

# HALTON JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

## SUMMARY DOCUMENT 2024

### Introduction

Joint strategic needs assessments (JSNAs) analyse the health needs of populations to inform and guide commissioning of health, wellbeing and social care services within Health & Wellbeing Board areas. The JSNA underpins the health and wellbeing strategy and commissioning plans. The main goal of a JSNA is to accurately assess the health needs of a local population in order to improve the physical and mental health and wellbeing of individuals and communities.

This document contains information, analysis and infographics which show the overall state of the borough - the population, economy, employment - and the health of people living in Halton. COVID-19 has undoubtedly had an impact on the health of the population of Halton. Not all of these impacts can be assessed right away, as they may be medium or long term.

In line with the 2022-2027 Health and Wellbeing Strategy, this report divides analysis into the strategy priority themes—wider determinants of health, starting well, living well, ageing well.

The JSNA is a key statutory document for Integrated Care Systems (ICS) Partnerships:

“We expect the ICS Partnership will have a specific responsibility to develop an ‘integrated care strategy’ for its whole population using best available evidence and data, covering health and social care (both children’s and adult’s social care), and addressing the wider determinants of health and wellbeing. This should be built bottom-up from local assessments of needs and assets identified at place level, based on Joint Strategic Needs Assessments. We expect these plans to be focused on improving health and care outcomes, reducing inequalities and addressing the consequences of the pandemic for communities ”

*Integrated Care Systems: Design framework* (NHS England & NHS Improvement)  
2021



Further information and access to specific, topic-based JSNA chapters can be found via this link:

<https://www4.halton.gov.uk/Pages/health/JSNA.aspx>.

If you have any queries or require further information, please contact the Public Health team via the email

[health.intelligence@halton.gov.uk](mailto:health.intelligence@halton.gov.uk).



# HALTON JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

## SUMMARY DOCUMENT 2024

### Health in summary

The health of people in Halton is generally worse than the England average. Halton is the 19th most deprived local authority in England (out of 151) and almost 1 in 4 children live in relative low income families (24%). Life expectancy for both men and women is lower than the England average, both at birth and at age 65. Healthy life expectancy is also lower than the England average, with men in Halton spending on average 16 years living in ill health; for women this is 23 years and has increased since 2013.

### Health inequalities

There are varying levels of deprivation and life expectancy within Halton meaning that there are internal inequalities. For males and females there is a 13 year gap between life expectancy at birth for those in the most deprived ward in Halton, compared to the least deprived ward (Halton Lea vs Daresbury, Moore & Sandymoor).

### Child health

Levels of excess weight (overweight or obese) are higher in Halton than the national average for children at age 4-5 and 10-11. In the first year of primary school (age 4-5), 1 in 4 children are overweight or obese in Halton (25.8%); this rises to 42% in the last year of primary (age 10-11). Smoking at delivery, breastfeeding, rates of injury related and self harm hospital admissions, teenage pregnancy and school readiness are all worse than the England average. Coverage of routine vaccinations are similar or slightly better than the national average, but there are improvements to make to meet national targets.

### Adult health

Estimated levels of excess weight are higher in Halton than the national average for adults aged 18 and over: over 7 in 10 are overweight or obese (72.7% compared to 64% in England as a whole). There are also lower levels of physical activity and eating '5 a day' in Halton than the national average. Rates of self harm hospital admissions have reduced but remain significantly higher than England, with 340 admissions during 2022/23. Premature death rates for cardiovascular diseases are significantly higher than England; premature death rates from cancer have improved in recent years and are now similar to the England average. Violent crime offences, hip fractures in those aged 65 and over are higher than the national average.

