Appendix 2 – Draft JSNA Executive Summary

Health and Wellbeing in Halton

A Joint Strategic Needs Assessment

Executive Summary 2010/2011

1. Introduction

This is a summary of 'Health and Wellbeing in Halton', Halton's Joint Strategic Needs Assessment. The full report can be accessed via the Halton Borough Council website at http://www3.halton.gov.uk/healthandsocialcare/healthandmedicaladvice/healthjointstrategicneedsassessment/

A Joint Strategic Needs Assessment (JSNA) is a means by which Primary Care Trusts and Local Authorities describe the future of health and wellbeing needs of local populations and the strategic direction of service delivery to meet these needs.

Put simply, this is a blueprint for the way Halton Borough Council and the local NHS develop and understand the health, well being and social care needs of people who live in Halton. It does this by:

- Bringing together all the relevant information around health, well being and social care needs;
- Using local knowledge and evidence of effectiveness of current services, it helps identify gaps in service provision, and makes recommendations for consideration by commissioners
- Setting out key priorities for action plans to help us meet those needs in the
- future;
- Providing the basis for all the key strategies and plans produced by the Council and the local NHS to help them get the right services from the right providers.

This then allows us and other relevant service providers to:

- Be better informed and prepared to meet the needs of a changing population now and in the future;
- Work more effectively together to reduce the health inequalities;
- Provide value for money.

A JSNA should not be seen as a product but as a process to inform local planning and commissioning including the Sustainable Community Strategy, and Children and Young People's Plan.

2. The Halton Approach

Halton produced the first JSNA – Health and Wellbeing in Halton, in 2008 which provided a snap shot of the Borough's health and wellbeing at that time. Health and Wellbeing in Halton provided the evidence on which health and social care Commissioners and decision makers identified the key health and wellbeing issues now and in the future.

In autumn 2009 an update was produced based on new data available that illustrated any significant changes in key messages from the original Health and Wellbeing in Halton.

During 2010 a full update of the JSNA was undertaken. A JSNA Working Group with representatives from both Halton Borough Council and the Halton and St Helens NHS Trust was set up. The Working Group's role was to provide data and analysis from their specialist area, providing the context to the 'hard' data. Not only was health, adult social care and children's services represented, but also the wider determinants of health including transport, housing and employment.

An overarching Strategic Board was established to provide strategic direction and guidance for the JSNA process and consisting of:

- Strategic Director, Health & Community Directorate, Halton Borough Council
- Strategic Director, Children & Young People Directorate, Halton Borough Council
- Director of Public Health Strategy, Halton & St Helens NHS
- Divisional Manager for Planning and Commissioning, Halton Borough Council

How to use the JSNA

The JSNA has been set out in chapters; where key issues are highlighted, information about what services are making a difference and the key priorities for the future are identified. The JSNA is intended to be an on line tool, enabling the reader to go straight to the chapters that they require. Each chapter references other relevant chapters that can provide wider context, allowing the reader to access all relevant and interlinking information to the subject area.

The JSNA main report is built on a wealth of information about Halton that is gathered both locally and nationally. There are hyper links to reference materials and relevant supporting information throughout the chapters. Using these hyperlinks will take you to external websites that contain the most current data, analysis, strategies etc.

This assessment has not been done in isolation. Results of local and national consultations, surveys and research with people who use services, carers, residents and service providers have been used to inform the JSNA.

3. Halton's demographic profile – what does Halton look like?

Population

Since 2001, the population of Halton has increased steadily to its current estimate of 118,700 (2009). The table below shows the population breakdown by age.

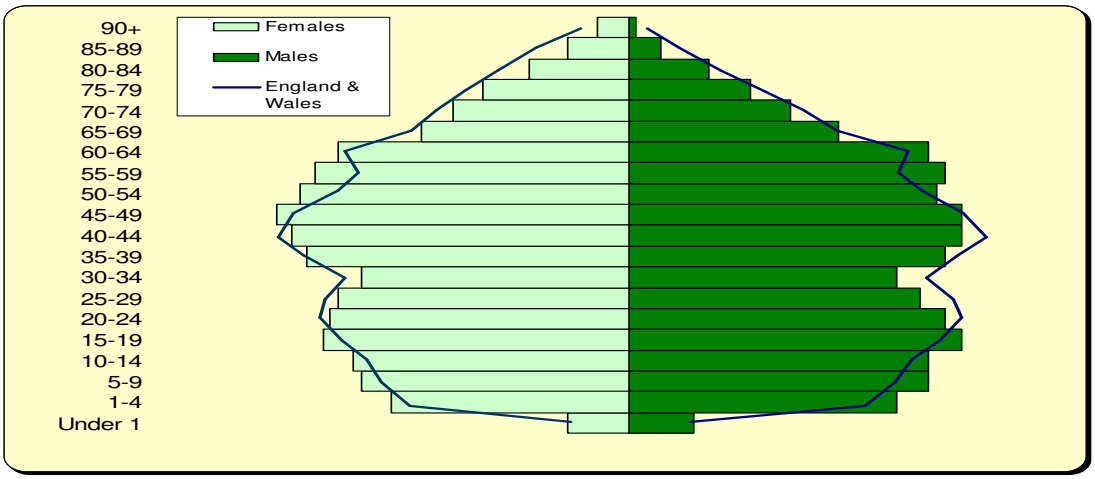
Population of Halton, breakdown by age, 2009

	Total	0-15	16-64	65+
Halton	118,700	24,000	77,600	17,100

The total population rose from an estimate of 118,500 in 2008; this rise was found in the Older People age-range (65+). This group went from 16,800 in 2008 to 17,100 in 2009 whilst the 0-15 population saw a reduction of 100.

The Halton profile matches the general shape of that for England & Wales see figure 1.

Figure1: Population pyramid showing population distribution for Halton and England & Wales, 2009



Source: Office for National Statistics

A few key points, showing comparisons with the England & Wales profile, are highlighted below

Halton has a higher proportion of:

- Children and Young People, aged 1-24
- Older working age, aged 45-59

Halton has a lower proportion of:

- Younger working age, aged 25-44
- Older People, aged over 60

In the long term (2008-2023), Halton's population is projected to grow by 4% from 118,500 to 122,900

The growth in older people will increase the demands for both formal and informal support. While small decreases in the working age population mean there are fewer people to provide and pay for this additional support.

