

Public Health Annual Report 2010



Improving life chances in Tameside and Glossop

Foreword

I'm very proud to have the privilege of bringing you this year's report. I've worked in Tameside and Glossop for more than 30 years and I have always enjoyed the sense of real partnership in improving health here.

Tameside and Glossop's population have less chance of a long and healthy life than the England average, and within Tameside and Glossop there are also unacceptable variations in life chances. Fortunately there's a partnership commitment to tackle inequalities here that translates into action. The Councils, health services, voluntary sector, business, police, social landlords and other partners are working

together to ensure that we improve the quality of lives of our resident population and their health.

What has changed over the course of the time I've worked here is that we have a much clearer idea of what we need to do to improve health and tackle inequalities effectively. The Marmot Review, Fair Society, Healthy Lives, published in 2010, strengthened our understanding and much of this report is based on that document. Its recommendations are closely reflected in the work that is going on in Tameside and Glossop and some of that are described here. This report is a partnership effort and is intended to complement and support the Tameside and Derbyshire Health Inequalities Strategies.

It includes contributions from those working in a range of different roles across Tameside, all with the common goal of improving health and wellbeing of the population.



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Improving life chances in Tameside and Glossop

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Tackling health inequalities

Health inequalities are an important focus for everyone working to improve the health and wellbeing of the population of Tameside and Glossop. Both inequalities in health between Tameside and Glossop and England, and within Tameside and Glossop give cause for concern.

Health inequalities experienced by the most affluent and the most disadvantaged sections of our society are deep rooted and difficult to change and have significant impact on life expectancy. People living in the poorest neighbourhoods in England can expect to die seven years earlier and spend more time with ill health than those living in the richest neighbourhoods¹.

Inequalities in health arise because of inequalities in society – due to conditions in which people are born, live, work and age. Dahlgren and Whitehead (1991) developed a model that describes the main determinants of health – those factors that determine how long we live and how healthy we are throughout our lives.

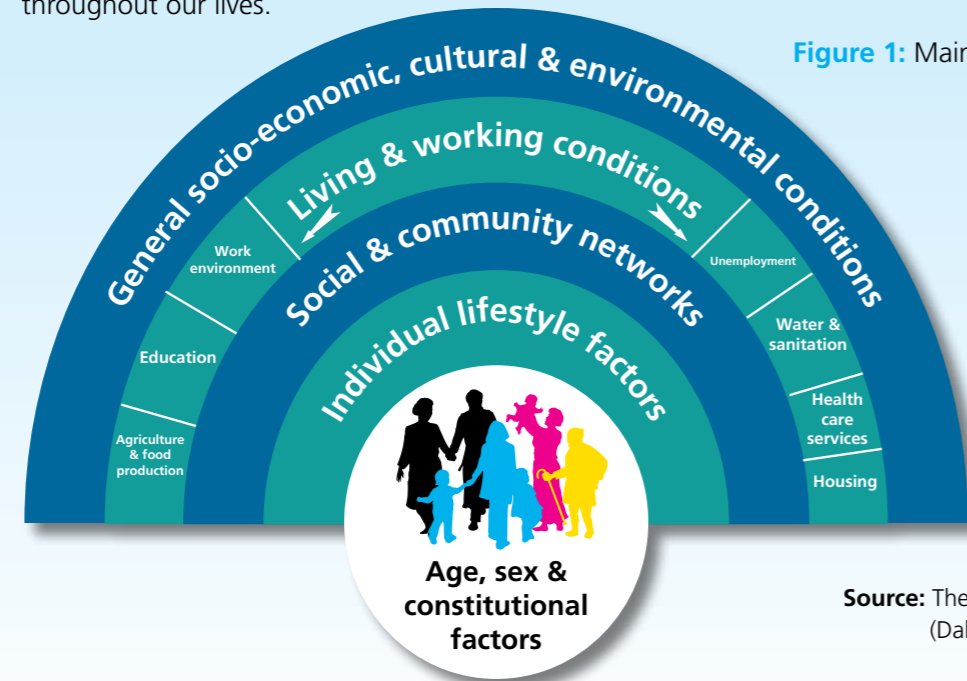


Figure 1: Main determinants of Health²

Source: The main determinants of health (Dahlgren and Whitehead, 1991)

¹ National Audit Office (2010) Tackling inequalities in life expectancy in areas with worst health and deprivation.

² Dahlgren and White (1991) The main determinants of health

This model describes the layers of influence on health and factors that can be modified which have a direct impact on our health:

- Personal behaviour and lifestyle – having the knowledge, awareness and skills that can enable change in relation to diet, physical activity etc.
- Support and influence within communities which can sustain or damage health
- Living and working conditions – having access to facilities and services
- Economic, cultural and environmental conditions such as the labour market or standard of living³

There is a close link between social and economic features of society and distribution of health among the population. The magnitude of health inequalities is a good marker of progress towards creating a fairer society. Taking action to reduce health inequalities requires action across the whole society⁴. This link was described in depth in a report called **“Fair Society, Healthy Lives”**, commissioned by the Government from Professor Marmot which has provided much of the basis for this report.

³ Naidoo and Wills (2009)

⁴ Fair Society, Healthy Lives (2010) The Marmot Review



Improving life chances in Tameside and Glossop

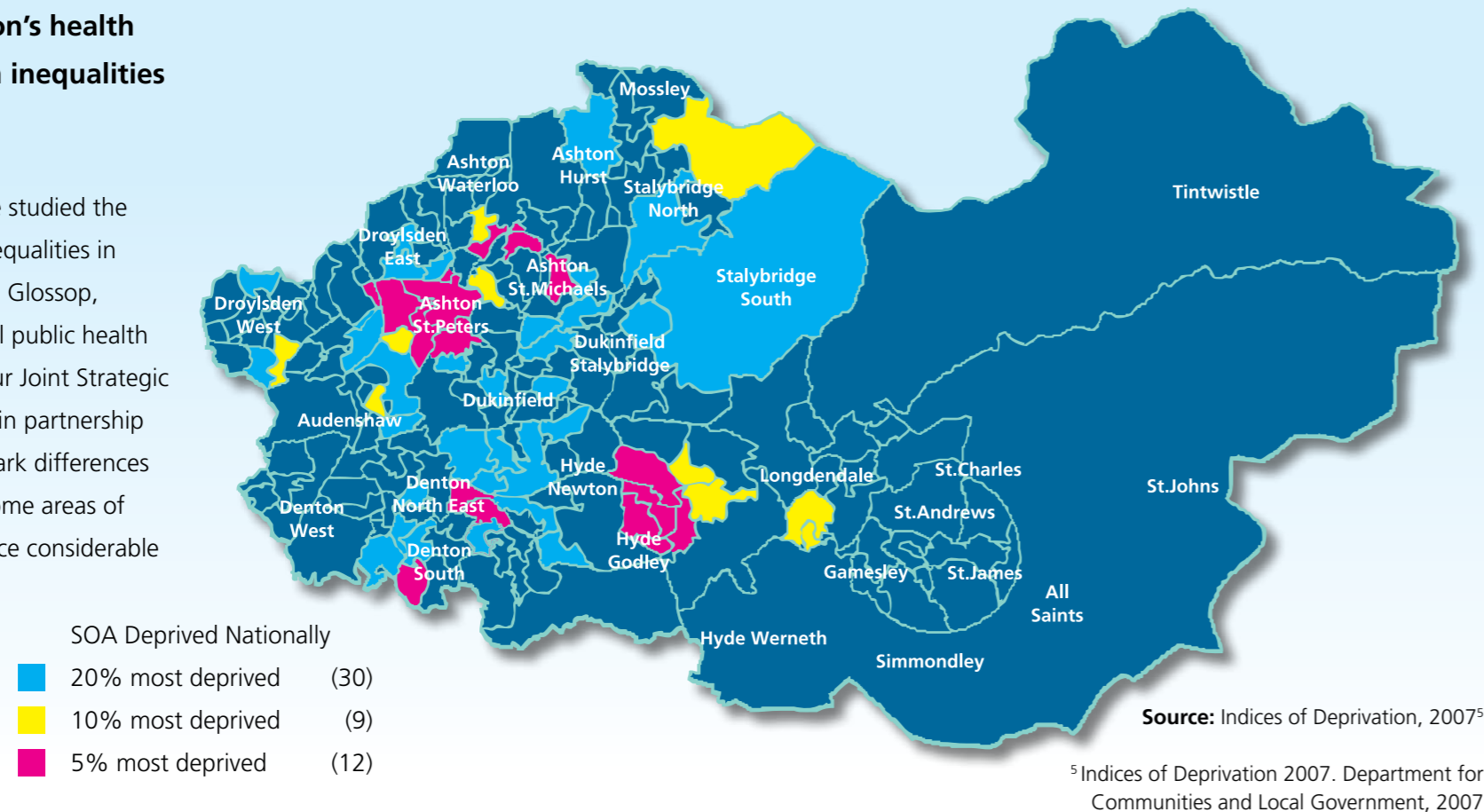
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Life expectancy for men and women in Tameside and in Glossopdale

Deprivation is a major factor influencing our population's health needs, influencing health inequalities and life expectancy.

