

2008 - 2009

Public Health

Annual Report

"The Impact of Recession on the Health of the People of Wigan Borough"



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Introduction to the Public Health Annual Report 2008 - 2009

This is my first Public Health Annual Report as Executive Director of Public Health for the Borough of Wigan and I wanted to ensure that it focuses on an issue affecting us all at this time – the recession.

Throughout the report it will look at how the recession will and is impacting on people's health and what we need to do to overcome these challenges.

It will provide you with an account of the current situation relating to key areas of Public Health as well as an overview to the resulting challenges we face locally. It will finally provide recommendations for action, which are needed to ensure we continue to make real improvements in the health of the Borough. This report will be of relevance not only to those who make decisions about health and social policy but also everyone who has an interest in their own and their families' health and well-being.

Since being appointed in May 2008 I have seen real achievements and progress in improving health; and such achievements are not possible without successful partnership working. I express my thanks to all including colleagues from the public, private and voluntary sectors. I hope to continue to strengthen opportunities for partnership working to improve health over the coming year. However we still need to make strides to reduce health inequalities in the Borough, as we still have an overall 7 year gap in life expectancy between the most and least deprived areas. It is in the last year we have seen the launch of our weight management service 'Lose Weight Feel Great' as well as free swimming for all. Both major programmes to tackle health issues related to poor lifestyles.

In 2007 the global supply of credit shrank and in late 2008 many countries around the world, including the UK, entered official recession for the third time in 30 years – the previous two being in 1980/81 and 1990/91. There is considerable knowledge on the effects of a recession on business and the economy but the impacts on people and communities are less reported. However throughout this report it is recognised that the recession does and will have negative impacts on the health of the local population and we need to take steps to lessen the damage.

In a recession there is nothing more fundamental than hearing about job losses and business closures and we know that employment is recognised as a key health determinant; and the value of work has long been recognised - Galen (129-200ad) described work as "Employment is nature's physician and is essential to human happiness" and more recently Waddell and Burton (2006) "Work is generally good for physical and mental health and well-being".

Losing work is a key trigger for falling into poverty, and unemployed people are twice as likely to experience poverty ⁽¹⁾. For many people, the reality of a recession will be a complex interrelationship between falling property prices, rising costs, the burden of personal debt and falling income. The financial situation of many people will deteriorate, leaving them with no option but to spend less on essentials such as food and heating. The resulting negative effects on physical and mental health can be great.

The recession is also linked to an increased risk of social stress as there is a strong link between family break-up and the accumulation of personal debt. The worry is that many of the effects of a broken home are long-term and can easily become endemic both to individual families and whole communities, particularly in deprived areas. There is much evidence to show strong links between family break-up and a drift into drug or

alcohol abuse and welfare dependency. It has been shown that children from broken homes are far more likely to fail at school, become drug addicts and have serious debt problems themselves. They are more likely to engage in anti-social, criminal and violent behaviour ⁽²⁾.

As part of the work to reduce the incidence of domestic violence, NHS Ashton Leigh and Wigan is part of a new Department of Health programme 'Healthy Places, Healthy Lives'. This programme will support the health service and local public sector organisations to work together to reduce inequalities by tackling local challenges, in which we will champion the prevention of domestic abuse.

Through increased risk of financial hardship, through loss of employment, more people are also at risk of falling into mortgage arrears or having their property repossessed, and pose challenges for our local housing providers.

Again when families finances are stretched children are more likely to be fed a less healthy diet, based on foods with high sugar and additive content, adding greater challenges on our local services, working to reduce the prevalence of obesity in the borough, which currently is at 28.5% ⁽³⁾.

The borough is also likely to face concerns relating to more crime, violence and anti-social behaviours during a recession. Acquisitive crime will increase and as levels of personal debt accumulate, people may fall prey to door-step lenders and loan sharks, who often employ violence, violent threats and intimidation as means to extract payment.

Many of the effects of poverty leading to poor health are long term and may be considered life-shortening. They may also be an additional burden to public services which may have to cope with the consequences but at a time when they themselves are likely to be financially stretched.

Another detrimental outcome that occurs in a recession is the loss of jobs and the closure of businesses. Locally in the Wigan Borough the recession has seen a 97% increase in

the number of Job Seekers Allowance (JSA) claimants in the 12 months leading to end March 2009, resulting in 9551 claimants in the Borough. This poses challenges on the local economy as well as health of our communities.

It is recognised that on the whole employment is good for health, so prolonged periods of economic inactivity risk actually embedding or worsening the long term health of many of those affected. Thus with the risk of increased unemployment this poses an even greater challenge for Public Health on reducing health inequalities within the Borough, and will put even greater demand on health services. Consequently I am committed to working with partner agencies to tackle worklessness in the borough as this is something that we can't tackle alone.

We need to ensure that anyone who may become unemployed in this current downturn is given the support they need to help them return to employment to prevent the risk of these individuals drifting into long-term worklessness.

I also know that ill-health within the Borough is a major barrier preventing many people from returning to work and we are therefore committed to working more closely with our partners to ensure individuals are given the right support, when they need it to support them back into training, volunteering or employment. Wigan already has a higher level of Incapacity Claimant rate than the national average and we do not want to worsen this position.

We should also maintain a strong focus on young people, with particular focus on the skills and employment needs of young people in their community, particularly those not in education, training or employment.

Wigan is benefiting from the allocation of £21million of Working Neighbourhoods Fund over three years to reduce worklessness, improving skills and increase levels of enterprise in the Borough. As a result of this allocation, a Worklessness Strategy has been produced for the Borough and this strategy highlights where interventions should be

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targeted. Interventions that have been commissioned under the Local Strategic Partnership include a responsive Information Advice and Guidance Service, development of a Wigan Skills Shop and Access to Finance schemes.

I am also committed to exploring the opportunities that the economic downturn may have in future new areas of economic development; so that Wigan's economy can emerge in an even stronger position economically than ever before. We need to be fostering skills now to respond to emerging markets, particularly in low carbon opportunities. The NHS locally is a major purchaser of goods and services and we should be leading by example and ensuring that we procure goods and services from local businesses to support our local economy. And that's why I'm using a local company to print and design this report; health and economy come hand in hand. I'm committed to ensuring that systems are in place to ensure that Wigan's health economy procures goods and services locally.

While we recognise the many negative effects that a recession has on social, health, and economic issues we mustn't forget there are emerging signs that the recession is having a beneficial effect on society and that we should maximise upon as people try to reduce what they spend. These include the growing demand for public allotments, with more people wanting to 'grow their own'. Also people, as well as businesses, are looking at ways to save money, through less wasting of food and water, using cars less, or opting for more fuel efficient models and becoming more energy efficient. All of these should be seen as beneficial to creating a sustainable and environmentally friendly Borough that is beneficial to health.

There are major changes needed if we are to reduce health inequalities in the Borough as highlighted in the Marmot Review (4). Over the next year I see exciting times ahead as I commit to taking the national work of the Marmot Review to a local level. I will build on the good work being done currently through implementing evidenced-based strategies locally through policies and interventions. It is through these we can

truly impact on the current gap in life expectancy and disparities in health that we see across the Borough by addressing the social determinants of health inequalities.

Wigan Borough has a great sense of pride and community spirit, as well as resilience and I'm sure through key actions and commitment to working together Wigan Borough will emerge from this recession stronger than ever before.



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Executive Director of Public Health
for the Borough of Wigan

***P.S** Don't forget to look out for my regular column in the Wigan Observer for public health updates!*

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2. <http://www.centreforsocialjustice.org.uk/default.asp?pageRef=275>
3. Association of Public Health Observatories & Department of Health, Wigan Health Profile 2009. (2009)
4. M.Marmot, Strategic Review of Health Inequalities in England post 2010 Marmot Review First Phase Report. (June 2009)

Real Help Now

The UK is facing exceptional challenges as a result of the current economic downturn. The Government has responded by delivering support to individuals, families and businesses to help you through this time more quickly, strongly and fairly. Real help now provides information and news about the support that's available and where to go for help you need.

www.realhelpnow.gov.uk



Lifestyle: Alcohol

Current Status:

It is clear that many people in the UK enjoy drinking; however it can have harmful effects on people's health and on the economy as a whole. Alcohol misuse is a growing cause of ill health and premature death, with only smoking and raised blood pressure representing higher risk factors. Alcohol related issues include

- Mental health problems
- Cirrhosis of the liver
- Cardiovascular diseases
- A heightened risk of developing some cancers e.g. stomach and throat
- A greater risk of injury and violence
- Relationship breakdown

Alcohol related diseases have now overtaken cancer in their contribution to preventable mortality.

We know drinking starts early, teenage drinking levels in Wigan are amongst the highest in Europe: 46% of 15-16 yr olds admit to being drunk at least once in the last month compared with a European average of 32%. Approximately a quarter of the population of Wigan is thought to drink at hazardous levels and a further 7% at harmful levels ⁽¹⁾.

Hazardous alcohol consumption = drinking between 22 and 50 units of alcohol per week for males and between 15 and 35 units for females.

Harmful alcohol consumption = drinking over 50 units per week for males and over 35 units for females.

Such high levels of consumption can be linked to a range of harms including alcohol related violence, accidents, injuries, as well as early mortality and ill health.

Wigan has high levels of alcohol-specific hospital admissions for under 18's – with males 1.7 times higher and females 1.8 times higher than the national average ⁽¹⁾ and the 4th highest rate of alcohol related hospital admissions overall in Greater Manchester and 20th nationally.

Lifestyle: Alcohol

The National Support Team (NST) visit commended NHS Ashton, Leigh & Wigan on our commitment to the alcohol agenda, excellent partnership working and progress on addressing alcohol harm reduction.

Challenges:

Even before the economic downturn, we know that alcohol created major health and social problems.

It is difficult to make a direct comparison with previous recessions. Having said that the effects of long term unemployment arising from a period of recession have a direct impact on the lives of individuals' families and communities.

“...There are well-established links between two key features of recessions – low incomes and stressful life events such as loss of employment or housing – and features such as common mental health disorders and alcohol and drug abuse, especially in men.” (2)

This may be particularly relevant to the lives of young people who tend to have the greatest difficulty in getting onto the employment ladder and may be more susceptible to misusing substances. It is possible that homelessness may also increase and this could lead to difficulties in accessing treatment services. Past experience shows that these effects last long after economic recovery.

The culture of binge drinking in Wigan and the young age at which people start to drink alcohol are two problems which need to be addressed. Binge drinking increases the health risks in the short and long term and when drunk, young people are also putting themselves at risk in other ways e.g. assault, unwanted pregnancy. Both young people and their parents need to be more aware of the real risks associated with alcohol.

Many of the adults drinking above safe levels do not consider themselves to be 'problem drinkers' as their alcohol use has

not yet impacted greatly on their daily lives. However in the future this is likely to lead to an increase in the incidence of alcohol related health problems, such as liver disease and mental health problems.

In times of crisis (e.g. credit crunch) people may turn to alcohol for relaxation. Because alcohol is still relatively cheap and more people are now drinking at home to save money there is a tendency to drink more. Overall this is likely to lead to more people falling victim to alcohol related illnesses and in these stressful times may also increase the number of domestic violence incidents and other alcohol fuelled crimes.

