



Crompton/Halliwell
NEIGHBOURHOOD PLAN



Summary highlights

Crompton/Halliwell contains some of the most deprived wards in Bolton, with a much higher IMD 2015 (Index of Multiple Deprivation) score (47.8) than is average for Bolton (28.4). Residents of this neighbourhoods, which has a BME population of 28% compared to an average of 18% across Bolton, are comparatively twice as likely to be unemployed and long term unemployed.

Challenges

- Life expectancy in Crompton/Halliwell is significantly lower than the Bolton average. Male life expectancy is 73.7, almost 5 years lower than for Bolton (78.1 years), and nearly 3 years lower for females, 78.8 years compared to 81.6.
- Hypertension is 50% more prevalent when compared to Bolton.
- Key measures (mental health and diabetes) appear lower than anticipated.

Health priorities

- Mental health
- Substance misuse
- Benefits/social deprivation

Statutory service issues

- Links and relationships with social services are underdeveloped. This leads to a reduced ability to productively and effectively engage with these services, particularly in relation to communication.
- Much would be gained from improved input from the Benefits Agency and more joined up working generally to the benefit of patients
- Named individuals (or a comparable function) to take responsibility for the patient to improve coordination with general practice, for instance mental health worker and social worker.

Voluntary sector

- To have the ability to understand the range of voluntary services through, for example, the DxS system would be welcome.
- In particular, advice on navigating through the complex benefit system would be welcome
- The role of the Community Asset Navigator to improve access to VCS was welcomed.

Priority actions

1. Improve support for patients on the increasingly complex benefit system
2. Identifying named individuals for mental health and social workers
3. Improve utilisation of the voluntary and community services for priority areas.

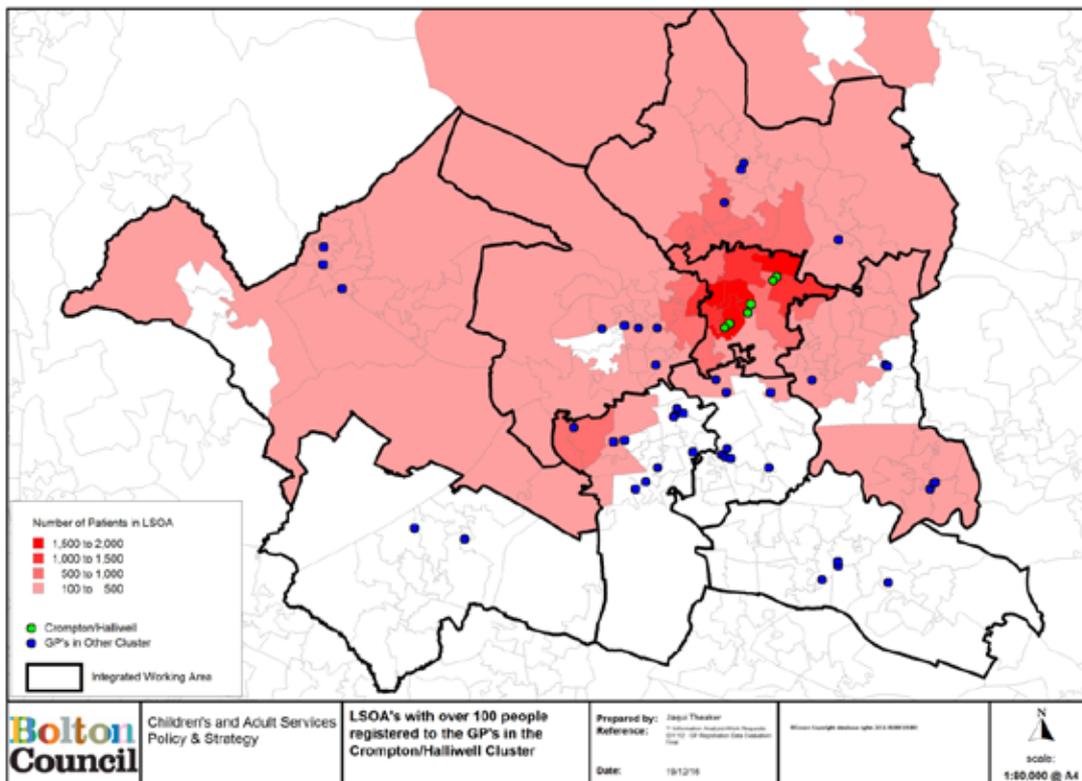
Demographics

The Crompton/Halliwell neighbourhood has a patient population of 34,105 patients.