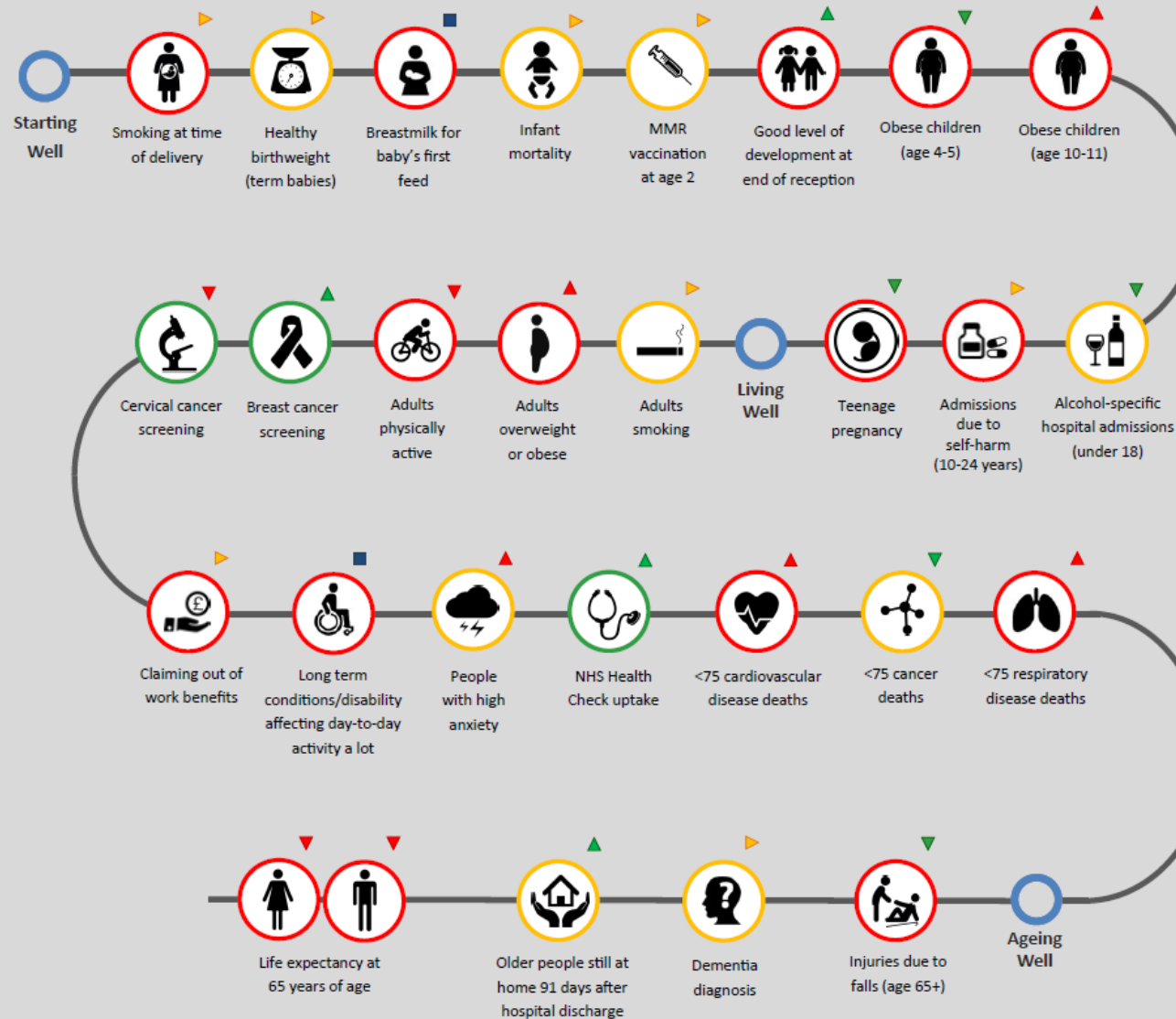
Halton performs better for casualties on roads (killed or seriously injured), new diagnoses of sexually transmitted infections and new cases of tuberculosis. The target for flu vaccinations in those aged 65 and over has been consistently surpassed since 2020. Smoking prevalence has improved to be similar to the England average, for adults overall and for those in routine and manual occupations (Halton's overall prevalence was 13.3% in 2022). Smoking quit rates at 4 weeks have been consistently significantly better than England since 2016.

Further data and trends can be found on the Halton fingertips [Public Health Outcomes Framework](#).

# HALTON'S LIFE COURSE STATISTICS

## Halton's life course statistics 2024

A comparison to England



### HALTON FACTS

#### Population

About **129,500** people live in Halton.

By 2043, this is projected to change:

age 0-14 ↓ 1.5%  
age 15-64 ↓ 3.7%  
age 65+ ↑ 5.3%

#### Deprivation

**49%** of Halton's population live in the top **20%** most deprived areas in England.

#### Child Poverty

**24%** of children aged 0-15 live in relative low income households

### KEY

#### Direction of travel

- ▲ Improved since last period
- ▶ Similar to last period
- ▲▼ Worse than last period
- No comparator

#### Statistical significance to England

- Better
- No different
- Worse

For more information, please contact Halton Borough Council's Public Health Intelligence Team:

Icons made by FlatIcon and available here: [www.flaticon.com](http://www.flaticon.com)  
Concept developed from Gateshead PHAR 2013/14 and Leicestershire PHAR 2015

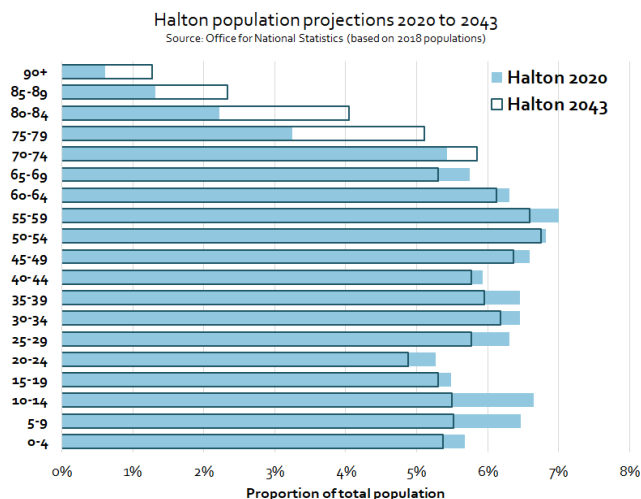
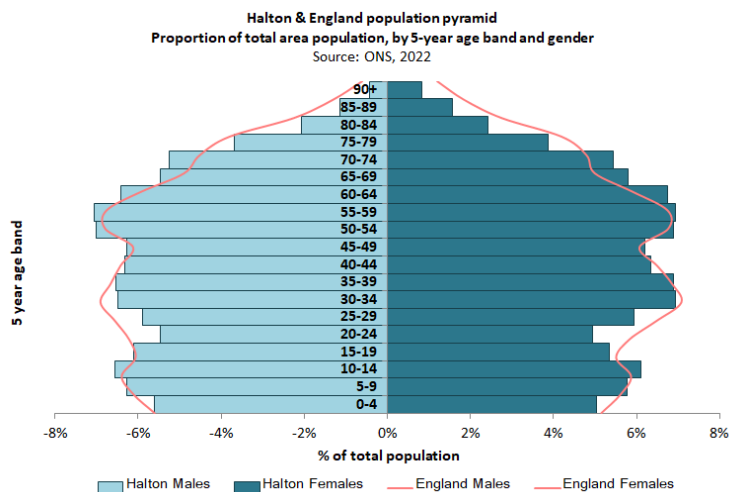
# POPULATION

## Population structure

There has been a shift towards a greater proportion of Halton's population now being in the 50-74 age bands when compared to the England average, rather than the 50-69 age band, as was previously the case. Halton has a lower proportion of the population aged between 15 and 29. This emphasises the potential for an ageing population to impact upon the borough's working age population.