Following the NST visit a number of challenges were highlighted for the Wigan Borough and the alcohol agenda. These included vision, strategy and commissioning, improving data recorded such as including patients who are repeatedly admitted into hospital with alcohol related conditions and developing both external and internal communication and further development of alcohol interventions and treatment. Other challenges included expanding the provision of targeted interventions, developing partnership working in the criminal justice and licensing and availability sectors, increasing workforce training and awareness and improving work with children, young people and families.

Recommendations:

We need to ensure that we work closely with partners including planning and licensing departments.

Lead Responsibility ► NHS Ashton, Leigh and Wigan

Continue to promote the Single Point of Contact (SPOC) service and raise awareness of the treatment services available, as well as a Harm Reduction Campaign of clear consistent messages.

Lead Responsibility ► Drug and Alcohol Team

Develop further creative approaches to help identify clients not currently in treatment and give them the advice and support they need.

Lead Responsibility ► Drug and Alcohol Team / NHS Ashton, Leigh and Wigan

Ensure that information and support is easily accessible and available to individuals at venues within their own communities.

Lead Responsibility ► NHS Ashton, Leigh and Wigan / Drug and Alcohol Team

Support the Chief Medical Officer's recommendation that alcohol pricing is changed to price per unit.

Lead Responsibility ► Local Strategic Partnership

Encourage more referrals through front line staff. Currently the vast majority of referrals come through the Criminal Justice System (CJS) and this means that we are missing some of the at risk young people before they come into contact with the police.

Lead Responsibility ► Local Strategic Partnership

To ensure that the priority actions and recommendations from the NST are turned into actions.

Lead Responsibility ► Local Strategic Partnership

References:

(1) C Harkins et al, Review of alcohol related harm in Wigan & Leigh. (2008)

(2) Audit Commission, When it comes to the crunch – How Councils are Responding to the Recession. (2009)



Lifestyle: Drugs

Current Status:

Illicit drug use, by its nature, can be difficult to gauge. Having said that we do have the figures of those people who come into contact with the Criminal Justice System and/or the borough's Drug Services. Drug taking habits appear to be changing and because of this the numbers in the opiate user group are expected to reduce over the next few years, with an expected increase in the number of cocaine users. Approximately 90%, of the estimated total of heroin and crack cocaine users are believed to be in regular contact with treatment services but this population is getting older and many of them have been taking these drugs for a considerable time. The combination of long term use combined with the ageing process will increase the likelihood of additional health complications. Many drug users in the borough inject themselves and this also exposes them to the risk of blood borne viruses, HIV and hepatitis B and C.

For younger drug mis-users alcohol and cannabis are still the main drugs of choice. In this group there appears to be a strong link between alcohol and initial drug use as young people report that they are more likely to use illicit drugs when drunk.

Cocaine use is on the increase in the Borough and for adults in treatment cocaine has moved, during the course of 2007/2008 from the fifth to the second most used drug. Many cocaine users don't believe that they have a problem and are not in contact with services. This is particularly worrying as half of known cocaine users report that they started as teenagers and high numbers admit to regularly drinking alcohol. The combination greatly increases the risk of serious health problems and other associated harms.

Challenges:

The borough does not have a large amount of people currently dealing and/or using crack cocaine, but the economic downturn has the potential to lend itself to the development of this market.

Another cause of concern for the borough is the relatively high use of steroids, particularly in young men. The harmful effects of the use of steroids are complicated by the additional drugs that can be taken to disguise or counter the side effects of steroid usage.

It would appear that there are a growing number of individuals who are using substances to improve their body image. Of greatest concern are those who are injecting steroids or tanning solutions. During the economic downturn this may be increasingly viewed as an economically viable alternative to holidays. The increased use of Melanoin is a new issue for the borough. This seems to be being used by young people, particularly young women. The kits are unlicensed in the UK and are typically bought on the internet, or through gyms. Because the users of Melanoin are not likely to be drawn from the usual drug mis-using population, there is the added danger of needle sharing between groups as often only one needle is supplied with the kit. This is in addition to unknown health risks associated with the injecting of this substance.

Treatment systems are well established in the Borough and are delivering effective treatment to those seeking help for alcohol or drug misuse. Although the numbers of people in effective treatment is increasing, more efficient promotion of the Single Point of Contact (SPOC) system in particular is required, as this ensures that people are directed to the most appropriate service for their needs.

While many people may require treatment for a drug problem there are a significant number of people who will benefit from advice and support work to help them understand and address potentially damaging behaviour. In order to address this need, improved links have been made with GPs. Training and systems have been put in place to allow earlier identification of problems, and encourage appropriate signposting to specialist services.

A key post treatment issue is further support in gaining the skills and confidence to get back into employment, education

or training. In response to this the PETE (Pathways to Education, Training & Employment) programme has been developed to support people in moving on from their substance misuse, receive specialist careers advice, training courses, accredited qualifications and one to one support to return to work.

Recommendations:

The issue of Melanoin use by growing numbers of young people needs to be assessed and appropriately addressed.

Lead Responsibility ► NHS Ashton, Leigh and Wigan / Children's and Young People Service / Drug and Alcohol Team

Promote the SPOC service and raise awareness of the treatment services available.

Lead Responsibility ► NHS Ashton, Leigh and Wigan / Drug and Alcohol Team

Develop further creative approaches to help identify clients not currently in treatment and give them the advice and support they need.

Lead Responsibility ► Drug and Alcohol Team

Harm Reduction – campaign of clear consistent messages for both drugs and alcohol.

Lead Responsibility ► NHS Ashton, Leigh and Wigan / Drug and Alcohol Team

Provide information and support at many locations within communities.

Lead Responsibility ► NHS Ashton, Leigh and Wigan / Drug and Alcohol Team

Lifestyle: Drugs

Continue to ensure effective commissioning of services to ensure maximum efficiency to allow for the growing numbers of clients to be treated within the available resources.

Lead Responsibility ► NHS Ashton, Leigh and Wigan

Investigate further the changing patterns of drug use within certain sections of the community esp. powder cocaine.

**Lead Responsibility ► Drug and Alcohol Team /
Greater Manchester Police**



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Lifestyle: Obesity

(Incorporating Breast Feeding)

Current Status:

In recent years the issue of obesity has risen to 'epidemic' proportions (1). There is a growing need to reduce the impact of overweight and obesity amongst our local population. Obesity is related to mortality and cancer and even more strongly to the onset of type 2 diabetes, cardiovascular disease, musculoskeletal disorders, work disability and sleep apnea; all significantly reduce quality of life and increase health care costs. The causes of obesity are complex and inter-related, and include food consumption, physical inactivity, availability of food, marketing, transport models, the environment and local cultural changes (1).

Being overweight may go largely unrecognised as people are poor at identifying being overweight in themselves and

their children. Reasons may include denial, reluctance to admit weight problems, or desensitisation to excess weight because being overweight has become normal (2).

In the current recession, reports have shown that price is an increasingly important factor influencing people's food choices. Many manufacturers, retailers and catering outlets are considered poor at promoting healthier options and calorie consumption tends to increase as people choose cheaper and less healthy foods (3).

Physical activity is a simple answer to many of the health challenges we currently face. An active lifestyle can support weight management and by itself can result in modest weight loss of around 0.5 -1kg per month (9). Regular exercise promotes a sense of well-being, protects against heart disease and, by limiting obesity - reduces the onset of diabetes. There are many opportunities in the Wigan Borough to undertake physical activity for free, for example swimming.

The simplest way to be more active is to walk, it is also free and available on your doorstep! Walking as well as cycling are not only healthy choices but also good for the

Lifestyle: Obesity (Incorporating Breast Feeding)

environment, they do not generate pollution and are also a very good way of getting from A to B cheaply.

Women from disadvantaged groups tend to have poorer diets, are more likely to be overweight or show low weight gain during pregnancy and their babies are more likely to have a low birth weight ⁽⁴⁾. Mothers from these groups are also less likely to breastfeed and more likely to introduce solid foods earlier than recommended. As a result of these factors, their children are more likely to be underweight as infants while more prone to obesity later in childhood. A positive breast feeding culture is needed, as breastfeeding contributes to positive health outcomes for mother and baby, and importantly in the recession, it's free.

NHS Ashton, Leigh and Wigan has commissioned a range of services that seeks to reduce the levels of obesity in the Borough. These include the Lose Weight Feel Great initiative launched in January 2009; which brings together a range of weight management services, targeted at the needs of the adults. Many of these services are free to access. Also a range of commissioned physical activity services are provided by Wigan Leisure and Culture Trust, many again are available free or at low cost, for example, free swimming for all age groups. The Healthy Business Award Team based within Wigan Council's Environmental Services Department has also been commissioned, to work with local food outlets (e.g. restaurants, takeaways) to increase the provision of affordable, tasty and nutrient rich foods on their menus. The Healthy Business Award also includes a Breastfeeding Friendly Award, which provides places for mothers to breastfeed their babies without fear of criticism and promotes a positive breastfeeding culture. Targets have been set to support 50 workplaces to achieve the award by April 2010, and to date, progress looks positive that this will be achieved.

The Children's Healthy Weight Strategy 2009-2011 ⁽⁵⁾ which was launched this year, is a partnership strategy to promote healthier eating plus more physical exercise in children, young people and families.

Another programme being delivered in the Borough is the Healthy Start initiative. Healthy Start encourages earlier and closer contact between health professionals and families from disadvantaged groups including pregnant women under 18 and those on benefits.

The scheme supports breast-feeding by providing vouchers, which entitle beneficiaries to:

- Free vitamin supplements for children aged 6 months, until their 4th birthday
- Free vitamin supplements for pregnant women
- Cow's milk, fresh fruit and vegetables, and the option of infant formula milk

In April 2008 the PCT successfully bid for funding from the Department of Health for a 12 month project offering free vitamins to all pregnant women and children aged one, whether in Healthy Start or not. This special programme has enabled wider access to the vitamins by increasing the number of distribution outlets, for example from 2 - 19 clinics, and has enhanced overall promotion of Healthy Start.

By promoting Healthy Start vouchers and the uptake of free vitamin drops, the programme aims to develop good practice in early years nutrition; reduce inequalities and improve the health and well being of children and pregnant women in Wigan Borough.

Challenges:

Currently two thirds of adults and a quarter of children in Wigan are overweight or obese. Without action, this is set to increase so that by 2050 over 8 in 10 adults and half of all children will be overweight or obese ⁽⁵⁾.

National Child Measurement Programme data from 2006 - 07 found obesity prevalence in reception school children was 10.3% ⁽⁶⁾ and reduced to 9.9% in 2007/8 ⁽⁷⁾. At year 6 the figures increased from 16.9% in 2006-7 to 18% 2007-8.

Lifestyle: Obesity (Incorporating Breast Feeding)

These figures are similar to the national percentages and clearly demonstrate that childhood obesity is a substantial problem for public health.

In the Wigan Borough, despite the recession and people experiencing severe financial hardship and with breast milk being the cheapest infant feeding choice, this still has not had a major influence on a family's infant feeding decision. Breastfeeding rates are well below the national average. Initiation rates are 59% (March 2009) in comparison to the average UK rate of 78% (8). By 6-8 weeks, these rates have fallen to less than 15% in Wigan Borough – one of the lowest in England. Increasing breastfeeding rates would make a significant contribution to narrowing health inequalities in Wigan Borough where currently rates are much higher in the affluent parts of the Borough.

