

# 1. Foreword

**Wigan Council and Ashton Leigh and Wigan NHS, together with other partners, are committed to working together to significantly improve health and well-being and reduce health inequalities in the borough.**

We pointed out in our Joint Public Health Strategy (2007) that although Wigan Borough has everything going for it – a great place for people to live and work, and excellent, high performing, public sector organisations - in spite of all these fine attributes our risk of becoming ill and dying at a much earlier age is greater in Wigan than many other parts of the North West, impacting on our ability to lead healthy, happy, productive lives.

Our life expectancy is, on average, 2 years less than the rest of England, and currently this gap is widening and getting worse. Within the borough, the gap in life expectancy between one area and another is, for example, comparable to that between Wigan as a whole and the more affluent south of England.

In order to tackle these persistent and worrying issues we must further improve our joint understanding of the changing needs of Wigan's population and the future challenges we face and we must base the plans we make, the actions we take and investments we make on sound intelligence, knowledge and best available evidence of what interventions or services will really make a difference.

Creating appropriate change to respond to these challenges also requires effective joint strategic working, a joint vision about what outcomes we are looking for, how we will measure and demonstrate success and the leadership, to take some bigger risks – a stride forward rather than a shuffle.

This document presents our first Joint Strategic Needs Assessment (JSNA). It brings together NHS and Council information on a core of health and well-being issues, as well as indicating how those issues connect to education, crime and other areas of advantage and disadvantage.

However, as well as chapters on critical health inequalities, adult social care and the agenda for children and young people, we also add information giving a concise summary of the strategic issues by township – of which there are 10 in the borough.

Building on previous joint work this document provides a foundation from which we can move forward. We recognise that almost as soon as we publish this document the information begins to become fixed in time. Wigan's JSNA is only one representation of a much wider, more detailed and 'live' set of information and data contained within our Local Information System, WISDOM – Wigan's Information System of Dynamic Online Maps ([www.wigan.gov.uk/wisdom](http://www.wigan.gov.uk/wisdom)).

As a partnership the agencies will keep Wigan's Joint Strategic Needs Assessment alive and fresh so as to ensure that the right analysis is always at hand to help us to make the right joint decisions with and on behalf of the citizens of Wigan Borough.



**Dr Kate Ardern**  
Director of Public Health for the Borough of Wigan



**Bernard Walker**  
Director of Adult Services - Wigan Council



**Nick Hudson**  
Executive Director of Children and Young People's Services - Wigan Council

## 2. Introduction

**Wigan Borough is a surprising mixture of character, history, heritage and transition. The borough has a vibrant mixture of first class amenities including great shopping facilities, award winning tourist and educational attractions. It has a huge proportion of green land, tranquil countryside, lakes and, country parks. Haigh Country Park estate offers superb views of Douglas Valley and even the Welsh Hills.**

Since the heyday of Wigan Casino and Northern Soul in the 1960s and 1970s the Borough has enjoyed a reputation for its night time economy and the town centres of the borough – Wigan in particular - have benefited enormously from private sector investment.

The borough contains 14 towns, and is divided into 10 ‘townships’ for administrative purposes. Wigan being the largest town in the borough, the second largest town is Leigh, which has received less investment over the years and suffers from poor transport infrastructure.

Sport plays a big part in the culture and lifestyles of Wigan Borough. There are superb facilities for both participants and spectators alike as well as great venues showcasing professional sports events. The development of Leigh Sports Village, with the first buildings opened in 2007, and the site undergoing major construction until 2009, is bringing much needed amenities and

developments in transport infrastructure to the town.

Wigan also has a better known industrial legacy as well as heritage – a history of deprivation and inequality in terms of health and well being. The health of our population is amongst the worst in the country. In particular, the Borough ranks in the worst quintile of English sub-regions in terms of life expectancy measures, in male and females, and in relation to early deaths resulting from heart disease, stroke, cancer, alcohol related disease and obesity (Joint Public Health Strategy). <sup>1</sup>

Overall, people are living longer lives and in better social and economic circumstances than they were, but our Local Area Agreement (2008 – 2011) addresses the key problems in the neighbourhoods of highest need. We know that this can help us deliver improved health and life chances in affordable homes in safe, clean and sustainable neighbourhoods. We feel strongly that all people should have access to the same high quality services that other areas enjoy. We know that this will only work if we become more pro-active: using the opportunities of an early intervention led approach to help us address these overlapping problems.

As a place Wigan is changing rapidly in response to national and regional trends and local needs, adapting to changes in local population and of local neighbourhoods.

During the summer of 2007 the results of 12 stakeholder focus groups were brought together with intelligence gathered by the NRF-funded SMART Neighbourhoods initiative as the first Joint (multi-agency) Public Health Annual Report.

In spring 2008 families and residents from across the Borough came together to talk about their aspirations for the future. Imagining the birthday party of an 18 year old in the year 2026, priorities for Wigan families included a ‘strengthening of communities’: Wigan people believe in good family values driven by pride and activity at a community level; they value people more than ‘things’. Wigan people want greater ‘health and happiness’: a sense of community and care for others; a safe, friendly, healthy place without anti-social behaviour, and with lots of safe areas for children and young people. They want ‘leisure opportunities, facilities and initiatives’: social, recreational, educational, mental and spiritual - for themselves and their neighbours. ‘Money and home’, ‘education and aspiration’ and ‘travel and the environment’ are all areas where Wigan people want to see critical transformational change. <sup>2</sup> These initiatives formed the background of and baseline for Wigan’s Local Area Agreement.

<sup>1</sup><http://www.alwpct.nhs.uk/About%20the%20PCT/Agendas/Board%20minutes/2008/23012008/Action/19a%20Joint%20PH%20Strategy%20.pdf>

<sup>2</sup>Vision 2026: Sustainable Community Strategy

## 2.1 Key Challenges

The Audit Commission's recent report, 'In the Know' reflects on the use of information by local authorities. It reveals that using information well to address deprivation is a key difference between high and low performing areas. However, all evidence is that established patterns of poverty are hard to shift – particularly against the national picture which sees a

concentration of poverty in the North West. Nationally as well as locally there is also the phenomenon that peripheral housing estates may be left out of general and growing affluence.

At the core of this Needs Assessment, then, is a recognition that its impact will be measured by the extent to

which these issues are addressed, through gaining a deeper understanding of the differences between different parts of the borough and groups of people within the borough and understanding the gaps between areas of growing prosperity alongside communities of long term need and deprivation.

### By 2013, six critical issues will have been addressed in the Borough:

1. Cancer mortality will be reduced by at least 2.6% per annum, focusing especially on lung, bowel, prostate, oesophageal and stomach cancers.
2. Cardiovascular disease mortality will be reduced by at least 5.6% per annum, focusing especially on reducing deaths from coronary heart disease, stroke and diabetes.
3. Chronic obstructive pulmonary disease death will be reduced by 5% per annum.
4. The current unrelenting rise in alcohol misuse will be reduced and we will achieve a reduction in the rate of increase in hospital admissions for alcohol related harm per 100,000 population by 2.5% each year until 2010/11.
5. We will reduce under-18 conceptions by 50% by 2010 and improve access to sexual health services, especially in Chlamydia screening.
6. We will reduce obesity prevalence by initially halting the year on year rise in obesity and moving forward to reduce the actual prevalence.

The Joint Strategic Needs Assessment (JSNA) is a partnership endeavour between the key agencies of Wigan Council and NHS Ashton Wigan and Leigh as well as the wider Local Strategic Partnership including Wigan Leisure and Culture Trust, Wigan and Leigh Housing and the voluntary sector. It will be used to identify the future health, care and well-being needs of the local population.

The findings and recommendations of the JSNA will feed into the strategic planning processes within the Borough for services which

contribute to the health and well being of the borough's population and for performance monitoring. It will also assist in local empowerment and devolution, prevention and early intervention, holding those with resource and decision-making responsibilities to account on impact and stewardship, in mapping capability as well as need and in more effective targeting of action.

This document has been produced to provide the local picture based on the information that is currently available. It is intended that as our shared local information

system WISDOM (Wigan Information System for Dynamic Online Maps) develops further, timely analysis will provide richer, more detailed information. In time, the Joint Strategic Needs Assessment will become web based, interactive and constantly contemporary.

