



Mid and East Antrim Community Planning

**Good Health & Well Being
Briefing Notes**

**Chairperson: Hugh Nelson, Northern
Health & Social Care Trust**



**Mid & East
Antrim**
Borough Council

“Improving health, including the wider determinants, and causes of ill health”

1.1 Remit

To improve the general health of the citizens of MEA. This is fed by a recognition that more needs to be done in early ‘up-stream’ preventative work on ill-health and the social, economic, cultural and environmental determinants of ill-health, thus reducing downstream demand and costs on the public sector. Good Health is an overarching theme about the general aspirations of all citizens within MEA.

1.2 Reporting Arrangements

The Task & Finish Working Group reports directly to the Strategic Alliance in the first instance. The Chairperson of the Working Group will be appointed by the Strategic Alliance.

1.3 Frequency of Meetings

The Working Group will meet at least monthly. The Chairperson may at any time convene additional meetings.

1.4 Operational arrangements

Administrative support will be agreed between the partners participating within the Working Group. All meetings require a quorum of five members.

Agenda and papers will be circulated at least five working days in advance. Notes and Action Points from meetings will be circulated within five working days after the meeting.

1.5 Work Programme

The outputs from the TFWG will include the following:

1. A short statement (one or two sentences) setting out an ambitious aspiration for the theme which is consistent with the Strategic Alliance’s Vision for Community Planning in Mid and East Antrim. This should set out the strategic direction for the theme over the next 5 to 10 years.
2. The strategies and objectives required to deliver the vision in this theme:

- A. Initial objectives for the first 5 years
 - B. Longer term objectives to be achieved over the next 10-15 years
3. The top three priority strategic actions identified for implementation or significant advancement in the next 5 years.
 4. A summary of how this theme can contribute towards other cross cutting themes such as good relations, infrastructure, sustainable development, rural development and communications etc.
 5. In line with the DoE Guidance on the Operation of Community Planning¹ the TFWG will utilise an outcomes based approach in the development of their action plan. The facilitator for the TFWG will guide the working group members in this approach. At the end of the process the Chair of the TFWG will provide the Strategic Alliance with an action plan in an agreed format.
 6. Recommendations for performance targets and key result areas including recommendations on how these will be measured.
 7. A list of key stakeholders and other beneficiaries.
 8. Any outstanding issues are not addressed within the action plan which have been identified as important within the Mid and East Antrim area and are needed for delivery of the Community Plan.

¹ Department of the Environment Statutory Guidance for the Operation of Community Planning - October 2015

1.6 Baseline Report Findings

1.6.1 Outline Priorities

Section 1.8 of the Baseline Report identified a number of emerging issues for the Mid and East Antrim Area. One related directly to Good Health, namely:

- Targeted interventions to improve the lifetime opportunities of the most vulnerable within society by addressing constraints affecting health and educational achievement. (MEA Stakeholder Consultation 2015).

1.6.2 Strategic Review

Two key strategies (Section 4.1.2 of the Baseline Report) which will potentially impact MEA regarding health and well-being are:

- a) NI Executive's Public Health Strategy: **Making life Better** - A whole system Framework for Public Health 2013 - 2023
- b) Department of Health Social Services and Public Safety [DHSSPS]: **Transforming Your Care: A Review of Health & Social Care in Northern Ireland 2011**

The NI Executive's Public Health Strategy 'Making Life Better' is the strategic framework for public health. It is designed to provide direction for policies and actions to improve the health and well being of people in Northern Ireland and to reduce health inequalities.

'Making Life Better' states that social gradient is the biggest determinant of lifetime opportunities and that there is a clear link between poverty and poor health. Achieving a healthier Northern Ireland will hinge largely on what is done collaboratively through both policy and practice to influence the wide range of factors that influence lives and choices. The framework is not just about actions and programmes at government level - it also provides direction for work at both regional and local levels with public agencies, including local government, local communities and others working in partnership.