The neighbourhood has eight practices with patient numbers ranging from 2,120 in Charlotte Street Surgery to 6,400 in Kirby-Crompton Health Centre:¹



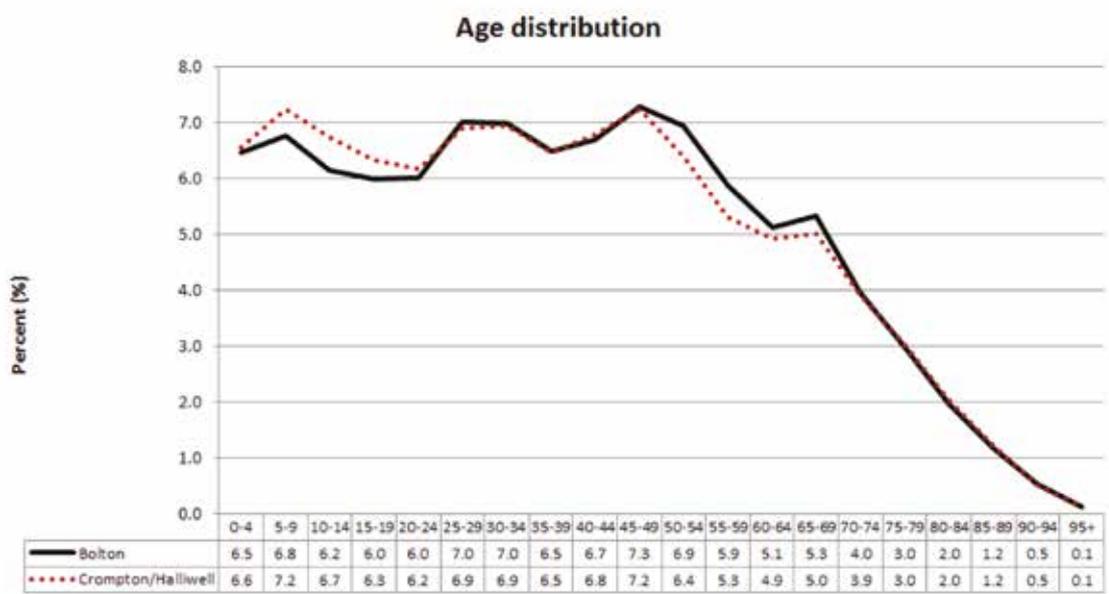
- Halliwell Surgery 1
- Halliwell Surgery 2
- Halliwell Surgery 3
- Crompton Health Centre
- Kirby-Crompton Health Centre
- Burnside Surgery
- Charlotte Street Surgery
- BCP Astley Dale



¹ National General Practice Profiles – <http://fingertips.phe.org.uk/PROFILE/GENERAL-PRACTICE>

Taken as a whole, the age profile of the Crompton/Halliwell neighbourhood does not significantly differ from the Bolton average (as it is not currently possible to disaggregate BCP Astley Dale by age, the following chart excludes Astley Dale).

