Workshop 2
September
2016

Good Health and Wellbeing Task and Finish Group

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This is a working document and will be subject to future re-drafts and augmentation as the work of the Task and Finish group progresses. As such, none of the content should be read as the official and agreed position or view of Mid and East Antrim Borough Council, the MEA Community Planning Partnerships or any Community Planning Partner.

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Mid & East Antrim Borough Council

This report has been produced as a follow up to the first workshop for each for each of the Task and Finish Groups, which took place on the 8th and 9th of September 2016. These workshops brought together a range of stakeholders from across the sectors to discuss the priorities for the Mid and East Antrim Borough Council Community Plan.

The objective for this task and finish group is:

'Improving health, including the wider determinants and causes of ill health'

By the end of the task and finish process the group will produce a paper detailing the strategic priorities and actions in this theme over the next 10-15 years and a summary of how this theme can contribute to other cross cutting themes such as good relations, infrastructure, sustainable development, environment, etc.

This paper will be forwarded to the Community Planning Strategic Alliance who will use it to inform the priorities and actions within the final Community Plan for Mid and East Antrim.

This paper outlines the key priority areas which were identified by the Task and Finish Group in the first workshop. It is important to note here that the focus of the Task and Finish Groups is around collaborative gain; what can be achieved through working together, or that is not already being done well by other agencies, and that this has shaped the selection of priorities.

The paper will present each priority individually and with the following structure, which reflects the evidence based approach taken:

- A statement of the priority;
- A description of the current situation;
- Statistical evidence to support the selection of this issue as a priority (much of the evidence can be applied across each of the issues raised); and
- Some initial thoughts around indicators and proxies for each measure.

1 PREVENTION AND EARLY INTERVENTON

1.1 The challenge

The challenge is to adopt a deeper focus within health and related services, which looks to focus on the prevention of ill health, rather than the downstream treatment, through a programme of upstream, early intervention. This is vital as there are high rates of death from preventable causes in the borough, with a particular concentration around specific diseases which lend themselves to early intervention.

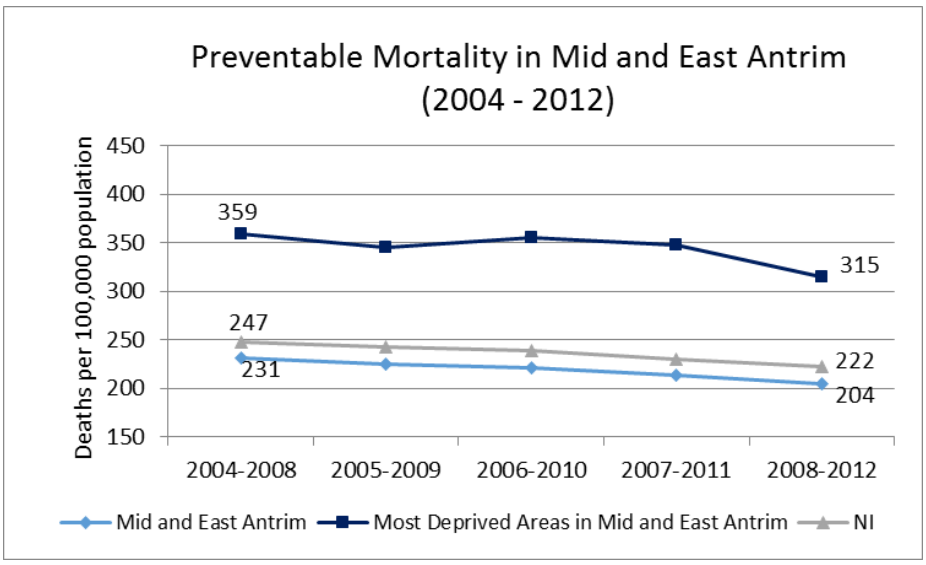
Factors relating to wider social, economic, environmental and cultural determinants of ill health are of vital importance in this. As such the Community Plan for MEA wills seek to develop health information in a clear format from an early age, and this 'health education' would be broad, to include material around food budgeting, cooking and nutritional guidance.

1.2 The evidence

Preventable deaths

The evidence base suggests that a concentration of particular diseases is leading to a high proportion of total preventable mortality in the borough. 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 (see chart below). In 2008/12 Mid and East Antrim had the 5th lowest standardised preventable death rate out of the 11 councils.