Through strengthened co-ordination and partnership working in a whole system approach, the framework will seek to create the conditions for individuals and communities to take control of their own lives, and move towards a vision for Northern Ireland where - "**All people are enabled and supported in achieving their full health and wellbeing potential.**"

This drive to a patient focused approach is further promoted through the Transforming Your Care Strategy which seeks to engage with the wider community and voluntary sector including:

- More community based step up/step down and respite care to be provided by the community and voluntary sector;

- A shift between the balance of spend between hospitals and their respective community, with reinvestment in any hospital savings going into community services; and
- Greater involvement of the community and voluntary sector mental health organisations in the planning on Integrated Care Partners.

Other statutory strategic priorities and objectives relevant to the Borough are:

- Creating Opportunities, Tackling Disadvantage and Improving Health and Well-Being (*Programme for Government 2011 - 2015 Priority 2*)
- Promote development which improves the health and well-being of communities (*Aim of Regional Development Strategy 2010*)
- Increase the percentage of people eating a health, nutritionally balanced diet (*Department for Health, Social Service and Public Safety: A Fitter Future For All Strategy 2012 - 2022*)
- Promote equal access to high quality health and social care services (*OFMDFM Active Ageing Strategy 2014 - 2020*)
- To develop, in partnership with people with disabilities, a range of awareness raising activities, including those aimed at the general public, to challenge the negative perception surrounding disability and to gain a better understanding of the range of diversity of disabilities particularly mental health (*Strategic Priority 4: A Strategy to Improve the Lives of People with Disabilities 2012 - 2015, OFMDFM*)
- Key decision makers need to be at the table and need to be wholeheartedly committed (*MEA Putting People First Conference, Good Health Focus Group Key Issue 2015*).

1.6.3 Qualitative Evidence

Outcomes from the Residents Survey conducted in July 2015 show us:

- Family ties are the most important determinant as to why people like living in the area.
- The population is relatively stable but maturing.
- Externally the area is viewed as economically vibrant, however only 6% of respondents stated that employment opportunities were a positive factor.
- Health, Leisure and Wellbeing was deemed the second most important priority for community planning.

Stakeholder and Focus Group Consultations provided the following perceptions:

- Principal hospitals are out of the Council area, there are continuing issues related to access of services;

- Increased suicide in the area;
- There is a need for emotional health and well-being support for young people;
- There are high incidences of mental health problems and feelings of isolation.
- Potential to use more community based/out of hours health care solutions.

1.7 The Big Picture Statistics

Deprivation *(Source: Demography and Methodology Branch, NISRA)*

- Of the 65 Super Output Areas making up the Mid & East Antrim LGD, 10 (15%) are classed as being in the 20% most deprived areas in NI and just over a quarter of areas (17) are among the least deprived.
- Health outcomes are worse in the most deprived areas in Mid and East Antrim across all indicators.
- When comparing the LGD as a whole with NI, the majority of differences across health outcomes were small but typically better in Mid and East Antrim than in NI.
- In terms of health Northland, Ballee, Ballyloran and Sunnylands are the 4 most deprived areas in Mid and East Antrim.
- Galgorm 2, Bluefield 1, Ballyloughan and Knockagh are the 4 least deprived areas in Mid and East Antrim.

Self-Reported Health *(Source: Census 2011)*

Results from the 2011 Census show that in Mid and East Antrim:

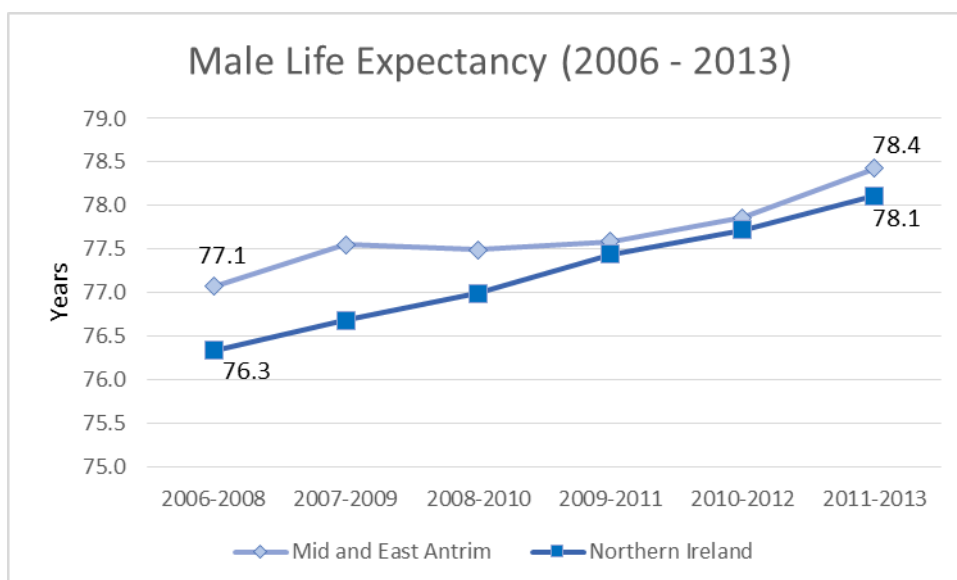
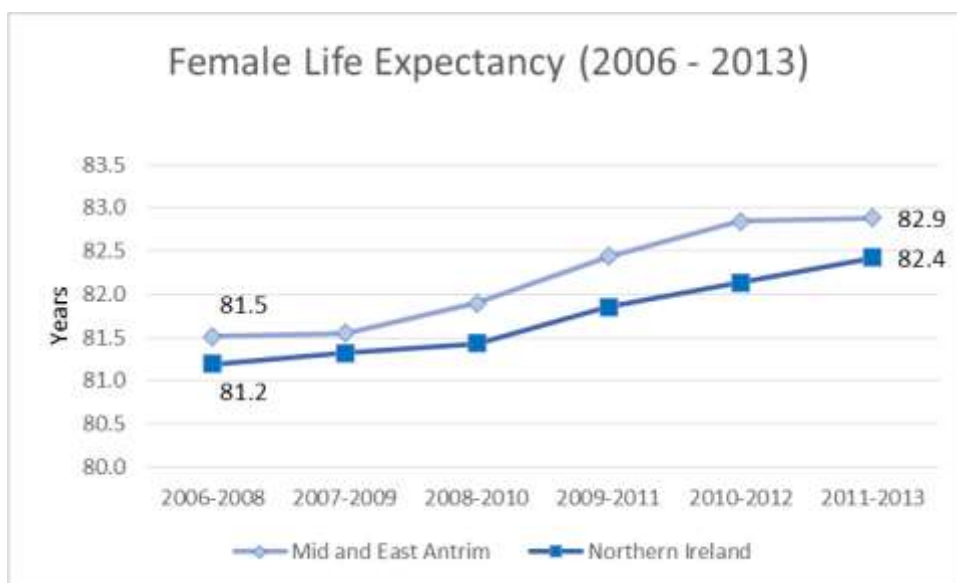
- 80.2% of people stated their general health was either good or very good (79.5% NI).
- 19.3% of people had a long-term health problem or disability that limited their day-to-day activities (20.1% NI).
- The most common long-term conditions were a mobility or dexterity difficulty, long-term pain or discomfort and shortness of breath or difficulty breathing.
- 11.9% of people stated that they provided unpaid care to family, friends, neighbours or others (11.8% NI). *This relates only to long-term physical or mental ill-health/disability or problems due to old age.*

GP List Size *(Source: Public Health Information and Research Branch, DoH)*

- At 1st April 2016 there were 93 General Practitioners working within 27 Practices in Mid and East Antrim.
- The average GP list size (1,520) was higher than NI as a whole (1,417).
- The council was ranked fifth lowest out of the 11 councils.

Life Expectancy *(Source: Public Health Information and Research Branch, DoH)*

- Life expectancy for both males and females has steadily increased and remained higher in Mid and East Antrim than NI as a whole.
- Females born between 2011-13 in Mid and East Antrim have the second highest life expectancy across the 11 councils and can expect to live to 83 years of age while males have the third lowest and can expect to live to 78.