Ethnicity

The ethnic composition of Halton remains predominantly white, with 97.7% of the population falling into this category. This is a significantly higher rate than at either regional (92.1%) or national level (88.2%). This would suggest that there is a lack of ethnic diversity in Halton which is not such an issue within wider boundaries.

Religion

Compared to regional and national figures, Halton has a higher percentage of people of Christian faith and a lower percentage of people of Muslim faith and people with no religion

Housing tenure

In 2008 the proportion of Owner Occupied and Private Rented Dwelling Stock in Halton (75%) was lower than the regional (81.2%) and national averages (81.8%). At 25%, a significantly higher proportion of the population rent housing from a Registered Social Landlord (RSL) than the regional (12.9%) and national (9.5%) averages.

Deprivation

As a result of its industrial legacy, particularly from the chemical industries, Halton has inherited a number of physical, environmental and social problems Halton shares many of the social and economic problems more associated with its urban neighbours on Merseyside. The Index of Multiple Deprivation (IMD) for 2010 is one of the most comprehensive sources of deprivation indicators, as some 37 different indicators are used. It shows for example that overall, Halton is ranked 27th nationally (a ranking of 1 indicates that an area is the most deprived), which is third highest on Merseyside, behind Knowsley and Liverpool, and 9th highest in the North West. Other authorities, St Helens (51st), Wirral (60th) and Sefton (92nd), are all less deprived compared to Halton

The Index of Multiple Deprivation for 2010 suggests that deprivation has worsened in the borough. Since ranking 30th in 2007 there has been an increase in 2010 to the 27th most deprived Authority in England.

The population living in the top 10% most deprived areas nationally has been a useful comparator over time to see whether the number of people severely affected by deprivation is decreasing in Halton. This proportion has remained consistent from 2007 to 2010; with 26% of the total population of Halton residing within the top 10% most deprived LSOA's nationally. This is compared in 2010 to the national figure of 10% and the Liverpool City Region figure of 31%.

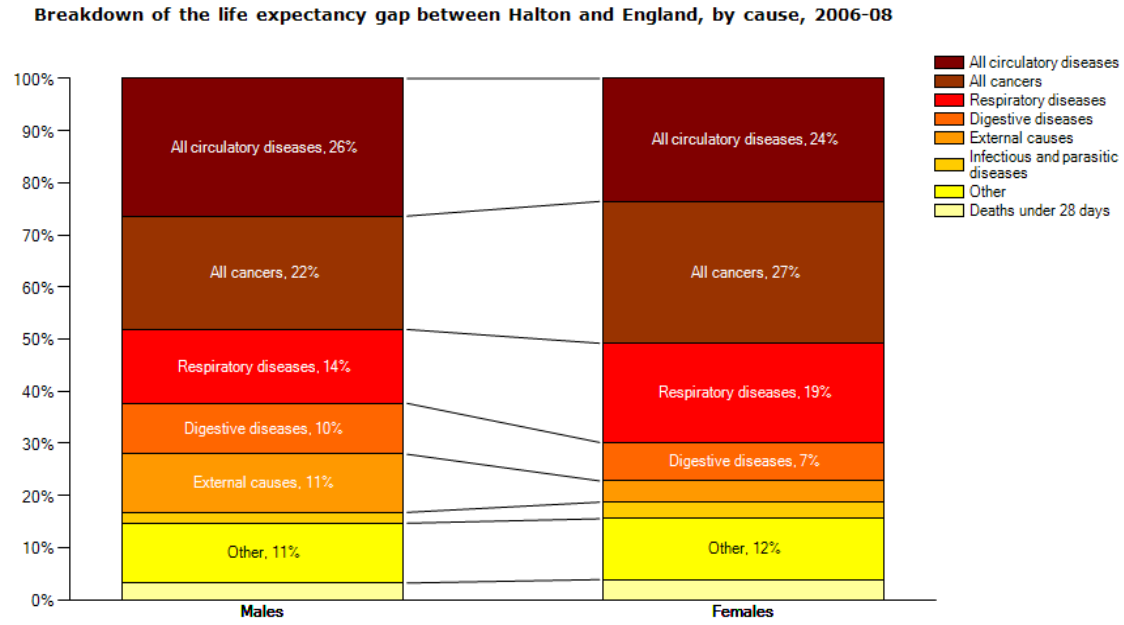
4. Halton's health and wellbeing – where are we now?

Health across Halton has improved over the last 10 years. Life expectancy at birth has increased, deaths from circulatory disease and most cancers have decreased, rates of smoking have decreased. Breastfeeding rates are improving and the number of women who are smoking during pregnancy has reduced recently. However, whilst these improvements are commendable for most of these factors the England rates have improved at a greater pace over the same period widening the gap between the borough and the country as a whole.

Closing the gap in life expectancy remains an enormous challenge. Strong partnerships are required to tackle the lifestyle factors that underlie the mortality rates and the social determinants that in turn influence the lifestyle choices people make

The reasons for the gap in life expectancy are detailed in figure 2, with circulatory disease, cancers and respiratory diseases making up 70% of the gap in females and 62% in males.

Figure 2



One measure of morbidity is limiting long term illness (LLTI) which reflects an individual's perception of how healthy they are. For Halton and St Helens, the boroughs that make up our PCT, the ratio of those with a limiting long term illness is higher across all age groups than the England and North West rates.

Rates overall are marginally higher for Halton than for St Helens. All age groups suffer the burden and possible employment and social consequences of having long-term conditions and disabilities. The older age groups in Halton have a greater burden of chronic conditions and disabilities than the average experienced in England and North West. As the proportion of the population that is aged over 65 is predicted to rise, it is likely the number of people in older age living with limiting long-term illness will also rise. The

number of people aged 65 and over with LLTI will rise by 47.36% overall with the greatest percentage rise being in the 85+ age group 2010 and 2025.

5. Factors affecting health and wellbeing in Halton – what are our priorities?

Whilst acknowledging that there are a plethora of factors affecting Halton resident's health and wellbeing, from factors that have a significant impact on a small proportion of the local population, to factors that have a less significant impact on the wider population, the JSNA focuses on those factors that highlight the greatest health inequalities amongst the local population.