Common diseases

The three main causes of deaths in the council in 2014 were cancer, circulatory diseases and respiratory diseases (see table below). These accounted for 70% of all deaths and were also the most common in each of the district councils and NI as a whole. Many of these conditions are caused or exacerbated by individual actions, and lend themselves to an early intervention approach.

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 most recorded medical conditions data for Mid and East Antrim shows a similar picture, of lifestyle related illnesses, all of which could be reduced through an early intervention system. In 2014/15, 15% of patients in Mid and East Antrim had high blood pressure, 12% were on the obesity register, and 6% had diabetes (see table below). 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.

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

1.3 The Gaps in the evidence base

In 2014/15, Mid and East Antrim had the lowest percentage of people who successfully quit smoking at 4 weeks, 51.1% compared to 58.5% in NI.

Smoking Cessation (2014/15)

District Council	People setting a quit date	Successfully quit (self-report) at 4 weeks	Successfully quit (self-report) at 4 weeks (%)
Northern Ireland	21779	12742	58.51
Antrim and Newtownabbey	1211	674	55.66
Ards and North Down	1240	714	57.58
Armagh City, Banbridge and Craigavon	2076	1350	65.03
Belfast	4209	2441	57.99
Causeway Coast and Glens	1820	1000	54.95
Derry City and Strabane	2913	1720	59.05
Fermanagh and Omagh	1512	935	61.84
Lisburn and Castlereagh	864	493	57.06
Mid and East Antrim	**1222**	**624**	**51.06**
Mid Ulster	1705	1027	60.23
Newry, Mourne and Down	2186	1291	59.06

1.4 Indicator development

2 HEALTH AND WORK

2.1 The challenge

The challenge is to ensure that the people in work in Mid and East Antrim are experiencing positive health and wellbeing outcomes as a result of employment – equipping them to be more ready for work, and be more productive in work. There have been many reports which establish a link between employment and health. However, there is increased momentum around this link, as the idea of 'good jobs' gathers momentum. 'Good jobs' are those that provide a living wage on a secure contract, offer opportunities for an individual to progress, provide training and support, take place in a safe working environment, and include fair terms and conditions of employment.

2.2 The evidence

Employment statistics

The table below indicates that levels of employment in the borough are broadly comparable with the other councils in Northern Ireland. However, the extent to which this employment is benefitting the mental and physical health of the population requires further research.

LGD 2014	All usual residents, aged 16-74	Part-time employee (%)	Full-time employee (%)	Self-employed (%)	Unemployed (%)	Full-time student (%)
Northern Ireland	1,313,420	13.1	35.6	8.9	5.0	3.7
Antrim and Newtownabbey	100,388	13.9	40.7	7.5	3.8	4.1
Armagh, Banbridge and Craigavon	143,476	13.2	37.7	9.5	4.7	3.0
Belfast	245,963	12.9	34.7	5.4	5.6	5.4
Causeway Coast and Glens	102,820	12.6	31.4	10.7	5.6	3.4
Derry and Strabane	107,019	12.5	29.2	7.5	7.4	3.8
Fermanagh and Omagh	81,188	12.3	33.9	12.3	4.8	2.7
Lisburn and Castlereagh	97,837	13.8	41.4	8.6	3.3	3.4
Mid and East Antrim	98,559	13.7	39.0	8.7	4.2	3.0
Mid Ulster	98,977	12.5	34.9	11.7	4.7	3.0
Newry, Mourne and Down	122,324	13.0	32.9	11.5	5.6	3.3
North Down and Ards	114,869	14.0	37.4	9.4	3.9	2.9

2.3 The Gaps in the evidence base

Three of the four areas in Mid and East Antrim which are classed as being in the top most deprived areas in NI in terms of health are also deprived in terms of employment. These are Northland, Ballee and Sunnylands. Castle Demesne is also deprived in terms of health, however not by employment.

2.4 Indicator development

3 HEALTHY PLACES AND LIFESTYLES

3.1 The challenge

The challenge is to ensure that individuals' lifestyles are conducive to healthy and happy lives and that the environment in which they live supports this. In terms of lifestyles, it has been said that 'diet is the new smoking' and this is supported by evidence of increasing rates of diabetes, high blood pressure and obesity. There is crossover here in relation to the prevention and early intervention agenda, but it will also be important to educate communities around their personal responsibility in ensuring that a healthy lifestyle is also a personal responsibility.