This shifting population pattern is expected to continue over the next two decades. The proportion of people over the age of 70 is expected to increase and the proportion of children and people of working age is expected to decrease. This is also forecast to be the case nationally.

In 2020 7.4% of Halton's population were aged 75 and above, whereas, in 2043 Halton's projected population aged over 75 will be nearly double at 12.8% of the entire population of the area.



## Ethnicity

The 2021 Census provides the most accurate picture of our local population broken down by ethnic groups. The data below shows Halton has a much smaller percentage of its population from non-white British ethnic backgrounds than the North West or England. Almost 94% of Halton's population is white British, compared to 74% in England as a whole.

| Ethnic group (8 categories)                                | Halton         |       | North West       | England           |
|--|----------------|-------|------------------|-------------------|
|  | Numbers        | %     | %                | %                 |
| Asian, Asian British or Asian Welsh                        | 1435           | 1.1%  | 8.4%             | 9.6%              |
| Black, Black British, Black Welsh, Caribbean or African    | 511            | 0.4%  | 2.3%             | 4.2%              |
| Mixed or Multiple ethnic groups                            | 1792           | 1.4%  | 2.2%             | 3.0%              |
| White: English, Welsh, Scottish, Northern Irish or British | 120301         | 93.6% | 81.2%            | 73.5%             |
| White: Irish   | 685            | 0.5%  | 0.8%             | 0.9%              |
| White: Gypsy or Irish Traveller, Roma or Other White       | 2990           | 2.3%  | 3.6%             | 6.6%              |
| Other ethnic group   | 764            | 0.6%  | 1.5%             | 2.2%              |
| <b>Total population</b>                                    | <b>128,478</b> |       | <b>7,417,397</b> | <b>56,490,044</b> |

Source: ONS, Census 2021

## Employment

Halton has a smaller proportion of its population who are economically active compared to England and the North West. Like comparators, a lower proportion of women are economically active than men. The borough also has a higher unemployment rate; this has increased over 2023. A greater proportion of those aged 16-64 are economically inactive due to long-term sickness.

### Economic activity rates January 2023 - December 2023

| People aged 16-64                               | Halton  |       | North West | England |
|---|---------|-------|------------|---------|
|   | Numbers | %     | %          | %       |
| Economically active                             | 57,200  | 74.1% | 76.7%      | 79.0%   |
| In employment                                   | 53,700  | 69.5% | 73.8%      | 76.0%   |
| Employees                                       | 48,100  | 62.3% | 66.3%      | 66.3%   |
| Self-employed                                   | 5,200   | 6.7%  | 7.2%       | 9.5%    |
| Unemployed (16-64)                              | 3,500   | 6.2%  | 3.9%       | 3.8%    |
| Economically inactive due to long-term sickness | 9,400   | 12.2% | 7.0%       | 5.5%    |

Source: Nomis, Annual Population Survey

# CENSUS POPULATION DATA BY PROTECTED CHARACTERISTICS

**Age and gender:** Halton's population increased by approximately 2,700 residents between 2011 and 2021, from 125,700 to 128,500. This represents a 2.2% rise which was smaller than the North West (5.2%), and England (up 6.6%). In terms of gender 51% were female and 49% male. 21.4% of Halton residents were under age 18, 59.9% aged 18-64 and 18.6% aged 65 and over.

The census results also demonstrated an ageing population with the median age in Halton in 2021 being 41 years old, an increase of 2 years when compared with 2011.

**Disability:** The number of people in Halton who reported being "disabled and limited a lot" decreased, from 13.3% to 11.0%. This was a general pattern seen across the country. Despite this, levels were higher than the North West 9.1% and England 7.5%. By contrast the percentage of people reporting being "disabled and limited a little" increased from 10.8% to 11.5%.

6.5% of Halton residents did report having a long-term health condition (physical and/or mental) which did not limit their day-to-day activities. Overall, 29.9% of Halton households contain one person who is disabled according to the equality act, and a further 9% contain two or more.

**Marital status:** The 2021 Census includes data on same-sex marriages and opposite-sex civil partnerships. These were not legally recognized in 2011 in England and Wales. Of Halton residents aged 16 years and over, 39.3% said they had never been married or in a civil partnership in 2021, up from 35.4% in 2011. This increase was similar to the North West and England averages. 42.2% said they were married or in a registered civil partnership. In 2021, just over 4 in 10 people (42.2%) said they were married or in a registered civil partnership, compared with 45.1% in 2011. The percentage of adults in Halton that had divorced or dissolved a civil partnership decreased from 9.8% to 9.6%.

**Religion:** over 1 in 3 Halton residents (35.2%) identified themselves as having no religion, an increase from 18.7% in the 2011 Census. This was higher than the North West average (32.6%) but lower than England as a whole (36.7%). This coincides with the percentage decrease for people classing themselves as Christian, which declined from 75% to 58.6%. The proportion of people identifying as Muslim increased from 0.2% to 0.6%.