Over the last few years we have studied the extent of material and social inequalities in the population of Tameside and Glossop, and described this in our annual public health reports, and more recently in our Joint Strategic Needs Assessments carried out in partnership with the Councils. There are stark differences between electoral wards and some areas of Tameside and Glossop experience considerable deprivation.

Figure 2: shows which are the most deprived areas of Tameside and Glossop compared to the rest of England.



⁵ Indices of Deprivation 2007. Department for Communities and Local Government, 2007

It is our responsibility to tackle the underlying causes of premature death (deaths of people aged 75 or under) and chronic ill health that have the greatest impact on our population relative to the rest of England, and those that disproportionately affect particular communities. We therefore need to understand the causes and how to prevent them. These will relate both to the environment in which people live and, closely linked to that, their lifestyle and behaviour.

2.1 Causes of death

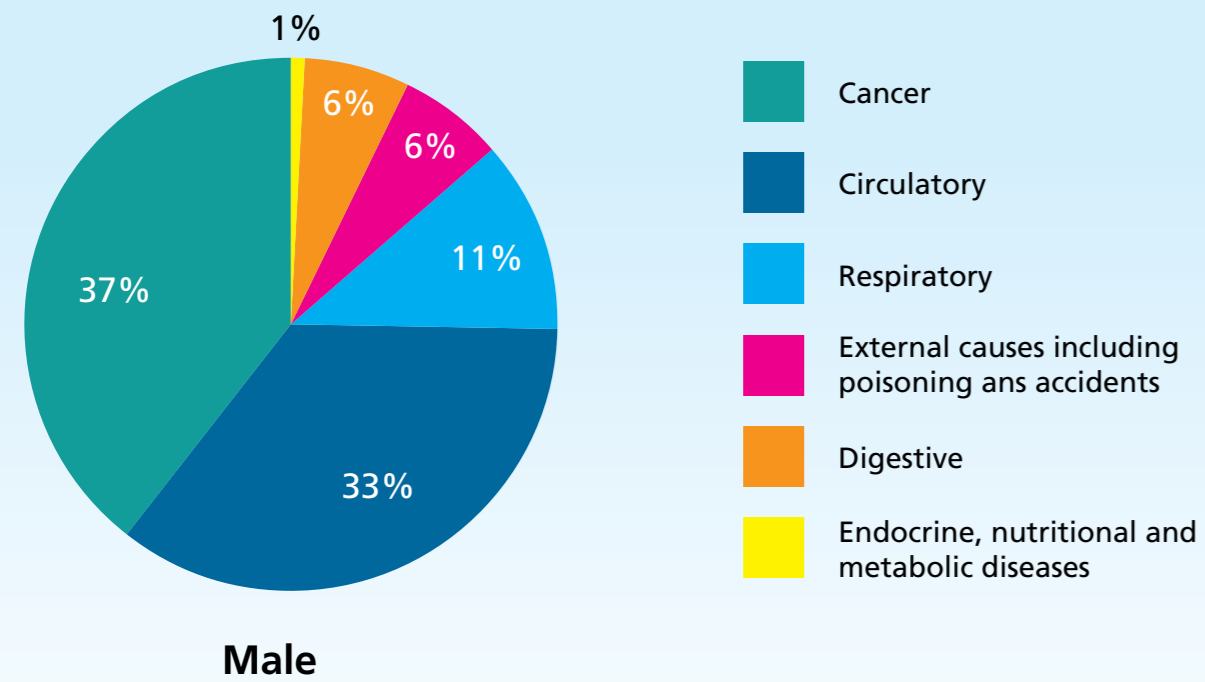
The main causes of death in Tameside and Glossop mirror those of England and the North West region. The most recent mortality data shows that circulatory disease (heart disease and stroke) and cancer remained the main causes of death (see figure 3). Circulatory disease accounted for 37% of all deaths and cancer 28%⁶.

Premature mortality

Deaths in people under 75 years are considered preventable and therefore premature. Figure 3 shows that a higher percentage of women die prematurely as a result of cancer than men (43% compared to 37%), but cancer is still the main cause of premature death for men. However, 33% of men die prematurely from circulatory disease compared to 28% of women.

⁶ Vital Statistics Tables, ONS, 2007

Figure 3: Causes of death under 75 years by gender in Tameside and Glossop, 2007



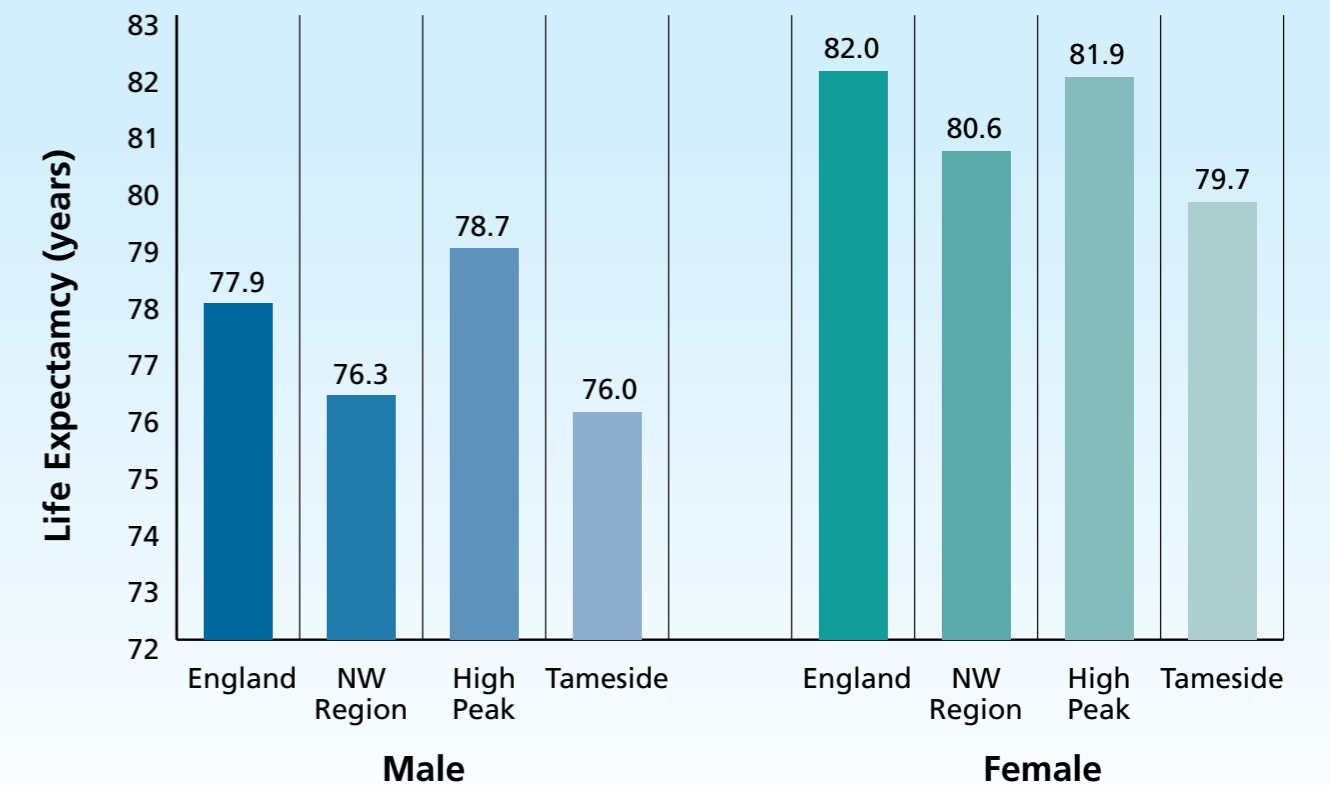
Source: ONS Vital Statistics Data Tables, 2008

Life Expectancy

Figure 4 shows that in 2006-2008, life expectancy for Tameside males and females was near to two years less than the national average. In High Peak, male life expectancy was 78.7 years, and female 81.9 years – almost a year longer than the national average for men and four months less for women.