In terms of healthy places, there are some localities where a concentration of shops and fast food outlets and a lack of access to healthy alternatives are limiting the nutritional options for individuals. When this is combined with difficulties in accessing services and a limited access to good quality mixed use green space, the environment is not conducive to a healthy lifestyle.

3.2 The evidence

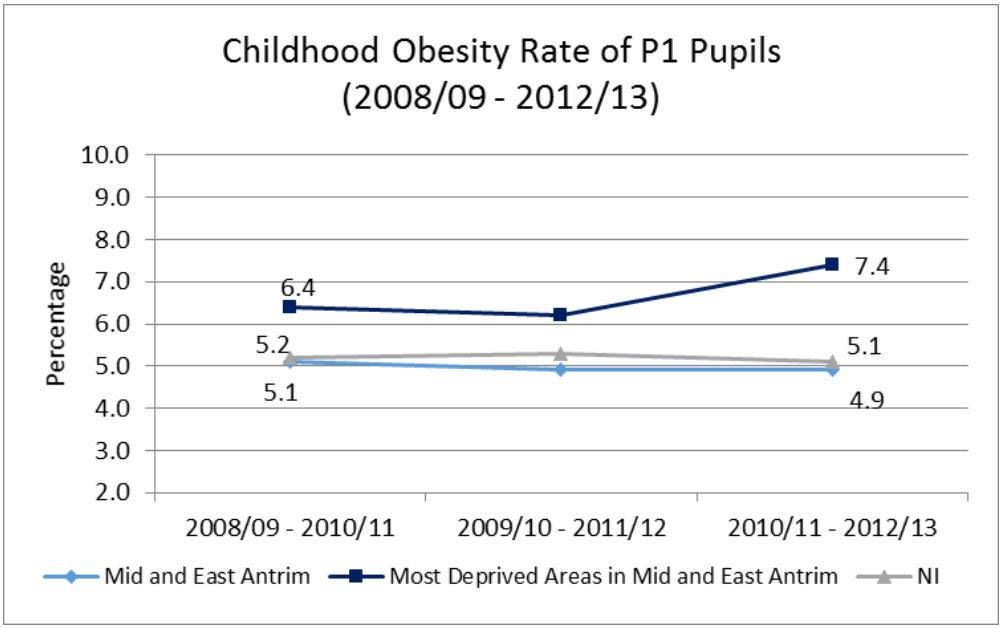
Lifestyles

There is a mixed picture across the council in terms of particular lifestyle choices and the impact this has on health and wellbeing. For example:

- 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%.
- Between 2008/09 and 2012/13, the inequality gap in this admission rate widened from 115% to 127%. 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.

The importance of healthy lifestyles from a young age

The Task and Finish Group identified the importance of early intervention to allow parents and children to make educated choices around nutrition and exercise. 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 (see graph below). This is below the 5.2% NI average and 3rd lowest across the councils.



Poor quality housing

There has been a renewed focus on the importance of good quality housing in achieving positive health and wellbeing outcomes. 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. Only 47% of houses in Mid and East Antrim were considered to be satisfactory compared to 66% in Northern Ireland (see table below).

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

3.3 The Gaps in the evidence base

Sport Participation (2011-13)	
District Council	**Sport participation in last 12 months (%)**
Northern Ireland	53
Lisburn and Castlereagh	62
Antrim and Newtownabbey	59
Ards and North Down	58
Mid and East Antrim	**55**
Belfast	54
Armagh City, Banbridge and Craigavon	51
Mid Ulster	50
Fermanagh and Omagh	50
Causeway Coast and Glens	48
Newry, Mourne and Down	48
Derry City and Strabane	44

Based on results from the Continuous Household Survey over a 3-year average between 2011/12 and 2013/14, 55% of residents in Mid and East Antrim reported having participated in sport during the 12 months prior to the survey. Mid and East Antrim was ranked 4th highest across the 11 councils and above the NI average of 53%.