Below are a number of the priority areas affecting Halton resident's health and wellbeing, as identified by the Health Inequalities National Support Team visit to Halton in 2009 and other local indicators from both the local authority and the PCT.

The lists of factors below, and the associated priorities, are *not* exhaustive, but highlight factors that have impact on health inequalities in Halton. Please visit the JSNA page on Halton Borough Council's website to access the full list of chapters which includes further analysis, identification of key issues and further recommendations and priorities.

A list of Chapters contained in the JSNA can be found in Appendix 1 to this executive summary.

A summary of the main local and / or national commissioning plans and strategies can be found in Appendix 2

Environmental Factors

Community Safety

Alcohol related crime in Halton has reduced by 11% compared to last year and all violent crime has reduced by 12%, although in almost half of the violent crime incidents reported, alcohol was a contributing cause, as it was in 15% of the overall incidents of anti social behaviour. During 2009 46 % of total alcohol related crimes committed within Halton occurred within the wards that make up the boroughs town centres (Widnes - Appleton, Kingsway and Riverside, Runcorn - Mersey).

The number of people leaving drug services having completed their treatment has been steadily improving. In 2008/09 Halton's 'planned exit' performance was in line with the regional average. By the end of the first half of 2009/10, they were at 41%; this is in the second highest quarter of national performance. Halton was amongst the top performers nationally in 2008/09 for reducing offending related to using heroin and/or crack cocaine. Halton has a high percentage, 85%, of people using heroin and/or crack cocaine seen by its drug services.

Vulnerable adults are people who, for whatever reason, are at greater than normal risk of abuse. Older people, especially those who are unwell, frail,

confused and unable either to stand up for themselves or keep track of their affairs are vulnerable. Other vulnerable adults include people who are open to abuse because of learning difficulties, physical disabilities or mental illness

Halton has historically experienced high levels of reporting, which is likely to be due to the following:

- Demographic changes – increasing number of frail people
- Large number of people with learning disabilities
- High level of health needs
- High levels of deprivation and unemployment
- Due to publicity, and through the provision of multi-agency training
- Raised awareness of the need to recognise abuse and respond appropriately, within the population

Referral numbers increased from 2004-2007, reduced from 2007-2010, but have significantly increased throughout the period April-December 2010 over the same period in the previous year. 359 abuse allegations were reported in total to Halton Borough Council in the year 2009-10. The reduction in referrals may have resulted from refinement of procedures followed in processing referrals, so whilst we continue to encourage people to refer concerns and allegations, decisions are then taken about the best course of action to deal with them. Managers and practitioners take account of service user views on the way their circumstances are managed, resulting in some referrals not being progressed through the safeguarding adults procedures. Some will result in other activity which will not be counted in the alleged abuse data e.g. care management, complaints procedure, contract monitoring or disciplinary proceedings. It is likely that recent steps taken to raise awareness, including training of staff and volunteers, and publicity, have contributed to the increase in referrals.

During the period July to September 2010 there have been a total of 25 Race Hate, 6 Homophobic and no Disability incidents reported to the Police.
Of the 31 incidents recorded 19 have been found to meet the Hate Crime criteria

In the Halton Places Survey carried out in October 2008, 21% of respondents stated that they agreed that 'The police and other local public services are successfully dealing with anti social behaviour and crime in their local area.' This compares to a UK average of 26%.

Community Safety Priorities

- Focus on borough wide enforcement activity, both proactive and reactive which is intelligence led and demand driven

- Promote awareness of vulnerable adults and their right to be safe in local communities.

- Ensure there is a strong multi-agency response to the safety, wellbeing and dignity of vulnerable adults.

- Equip staff and partner agencies with the necessary tools to both safeguard vulnerable adults and ensure their dignity is respected.

Housing

The neighbourhood that someone lives in, the type of property that they occupy and the condition of that home, all have a huge impact on their health and well being. Research has clearly demonstrated that poor housing is a key determinant of health outcomes, being intrinsically linked to poor health, a reduced life expectancy, and a reduced overall quality of life / sense of wellbeing.

There is great variation in housing tenure in Halton. Owner occupancy varies from 99% of households in Birchfield to 6% of households in Windmill Hill, which has the greatest percentage of social rented dwellings. Birchfield on the other hand, contains no social rented dwellings. A significant proportion of social rented housing is located in the New Town estates in Runcorn.

The greatest proportion of privately rented accommodation is in Appleton, where 9% of households are privately rented compared with only 1% in Birchfield and Windmill Hill. Overall in Halton, 66% of households are owner occupied, 28% are socially rented and 4% privately rented, with the remainder being shared ownership dwellings, tied to employment tenancies or households living rent free.

When housing tenure is compared to health deprivation, it becomes clear that there is a strong correlation. The eight most deprived wards in terms of health have the lowest proportion of owner occupation in Halton, whereas the eight wards with the lowest health deprivation have the highest levels of owner occupancy.

At the time of writing the Housing Chapter for the JSNA the Council had commissioned a Strategic Housing Market Assessment to update and refresh this data along with its Mid-Mersey Growth Point partners, St. Helen's and Warrington. A first draft of the report on the findings relating to Halton reveals the following headline results –

- Halton's ageing population will lead to increased demand for specialist housing and falling household sizes will mean smaller dwellings are more suitable for some households.

- There has been an increase in the housing stock over the last decade and increases are likely to be required in the future. There is an imbalance in the housing offer with the proportions of terraced housing and social rented stock being particularly high

- Affordability is a key issue for Halton with the average property price being five times the average income. This, coupled with increased demand for social housing along with falling stock levels, leads to a total net annual need for 891 affordable dwellings per annum (this figure is significantly higher than the 176 found by the Housing Needs Assessment of 2006).

- There are high levels of housing unsuitability for those with some form of disability or support need and a range of adaptations and support are required to resolve these issues.

- There are a high proportion of households containing pensioners in the borough and this is likely to increase further in the future, leading to an increased need for specialist accommodation and the expansion of support services that are already in place. Older person households are also often under-occupied.

- A significant proportion of housing need / demand in Halton arises from families with dependent children and lone parent groups are particularly disadvantaged and concentrated in social and private rented housing.