Source: National Centre for Health and Outcomes Development, 2009.

Figure 4: Local and national life expectancy at birth in years by gender, 2006-08

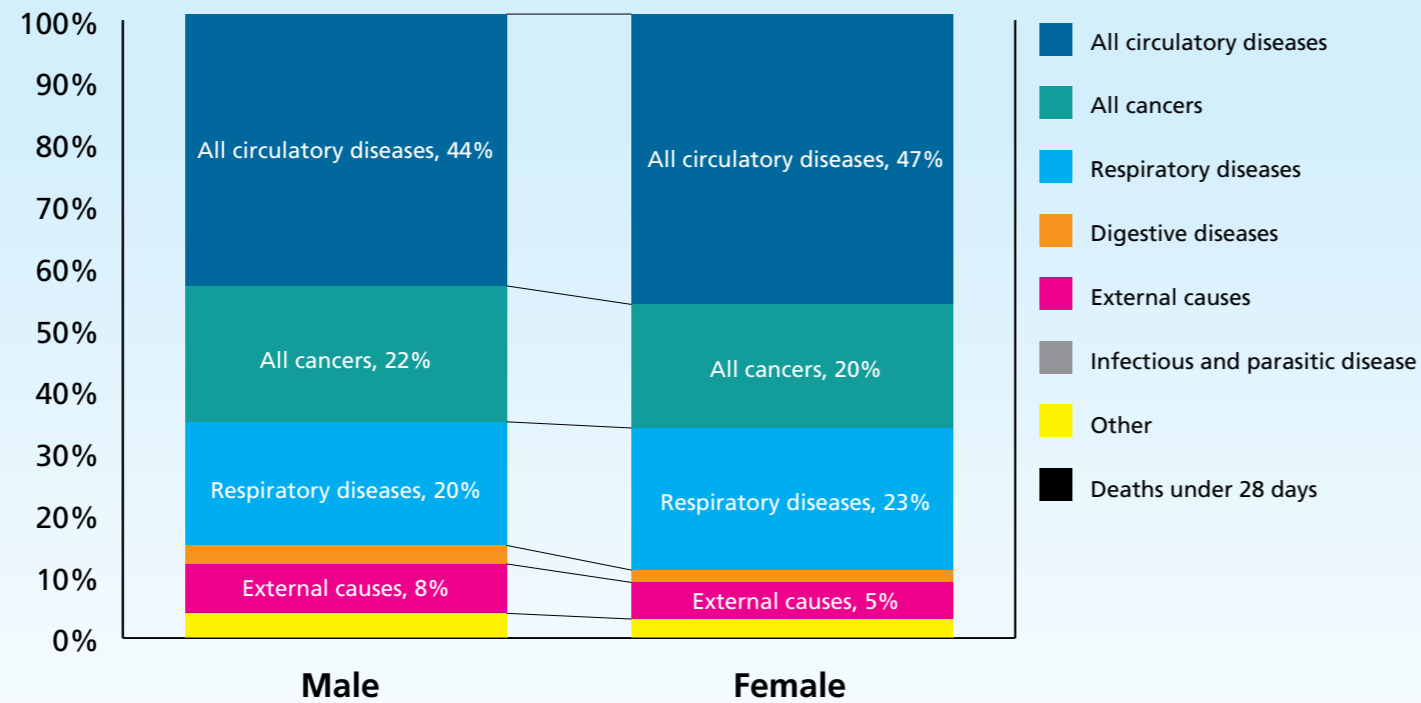


Since 2001-3 life expectancy in Tameside has improved by 2.4 years for men and by 1.1 years for women. In High Peak, men's life expectancy has increased by 2.1 years, with life expectancy for women increasing by 1.1 years. Both are in line with national trends.

Overall we have a 10-year difference between the wards with the highest and lowest life expectancy.

Source: London Health Observatory (LHO), 2010

Figure 5: Breakdown of the life expectancy gap between Tameside and England, by cause, 2006-08



If we compare the underlying causes of premature deaths in Tameside (shown in figure 5) with the rest of England, we see that the big difference is in the proportion of people who die of circulatory disease (heart disease and stroke). This accounts for nearly half the gap – 44% in males and 47% in females. For males, cancers are the next most significant contributor to the gap (22%) followed by respiratory diseases (20%). In females, respiratory diseases (23%) are the second most significant contributor, followed by cancers (20%). (Comparative data is not available for Glossopdale).



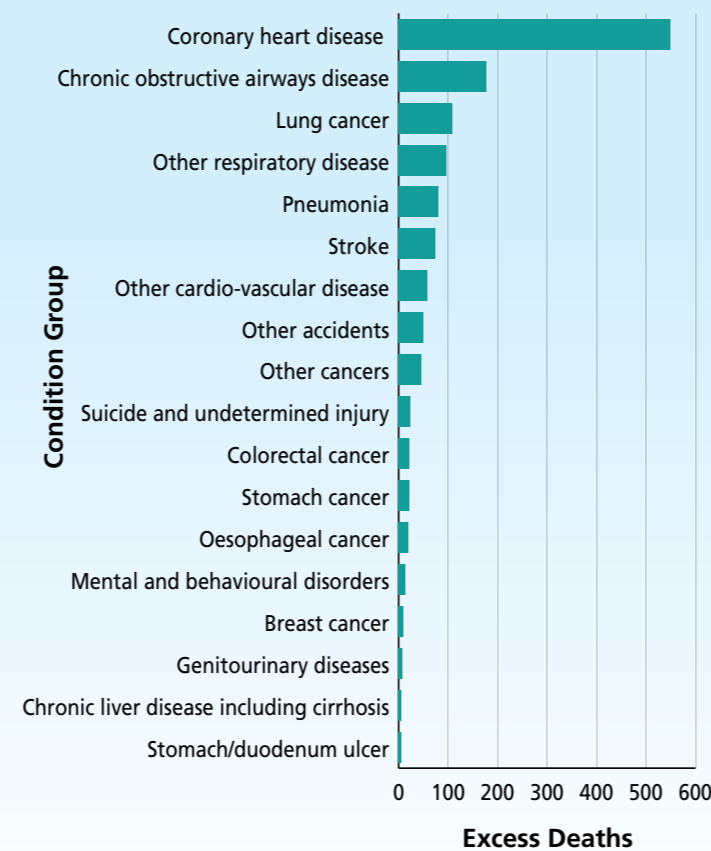


Table 1 and figure 6 display the excess deaths (compared to expected levels) in the population of Tameside by condition, compared to the England average. The largest contributor is coronary heart disease accounting for 40% of total excess deaths.

Table 1 and Figure 6: Excess deaths in Tameside in comparison to the England average

Condition Grouping	Deaths
Coronary heart disease	550
Chronic obstructive airways disease	177
Lung cancer	109
Other respiratory disease	97
Pneumonia	79
Stroke	73
Other cardio-vascular disease	57
Other accidents	49
Other cancers	45
Suicide and undetermined injury	24
Colorectal cancer	22
Stomach cancer	22
Oesophageal cancer	20
Mental and behavioural disorders	13
Breast cancer	10
Genitourinary diseases	8
Chronic liver disease including cirrhosis	6
Stomach/duodenum ulcer	5
Total	1371

Source: London Health Observatory (LHO), 2010



Summary:

The information in this section gives us the key to what needs to be done to increase life expectancy in Tameside and Glossop compared to England as a whole. It demonstrates that compared to England more people die of largely preventable diseases, particularly heart disease, respiratory disease and cancers (especially lung cancer).

Lifestyle factors – especially smoking, harmful alcohol consumption, poor diet, and lack of exercise - contribute to these. They also contribute to other risk factors including diabetes, high blood pressure, obesity and high cholesterol.

However, lifestyle factors cannot be considered in isolation from the environment in which people live, which, as demonstrated by figure 1, shape their lifestyle choices and experience. Nor can they be considered in isolation from the services (including health services), which support communities, families, and individuals to better health.

