olds in Tameside that are overweight or obese in 2015/16 was 9.7% ( 9.7% (GM) &amp; 9.3% (Eng.))</p> <p>For year 6 children (10-11 yrs.) the proportion more than doubles to 20.2% (21.1% (GM) &amp; 19.8% (Eng.))</p> <p>Although Tameside is higher than England for both year groups, the difference is not significant.</p> <p>Trend for reception children</p>	<p>Childhood obesity, and excess weight, are significant health issues for individual children, their families and public health. It can have serious implications for the physical and mental health of a child, which can then follow on into adulthood.<sup>2</sup> The numbers of children, who continue to have an unhealthy, and potentially dangerous, weight, is a national public health concern.</p>	<p>There are many interventions to help promote healthy outcomes for children that are both individual and population based. The following link takes you to Childhood obesity: applying All Our Health It gives facts and figures on childhood obesity and principles and interventions that support individuals, professionals, communities and populations to remain a healthy weight.</p> <p><a href="#">childhood-obesity-applying-all-our-health</a></p>



Trend for year 6 children



## 2. Children in Care

The number and proportion of children who are looked after in Tameside in 2017 is 515 or 105 per 10,000. This is significantly higher than both the North West and England averages of 86/10,000 and 62/10,000 respectively. The rate of looked after children in Tameside is an increase on previous years and an 18% increase since 2016.<sup>3</sup>

The following link takes you to more

Children in care are 4 times more likely than their peers to have a mental health difficulty. Children in care do less well in school than their peers. Care leavers are less likely to be in Employment, Education or Training than their peers. A disproportionate number of children and young people in care are from black and minority ethnic

Recommendations for commissioning and delivering services for looked after children should enable organisations, professionals and carers to work together to deliver high quality care, stable placements and nurturing relationships for looked-after children and young people.

The National Institute for Health and Care Excellence (NICE) has produced a set of



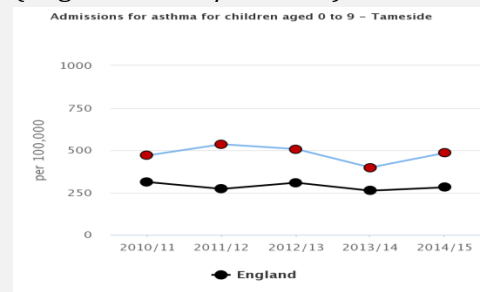
information/statistics on vulnerable children and young people in Tameside.  
[fingertips.phe.org.uk/child-health-vulnerable children and young people](http://fingertips.phe.org.uk/child-health-vulnerable-children-and-young-people)

backgrounds and have particular needs.  
Approximately 1 in 10 children in care have to move more than 3 times.  
1 in 4 homeless people have been in care at some point  
Children who are looked after are 4 times more likely to have mental health problems  
1 in 5 females in care become teenage parents (<18 years)  
[www.nao.org.uk-Children-and-young-people-in-care-and-leaving-care.A.pdf](http://www.nao.org.uk-Children-and-young-people-in-care-and-leaving-care.A.pdf)

principles, guidance and recommendations to achieve better outcomes for looked after children  
<https://www.nice.org.uk/guidance/ph28/chapter/1-Recommendations>

3. Emergency Hospital admissions for Asthma (<10 yrs.)

The rate of emergency hospital admissions for asthma is significantly worse than the England average at 483.4/100,000 0-9 year olds. But less than the GM average of 505.5/100,000 (England=280.1/100,000)



Children account for the largest proportion of hospital admissions for asthma with higher admissions usually occurring over the autumn/winter periods.  
A stay in the hospital can be difficult for any child at any age. Illness and hospital stays are both stressful. They disrupt a child's life and can interfere with normal development. While children are in hospital, they may suffer from emotional distress because they are away from their family and friends. It also impacts on their education due to missed days away from school. A hospital stay for

To avoid asthma symptoms children should avoid tobacco smoke; however smoking prevalence is significantly higher than the England average and so makes it difficult for children to avoid. Therefore intervention to reduce population smoking prevalence needs to increase at pace.  
Air pollution is another major factor for managing symptoms in children with asthma. Therefore measures to reduce air pollution in the borough are key in reducing hospital admissions.  
Good treatment and care that involves the use of prescribed inhalers and regular reviews of symptoms in primary care can

children also impacts on the parent/carer as it means time away from work or other family members, this therefore has wider implications on the economy and population wellbeing.

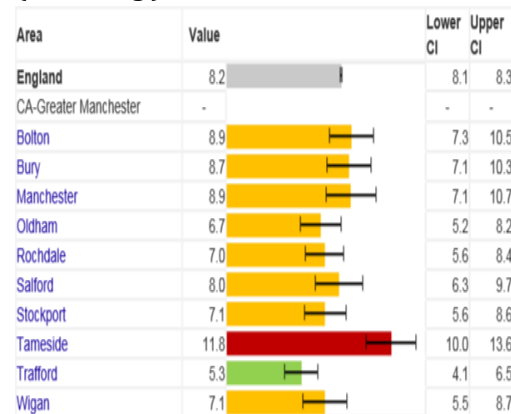
prevent unnecessary hospital admissions. Care plans need to be in place for all children with diagnosed asthma to support both the child and parent/carer. Care plans should be available to school nurses so school nurses are able to identify all children in their care with asthma.

#### 4. Smoking at 15 years

The proportion of current and regular 15 year old smokers in Tameside is significantly worse than the England average.

Current smokers at 15 yrs. 11.8% (8.2% Eng.)

Regular smokers at 15 yrs. 8.9% (5.5% Eng.)



Source: What About YOUTH (WAY) survey, 2014/15

Smoking at 15 years is an indication of the future prevalence of adult smokers.

Smoking is still the biggest cause of premature death and morbidity. With 80% of all lung cancers, 14% of all cardiovascular conditions, 80% of chronic respiratory conditions such as COPD and 25% of all cancers being attributed to smoking.