**Ethnicity:** The 2021 Census provides the most accurate picture of our local population broken down by ethnic groups. There are many different levels of this analysis which can be split in to 6, 8 or 20 ethnic group categories.

Looking at broad categories, 96.5% of people in Halton identified their ethnic group within the "White" category (compared with 97.8% in 2011), while 1.4% identified their ethnic group within the "Mixed or Multiple" category (compared with 1.1% the previous decade).

The percentage of people who identified their ethnic group within the "Asian, Asian British or Asian Welsh" category increased from 0.7% in 2011 to 1.1% in 2021.

**Sexual orientation:** 91.9% of Halton residents aged 16+ identified themselves as straight/heterosexual. This is a higher percentage than the North West (90.1%) and England (89.4%). 1.5% identified as gay or lesbian, 0.94% as bisexual, 0.2% as other sexual orientation. 5.46% preferred not to say what their sexual orientation was.

**Gender identity:** Halton had a slightly lower proportion of people aged 16 and over with a gender identity different from sex registered at birth compared to the North West and England: 0.19% compared to 0.23% and 0.25% respectively.

**Pregnancy:** Pregnancy is not included in the Census but is a protected characteristic under the Equality Act. The latest annual data is for 2021 (ONS) and shows there were 1,888 conceptions. This equates to a conception rate of 79.1 per 1,000 women, higher than the North West (76.7) and England rates (71.5). All areas saw a reduction in conceptions. The Halton number fell by 113 compared to 2020 (conception rate 84.4).

# HEALTH INEQUALITIES

*"Health inequalities are avoidable, unfair and systematic differences in health between different groups of people."*

The King's Fund (2020)

Health inequalities across populations can exist due to a variety of "social, geographical, biological or other factors"<sup>1</sup>. The social, economic and environmental factors are often referred to as the **wider determinants of health**, which are explored on the next page.

Health inequalities are generally measured by looking at **deprivation** levels, resulting in different **life expectancies**, as a measure of general health in a population.

Halton is a deprived borough relative to England as a whole (23rd most deprived of 317) and almost one third of its population live in areas classified in the 10% most deprived in England.

Residents of more deprived areas are more likely to be in worse health, spend more of their lives in poor health, require greater access to healthcare and other services; however they often do not have their greater needs met<sup>2,3</sup>.

1. National Institute for Health and Clinical Excellence (2012) Health inequalities and population health

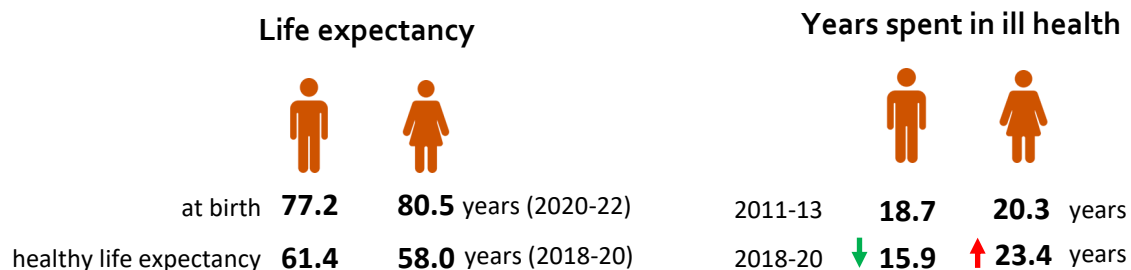
2. PHE: <https://www.gov.uk/government/publications/health-profile-for-england/chapter-5-inequality-in-health>

3. Cookson et al. (2016) Socio-Economic Inequalities in Health Care in England

4. Based on 2018-2022 data.

## Life expectancy and healthy life expectancy

Life expectancy across Halton has been improving but remains below the regional and national averages. It means that on average people in Halton can expect to live 2 years less than across England as a whole. Despite general improvements to life expectancy, Halton residents spend less of their lives in good health compared to England and the years spent in ill health have actually increased for females.



There are varying levels of deprivation and life expectancy within Halton meaning that there are internal inequalities. For males and females there is a **13** year gap between life expectancy at birth for those in the most deprived ward in Halton, compared to the least deprived ward (Halton Lea vs Daresbury, Moore & Sandymoor)<sup>4</sup>.

In an effort to address this Cheshire & Merseyside (and all its constituent Health & Wellbeing Boards) has become a **Marmot Community**. The **All Together Fairer** Board was established in 2022, working with Sir Michael Marmot's team at the Institute for Health Equity and local teams to address these significant challenges. A set of Beacon Indicators have been agreed to monitor progress towards this at both a Cheshire & Merseyside and local level.

See JSNA chapter on inequalities in life expectancy on our webpage [www.halton.gov.uk/jsna](http://www.halton.gov.uk/jsna).