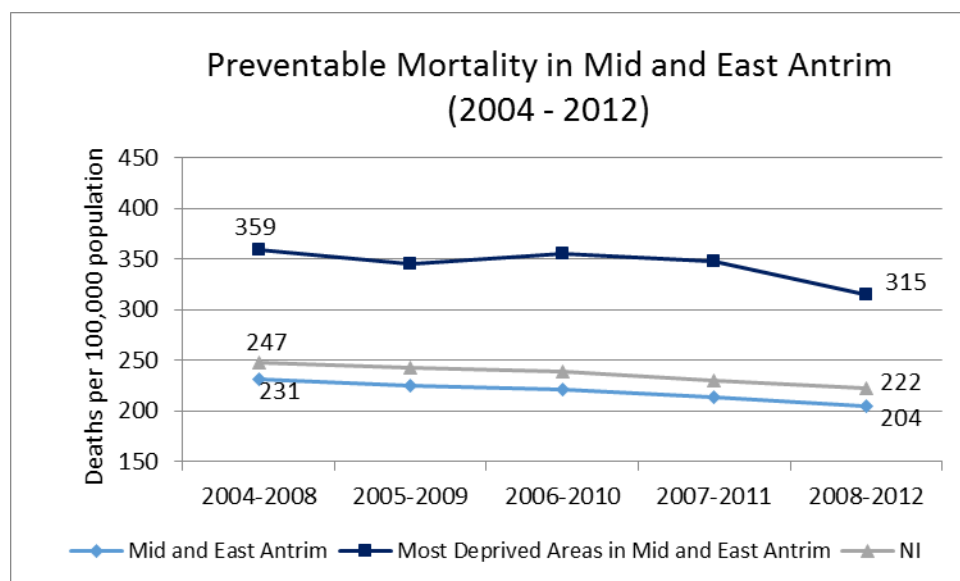


- Males in the 20% most deprived areas in Mid and East Antrim could expect to live 4.3 years fewer than in the LGD as a whole. For females the life expectancy is 2.5 years less.
- Between 2006/08 and 2010/12 the male life expectancy inequality gap narrowed by 1.0 year while the female gap widened by 1.2 years.

- In 2014 the median age at death was 80 for Mid and East Antrim and also NI as a whole.

Preventable Mortality *(Source: Public Health Information and Research Branch, DoH)*

A death is preventable if, in the light of understanding of the determinants of health at the time of death, all or most deaths from that cause (subject to age limits if appropriate) could be avoided by public health interventions in the broadest sense.



- The standardised preventable death rate has decreased in Mid and East Antrim from 231 deaths per 100,000 population in 2004/08 to 204 in 2008/12 and remained below the NI average.
- In 2008/12 Mid and East Antrim had the fifth lowest standardised preventable death rate out of the 11 councils.
- However in the most deprived areas within the LGD the preventable mortality rate was 54% higher than the council as a whole.

Deaths by Cause (Source: Demography and Methodology Branch, NISRA)

Cause of Death	2012	2013	2014	
			Mid and East Antrim	NI
Malignant Neoplasms - cancer	27.49	28.66	27.85	29.45
Circulatory Diseases - heart disease, stroke, blood clots	28.95	27.13	26.65	25.34
Respiratory Diseases - pneumonia, asthma, bronchitis, influenza	12.37	13.52	15.08	13.65
External Causes - road traffic accidents, falls	4.81	4.62	4.80	4.78
Deaths from suicide and undetermined intent - fires, poisoning, assault	1.80	1.86	1.46	1.83
Other	24.57	24.21	24.16	24.96