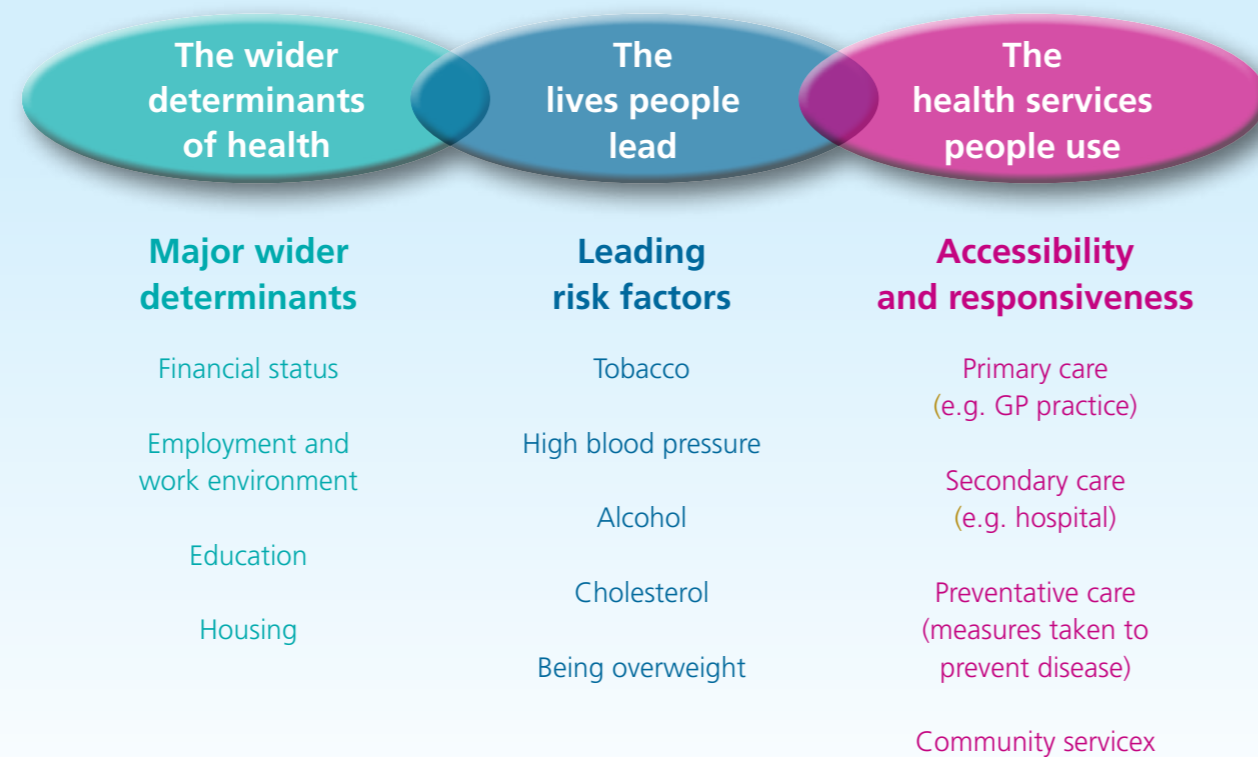
The next sections set out what is being done across Tameside and Glossop to support people in making healthier choices and in living longer and healthier lives.

2.2 The main causes of health inequalities

Figure 7 shows three areas which have important effects on how long people live and how well they are. They are in three groups:

- major wider determinants of health that shape people's life experience
- leading risk factors including both lifestyle factors such as smoking, and the physical risk factors rooted in lifestyle including obesity and high blood pressure
- health services

Figure 7: The causes of health inequalities



Source: National Audit Office, 2010⁷

⁷ National Audit Office (2010) tackling inequalities in life expectancy in areas with worst health and deprivation.

The rest of the report will describe, for each of the factors affecting life expectancy listed in the diagram, the effect on Tameside and Glossop's population and what is being done locally to improve life expectancy.



3

The wider determinants of health



Health inequalities result from a multitude of complex factors. People who experience financial pressures, insecure employment, lower educational attainment or poor housing are more likely to suffer poorer health outcomes and an earlier death compared to the rest of the population⁸.

3.1 Financial Status

The relationship between low income and poor health is well established. It operates in several ways. People on low incomes refrain from purchasing goods and services that maintain or improve health, or are forced to purchase cheaper goods and services that may increase health risks. Being on a low income also prevents people from participating in a social life and can leave them feeling they are less worthy or have a lower status in society than the better-off. The relationship can operate in both directions: low income can lead to poor health and ill health can result in a lower earning capacity.

There is substantial evidence that particular social groups are at higher risk of having a low income. Some groups have significantly reduced employment opportunities: they include disabled adults, people with mental health problems, those with caring responsibilities, lone parents and young people. Many of the social and economic problems that lone mothers are exposed to are made worse by exclusion from paid work and lack of income. An increase in income leads to an increase in psychological wellbeing and a decrease in anxiety and depression. The more debts people have, the more likely it is that they will have a mental disorder⁹.

⁸ Department of Health (2007) Health Inequalities - Wider social determinants

⁹ The Marmot Review (2010) Fair Society, Healthy Lives

Promoting financial inclusion and tackling income inequalities

Promoting the take-up of benefits and tax credits is an essential component of any strategy to improve people's financial position. Low take-up of means-tested welfare benefits and tax credits has a direct impact on the living standards of those not in work and those in low paid employment. This will in turn have a detrimental effect on health.

Tameside Metropolitan Borough Council (TMBC) is working with partners to promote the take-up of welfare benefits amongst vulnerable people. They train front-line staff, especially those who

work with families, to identify where their patients or clients are not claiming the benefits they are entitled to. Those identified are referred for support in making claims. Other groups supported in financial planning are those getting into mortgage arrears. Tameside Council also run programmes to increase citizens' competence in financial issues.

In some of the most socio economically deprived areas of Tameside and Glossop credit unions have been established which enable members to borrow money at affordable rates and reduce their vulnerability to loan sharks.

The Denton South Partnership (local agencies and local people working together) recognised

that people who need access to services do not always seek help and support early enough, particularly during difficult economic times. Many people fail to claim their full entitlement of benefits, some are attracted into exploitative and unregulated loan arrangements and many do not take up services available to them, often because of the stress and complications of everyday life.

Responding to this, local agencies including NHS Tameside and Glossop Health Improvement Services, Irwell Valley Housing Association, Tameside's Citizens Advice Bureau, TMBC Affordable Warmth Programme, Cash Box Credit Union, Work Solutions and Denton South Children's Centre Services came together in a

pilot project to take services, help and support closer to homes in a mobile bus. The project was very successful, with all the agencies involved recognising the strengths of delivering services in a more flexible, mobile and direct way.

There is a plan to implement a second phase of this project in Haughton Green in Denton and Micklehurst in Mossley in 2011. Plans are also underway to set up a local credit union in Micklehurst.

3.2 Employment and work environment

The Marmot Review highlighted that employment and being in work is a key determinant of health outcomes. Not being in work has a detrimental impact on health.

Rates of unemployment are highest among those with no or few qualifications and skills, people with disabilities and mental ill health, those with caring responsibilities, lone parents, those from some ethnic minority groups, older workers and, in particular, young people. When in work, these same groups are more likely to be in low-paid, poor quality jobs with few

opportunities for advancement, often working in conditions that are harmful to health. Many are trapped in a cycle of low-paid, poor quality work and unemployment. Insecure and poor quality employment brings threats to physical and/or mental health, from conditions caused by work, that can lead to absence due to illness, and so to worklessness. Principal among work-related conditions are common mental health problems and musculoskeletal disorders such as back pain and arthritis. Being without work is rarely good for one's health, but while working in decent conditions is linked to positive health outcomes, jobs that are insecure, low-paid and that fail to protect employees from stress and danger make people ill.

There are three ways in which unemployment increases levels of illness and premature deaths. First, financial problems as a consequence of unemployment result in lower living standards, which may in turn reduce ability to participate fully in the community and lower self-esteem. Second, unemployment can trigger distress, anxiety and depression. Many psycho-social factors contribute to poor health not only among the unemployed themselves, but also among their partners and children. Loss of work results in the loss of a core role which is linked with one's sense of identity, as well as the loss of rewards, social participation and support. Third, unemployment impacts on health behaviours, being associated with increased smoking and alcohol consumption and decreased physical exercise¹⁰.

The Workplace

NHS Tameside and Glossop and Tameside Council fund a programme to promote services to improve the health of Tameside employees. The Workplace Programme links with key partners to promote services offered by the Health Improvement Team, Sports Development, Tameside Sports Trust and dental services.

Through its **'Wellbeing at Work'** initiative the Work Place Programme, works alongside NHS Tameside and Glossop's Health Improvement Team delivering on-site health checks and life-style advice. The health checks have resulted in increased referrals into the Health Improvement Services including the Health Trainer Programme, Weight Matters and Stop Smoking Service.