It is estimated that among children who try smoking around a third are likely to become regular smokers. Smoking initiations is associated with a wide range of factors including parental and sibling smoking, ease of obtaining tobacco products, peer pressure and peer group smoking and socio-economic status.

Children who live with smokers are up to 3 times more likely to become smokers themselves.<sup>4</sup> Therefore it is important to continue to reduce the adult smoking population.

Research suggests that knowledge and education about smoking is a necessary component of anti-smoking campaigns, but by itself does not affect smoking rates. Price can deter children from smoking as can ease of access to tobacco products. National policy and law are one of the ways to reduce children smoking. Since 2007 the legal age for purchasing tobacco products was raised from 16-18 years, with the intention for making it more difficult for young people to buy cigarettes.

A ban on the sale of cigarettes from vending machines in 2011 and a ban on displaying tobacco products will also help to deter young people from purchasing tobacco products. However, legislation alone is not sufficient, both enforcement and local community policies will improve

compliance by retailers.

5	GCSE Achievement including English and maths	<p>GCSE attainment in Tameside is similar to the England average and better than the GM average. 57.7% (Tameside), 56.1% (GM), 57.8% (Eng.)</p> <p>For children in care inequalities exist in achieving 5 good GCSEs with only 22% of children in care in Tameside achieving this. However Tameside fair better than both GM and England for children in care with 14.8% (GM) and 13.8% (Eng.), so the gap between all children and children in care is much narrower.</p> <p><a href="https://fingertips.phe.org.uk/school-age-pupil-outcomes">https://fingertips.phe.org.uk/school-age-pupil-outcomes</a></p>	<p>A good level of education gives young people the opportunity to earn more and be in more fulfilling careers/jobs. Ensuring children and young people are literate and numerate will also enable them to navigate their way through adulthood better, In the competitive job market, academic and vocational qualifications are increasingly important.</p> <p>Those without qualifications are at higher risk of unemployment and low incomes. More generally, success in acquiring formal qualifications strengthens children's self-esteem and enhances development of identity.<sup>5</sup></p>	<p>Access to good quality educational establishments and educational teaching is key. So ensuring all Tameside schools are Ofsted rated 'Good' or above is important. Reducing the gap between all pupil attainment and those children in care is also important to improving overall standards.</p> <p>Improved access to high quality early years provision for looked after children is essential in ensuring children in care start their formal education on a level platform with non-looked after children. Ensuring children are ready for school at age 5 will ensure no children are disadvantages or left behind and ensuring all children with special educational needs receive the support needed to enable them to learn will also impact on overall educational outcomes for children.</p>
6	Emergency Hospital admissions for self-harm (10-24 yrs.)	<p>Tameside has significant levels of self-harm compared to the England average, with 609.8/100,000 (n=234) being admitted for self-harm in 2015/16. (Eng. average 430.5/100,000). Tameside has the 2<sup>nd</sup></p>	<p>There are many different ways people can intentionally harm themselves, such as: •cutting or burning their skin, punching or hitting themselves, poisoning themselves with tablets or toxic chemicals, misusing alcohol or drugs, deliberately starving</p>	<p>When someone presents with self-harm they should be risk assessed for physical risk, emotional and mental state. The quality of care for those who self-harm depends on the quality of joint working between the A&amp;E and hospital</p>

<sup>5</sup> Machines, S in Exclusion, employment and opportunity, Case Paper No 4, Atkinson. A and Hills J, (eds), 1998, page 61. ↩

highest level of self-harm in Greater Manchester and has been increasing year on year for the last 5 years

Area	Value	Lower CI	Upper CI
England	430.5	426.5	434.7
CA-Greater Manchester	-	-	-
Bolton	524.5	464.2	590.6
Bury	398.5	332.3	474.0
Manchester	296.2	265.4	329.5
Oldham	327.4	276.0	385.6
Rochdale	269.8	221.3	325.8
Salford	523.9	460.1	594.1
Stockport	494.8	432.9	563.0
Tameside	609.8	534.1	693.1
Trafford	313.7	260.0	375.1
Wigan	700.0	631.6	773.8

Source: Hospital Episode Statistics (HES) Copyright © 2016, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.

themselves or binge eating or excessively exercising. There are many reasons for self-harming such as social problems, emotional problems, trauma or psychological problems.

High levels of self-harm in the population are an indication of the level of population mental well-being.

Self-harm increases the risk of suicide and therefore needs to be treated seriously.

*Self-harm is usually an expression of personal distress.*

trust and mental health services.

It is important to understand the causes of distress and therefore improving access to talking therapies and other psychotherapy services and improving referral pathways is important.

As self-harm is related to the general mental health of the populations, improvements to overall population mental wellbeing is important.

Schools need to identify and highlight triggers to self-harm such as cyber bullying, body image and self-esteem.

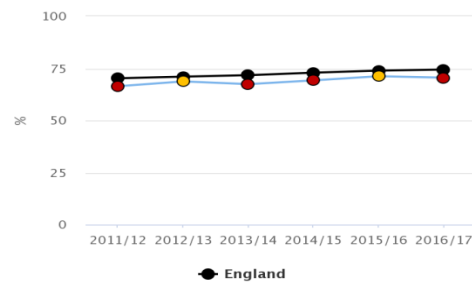
Building resilient people and communities enables people and communities to deal with the challenges of daily life.



## Living and Working Well

Great strides have been made in improving health and wellbeing in recent years. As an area we are living longer than ever before. However in spite of this progress we still lag behind other areas of the country and Greater Manchester. Too many people are dying too young. In Tameside and Glossop we want people to live longer in good health and able to have fulfilling lives at work and at home.

