

**REPORT TO:** Health Policy and Performance Board

**DATE:** 10 September 2013

**REPORTING OFFICER:** Director of Public Health

**PORTFOLIO:** Health and Wellbeing; Children, Young People and Families

**SUBJECT:** Longer Lives

**WARDS:** Borough wide

## **1.0 PURPOSE OF THE REPORT**

1.1 The purpose of this report is to present the Policy and Performance Board with information relating to the new Longer Lives website and provide some explanation regarding the findings from a local perspective.

## **2.0 RECOMMENDATION: That**

- (i) **The Board note the contents of the report and;**
- (ii) **Feedback comments to the Director of Public Health**

## **3.0 SUPPORTING INFORMATION**

3.1 On 12<sup>th</sup> June 2013 Public Health England launched the new Longer Lives website. The website has been specifically designed to provide local authorities and the NHS with an insight into the top causes of avoidable early death in their areas such as heart disease, stroke and cancer, and how they compare to other areas with a similar social and economic profile.

3.2 The website is intended to support Local Authorities in identifying their priorities and to help guide their health and wellbeing strategies. Using a traffic-light rating system, the website ranks areas showing those above average in tackling avoidable deaths as green, while those that still have more to do, are red.

3.3 Halton's profile can be accessed by following the attached link:  
<http://longerlives.phe.org.uk/area-details#are/E06000006/par/E92000001>  
Longer Lives provides peer grouping so local authorities can compare their premature mortality rates with others of similar socioeconomic status.

### **Halton Data**

3.4 The Longer Lives website uses 2011 data and compares us to the rest of England. It also compares us to areas with similar levels of deprivation but

very different ethnic groups with different lifestyle habits. Next to these areas we are a little better or worse than average for liver disease, lung disease, heart disease and stroke. We are worst in the group for cancer.

3.5 The graphs in Appendix 1 show how we compare to our usual industrial hinterlands statistical neighbours; Salford, St Helens and Hartlepool that have very similar problems. These graphs indicate Halton is on a par with these areas for the diseases outlined in Longer Lives.

3.6 Whilst the data indicates that Halton continues to have many challenging health issues it is important to acknowledge that significant progress has been made over the last decade to improve overall health and wellbeing and reduce health inequalities. Some of these improvements are listed below:

- The Halton mortality rate for cancer for under 75's in 2010 was the third lowest in any year since 1993, with 147.96 mortalities per 100,000 population
- The rate of lung cancer in men has fallen from 133 to 90 per 100,000 between 1993 and 2009. This fall matches the fall in the number of men smoking.
- The rate of liver disease has decreased from 20.9 per 100,000 population in 2004-06 to 13.9 per 100,000 in 2008-10.
- Lung disease in Halton is ranked as 121<sup>st</sup> (out of 149) in England. However, when compared to areas with a similar level of deprivation, the Halton rate is better than average.
- Mortality rates for bronchitis, emphysema and other COPD peaked during 2003-05 at 46.6 per 100,000 population and has decreased to 38 per 100,000 population in 2008-10.
- Research shows that 80% of people who develop bronchitis and emphysema are smokers. Smoking in Halton has declined in recent years with only 23% of the adult population smoking compared to 35% a decade ago. However, the legacy of smoking and existing smoking levels still places a burden of ill health on the population.
- Even though Halton is ranked as 134<sup>th</sup> out 150 in England for heart disease, the rate has reduced by 47.2%.

### **Factors affecting Health and Wellbeing**

3.7 It is well documented that an individual's health and wellbeing is affected by a range of associated factors. For example:

- Poverty
- Individual lifestyle factors (e.g. diet, smoking and exercise);

- Social and Community networks;
- Living and working conditions; and
- General socio-economic and environmental factors.

When taking these factors into consideration it becomes easier for us to understand why some communities like Halton, suffer disproportionately from poorer health than others due to higher levels of deprivation and disadvantage.

3.8 The latest report into Health Inequalities, *Fair Society, Healthy Lives*, produced by Professor Sir Michael Marmot in February 2010, further cemented this view and advocated action across all the social determinants of health. The Review highlights six key policy objectives which will require action across the life course:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention

### **The Halton Approach**

3.9 In developing Halton's Health and Wellbeing Strategy full consideration has been given to the key health and wellbeing issues using local evidence, data and consultation. The Strategy has also been developed using a life-course approach as advocated by the Marmot Review.