Housing priorities

- Improve conditions in the private rented sector

- Improve the provision of supported housing for an ageing population

- The prioritisation of the development of housing to meet the needs of those with disabilities

- Continue to provide specialist advice and support to Homeowners by retaining Mortgage Rescue Adviser post. If the post is removed then Halton will be unable to administer the Mortgage Rescue Scheme which has recently received financial backing for a period of 4 years.

- Increase the supply of affordable housing in the Borough in line with the recommendations of the Housing Needs Survey

- Work with housing providers to reduce the incidence and perceptions of Anti Social Behaviour

Economy and Child Poverty

Halton's economy is relatively small by national standards. Halton has a very low level of economic resilience, ranked 283 out of 324 local authority areas (Experian July 2010). The impact of the significant reductions in levels of public sector spending expected from 2011 onwards will have a major impact on Halton's economy, in addition we have an ageing static population with a shrinking proportion of economically active residents.

In the past the mismatch in the needs of local, new and incoming businesses and the skills of Halton's local people has meant that opportunity and need have been out of balance, contributing to the continuing widespread deprivation in Halton. The skills and knowledge base of Halton's workforce is low, reducing the ability of Halton's residents to compete for existing and new jobs both within and outside the Borough. There is a significant skills deficit both with regard to basic skills, but also in relation higher skills demanded by the sectors that are likely to see the greatest degree of growth over the

coming years (scientific, technology and advanced manufacturing) and also generic management skills

Halton's median resident weekly pay increased from £345.9 in 2008 to £370.6 in 2009, this was the largest increase in gross weekly pay out of the 6 local authorities in the Liverpool City Region during the period

Job Seekers Allowance (JSA) claim rate in Halton was 5.9% in April 2010; this is greater than the North West (4.5%) and Great Britain (4.1%) figures. The ward with the lowest unemployment rate was Daresbury, with a rate of 2.3%. Windmill Hill ward had the highest unemployment rate in Halton in April 2010 with a rate of 10.7%.

Child Poverty is defined as the number of children living in families in receipt of Child Tax Credit whose reported income is less than 60 per cent of the average income or in receipt of Income Support or (Income-Based) Job Seekers Allowance, divided by the total number of children in the area.

The North West of England has above average incidents of children living in poverty. With 23.5% of children under 16 and 22.8% (726,000) of all children living in low income households, of which 167,770 live in the Liverpool City Region. In Halton just under 26.4% of children live in poverty, placing Halton below the Liverpool City Region average. The most recent figures from 2008 reveal that in total there are 6,550 children living in poverty in Halton. Of these 5,520 children live in out of work families and 1,030 live in households classified as in-work.

According to the 2007 figures, Birchfield ward has the lowest percentage of children in poverty, with fewer than 3% of children being in poverty. However, over half of children (54.4%) within Windmill Hill ward are classed as being in poverty. Interestingly, the neighbouring ward of Daresbury has one of lowest percentages.

Key underlying causes of child and family poverty in Halton include low family aspirations and a cycle of benefit dependency, often of an intergenerational nature.

Economic and Child Poverty Priorities

- To foster a culture of enterprise and entrepreneurship and make Halton an ideal place to start and grow a business

- To promote and increase the employability of local people and remove barriers to employment to get more people into work

- To develop a culture where learning is valued and raise skill levels throughout the adult population and across the local workforce

- Cultural challenge and raising aspirations

- Early intervention

- A whole family approach

- Providing a single point of access to support services

Lifestyle Factors

Substance misuse

Problematic drug users are defined as heroin and/or crack cocaine users. In Halton it has been estimated that there are between 569 and 919 Problematic Drug Users (PDUs). The prevalence of PDUs in Halton is 9.2 per 1000 (aged between 15 & 64 years old). This is just below the prevalence in England of 9.76. Locally prevalence estimates range from 7.5 in Cheshire, 8.4 in Warrington and 11.7 in St Helens through to 24.1 in Liverpool

Patterns of drug use are changing, and in common with national trends, Halton is seeing more people under the age of 25 presenting to services with issues around cannabis, alcohol and cocaine use, rather than heroin and crack cocaine. As yet there is insufficient information to estimate the prevalence of this drug use

Substance Misuse Priorities

- Continue to reduce the impact of drug related crime through close working with the police, probation & court services.

- Reduce the harm that is caused to individuals through their drug use by providing easy access to screening, vaccination & health improvement programmes.

- Continue to meaningfully involve service users, carers & families in the development of drug services

Alcohol

Alcohol has a major impact on cirrhosis, hypertension, cancer, and mental illness. In Halton the rate of hospital admissions for alcohol related harm is high and rising in line with national trends. The current rate of hospital admission for alcohol related harm is 2,464 per 100,000. Compared to our statistical neighbours cluster which includes PCTs with similar levels of socio economic status Halton and St Helens PCT admissions are average at 2,200, with Knowsley PCT performing worst at 2,500 and Stoke on Trent PCT performing best at 1,550.

Halton has been identified as the eighth worst local authority area in England for alcohol related harm and the 50th worst area for binge drinking (2010 LAPE). Reducing alcohol related harm is one of our key areas for investment and development in the next five years.

A recent report analysing alcohol consumption with teenage conceptions i.e. conceptions to women under the age of 18, showed that, at both local authority and ward levels, there is a significant positive relationship between

teenage conceptions and alcohol-related hospital admissions in young people. This relationship is independent of deprivation

Alcohol Priorities:

- Develop a robust social marketing and wider communication approach to engage the public in a debate about actions to reduce harmful drinking, tailored to different communities' needs

- There needs to be an assessment of continuity/standards of care across the health and care system for alcohol services. Standardised, evidence-based care pathways and screening assessment tools, need to be localised and developed.

- Health impact assessments should be conducted as part of the planning application process for new and expanding/change of use licensed premises. This should include the wider impacts of the development on other health priorities such as promoting healthy eating, physical activity, teenage pregnancy and promoting and improving mental wellbeing as well as the impact on alcohol consumption

Obesity

Obesity has a major impact on cardiovascular disease, cancer and diabetes. Adult overweight and obesity rates in Halton are high. The 2006 Life Style Survey indicated the percentage of overweight residents has increased from 52% in 2001 to 56.6% in 2006. Obesity within Halton has also increased with 20.2% of residents measuring as obese in 2006 compared to 15.1% in 2001

According to 2009 & 2010 Health Profiles the percentage of adults classified as obese in Halton has risen slightly between 2003-5 and 2006-8. However rates remain above the England average.