Breastfeeding is not the norm in Wigan Borough even though breastfeeding contributes to lifelong positive health outcomes for mother and baby. There is a need to support the generation of an environment that enables parents to make informed decisions about their choice of feeding. We are striving to achieve this through the 'Breastfeeding Friendly Award', to provide a supportive environment and secondly through education. To enable an informed decision about infant feeding choices, all antenatal mothers discuss breastfeeding with their midwife to ensure they all have the required information on the benefits of breastfeeding to both baby and the mother, correct positioning and attachment of the baby and factors which will enable and hinder lactation. There is a requirement for this information to be delivered to all mothers by 32 weeks gestation. In addition to this, antenatal families are invited to attend breastfeeding parent craft or breastfeeding workshops which are held across the borough.

Recommendations:

Review the services needed to support weight management in overweight and obese males.

Lead Responsibility ► NHS Ashton, Leigh and Wigan

Be creative with existing spending and review the role of primary care staff in the prevention and treatment of overweight and obesity.

Lead Responsibility ► NHS Ashton, Leigh and Wigan

Commission a borough-wide breastfeeding support service.

Lead Responsibility ► NHS Ashton, Leigh and Wigan

75% of the Wigan Borough area is classed as green space, we need to do more to utilise this asset to increase physical activity participation and contribute to a reduction in obesity.

Lead Responsibility ► Local Strategic Partnership

Increase the uptake of Healthy Start by retailers and families.

Lead Responsibility ► NHS Ashton, Leigh and Wigan / Local Authority, Children and Young Peoples Service

Relevant services including the local maternity unit and children's centres to work towards UNICEF Baby Friendly Initiative full accreditation, to enable improved practice in maternity units in order to promote, protect and support breastfeeding.

Lead Responsibility ► Wrightington, Wigan & Leigh NHS Foundation Trust / Children and Young People's Service

Lifestyle: Obesity (Incorporating Breast Feeding)

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1. Department of Health, Healthy Weight Healthy Lives: A Cross – Government Strategy for England. Produced by COI for Department of Health and the Department for Children, Schools and Families. (2008)
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8. North West Regional Public health Group, Addressing Health inequalities: A North West breastfeeding framework for action. (2008)
9. Department of Health, At Least five a week: Evidence on the impact of physical activity and its relationship to health - A report from the Chief Medical Officer. (2004)



Lifestyle: Sexual Health & Teenage Pregnancy

Current Status:

The issue of sexual health and teenage pregnancy is one of the world class commissioning priorities for NHS Ashton, Leigh and Wigan; as such assessing and addressing the issue is a key concern.

The overall picture for sexually transmitted infections in Wigan is mixed. Prevalence and incidence of HIV infection is low in the Wigan Borough compared to both the North West and England average. This is not the case for Chlamydia. A national screening programme for Chlamydia has been rolled out over the last few years. The Wigan programme began in 2006 and the initial results show that the rates of

sexually transmitted infections in Greater Manchester are amongst the highest in the country. This implies that unprotected sex in the area is a key issue.

'Brook' in Wigan and Leigh provides free, confidential sexual health advice and contraception for all young people. They deliver a number of NHS commissioned sexual health services and new centralised, more accessible, premises will shortly be opened in Wigan town centre. We also now have a total of three college nurses who cover all the colleges of the borough. The college nurses' role is to ensure that students have access to accurate advice and information, and some clinical services, and that awareness raising activities can be undertaken with this target group.

Partnership working is strong and includes the Youth Service, Connexions, and the Children, Young People and Families Directorate of the Local Authority. The Teenage Pregnancy team, based within Children and Young People's Services, also lead on two specific initiatives, supported by partners, the TIC TAC bus and the C-card scheme. The TIC TAC bus is a mobile resource offering young people the chance to get information and advice on sex, relationships and contraception. The C-card scheme helps to educate young people about correct condom use, gives young

Lifestyle: Sexual Health & Teenage Pregnancy

people a chance to discuss sex and relationships with professionals and helps make condoms more accessible.

Teenage pregnancy rates in Wigan Borough remain significantly higher than both North West and national rates. Wigan currently has the 7th highest teenage pregnancy rate in the North West. Encouragingly Wigan has seen small consecutive decreases in the most recent quarterly figures.

A lack of acceleration in reducing teenage pregnancy has placed Wigan amongst 22 areas nationally to come under ministerial scrutiny; this includes 5 in Greater Manchester. A visit from the National Support Team (NST) in October 2009 was part of the ministerial support and challenge process. Initial feedback from this visit was very encouraging, recognising that although Wigan has not yet succeeded in reaching reduction targets, we have many overall strengths and are making positive steps to accelerate our progress. This includes the high prioritisation of teenage pregnancy, Council and NHS partnership working, low repeat teenage pregnancies and use of non-traditional settings to deliver services to young people. We are optimistic that implementing the NST suggestions will enable us to achieve a sustained reduction in teenage pregnancy.

In Wigan under 10% of under-18 births are second or subsequent births, this is half the national average. Wigan Borough also has the joint lowest under-19 repeat abortion rate in the North West and 7th lowest nationally.

Teenage pregnancy is closely associated with negative social, economic and health factors for both mother and child – primarily poor life chances in terms of aspiration and educational attainment, and greater probability of living in one of the top 10% most deprived areas of the Borough.

Marked differences can be seen in local communities; five of the six highest teenage pregnancy rate wards are in areas of highest deprivation and four of the six lowest rate wards are in the most affluent areas. This is indicative of the strong correlation between teenage pregnancy and a range of indicators including poverty, low educational attainment and worklessness. This is of particular concern during the current economic downturn with increasing numbers of young people out of work.

The borough has performed well in some areas and this should be acknowledged and built upon.

- Wigan had fewer than 10% of second births to teenage mothers, which is half the national average and recognised as an example of good practice.
- Nationally, Wigan has the lowest (joint first) under-19 repeat abortion rate at 5.1%.
- Within the borough the Chlamydia screening target for 07-08, was reached. The service performed well, ranking in the top 10%, at both regional and national level.

Challenges:

There is evidence that being out of work leads to an increase in the likelihood of risk-taking sexual behaviours, particular in young men ⁽¹⁾. Studies have found a positive correlation between the length of unemployment and increase in risk-taking. As a result of increased unemployment within the younger population, we could see an increase in sexually transmitted infections and teenage pregnancy rates within the Borough.

Recommendations:

Nationally there is a lack of clear evidence of what constitutes an effective approach to achieve a reduction in teenage pregnancy. Because of this lack of confirmation of 'what works', a pragmatic approach incorporating the features of effective sex education programmes, coupled with measures to increase the availability of contraception to young people, should be adopted.

Lead Responsibility ► Local Strategic Partnership

Interventions need to be evaluated to assess their impact on knowledge, attitudes and teenage pregnancy rates.

Lead Responsibility ► Local Strategic Partnership

To combat both sexually transmitted infections and under 18's conceptions it is vital that links are made with the alcohol agenda as unprotected sexual activity and alcohol are clearly linked.

Lead Responsibility ► Local Strategic Partnership

Implement the National Support Team (NST) recommendations for priority areas for action. These include:

- To implement an early identification and intervention service for young people most at risk of teenage pregnancy and sexually transmitted infections.
- To continue the momentum in broadening availability and access to contraceptive and sexual health services.
- To enhance data collection and analysis to better inform planning, commissioning and performance management of the local strategy.

References:

(1) Hammarstrom A, Janlert U. Unemployment and sexual risk taking among adolescents. Scand J Soc Med 1997 Dec; 25(4):266-270



Lifestyle: Smoking

Current Status:

Smoking is still the biggest, reversible cause of ill-health and premature death and is the largest single cause of health inequalities. Nationally, smoking accounts for about 60% of the difference in all middle age deaths between the most affluent and least affluent groups. In Wigan, on average, 25% of adults currently smoke, although there are stark variations in prevalence across the borough, in some of the more deprived areas this figure rises to 47%.

Smoking is a key cause or contributing factor to premature death in Wigan through Cardiovascular Disease, Chronic Obstructive Pulmonary Disease and Cancer (especially lung cancer); as such presents key challenges for the provision of health care services in the Borough.

Helping people to quit, or better still, never start smoking will have a dramatic positive effect on the health of both

the individual and the population of the Borough. Many of the benefits of stopping smoking will be seen in the short term because the reduction in disease specific risk can become apparent very quickly after quitting; for example, heart attack risk reduces by approximately 50% one year after quitting ⁽¹⁾.

Stop Smoking Services are delivered in a variety of ways across the Borough and are available to anybody who requires intensive support to quit smoking. Services are offered in a variety of settings including, pharmacies, GP practices and within the community. Increasingly, we are supporting people to quit while they are in hospital and motivation to quit is high. Support in the community is available when the person goes home.

In February 2008, Wigan was reviewed by the Health Inequalities National Support Team (NST), which made significant recommendations to help the borough achieve the 2010 life expectancy target and sustain the improvement of healthy life expectancy beyond 2010. This included recommendations for Tobacco Control. As result of the recommendations we have recently appointed a tobacco co-ordinator for the borough who as been tasked with developing a Wigan and Leigh Tobacco Alliance.

Key Challenges:

NHS Ashton, Leigh and Wigan has committed to reducing the overall gap in life expectancy by 11% for men and 16% for women by 2010 and to sustain this improvement to 2013 and beyond. By 2013 there is a target to reduce Chronic Obstructive Pulmonary Disease (COPD) deaths in the Borough by 5% per annum. There is a need to continue the reduction in incidence and mortality due to lung cancer and upper gastro-intestinal cancer.

Having a committed programme of smoking cessation sessions and maintaining a visible local stop smoking service with a community presence, are vital to making sure that rates of quitting are maintained in those communities that are at higher risk of smoking related disease and death.

Getting young people to quit smoking is especially important; by the time they have reached secondary school over 50% have tried smoking. By the time they are in Year 10 (age 14 - 15), 16% of boys and 29% of girls are regular smokers. Interestingly, 80% of these young smokers report that they would like to give up smoking.

National evidence highlights that smoking prevalence declined quite quickly after the introduction of smoke-free legislation in July 07, however when the recession started there was a small increase and since then it has stayed static. This suggests that the recession might have halted the decline in prevalence. Smoking disproportionately impacts on the most disadvantaged and at a time of recession this group will increase and as a result health inequalities may widen.

The recession may impact on smoking rates in the following ways:

- Smokers may delay plans to stop smoking during the recession due to stress.
- During economic hardship smokers may down-trade to

cheaper alternatives, including illicit tobacco. An increase in sales of illicit tobacco is likely; this is known to fund organised crime. In some areas legitimate purchases of cigarettes are the exception rather than the norm.

- Smoking could be displaced to the home, as people are less able to afford to go out and socialise.

Recommendations:

Implement the National Support Teams recommendations on Tobacco Control including the establishment of the Wigan and Leigh Tobacco Alliance. With the brief of 'making smoking history for our children'. The work of this alliance will be to:

- Reduce the numbers of people starting to smoke
- Protect non-smokers and children from second hand smoke
- Target illicit and counterfeit tobacco

Lead Responsibility ► Local Strategic Partnership

To offer further support to vulnerable groups including pregnant woman and people with mental health problems in convenient and accessible locations.