Resident population by key Census age groups					
Age	Halliwell Surgery 1	Halliwell Surgery 2	Halliwell Surgery 3	Crompton View	Kirby-Crompton Health Centre
0-4 years	257	217	308	277	423
5-14 years	643	418	582	653	819
Under 19 years	1,165	865	1,163	1,209	1,620
65+ years	605	558	518	997	1,079
75+ years	235	274	247	415	468
85+ years	63	78	55	115	128
	Burnside Surgery	Charlotte Street Surgery	BCP Astley Dale ²	Crompton/Halliwell neighbourhood	
0-4 years	275	184	-	-	
5-14 years	645	371	-	-	
Under 19 years	1,187	737	-	-	
65+ years	817	116	-	-	
75+ years	369	43	-	-	
85+ years	108	7	-	-	



² Not possible to disaggregate

Deprivation and economic activity

The unemployment rate in Crompton/Halliwell is currently 5.1%, notably higher than seen across Bolton as a whole (2.9%). In addition, 13.4 residents per 1,000 are long-term unemployed (Claiming benefit for more than 12 months). Again, this is higher than the local average (6.6 per 1,000).

The Crompton/Halliwell neighbourhood has a much higher IMD 2015 score (47.8) than is average for Bolton (28.4), reflecting the fact that the neighbourhood contains some of the most deprived wards in Bolton.

Ethnicity

In Bolton as a whole 18.1% of the population are from black and minority ethnic (BME) communities. The BME community in Crompton/Halliwell neighbourhood is notably higher than average at 28.1%, or 9,585 people.

As is to be expected given the higher than average BME population, there is also a significant number of residents within the Crompton/Halliwell neighbourhood whose main language is not English – 4.2%, or 1,430 people; across the borough 2.3% of the population do not have English as their main language.

Child health

For all A&E attendances under 18 years old, Bolton has a higher rate (362 per 1,000) than we observe in Crompton/Halliwell (300). Within the neighbourhood, practices range from 293 per 1,000 in Halliwell Surgery 1 to 329 per 1,000 in Crompton View.

Children aged 5 to 19 face a range of transition stages, namely from primary to secondary school and the beginning of adolescence through to adulthood.

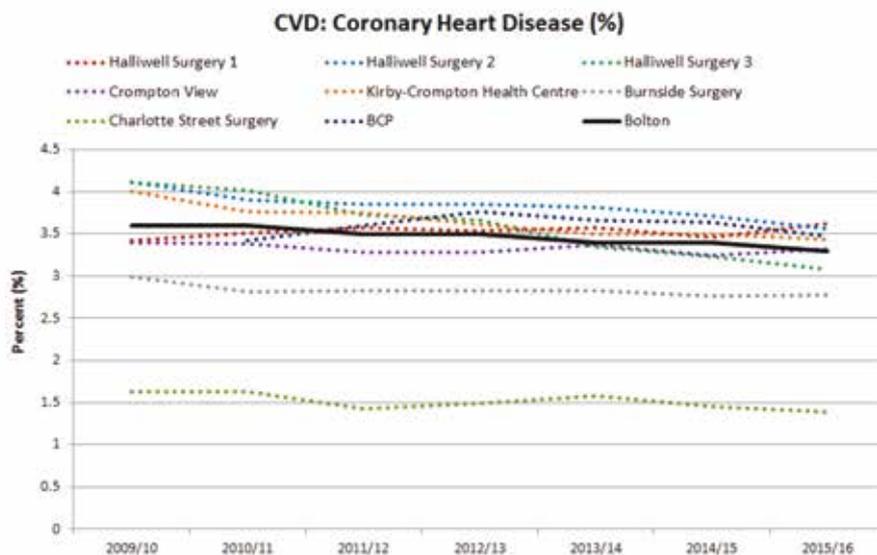
The needs of children and young people in this wide age range vary greatly as it is a period of rapid growth and development. Many of the health problems that young people develop as they grow older are rooted in their experiences of childhood and adolescence. Importantly, a sense of aspiration, achievement, and security are intrinsically linked to young people's life chances and their long-term wellbeing³.