Obesity Priorities

- Continue with an emphasis on population level approaches to increase physical activity and improve the diet of the adult population

- There should be interventions to reduce obesity in women of child bearing age in deprived areas as part of a programme to reduce infant mortality

- The needs of frail older people in care homes regarding adequate nutrition should be addressed and the level of malnutrition of this and others groups determined

Tobacco Control and Smoking

Smoking has a major impact on cancer, chronic obstructive pulmonary disease (bronchitis and emphysema) and cardiovascular disease. Halton has improved its smoking quit rate year on year for the past 5 years. Halton and

St Helens now has the 4th highest quit rate in the North West at 1104.74 per 100,000. The stop smoking rate for pregnant women has improved during 2010 with 25.5% staying quit at time of delivery in the first 2 quarters of 2009/10 compared to 22.5% in 2008/9.

Smoking priorities

- There is a need to continue embedding smoking education and support to all schools e.g. through teachers and school nurse training on tobacco control.

- The normalisation of smoke-free lifestyles underpins all actions to support smoking prevention and cessation. Local partners should build on the work undertaken on smoke-free public places to extend the range of smoke-free environments.

- Partners should continue to develop strategies to tackle illegal sales of cigarettes and sales to those under-18.

Sexually Transmitted Disease

Research highlights that sexually transmitted infections (STIs) are not distributed evenly across the population, and inequalities exist across age, area and ethnic groups. STI rates are highest amongst teenage and young adult populations, and there are specific area based inequalities evident in that rates are disproportionately higher in deprived areas.

Locally, excluding syphilis, (as numbers are very small), the biggest increase in numbers has been for uncomplicated gonorrhoea where there has been 920% increase from 10 cases in 1996 to 102 in 2008. This compares with a 16% decrease across the North West where number have been reducing since 2006.

Chlamydial infection which is the most common bacterial sexually transmitted infection has seen increases across the 2 clinics (of the Halton & St Helens NHS Trust) of 827% between 1996 and 2008, this compares with 13% across the North West.

The number of herpes cases diagnosed locally has increased by 183%, this compares with 87% across the North West

The number of cases of anogenital warts has also increased over the time period by 99% , this compares with 20% across the North West

These rises in infections can not definitely be linked to residents of Halton and St Helens but recently published resident based data shows that Halton and St Helens has high levels of infections of diagnosed chlamydia, gonorrhoea and genital warts, therefore showing higher levels of acute STI rates than the North West as a whole.

In the 15-24 year old population Halton and St Helens has the third highest levels of chlamydia diagnosis in the North West. This may be due to a very effective screening programme in this age group actively finding people with chlamydia who are asymptomatic.

Sexually Transmitted Disease Priorities:

- To continue STI surveillance locally so that any clusters can be identified, working closely with service providers who maybe the first to identify clusters

- To continue STI surveillance to identify trends and impacts of interventions

- To continue to develop and strengthen the health promotion and improvement messages locally and working with services health and other services in contact with 'at-risk' populations to deliver key messages

- To develop other health related venues that could opportunistically provide health care interventions for STI's such as Pharmacies providing screening and treatment for Chlamydia

Teenage Pregnancy

Since the baseline was established in 1998 we have seen a fluctuating picture in the numbers of conceptions reported. There has been no sustainable reduction over time. The rate increased from 52.3 in 2008 to 58.9 in 2009, placing Halton as having the 13th highest rate in England. However, in quarter 4 2009 Halton saw a reduction in the rate of conception. Halton is seeing a reduction in the percentage of conceptions leading to termination. In England, the percentage in 2009 was 49%. In Halton the percentage was 41%. This could mean that contraception is being used more effectively and termination is not being used as a form of contraception. Although the numbers are very low for under 16 conceptions, Halton is seeing a small increase in the rate of conceptions to girls aged 13-15.

Teenage Pregnancy Priorities:

- Continuing to extending provision and access to a full range and choice of sexual health information, advice and services available in identified locations and at times appropriate to meet the needs of the local young people.

- There is a need to urgently develop holistic school, college, sixth form and work based holistic health services including sexual health, drugs and alcohol and other risk taking behaviours.

- Work with partners across schools in the borough to support increased training and development opportunities to teachers responsible for delivering Sex and Relationship Education and Personal Health and Social Education.

Conditions

Around half a million people die in England each year, of whom almost two thirds are aged over 75. The large majority of deaths at the start of the 21st century follow a period of chronic illness such as heart disease, cancer, stroke, chronic respiratory disease, neurological disease or dementia. Most deaths (58%) occur in NHS hospitals, with around 18% occurring at home, 17% in care homes, 4% in hospices and 3% elsewhere

Halton's JSNA identifies cardio vascular disease (CVD) and cancers as the predominant influence on reducing mortality rates

Cancer

In Halton the incidence of cancer is rare before the age of 50. Admissions for all types rise from the 50-54 age band, peaking at 65-69 years. Cancer deaths make up 28% of total deaths among those over 50 years of age. Overall lung cancer accounts for the largest proportion of cancer deaths (23.2%) followed by colorectal at 9.6% and breast cancer at 7.8%. The rate of all cancer deaths is slightly higher in Halton across all age bands but the difference is only significant in the 85+ age group. Survival from lung cancer in Halton and St Helens is 30% after one year: one of the eight best rates in the North West. Survival from bowel cancer at one year is excellent at 71%. Survival from breast cancer at one year is high at 96%. The "Get Checked" campaign aims to improve cancer early diagnosis and is focussed in the poorest areas in Halton.

Cancer Priorities

- Continue to support the Early Detection/ Healthy Communities Collaborative for Cancer in Halton to raise awareness of the signs and symptoms of cancer and promote early presentation to health services

- Ensure cancer prevention is part of all commissioners' approach to tackling premature deaths from cancers.