The main focus up to December 2010 was **'Safe and Sensible Drinking'** encouraging businesses to adopt workplace alcohol policies. Plans for future work includes campaigns on mental health, back care at work and affordable warmth.

¹⁰ The Marmot Review (2010) Fair Society, Healthy Lives



The Work Programme

An estimated 11,000 Tameside residents will be involved in the newly launched **“Work Programme”** which aims to support unemployed people, especially the long term unemployed, back into work. It is planned to support this through clear pathways into health improvement, mental health and other services in order to address health issues as an underlying cause of worklessness.

3.3 Education

Higher educational attainment is associated with healthier behaviour. Those educated to degree level are not only more likely to be in full-time employment than those with lower educational attainment, but are also less likely to smoke and be over-weight, and more likely to exercise regularly and eat well. Birth weight, mother's postnatal mental health, being read to every day, and having a regular bed time at age three are all related to a child's chance of doing well in school. These predictors and the subsequent attainment of children and young people are in turn strongly influenced by parental income, education and socioeconomic status. The social position of

parents accounts for a large proportion of the difference in educational attainment between higher and lower achievers. These differences emerge in early childhood and tend to increase as children get older¹¹.

Every Child Matters set out a national framework that focussed on change at a local level to meet the different needs of children and young people to help them reach their full potential.

It proposed that:

- Children and young people would have positive experiences that would improve their wellbeing if they attended school and got educational qualifications.

¹¹ The Marmot Review (2010) Fair Society, Healthy Lives

- Education would help children and young people achieve financial independence.
- Education helps address the wider determinants of health by providing better chances for employment, higher income and better housing leading to better health outcomes¹².

The Children and Young People's Plan is a joint strategy of Tameside Children's Trust with partners which includes NHS Tameside and Glossop. The Plan provides a framework for partners to work together to improve outcomes for children and young people in the Borough.

The key achievements in 2010 have been around:

- Increasing the proportion of young people moving into education, training and employment.
- Raising attendance and attainment at all phases of learning with a strategic focus on vulnerable children and looked after children.
- Reducing bullying in schools.
- Improving attendance in school.
- Promoting inclusion to enable participation through the Inclusive Schools Award.
- Reducing the rate of school exclusions.

All partners are working towards increasing opportunities for children and young people to move into education, employment and training. The partnership also continues programmes to support vulnerable children, looked after children and work on narrowing the gap for the lowest achieving children¹³.

¹² Every Child Matters (2003)
Online available at: www.everychildmatters.gov.uk

¹³ Tameside Children's Trust - Children and Young People's Plan 2010-2013



3.4 Housing

There is substantial evidence of a social gradient in the quality of neighbourhoods. Poorer people are more likely to live in more deprived neighbourhoods. The more deprived the neighbourhood, the more likely it is to have social and environmental characteristics presenting risks to health. These include poor housing, higher rates of crime, poorer air quality, a lack of green spaces and places for children to play and more risks to safety from traffic.

Bad housing conditions – including homelessness, temporary accommodation, overcrowding, insecurity, and housing in poor physical

condition – constitute a risk to health. A study carried out by Shelter in 2006 suggested that children in bad housing conditions are more likely to have mental health problems such as anxiety and depression, contract meningitis, have respiratory problems, experience long-term ill health and disability, experience slow physical growth and have delayed cognitive development. These adverse outcomes reflect both the direct impact of the housing and the associated material deprivation.

The Tameside Housing Strategy proposes to tackle low standard housing and homelessness through:

- Increasing the provision of affordable housing in the Borough

- Working with private developers to improve the supply of new housing suitable for older people
- Reducing homelessness by providing support for people struggling with mortgage payments and repossessions
- Supporting asylum seekers and Central European migrants to meet their housing needs
- Improving estates and areas with substantial proportions of social housing by improving the quality standard of housing facilities and thereby improving the health of the residents¹⁴.

¹⁴ Tameside Housing Strategy 2010 -2016

Affordable warmth

Cold housing is a health risk. Cold is believed to be the main explanation for the extra **'winter deaths'** occurring each year between December and March. Being able to afford to keep a warm home is a key factor. A household is said to be in fuel poverty if it needs to spend more than 10 per cent of its income on fuel to keep the house warm.

Research demonstrates that cold and damp houses increase the chances of residents becoming ill, especially the elderly or those with chest and heart problems. The benefits of improved housing on health have also been demonstrated.

Colder houses place more physical stress on older people, babies, and sick people, who have less robust thermoregulatory (body temperature) systems and are also likely to spend more time indoors, therefore spending more money heating their home. The efficiency of domestic energy is particularly important for these groups because money spent on energy cannot be spent on other necessities such as food¹⁵.

About a fifth of Tameside households are in fuel poverty. Tameside MBC in partnership with NHS Tameside and Glossop joined the **Affordable Warmth Access Referral Mechanism** (AWARM) network in the autumn of 2009. AWARM is a cross-referral network that operates

across Greater Manchester, run by the Energy Saving Trust. The scheme trains front-line staff such as health care and social workers who are in contact with vulnerable individuals to identify when they may be living in fuel poverty and to refer them to the AWARM team. The team offer a range of support including help with access to grants for insulation or advice on lower fuel tariffs.

¹⁵ NHS Tameside and Glossop (2010) Local Enhanced Service for Affordable Warmth

4 The lives people lead – Leading risk factors

In addition to the AWARM scheme a borough-wide marketing campaign and road show called **'Kill the Chill'** was undertaken during the winter months including **'Warm Front'**, a targeted mail out that advises callers on eligibility for heating, insulation grants, and other support. This work publicised a free phone advice line to the Energy Saving Trust who can identify what grants for heating and insulation people might be eligible for.

The **'Kill the Chill'** campaign was launched again for a second year in Tameside in October 2010 through to the end of March 2011. The campaign uses a variety of media to raise awareness of the importance of staying warm in the winter and the help that is available to do



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this. Calls to the Energy Saving Trust increased by almost 400% during this period. Over the year, calls to the Energy Saving Trust resulted in 740 properties in Tameside benefitting from replacement boilers, loft and wall insulation to a value of £ 2.4 million during 2010/11.

4.1 Tobacco

Smoking harms nearly every organ of the body, and reduces quality of life and life expectancy. The Chief Medical Officer recognises that tobacco plays a role in perpetuating poverty, deprivation and health inequality¹⁶. Smoking has been identified as the single biggest cause of inequality

in death rates between rich and poor in the UK, with smoking being responsible for over half of the difference in risk of premature death between social classes¹⁷.

Smoking causes many diseases including lung cancer, bronchitis, emphysema, heart disease and cancers in organs including lip, mouth, throat, bladder, kidney, stomach, liver and cervix. It significantly increases the risk, compared to non-smokers, of heart and circulatory disease, chronic obstructive pulmonary disease (COPD) and osteoporosis, amongst other illnesses¹⁸.

It has been estimated that 18% of all deaths are caused by smoking. This means that in Tameside and Glossop, around 500 deaths a year are

attributable to smoking. The local smoking rate is higher than in England and is the third highest in Greater Manchester and sixth highest in the North West.

¹⁶ Department of Health, 2008. Excellence in Tobacco Control: 10 high impact changes to achieve tobacco control. http://www.dh.gov.uk/en/Publicationandstatistics/Publications/PublicationsPolicyAndGuidance/DH_084847

¹⁷ Jarvis and Wardle, 2005, as cited by ASH Smoking and Health Inequalities, 2005, www.ash.org.uk/files/documents/ASH_98.pdf

¹⁸ Tameside and Glossop Tobacco Control Needs Assessment 2009.



What makes a difference?

There are a number of ways that we do work effectively to reduce tobacco consumption in Tameside and Glossop. These include supporting people to quit, tackling illegal tobacco, underage sales, and changing the social expectation so that smoking is no longer seen as “normal” behaviour, especially by pregnant women and in front of children.

What have we achieved?

We have reviewed our Stop Smoking Service to check that it was reaching those groups who smoked the most – including those in areas of socio-economic deprivation. We found that the

service was meeting the needs of communities that have a high smoking rate or who are affected most by smoke and smoking¹⁹.

Our key achievements in 2010 were:

- The review of the service highlighted that it has high level of success in getting people to quit compared to other parts of England
- We have trained 450 front-line staff to give advice to smokers to encourage them to quit
- We have delivered a new scheme that offers pregnant women who smoke a referral to a specialist advisor – over 500 women were referred in 2010

What have we got planned?