Lead Responsibility ► NHS Ashton, Leigh and Wigan

Expand uptake of smoking services in GP surgeries.

Lead Responsibility ► NHS Ashton, Leigh and Wigan

References:

(1) Action on Smoking and Health (ASH), Factsheet no: 11, Stopping Smoking: The benefits and aids to quitting. (July 2007)



Diseases: Cancer & Screening

Current Status:

NHS Ashton, Leigh and Wigan co-ordinates breast, cervical and bowel screening; breast screening coverage in the Borough is 75.7% (53 – 70 age group). This is an improvement on 73.1% six months previously. Cervical screening coverage is experiencing a slow decline, at present it is 79.7%. There is variation within the Borough with coverage lower in areas of social deprivation. Bowel screening uptake is 50% but there is variation across the Borough with low uptake associated with areas of social deprivation. Screening and other measures have led to the earlier diagnosis of cancer with the resulting improvement in survival rates.

NHS Ashton, Leigh and Wigan ran the Cancer Chancer

campaign in 2008. This was a targeted social marketing campaign aimed at local people over the age of 50. It was developed in collaboration with the Manchester Versus Cancer Alliance. The aim was to encourage people to go to their GP with any suspected cancer symptoms. The intention was to raise awareness of the possible signs and symptoms of bowel, breast and lung cancer and to take away the fear that cancer is a killer. The campaign had a simple message: “Don't be a Cancer Chancer: Catching it early could save your life; see your GP.”

During the three-year period from 2005 to 2007 there were, on average, 3,090 total deaths each year in the Borough. Of these, 780 a year were attributed to cancer. That is, just over a quarter (25.2%) of deaths during this period were attributable to cancer (28.7% of deaths for males, 22.1% of deaths for females). Almost a quarter of cancer deaths (24.5%) during 2005 to 2007 were attributed to lung cancer (25.8% of cancer deaths for males, 22.9% of cancer deaths for females). Other key causes of cancer deaths in males and females were bowel cancer, oesophageal cancer and stomach cancer as well as breast cancer in females and prostate cancer in males. Mortality rates for all cancers in Wigan Borough reflect that of the North West. The trend in

mortality rates in both males and females is reducing as a result of a reduction in smoking, better diet, screening, earlier cancer diagnosis, and more effective treatment.

In Wigan Borough some less common cancers are increasing, including primary liver cancer and malignant melanoma of the skin. Liver cancer is related to alcohol intake and skin cancers are related to UV light exposure, which has increased in many people due to sunbathing, both natural and, more recently from using 'sun beds'.

Challenges:

NHS Ashton, Leigh and Wigan has a key role in the co-ordination of cancer screening programmes and must ensure that it has the necessary capacity to perform this function. Poor uptake with any of the cancer screening programmes can mean increased late presentation of cervical, breast and bowel cancers. Late cancer presentation is associated with an increased risk of invasive, unpleasant treatment and costly treatment as well as poorer survival rates. Uptake of screening programmes is lower in areas of social deprivation; this problem could potentially increase during a recession. Reducing the inequality in coverage of the cancer screening programmes is therefore a key challenge.

Manchester Cytology Centre has set an ambitious target to return the results for cervical screening to patients within 14 days; we are well on our way at reaching this target.

NHS Ashton, Leigh and Wigan has committed to reducing the overall gap in life expectancy by 11% for men and 16% for women by 2010 and to sustain this improvement to 2013 and beyond. By 2013 there is a target to reduce cancer mortality in the Borough by at least 2.6% per annum with a focus on lung, bowel, prostate, oesophageal and stomach cancers.

Recommendations:

Increase uptake of cervical screening for ages 25-29.

Lead Responsibility ► NHS Ashton, Leigh and Wigan

Address cancer screening uptake/coverage inequality across the Borough by identifying locally trusted individuals/groups that could champion cancer screening in their area, supported by targeted social marketing.

Lead Responsibility ► NHS Ashton, Leigh and Wigan

Develop a strategy to tackle the increasing incidence of skin cancer in the Borough, particularly in regard to malignant melanoma.

Lead Responsibility ► NHS Ashton, Leigh and Wigan

Recruit a Public Health Screening Manager to provide additional dedicated capacity.

Lead Responsibility ► NHS Ashton, Leigh and Wigan



Diseases: Cardiovascular Disease (Including Stroke & Diabetes)

Current Status:

Overall, there has been a large decline in deaths from Cardiovascular Disease (CVD), but the Wigan Borough position is still worse than the North West and England ⁽¹⁾.

There is huge potential to reduce this gap as there is strong evidence about how to reduce developing CVD and how to increase survival of those with established disease. Guidelines on prevention of CVD in clinical practice detail how early identification of signs of vascular disease enables action to be taken ⁽²⁾. The key prevention activities for all CVD are stopping smoking and exposure to environmental

tobacco smoke, physical activity, healthy eating, building resilience (positive mental health) and maintaining a healthy weight.

'Find & Treat' is Wigan Borough's population-based risk factor screening programme and targets those aged 50 to 74 years who are not already known to have Coronary Heart Disease or Diabetes. It assesses people's risk of developing CVD over the following 10 years and is being implemented across the borough. The health checks aim to pick up problems before individuals are aware of them and help the person to stop smoking, be more active, control their weight and blood pressure, thus reducing their chance of having a heart attack or stroke. If necessary, further tests and treatment are initiated.

The success of the programme has been recognised in a region-wide review, which looks at the progress that the NHS has made since the publication of the Healthier Horizons strategy ⁽³⁾ in 2008. The review 'One Year On' ⁽⁴⁾ pulls together examples from across the region that put the Healthier Horizons vision into action by improving quality of care, making sure that services are personalised and meet the needs of individual patients, and tackle the poor health that people in the North West live with.

Diseases: Cardiovascular disease

Table one shows the frequency of finding early disease/risk factors within the “Find & Treat” programme.

October 2007 - 31 March 2008: patients screened 1329

	Diabetes	Hypertension (high blood pressure)	Ischaemic Heart Disease	Hyperlipidaemia (high levels of bad fats in the blood)	Chronic Kidney Disease (CKD)
Total Conditions Detected	22	45	7	301	*
Prevalence in those screened	2%	3.4%	0.5%	23%	*

(*NB: CKD was being measured but not recorded)

01 April 2008 - 31 March 2009: patients screened 4116

	Diabetes	Hypertension (high blood pressure)	Ischaemic Heart Disease	Hyperlipidaemia (high levels of bad fats in the blood)	Chronic Kidney Disease (CKD)
Total Conditions Detected	191	387	62	1250	192
Prevalence in those screened	5%	9%	1.5%	30%	5%

In the Wigan Borough it is apparent that there is a pool of undetected disease ⁽¹⁾ – which is of particular concern in terms of diabetes which can do so much harm if uncontrolled. As suspected there are large numbers of people with hyperlipidaemia, and hypertension – some of which may be resolved with modifications to lifestyle, but a considerable number will require medication to lower their risk substantially.

In 2009 the Government announced a national programme of ‘vascular checks’. Our local ‘Find and Treat’ check exceeds all the requirements of this national check, but means that the lower age range now starts at age 40 instead of 50.

Over the last year plans have been developed for a Borough

wide CVD prevention partnership, with the working title ‘Heart of Wigan’. This programme seeks to bring together key stakeholders to develop a commissioning framework for CVD prevention and treatment that encompasses the wider environmental factors alongside direct intervention programmes. Given the existing financial climate it has been acknowledged that the partnership will benefit from pooled resources, joint working and will fit within the existing Local Strategic Partnership and Health and Wellbeing partnership structures, policies and other activities.

It is expected that the key roles of the ‘Heart of Wigan’ will be:

- Development of a commissioning framework for CVD.
- Performance management of the implementation of the recommendations from the National Support Team for health inequalities and the CVD health equity audit.
- Accelerating performance of and championing the Find and Treat programme.
- Driving key policy changes that will impact on the determinants of health and support CVD prevention.
- Developing stakeholder and community engagement programmes.
- Development of a performance measurement framework to evidence the impact of specific interventions.
- Identify best practice in prevention and treatment to inform the development of a longer term action plan for Year 2 and beyond.

2008-9 has seen progress on a number of other key preventive activities:

- The Community Food and Health Team have worked with a wide range of groups to promote and enable healthy

Diseases: Cardiovascular disease

eating. Evaluation has shown that these programmes have been successful in raising awareness of healthy eating particular amongst vulnerable groups.

- The opportunities for physical activity across the Borough have grown and now include free swimming for all. In 2005 Wigan became the first borough in England to offer free swimming to children under the age of 17 and it was such a success that a year later the offer was extended to include the over 60's. Now free swimming is available for all in the borough. The initiative is being funded by the government and a partnership between NHS Ashton, Leigh and Wigan, Wigan Leisure and Culture Trust and Wigan Council. The aim is simple to get Wigan borough more active and healthier.
- Wigan has signed up to be the first 'change4life' borough. This will mean that we will utilize the national NHS change4life campaign to promote a universal offer focused on the physical activity services and opportunities available across the borough.

Challenges:

In Wigan borough CVD mortality remains significantly above both the regional and England average and there is a gender difference ⁽¹⁾.

Women in the North West have a 36% increased risk of dying of CVD compared to the rest of England, but women in Wigan Borough run an even worse risk than their counterparts in the rest of the North West, with a 65% increased risk of dying ⁽¹⁾.

The recession also means that many people are experiencing prolonged high levels of stress, which can affect the immune and cardiovascular systems potentially increasing the risk of a number of health problems including diabetes, heart attack, stroke and high blood pressure ⁽⁵⁾.

There are also recognised links between unemployment and cardiovascular mortality, which accelerates after 2 or 3 years of worklessness and continues for 10-15 years ⁽⁶⁾.

Recommendations:

The Find and Treat screening programme is extended to the 40-49 age group.

Lead Responsibility ► NHS Ashton, Leigh and Wigan

The 'Heart of Wigan programme' is implemented to contribute to CVD prevention.

Lead Responsibility ► Local Strategic Partnership

The provision of opportunities for physical activity with Wigan Leisure and Culture Trust and promotion of uptake of physical activity is reviewed.

Lead Responsibility ► NHS Ashton, Leigh and Wigan

The Community Food and Health Team refocus their work to the early years and supporting the healthy weight agenda.

Lead Responsibility ► NHS Ashton, Leigh and Wigan / Wigan Council

References:

1. Ashton Leigh and Wigan Primary care Trust and Wigan Council, Joint Strategic Needs Assessment. (2008)
2. Wood D, Wray R, Poulter N et al. JBS 2: Joint British Societies' guidelines on prevention of cardiovascular disease in clinical practice; Heart 91 (Suppl V): v1-v52. (2005)
3. NHS North West, Healthier Horizons for the North West. (2008)
4. NHS North West, The Vision. One year on. Healthier Horizons. (2009)
5. Richard Wilkinson and Michael Marmot, The social determinants of health. The solid facts, 2nd edition. WHO Europe (2003)
6. Waddell & Burton, Is work good for your health and well-being? (2006)



Population: Children & Young People

The Children and Young People's (C&YP) Plan for Wigan has a vision that all the children and young people of the Borough are happy, safe and healthy; encouraged to achieve their potential with high aspirations; high achieving and highly skilled, actively participating in education, training or employment, respected and respecting; committed to learning and making a positive contribution through engagement with their community.