All Together Fairer report can be found at <https://champspublichealth.com/all-together-fairer/>

# WIDER DETERMINANTS OF HEALTH

## The wider determinants of health

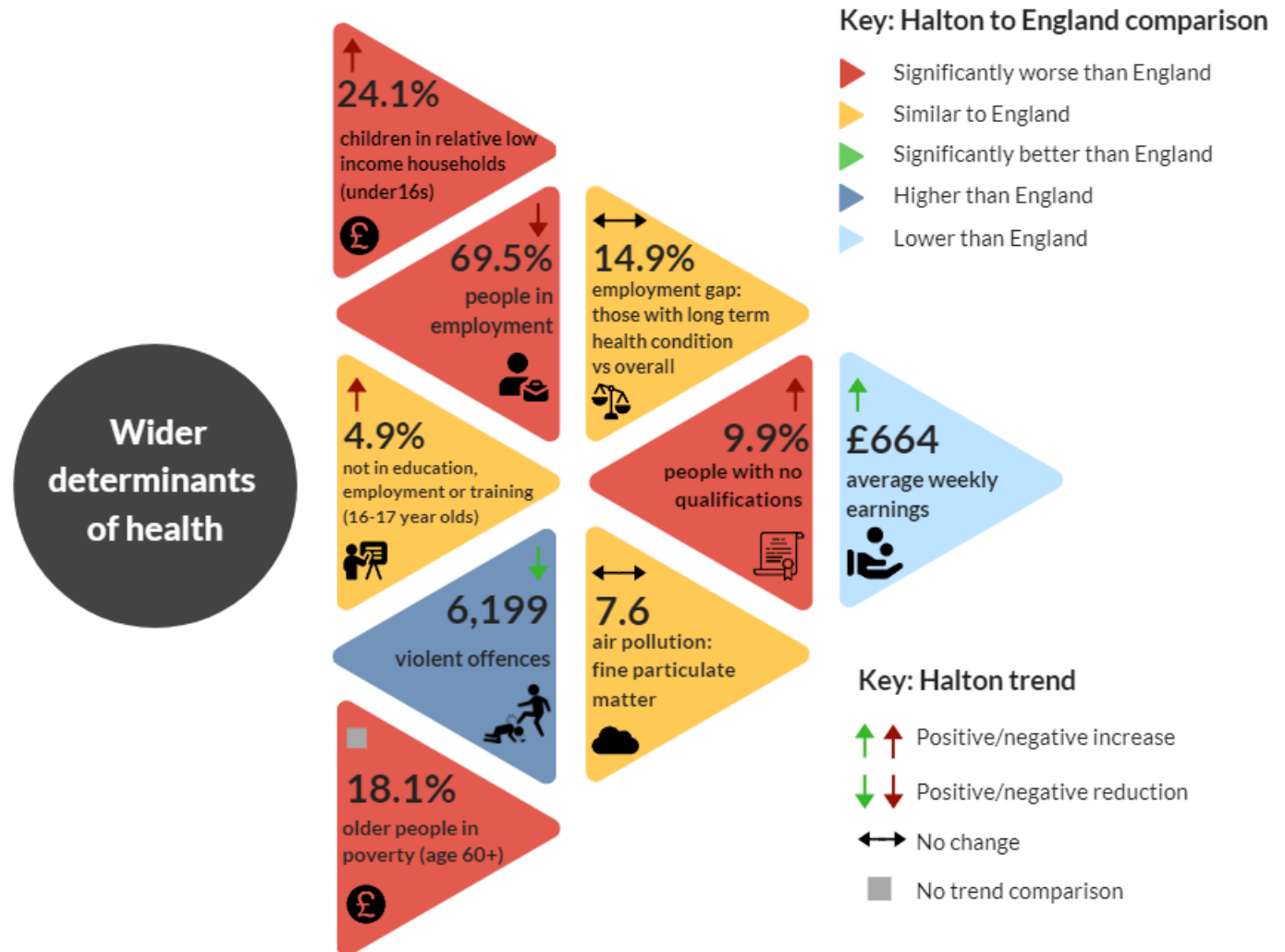
*“The wider determinants of health are the social, economic and environmental conditions in which people live that have an impact on health. They include income, education, access to green space and healthy food, the work people do and the homes they live in”.*

King’s Fund (2020)

The social, economic and environmental factors, often referred to as the wider determinants of health, are alterable, to varying degrees<sup>1</sup>. Examples include social networks, secure fair paid employment, good quality housing and access to green space.

Poorer education, lower quality housing, lack of available transport and transport links, higher unemployment rates and lower income are all linked to worse health and lower life expectancy. People from more socioeconomically deprived areas are often the most disadvantaged in relation to wider determinants<sup>2</sup>, which can impact on health and create health inequalities.

1. <https://www.gov.uk/government/publications/health-profile-for-england/chapter-6-social-determinants-of-health>  
 2. <https://fingertips.phe.org.uk/profile/wider-determinants/data#page/1/gid/1938133043/pat/15/ati/502/are/E06000006/iid/93754/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>



All icons sourced from Flaticon

Arrows are a local trend and may not match automated trend information on fingertips