The following are key issues for Tameside and Glossop residents in relation to living and working well

	Outcome	Challenge	Implications	Recommendations																					
1.	<p>People aged 16-64 years in employment (%)</p>	<p>Across Tameside there was 70.5% employment rate which is similar to the rest of GM (70.6%) but less than the England average. (74.4%)</p> <p>The Tameside rate of employment in 2016/17 was a slight decrease on 2015/16, but an increase over previous years.</p> <p>Increasing employment and supporting people into work are key elements of the UK governments Public Health and welfare reform agendas.</p> <div><p>1.08iv – Percentage of people aged 16–64 in employment (Persons) – Tameside</p><table><caption>Percentage of people aged 16–64 in employment (Persons) – Tameside</caption><tr><th>Year</th><th>Tameside (%)</th><th>England (%)</th></tr><tr><td>2011/12</td><td>~68</td><td>~72</td></tr><tr><td>2012/13</td><td>~70</td><td>~72</td></tr><tr><td>2013/14</td><td>~68</td><td>~72</td></tr><tr><td>2014/15</td><td>~70</td><td>~72</td></tr><tr><td>2015/16</td><td>~72</td><td>~74</td></tr><tr><td>2016/17</td><td>~70</td><td>~74</td></tr></table></div>	Year	Tameside (%)	England (%)	2011/12	~68	~72	2012/13	~70	~72	2013/14	~68	~72	2014/15	~70	~72	2015/16	~72	~74	2016/17	~70	~74	<p>Evidence shows that there are economic, social and moral reasons that work is a good way to improve the wellbeing of individuals.<sup>6</sup></p> <p>Worklessness is harmful to physical and mental health. Work is the most adequate means of obtaining economic resources and meets psychosocial needs in communities. Work is central to individual identity, social roles and social status, with employment and socio-economic status being the main drivers of social gradients in physical and mental health and mortality.</p>	<p>We can influence people’s employment opportunities in many ways. Through adopting ‘good’ employment practices with our own organisations. Using the ‘Social Value Act’ to maximise equitable employment opportunities.</p> <p><a href="#">Social Value Act</a></p> <p>Focusing on young people classed as NEET and those least likely bale to access the job market.</p> <p>Improve the health of direct employees. Champion and improve the take up of ‘supported employment’ and job retention schemes for people with learning disabilities and mental health issues. Champion employment issues within Health &amp; Wellbeing Boards. Support and challenge local businesses through business in the community and other schemes.</p> <p>Help more people be ‘Fit for Work’</p>
Year	Tameside (%)	England (%)																							
2011/12	~68	~72																							
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2014/15	~70	~72																							
2015/16	~72	~74																							
2016/17	~70	~74																							

<sup>6</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/214326/hwwb-is-work-good-for-you.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214326/hwwb-is-work-good-for-you.pdf)

2.

Adult smokers

Smoking prevalence in adults across Tameside is significantly worse than the England averages. Adult smoking prevalence in 2016 was 22.1% (Tameside); 18.4% (GM); 15.5% (Eng.) For adults from routine manual workers smoking prevalence is higher at 35.6% (Tameside); 27.5% (GM); 26.5% (Eng.) Smoking in pregnancy was 15.4% (Tameside), 12.5% (GM), 10.7% (Eng.) Smoking attributable mortality in Tameside is also significantly higher than the England average at 399.9/100,000 versus 272.1/100,000 (Eng.) This equates to approximately 460 deaths a year relating to smoking.

Smoking attributable mortality – Tameside

Period	Tameside (per 100,000)	England (per 100,000)
2007 - 09	~440	~300
2009 - 11	~420	~280
2011 - 13	~400	~270
2013 - 15	~390	~260

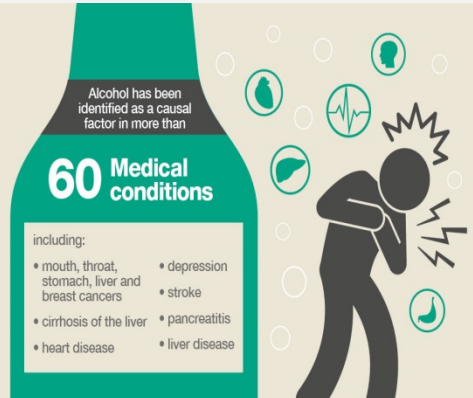
The cost of smoking related admissions to hospital for Tameside and Glossop is approximately £6.7million/year. Smoking equates to around 6,828 years of life lost through early death and illness. Smoking causes 80% of all lung cancers and respiratory diseases and is responsible for around 25% of all cancers. Smoking and the harm it causes aren't evenly distributed. People in more deprived areas are more likely to smoke and are less likely to quit. Smoking is increasingly concentrated in more disadvantaged groups and is the main contributor to health inequalities in England. Men and women from the most deprived groups have more than double the death rate from lung cancer compared with those from the least deprived. Smoking is twice as common in people with longstanding mental health problems.

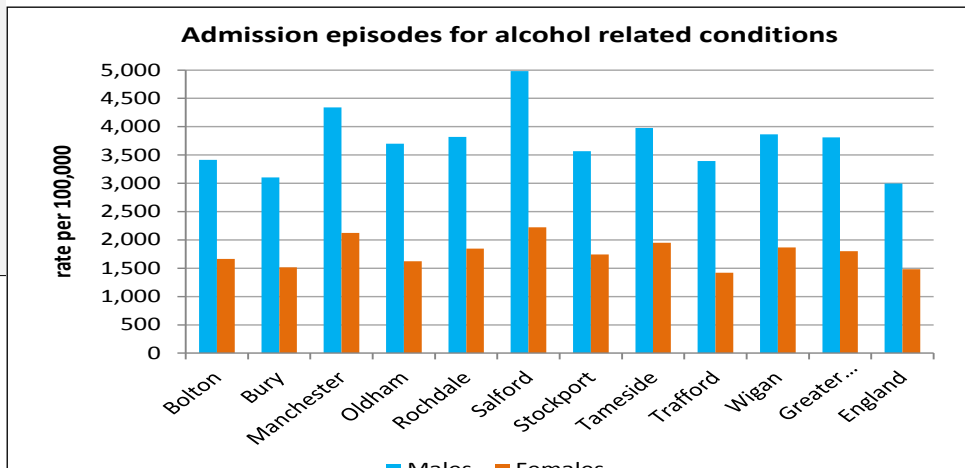
Helping smokers to quit is one strand of the government's tobacco control plan for England. The other elements are:

- making tobacco less affordable
- preventing the promotion of tobacco
- effective regulation of tobacco products
- improving awareness of the harm
- reducing exposure to second hand smoke