3.4 Indicator development

4 RESPONDING TO AN AGEING SOCIETY

4.1 The challenge

The challenge is to ensure that services and communities can respond to the ageing population that we have in Mid and East Antrim. Accessibility of services may be an issue in future, as reorganisation leads to concentration and therefore modifies individuals' proximity to services. The changing demographic will also lead to different challenges in terms of illnesses, for example a rise in cases of dementia and Alzheimer's and an increase in demand for residential and home care services. In addition, there must be a renewed focus on the suitability of housing for an ageing population, with considerations around aids and adaptations.

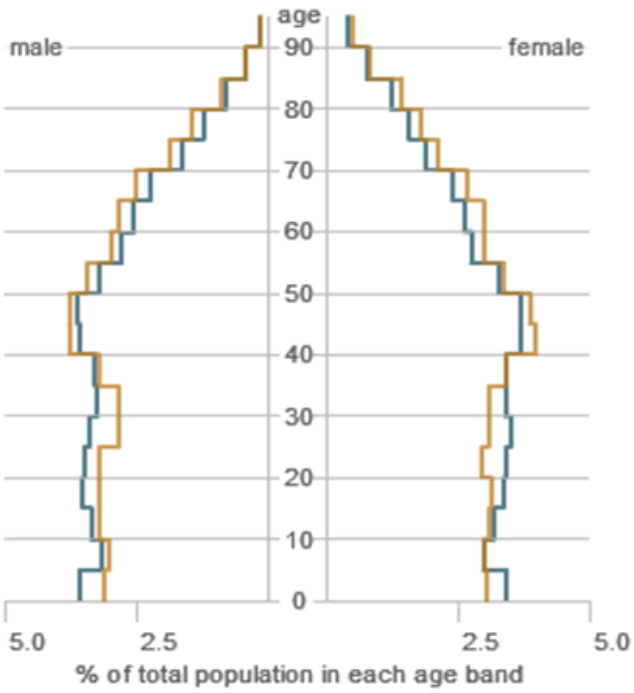
4.2 The evidence

An ageing population

In terms of the overall population profile, there has been a marginal decline since 2001 (-7.0% and -6.2%) in the 0-15 and 16-39 age groups (see diagram below). However, there has been significant growth in the 40-64 and 65+ age groups, (20.1% and 38.2% respectively). The comparative growth of the latter two age groups can be attributed to a 75% decline in deaths under for those under 75.

The present median age of 40 is higher than the NI average and that trend will continue in the medium term- an older age profile for residents than NI as a whole; the sex ratio is 48.7% male, 51.3% female.

In a projection to 2030, it is expected that the 65+ cohort will continue to grow faster (40.9%) but with decline in the 0-15 (-4.5%), 16-39 (-4.5%) and 40-64 (-4.8%) age bands, whilst the overall population of MEA Council area will grow to 142,164 by 2030.



Housing that meets the needs of a changing demographic

An increasingly elderly population creates specific demands of the local housing supply. Moving forward, it will be important in future to ensure that the housing provision reflects the level of need of the population; however, the 2011 census reported that just 11% of homes had been adapted.

4.3 The Gaps in the evidence base

Results from the 2011 Census show that in Mid and East Antrim 49.72% of residents aged 65 and over stated their general health was either good or very good (47.99% NI) and was ranked 4th highest across the 11 councils. The borough had the 2nd lowest percentage of residents aged 65 and over reporting bad or very bad health, 11.50% compared to 13.13% in NI.

Based on findings from the Northern Ireland House Condition Survey in 2009, 43.2% of households in Mid and East Antrim were in fuel poverty. This was slightly lower than the NI average of 43.7% and ranked 6th lowest out of the 11 councils.

Between 2008 and 2014 there appears to be no trend in the council in terms of excess winter deaths as Mid and East Antrim has ranged from being ranked lowest across the 11 councils on the Excess Winter Deaths Index in 2013 and 2010 but among the highest in 2014 and 2012 (see diagram below).

	Mid and East Antrim		*Northernm Ireland*		Rank
	Excess Winter Deaths	Excess Winter Deaths Index	*Excess Winter Deaths*	*Excess Winter Deaths Index*	
2008	67.5	19.42	*1040*	*23*	4th lowest
2009	95.5	27.40	*940*	*21*	8th lowest
2010	17	4.45	*740*	*16*	lowest
2011	49	13.03	*500*	*11*	9th lowest
2012	109.5	29.80	*560*	*12*	11th lowest
2013	-7.5	-1.88	*593*	*13*	lowest
2014	91	24.00	*873*	*18*	10th lowest

This method defines the winter period as December to March, and compares the number of deaths that occurred in this winter period with the average number of non-winter deaths occurring in the preceding August to November and the following April to July.