# STARTING WELL: CHILDREN & YOUNG PEOPLE

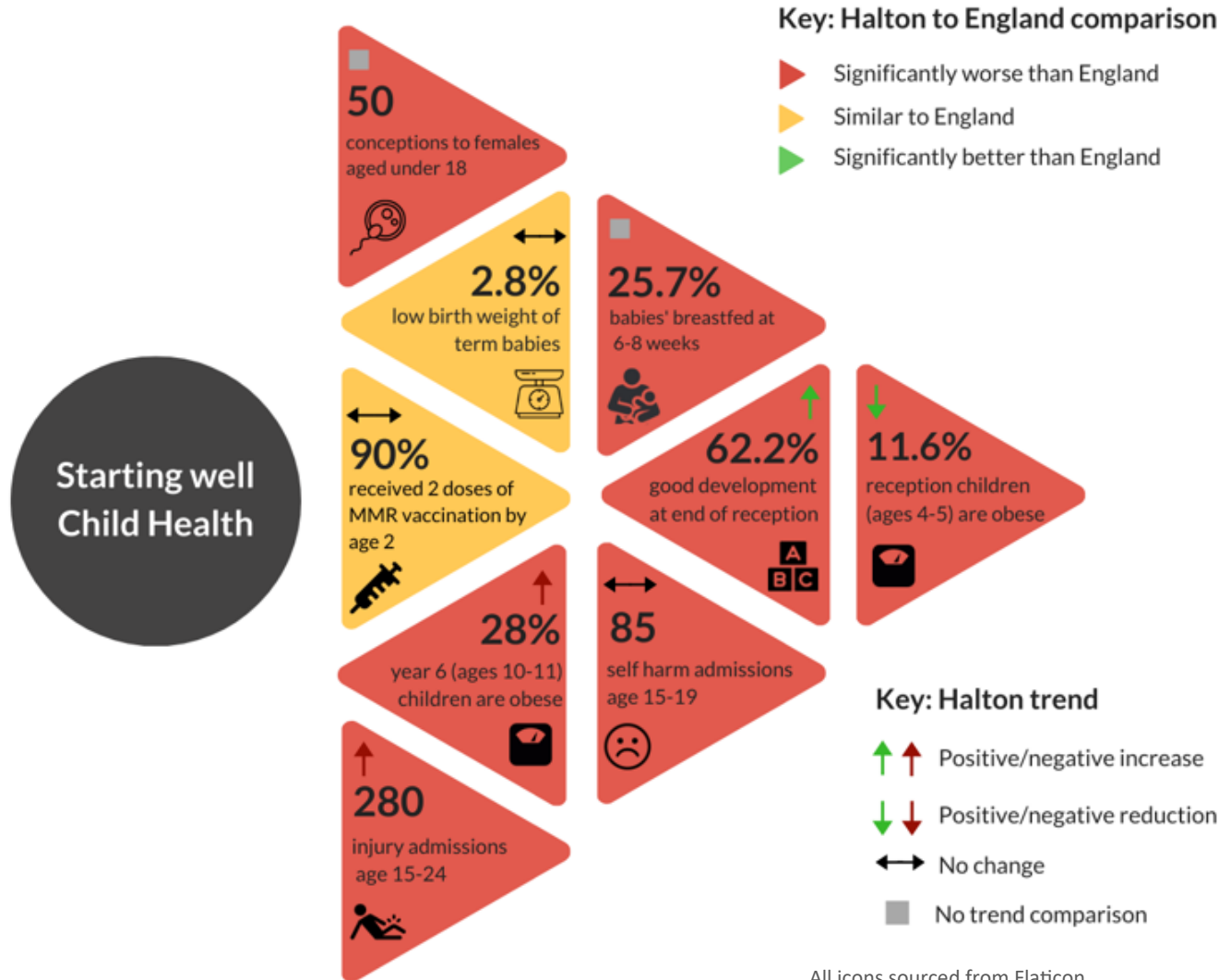
## Child health

Early years experience is crucial to children’s physical, cognitive and social development. During this development period it is critical that the child has the best conditions and environment in which to achieve the ‘best start in life’. Improving the social context within which children live is essential to improving their development and short & long-term life chances.

There are numerous individually and societally modifiable factors that can play a role in early childhood development many which are linked to levels of deprivation and poverty. Breastfeeding is incredibly important in child and maternal health. Greater levels of breastfeeding initiation and prevalence of breastfeeding have been linked to both reduced levels of childhood obesity and reduced levels of hospital admissions in early life.

The Healthy Child Programme aims to promote health and wellbeing from pre-birth into adulthood. This 0-5 years programme aims to help bonding between children and parents encourage care that keeps children healthy and safe, protect children from illness and disease via immunisations, reduce childhood obesity through healthy eating and physical activity, identify potential health issues early to enable a positive response and make sure all childcare supports children so that they can be ready to learn once they move onto primary school.

For further information please see [Halton’s Children’s JSNA Chapter](#)  
Published data is available from the [PHE Fingertips Child and Maternal Health Profiles](#)



All icons sourced from Flaticon

Arrows are a local trend and may not match automated trend information on fingertips