3.10 The priorities for Halton's Health and Wellbeing Strategy are as follows:

- Prevention and Early Detection of Cancer
- Improved Child Development
- Reduction in the number of falls in adults
- Reduction in the harm from alcohol
- Prevention and detection of mental health conditions

3.11 Many of the actions that will take place within each of these priority areas will have a direct impact on addressing the issues outlined as part of *Longer Lives* as well as addressing wider health inequality issues. As well as using the life course approach, actions have been developed across partnerships to ensure an inclusive approach that tackles the wider social determinants of health and wellbeing.

## **4.0 POLICY IMPLICATIONS**

- 4.1 The *Longer Lives* website 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 OTHER/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**

### **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 has 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 *Longer Lives* 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**

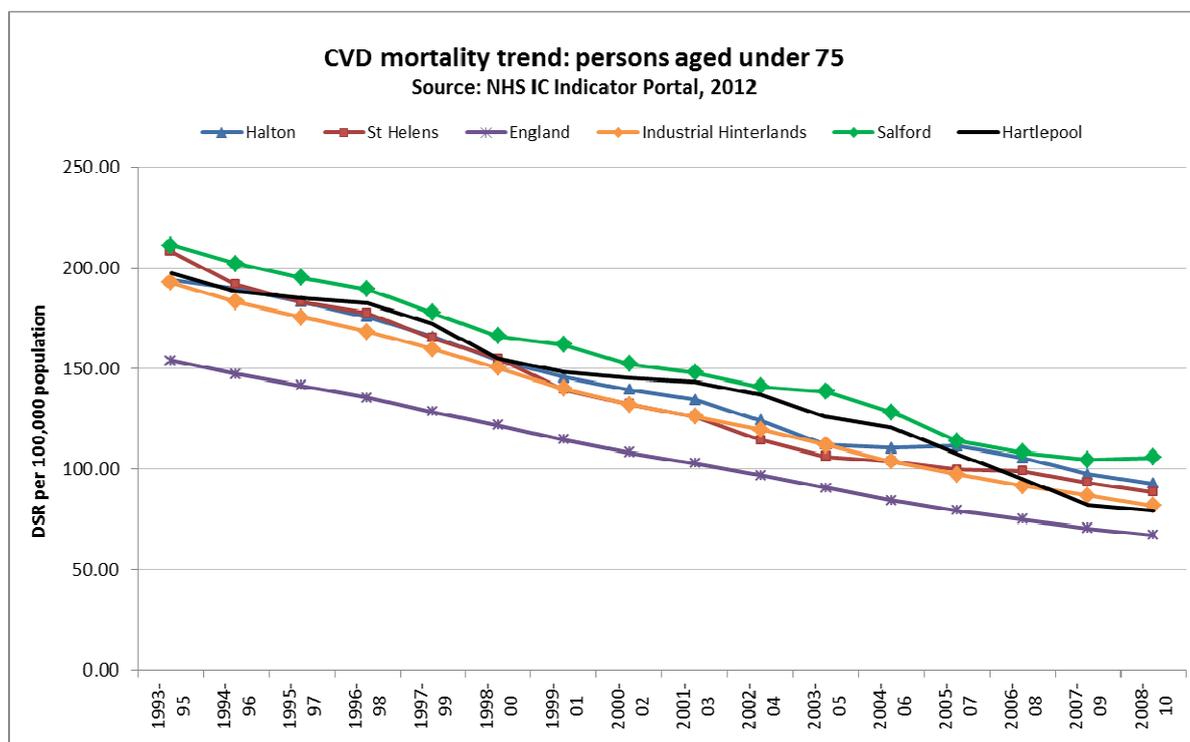
This is in line with all equality and diversity issues in Halton.

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

9.1 None under the meaning of the Act

## Appendix 1- Longer Lives Mortality Under 75s

### Cardiovascular Disease Mortality – aged under 75

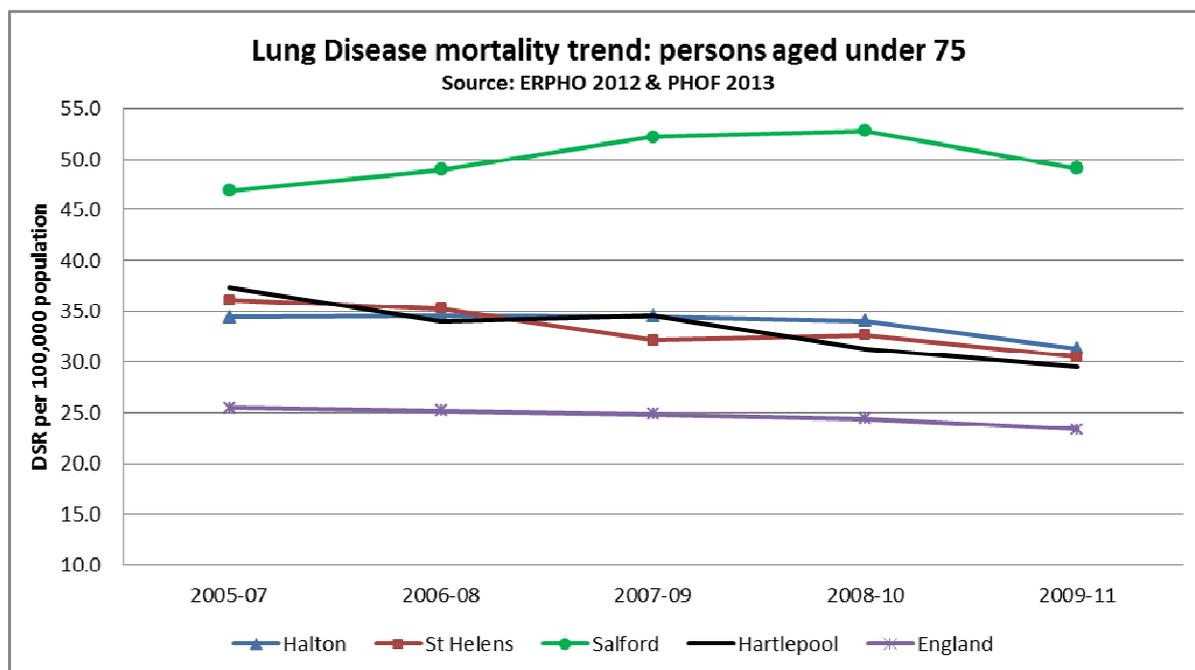


CVD mortality for people aged under 75 years in Halton has decreased steadily during recent years.

The rate for Halton remains higher than St Helens and the Industrial Hinterland average, however, the gap between the rates has reduced from 2005-07.

Salford have a similar level of deprivation compared with Halton, but the decrease in their rate hasn't been as steady and also increased slightly from 2007-09 to 2008-10.

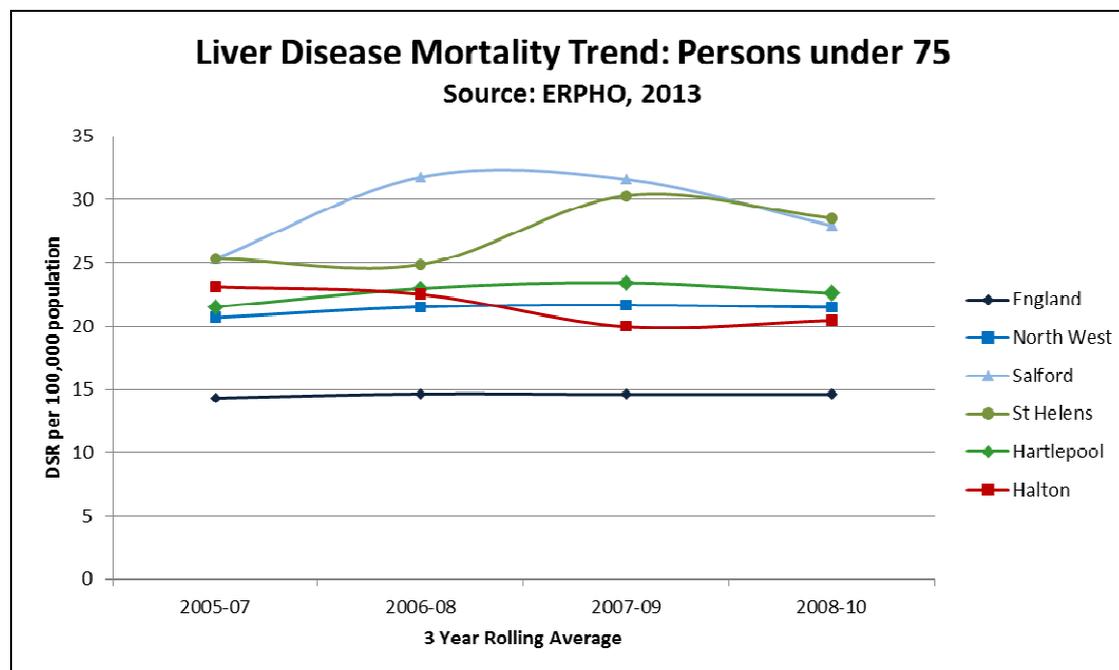
## Lung Disease Mortality – aged under 75