These actions need to take account of the wider issues people face in their lives. Many factors, from lack of opportunity to social isolation, can increase the risks of unhealthy behaviours in particular smoking. Most smokers want to stop but quitting is hard. Many people make several attempts before they succeed. It's even harder when people are dealing with stress in their lives. To improve the chances of quitting, all smokers need:

- effective services and therapies
- supportive social networks
- smokefree environments

<p><b>3.</b> Emergency (%) Admissions relating to alcohol (rate/100,000)</p>	<p>Emergency hospital admissions for alcohol related conditions are a major burden for the health and social care economy. With over 6,000 admissions occurring in 2015/16; (2,892/100,000); 2,737/100,00 (GM) and 2,179/100,000 (Eng.)</p> <p>Between 2014 and 2016 there were 97 (66.3/100,000) admissions for alcohol related conditions in young people under 18 years: This is significantly higher than the England average (37.4/100,000) and the GM average (52.9/100,000)</p> <p>Hospital admissions for alcohol related conditions impact on life chances and alcohol harm contributes to around 120 deaths each year in Tameside and approximately 1,442 years of life lost.</p>	<p>An analysis of 67 risk factors and risk factor clusters for death and disability found that alcohol is the third leading risk factor for death and disability after smoking and obesity.</p>  <p>Alcohol misuse, binge and chronic drinking are associated with a wide range of problems including personal impairment of physical and mental health and problems at a community level such as anti-social behaviour.</p>	<p>Responding to the needs of harmful and alcohol dependent drinkers.</p> <p>Not all people estimated to have some level of alcohol dependence will need specialist alcohol treatment.</p> <p>Some will benefit from a brief intervention consisting of a short alcohol health risk check in a range of health and social care settings.</p> <p>Assessing need, planning and commissioning alcohol treatment systems</p> <p>Local councils and health and wellbeing boards are involved in planning:</p> <ul style="list-style-type: none"> <li>• social care</li> <li>• housing strategy</li> <li>• public health</li> <li>• clinical treatment services</li> <li>• environmental health</li> <li>• licensing and trading standards</li> </ul> <p>This puts them at the heart of the partnership needed to tackle this complex issue.</p> <p>Alcohol treatment for harmful and dependent drinkers is an essential element in the broader range of alcohol policies and interventions that a council will need to plan and deliver. This is under the conditions of their public health grant.</p>
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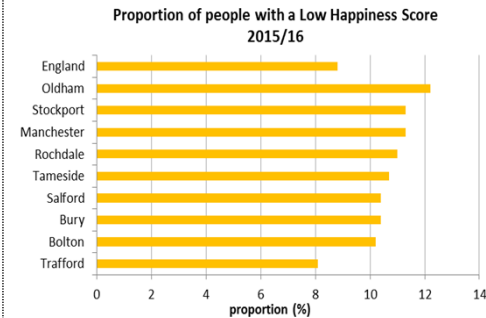




			<p>Health and wellbeing boards are in the best position to consider:</p> <ul style="list-style-type: none"><li>• how specialist alcohol services within hospitals integrate with the treatment system</li><li>• potential joint funding arrangements across health and public health</li></ul> <p><a href="#">quality-governance-guidance-for-local-authority-commissioners-of-alcohol-and-drug-services.pdf</a></p>	
4.	<p>Self-reported wellbeing – Low Happiness score</p>	<p>The Annual Population Survey (APS); asks a number of questions relating to wellbeing.</p> <p>1. Overall, how satisfied are you with your life nowadays?</p> <p>2. Overall, how happy did you feel yesterday?</p> <p>3. Overall, how anxious did you feel yesterday?</p> <p>4. Overall, to what extent do you feel the things you do in your life are worthwhile?</p> <p>The Low happiness score gives an overall indication of how people are feeling about their life. For Tameside</p>	<p>Well-being is a key issue for the Government. People with higher well-being have lower rates of illness, recover more quickly and for longer, and generally have better physical and mental health.</p> <p>Happiness and good wellbeing contribute to overall life expectancy and in particular health life expectancy.</p> <p>Research evidence demonstrates that there are other benefits to being happy:</p> <ul style="list-style-type: none"><li>• positive affect and well-being lead to sociability</li></ul>	<p>Happiness is intertwined with the wellbeing of our local community. Being connected in a community helps people feel like they belong and this has a big impact on their happiness, that of their family, and the community as a whole.</p> <p>Strong neighbourhoods and social networks can have a significant impact on people’s quality of life and well-being as they provide something which is vital for everyone - a sense of belonging.</p> <p>There is a clear relationship between the levels of wellbeing and inequality. Wellbeing and happiness, tend to be lower in areas with higher inequality of income</p>



in 2015/16, 10.7% of people had low happiness; this is higher than the England average of 8.8%.



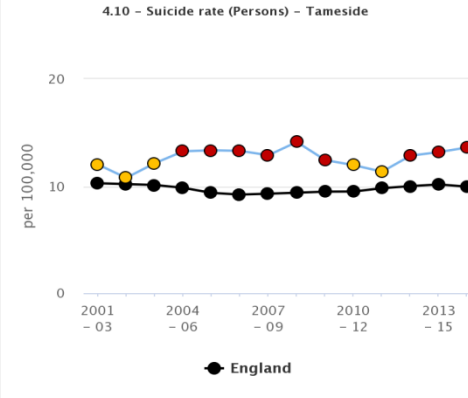
- better health,
- success
- self-regulation and,
- Helping behaviour

There is significant scientific evidence showing the positive benefits that come when we connect with people locally. These can include reducing the risk of depression, lowering the risk of heart disease and increasing how long we live<sup>7, 8</sup>

and wealth. Therefore, ensuring people have access to the same opportunities to education, employment, income, housing, transport, green spaces and resilient communities etc. will help to improve happiness in Tameside.