# LIVING WELL: WORKING AGE

## Working age people's health

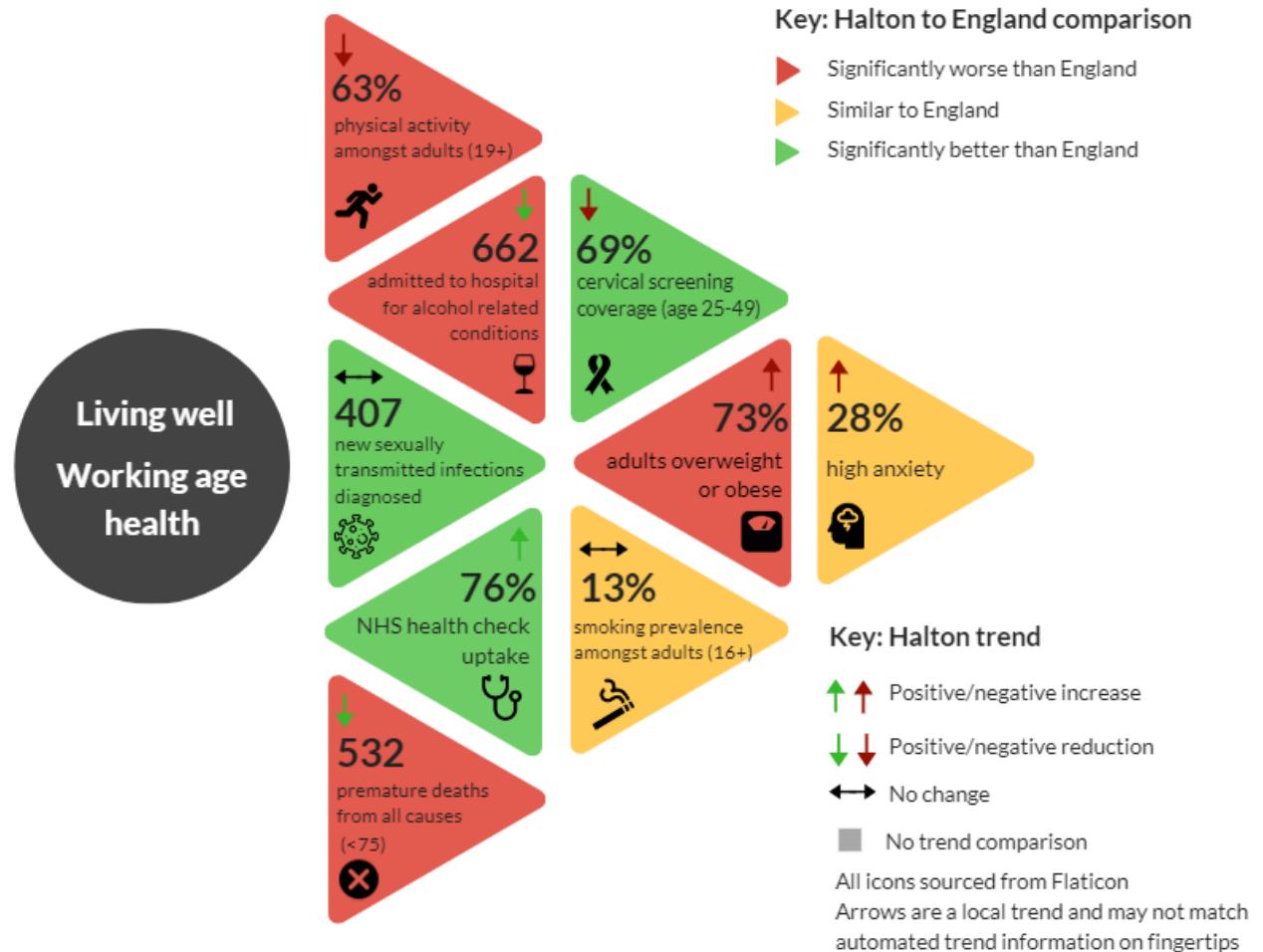
In the coming decades the proportion of the population who will be of working age is projected to reduce. With more people retired and not in work there will be a greater emphasis on social and financial support for those older people who have left employment. As such it is incredibly important that people who *are* of working age are physically healthy and mentally well.

'Lifestyle' factors are extremely important in helping to promote and maintain good health. Improving the prevalence of these lifestyle factors can go a long way to reducing the risk of premature mortality from all causes, specifically from cancer, respiratory conditions, cardiovascular disease and liver disease.

Smoking, low levels of physical activity, being overweight, drinking alcohol to excess and substance misuse are all factors that can influence health, but can be altered given the correct help and support to do so.

In turn, these lifestyle factors are influenced by the environment in which we live and work, often referred to the 'wider determinants of health'. These include secure employment, having enough money to eat well, good standards of housing and education, adequate transport links and access to green space.

For published data on general health indicators and wider determinants of health, see the [Public Health Outcomes Framework](#) or the information on page 6.