- Reducing other risk taking behaviours including alcohol and promoting better diet and more active lifestyles.

- Improving the expertise of cancer treatment services – balancing concentration of specialist skills with improved access

- Continue to support and develop care pathways for Cancer locality teams to ensure improved access to diagnosis and treatment

Coronary Heart Disease (CHD), Hypertension and Stroke (collectively known as cardio vascular disease)

2009 data for Halton indicates deaths from CHD had reduced. GP registers for patients at high risk of CHD, hypertension and stroke are in place to address the problem of under diagnosis.

Admissions to hospital due to Coronary Heart Disease (CHD) are predominantly seen in the older age bands, admission rates are statistically significantly higher than the Halton borough rates in Grange, Halton Castle, Halton Lea, Ditton, Mersey and Norton South

CHD and Hypertension Priorities

- Further Data collection and analysis - One of the Health Inequalities National Support Team recommendations was a greater use by public health of prescribing and Quality Outcomes Framework data. Also, further investigation/research is needed into how accurate the prevalence estimates for heart failure are likely to be.

- The predicted increases in (CHD) and hypertension need to be factored in to the setting of performance targets and monitor of health outcomes for all Locally Enhanced Services

- Continued roll out of the Health Check Plus programme.

Stroke Priorities

- Consistent and well co-coordinated stroke prevention measures.

- Access to specialist stroke rehabilitation in hospital immediately following acute episode.

- Well co-ordinated community stroke services that offer personalised and flexible life long rehabilitation care and support for all stroke survivors

- Ensure continued collaboration and engagement with multi-disciplinary teams to ensure that we are able to deliver against a better stroke pathway.

Coronary Obstructive Pulmonary Disease (COPD)

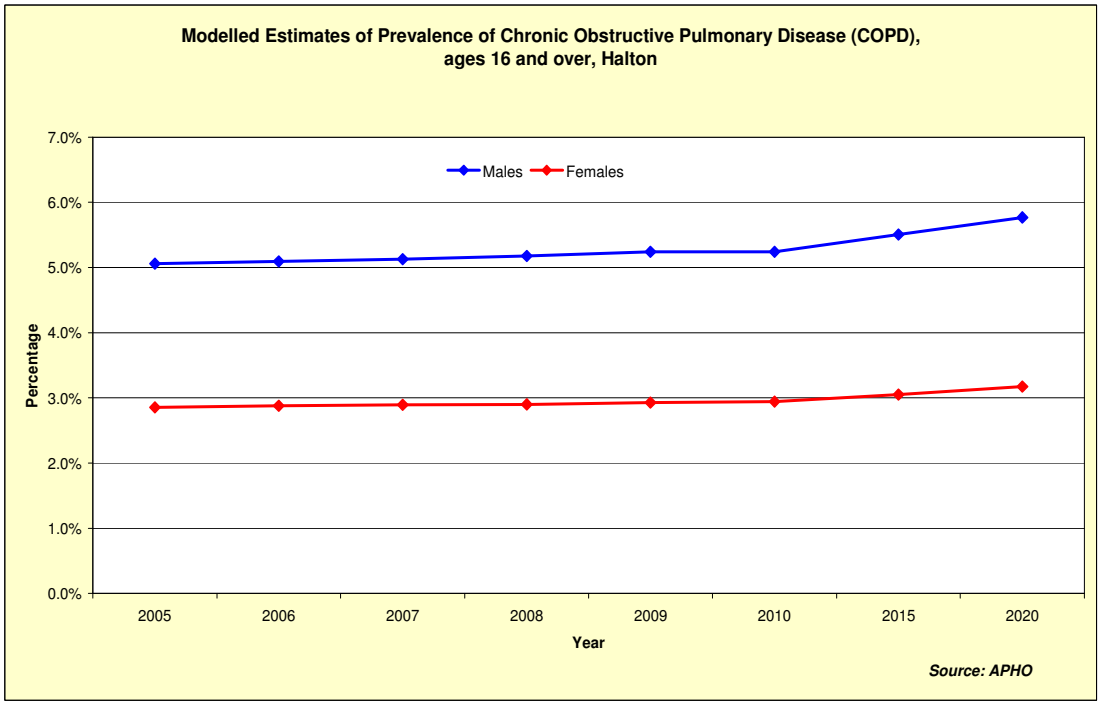
COPD includes two main diseases, bronchitis and emphysema. Asthma may also be included but only where there is some degree of chronic airway obstruction

The major risk factor for developing COPD is smoking. It makes up 80% of the burden of the disease. The disease now effects men and women almost equally due to the increase in the number of women who smoke. Deprivation is associated with smoking prevalence and thus areas of high deprivation are linked to higher COPD prevalence.

Modelled estimates suggest that unless concerted action is taken, due to changes in population, the prevalence of COPD will increase.

Figure 3 shows the estimated prevalence of COPD in Halton up to 2020. Death rates vary across the borough, with death rates for those over 40 from COPD during 2005-09 highest in Halton Castle, Mersey, Halton Lea, Ditton and Appleton wards.

Figure 3: modelled estimated prevalence of COPD in those aged 16+, Halton, 2005-2020.



COPD Priorities

- Commissioning of appropriate community specialist services that are outcome focussed: to include education and self-care, prevention and management of exacerbations, pulmonary rehabilitation, keeping people healthy and at home

- Early detection and diagnosis of COPD

- Development of a consistent, integrated pathway through services

Diabetes

Diabetes has a major impact on heart disease, stroke, lower limb amputation, renal disease, impotence in men and kidney disease. The Diabetes Health Needs Assessment completed in November 2007 clearly indicates that there will be a significant increase in the number of patients with Type 2 Diabetes who will require quality systematic disease management.

The estimated excess deaths among people with diabetes indicator records the number of years of life lost due to mortality from diabetes. The rate for Halton for the period 2006-08 is 3.1 years lost. Halton has a lower rate than its comparators for this period.

Diabetes Priorities

- There are low numbers of diabetic patients accessing patient education programmes. This should be investigated both from a service provider and client perspective before any expansion programme is planned

- One of the Health Inequality Support Team's recommendations was a greater use by public health of prescribing and quality and outcomes framework (QOF) data. Closer links need to be developed between Public Health Evidence & Intelligence Team and Medicines Management and further analysis of relevant prescribing data/information made. A Pharmacy Health Needs Assessment has recently been started which should aid this dialogue.