The Excess Winter Mortality index is calculated as the number of excess winter deaths divided by the average non-winter deaths expressed as a percentage.

4.4 Indicator development

5 DEPRIVATION AND HEALTH

5.1 The challenge

The challenge is to respond to the concrete link that has been established between levels of deprivation and poor health and wellbeing outcomes, and deliver services in a manner that is able to reduce the inequality in outcomes. There is stark evidence that deprivation reduces life expectancy and increases the risk of developing life limiting and life shortening conditions. There is no one solution to this challenge, however, there is an overlap with the ideology of early intervention and prevention which is covered earlier in this paper.

5.2 The evidence

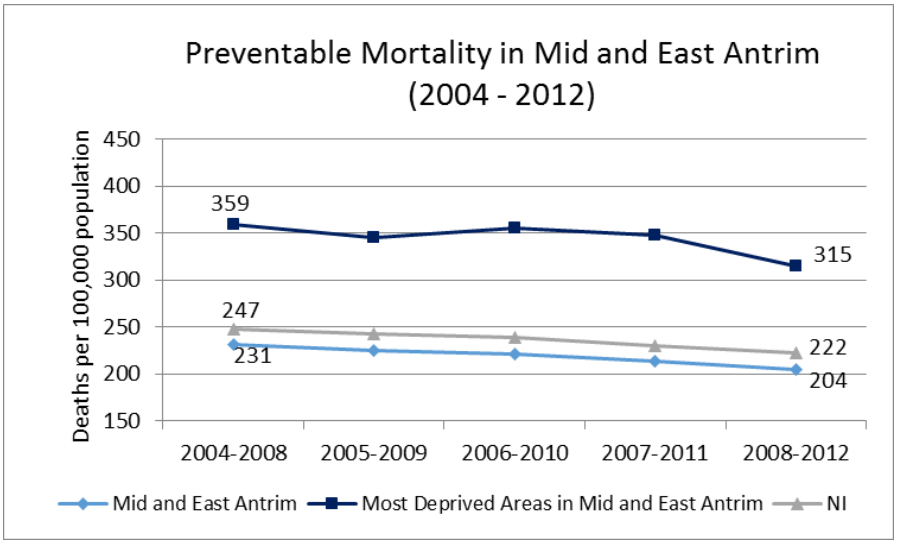
Deprivation in the borough

There is a strong link made between deprivation and poorer health and wellbeing outcomes in the data for Mid and East Antrim and in wider literature.

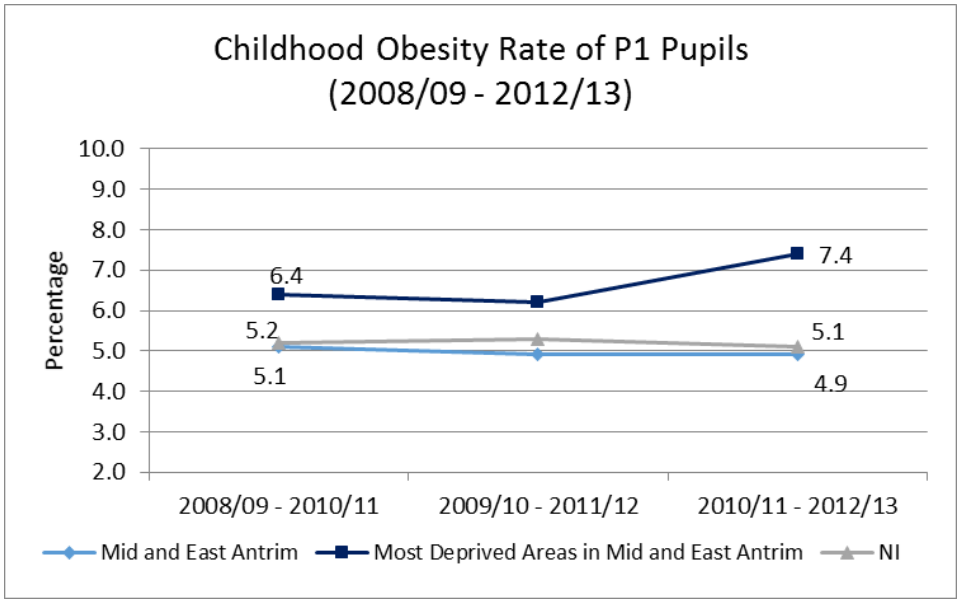
- Of the 65 Super Output Areas making up the Mid & East Antrim LGD, 10 (15%) are classed as being in the 20% most deprived areas in NI and just over a quarter of areas (17) are among the least deprived.
- Health outcomes are worse in the most deprived areas in Mid and East Antrim across all indicators.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

