

REPORT TO: Health Policy and Performance Board

DATE: 9th September 2014

REPORTING OFFICER: Director of Public Health

PORTFOLIO: Health and Wellbeing

SUBJECT: Halton Respiratory Health Profile 2014

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 Halton's Respiratory Health Profile 2014 and provide analysis regarding the findings from a local perspective.

2.0 **RECOMMENDATION: That the Board**

1. **note the contents of the report and note programmes to address areas of concern; and**
2. **feedback comments to the Director of Public Health.**

3.0 **SUPPORTING INFORMATION**

3.1 The Joint Strategic Needs Assessment (JSNA) includes information about Chronic Obstructive Pulmonary Disease (COPD). The recently published Children's JSNA includes information on asthma. However, the development of the Halton Respiratory Group required a new piece of analysis which pulled together data on a range of respiratory conditions. It is designed to help local government and health service partners to understand their community's needs, so that they can work to improve people's respiratory health and reduce health inequalities associated with it. COPD is not curable so the group needed to look at measures to prevent people developing the condition as well as to identify and manage those who do develop COPD and other respiratory conditions early. Levels and patterns of hospital admissions as well as death rates also help to paint a picture of the population's experience of living with the respiratory disease.

3.2 The Halton Respiratory Health Profile 2014 shows that for both COPD and asthma the proportion of Halton's population who have these conditions is higher than the England average. Some of this may be accounted for by local efforts to increase case finding. However, as the borough has high levels of deprivation and many respiratory diseases are linked to this, it is likely Halton does have higher levels than the national average. Throughout the profile traffic-light analysis against both borough averages and, where available, North/North West and England averages has been undertaken.

This enables us to assess where outcomes (such as hospital admissions) may be better than the average as green, those similar to the average as amber and those performing worse than the average as red.

3.3 Halton's profile can be seen in the Appendix which shows that there is a mixed picture. Levels of disease are thought to be higher than the England average but once people have been diagnosed the majority are managed in line with the best clinical evidence. However, high levels of emergency (unplanned) hospital admissions continue to place a significant burden on the local population and healthcare system.

3.4 Key Headlines:

3.4.1 The data for Halton shows that:

- It is estimated about 3,916 people aged 16+ living in Halton had Chronic Obstructive Pulmonary disease (COPD) in 2010. By 2020 this figure may be as many as 4,420.
- There have been improvements in case finding since 2009/10 closing the gap between our estimated number of people with COPD and those of GP disease registers. However, the number of people on the asthma register remains lower than the expected number.
- The management of patients with COPD and asthma are similar or slightly better than the North West and England averages
- There is significant ward level variation in emergency hospital admission rates and at GP practice level. There is also a relationship with temperature, with a greater percentage of admissions seen in the winter months.
- Death rates for COPD have been falling but are above the North West and England rates. Death rates from respiratory causes in those aged under 75 years and pneumonia are also higher than England but similar to the North West. COPD is also a significant cause of excess winter deaths.

3.5 **Programmes to address areas of concern**

3.5.1 The progression of chronic respiratory diseases is influenced by the disease management the individual receives in primary care as well as their lifestyles and social factors such as warm homes/fuel poverty and deprivation.

3.5.2 There have been significant efforts over the last few years to case find those who have COPD. This has been successful and many GP practices now have similar levels of patients diagnosed as we think exist within their registered patient list. This means people can be managed, reducing flare ups of their condition and reduce the need for hospital care. It also helps people feel in control of their condition.

3.5.3 People who have COPD are offered the NHS influenza vaccination each year irrespective of age. The majority of people do take this offer up and the percentage of people who do has increased in recent years. At 89.8%,

uptake is slightly lower than comparators which are all just over 92%.

- 3.5.4 Smoking is the most significant factor in the likelihood of a person developing COPD. It can also influence how rapidly the disease worsens. Halton's Stop Smoking Service has helped thousands of people to quit smoking. The proportion of Halton adults who do smoke has been falling. Although the levels remain above the North West and England averages the trend is consistent and encouraging. However, certain groups within our community are more likely to smoke and this is heavily linked to levels of deprivation. Patients with COPD and other respiratory conditions who smoke are targeted and offered support to quit.
- 3.5.5 As well as ward and GP practice level variation, hospital admissions for COPD and pneumonia are also associated with temperature. As outside temperatures fall during the winter months admission rates rise. This can also result in deaths and COPD is a key cause on excess winter deaths. Although the level of excess winter deaths in Halton is slightly better than the England average, the country has higher levels than seen in much colder countries. Efforts to reduce fuel poverty and damp housing are key ways of addressing this.

4.0 **POLICY IMPLICATIONS**

The Halton Respiratory Health Profile 2014 highlights a number of key health issues for Halton. A whole-systems Respiratory Strategy is in development, looking at actions from prevention through primary care management to specialist treatment and care, including end-of-life care.

5.0 **FINANCIAL IMPLICATIONS**

- 5.1 There are no direct financial implications as a result of this report. Actions identified within the Respiratory 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 & Young People in Halton**

Improving the Health of Children and Young People, such as continued efforts to ensure less and less young people start to smoke, will be a key priority in Respiratory 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 & 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 respiratory 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**

None identified.

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. For respiratory health, issues around housing conditions such as damp housing and fuel poverty are important interventions to reduce increased hospital admissions during the winter months and excess winter deaths.

7.0 **RISK ANALYSIS**

7.1 Developing strategies to address the issues outlined by Halton Respiratory Health Profile 2014 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**

8.1 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**

Document	Place of Inspection	Contact Officer
Halton Respiratory Health Profile 2014	Halton Council Website	Sharon McAteer Public Health