- Retinopathy screening (eye test for people with diabetes) has improved over the last year and uptake is now at 81% (the minimum national standard is 80%). Maintaining and improving further uptake and ensuring grading quality remain priorities for the PCT.

Mental Health

The North West Public Health Observatory in 2009 undertook the Mental Wellbeing Survey which sampled 500 people across Halton and St Helens and asked individuals a series of questions aimed at measuring wellbeing for the borough. The survey showed 35.4% of adults living within Halton and St Helens had above average mental wellbeing which was significantly higher than the North West average (20.4%). The number of adults who measures themselves as having below average mental wellbeing (4.9%) was significantly lower than the North West average (16.8%).

Changes in the population structure mean that whilst it is predicted that there will be a slight decline in the number of adults aged 18-64 with mental health disorders in Halton, the number of older people suffering with depression and severe depression is predicted to rise.

Mental Health Priorities

- Commission initiatives that promote earlier detection and interventions for people suffering with mental health problems.

- Develop joint strategies with relevant partners to promote recovery, and improve the mental well-being and mental health outcomes of the people of Halton, that also addresses the broader determinants of mental health.
- Ensure that commissioned services are accessible to all and consider those who may be particularly at risk of experiencing health inequalities.

Dementia

Data for 2007/08 indicates that 1269 patients across Halton and St Helens Primary Care Trust (PCT) are registered as having dementia (0.4%). Figures from Projecting Older People Population Information (POPPI) estimate that numbers of dementia sufferers over 65 years old could increase by 155% by

2025, with over 4,000 patients in Halton and St Helens. Overall for the PCT, numbers of males over 65 years old presenting with dementia is expected to increase by 105% compared to 43% in females.

Dementia Priorities

- Development of Dementia Peer Support
- Commissioning of Assessment, Care and Treatment Service
- Commissioning of Dementia Care Advisors
- Training for professionals in basic awareness
- Advanced training for professionals
- Improved quality in existing services i.e. memory clinic, Community Mental Health Team etc.

Vulnerable Groups

Older People

Older people and those with long-term conditions are the most intensive users of the most expensive services. People with long-term conditions are not just high users of primary and specific acute services but also social care and community services, and urgent and emergency care. Numbers are increasing due to factors such as an ageing population, health inequalities and certain lifestyle choices that people make. Because of their vulnerability, simple problems can make their condition deteriorate rapidly, putting them at high risk of unplanned hospital admissions or long-term institutionalisation

By 2026, at a national level, older people will account for almost half (48 per cent) of the number of new households, resulting in 2.4 million more 'older' households than there are today

Older People Priorities

- Ensure that there is enough affordable and quality accommodation
- A wider range of community based services are developed and commissioned to meet the range of health related illnesses that affect older people e.g. Stroke, COPD, Dementia etc.
- Commissioners need to address the continuing issue of falls in older people, both in relation to the prevention of falls and the quality of care if someone does have a fall.
- Continuing to deliver high quality Intermediate Care services to support improved rehabilitation rather than reliance on Residential Care.
- Investigate the full potential of technology, such as Telecare and Telehealth, to support care closer to home for older people.

Vulnerable Children

One way of assessing vulnerability is by the Children in Need. The definition of a child being in need is taken from Section 17(10) Children Act 1989, whereby:

- He/She is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of heath or development without the provision for him/her of services by a local authority.

- His/Her health and development is likely to be significantly impaired or further impaired, without the provision for him/her of such services.

- He/She is disabled

There were 685 Children in Need in Halton in 2009/10. The ward containing the highest number of Children in Need during the period was Kingsway (63 children), the ward with the lowest number in the Children in Need category was Beechwood

There were 137 Children in Care in Halton in 2009/10. The ward containing the highest number of Children in Care during the period was Halton Lea (17 children), four wards in the borough had no Children in Care throughout the period; these were Beechwood, Birchfield, Daresbury and Farnworth

There were 81 Children subject to Child Protection plans in Halton in 2009/10. The ward containing the highest number of these children was Halton Lea (11 children), seven wards in the borough had no Children subject to Child Protection plans throughout the period; these were Beechwood, Birchfield, Farnworth, Broadheath, Ditton, Hale and Heath.

Vulnerable Children Priorities

- Improve parenting support and support for children in need of safeguarding,

- Ensure robust safeguarding processes are in place

- Improve outcomes for children in need of safeguarding.

Adults with a learning disability and adults with a physical/sensory disability

Adults with learning disabilities are one of the most vulnerable groups in society, experiencing health inequalities, social exclusion and stigmatisation. In general, adults with learning disabilities have greater and more complex health needs than the general population, and often these needs are not identified or treated.

Life expectancy of this group is shorter than the general population, though this has increased recently. In addition a number of national reports have highlighted that adults with learning disabilities often experience barriers to accessing healthcare services, and poor levels of care. Indeed, adults with learning disabilities are more likely to die from a preventable cause than the general population

The percentage of adults with learning disabilities in employment within Halton is 3.7%. This is lower than the regional average (5.2%) and considerably lower than the average national rate (6.8%)

Physical impairments may be congenital or acquired at any age, be temporary, long-term, or fluctuating. People with physical impairments may often have unique & multi-dimensional requirements. Sensory impairments may, like physical impairments, be congenital or acquired at any age. They are more prevalent with age as are additional sensory or other impairments. Most sensory impairments develop gradually and are often secondary to other disabilities.

There are 5,968 people between the ages of 18 and 64 in Halton that have a physical disability. The majority of these (67%) are aged between 45 and 64 with 26% aged between 25 and 44 and 7% between 16 and 24. 3,117 people between the ages of 18 and 64 have a sensory disability. The majority of these (89%) are aged between 45 and 64 with 10% aged between 25 and 44 and only 1% between 16 and 24.

Priorities for adults with learning, physical or sensory disability

- To support progress in delivering the National Service Framework for Long Term (Neurological) Conditions in Halton consultation has identified the need for better access to integrated Neurological Rehabilitation and Enablement services and better co-ordination of support for the voluntary sector.