<sup>7</sup> Social capital: A review of the literature, Office for National Statistics (ONS) (2001)

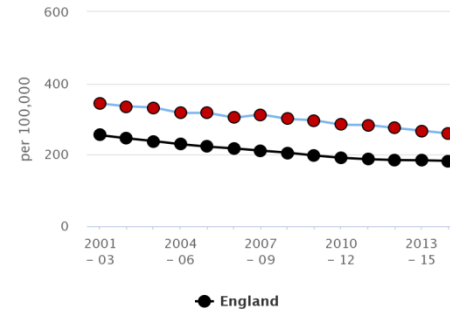
<sup>8</sup> Maisel, N.C. & Gable, S.L. (2009) For richer...in good times...and in health: positive processes in relationships. In S.J. Lopez & C.R. Snyder (Eds.) Oxford Handbook of Positive Psychology. NY: Oxford University Press.

5	Suicide	<p>Nationally suicide rates have remained fairly static over the last 10 to 15 years; where as in Tameside, suicide rates have fluctuated somewhat and for the most time remain significantly higher than the England averages. The rise in suicide and the significance for Tameside is in the male population, where current male suicide rates are 34% higher than the England average</p> 	<p>Suicide is a significant cause of death in young adults, and is seen as an indicator of underlying rates of mental ill-health.</p> <p>The suicide prevention outcomes strategy for England has the overall aim of reducing the suicide rate in the general population in England. <a href="#">Suicide prevention strategy for England 2017 update</a></p> <p>Suicide is preventable, yet suicide in Tameside has increased since 2007. On average in England 13 people take their own life every day. In Tameside someone takes their own life every 3 weeks.</p> <p>Suicide is a significant public health concern with widespread effect on communities. Suicide impacts the most on vulnerable communities and places a larger burden on low to middle income populations. <sup>9</sup></p>	<p>While factors contributing to suicide vary; the most vulnerable in society, such as the young, the elderly, those with mental health issues and the socially isolated are at the greatest risk.</p> <ul style="list-style-type: none"> <li>• We need to strengthen our focus on men</li> <li>• We need to raise awareness of support for people who are struggling-in particular to those who are most vulnerable to the risk of suicide.</li> <li>• We need to ensure transport staff and those working in hotspot areas have appropriate suicide prevention training.</li> <li>• We need to tailor approaches to improve mental health and wellbeing in specific groups and make communities more resilient.</li> <li>• Increase access to taking therapies in areas where high risk populations live.</li> <li>• We need to reduce access to means of suicide</li> </ul>
6	< 75 mortality rate from preventable causes	<p>Under 75 mortality from preventable causes is considerably higher in Tameside than the national average. 259.4/100,000 versus</p>	<p>Despite the great strides that have been made in improving the health of the nation in recent decades, far too many people are dying too young from</p>	<p>Avoiding early deaths in our population is challenging. However the main areas of focus should be to</p> <ul style="list-style-type: none"> <li>• Reduce inequalities across all areas,</li> </ul>

<sup>9</sup> [http://apps.who.int/iris/bitstream/10665/75166/1/9789241503570\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/75166/1/9789241503570_eng.pdf)

182.8/100,00. This equates to approximately 113 more death each year than the rest of England.

4.03 – Mortality rate from causes considered preventable (Persons) – Tameside



More males than females die early from preventable causes. (41% more)

diseases that are largely preventable. “Living Well for Longer” is an ambition for Tameside by decreasing early death and increasing healthy life expectancy.

Early preventable deaths can be avoided through *Prevention* of illness, *earlier diagnosis*, and *high quality* treatment and care.

Higher early preventable death rates are mostly seen in more deprived neighbourhoods. This creates wide inequality gaps for people who live in more geographically challenges areas of Tameside.

Most causes of preventable death are from Cancer, CVD, respiratory disease, liver disease and suicide. These conditions are all related to poverty, education, life style and mental wellbeing.

in particular health inequalities

- Tackle the wider determinants of health
- Boost the local economy so that everyone as access to good quality employment and decent incomes
- Adopt a population wide approach to tackling premature mortality
- Prevent, detect early and mange effectively infectious and chronic conditions more effectively

<https://www.nice.org.uk/guidance/tackling-the-causes-of-premature-mortality>  
[www.nice.org.uk/Introduction#health-inequalities-impact-on-people-and-communities](http://www.nice.org.uk/Introduction#health-inequalities-impact-on-people-and-communities)

[www.gov.uk/government/living-well-for-longer-a-call-to-action-to-reduce-avoidable-premature-mortality](http://www.gov.uk/government/living-well-for-longer-a-call-to-action-to-reduce-avoidable-premature-mortality)

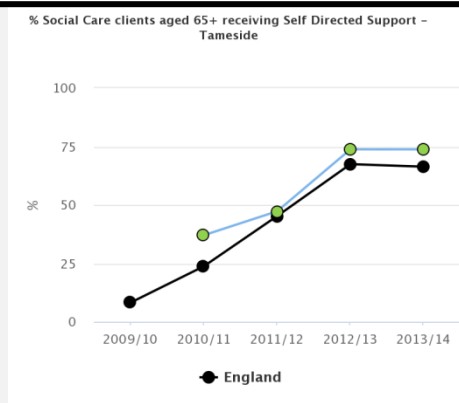


# Ageing and Dying Well

Ageing is a natural process and although advancing age is associated with physical and cognitive decline, wellbeing among older people is consistently found to be higher in later life than among young and middle aged adults. The population in Tameside and Glossop is ageing and the older age group is our fastest growing population. Ageing well is thus important, particularly in relation to health and social care costs. The absence of physical disease and disability are common criteria for successful ageing especially for health professionals but for older people themselves, contentment with life, independent living, being socially connected and ability to pursue interests are equally important.

The following are key issues for Tameside and Glossop in relation to ageing well.