The link between deprivation and particular health outcomes

- 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.
- In the most deprived areas within the LGD the preventable mortality rate was 54% higher than the council as a whole (see chart below).



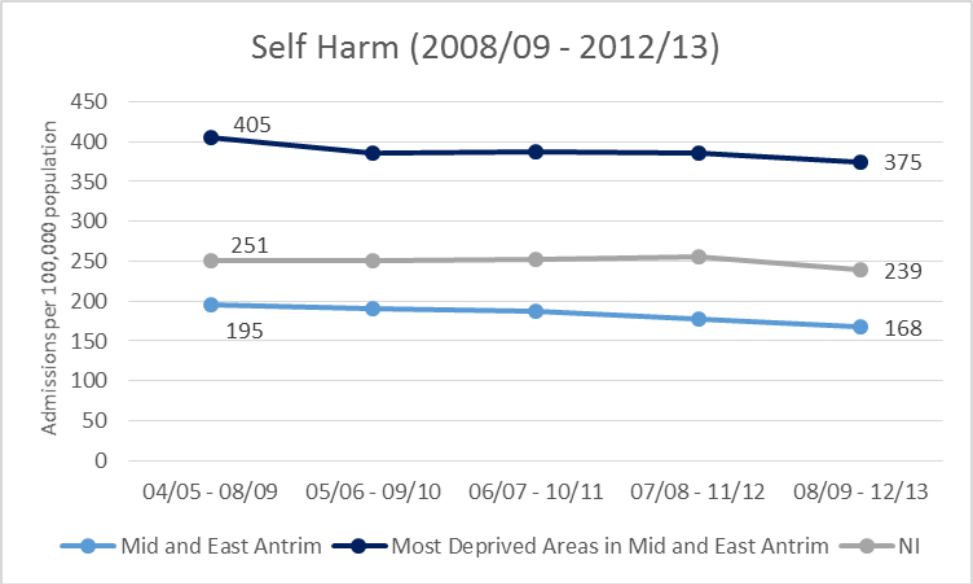
- In terms of hospital admissions for drug issues, in 2012/13 the inequality gap between the most deprived LGD areas and the LGD average was 126%.
- In the 20% most deprived areas in Mid and East Antrim, the childhood obesity rate has increased from 6.4% to 7.4% (see chart on the next page). This indicates that the environment in which the children are raised has an influence.



Deprivation and self-harm

The earlier section which covers deprivation, illustrated the link between deprivation and ill health. However, it is important to note that this extends beyond physical ailments, and encompasses mental health. For example, in 2012/13 there were 168 admissions for

self-harm related causes per 100,000 population in the council (see graph below). This was the 3rd 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. Therefore, self-harm is becoming less prevalent in the least deprived areas but higher in the deprived ones.



5.3 The gaps in the evidence base

As previously stated, 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. Starting with the most deprived these are:

Super Output Areas	Multiple Deprivation Measure Rank
Northland	93
Ballee	94
Ballyloran	113
Sunnylands	122
Antiville	128
Moat	131
Craigy Hill	135
Ballykeel	146
Love Lane	156
Dunclug	160

With 1 being the most deprived to 890 being the least deprived.

The Department of Health have published sub-regional health inequalities (2015) that look at 26 health outcomes, and compare the Super Output Areas in Mid and East Antrim which are the most deprived 20% of Northern Ireland, with the council area as a whole and Northern Ireland. Details of each of the 26 outcomes including key findings are available in the report in the annex.

5.4 Indicator development

Mid and East Antrim Borough Council would like to acknowledge the support from CLES in the production of this document. CLES has been retained by the Council to support the task and finish working group process.