- To support adults and young people in transition to adult services with learning disabilities

6. Conclusion

Early detection is likely to reduce costs and improve outcomes in the major disease areas. Action on these areas should continue as they are likely to make the most difference in the short and longer term.

Some changes in prevalence suggest new priority areas:

- Injury prevention- due to increased hospital admissions and deaths. This could be linked with the alcohol agenda
- Mental health more broadly than early detection of depression is a priority area due to the rise in suicides and undetermined injury. The economic recession and changes in benefits may also increase demands on services.
- Sexual health due to high prevalence rates
- Child health- particularly infant mortality linked with maternity services and child and adolescent mental health services. Childhood obesity has levelled but should remain a priority due to the potential high impact.

There are some longer term trends in our population and needs which will impact on priorities:

- The numbers of frail older people will increase with increased need for services including dementia, obesity, falls prevention, chronic disease management hearing, vision and continence services.
- The numbers of people with a severe learning disability will also increase.

How will the JSNA be used?

The JSNA will be used to inform commissioning decisions and with the forthcoming changes planned under the Health and Social Care Bill , the JSNA will become a main evidence driver for the Health and Wellbeing Board that will operate within Halton. A responsibility of the new Health and Well Being Board will be to develop a high level strategy (joint Health and Wellbeing strategy) to address health inequalities, using the findings of the JSNA to direct strategy.

7. Want to have your say or get involved?

If you would like to comment on how health inequalities in Halton can be reduced or require this document in a different format please use the contact details below:

Policy Officer (Health)
People & Communities Policy Team
2nd Floor Runcorn Town Hall
Heath Road
Runcorn
WA7 5TD

01928 704521

Emma.bragger@halton.gov.uk

If you want to comment on health, well being or social care services in Halton, or get involved with people who can represent your views contact:

Halton Local Involvement Network (the LINK):
www.haltonlink.org.uk.

Halton LINk, Sefton House, Public Hall Street, Runcorn WA7 1NG

01928 592405

Appendix 1: Health and Wellbeing in Halton Contents

Chapters covered by this JSNA

Adult Immunisations

Adult Obesity

Alcohol (Adults)

Cancer

Child Accidental Injury

Child Immunisations

Child Obesity

Child Poverty

Children and Young People Mental Health and Emotional Wellbeing

Community Safety

Coronary Obstructive Pulmonary Disease

Coronary Heart Disease

Dementia

Demographics

Dental

Diabetes

Economy

Housing

Hypertension (high blood pressure)

Mental health

Older People

Older People Falls

Overall health and Wellbeing

Physical, Sensory and Learning Disability

Pregnancy

Sexually Transmitted Infection

Smoking

Substance Misuse (Adults)

Substance Misuse (Children & Young People)

Teenage Pregnancy

Transport

Vulnerable Children

Appendix 2: Summary of Commissioning Plans/Strategies

Chapter	Commissioning Plans/Strategies (Local and/or national)
Adult Immunisations	
Adult Obesity	Department of Health (2008) Healthy Weight, Healthy Lives - A Cross Government Strategy for England
Alcohol (Adults)	Signs for improvement: Commissioning interventions to reduce alcohol-related harm (DH 2009).
Cancer	Department of Health (2007) Cancer Reform Strategy
Child Accidental Injury	Children's Trust Commissioning Framework  Children's Trust Commissioning Frame
Child Immunisations	Reducing differences in the uptake of immunisations
Child Obesity	Department of Health (2008) Healthy Weight, Healthy Lives - A Cross Government Strategy for England.
Child Poverty	Children's Trust Commissioning Framework  Children's Trust Commissioning Frame
Children and Young People Mental Health and Emotional Wellbeing	Children's Trust Commissioning Framework  Children's Trust Commissioning Frame
Community Safety	Halton Anti Social Behaviour Plan
Coronary Obstructive Pulmonary Disease	National Strategy for COPD
Coronary Heart Disease	Department of Health (2000) National Service Framework for Coronary Heart Disease
Dementia	St Helens and Halton Joint Commissioning Strategy for Dementia, available from Sue Wallace-Bonner, Operational Director Older People Halton Borough Council, Runcorn Town Hall 0151 471 7533
Demographics	n/a
Dental	

Diabetes	National Service Framework for Diabetes (2001) Diabetes Commissioning Toolkit (2006)
Economy	Liverpool City Region Employment Strategy http://www.liverpoolcitystrategyces.org.uk/about/
Housing	Commissioning Strategy for Extra Care, May 2008 http://www2.halton.gov.uk/pdfs/socialcareandhealth/stratextracare08 Halton Housing Strategy 2008 to 2011 http://hbccms.halton-borough.gov.uk/content/housing/housingstrategy/?a=5441
Hypertension	Prevention of cardiovascular disease
Mental health	Cross Government Mental Health Outcomes Strategy No Health Without Mental Health
Older People	Older People's Joint Commissioning Strategy 2009-2012, available from Sue Wallace-Bonner, Operational Director- Older People, Runcorn Town Hall 0151 471 7533
Older People Falls	
Overall health and Wellbeing	n/a
Physical, Sensory and Learning Disability	http://www.valuingpeoplenow.dh.gov.uk
Pregnancy	Maternity Matters (DH 2007)
Sexually Transmitted Infection	*Better Prevention, Better Services, Better Sexual Health: The National Strategy for Sexual Health and HIV*. DoH, July 2001- Refreshed 2008 by the Independent Advisory Group for Sexual Health (http://www.dh.gov.uk/assetRoot/04/07/44/86/04074486.pdf)
Smoking	A Smokefree Future: A comprehensive tobacco control strategy for England (Department of Health, 2010)
Substance Misuse (Adults)	2010 National Drug Strategy http://www.homeoffice.gov.uk/publications/drugs/drug-strategy/drug-strategy-2010?view=Binary
Substance Misuse (Children & Young People)	Children's Trust Commissioning Framework  Children's Trust Commissioning Frame
Teenage Pregnancy	Children's Trust Commissioning Framework  Children's Trust Commissioning Frame
Transport	Local Transport Plan http://www3.halton.gov.uk/transportandstreets/transportpolicy/

Vulnerable Children

Children's Trust Commissioning Framework

Children's Trust Commissioning Frame