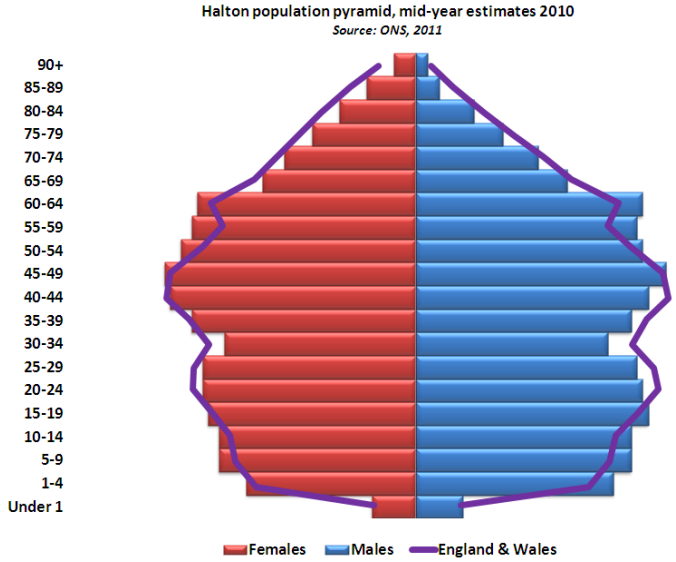
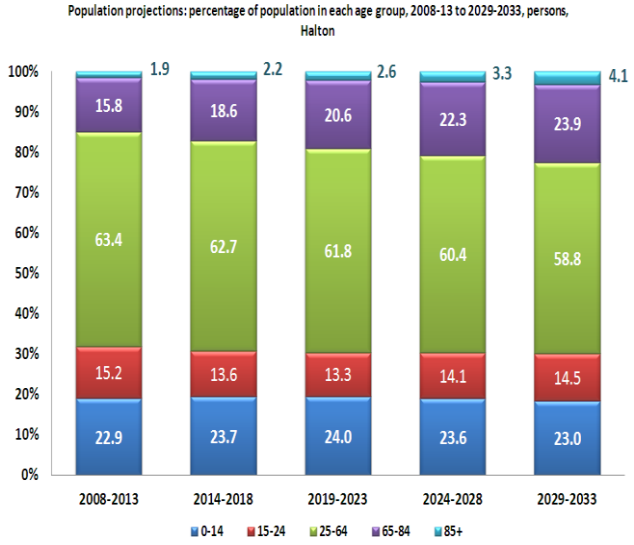
Produced by Sharon McAteer, Public Health Development Manager, Halton & St Helens PCT

HALTON JSNA: POPULATION & DEPRIVATION

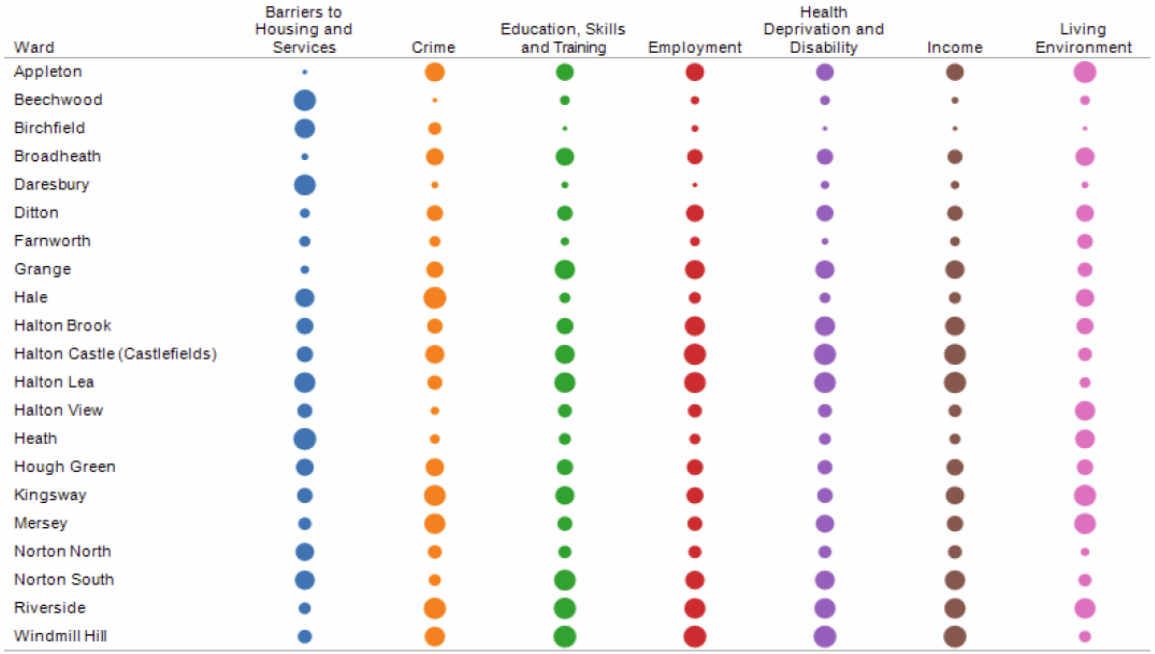


- Mid year population estimate is 119,300
- 48.4% male to 51.5% female
- Younger age bands to remain static, working age population to shrink and older age bands to increase as a proportion of total population
- Population registered with Halton GPs is 128,107 (24/7/11)



Index of Multiple Deprivation (IMD) 2010

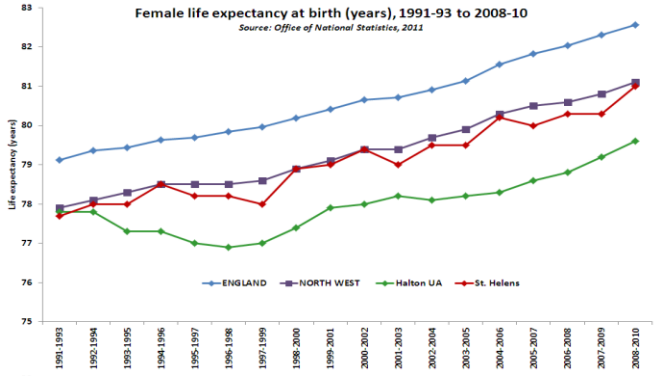
- Halton is ranked as the 27th most deprived local authority in England (out of 326 local authorities). This is the 3rd worst out of the six local authorities which make up the Liverpool City Region, behind Liverpool and Knowsley.
- The ward with the highest average IMD score in 2010 and therefore the most deprived ward in Halton is Windmill Hill. The least deprived ward in Halton is Birchfield.
- The overall IMD is made up of seven domain measures. Daresbury ward does well across all of these whilst Windmill Hill has some of the highest scores.
- Deprivation scores at small area geography (known as Lower Super Output Areas) shows that the area with the highest deprivation is located in Kingsway ward.
- There are 21 LSOAs in Halton that fall in the top 10% most deprived nationally. Of these 10 fall in the top 3% most deprived nationally and 2 fall in the top 1%.

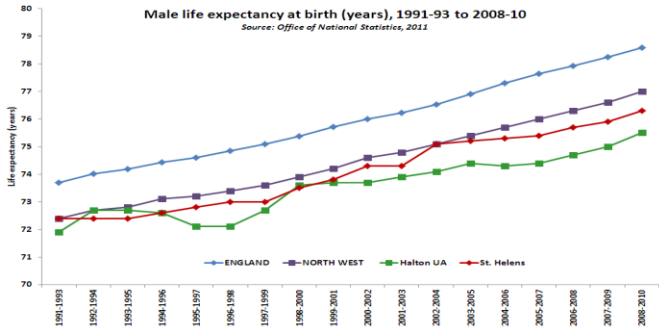


Size of bubble is determined by the rank of average ward scores. Therefore the more deprived the ward the larger the bubble.

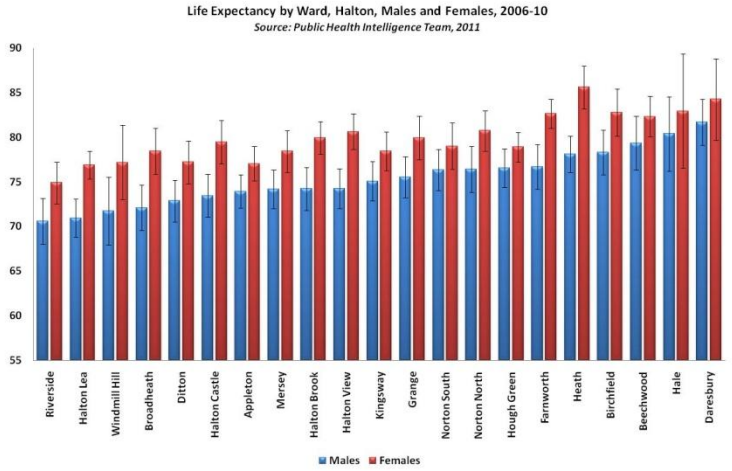
HALTON JSNA: OVERALL HEALTH STATUS

Life expectancy

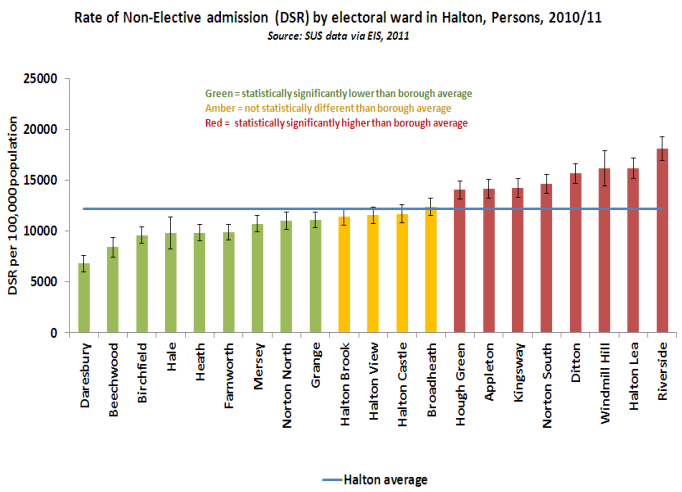




- Life expectancy has risen steadily over time. In 2008-10 average life expectancy in the borough was 75.5 for men and 79.6 for women. However, this is lower than its comparators (about 3 years lower than the England figures).
- Internal difference in life expectancy are marked, ranging from 70.6 years males and 74.9 years females in Riverside to 81.7 years males and 84.3 years females in Daresbury: a difference of 11.1 years for males and 9.4 years for females
- When life expectancy is correlated with local IMD deprivation deciles there is a very strong association (r= 0.91 females and r =0.96 males).

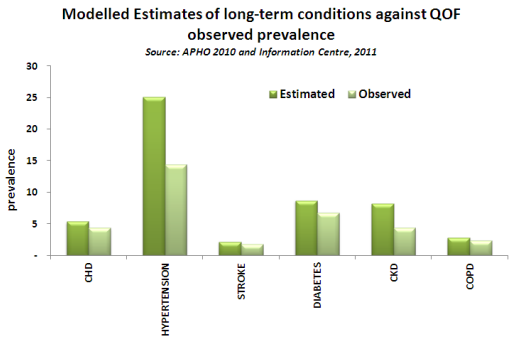


Hospital admissions



- There were 15,779 emergency admissions, with injuries accounting for 14.6%, respiratory for 12.8%, digestive and circulatory 9.6% each. Riverside ward had the highest admissions rate and Daresbury the lowest.
- There have been year on year improvements in the number of people identified with long term conditions. There does remain a gap between the numbers identified and the estimated levels but this closing.

Disease prevalence: expected against observed rates



LONG TERM CONDITION	MODELLED		OBSERVED	
	Number	Prevalence	Number	Prevalence
CHD	6928	5.40	5,665	4.4
HYPERTENSION	32141	25.10	18,411	14.4
STROKE	2866	2.20	2,362	1.8
DIABETES	8321	8.70	6,901	6.8
CKD	7,474	8.2	4,421	4.4
COPD	3633	2.80	3,048	2.4

HALTON JSNA: SOCIAL DETERMINANTS AND MARMOT REVIEW ON INEQUALITIES

Social determinants of health

Health outcomes are rooted in the social, economic and environmental circumstances of people's lives. In tackling health it thus becomes important to consider:

- Health needs including mental health, health protection, and prevention of poor health
- Care needs including universal advice and the needs of carers
- Wider social, environmental and economic factors that impact on health and wellbeing, such as opportunities for physical activity, housing type, and working conditions
- How needs can interact or overlap for certain groups both within and across service areas. For instance older people with long-term conditions may need support such as reablement or a carer to remain in their own home, but may also experience fuel poverty.

Dahlgren and Whitehead (1991)

Marmot Review Fair Society, Healthy Lives

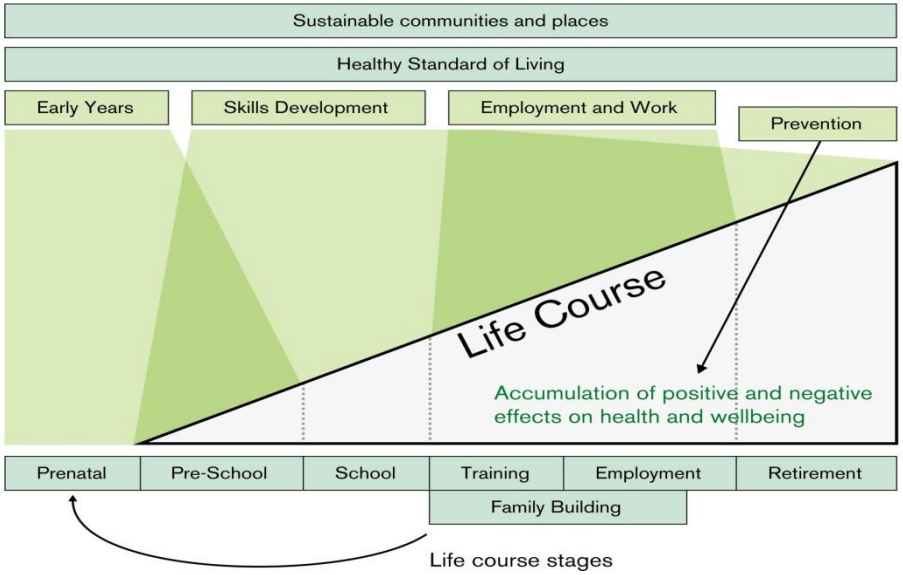
The Marmot review published in 2010 brought the debate about how to tackle inequalities in health up to date. Three central features:

- Fairness at the heart of all policies.
- Health inequalities result from social inequalities – requires action on all the social determinants; the causes of the causes
- Focusing solely on the most disadvantaged will not reduce inequalities sufficiently – action is needed across the social distribution

Six Policy Objectives

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

This gives rise to what is referred to as the ***'life course approach'*** to action to tackle the social determinants to reduce inequalities.



HALTON JSNA: DATA ON HEALTH & WELLBEING ACROSS THE LIFECOURSE

Pregnancy & 1st year of life

X live births in

- Smoking at time of delivery ***21.7%***, higher than comparators
- Low birth weight ***1.8%***
- Breastfeeding initiation ***48.6%***, lower than comparators
- Access to antenatal care within 12 weeks of pregnancy ***85.5%*** *(Q1-Q3 2010-11)*
- Infant mortality ***6.0 per 1,000 live births***

Childhood (1-15)

X children (% pop)

- Child Poverty ***26.4%***
- Hospital admissions due to respiratory infections ***262.6 per 100,000 population***
- Hospital admissions due to accidental injury ***2036.1 per 100,000 population***
- Children in Need ***685 (31/3/10)***
- Looked After Children ***137***
- Obesity : ***Reception 12.0%***
- Obesity: ***Year 6 23.7%***
- Immunisation : MMR 1st & 2nd dose by 5years ***79.9%***
- Mental health: effectiveness of CAMHS – composite score as of Dec 2010 - ***14*** (England 15.2 and NW 14.9)

Young adulthood (16-24)

X people (% pop)

- NEETs 2010 ***350*** people aged 16-18 (9.3%)
- Teenage pregnancy: ***57.2 per 1,000 pop <18***
- Hospital admissions due to alcohol: ***153.9 per 100,000 population***
- