

**REPORT TO:** Health and Wellbeing Board  
**DATE:** 8<sup>th</sup> July 2015  
**REPORTING OFFICER:** Director of Public Health  
**PORTFOLIO:** Health and Wellbeing  
**SUBJECT:** Halton Health Profile 2015  
**WARDS:** Borough wide

## **1.0 PURPOSE OF THE REPORT**

1.1 The purpose of this report is to present the Health and Wellbeing Board with information relating to Halton's Health Profile 2015 and provide analysis regarding the findings from a local perspective.

## **2.0 RECOMMENDATION: That**

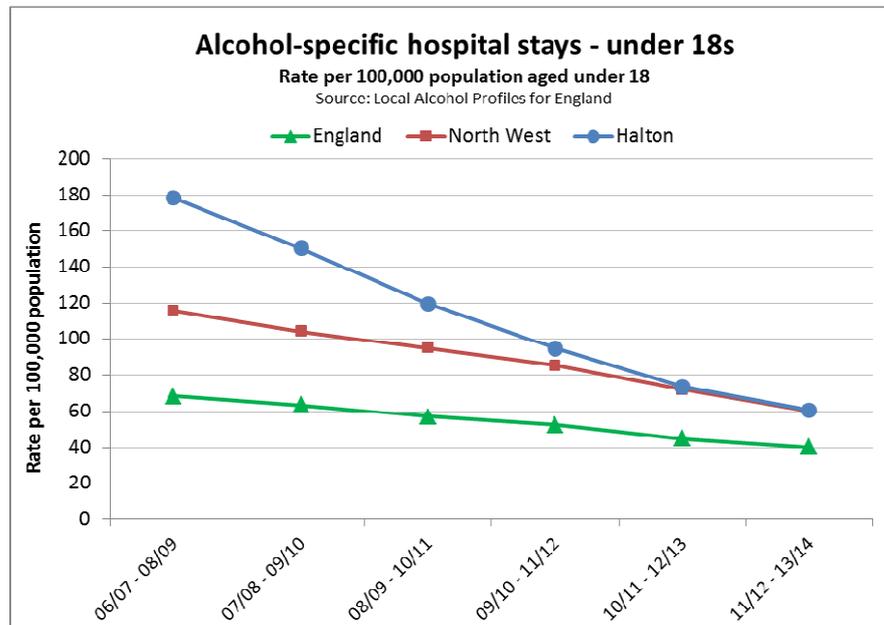
- 1) the Board note progress in health outcomes and programmes established to address areas of concern; and**
- 2) feedback comments to the Director of Public Health.**

## **3.0 SUPPORTING INFORMATION**

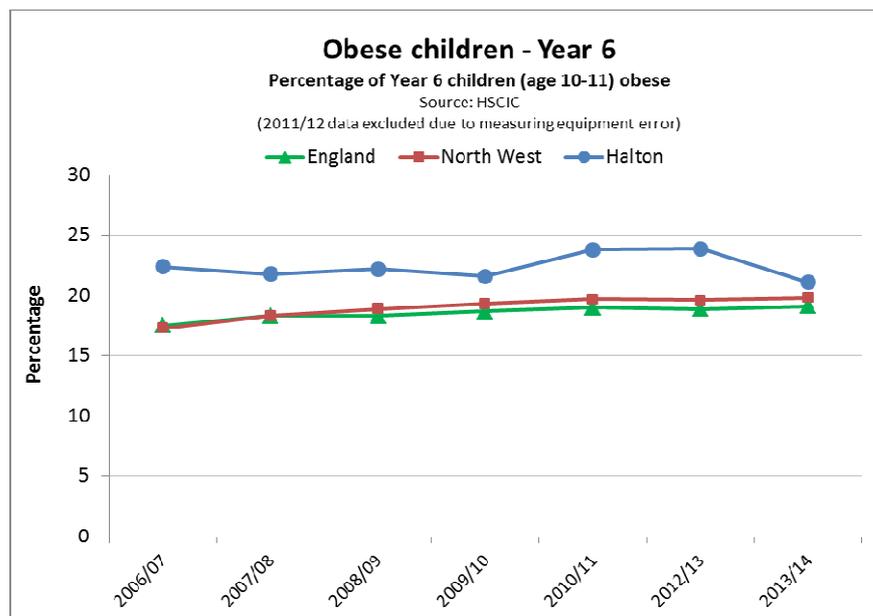
- 3.1 Every year Public Health England release a health profile of Halton which compares it to the England average. It is designed to help local government and health services understand their community's needs, so that they can work to improve people's health and reduce health inequalities.
- 3.2 The Halton Health Profile 2015 shows that half of all local residents live in the most deprived areas in England. Given the direct relationship between poverty and poor health it is unsurprising that Halton's health statistics are worse than the national average. Using a traffic-light rating system, the profile ranks those better than the England average as green, those similar to the England average as amber and those performing worse than the England average as red.
- 3.3 The Appendix contains a table comparing this year's profile to that of 2014. This shows that although Halton is not better than the England average on the whole, there have been improvements on the previous year's figures in 10 out of 27 comparable indicators, remained static for 9 and worsened in 8.

### **Halton progress**

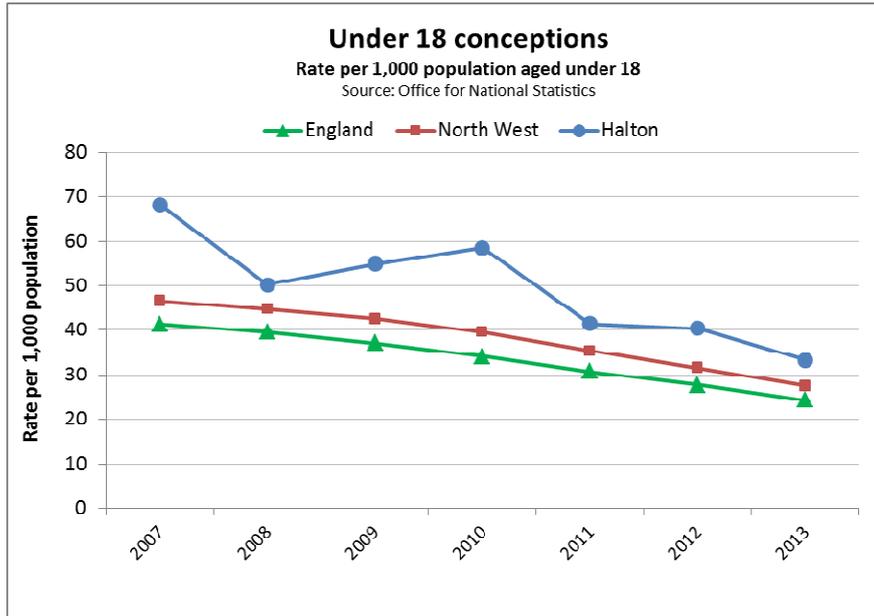
3.4 The data for Halton shows that if we compare the 2015 profile with the 2014 profile we have made very good progress in the Health and Wellbeing Board priority areas connected to reducing harmful levels of drinking, child development, cancer and mental health. This is reflected in the drop in *alcohol specific stays (under 18s)*, *obese children (Year 6)*, *under 18 conceptions*, *infant mortality*, *smoking prevalence* and *long term unemployment*.



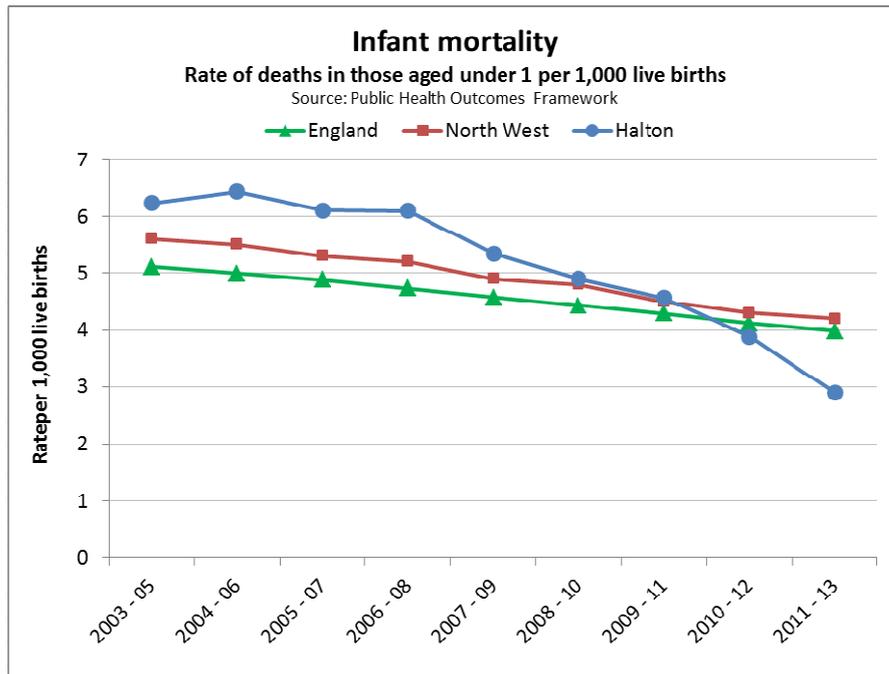
*Alcohol-specific hospital stays (under 18s): Halton has reduced from the worst in England to the North West average.*



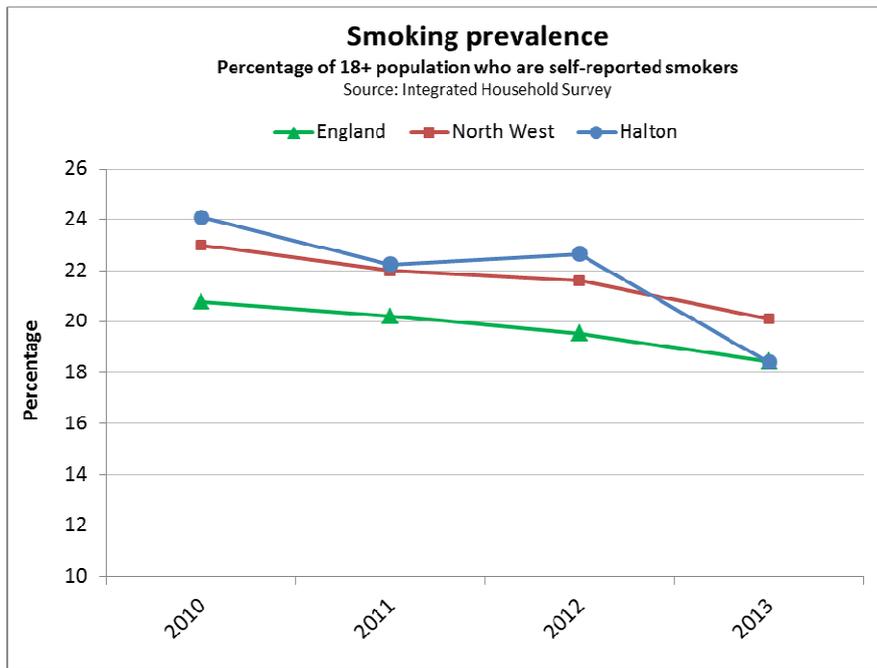
*Obese children – Year 6: Halton has significantly reduced in 2013/14 and is now similar to the England and North West averages.*



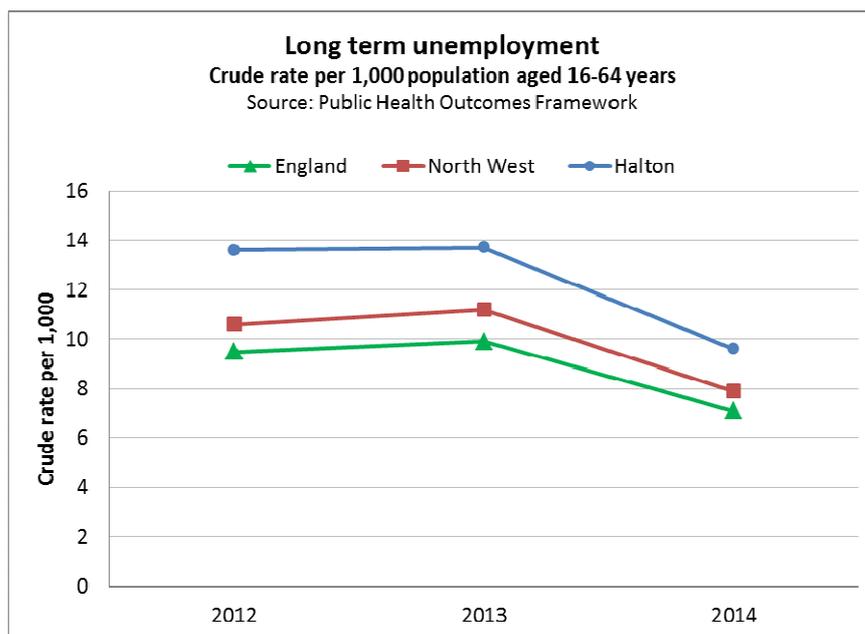
*Halton's under 18 conceptions have reduced each year since 2010 and are now at their lowest level since 1998.*



*Halton's infant mortality rate has decreased each year since 2006-08 and the rate is now lower than the national and regional averages.*

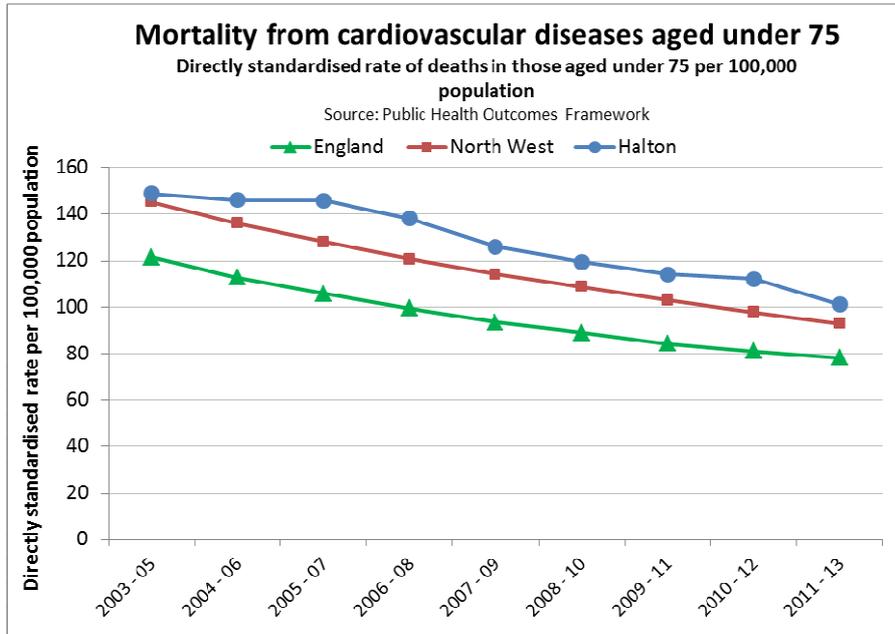


*Smoking prevalence in Halton has reduced in 2013, below the North West average and on a par with the England average.*



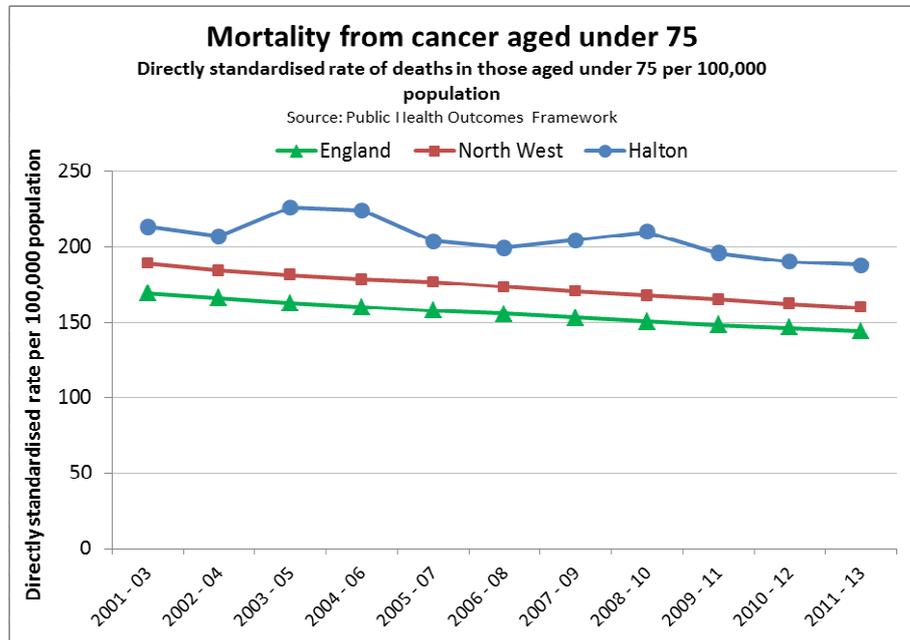
*Long term unemployment has reduced in Halton between 2013 and 2014, narrowing the gap with the England and North West averages.*

3.5 Halton has also made significant progress in premature mortality from cardiovascular diseases.



*Premature mortality from cardiovascular diseases has decreased each year in Halton since 2003-05.*

3.6 Halton has made slight improvements in terms of children in poverty, physically active adults, under 75 mortality from cancer.



*Halton's premature cancer mortality rate has decreased each year since 2008-10 but remains higher than the national and regional average.*

- 3.7 Halton remains better than or not significantly worse than the England average regarding statutory homelessness, GCSEs achieved, incidence of skin cancer (malignant melanoma), incidence of drug misuse, incidence of tuberculosis, incidence of sexually transmitted infections, excess winter deaths, suicide and the number of people killed or seriously injured on roads.

**Programmes to address areas of challenge.**

- 3.8 Halton continues to be challenged in a range of areas. This year's profile indicates we are lagging behind the national average in breastfeeding initiation, adult obesity, adult alcohol related harm, hospital stays for self harm and falls. We are addressing these challenges in a comprehensive manner as outlined below:

- *Breastfeeding initiation:*
  - UNICEF inspects community health services (midwives and health visitors) to ensure they are compliant with UNICEF BFI standards, to ensure that health services support women to breastfeed. Bridgewater have achieved Stage 1 (policy's and processes) and Stage 2 (staff) and are due to be inspected in July for Stage 3, the final stage which tests women's experiences.
  - A team of breastfeeding support workers work through community venues to support women to breastfeed.
  - A press release and awareness raising events have been arranged for June for Breastfeeding awareness week.
  - A leaflet is being sent to schools in September, to support them to incorporate breastfeeding into the national curriculum.
  - Infant nutrition strategy being developed.
  
- *Adult obesity:* Within Halton there is a multi-tiered approach to adult obesity delivering an extensive programme of universal services through to a specialist bariatric level pathway.

The service is delivered as a collaborative between a number of partners which includes Halton Borough Council, Halton and Warrington Hospitals NHS Foundation Trust and 5 Boroughs NHS Foundation Trust. The service aim being to increase the number of individuals in Halton who are a healthy weight, particularly focusing on reducing the prevalence of overweight and obese individuals.

This approach is delivered by a highly skilled multi-disciplinary team that can address the potential complex issues of the client base which:

- Delivers flexible group and individual programmes in a variety of settings thereby meeting the requirements of clients.
- Offers an intensive first-stage programme covering topics which include the core themes of behaviour, diet and physical activity, which lasts between 6 and 12 months depending on the complexity of the client.
- Provides intense practical support around healthy eating - shopping, menu-planning and cooking.
- Highlights the importance and support families to adopt a “whole-family” approach to making healthy lifestyle changes.
- Empowers and facilitates sustainable improvements in eating habits, activity levels, self-esteem and confidence amongst individuals and family members.
- Following on from the intensive first stage programme the service offers a subsequent 12 – 18 month review programme (depending on length of intensive first stage programme) with follow up appointments at regular key stages as well as options for drop in/phone calls/short follow-ups in between and after completion.
- Develops self-assessment and monitoring skills among participants to aid long term weight management.
- Offers a variety of drop-in maintenance sessions to all clients as a means of open access and support.
- The programme follows up clients 2 years after completion of the service to identify impact/success of intervention.
- Develops an understanding of barriers to change and identify approaches to overcome them.
- Provides flexible outreach and engagement to attract adults to use the service and complete programmes.
- Develops leads and provides appropriate specialist input into a multi-disciplinary team which will form the Local Specialist Obesity Service for the purposes of assessment of eligibility and referral of clients for bariatric surgery. This team and the eligibility assessment fulfils the prevailing NHS England guidelines and local specifications for bariatric referral.
- In partnership with relevant agencies work is in place to develop and implement a care pathway and training for staff working with patients in residential, nursing or domiciliary care. The training will enable care staff to prevent adults becoming underweight, identify underweight individuals and put in place preventative measures for adults who are underweight and living in the community.
- Provides training to health and social care staff to increase the number of individuals of a healthy weight in the community.

- *Adult alcohol related harm:* Alcohol harm reduction continues to be a priority area within the Health and Wellbeing action plan. An alcohol harm reduction strategy for Halton has been developed. The strategy was developed in partnership with colleagues from health, social care, education, voluntary sector, police and the community safety team. The strategy sets out actions across the life course to reduce alcohol related harm and reduce hospital admissions. Good progress has been made related to reducing Under 18 admission rates locally. Key activity includes:
  - Holding a Halton Alcohol Inquiry to increase knowledge of alcohol related harm within local communities and develop community led responses.
  - Developing a coordinated alcohol awareness campaign plan including a social marketing campaign to promote an alcohol free pregnancy
  - Ensuring the early identification and support of those drinking above recommended levels.
  - Reviewing alcohol treatment pathways
  - Ensuring the local licensing policy supports alcohol harm reduction agenda
  - Working with local premises to adopt more responsible approaches to the sale of alcohol (e.g. promotion of Arc Angel and the local pub watch schemes within Halton).
  - Promoting a diverse night-time economy
  - Working to influence government policy and initiatives around alcohol: 50p minimum unit price for alcohol, restrictions of all alcohol marketing, public health as a fifth licensing objective.
  
- *Self harm:* Halton continues to prioritise the Prevention of Mental Health Conditions as a Health and Wellbeing Board priority. The Halton Emotional Health and Wellbeing Strategy has a comprehensive action plan which takes a life course approach and places equal importance on the prevention, promotion, early detection, effective treatment and recovery from mental ill health. A new Targeted Service for Children and Young people has been procured as a partnership between NHS Halton CCG and the Council, as well as a specialist service for Children in Care.

Young Addaction now provides a universal and targeted youth service offer, along with specialist community treatment for substance misuse. All secondary schools have been provided with access to self-harm awareness training, and the Widnes Vikings

deliver an anti-cyber bullying project as part of the Healthitude programme.

- *Falls*: Falls performance in Halton has been identified as a significant issue over the past three years. The 2015 Health Profile shows that in 2013/14 Halton had the highest rate of hip fractures per 100,000 people aged 65 and over. This equates to 156 actual hip fractures and compares to 107 and 141 in the previous two years. Although this figure is extremely disappointing it is appropriate to apply the wider context and also consider performance in the last 12 months. Provisional local data indicates the rate of hip fractures has reduced in from 156 to 89 in 2014/15. This will be published in next year's Health Profile.

Since the completion of the falls strategy in 2013, a number of interventions have been developed including:

- increased access to postural stability classes for people at risk
- greater use of the Falls Risk Assessment Tool (FRAT)
- improved partnership working
- increased training of frontline staff
- awareness raising of the public
- specific training for staff in care homes
- additional triage process installed into falls pathway for improved risk identification.

#### **4.0 POLICY IMPLICATIONS**

- 4.1 The Halton Health Profile 2015 highlights a number of key health issues for Halton. The Health and Wellbeing Strategy together with a number of related strategies is already addressing many of the issues highlighted.

#### **5.0 FINANCIAL IMPLICATIONS**

- 5.1 There are no direct financial implications as a result of this report. Actions identified within the Health and Wellbeing Strategy and associated strategies however, may have implications that will be reported to the relevant boards as they arise.

#### **6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES [\(click here for list of priorities\)](#)**

##### **6.1 Children and Young People in Halton**

Improving the Health of Children and Young People is a key priority in Halton and will continue to be addressed through the Health and Wellbeing Strategy whilst taking into account existing strategies and action plans so as to ensure a joined-up approach and avoid duplication.

## 6.2 **Employment, Learning and Skills in Halton**

The above priority is a key determinant of health. Therefore improving outcomes in this area will have an impact on improving the health of Halton residents

## 6.3 **A Healthy Halton**

All issues outlined in this report focus directly on this priority.

## 6.4 **A Safer Halton**

Reducing the incidence of crime, improving Community Safety and reducing the fear of crime have an impact on health outcomes particularly on mental health.

There are also close links between partnerships on areas such as alcohol and domestic violence.

## 6.5 **Halton's Urban Renewal**

The environment in which we live and the physical infrastructure of our communities has a direct impact on our health and wellbeing and should therefore, be a key consideration when developing strategies that examine the wider determinants of health and wellbeing.

## 7.0 **RISK ANALYSIS**

Developing strategies to address the issues outlined by Halton Health Profile 2015 in itself does not present a risk. However, there may be risks associated with the recommended actions. These will be assessed as appropriate. There are no financial risks associated directly with this report. The recommendations are not so significant that they require a full risk assessment.

## 8.0 **EQUALITY AND DIVERSITY ISSUES**

This is in line with all equality and diversity issues in Halton.

## 9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

<b>Document</b>	<b>Place of Inspection</b>	<b>Contact Officer</b>
Halton Health Profile 2015	<a href="http://www.healthprofiles.info">www.healthprofiles.info</a>	Katherine Woodcock

## Appendix

### Halton Health Profile: changes 2014 to 2015

Please click indicator for trend chart where available

Indicator Number	Indicator	2014		2015		Trend
		Halton Value	Signif to Eng	Halton Value	2014 Signif to Eng	
1	Deprivation	48.8		48.8		No update
2	<a href="#">Children in poverty (under 16s)</a>	26.7		25.6		↓
3	<a href="#">Statutory homelessness</a>	0.3		0.9		↑
4	GCSE achieved (5A*-C inc. Eng & Maths)	62.5		57.2		↓
5	<a href="#">Violent crime (violence offences)</a>	12.8		13.2		=
6	<a href="#">Long term unemployment</a>	13.7		9.6		↓
7	<a href="#">Smoking status at time of delivery</a>	18.9		19.0		=
8	<a href="#">Breastfeeding initiation</a>	52.3		51.6		↓
9	<a href="#">Obese children (Year 6)</a>	23.9		21.1		↓
10	<a href="#">Alcohol-specific hospital stays (under 18)</a>	73.5		60.5		↓
11	<a href="#">Under 18 conceptions</a>	40.4		33.3		↓
12	<a href="#">Smoking prevalence</a>	22.6		18.4		↓
13	<a href="#">Percentage of physically active adults</a>	49.8		51.5		↑
14	Obese adults	35.2		35.2		No update
15	Excess weight in adults	70.2		70.2		No update
16	<a href="#">Incidence of malignant melanoma</a>	17.4		20.7		↑
17	<a href="#">Hospital stays for self-harm</a>	325.9		361.0		↑
18	<a href="#">Hospital stays for alcohol related harm</a>	814.4		814.0		=
19	<a href="#">Drug misuse</a>	8.4		8.4		No update
20	<a href="#">Recorded diabetes</a>	7.2		7.3		=
21	<a href="#">Incidence of TB</a>	0.0		0.5		=
22	Acute sexually transmitted infections	Not comparable		677.0		Not comparable
23	<a href="#">Hip fractures in people aged 65 and over</a>	553.1		838.0		↑
24	<a href="#">Excess winter deaths (three year)</a>	9.5		15.2		↑
25	<a href="#">Life expectancy at birth (male)</a>	77.1		77.3		=
26	<a href="#">Life expectancy at birth (female)</a>	80.6		80.4		=
27	<a href="#">Infant mortality</a>	3.9		2.9		↓
28	<a href="#">Smoking related deaths</a>	415.5		416.0		=
29	<a href="#">Suicide rate</a>	7.8		9.6		↑
30	<a href="#">Under 75 mortality rate: cardiovascular</a>	112.2		101.1		↓
31	<a href="#">Under 75 mortality rate: cancer</a>	190.2		188.0		↓
32	<a href="#">Killed and seriously injured on roads</a>	32.1		31.8		=

	not significantly different to England average
	significantly better than England average
	significantly worse than England average

Source: Public Health England