The number of young people aged 16-18 who are NEET (not in education, employment or training) has been consistently low over recent years in the Borough, however it is

recognised that during an economic downturn employment opportunities for young people at the start of their careers are diminished. It is recognised that this can have negative impacts upon mental and physical wellbeing.

The levels of literacy, language and numeracy skills a person possesses impacts on their ability to make informed health and lifestyle choices. This is known as health literacy. Low levels of health literacy impacts negatively on an individual's health outcomes, and those with the lowest health literacy tend to be those from socially excluded groups. Healthcare systems are becoming more complex and encompass a broader range of providers from different sectors than ever before. Attention needs to be paid to improve understanding and to empower individuals to make better informed health and lifestyle choices.

Children & Young Peoples Services together with partners support schools to raise standards and equip young people with the knowledge and skills to contribute economically and enjoy healthy active lives. Building Schools for the Future (BSF) will provide flexible multi-function rooms that will house a range of parenting, family and health services. They will include health provision, community spaces, full

Population: Children & Young People

cooking kitchens and high quality sports facilities. 98% of schools in the borough have achieved National Healthy School status and 100% are engaged. The Wigan Healthy School Enhanced Model will begin January 2010; schools will identify 2 of 4 local priorities to develop further within the school and local community.

Deaths in infancy and childhood are reducing, and are below the England average, however we know that babies born in the most deprived areas of the country are up to six times more likely to die in infancy and we are putting services in place to address these inequalities. Wigan Borough has a legacy of poor health, which this generation of young people needs to leave behind by developing lifestyles that are physically and emotionally healthy. In recognition of this a joint commissioning service has been established between Wigan Council CYPS and NHS Ashton, Leigh and Wigan to commission health services for Children and Young People in the borough. This service recognises that there are many priority areas to improve the health of Children and Young People in the Borough, these include amongst others; Teenage Pregnancy, Substance Misuse, Obesity, Breastfeeding and Emotional Health and Wellbeing.

Current Status:

Children and young people are affected by substance misuse as a result of parental or family misuse, their own misuse, or a combination of both. Substance misuse has been well-documented in the national media. For some, substance use becomes substance misuse. Nationally there has been a small reduction in the overall number of people drinking, but those that do are consuming to unprecedented levels. Although still a concern, this has been accompanied by a reduction in the use of recreational drugs, which enjoyed greater prevalence in the 80's and 90's.

Young people are putting themselves at increased risk of assault, unwanted pregnancy, sexually transmitted infections and illicit drug taking when drunk. 46% of 15 -16 yr olds in

Wigan admit to being drunk at least once in the last month compared with a European average of 32%. Under 18s alcohol-specific hospital admissions are 1.6 times higher in Wigan than the UK average. In the last year 56% of referrals to the Young People's Drug and Alcohol Team in Wigan Borough were for alcohol and 35% for Cannabis.

Getting young people to quit or not start smoking is vital; by the time they have reached secondary school over 50% have smoked. By the time they are in Year 10 (age 14 - 15), 16% of boys and 29% of girls are regular smokers. Encouragingly 80% of these young smokers report that they would like to give up smoking.

Currently almost a quarter of Young People in Wigan are overweight or obese. Without action this is set to increase, so that by 2050 over 50% of all children will be overweight or obese. Provisional data collected from the National Childhood Measurement Programme 08 / 09 indicates that 16.18% and 9.2% of Reception aged children are overweight and obese respectively. At an older age, 14.19% and 18.39% of Year 6 children are overweight and obese respectively.

The persistence of obesity into adulthood is of significant concern with increased risk for overweight and obesity in children where one or both parents are obese. This reflects the importance of tackling obesity within the whole family.

Healthy Weight has been identified as a key priority for NHS Ashton, Leigh and Wigan in their World Class Commissioning plans and also in Wigan's Children's and Young People's Plan. This has resulted in the production of a Healthy Weight Strategy that will form the basis of tackling the issue. During a visit from the Childhood Obesity National Support Team in February 09 the Healthy Weight Strategy was identified as a key strength in driving the Healthy Weight vision forwards. Also commended were school food and PE / school sport provision, children's weight management services and the Healthy Early Years quality mark.

Positive mental health is fundamental to the resilience and

Population: Children & Young People

positive adaptation that enables young people to cope and flourish on their own and with others. Improving mental health is central to the life chances of C&YP and is a key factor in explaining and predicting their future achievements. In the UK, 1 in 10 children at any one time have a mental health concern and for vulnerable groups, such as children in public care, this can rise to 1 in 4. 9 out of 10 young people in the youth justice system have mental ill-health. Mental Health Promotion for C&YP is about building resilience, self-esteem and a positive social identity as protective assets.

In Wigan Borough, there is a wide range of statutory, voluntary and charitable organisations involved in creating a truly comprehensive Child and Adolescent Mental Health Service (CAMHS). The Borough has a strongly developed vision, as set out in the Mental Health Promotion Strategy and Mental Health Strategy. New ways of working are outlined in the CAMHS Workforce Development Plan 2009-13.

Notable successes in the period of this Report have been the roll-out of a preventative training programme, the creation of Mental Health Promotion Standards for schools, winning a national project to target the additional needs of C&YP in schools, producing Quality Standards in Partnership Working, an Infant Mental Health service, new Learning Disability pathways and Autistic Spectrum Disorder assessment and local 24/7 on-call arrangements with an appropriate in-bed facility. This is against a backdrop of ongoing delivery of Social & Emotional Aspects of Learning (SEAL) programmes for children and families on developing emotional intelligence, counselling, and new commissioning arrangements.

Challenges:

Young people not in employment are more susceptible to substance misuse. As a consequence the economic downturn may lead to increasing misuse. During economic hardship smokers and drinkers may down-trade to cheaper

alternatives including high strength alcohol and illicit tobacco and alcohol.

During the economic downturn levels of overweight and obesity could increase as individuals decide not to pay to undertake physical activity and do not purchase healthier foods, which are often incorrectly perceived as more expensive. There is a need to offer support to families to develop cooking skills, and continue to raise the awareness of free services such as swimming, to help overcome this problem.

Deprivation and the many health issues in the Borough militate against our young people having the resilience to bounce-back from vulnerability. The pressures of an economic down-turn increases vulnerability. Nationally, the UK has the unhappiest children in the top wealthiest countries in the Western World, with 30-50% of carers having mental ill-health.

Recommendations:

To develop an evidence-based and evaluated approach to prevention and intervention for substance misuse; and ensure that young people inform current and future programmes, information and education. Review current delivery of substance misuse services i.e. universal, targeted and specialist.

Lead Responsibility ► NHS Ashton, Leigh and Wigan / Children's Trust

To skill up workforce (e.g. Primary Care, A&E Department, Specialist Settings and Criminal Justice Setting) to provide brief intervention, screening and initial assessments in relation to Alcohol and Substance misuse.

Lead Responsibility ► NHS Ashton, Leigh and Wigan / Ashton, Leigh and Wigan Community Health Care / Children and Young People's Service / Wrightington Wigan and Leigh Foundation Trust

Population: Children & Young People

Implement the National Support Team (NST) recommendations for priority areas for action to tackle obesity these include:

- Develop a Children and Young People's healthy weight care pathway, utilising relevant intelligence data.
- Review the delivery of current overweight and obesity services.
- Promote participation and enjoyment of physical activity as a way of life for children, young people and their families.
- Healthy food is accessible and affordable in places where children, young people and families spend their time.

Lead Responsibility ► Local Strategic Partnership

Partner services need to incorporate mental health promotion approaches into their policy and practice. Any new practices should be critiqued for sustainability and services should seek to be joined-up from policy to practice.

Lead Responsibility ► Local Strategic Partnership

Reinforce the viewpoint that the mental health of Children and Young People is 'everybody's business'.

Lead Responsibility ► Local Strategic Partnership



Population: Corporate Social Responsibility & Low Carbon Economy

Current Status:

The NHS can play a role in supporting the local economy during a recession, through practicing good corporate social responsibility, from procuring goods and services locally as well as providing volunteering and training opportunities for local people.

The NHS in England is responsible for 25% of the total public sector CO2 emissions in England which equates to 3.2% of total carbon emissions in England ⁽¹⁾.

We are working closely with partner organisation to provide the best and most sustainable healthcare system. We support the commitment of the NHS to be a leading sustainable and low carbon organisation, as well as aiming to meet the Government's target of an 80% reduction in carbon emissions by 2050.

Carbon management is an increasingly important issue for all organisations and as a result we are taking the sustainability and carbon reduction agenda seriously; we also recognise that it is an integral part of providing a high quality health service. As such the Wigan health economy are coming together and implementing an Environmental Management System. The NHS Sustainable Development Unit believes this to be the first health economy to do so, as opposed to a single health organisation.

We have also had major investment in the last few years with the construction of many new health centres throughout the Borough. These not only provide greater choice and easier access to health services within the community but the buildings are better on the environment too - as they are designed to have a lower carbon impact.

Population: Corporate Social Responsibility & Low Carbon Economy

Taking action now on sustainability will also have health benefits too. For example by encouraging increased levels of active travel, for instance, can lead to a reduced risk of obesity, less road traffic, fewer road injuries and improved air quality. And of course, walking is free, as is bus travel for those entitled to a concessionary pass, available to older people and people with certain disabilities. Locally the public sector is playing its part in addressing climate change. The borough's council and NHS organisations have signed up to the 10:10 initiative. This means they are committed to reduce carbon emissions by 10% by the end of 2010.

Challenges:

Unless we all take effective action now, millions of people around the world will suffer hunger, water shortages and coastal flooding as the climate changes. As one of the largest organisations, the NHS must act in order to make a real difference and set an important example. We can not do this alone but this requires collaboration from everyone to play their part.

It is not just 'elsewhere' that experiences the effects of climate change. Britain has recently been subject to very heavy rainfall, leading to very serious flooding in some areas.

NHS Resilience planning (formerly known as Emergency Planning) now includes preparation for adverse weather events, with the 'Heatwave Plan'.

Over the next years we need to make real progress against climate change by addressing key areas such as:

- Energy and carbon management
- The way we procure goods and services – local procurement

- Travel and transport within the Borough
- Resources such as fuel, water and food
- Recycling and the reduction of waste
- Planning and the built environment

We recognise that the recession poses challenges on local business and within local households and the NHS more than ever needs to support the Wigan Borough, through good corporate citizenship - From procuring goods and services locally as well as providing volunteering and training opportunities for local people.

The local economy needs to be ready to take the lead on new business opportunities that are likely to be needed to tackle climate change. Demand for greener technologies and services are a likely growth sector in the future. We need to stimulate the market and provide opportunities to equip local people to have the right skills to meet future job demand which could be created in the renewable energy/carbon reduction industry.

Recommendations:

We should ensure that sustainability and health go side by side. We aim to increase physical activity; promote better diets; improve mental health; reduce obesity; promote safe travel, improve air quality; and help regenerate local communities and economies through carbon reduction; which in turn leads to safer, healthier, and more fulfilled communities.

Lead Responsibility ► Local Strategic Partnership

The NHS Ashton, Leigh and Wigan will lead by example and incorporate sustainability within its commissioning framework. Performance against reducing carbon will be measured and managed effectively as part of core business, and not be considered as an additional agenda. We will be an exemplar to other sectors and to other health systems.

Lead Responsibility ► NHS Ashton, Leigh and Wigan

Population: Corporate Social Responsibility & Low Carbon Economy

Members of the Local Strategic Partnership should focus on continually improving recruitment opportunities for local, disadvantaged and long term unemployed people, as well as other marginalised groups.

Lead Responsibility ► Local Strategic Partnership

Reference:

(1) NHS Sustainable Development Unit. Saving Carbon, Improving Health. NHS Carbon Reduction Strategy for England. (2009)



Population: Mental Health

Current Status:

Official figures suggest that 20% of Women and 14% of men in England have some form of 'mental illness' (1). These figures are thought to be higher in the North West region. During 2006 and 2009 the number of people using NHS mental health services locally has been steadily increasing (2006/2007, 5922 people; 2007/2008, 6618 people; 2008/09, 7338 people) (2).

In most cases people attempt to self manage the symptoms associated with these illnesses but in a significant number of cases they find that difficult and seek help from both primary and secondary care mental health services.

People with diagnosable physical illnesses, especially chronic or recurrent conditions commonly show higher rates

of mental health problems than the general population.

Recovery from or the management of, for example diabetes and coronary heart disease can be compromised as a consequence of mental health problems, especially depression.

On the whole, residents living in the most deprived areas are more likely to be distressed and have severe problems and psychological distress than in comparison with the Borough as a whole.

During the year there has been further investment into mental health services. For example the NHS and its partners were successful in a partnership bid to access national monies from the Department of Health to increase the access to psychological therapies, locally this programme is called 'talking for health'. This programme of work will include employing a further 12 cognitive behavioural therapists in the locality.

Other developments include the establishment of Local Enhanced Services for depression, dementia and recovery; as well as the provision of a wide range of holistic well-being support services from walking to creative arts on prescription to improve people's mental well-being.

Population: Mental Health

Challenges:

In today's worrying economic climate many people are being affected by, the threat or actual loss of a job, the rising cost of living, increased personal debt, home repossessions and greater financial worries. All of which can have a detrimental affect on a person's mental well being, that can at times result in bouts of depression and anxiety. These affects are not only felt by the individual but by their families too.

It is known that a depressed mood can have a negative impact on mortality and morbidity within the population, and thus we are likely to see greater pressure with people needing to access mental health services, including counselling.

The rise in unemployment seen within a recession brings its own challenges. It is known that people who are unemployed are more likely to experience mental ill health compared to people in employment; and there is evidence that suicide rates particularly amongst young men who are unemployed are higher than seen in employed young men.

We need to recognise the challenges that a recession brings to a population and ensure that timely advice, support and interventions are provided to meet the specific need; whether this support relates to housing advice, debt advice, employment advice or access to psychological therapies.

We need to facilitate access to appropriate health care for people struggling psychologically from the effects of the credit crunch. And a key challenge is to integrate the breadth of self help, NHS, Local Authority and Voluntary sector services to best meet these needs.

Recommendations:

Increase the range and number of psychological therapies available to help people retain employment and to progress towards the journey back to employment following a period of mental ill health. This cannot be undertaken by mental health services alone but requires partnership collaboration between employment support agencies and providers of psychological therapies.

Lead Responsibility ► NHS Ashton, Leigh and Wigan / Local Strategic Partnership

Patients/users should be encouraged and supported in setting up community health improvement services to provide access to a greater range of holistic services within the community.

Lead Responsibility ► NHS Ashton, Leigh and Wigan / 5 Boroughs Partnership NHS Trust

To develop greater integration of services between all providers of support services, to make access easier, and to promote an ethos of self help.

Lead Responsibility ► NHS Ashton, Leigh and Wigan / 5 Boroughs Partnership NHS Trust

References:

(1)http://rethink.org/about_mental_illness/peoples_experiences/jesss_journey/facts.html

(2) The Health and Social Care Information Centre, Mental Health Minimum Dataset 2003-2008 annual returns.



Population: Domestic Violence

Current Status:

The Government recognises domestic abuse not just as a criminal issue, but one which affects all sectors, including public health. Domestic abuse is also a housing issue, a human rights issue, a child protection issue, a mental health issue and so on. All relevant sectors need to play their part in reducing and preventing domestic violence. Domestic violence and/or abuse can cause homelessness, poverty, physical and mental ill health, including permanent disability and even death. On average, nationally, two women a week are killed by a current or former male partner.

Domestic abuse is a phenomenon that incorporates a systematic abuse of power and control that can manifest in a variety of behaviours ⁽¹⁾. The inter-agency work on domestic

abuse in Wigan works to the following definition:

Any incident of violence, abuse or threatening behaviour perpetrated in order to exercise power and maintain control over another person. Such abuse is perpetrated across all ages, social classes and ethnic groupings. This abuse may be physical, sexual, financial or emotional in nature and be used between persons who are, or have been, intimate partners or family members, regardless of gender ⁽¹⁾.

Domestic abuse often remains hidden and is still considered to be a very private matter. The personal and intimate nature of domestic abuse can cause victims to feel shame and embarrassment over and above the abuse; all of which can prevent a victim from discussing the issue, reporting abuse and accessing help. 34% of women have probably never told anyone about the abuse that they have suffered ⁽¹⁾.

Domestic abuse is widespread in British society. It is widely accepted as normal behaviour; its effects are highly detrimental to victims and their children and are pervasive and long lasting ⁽¹⁾.

- Domestic violence accounts for between 16% and one quarter of all recorded violent crime ⁽²⁾.

Population: Domestic Violence

- 28% of people aged 16-59 have experienced domestic abuse/violence since the age of 16. Partner abuse (non-sexual) was the most common type (23%) (3).
- 54% of victims of partner abuse in the last year suffered some injuries or emotional effects as a result; women were more likely than men to do so (3).

The costs of domestic abuse to Wigan Borough is complex and is damaging not only in emotional, physical and mental health terms, but also in economic terms too. It is estimated that it costs the Wigan Borough almost £29million per year, both in terms of direct service provided for victims and perpetrators, and the economic output lost to the Borough (1).

People living in Wigan Borough experience more domestic abuse than the inhabitants of any other Borough in Greater Manchester. Wigan Police respond to more domestic abuse incidents than any other division of Greater Manchester. In spite of this, their 'sanctioned detection' rate remains more than their average. This is evidence of the consistently good work done by Wigan Police in response to domestic abuse.

The issue of violence, in particular domestic violence has been recognised by the Local Strategic Partnership for a considerable time. Dealing with the most serious violent crime and incidents of repeat domestic violence are a priority within the Local Area Agreement.

There are a range of actions being taken by the Council and other agencies which have an underlying objective of reducing the risk of physical violence. For example the Multi-Agency Risk Assessment Conferences (MARAC) in relation to domestic abuse cases are now embedded within the borough and demonstrate excellent collaboration between agencies to protect victims and reduce re-offending. Since 2007 routine enquiry by midwifery staff, about domestic violence, has been rolled out to all pregnant women.

Challenges:

Despite this work, data provided by Greater Manchester Police indicate that Domestic Violence has been increasing rapidly since April 2005. It should be noted that detection rates do not reflect the whole range of domestic abuse incidents that have occurred across the Borough. Incidents that do not constitute criminal offences, or for whatever reason are not reported to the Police, are not included within these figures or victims who are accessing NHS services, voluntary sector agencies, housing or adult and children & family services instead of police services.

Despite this lack of clarity on the real picture it is clear that levels of recorded domestic abuse crimes are increasing year on year in this borough. The reasons for this may be:

- greater incidence of domestic violence crimes;
- greater willingness of victims, friends, family and neighbours to report domestic abuse incidents to the Police;
- greater awareness amongst all professional groups means that more incidents are reported to the Police;
- recent changes in the law mean that a wider range of abusive behaviours now constitute criminal offences than was previously the case.

Certainly, whatever the cause of the recent increase in recorded domestic abuse crimes, this reflects an increased demand for service from statutory and voluntary partners across the Borough, and puts additional pressure on a currently under funded area.

Research shows there is a clear link between excessive alcohol consumption and becoming a victim. This is particularly significant with regard to sexual offences. Furthermore women experiencing domestic abuse are 15 times more likely to abuse alcohol, nine times more likely to

Population: Domestic Violence

abuse drugs, three times more likely to use mental health services and five times more likely to attempt suicide (4), thus there are implications for tackling health inequalities.

Domestic violence also has a major impact on the next generation, and we need to break this cycle. Domestic abuse often starts or intensifies during pregnancy. It is associated with an increase in the rates of miscarriage, low birth weight, premature birth, foetal injury and foetal death. Domestic violence accounts for 25% of all violent crime causing injuries that require medical attention. In 90% of incidents involving domestic abuse, it was shown that children were in the same room or in the room next door. The link between physical abuse of children and domestic violence is high. Prolonged and/or regular exposure to domestic abuse can have a serious effect on a child's development and emotional well-being. This is exacerbated where violence is combined with drug or alcohol misuse (5).

Domestic abuse takes its toll on the Health Service. The NHS plays a dual role in domestic abuse. It treats many of the injuries sustained by victims of abuse, is responsible for providing immediate and long-term care and deals with possible disability and the longer-term physical and psychological consequences of abuse. Interventions in any setting, therefore, reduce domestic abuse and lead to savings in health care. Women and children have substantial contact with the health service (e.g. primary care health screening, antenatal care, health visiting) so NHS services can play a pivotal role in identifying, assessing risk and referring victims to appropriate care or support services. It is because of this dual role that doctors, nurses, and all health care professionals, need to be equipped with the skills, knowledge and confidence to manage domestic abuse and to respond appropriately, either through treatment or referral to other agencies.

Economic downturns can be difficult times for family relationships and the tensions created from the credit crunch can lead to an increased likelihood of domestic violence in the borough (6). As part of the work to reduce the incidence

of domestic violence, NHS Ashton, Leigh and Wigan is part of a new Department of Health programme 'Healthy Places, Healthy Lives'. This programme will support the health service and local public sector organisations to work together to reduce inequalities by tackling local challenges in which we will champion domestic abuse. The Healthy Places, Healthy Lives will encourage local leadership on the health inequalities agenda and share learning, meaning that health inequalities becomes everybody's business. This will allow us to work more effectively across all agencies and start to impact on the numbers of our population affected by domestic abuse.

Recommendations:

The Local Strategic Partnership implements the strategic aims of the Wigan Borough Domestic Abuse Strategy 2009-2012 and commits to working in partnership to achieve these goals. Including that we proactively work across partnerships to ensure prevention, early identification and intervention (with both victims and perpetrators) is embedded.

Lead Responsibility ► Local Strategic Partnership

Develop a domestic abuse training package for all public facing services across the Borough.

Lead Responsibility ► Local Strategic Partnership

References:

(1) Wigan and Leigh, Building Stronger Communities Partnership. Domestic Abuse Strategy 2009-2012. (2009)

(2) <http://www.homeoffice.gov.uk/rds/pdfs06/rdsolr1206.pdf>

(3) Povey, D. (Ed.), Coleman, K., Kaiza, P., Hoare, J. and Jansson, K. Homicides, Firearm Offences and Intimate Violence 2006/07 (Supplementary Volume 2 to Crime in England and Wales 2006/07). (2008)

(4) Stark, E. and Flitcraft, A. Women at Risk: Domestic Violence and Women's Health. Sage. (1996)

(5) www.womensaid.org.uk/core/core_picker/download.asp?id=1602

(6) <http://www.realhelpnow.gov.uk/pdf/women.pdf>



Population: Employment

Current Status:

In a recession there is nothing more prominent in the media than hearing about business closures and job losses. The negative effects of unemployment on health within the population however are more often than not overlooked. It is recognised that on the whole employment is good for health ⁽¹⁾, so prolonged periods of economic inactivity can create, embed and worsen the long term health problems for many individuals who are unemployed.

Worklessness is a less familiar term than unemployment and used to describe those who are economically inactive. The economically inactive are people of working age who are not working, not in full-time education or training and are not actively seeking work. Many are outside the labour market

voluntarily, because of family responsibilities or early retirement for example. It can also include those who are out of work because of illness. Such people may be claiming Incapacity Benefit (IB) or Severe Disablement Allowance (SDA).

In the Wigan borough the recession has seen a 97% increase in the number of Job Seekers Allowance (JSA) claimants in the 12 months to end March 2009. The Borough also faces challenges around its high levels of IB claimants, much higher than the national average. In Wigan there are 18,730 (Feb 09) Incapacity Benefit claimants, of who 64% have been claiming it for more than 5 years. Statistics indicate that a person claiming IB for 2 years or more is more likely to die or retire than to find employment.

Because of the complexity of need to support and enable people to return to work an effective multiagency partnership as been established under the Local Strategic Partnership called the Worklessness Working Group. The group identifies and secures opportunities, solutions and future commitments to combat worklessness and deliver the worklessness strategy for the Borough.

There are implications for the Wigan Borough of the recent Manchester Independent Economic Review (MIER). At a Greater Manchester Level the MIER provides a detailed and rigorous assessment of the current state and future potential of Manchester's economy. It provides a rich seam of evidence to inform the actions of public and private decision-makers so that Manchester can achieve long-term sustainable economic growth and boost the performance of the national economy (2). It poses key recommendations for Greater Manchester in order for the area to maintain and grow its economic position. Collaboration across the Greater Manchester conurbation will benefit not only the economy regionally but the benefits will be seen at a local level too. Were health and economy or so strongly linked there will be positive outcomes for our population.

Challenges:

There is strong association between worklessness and poor health, with unemployment linked to higher mortality rates and poorer mental health (1) (3).

The key health issues linked to unemployment include:-

- Increased smoking at the onset of unemployment.
- Increased alcohol consumption.
- More weight gain due to reduction in activity.
- Use of illicit drugs in the young who are without work.
- Increased sexual risk-taking.
- Reduced mental well-being, with a greater incidence of self-harm, depression and anxiety.

We know that unemployment is an important determinant of inequalities in the health of adults of working age. Increased challenges are therefore likely in tackling health inequalities due to a rise in unemployment during a recession.

The beneficial effects of work outweigh the risks of work. However in a recession there are far fewer jobs available and

it therefore makes it even more challenging to support people back into work, or to provide employment opportunities for young people at the start of their careers. Evidence from previous recessions indicate long-term JSA claimants are more likely to progress on to incapacity benefits as clients become depressed and detached from the job market.

Wigan potentially faces further challenges in a recession as recent research suggests manufacturing and construction sectors are likely to be the hardest hit, leading to increased unemployment as these sectors dominate the local economy. Levels of business and enterprise may also be affected through credit issues etc, impacting on the sustainable growth of businesses and decreasing entrepreneurial activity.

We further know that families without a working member are much more likely to suffer persistent low income and poverty; and that worklessness is linked to social exclusion, higher medication consumption and hospital admissions (4).

The Public Sector should lead by example and promote health and wellbeing within the workplace setting. The NHS in particular as Europe's largest employer, should commit to ensuring the best health and well-being for its entire staff, through implementing the actions of the Boorman Review. Which include improving organisational behaviours and performance, achieving an exemplar service and embedding staff health and well-being in NHS systems and infrastructure.

Recommendations:

Workplaces need to recognise the important role they can play in prevention of illness and promotion of health and well being, to benefit both business and employee. Workplaces require support and guidance to adopt prevention practices.

Lead Responsibility ► Local Strategic Partnership

Population: Employment

The recently Introduced interventions to address worklessness, skills and enterprise should continue to address areas of greatest need.

Lead Responsibility ► Local Strategic Partnership

To create new perspectives on health and work: - We need to do more to promote the benefits of work to health for individuals, employers, healthcare professionals, and society and the local economy.

Lead Responsibility ► Local Strategic Partnership

Provide early occupational health interventions for people within work to help them remain in work.

Lead Responsibility ► Local Strategic Partnership

Incorporate the recommendations of the MIER within local policy at a neighbourhood level.

Lead Responsibility ► Local Strategic Partnership

Implement the recommendations of the Boorman Review within the NHS.

Lead Responsibility ► NHS Ashton, Leigh and Wigan / Ashton, Leigh and Wigan Community Healthcare / Wroughtington, Wigan and Leigh NHS Foundation Trust

References

(1) Gordon Waddell, A Kim Burton, Is work good for your health and well-being? (2006) TSO.

(2) Manchester Independent Economic Review, Reviewers Report (2009)

(3) Health Development Agency, Worklessness and Health – What do we know about the causal relationship? Evidence Review Summary. (2005)

(4) Dame Carol Black's Review of the health of Britain's working age population. Working for a healthier tomorrow. (2008)



Population: Health Inequalities

Current Status:

In 2001, the Government set national targets for health inequalities for the first time:

By 2010 to reduce inequalities in health outcomes by 10 per cent as measured by infant mortality and life expectancy at birth. This is underpinned by two more detailed targets

- starting with children under one year, by 2010 to reduce by at least 10 per cent the gap in mortality between routine and manual groups and the population as a whole; and
- starting with local authorities, by 2010 to reduce by at least 10 per cent the gap in life expectancy between the fifth of

areas with the worst health and deprivation indicators (the Spearhead group) and the population as a whole.

Following the setting of the health inequalities target there has been a period of seven years, during which the gap between Wigan borough average and the England average continued to increase. In addition to this the borough has an internal health inequalities gap of seven years, in terms of life expectancy between the most affluent and most deprived areas.

In 2007 Wigan Borough was 15% off our target for men and 10% for women. We are still not on target but we have improved and by 2008 the shortfall was 10% for men and 5% for women. The positive news is that meeting the 2010/2011 targets there need to be around 421 fewer deaths each year in Wigan. A number of programmes have been recently put in place which have contributed to this positive progress, including the expansion of the Health Trainer programme, 'Lose Weight Feel Great' which is one of the most comprehensive and integrated weight management pathways in the country and 'Find and Treat' the borough's Cardiovascular Disease screening programme.

Population: Health Inequalities

As part of our continued strategy to maintain and build on our progress to date the Neighbourhood Health Improvement Workers within Public Health have produced health profiles for each of the ten townships in the borough. These profiles utilise low level data and evidence gained from the Primary Care Trust's deliberative events held last year to build up a picture of the health needs in each area. Wigan Council has twinned the townships in the borough to develop five service delivery areas and the Public Health Directorate has aligned senior staff, and the Neighbourhood Health Improvement Workers to these boundaries to ensure that we are raising awareness of the issues we face and supporting increased levels of joint working to combat them. The Township Health Profiles are broken down into middle super output areas. These are small areas that are less likely to be subject to revision than ward boundaries and are therefore more useful in terms of measuring impact over longer periods of time. The information provided in the profiles will allow us to target health awareness campaigns and health improvement services where they are most needed to maintain and advance the progress we are now making. The Township health profiles have recently been presented to the Township forums. Following which the Health Improvement Workers are working with colleagues from partner agencies, community and elected members within the township forum structures to develop and implement action plans to deliver health awareness and promotion activity at a local level.

Challenges:

'The strategic review of health inequalities in England post 2010 (Marmot Review)' follows the report of the Global Commission on Social Determinants of Health, also chaired by Sir Michael Marmot, and published by the World Health Organisation (WHO). The recommendations were that national governments develop and implement strategies and policies aimed at improving health equity.

The aim of the Review is to propose an evidence based strategy for reducing health inequalities from 2010. The

strategy will include policies and interventions that address the social determinants of health inequalities.

The Review has four tasks:

- Identify, for the health inequalities challenge facing England, the evidence most relevant to underpinning future policy and action.
- Show how this evidence could be translated into practice.
- Advise on possible objectives and measures, building on the experience of the current PSA target on infant mortality and life expectancy.
- Publish a report of the review's work that will contribute to the development of a post-2010 health inequalities strategy.

The public health directorate has an excellent record of effective working with partners within and outside the NHS. The public sector funding constraints that we will face in the coming years will focus our efforts to ensure that we continue with our policy of working jointly with our partners within the local authority in the fire and police services as well as the community and voluntary sector, wherever possible to achieve an acceptable level of health and well being for the whole population of the borough. It is only by working effectively and efficiently together that we can make an impact on the life expectancy gap, both between Wigan and the rest of England, and between the most deprived and most affluent areas of the borough.

Over the last year we have also seen the development of a number of joint appointments between Wigan Council and NHS Ashton, Leigh and Wigan, which will provide create synergy between agencies. One such joint appointment is the Director or Public Health for the Borough of Wigan.

Recommendations:

To achieve the 2010 health inequality targets.

Lead Responsibility ► Local Strategic Partnership

The community engagement activity is continued and built upon to ensure that services are appropriate and the barriers to access are understood and where possible addressed.

Lead Responsibility ► Local Strategic Partnership / NHS Ashton, Leigh and Wigan / Wigan Council

Well-being and lifestyle services are focused and promoted in the areas of greatest need.

Lead Responsibility ► NHS Ashton, Leigh and Wigan

Public Health continues to work with Wigan Council's emerging neighbourhood management structures to ensure that health and well being are incorporated into strategies, policies and practice.

Lead Responsibility ► Wigan Council / NHS Ashton, Leigh and Wigan

Co-location is promoted to encourage and support cost savings and effective partnerships and joint work.

Lead Responsibility ► NHS Ashton, Leigh and Wigan / Wigan Council / Local Strategic Partnership

Using best practice examples continue to explore new settings for health service delivery.

Lead Responsibility ► NHS Ashton, Leigh and Wigan



Photo © Wigan Council Media & Communications Team

Population: Housing & Homelessness

Current Status:

In comparison with the rest of England, housing tenure in the Wigan Borough shows much similarity in terms of private (80%) to social housing (20%) split. Over the last year Wigan Borough has seen major improvements in its social housing stock, benefiting their tenants and residents. Their decent homes programme is on target for completion, with completion of Scholes Village by end of 2009.

We know that the neighbourhood where people live and the quality of their housing can have a major impact on their health and well-being and that poor or inappropriate

housing causes ill health. Housing therefore plays an important role in a person's health status. Problems with dampness, cold rooms, poor maintenance, lack of support rails when necessary etc make it difficult to maintain good health and well-being.