Outcome		Challenge	Implications	Recommendations
1.	The ageing population	<p>In 2016 there were 38,951 people aged 65 years and over (17% of the whole population) 6,500 more over 65s than 10 years ago (2006). Of this population 54% are female and 46% male and this gap widens at each five year interval increase. Healthy life expectancy is currently 56.4 years for males and 58.8 years for females. This means that a high proportion of our over 65 year population will be living with a long term condition or disability. Around 20% of older people in Tameside live on a low income.</p>	<p>The combination of extending life expectancy and the ageing of those born just after the 2nd world war, means that the population aged over 65 years is growing at a much faster rate than those under 65. Men and women from the highest socio-economic class on average expect to live 7 years longer than those from the lowest socio-economic class and more of those years will be disability free. So health inequalities will persist. Older people could be the driver of economic growth and social wellbeing or place a significant burden on the</p>	<p>Ensuring we keep our population well and illness and disability free for as long as possible is key to ensuring age does not put a burden on people and communities. When long term conditions and disability do become an issue, integrated multidisciplinary health and care teams are the most beneficial to individuals and the most cost effective way to manage people and long term conditions. Implementation of programmes that support 'Healthy Ageing', such as 'Men in Sheds', physical activity programmes aimed at older people, community cafes and neighbourhood schemes. Development of a society/communities</p>



younger population. The number of older people living on their own is also set to rise, which increases the risk of people experiencing loneliness and isolation.

The impact of the ageing population will be felt the most by health and social care services, as the cost of health and social care are significantly greater for older people. The number of older people with care needs is expected to rise by more than 60% in the next 20 years.<sup>10</sup>

that are age friendly such as age friendly transport, housing, outdoor spaces, community support and activities.

## 2. Dementia

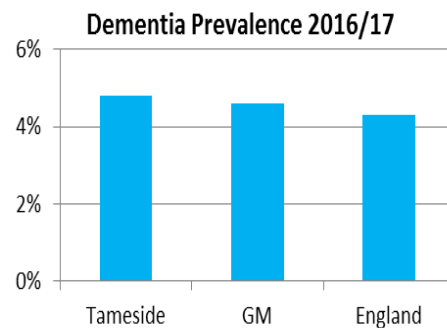
There are an increasing number of people over 65 years with a diagnosis of dementia. Currently 1,843 (4.8%) of the over 65 population (2016/17). This has been increasing year on year for the past 10 years

Dementia is an umbrella term used to describe a range of progressive neurological disorders, that is, conditions affecting the brain. There are many different types of dementia, of which Alzheimer's disease is the most common. Some people may have a combination of types of dementia. Regardless of which type is diagnosed, each person will experience their dementia in their own unique way.<sup>11</sup> Symptoms of dementia include memory problems, communication issues and cognitive ability

Dementia affects both men and women, with women more likely to develop Alzheimer's and men more likely to develop vascular dementia. We can't rule out the risk of developing dementia entirely, but we can develop a healthy lifestyle which reduces some of that risk. Especially vascular dementia risk. Ageing is the biggest risk factor to Dementia so ensuring people are ageing well (active ageing) is important in preventing Dementia. Having a healthy younger life can reduce the risk of dementia so choosing healthier lifestyles

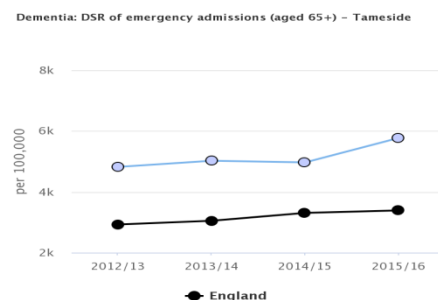
<sup>10</sup> <https://www.kingsfund.org.uk/projects/time-think-differently/trends-demography>

<sup>11</sup> <https://www.dementiauk.org/understanding-dementia/about-dementia/>

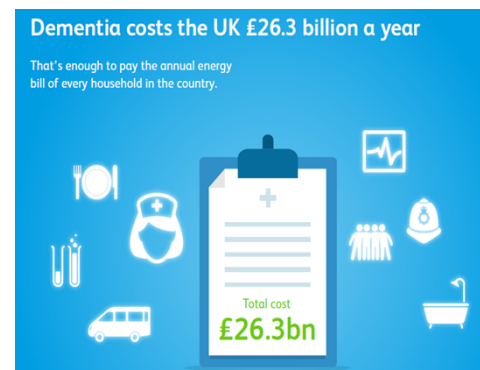


Emergency hospital admissions for dementia have also increased and in 2015/16 there were 2,017 emergency admissions compared to 1,709 in 2014/15.

[Dementia profile](#)



deterioration.



[https://www.alzheimers.org.uk/info/20025/policy\\_and\\_influencing/251/dementia\\_uk/2](https://www.alzheimers.org.uk/info/20025/policy_and_influencing/251/dementia_uk/2)

such as not smoking, being physically active and eating well are key. Dementia in England is under diagnosed and this is important in reducing emergency hospital admissions, so diagnosing Dementia at the earliest opportunity is key to improving dementia care and outcomes.

3. Hip fractures in people aged 65 years and over

Hip fractures for Tameside residents over 65 years pose a real risk to health. Tameside have the 2<sup>nd</sup>

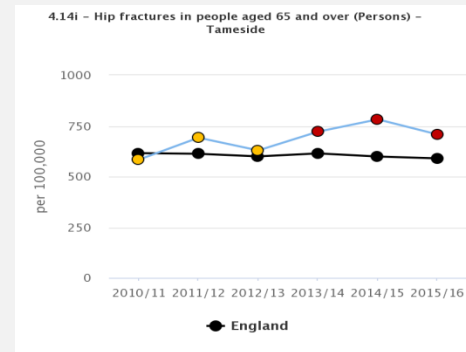
Fractures are an important cause of disability in the elderly. Due to decreased bone mass among this age

Hip fractures contribute to significant loss in productive years among the elderly. Changing modifiable risk factors such as

highest emergency admission rate for hip fractures in Greater Manchester and significantly higher than the England average.

708/100,000 compared to 589/100,00 (Eng.)

The rate of hip fractures has been increasing year on year up until 2015/16 where we have seen a sharp decline.



Older people who die because of a hip fracture is also a concern.

Between 2014 and 2016 there were 57 deaths relating to hip fractures in people over 65 years in Tameside.

group, fractures are more common and tend to have a profound effect on ability to perform activities of daily living.