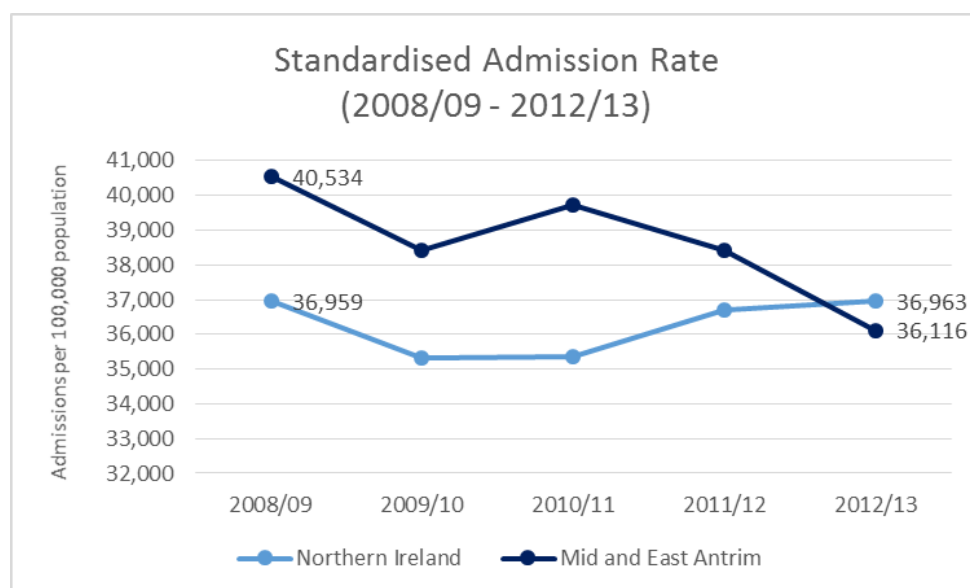
- The three main causes of deaths in the council in 2014 were cancer, circulatory diseases and respiratory diseases. These accounted for 70% of all deaths and were also the most common in each of the district councils and NI overall.

Disease Prevalence (Source: Public Health Information and Research Branch, DoH)

The Most Commonly Recorded Medical Conditions (2014/15)			
Condition	% of total registered patients in Mid and East Antrim	% of total registered patients in NI	Rank
High Blood Pressure	14.70	13.19	highest
Obesity	12.02	10.90	2nd highest
Diabetes	6.31	5.56	highest
Asthma	6.17	6.03	4th highest
Heart Disease	4.29	3.84	2nd highest
Cancer Register	2.06	2.04	6th highest

- In 2014/15, 15% of patients in Mid and East Antrim have high blood pressure, 12% are on the obesity register and 6% have diabetes. These conditions are also the most common in each of the district councils and NI overall.
- When compared with the other councils, Mid and East Antrim had some of the highest prevalence rates for these conditions. In particular, it was the highest for diabetes and high blood pressure and second highest for obesity and heart disease.

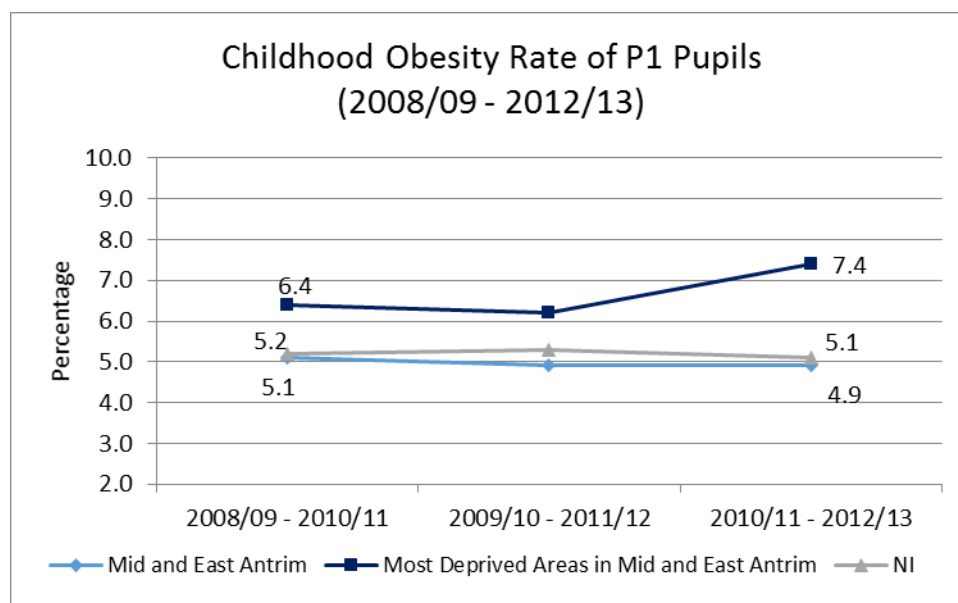
Admission Rates *(Source: Public Health Information and Research Branch, DoH)*



- Between 2008/09 and 2012/13, the overall standardised hospital admission rate in Mid and East Antrim fell by 11% from 40,534 per 100,000 population to 36,116. It is now below the NI average and the lowest across all 11 councils.
- The admission rate for alcohol related causes in the council has fallen by 9% and remained lower than the NI average which has increased by 3% during this period.
- However between 2008/09 and 2012/13 the inequality gap between the most deprived LGD areas and the LGD average widened from 115% to 127% for admissions due to alcohol. This was the result of a relatively larger improvement in the council as a whole (9%) than in the most deprived areas (4%).
- The admission rate for drug related causes has also fallen and remained lower than the NI average. However, in 2012/13 the inequality gap between the most deprived LGD areas and the LGD average was 126%.