Wigan and Leigh Housing have made massive strides to move from a reactive to a preventative service. They have implemented an Income management strategy. There is also a move to provide preventative timely services to its tenants and residents when they most need it. Staff are trained in welfare benefits advice and specialist debt advice and are ensuring tenants and residents can gain their maximum benefit entitlement.

Despite the recession rent arrears remain stable with actual reduction in unpaid rent.

However Wigan has the seventh worst rate for homeless presentations in the country; as a consequence we have invested in a dedicated homeless and vulnerable person's team for the Borough. Between April 2008 and March 2009, 1676 people presented themselves as homeless in the borough.

Population: Housing & Homelessness

The Homelessness and Vulnerable Person's Team, was named runner up in the prestigious national Guardian Public Services Awards, for their achievements in increasing access to healthcare services for marginalised groups. They were one of just 39 programmes shortlisted from a total of 800 nominations from across the country. This award focused on those who are setting new standards in innovation and good practice.

Challenges:

In a recession personal finances are being stretched, people may be struggling to make mortgage payments, homes are falling into negative equity, and the risks of increased repossessions and homelessness are higher; all these have the potential to put extra pressure on the need for social housing.

We know that the more deprived areas of the Borough are more likely to have overcrowding which is linked to health inequalities. We also know that unemployment and those receiving housing benefits are more prevalent in social housing, and further support is needed. Wigan and Leigh Housing is leading the way and providing apprenticeship opportunities for priority groups.

The number of people in fuel poverty is likely to increase with the rising costs of fuel. Fuel poverty has been defined as 'a situation in which a household has to spend more than 10% of its net income on providing the warmth it needs, when it needs it, in a house no bigger than it requires'. However this definition does not consider that expenditure on heating depends on the property - efficiency of heating systems, insulation characteristics and property size. Cold and damp homes can affect people's health which will therefore affect their quality of life particularly for the most vulnerable members of society. This has potential increased impacts for those amongst the population who are home owners, but on low incomes.

People who are homeless require specialist support to tackle their complex issue; greater cohesion of services are required to provide this support to reduce Wigan's high homelessness presentation rates.

Recommendations:

We need to ensure decent homes for all, free from damp, cold and overcrowding, and free from fuel poverty.

Lead Responsibility ► Housing Providers / Wigan and Leigh Housing

The number of people aged 60 is steadily increasing and it is estimated that by 2025 this age band range will have grown by 27%. The ageing population has potential to create a demand for specialist housing to accommodate these requirements. Future mapping and planning is essential.

Lead Responsibility ► Wigan Council / Wigan and Leigh Housing

We need to ensure homes in Wigan are not adversely affecting climate change and that programmes are available to make homes in Wigan more energy efficient e.g. replacement of non-fuel efficient boilers and more effective home insulation.

Lead Responsibility ► Local Strategic Partnership / Wigan and Leigh Housing

Acknowledgements

This report has involved significant input from not only members from the Public Health Directorate within NHS Ashton, Leigh and Wigan, but also from colleagues and agencies who represent the wider public health family; all of whom make an important contribution to improving the health and wellbeing of the residents of the Wigan Borough. It is with their support and dedication to partnership working that we can make real progress in improving people's lives.

These include the following people/agencies.

Environmental Services Department, Wigan Council; Children and Young people's service, Wigan Council; Economic Regeneration Department, Wigan Council; Wigan and Leigh Housing; Dr Alistair Thompson GP; Ashton, Leigh and Wigan Community Healthcare Stop Smoking Service; Alison Healey, Breast Feeding Coordinator, NHS Ashton, Leigh and Wigan; The Commissioning and Partnership Directorate of NHS Ashton Leigh and Wigan; Public Health Directorate, NHS Ashton Leigh and Wigan; Wigan and Leigh Drug and Alcohol Team; Wigan and Leigh Young Peoples Drug and Alcohol Team. Greater Manchester Police; Community Safety Team, Wigan Council.

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Where to access information on the health & well-being in the Wigan Borough

NHS Direct

If you are looking for information or advice on a range of health issues or if you or someone you know is feeling unwell, you can contact NHS Direct

Tel: 0845 4647

Web: www.nhsdirect.nhs.uk/

If it is an emergency

Tel: 999

Township Health Profiles

These health profiles are designed to highlight the key issues facing each of the 10 townships covering topics such as smoking prevalence, alcohol consumption, diet, and disease and mortality data.

Web:

www.alwpct.nhs.uk/Publications/Other%20publications/Township%20Health%20Profiles/Township%20Health%20Profiles.asp

Health Data for Wigan Borough

More detailed health data on the Wigan Borough can be accessed via The Association of Public Health Observatories website, who was commissioned by the Department of Health in 2005 to produce Health Profiles.

The Health Profiles provide a snapshot of health for each local council in England using key health indicators, which enables comparison locally, regionally and over time. They are designed to help local councils and the NHS decide where to target resources and tackle health inequalities in their local area.

Web: www.apho.org.uk

Information on Local Health Services

For more information on the services offered by NHS Ashton, Leigh and Wigan you can contact:

NHS Ashton, Leigh and Wigan
Bryan House
61 Standishgate
Wigan
Lancashire
WN1 1AH

Tel: 01942 482711

Email: public.enquiries@alwpct.nhs.uk

Web: www.alwpct.nhs.uk

Useful Links

Alcohol

Wigan and Leigh Community Safety Partnership
www.saferwigan.org.uk/DrugsAlcohol/

Single Point of Contact Tel: 0800 389 4463

NHS Alcohol Know Your Limits Campaign - www.nhs.uk/units

Drinkaware - www.drinkaware.co.uk

Alcohol Concern - www.alcoholconcern.org

AA (Alcoholics Anonymous) - www.alcoholics-anonymous.org.uk

Willow Project (For Women Concerned about their Own or Someone Else's Drinking) - www.willowproject.com

Drugs

Narcotics Anonymous - www.ukna.org

FRANK - www.talktofrank.com

Street Based Services - www.streetbasedservices.co.uk

Obesity

Lose Weight Feel Great - www.LWFG.co.uk

Wigan Leisure and Culture Trust - www.wlct.org.uk

The National Obesity Observatory - www.noo.org.uk

British Dietetic Association (BDA) - www.bdaweightwise.com

The Food Standards agency's healthy eating website - www.eatwell.gov.uk

Change 4 Life Campaign - <http://www.nhs.uk/Change4life>

NHS Breastfeeding Website - www.breastfeeding.nhs.uk

Association of Breastfeeding Mothers - www.abm.me.uk

Unicef Baby Friendly Initiative - www.babyfriendly.org.uk

The Breastfeeding Network - www.breastfeedingnetwork.org.uk

The National Childbirth Trust - www.nct.org.uk

La Leche League GB - www.laleche.org.uk

Active Travel Wigan - www.activetravelwigan.co.uk

Sexual Health & Teenage Pregnancy

Brook Wigan and Leigh - www.brookwiganandleigh.org.uk

C Card - www.wlct.org/Culture/linonline/ruready2/ccard.htm

Local information on relationships, sex, sexual health & contraception.
www.ruready2.com

R U Thinking about Sex and Relationships - www.ruthinking.co.uk

Chlamydia and Gonorrhoea Testing - www.ruclear.co.uk

Smoking

Smoking in England - www.smokinginengland.info

Action on Smoking and Health - www.ash.org.uk

Wigan Stop Smoking Service - Tel: 0500 STOP NOW

Cancer & Screening

The Manchester Versus Cancer Alliance, Campaign
www.cancerchancer.com

NHS Cancer Screening Programmes - www.cancerscreening.nhs.uk

Reliable, easy to understand patient information from Cancer Research UK
www.cancerhelp.org.uk

The Christie - www.christies.org

World Cancer Research Fund International - www.wcrf.org

Cardiovascular Disease (including Stroke and Diabetes)

Wigan Borough's Lose Weight Feel Great Programme - www.LWFG.co.uk

Wigan Leisure and Culture Trust - www.wlct.org.uk

British Heart Foundation - www.bhf.org.uk

Change 4 Life Campaign - www.nhs.uk/Change4life

Useful Links

Children & Young People

Every Child Matters - www.everychildmatters.gov.uk/health/camhs

Young Minds - www.youngminds.org.uk

The Children's Commissioner for England - www.11million.org.uk

Change 4 Life Campaign - www.nhs.uk/Change4life

National Obesity Forum - www.nationalobesityforum.org.uk

Beating Eating Disorders - www.b-eat.co.uk

School Food Trust - www.schoolfoodtrust.org.uk

NHS 5 a Day Campaign - www.5aday.nhs.uk

Frank Campaign - www.talktofrank.com

Alcohol Concern - www.alcoholconcern.org.uk

Alcohol Learning Centre - www.alcohollearningcentre.org.uk

HIT - www.hit.org.uk

Lifeline Project - www.lifeline.org.uk

Corporate Social Responsibility and Low Carbon Economy

NHS Sustainable Development Unit - www.sdu.nhs.uk

Greater Manchester Chamber of Commerce - www.gmchamber.co.uk/local-activity/wigan

Recycle Now - www.recyclenow.com

10:10 initiative - www.1010uk.org

Mental Health

Ashton, Leigh and Wigan Mental Health Directory
<http://www.alwpct.nhs.uk/Mental%20Health%20Directory/index.asp>

Information and advice on depression, sleep problems, anxiety and stress
www.wiganinmind.com

National Debt / Credit Crunch Helpline - www.nhs.uk/creditcrunch

Tel: NHS Credit Crunch Stressline on 0300 123 2000

Rethink - www.rethink.org

Mind - www.mind.org.uk

Domestic Violence

National Centre for Domestic Violence - www.ncdv.org.uk

Woman's Aid - www.womansaid.org.uk

Refuge - www.refuge.org.uk

Home Office - <http://www.homeoffice.gov.uk/crime-victims/reducing-crime/domestic-violence/>

Foreign and Commonwealth Office (Forced Marriage Unit)
<http://www.fco.gov.uk/en/travel-and-living-abroad/when-things-go-wrong/forced-marriage>

HM Government - <http://www.realhelpnow.gov.uk/pdf/women.pdf>

Employment

Health Work and Wellbeing - <http://www.workingforhealth.gov.uk>

Job Centre Plus - <http://www.jobcentreplus.gov.uk>

Wigan Council Economic Regeneration Initiatives
<http://www.wigan.gov.uk/Services/BusinessRegeneration/RegenerationInitiatives/>

Manchester Independent Economic Review (MIER) -
www.manchester-review.org.uk

The Boorman Review - www.nhshealthandwellbeing.org

Health Inequalities

'Saving Lives: Our Healthier Nation'
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4120792.pdf

'Choosing Health – making healthier choices easier'
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4120792.pdf

'Health Inequalities: progress and next steps'
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4120792.pdf

Housing & Homelessness

The Housing and Homelessness Charity - www.shelter.org.uk

Wigan and Leigh Housing - www.walh.co.uk

AWARM (Affordable Warmth Access Referral Mechanism) -
http://www.manchester.gov.uk/forms/form/470/greater_manchester_awarm_referral

Warm Front - www.warmfront.co.uk

Electronic version of this Annual Report can be found at:

www.alwpctpublichealth.co.uk

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Mixed Sources

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