Falls and fall-related injuries are a major challenge to health and care systems and to the older people who suffer them. Around one in three people over 65 and one in two people over 80 fall at least once each year.

Falls account for around 40 per cent of all ambulance call-outs to the homes of people over 65 and are a leading cause of older people's use of hospital beds. Each year there are around twice as many fractures resulting from falls as there are strokes in the over 65s.<sup>12</sup>

In addition to broken bones, falls may lead to prolonged lies on the floor, with resulting complications, and they are a common precipitant for people moving into long-term care, or needing more help at home.

Hip fractures are associated with significant morbidity, mortality, loss of independence, and financial burden. In usual care, the reported 1-year mortality after sustaining a hip

smoking and physical inactivity may help in reducing DALYs lost after hip fracture. Programs and measures which prevent the incidence of hip fractures among this age group may also help improve quality of life.

Preventing falls in older people is key to preventing hip fractures and reducing emergency hospital admissions.

NICE guidelines covers assessment of fall risk and interventions to prevent falls in people aged 65 and over. It aims to reduce the risk and incidence of falls and the associated distress, pain, injury, loss of confidence, loss of independence and mortality.

<https://pathways.nice.org.uk/pathways/preventing-falls-in-older-people>

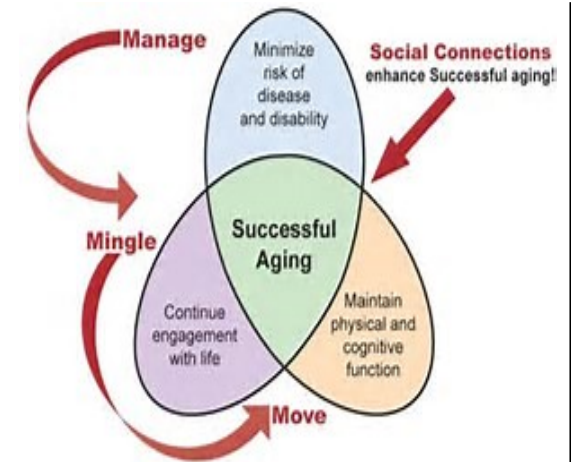
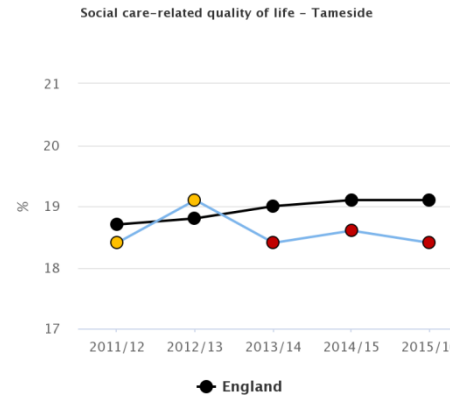
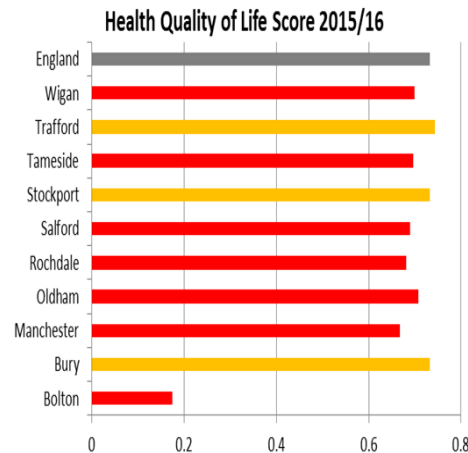
<sup>12</sup> <https://www.kingsfund.org.uk/blog/2013/09/what-are-real-costs-falls-and-fractures>

4.	Health related quality of life for older people	<p>The health related quality of life is a score of average health status in adults aged 65 years and over. The health related Quality of Life score provides a greater focus on preventing ill health, preserving independence and promoting well-being in older people. This is key to keeping systems functioning and in ensuring that the needs of this large population group are addressed. Average health scores are measured using EQ-5D scale from the GP Patient survey. <a href="https://www.gp-patient.co.uk/SurveysAndReports">https://www.gp-patient.co.uk/SurveysAndReports</a> It asks questions on mobility, self-care, usual activities, pain/discomfort, anxiety and depression.</p> <p>Tameside residents aged 65 years and over had a combined average score of 0.696 which is lower than the England average of 0.733.</p>	<p>fracture has been estimated to be 14% to 58%.</p> <p>Older people are the biggest and costliest users of health and social care services and those with complex needs, long term conditions, functional issues, sensory or cognitive impairment are the highest cost and volume group of service users. However, although advancing age is associated with physical and cognitive decline; wellbeing is constantly found to be higher in older people than among young or middle aged adults. The influence of social relationships on the risk of death is strong in older people and is comparable with other established mortality risks such as smoking and alcohol.<sup>13</sup></p> <p>Survival over an average of more than 9 years was associated with greater enjoyment of life. When older people are asked what successful ageing is, they usually say things like 'contentment with life', 'being socially connected' and 'able to pursue their interests'.<sup>14</sup></p>	<p>Ageing well prevention programmes are evidenced based programmes that support people to age healthy and well and thus prevent social isolation, falls, improve physical health, and mental health.</p> <p>Physical activity is key to falls prevention, improving bone health and mental health in older people.</p> <p>NHS England has published a new Practical Guide to Practical Guide to <a href="#">Healthy Ageing</a> with Age UK, to help people improve their health and general fitness, particularly those aged 70 or over with 'mild frailty'. The evidence-based guide covers key areas that have been identified as the main risk factors for older people living at home, but if they are proactively managed, they can help people stay well for longer and improve their quality of life.</p> <p><a href="#">making our health system fit for ageing</a></p>
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<sup>13</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/277584/Ageing\\_Well.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/277584/Ageing_Well.pdf)

<sup>14</sup> Friedman (2012). Wellbeing, ageing and immunity in Sergerstom (Ed. The Oxford handbook of Psychoneuroimmunology. Oxford University Press. New York