³ JSNA Executive Summaries 2014 (Developing Well) – <http://www.boltonshealthmatters.org/content/jsna-executive-summaries-2014>

Child Health: Hospital activity (2012/13 – 2014/15)						
	Halliwell Surgery 1		Halliwell Surgery 2		Halliwell Surgery 3	
	Number	Rate*	Number	Rate*	Number	Rate*
A&E attendances (<18)	947	293.6	706	305.7	969	308.2
Emergency respiratory admissions (<18)	34	6.3	14	3.5	29	5.6
Emergency admissions for asthma, diabetes or epilepsy (<18)	16	3.0	40	10.1	32	6.2
Admissions due to injury (<18)	39	12.1	28	12.1	52	16.5
	Crompton View		Kirby-Crompton Health Centre		Burnside Surgery	
	Number	Rate*	Number	Rate*	Number	Rate*
A&E attendances (<18)	1,087	329.2	1,322	320.8	1,048	304.7
Emergency respiratory admissions (<18)	22	4.0	39	5.9	25	4.2
Emergency admissions for asthma, diabetes or epilepsy (<18)	26	4.7	19	2.9	26	4.3
Admissions due to injury (<18)	66	20.0	82	20.0	42	12.2
	Charlotte Street Surgery		BCP Astley Dale		Crompton/Halliwell neighbourhood	
	Number	Rate*	Number	Rate*	Number	Rate*
A&E attendances (<18)	427	237.2	782	312.5	7,288	307.3
Emergency respiratory admissions (<18)	14	4.8	20	4.4	197	5.1
Emergency admissions for asthma, diabetes or epilepsy (<18)	11	3.7	21	4.5	191	5.6
Admissions due to injury (<18)	18	10.0	32	12.6	359	15.9

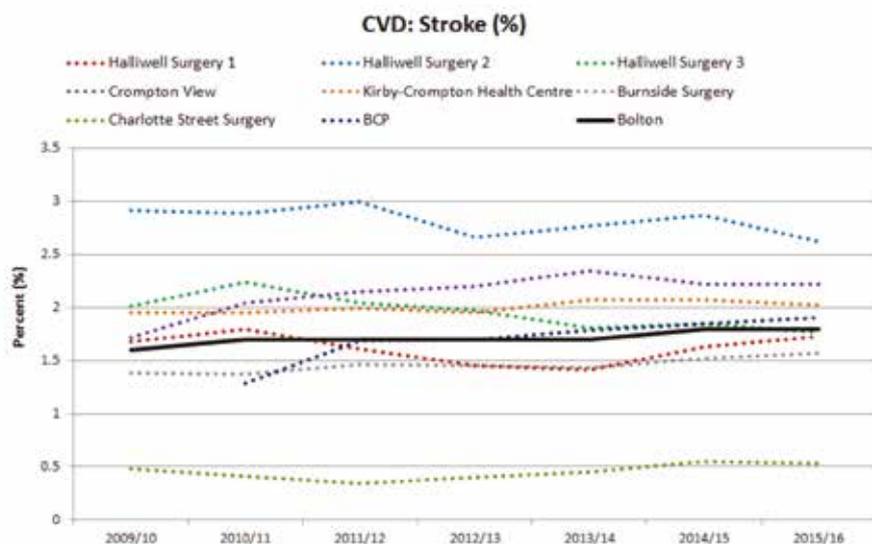
Coronary Heart Disease (CHD)

Within the Crompton/Halliwell neighbourhood around 1,060 patients registered have CHD. The prevalence for CHD for all ages is 3.3%, which is typical for Bolton (3.3%).



Stroke

The stroke prevalence for Crompton/Halliwell (2.0%) is slightly higher than what we observe in Bolton overall (1.8%) and nationally (1.7%). This equates to 770 people in the Crompton/Halliwell neighbourhood.



Obesity

Crompton/Halliwell (12.7%) is again typical for Bolton (12.2%) when we consider obese patients (aged 18+). This equates to 3,040 obese patients in the neighbourhood. Over recent years Bolton has seen a decrease in the levels of obesity, but the prevalence still remains higher than the national average (9.5%)⁴.