Infant Related Health *(Source: Public Health Information and Research Branch, DoH)*

- The under 17 teenage birth rate has decreased from 2.83 per 1,000 females in 2008 to 1.99 in 2012. Mid and East Antrim had the fifth lowest rate across the councils in 2012.
- In the most deprived areas within the LGD the teenage birth rate was 72% higher than the council as a whole.
- Regarding breastfeeding on discharge, in 2013 45% of mothers were breastfeeding on discharge in Mid and East Antrim which was slightly lower than NI as a whole (46%).



- The childhood obesity rate of P1 pupils in Mid and East Antrim has fallen from 5.1% in 2008/09 to 4.9% in 2012/13. It is below the 5.2% NI average and third lowest across the councils.
- However, in the 20% most deprived areas in Mid and East Antrim, the childhood obesity rate has increased from 6.4% to 7.4%.

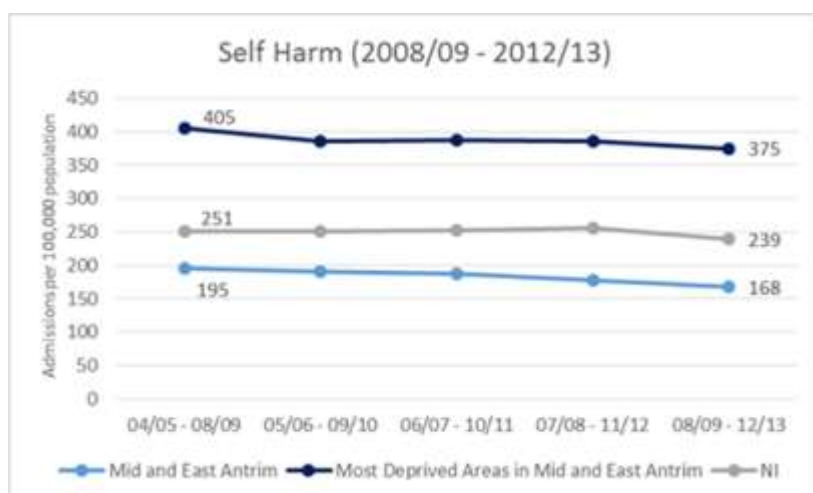
Mental Health *(Source: Public Health Information and Research Branch, DoH)*

- In Mid and East Antrim the standardised prescription rate for mood and anxiety medication has increased by 12% from 156 per 1,000 population in 2009 to 174 in 2012. However, it has remained lower than the NI average and fourth lowest across the councils.
- In 2015/16, 0.71% of registered patients in the council were on the mental health register. This was the lowest across all 11 councils. However this has increased steadily from 0.67% in 2013/14.

Suicide *(Source: Public Health Information and Research Branch, DoH)*

- The crude suicide rate for the 3 year rolling average between 2010 and 2012 was 13.34 per 100,000 population (16.17 NI) and third lowest across the 11 councils.
- Between 2004/08 and 2008/12 this increased by 11% in the council compared to 17% in NI as a whole.
- In the most deprived areas within Mid and East Antrim the crude suicide rate was 79% higher than the council as a whole.

Self-Harm (Source: Public Health Information and Research Branch, DoH)



- In 2012/13 there were 168 admissions for self-harm related causes per 100,000 population in the council (239 NI). This was the third lowest across the 11 councils.
- In Mid and East Antrim this admission rate has fallen by 14% between 2008/09 and 2012/13 and remained lower than the NI average which has fallen by 5%.
- However, the inequality gap between the most deprived LGD areas and the LGD average standardised admission rate for self-harm widened from 108% in 2004/05 to 123% in 2012/13.