Mortality in Halton from lung disease for people aged under 75 has decreased slightly from 2005-07. The gap between the England and Halton rates has also decreased.

The Halton rate is similar to the those for St Helens and Hartlepool, and has remained lower than the rate for Salford (who have a similar level of deprivation).

## Mortality from Liver disease under 75

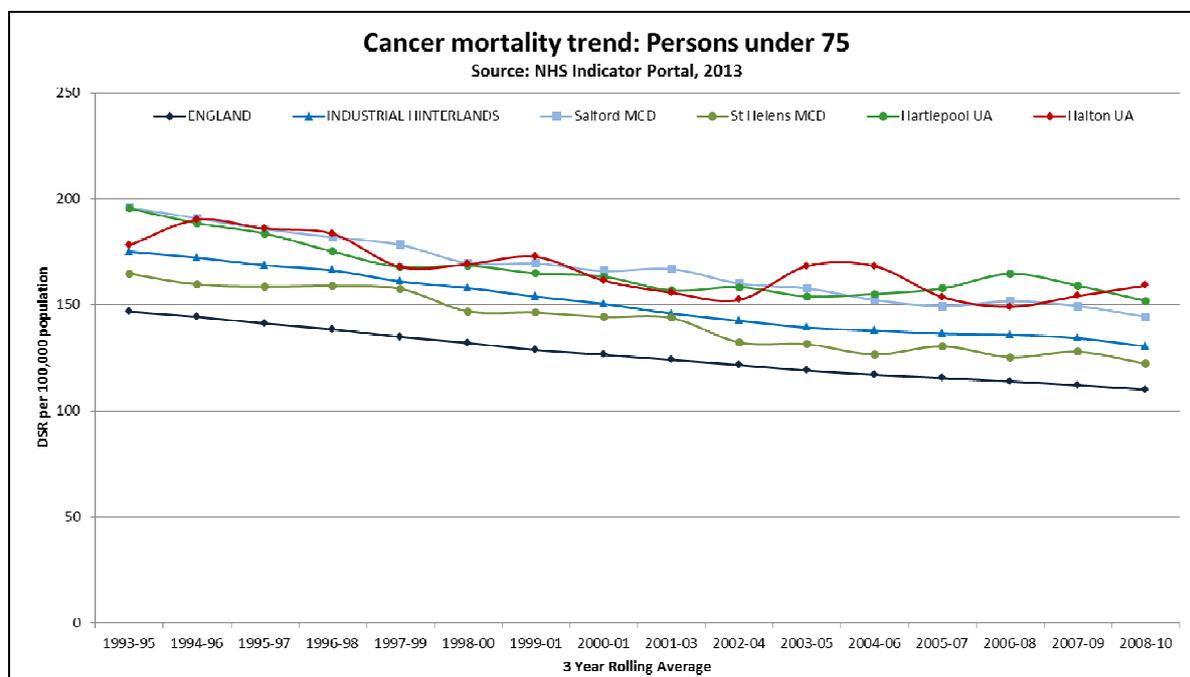


Though mortality from liver disease amongst the under 75's is above that of the England rate, Halton, has consistently witnessed lower rates of such mortalities than both Salford and St Helens.

The 2006-08 to 2008-10 also saw Halton account for a lower rate of such mortalities than Hartlepool.

The last two 3 year rolling averages in Halton witnessed lower rates of mortalities than the North West.

## Cancer Mortality – aged under 75



Though there has been a very recent increase in mortality from cancer in Halton, amongst the under 75's, the rates as a whole from the early-mid 90's have witnessed a steady reduction.

Rates amongst areas of similar deprivation (Salford and Hartlepool), have been very similar to those of Halton.