⁴ National General Practice Profiles – <http://fingertips.phe.org.uk/PROFILE/GENERAL-PRACTICE>

Estimated smoking prevalence

Smoking is the most significant preventable cause of ill health, premature death, and health inequalities in Bolton. Whilst the prevalence of smoking has reduced in recent years, approximately a fifth of the adult population are current smokers and ten people die each week in Bolton from smoking related illnesses⁵.

Public Health England (PHE) estimates the national smoking prevalence to currently be 18.1% with Bolton having the somewhat higher rate of 20.5%. Crompton/Halliwell neighbourhood again has an estimated prevalence (22.4%) similar to the Bolton average, equating to 5,719 people.

Estimated smoking prevalence

Crompton/Halliwell has similar levels of heart failure (0.8%) and atrial fibrillation (1.8%) to Bolton (0.8%, 1.5%).

CVD (2015/16)						
	Halliwell Surgery 1		Halliwell Surgery 2		Halliwell Surgery 3	
	Number	Rate*	Number	Rate*	Number	Rate*
Hypertension	709	22.1	841	30.4	785	25.5
CHD	149	3.6	121	3.6	122	3.1
Stroke	71	1.7	89	2.6	70	1.8
Obesity (18+)	433	14.3	392	14.9	352	12.1
Smoking	709	22.1	841	30.4	785	25.5
Heart Failure	47	1.1	45	1.3	29	0.7
Atrial Fibrillation	63	1.5	62	1.8	56	1.4
	Crompton View		Kirby-Crompton Health Centre		Burnside Surgery	
	Number	Rate*	Number	Rate*	Number	Rate*
Hypertension	933	23.1	925	19.1	751	18.8
CHD	165	3.3	209	3.4	136	2.8
Stroke	110	2.2	123	2.0	77	1.6
Obesity (18+)	635	16.5	444	9.6	361	9.5
Smoking	933	23.1	925	19.1	751	18.8
Heart Failure	49	1.0	24	0.4	27	0.6
Atrial Fibrillation	120	2.4	119	2.0	60	1.2
	Charlotte Street Surgery		BCP Astley Dale		Crompton/Halliwell neighbourhood	
	Number	Rate*	Number	Rate*	Number	Rate*
Hypertension	188	12.2	585	15.3	5,717	22.0
CHD	29	1.4	132	3.5	1,063	3.3
Stroke	11	0.5	221	1.9	772	2.0
Obesity (18+)	111	7.8	313	10.5	3,041	12.7
Smoking	188	12.2	587	19.0	5,719	22.4
Heart Failure	8	0.4	23	0.6	252	0.9
Atrial Fibrillation	6	0.3	58	1.5	544	1.8

⁵ Respiratory Disease JSNA Chapter – <http://www.boltonshealthmatters.org/content/respiratory-disease-jsna>

Cancer

Around 650 deaths each year in Bolton are attributed to cancer, which accounts for just over a quarter of all local deaths. Digestive cancers and lung cancer are the most significant cancers when we consider mortality in Bolton, accounting for around 180 and 170 deaths respectively. Lung cancer is the chief cancer associated with local inequalities due to the differences in smoking prevalence across the social gradient.

The prevalence of all cancers in Crompton/Halliwell (2.3%) follows closely that seen across Bolton (2.2%).

Cancer prevalence for all ages (2015/16)		
	Number	(%)
Halliwell Surgery 1	71	1.7
Halliwell Surgery 2	88	2.6
Halliwell Surgery 3	82	2.1
Crompton View	113	2.3
Kirby-Crompton Health Centre	148	2.4
Burnside Surgery	105	2.1
Charlotte Street Surgery	6	0.3
BCP Astley Dale	95	2.5
Crompton/Halliwell neighbourhood	708	2.3

Respiratory disease

The term respiratory disease covers a range of conditions, but the key areas for Bolton are asthma, bronchitis, emphysema, and other COPD, and pneumonia. Respiratory disease is one of the key contributing factors to reduced life expectancy in Bolton and is the third leading cause of death. NHS Bolton spends around £26million on problems of the respiratory system, the majority of which is split between secondary care non-elective activity (£11million) and primary care prescribing and pharmaceutical services (£8million)⁶.