- Train an additional 350 staff to give advice on smoking
- We aim to target 1000 additional referrals in 2011-2012 from hospital and community services
- Widen the availability of smoking cessation advice through a Pharmacy service to support at least 200 people to achieve the 4 week quit stage

¹⁹ Tameside and Glossop Tobacco Control Needs Assessment 2009. NHS Tameside & Glossop, 2009.

- Roll out the ‘Take 7 Steps Outside’ project as a part of the Smokefree Northwest Campaign that urges all parents to be aware of the harm that secondhand smoke can cause to their children’s health and how they need to take at least 7 steps outside of the house to ensure that the smoke does not drift back in.
- Deliver a pilot project to raise awareness among the BME community about dangers of chewing tobacco and water pipes where people often don’t appreciate the high risks to health

- Take forward the provision of systematic support for people with severe and enduring mental illness who want to quit smoking.
- Continue working with the Trading Standards to reduce the availability of illicit and illegal tobacco
- Plan a workshop with partners to consider how best to protect children and young people from tobacco and deter them from starting smoking

For more information, contact the **Stop Smoking Service** on **0161 366 2000**.

4.2 High Blood Pressure (Hypertension)

High blood pressure increases the chance of heart attack or, even more significantly, stroke. Blood pressure can be reduced to safer levels through medication and through lifestyle change.

Drinking alcohol and being overweight or obese both significantly increase the risk of having high blood pressure. High blood pressure is the underlying cause of a third of alcohol related hospital admissions²⁰. People who consume more than two alcoholic drinks per day are at a higher risk of developing hypertension compared to those who do not drink alcohol²¹. Obesity increases risk of hypertension by around fourfold in men and threefold in women²².



What makes a difference?

High blood pressure affects between a quarter and a third of the population²³. We know that high blood pressure can be lowered by improving lifestyle – especially by quitting smoking, increasing physical activity, cutting down alcohol and losing weight. Medication is also very effective and doctors have an important role to play in checking

patient's blood pressure and making sure that they have the appropriate medication, lifestyle advice, and regular review and monitoring.

²⁰ NWPFO (2009)

²¹ Howard, D., et. al. (2008) Alcohol Consumption and the Risk of Hypertension in Women and Men

²² National Institute for Health and Clinical Excellence (NICE), Management of Hypertension in Adults in Primary Care, Clinical Guideline 18, 2004

²³ NHS Choices (2010)

What have we achieved?

NHS Tameside and Glossop launched the “**NHS Health Check**” programme in May 2010. Patients aged between 40 and 74 who have no heart or circulatory problems are invited to attend their GP surgery for their health check this includes blood pressure and cholesterol checks and questions about their lifestyle. Anyone identified as at risk of heart disease or stroke is then supported to make lifestyle changes and prescribed the necessary medication.

What have we got planned?

In 2011, we will increase the availability of the NHS Health Check to ensure that the whole population of Tameside and Glossop has access to this service, and we will look at ways of providing the checks in community venues as well as in GP surgeries to increase uptake.

We will advertise the NHS Health Check to encourage anyone invited for a check to attend.



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4.3 Alcohol

Alcohol consumption rises with disposable income. Higher proportions of better-off groups drink above the recommended limits and lower proportions abstain than in less well-off groups. Despite this, alcohol-related harm is closely related to socio-economic deprivation.

Harmful alcohol use affects many aspects of individual and community life, increasing levels of violence, crime, disorder and anti-social behaviour. Alcohol use is a risk factor for hypertension, itself a risk factor for stroke and heart disease. Harmful drinking increases the risk of developing many types of cancers including

breast and stomach cancer and other potentially serious digestive disorders including liver and pancreatic disease²⁴.

What makes a difference?

To deal effectively with alcohol-related harm in Tameside and Glossop, we need to:

- Ensure front line staff recognise alcohol-related harm and give advice to help people to cut down.
- Work with hospital wards and Accident and Emergency to identify and deal with alcohol-related harm

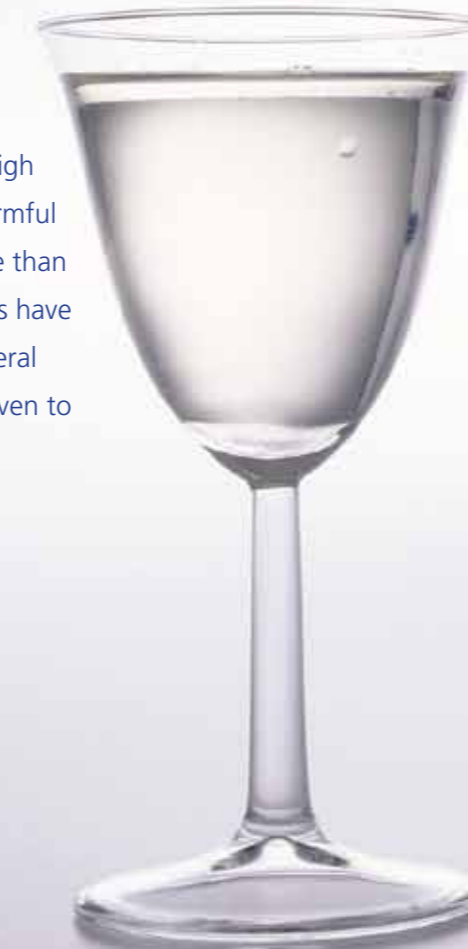
- Ensure we have effective specialist alcohol services
- Work with our partners to make sure we limit alcohol-related harm through town centre safety measures, responsible licensing policy and enforcement, for example prosecuting those who sell alcohol to minors.

²⁴ Department of Health (2009) Signs for Improvement – Commissioning interventions to reduce alcohol related harm.

Improving life chances in Tameside and Glossop

What have we achieved?

- We have provided training for front-line staff in health, social care, housing, police and other agencies to enable them to recognise alcohol-related harm and give appropriate advice.
- We have worked with Accident and Emergency staff to ensure that patients arriving with alcohol-related injury or illness are recognised and advised.
- We have encouraged general practice to assess patients with high blood pressure for harmful drinking. So far, more than two thousand patients have been screened in general practice and advice given to those who need it.



What have we got planned?

- We want to make sure that groups especially vulnerable to alcohol-related harm are supported by services to meet their needs – especially children and families, those with mental health problems and those who have been arrested.
- We want to make sure that family doctors identify patients with alcohol-related harm and support them. We also want to train more front-line staff.
- We want to build on work with the hospital to ensure that patients who are admitted for harmful and dependent drinking are offered treatment and support.



4.4 Cholesterol

Having a high level of cholesterol in the blood-stream increases the risk of developing heart disease and stroke²⁵. As these lifestyle factors are prevalent in Tameside and Glossop it can be predicted that prevalence of high cholesterol is higher locally than for England as a whole. Those most at risk are older people, those of Indian, Pakistani or Bangladeshi descent, and those with less healthy lifestyles such as the physically inactive, those with diets high in saturated fats, or who have a high alcohol intake²⁶.

What makes a difference?

Blood cholesterol levels can be reduced through improved lifestyle, for example through increased physical activity, reduced alcohol intake, eating a lower fat diet, increasing fruit and vegetable intake, and giving up smoking²⁷.

Doctors have a key role in identifying patients with high cholesterol and prescribing anti-cholesterol drugs (statins), controlling high blood pressure, and giving lifestyle advice.

²⁵ British Herat Foundation (2010)

²⁶ CVD Health Needs Assessment (2010)

²⁷ Tameside and Glossop CVD Health Needs Assessment (2010)

What have we achieved?

To support the lifestyle checks and work by general practice we produced information on what is available locally in terms of physical activity, smoking cessation, weight management programmes and community support. We distributed this to GP practices and other front-line health staff, to hospital staff and to Council staff, (for example in housing) to help them direct their patients, clients and customers to lifestyle support. We also trained staff to give lifestyle advice.

As part of a trial service, patients who have been identified at risk for heart disease and stroke are offered an assessment by one of the community

nursing teams or by their GP practice. The assessment includes lifestyle advice, blood pressure check, manual pulse check, height and weight and medicine usage. Patients are supported to understand their conditions, for example raised cholesterol or high blood pressure, and how to improve it through self care.

What have we got planned?

Extending the lifestyle checks already described will help detection and treatment of those with raised cholesterol. Further work is taking place to encourage family doctors to monitor and control their patients' cholesterol levels.