# AGEING WELL: OLDER PEOPLE

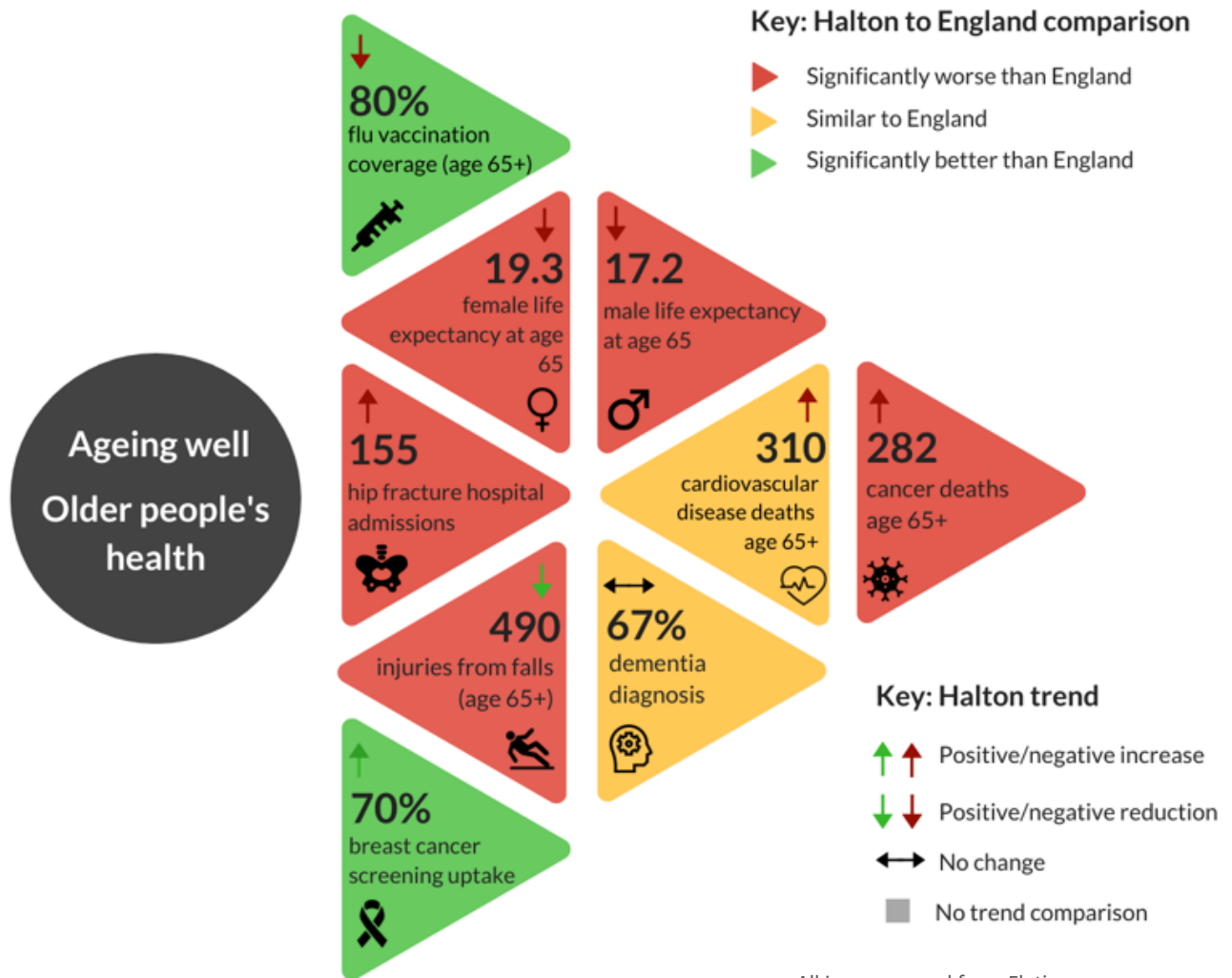
## Older people's health

Life expectancy has generally increased over time. It is important that good health is maintained for as long as possible to ensure people enjoy a happy and fulfilling retirement. However, even though people are generally living longer, they can still live a substantial proportion of their life with a disability, in poor health or feeling lonely.

Life expectancy at birth in Halton remains lower than the national average, as does life expectancy at 65 years old. For the years 2020-22 it was estimated that at age 65 males could be expected to live on average a further 17.2 years and females a further 19.3 years. However less than half of this would be spent in good health (45%) for females; for males, just over half would be spent in good health (56%). For males this proportion is similar to England, but is lower for females (the England average being 54%).

It is incredibly important to provide not just health and social care services, but also things like transport. This creates better mobility and access, promoting greater social inclusion, particularly for those who find it more difficult to make the most of the provision of such services.

For further information please see [Halton's Older People's JSNA Chapter](#)  
For further data see [OHID Fingertips Older People Health & Wellbeing profile](#).



# FURTHER INFORMATION

## JSNA chapters and further information

There are numerous topic areas covered by previous JSNA chapters. Each chapter investigates a certain topic—looking at risk factors, health needs, service provision and health impacts. This information supports commissioners and others to make decisions to best meet these needs. Therefore maintaining and using the most up-to-date information, data and intelligence available is crucial to delivering an effective JSNA.

Completed JSNA chapters—as well as other public health evidence and intelligence - can be found through clicking this link:

<https://www4.halton.gov.uk/Pages/health/JSNA.aspx>

## Public Health Evidence & Intelligence Reports and data

### People & Groups

|   |   |   |
|---|---|---|
| <a href="#">Men's and Boy's Health</a>          | <a href="#">Children &amp; young people</a> | <a href="#">Maternity</a>                 |
| <a href="#">Homeless</a>                        | <a href="#">Older people</a>                | <a href="#">Women &amp; Girls' Health</a> |
| <a href="#">Inequalities in life expectancy</a> |   |   |

### Behaviours & Lifestyles

|                                  |                               |   |
|----------------------------------|-------------------------------|---|
| <a href="#">Alcohol</a>          | <a href="#">Tobacco</a>       | <a href="#">Gambling &amp; fixed odds betting</a> |
| <a href="#">Healthy weight</a>   | <a href="#">Sexual health</a> | <a href="#">Diet &amp; physical activity</a>      |
| <a href="#">Substance misuse</a> |                               |   |

### Conditions

|                                      |  |  |
|--------------------------------------|--|--|
| <a href="#">Cancer</a>               | <a href="#">Respiratory disease</a>              | <a href="#">Diabetes</a>                   |
| <a href="#">Mental health</a>        | <a href="#">Long term conditions</a>             | <a href="#">Musculoskeletal conditions</a> |
| <a href="#">Circulatory diseases</a> | <a href="#">Excel 2016 png term neurological</a> | <a href="#">Dental</a>                     |

If you have any queries or require further information, please contact the Public Health team via [health.intelligence@halton.gov.uk](mailto:health.intelligence@halton.gov.uk)

## One Halton Health & Wellbeing Strategy

The 2022-2027 One Halton Health and Wellbeing Strategy sets out the vision of the Halton Health and Wellbeing Board and states four broad lifecourse priorities for the borough for the time period the document is active:

- Tackling the wider determinants of health
- Starting Well
- Living Well
- Ageing Well



<https://onehalton.uk/wp-content/uploads/2022/12/One-Halton-strategy.pdf>