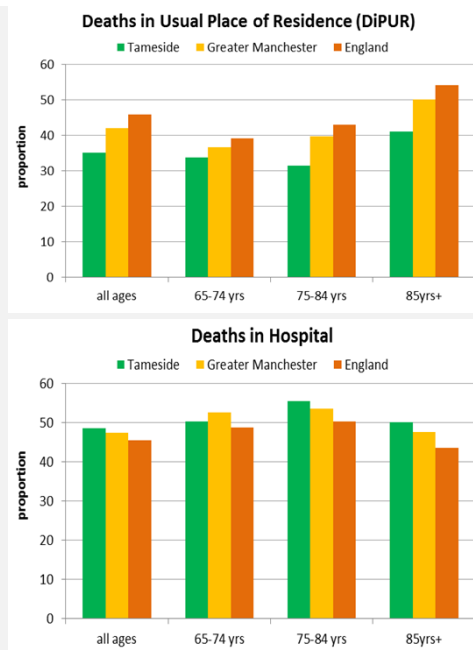


- Deaths in Usual place of residence
 

Deaths in usual place of residence refer to deaths at home or in a care home if that was where the person permanently lived. Statistics for 2015 show that Tameside as a lower number of people at different age bands dying in their usual place of residence and a higher proportion of people dying in hospital.

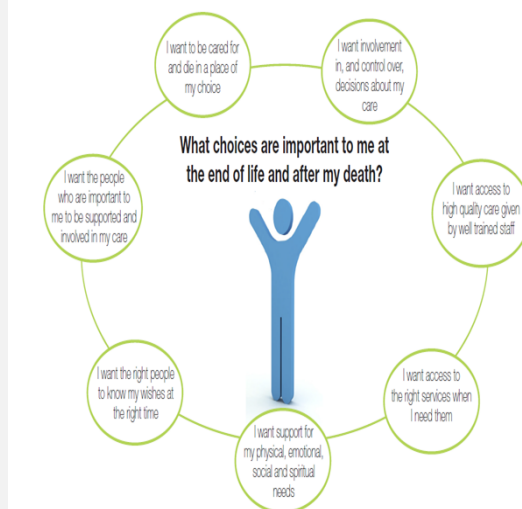
Providing care at the end of life often involves the interaction of many different care agencies. Although many people may have a different ideas of what constitutes a 'Good Death', for many being treated as an individual, with dignity and respect, being without pain or symptoms, being in familiar surroundings and around close family and friends are the main needs. Some people do get to make a choice but many don't. Some people experience great care but too many people experience unnecessary pain and discomfort, are left alone or in public view. Some people do not get

Good palliative and end of life care should focus on the perspective of the dying person and the people closest to them and should be at the heart of our commitment to everyone at the end of life. Efforts should focus on improving care co-ordination, sharing data and information and building exemplar care pathways and innovative hospice led interventions. The 'Choice' review was a product of extensive public consultation and engagement that set out elements of end of life care that people most cared about. <https://www.gov.uk/government/publications/choice-in-end-of-life-care-government-response>



treated with dignity and respect and many people do not die where they wish to.<sup>15</sup>

The National Care of the Dying Audit for Hospitals (NCDAH), England, found significant variations in care across hospitals in England. The audit showed that major improvements need to be made to ensure better care for dying people, and better support for their families, carers, friends and those important to them.



### End of life profile for Tameside

**6** Flu vaccination coverage for people aged 65 years plus

Flu vaccination coverage for people aged 65 years and over in Tameside and Glossop was 74.5% (2016/17). This is below the national target of 75% and is a continual concerning decline that has been occurring over the last 5 years.

Seasonal flu occurs every year, usually in the winter. It's a highly infectious disease caused by a number of flu viruses. The most likely viruses that will cause flu each year are identified in advance and vaccines are then produced to closely match them. Some people are more susceptible to the effects of seasonal flu. For them it can increase the risk of developing

The national flu immunisation programme is a key part of winter planning. The flu programme is there to offer protection to those who are most at risk from the consequences of the flu virus. To increase uptake of flu vaccination across all eligible groups including those aged 65 years and over. It is important to

- Make access to the flu vaccination as accessible as

<sup>15</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/136431/End\\_of\\_life\\_strategy.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/136431/End_of_life_strategy.pdf)

Period	Tameside & Glossop		Greater Manchester	England
	Count	%		
2010/11	25,295	74.1	74.3*	72.8*
2011/12	27,160	77.2	76.4*	74.0*
2012/13	27,636	77.1	75.3*	73.4*
2013/14	28,444	76.2	75.2*	73.2
2014/15	28,688	75.3	75.0*	72.7
2015/16	28,237	73.8	73.9*	71
2016/17	28,023	73.5	72.2*	70.5

Across Tameside & Glossop there is also wide variation in coverage at GP Practice level.

There were more than a thousand emergency admissions for influenza, bronchitis and pneumonia in 2016/17 for people aged 65 years and over.

more serious illnesses such as bronchitis and pneumonia, or can make existing conditions worse. In the worst cases, seasonal flu can result in a stay in hospital, or even death. Complications of flu mostly affect people in high-risk groups, such as the elderly, pregnant women and those who have a long-term medical condition or weakened immune system.

possible

- Implement clear and timely communications especially those involved in managing flu so that understand their roles and responsibilities.
- General flu awareness through flu campaigns and communication plans so the messages get through to the population. For example the National Flu marketing campaign.
- Support to general practice to encourage take up of flu vaccination and to practices that need support in improving take up rates.

Links to other useful Information:

Cardiovascular disease profiles: <https://fingertips.phe.org.uk/profile/cardiovascular/>

Cancer Service profiles: <https://fingertips.phe.org.uk/profile/cancerservices/>

Health Protection Profiles: <https://fingertips.phe.org.uk/profile/health-protection/>

Diabetes Profile: <https://fingertips.phe.org.uk/profile/diabetes-ft/>

Health Assets Profile: <https://fingertips.phe.org.uk/profile/comm-assets/>

Wider Determinants Profile: <https://fingertips.phe.org.uk/profile/wider-determinants/>