4.5 Being overweight

Obesity is becoming increasingly common across all social groups, but is particularly associated with socio-economic deprivation across all age ranges²⁸. During the last twenty years there has been a rapid increase in levels of people being overweight or obese. The health risks of obesity are considerable. People who are overweight or obese are at a greater risk of diabetes, coronary heart disease and cancer²⁹. Estimates suggest that obesity reduces life expectancy by between three and 13 years³⁰. This rise in obesity and its effects on health is causing concern nationally and internationally^{31 32}.

²⁸ The Marmot Review (2010) Fair Society, Healthy Lives

²⁹ Department of Health (2004) Choosing Health: making healthy choices easier. London: Department of Health.

³⁰ Department of Health (2008) Healthy weight, Healthy Lives: A toolkit for developing local strategies. London: Department of Health.

³¹ Mackenbach, J. P (2005) Health Inequalities: Europe in profile. An independent expert report commissioned by and published under the auspices of the United Kingdom presidency of the European Union, October 2005.

³² WHO (2006) Obesity and Overweight. Fact Sheet No 311, September 2006.



What makes a difference?

Where and how we live and the lifestyle choices we make affect our chances of putting on weight. We need to encourage people to adopt a healthier lifestyle, by making healthy food choices and being more physically active. We also need to raise awareness about the health risks of being overweight and obese.

Overweight and obese children are more likely to grow up to be overweight or obese in adulthood, hence we need to focus on preventing childhood obesity.

What have we achieved?

Some of the key achievements across Tameside and Glossop include:

- Significant investment in local parks and open spaces to encourage active leisure.
- The Healthy Choices Award accredits food outlets that sell healthier options. Approximately 100 local businesses currently have the award.
- 95% of Tameside and Glossop children in Reception and Year 6 have been weighed and measured as part of a national programme to monitor obesity levels.
- MEND (Mind, Exercise, Nutrition...Do it!), a national programme which provides weight management services for children and families, has provided support to more than 115 families in Tameside and Glossop during the year.
- All Tameside and Glossop schools have travel plans which encourage pupils to walk or cycle to school. Many local employers have adopted sustainable travel plans for workforce and clients to encourage walking or cycling to work.
- One to one or group weight management services are available to all Tameside and Glossop residents with specialist support from dietetics, psychological services, anti-obesity prescribing or surgery available to those who need them.
- Staff working with infants or children are trained to identify those who need help to attain or maintain a healthy weight and family-based programmes are available to support them.
- Tameside Council's Sports Development Service and Tameside Sports Trust have developed services to support at-risk, vulnerable and least active groups providing specific sessions and facilities.
- Last year 400 obese patients were assessed and supported to lose weight by trained weight management advisors in general practices.

What have we got planned?

We have updated our Tameside and Glossop healthy weight strategy which commits health and council services to a structured approach to preventing and managing obesity in Tameside and Glossop as set out above and monitors and evaluates the success of our delivery plan.

The health services people use – Accessibility and responsiveness



5.1 Primary Care (e.g. GP practice)

The term primary care encompasses services provided by GP practices, dental practices, community pharmacies and optometrists. GPs act as the first point of contact for patient care and co-ordinate patient care within the NHS. GP practices also have a close relationship with the wider community services – social care and health services³³.

³³ Department of Health (2010)

What makes a difference?

Primary care offers continuity in patient care based on a long-term trusting relationship between the patient and doctor. Doctors and community based primary care services offer individualised, tailored, needs-based planning of patient care.

What have we achieved?

Some of the key achievements in primary care, in relation to GP practices include:

- We have opened four new GP practices to help increase registration and get more patients to register if they have not already got a GP.
- Launch and delivery of the **“NHS Health Check”**. The NHS Health Check is a few straightforward health tests and some simple questions about a patient’s medical history. As described in the section on CVD, NHS Health Check is for adults in England aged between 40 and 74. Residents invited for an NHS Health Check

are offered a series of routine tests that identify risk of developing heart disease and stroke, kidney disease and mature-onset diabetes. Those tests will be followed by advice and, if necessary, treatment to help reduce risk of these diseases and maintain or improve health.

- GP practices have been supported to improve the registers that they keep of patients with heart disease, stroke and other long term health conditions, and to improve the care of patients by referring them to services that can help in making lifestyle changes and by treating patients to control their blood pressure or blood cholesterol in line with national guidelines.

- Improved services for patients suffering TIAs (mini strokes). Better and rapid treatment of TIAs can significantly reduce the risk of a stroke. Patients who have a TIA can now be seen for specialist tests and treatment within 24 hours of an appointment with their GP or attending A&E.

We plan to:

- Further increase availability of the NHS Health Check programme.
- Continue to encourage GPs to keep full registers of those with long-term health conditions and to provide prevention and care to the patients to the highest standard.
- Continue to develop out TIA service including training and education for primary care staff in order to reduce further the numbers of our population suffering strokes.



5.2 Secondary Care (e.g. hospital)

The term secondary care refers to acute healthcare and is either planned care or emergency care. NHS hospitals provide acute and specialist services, treating conditions which normally cannot be dealt with by primary care

specialists or which are brought in as an emergency. Patients are usually referred into secondary care from primary care.

What makes a difference?

Secondary care offers access to highly trained specialists such as doctors, surgeons, physicians, nurses, midwives and therapists for planned medical care and in emergencies.

What have we achieved?

We have developed a hospital based cardiac rehabilitation service to support patients after they have had a heart attack, and to refer patients for support in changing their lifestyle after illness.

We have piloted putting a GP into the A&E department at Tameside Hospital NHS Foundation Trust, along with the hospital staff, to meet the needs of patients whose treatment do not require that they wait to see a hospital doctor. This will be developed into a permanent arrangement based on the success of the trial.

What have we got planned?

In Tameside and Glossop the demand for urgent care services has increased over recent years.

Key areas of planned work for 2011-12 include:

- We are aiming to put services in A&E to assess, treat, discharge and/or divert patients to more appropriate care for example community services and NHS Direct. The service will also provide a single point of access for admission into hospital for patients requiring urgent care. Aiming to manage patients in the community and close working with other health and social care providers will be

essential to ensure that patients are only admitted to hospital when they can benefit from specialist or acute care.

- GP urgent care services: GPs will review the availability of appointments and home visits offered by the practice and looking at models for improving access where appropriate to meet need.
- We are working with Tameside Hospital NHS Foundation Trust and GPs to establish "ambulatory care" services within the hospital. This will provide access to rapid assessment and treatment for patients with conditions which do not need to be treated in hospital. This means patients can be

discharged home earlier with advice and support from community services.

- We have set up some recuperation beds to support the discharge of older people with complex needs from hospital. The service provides older people with therapy and nursing support to help them make the transition from hospital care to home. The PCT is looking to provide more intermediate care beds during 2011-12, enabling patients to be discharged from hospital in a more timely manner and reducing the risk of patient being exposed to hospital-acquired infections like MRSA.





- We are working with community services and Tameside Metropolitan Borough Council to ensure that services are in place to support older people in living independently at home.
- We have carried out a trial project in care homes to prevent residents from falling, ensure they are on the right medicines and respect their wishes at the end of their life, so that they are less likely to be admitted to hospital. This project was successful and we are looking to implement a similar service across all care and nursing homes in the near future.

5.3 Preventative Care (measures taken to prevent disease)

Vaccination and immunisation are key to reducing avoidable deaths and chronic or disabling illness for children, older people and vulnerable groups.

What makes a difference?

The Chief Medical Officer recommends that vulnerable groups including those aged 65 and over and those with respiratory and heart problems should be immunised to protect their health from the complications of influenza or pneumonia. Vaccination is also recommended for people at high risk of pneumococcal infections like bronchitis, sinusitis, pneumonia and meningitis, because they have a serious or long-term medical condition³⁴.

Seasonal flu is an annual vaccination while pneumococcal can provide protection for many years.

³⁴ NHS Choices (2009)

What have we achieved?

Nearly three quarters of Tameside and Glossop over 65s received the pneumococcal vaccination before March 2010, but uptake in the under 65s was much lower at 40%. Ideally every person in the at-risk groups should be offered the vaccine. Seasonal influenza vaccination coverage of individuals aged 65 or over, across the PCT, reached the target of 75% for the 2009/10 season. Levels in those under 65 have increased over recent years, and in 2009/10 reached 53%.

The uptake of childhood immunisations has continued to steadily improve; Measles, Mumps and Rubella vaccine uptake peaked at 92.6% during 09/10.

What have we got planned?

General practice will be supported with training and practice visits from the immunisation co-ordinator to maintain current trends and to improve vaccine uptake in the under 65 at risk groups.