Wellbeing (Source: Office for National Statistics and Labour Force Survey, NISRA)

ONS Personal Wellbeing Measure (2014/15)

Personal Wellbeing Measures	Mid and East Antrim	Northern Ireland	Rank
Life Satisfaction	8.17	7.90	4th most satisfied
Worthwhile	8.28	8.10	4th most worthwhile
Happiness	8.03	7.75	3rd happiest
Anxiety	2.33	2.78	3rd least anxious

CHS Satisfaction Measures (2014/15)

Satisfaction Measures	Mid and East Antrim	Northern Ireland	Rank
Level of satisfaction with family life	8.57	8.56	4th most satisfied
Level of satisfaction with social life	7.43	7.25	2nd most satisfied

Measured from 0-10, where 10 is most positive and 0 is least positive.

- Residents in Mid and East Antrim have a higher level of personal wellbeing and life satisfaction than NI as a whole.

Housing Quality *(Source: Research Unit NI Housing Executive)*

	Mid and East Antrim	<i>Northern Ireland</i>	Rank
Unfit Dwellings (%)	4	<i>2.4</i>	2nd highest
Defective Dwellings (%)	6.9	<i>2.9</i>	2nd highest
Acceptable Dwellings (%)	41.9	<i>28.8</i>	2nd lowest
Satisfactory Dwellings (%)	47.2	<i>65.9</i>	2nd lowest

- In 2009 the quality of housing accommodation in Mid and East Antrim was the second worst across the 11 councils, behind only Antrim and Newtownabbey.

Summary

Positives

- The council is in the top quartile in NI for childhood obesity, suicide and self-harm.
- Lowest hospital admission rate across the councils.
- Lowest percentage of patients on the mental health register.
- Wellbeing is generally good compared to NI as a whole.

Issues

- Large health inequality gaps in alcohol, drugs and self-harm admissions. Also, in suicide and teenage birth rate.
- Main causes of deaths are cancer, heart disease and respiratory disease. These account for 70% of all deaths.
- Above the NI average for the most common medial conditions. In particular Mid and East Antrim has the highest prevalence rates for diabetes, high blood pressure, obesity and heart disease.
- Quality of housing is poor and rated second worst across the councils.

1.8 'Putting People First' Findings (March 2015)

The dominant discussion at the Good Health thematic discussion at the Conference was centred on stopping viewing health as a solely medical problem. There is a clear need to work with a range of service providers who may have inputs into a person/community/family life. Community Planning needs to encompass wider notions of well-being.

Participants at the conference agreed there was a Community Planning need for greater integration between health provision and social/community care.

The feedback from participants of this thematic groups are as follows:

Stop doing

- Stop looking at health as just a medical issue
- Stop keeping rural dwellers in hospital when they could be discharged - ensure care package in place quicker
- Stop changing medical personnel/social workers so much
- Stop being parochial
- Stop seeing community and voluntary as poor relation

Start doing

- Start looking at evidence of what works/what doesn't
- Start setting the mind-set of healthy living from an early age
- More community care needed
- Prevention rather than cure - more resources to prevention
- More community based interventions
- Supporting local groups/with fitness/health programs - biggest losers - social enterprises with delivering health care
- More joint up working - between hospital and community/care workers
- Start supporting carers - to keep those who need assistance in their own homes - support locals to take people to medical appointments
- Encouraging GP's and Pharmacy's to help with prevention
- Start looking at NI health service - cannot afford to keep providing unsafe local services

Key Issues

- How do we measure prevention? - move away from targets - not everything can be measured
- Key decision makers need to be at the table/part of community planning and we need their commitment
- Need for integrated care centres
- Budgets

- Run innovative pilot
- Ministers need to listen to grassroots to allow real change - council as lobbyist
- People need to be brave

1.9 Other Relevant Information

To be populated by TFWG.

- The recent Draft Programme for Government Framework 2016 - 2021 highlights two direct health related outcomes, namely: “4. We enjoy long, healthy, active lives”; and “8. We care for others and we help those in need”. Other outcomes which incorporate Health & Wellbeing are: “14. We give our children and young people the best start in life; and 5. We are an innovative, creative society, where people can fulfil their potential”.