## 2.2 Intelligent Commissioning

The vision for all the agencies concerned is to achieve the desired outcomes through the development and commissioning of high quality, equitable and accessible health, social care, leisure and housing services, with the main emphasis on the effective prevention of ill-health and the active promotion of physical, psychological and social well-being.

The agencies concerned recognise that the success of plans to improve the lives of people in Wigan Borough is predicated on the following fundamental requirements for making the vision a reality:

- Designing and delivering a comprehensive programme of work to ensure local people can access the right services in the right place at the right time and to equip and empower them to become fully engaged in understanding and maintaining their health status

- Catalysing the redesign of health, social care and learning and education services, shifting resources into the community, providing a wider range of services and greater investment in primary prevention, health improvement and leisure and learning services
- Providing additional skilled managerial capacity, tools, competencies and experience to support and develop partners to drive change within the system through a step improvement in information management and more effective and informed commissioning

All interventions will be evidence-based, targeted, systematically applied and industrially scaled. The future is in moving towards systematically turning primary data into intelligence.

The data and intelligence presented in this report does not include all that is available

for use in a JSNA or as outlined in the Department of Health's recommended core dataset.<sup>3</sup> Instead, this data will be available within the WISDOM online Local Information System, which can be easily accessed by partners. Community leaders and others are currently being trained in the use of the system and access will be extended to the public as soon as the system is fully implemented. See [www.wigan.gov.uk/wisdom](http://www.wigan.gov.uk/wisdom)

An added value to the analysis contained within Wigan's joint Strategic Needs Assessment is the section entitled 'Strategic Geographical Analysis by Township'. Section 19 contains a brief outline of the key issues that are pertinent to each township and links this to profiles of the nature of the differing types of communities that exist within those townships.

<sup>3</sup> [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_086676](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_086676)

## 2.3 Public Engagement

During the summer of 2007 the Primary Care Trust commissioned Opinion Leader to conduct some research entitled 'Your Health Your Future'. This deliberative study used 200 demographically representative participants to the case for change and highlighted the need for individuals to take a greater degree of responsibility for maintaining good health.



Participants generally supported the NHS Plan for the area with its renewed emphasis on teenage pregnancy and sexual health, alcohol and obesity and towards a shift in resources towards preventative interventions such as cancer screening. Participants were aware of the 'don't be a cancer chancer' campaign, in particular.

Bringing health care services closer to communities – addressing inequalities in access - was seen as an important step in addressing inequalities in actual health outcomes, and the concept of the 'hospital at home' service was very much supported – bringing high quality of care particularly to older people. There was also awareness of the 'Find and Treat' and 'Steps

to Health' services and the 'Community Weight' programme – using health professionals within sport and leisure environments – were seen as especially positive initiatives.

Public consultation which took place as part of the Sustainable Communities Strategy - 'Vision 2026' - involved the public describing what they would like the Borough to look like in 18 years time. In relation to health, people told us that:

- They would like the drinking age to be increased to 21.
- They would like smoking to be completely gone.
- They would like schools to be playing a bigger part in helping make children healthy.

More extensive consultations have taken place on behalf of the Local Strategic Partnership around achieving transformed outcomes on the 6 big issues of:

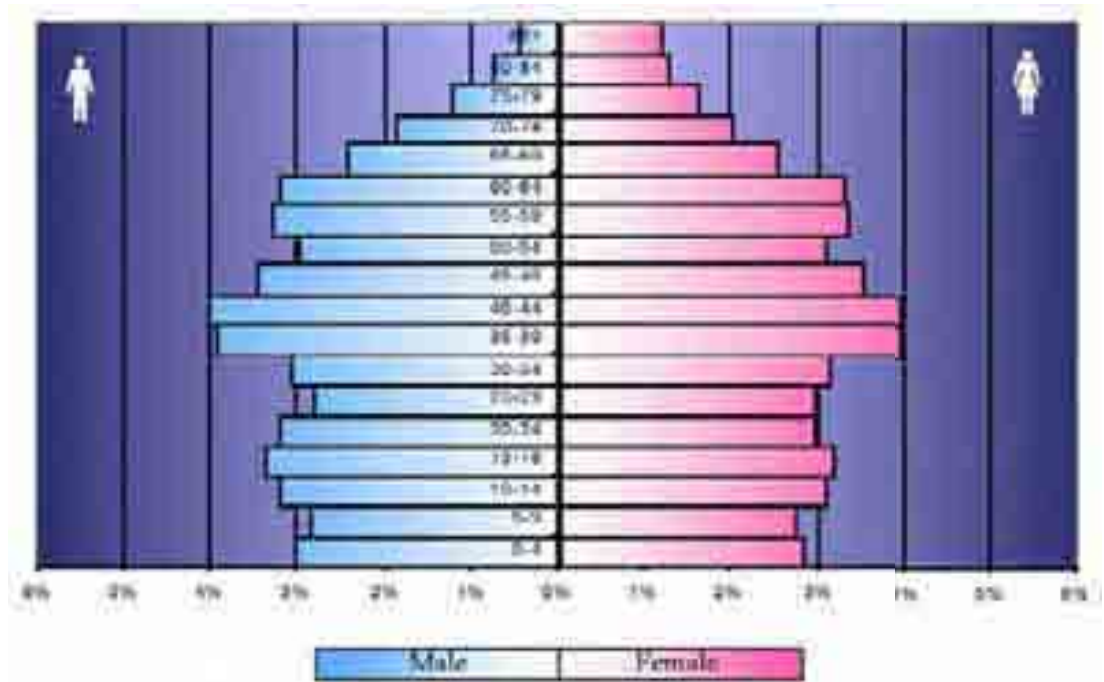
1. Improving the aspirations of young people.
2. Getting people into work and off benefits.
3. Improving access to public transport and reducing isolation in the borough.
4. Adding life to years and years to life.
5. Reducing teenage pregnancies and improving sexual health.
6. Reducing alcohol related harm.

### 3. Population

In 2001, the Census recorded 301,415 people living in the Borough of Wigan, although mid-year estimates for 2006 suggest this has increased to 305,500 (Office for National Statistics 2006), with 24.6% of the population under 19 years of age, 60.4% of the population aged between 20 and 64 and 15.4% of the population over 65 years of age.

The population as a whole in Wigan is increasing and it is estimated that by 2025 the population will have increased to 319,900. <sup>4</sup>

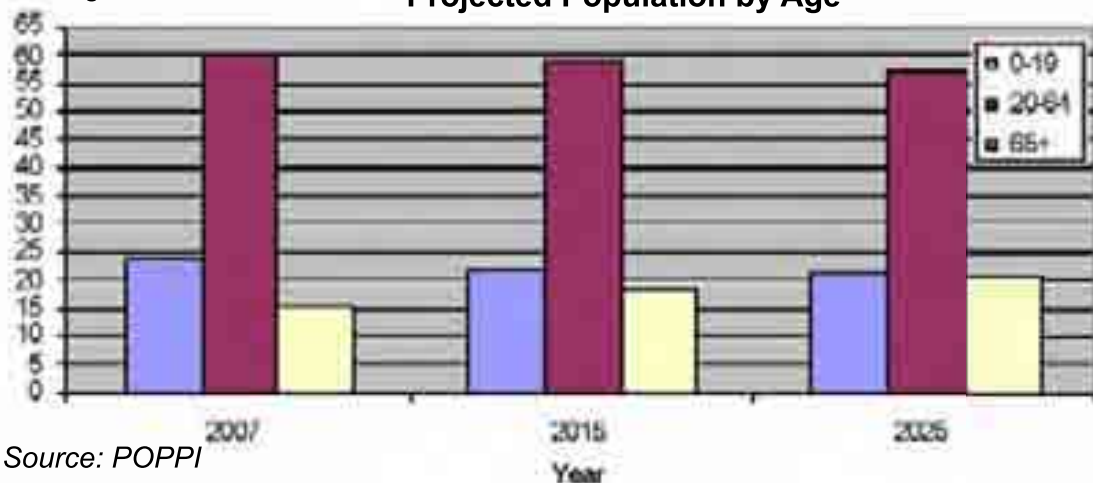
**Figure 1 Population by Age and Gender**



The UK in general has an ageing population and Wigan’s population projections reflect this fact. There is expected to be an increase in the population of over 65’s of 27200 (5.67%) by 2025.

Increases will be observed within the 85 plus age range with an overall estimated increase in this age range of 3500 by 2025. <sup>5</sup> Given the resource demands often associated with very elderly people, these are very significant figures. In addition to an ageing population, there is expected to be a decrease of 6400 in the under 19’s age group by 2025. Wigan has a higher proportion of residents working in the skilled trades, and as plant and machine operatives, (i.e. “blue collar” professions) than across England, with concordantly fewer in the senior managerial groups.

**Figure 2 Projected Population by Age**



Source: POPPI

<sup>4</sup>, <sup>5</sup> <http://www.poppi.org.uk/>

There has historically been little ethnic diversity in the borough, with the vast majority (98.7%) of residents being White British followed by Mixed Ethnicity (0.4%), Asian or Asian British (0.4%), Chinese or other ethnic group (0.3%) and Black or Black British (0.2%). However, this demographic is changing with more diverse communities, particularly from Eastern Europe, moving to parts of the Borough – notably Leigh.

However, the Borough is steadily becoming a more cosmopolitan Borough. People are coming to live and work in Wigan from all over the world, and not just as asylum seekers or refugees. Leaving aside Eastern European countries, in

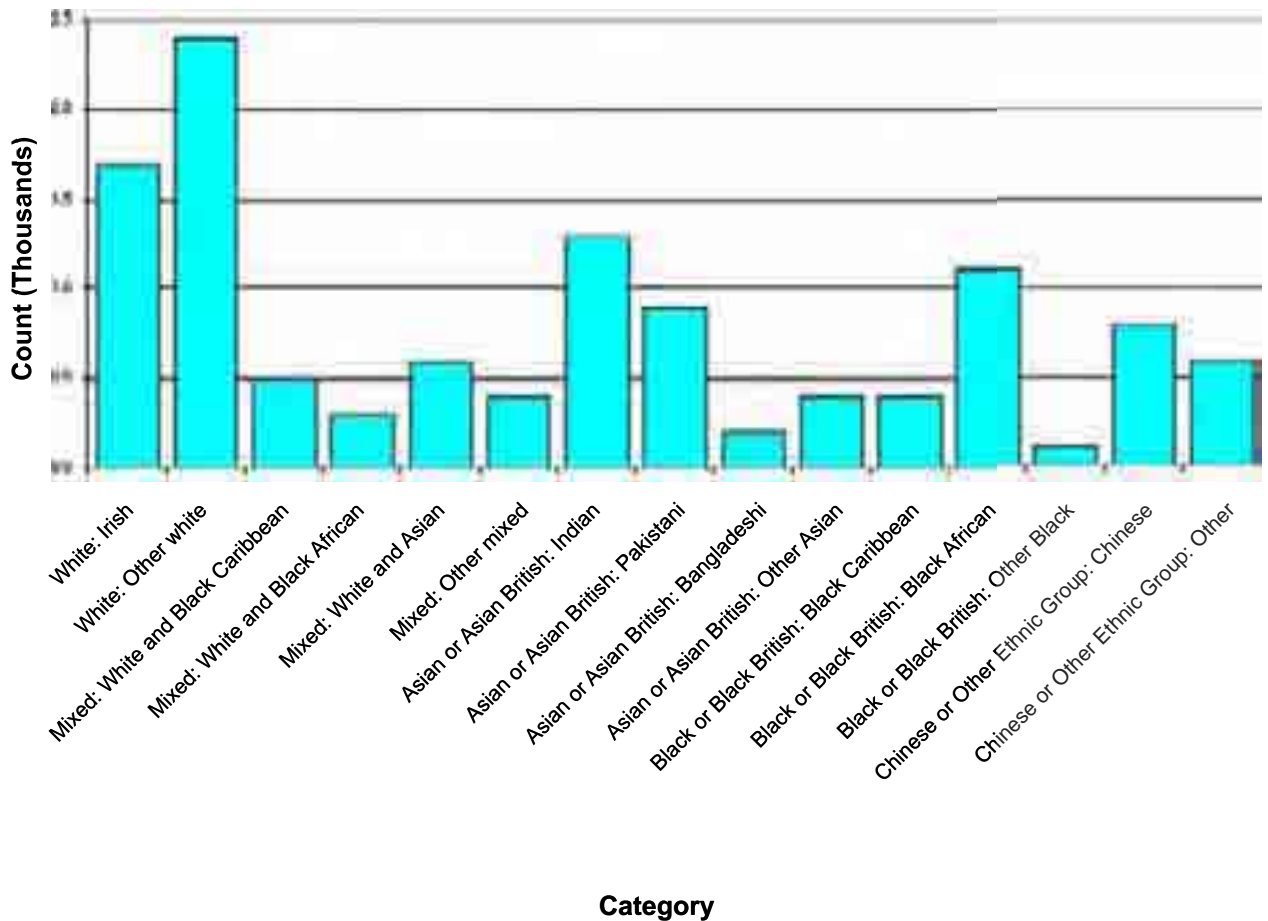
2005-6 National Insurance numbers were issued in Wigan to between 10 and 20 people from South Africa, from France, China, New Zealand, Iran, Thailand, Iraq, Libya, Myanmar (Burma) and India (which recorded over 110 registrations). Other registrations included people from (amongst other places) Australia, Germany, Nigeria, Portugal, Italy, Philippines, Zimbabwe and Turkey.

Population estimates as shown in figure 3, combined with locally gathered evidence and less reliable sources, suggest that the Black and Minority Ethnic (BME) community is much greater than the 2001 Census suggests, highlighting

the need for further analysis to provide a clearer picture of the numbers of those from BME groups. Further, with the development of WISDOM, it should soon be possible to map layers of different datasets that we currently hold. A Health Strategy for BME groups is in preparation and will enable us to meet any specific needs identified.

Figure 3

**Wigan Population Estimate by Ethnic Group  
(ONS 2007 experimental statistics)**



In recent years our Borough has welcomed asylum seekers from a range of countries, especially from Africa and the Middle East. As a result of government arrangements for handling immigration and asylum claims we have had good information about these individuals and families, and this has helped us towards an awareness of their needs - although we recognise that people's complex personal and social circumstances and the constraints of the asylum regulations have meant that these needs have not always been fully met.

In addition to these changes it has been clear for some time that, since EU enlargement in May 2004, people from Eastern European countries have been coming in significant numbers to live and work in the borough. The presence of these economic migrants is a new element in the cultural diversity of our Borough, but we have

had no easy way of monitoring numbers or needs of these individuals and families, and, at the same time, scare stories have emerged from some parts of Britain suggesting that migrant workers are arriving in such numbers as to put pressure on statutory and other services.

Although Black and Minority Ethnic (BME) communities are a relatively small percentage of the population, there are significant psychological needs for these groups of people, especially those asylum seekers who have been victims of rape as a means of torture and physical and psychological victims of torture. Cultural differences in the presentation and verbalization of psychological distress can restrict access to psychological help, as can hospital and clinical settings. A diverse workforce to reflect the local population make up will be considered along with a Local

Enhanced Service or third sector involvement in this area of work.

During November 2006 a survey was carried out, on behalf of Wigan Borough Partnership around migrant workers in the borough. Based on a model used in East Lancashire, the aim was to explore the experiences local agencies were having of migrant workers. We recognised that the survey could not be comprehensive, but it has given us an insight into the experiences of a range of organisations (from employers and statutory service providers to voluntary and community sector support agencies) that come into contact with Eastern European migrants.

The 'snapshot' statistics, pulled together by the survey, start to sketch in a picture of what is happening in Wigan:

- 5% of respondent organisations who worked with migrants regularly worked with 100+
- Over 50% had contact with more than 40
- Nearly as many organisations as had contact with single males had contact with couples
- Two thirds of respondents indicated that basic English was spoken.
- One quarter indicated that no English at all was spoken
- Most migrants seem to be living in the Wigan North, Wigan South, and Leigh Townships (in about equal proportions).

- Lack of awareness and of entitlement to services amongst EU migrants and providers
- Specific health needs within different ethnic groups
- Limited government guidance for Primary Care on migrant workers
- Not a priority issue for health services – many other competing priorities
- We don't know enough about specific health issues for EU migrants – and no designated staff to deliver the work
- Different areas have different densities of EU migrants – so should the work be targeted?