5.4 Community services

Community services provide essential care to families and communities ranging from health promotion to end of life care. This care is provided in many settings, at critical points in people's lives, and often to those in vulnerable situations³⁵.

Community services provide consistent and high quality care which is efficient, responsive and personalised, and can be easily accessed by patients, families and communities. Community services also play an important role in working in partnership with other service providers such as family doctors, hospitals and social services³⁶.

The Health Improvement Service is one example of an effective community service in Tameside and Glossop. It delivers a range of services in community settings, with a focus on the most disadvantaged wards in Tameside and Glossop. Engaging people in services to improve their health can be a challenge as the risks of an unhealthy lifestyle may not be understood and even if they are acknowledged may not be acted upon. Services need to be easy to access and reach out to people at the point at which they are ready to make changes. Health improvement services are delivered free, with the exception of the low-cost exercise sessions, in local venues during the daytime, evenings and weekends.



³⁵ Department of Health (2011) Transforming Community Services.

³⁶ Department of Health (2010) Transforming community service overview.



What makes a difference?

There is much that can be done to improve the lives and health of our population whether they are at school, working age or beyond. Services that promote health, wellbeing and independence of older people and, in doing so, prevent or delay the need for more intensive or institutionalised care, make a significant contribution to improving health inequalities³⁷.

What have we achieved?

NHS Tameside and Glossop Provider Division (now Tameside and Glossop Community Healthcare) delivers a wide variety of healthcare services in the heart of the community. The services cover the whole population of Tameside and Glossop, from newborn babies to older people. The services are delivered close to peoples' homes, mainly at local NHS clinics. They include Health Improvement, Health Visiting, School Nursing, District Nursing, to Podiatry and Physiotherapy. This year our dedicated, award-winning staff continued to improve the Community Healthcare experience by focusing on Dignity in Care and working with patients to improve the quality of treatment and care.

Some of our key achievements are as follows:

District Nursing:

- The district nursing team has been re-organised to become a 24 hour/ 7 day a week service since January 2011.
- District nursing as part of long term conditions team give general advice about how to self manage conditions with emphasis on choosing healthier lifestyles. The team refer patients to specialist services as required.

³⁷ Fair Society, Healthy Lives (2010) The Marmot Review



Health Visitors:

- Visit all new mothers in the first two weeks of the baby's life.
- The Health Visiting Service has achieved 'UNICEF' baby friendly initiative accreditation for supporting breast feeding.
- A DVD focussing on dads' role in breast feeding has been produced.
- All health visitors have been trained on the Brazzleton new born behavioural observation system since November 2010. This promotes parent and infant relationships and secure attachment.

- The Early Attachment Service have produced the 'Getting it right from the start' booklet and DVD which promotes sensitive and responsive parenting and provides information about normal infant development and an understanding of baby talk, based on evidence from scientific studies in the field of early attachment. The DVD is distributed free of charge to all expectant mothers in Tameside.
- The parenting facilitator and health visitor nursery nurse have worked closely with Tameside Council to develop and provide parenting programmes to targeted families.

School Nursing:

- Continue to provide human papilloma virus vaccination to year 8 girls and achieved the national target last year.
- The national child measurement programme is underway which provides information on levels of overweight and obesity among school children.
- All secondary schools have a weekly drop-in for young people to discuss health issues confidentially.

Health Improvement Team:

- Smokefree, Tameside & Glossop's stop smoking service, supported 1904 people to quit smoking during 2009/10. In April a scheme was launched to ensure all pregnant smokers were referred to the service. With close co-operation from the maternity unit at Tameside General Hospital, this has resulted in 446 pregnant smokers being referred during the year, although it continues to be a challenge for some of this group to quit smoking. November saw the launch of the Smokefree Families campaign, in partnership with Tameside Council, encouraging smokers to take 7 steps outside to keep their homes and cars smoke free.

- In 2010 our Health Trainer service offered support to 894 local people to make a positive lifestyle change, the most popular goals being to improve diet and take more exercise. The extension of the service to people with chronic illness led to an increase in referrals from GPs and other health professionals and the service now regularly gives talks to newly-diagnosed diabetes patients through the **XPERT programme**. The physical activity programme, co-ordinated through the Health Trainer service, continues to be popular with people who are new to exercise, or becoming more active following serious health problems.

- The Weight Matters service has supported 712 local people to lose weight and reduce their waist measurement during 2010. Following consultation, the service has been redesigned to improve support for obese clients to lose 10% of their bodyweight, which significantly reduces the chances of developing serious illness. Individual appointments now complement the popular six week group based course. The service supports patients from GP practices that do not offer weight management service offering 1:1 support to help patients lose 10% of their bodyweight.



- The service has also reached out to many sections of the community who are less likely to use services: two pilot courses have been run with MIND for overweight clients with mental health problems, and two courses have been run for people with learning difficulties. A Weight Matters group featured on the BBC's Panorama programme giving their views about a tax on unhealthy foods.
- The Community Health Development team have worked closely in several disadvantaged communities throughout the year. Successes in Hattersley include the establishment of the weekly Zest Project to improve the wellbeing of local residents

by tackling issues associated with poor mental health and isolation. In Hyde a group of young Bangladeshi men have been working on improving their own lifestyles, focussing first on tackling factors causing stress in their lives. A pilot scheme in Denton South used a mobile bus to take services that people need most to their doorstep and was successful in linking people with debt counselling, affordable warmth, children's centres and a range of other services. Development work began in new areas including East Audenshaw and Mossley.

- The PCT has also worked with GPs and community services to support people who have a high number of A&E attendances or admissions. The project provided planned and structured support to meet patients' need to avoid unplanned and emergency attendance and admission.

Children and Young People's Health Mentors Team:

The Children and Young People's Health Mentor (CYPHM) service works within the community to provide an early intervention health mentoring programme for children and young people, mostly aged 16 years.

The health mentor service:

- Works with children and young people on health issues which include smoking, alcohol, drugs, emotional health and well being, healthy weight and sexual health.
- Offers lifestyle support to children and young people.
- Provides a team of health mentors including a mentor for children and young people with disabilities and a mentor for young women under 18 years at risk of having repeat conceptions.

- Provides information about the programme in user friendly formats to promote self referral to school staff; children and young people; parents and carers, and professionals working with children and young people.
- Works with other mentoring and early interventions services to ensure that there are no gaps in availability of services for children and young people.

The team delivered advice to over 5000 children and young people during January to December 2010. The CYPHM service gained national recognition when it won the Child Health category of the Nursing Times awards in 2010.

What have we got planned?

Plans for 2011 include a relaunch of the scheme to provide smoking advice through pharmacies; regular health improvement contributions to courses for patients living with disease, and extending community health development work into disadvantaged wards of Stalybridge and Dukinfield.

6 Conclusions

This report has set out the challenges to the health of Tameside and Glossop's population and what we know about how we can tackle these effectively:

- by improving the environment people live in and their ability to participate fully in society.
- by supporting them to make healthy lifestyle choices.
- by providing high quality services to prevent ill health, cure disease and care for those who need it.

The report gives some of the many examples of how health, council and other services across Tameside and Glossop deliver evidence-based services to meet the needs of our population. Through 2011 and beyond we will build on the progress we have made together.

An ageing population and finite resources are challenges we will continue to tackle and these are likely to be compounded by radical organisational change and the effects on our population of shifts in the global, national and local economy.

We hope that this report demonstrates the partnership commitment to using the area's resources in the best ways we can to improve the health, wellbeing and life chances of Tameside and Glossop's population.

Improving life chances in Tameside and Glossop

7 Recommendations

Partner organisations across Tameside and Glossop should..

- Develop leadership for health and wellbeing across Tameside and Glossop – recognising the key role played by high level advocacy in each partner organisation for the promotion of good health and well-being in bringing about change. This report has demonstrated what can be done by the councils, hospital, primary care organisations, the voluntary sector and others in advocating for health.

- Build the key role that front-line staff have in shaping the behaviours and expectations of communities, clients, customers and patients. Ensure that they integrate preventive advice, support, signposting and referral appropriately in their daily work in a systematic and evidence based way, and that staff are trained and supported in this delivery.

- Ensure that the environment – physical, social and economic – supports healthy behaviour change – current examples include promoting physical activity and active transport through addressing road safety and community safety; healthy work place initiatives; tackling contraband tobacco and alcohol and underage sales.

Notes

Improving life chances in Tameside and Glossop



If you require further information email – tam-pct.publichealthinfo@nhs.net