COPD

As discussed above, the major risk factor in respiratory disease is smoking or exposure to tobacco smoke. For asthma and COPD, early diagnosis and effective treatment and management have a positive impact on long-term health outcomes.

COPD within the Crompton/Halliwell neighbourhood (2.7%) is slightly higher than what we observe across Bolton (2.3%).

⁶ Respiratory Disease JSNA Chapter – <http://www.boltonshhealthmatters.org/content/respiratory-disease-jsna>

Asthma

In Bolton there are currently around 19,500 people on the asthma disease register (aged 8 years and over). This is likely a slight underestimation of true prevalence. The Asian Pakistani community demonstrates the highest levels of asthma and chronic cough in Bolton.

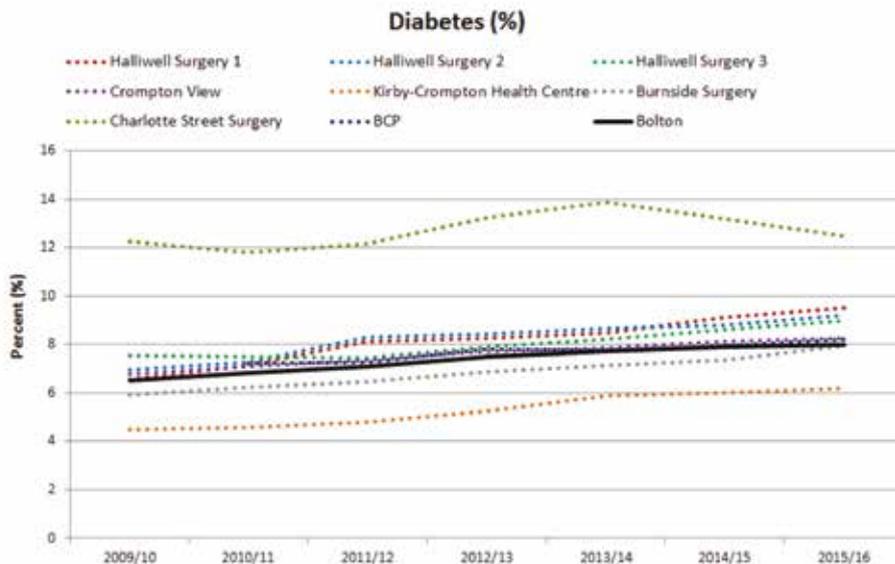
The prevalence of asthma within the Crompton/Halliwell neighbourhood again mirrors the Bolton picture with 6.6% of the practice population on the asthma disease register; equating to around 2,165 patients.

Asthma/COPD prevalence for all ages (2015/16)				
	Asthma		COPD	
	Number	(%)	Number	(%)
Halliwell Surgery 1	302	7.4	93	2.3
Halliwell Surgery 2	242	7.1	141	4.1
Halliwell Surgery 3	266	6.7	117	3.0
Crompton View	342	6.9	145	2.9
Kirby-Crompton Health Centre	395	6.5	128	2.1
Burnside Surgery	288	5.9	102	2.1
Charlotte Street Surgery	88	4.2	12	0.6
BCP Astley Dale	242	6.3	90	2.4
Crompton/Halliwell neighbourhood	2,165	6.6	828	2.7

Diabetes

The number of people diagnosed with diabetes increases each year; nationally, the pace of the increase has been approximately 25% over the past six years. Commissioners need to ensure service capacity to cope with rising numbers of diabetes patients. Type 2 diabetes is by far the most prevalent diabetes and the one that is increasing. Local diabetes prevention strategies aiming to reduce the incidence of Type 2 diabetes need to engage especially with deprived communities.

Smoking, obesity, hypertension and CHD are all associated with diabetes. The QOF prevalence of diabetes within the Crompton/Halliwell (8.7%) neighbourhood is almost one percentage point higher than Bolton (8.0%). The practices combined have 2,160 patients on their register; however the number of people estimated to be diabetic is higher. Evidence suggests that being of South Asian ethnicity increases the likelihood of developing diabetes and given the high proportion of BME residents we would expect prevalence of diabetes to be higher still⁷.



⁷ Nomis official labour market statistics – <https://www.nomisweb.co.uk>

CKD

The main cause of chronic kidney disease is diabetes. Crompton/Halliwell as a whole has a prevalence of 6.4% which equates to 1,560 people – this accounts for 70% of the diabetes register in the neighbourhood.

Diabetes/CKD prevalence for patients aged 18+ (2015/16)				
	Diabetes		CKD	
	Number	(%)	Number	(%)
Halliwell Surgery 1	294	9.5	195	6.4
Halliwell Surgery 2	247	9.2	211	8.0
Halliwell Surgery 3	266	9.0	189	6.5
Crompton View	322	8.3	279	7.2
Kirby-Crompton Health Centre	291	6.2	283	6.1
Burnside Surgery	308	7.9	200	5.2
Charlotte Street Surgery	184	12.5	41	2.9
BCP Astley Dale	248	8.2	159	5.4
Crompton/Halliwell neighbourhood	2,160	8.7	1,557	6.4

Mental health and depression

Mental health problems and depression are associated with high levels of deprivation for all age groups, but treatment for mental health problems can adversely affect physical health in vulnerable older people. Both physical and mental health difficulties can affect an individual's ability to care for themselves independently and potentially have major implications for their way of life and their need for services.

Depression in Crompton/Halliwell (10.2%) is just higher than typical for Bolton (9.1%), with a register size of 2,400. However, the average for Bolton should perhaps be higher because we know from further analysis that at GP practice level depression is not as associated with deprivation as we would expect from wider research. This suggests under-diagnosis in Bolton's more deprived communities.

The prevalence of severe mental illness across Bolton, as measured by QOF, is recorded as 0.9%. Crompton/Halliwell neighbourhood has a similar rate at 1.1%, equating to 330 patients within the practices that have a recorded mental health issue.

Mental Health Indicators: QOF register prevalence 2015/16				
	Depression		Mental health problems (severe)	
	Number	(%)	Number	(%)
Halliwell Surgery 1	375	12.4	49	1.2
Halliwell Surgery 2	260	9.9	55	1.6
Halliwell Surgery 3	254	8.7	48	1.2
Crompton View	482	12.5	33	0.7
Kirby-Crompton Health Centre	469	10.1	38	0.6
Burnside Surgery	310	8.1	52	1.1
Charlotte Street Surgery	23	1.6	11	0.5
BCP Astley Dale	224	7.5	45	1.2
Crompton/Halliwell neighbourhood	2,397	10.2	331	1.1

Health priorities

The Crompton/Halliwell neighbourhood has identified the following health needs as priorities in their area:



- Mental health
- Substance misuse
- Accessing expert benefit information for our patients.

Statutory sector

Crompton/Halliwell neighbourhood reported that they work well with the Sanctuary service which provided good access to patients.

A common theme is a frustration with the way that the system operates. The well-being of patients is being hampered because of changes to the benefit system with no support for them. Associated issues with patient's mental health and consequent substance misuse leaves patients and health staff scrabbling for support that is just not available.

Improved co-ordination, defined areas of responsibility and reliable and consistent governance and leadership with access to voluntary services would be welcome.

Success would be measured as:



- Patient feedback
- Patient outcomes
- Staff feedback

Voluntary sector

The neighbourhood feels that information about the voluntary sector offer is required and would welcome their increased participation. In particular, the scope and role of the Community Asset Navigator with a named individual supported by an on-line and telephone presence would be welcome.

The neighbourhood identified their extended skills to be in:



- Joint injections
- Minor surgery
- IUDs
- Insulin initiation
- Dermatology
- Training GPs/ANPs

Neighbourhood leadership

A whole system approach with clear roles and responsibilities to provide clear leadership within a well-defined and understood governance structure.



The Bolton Hub

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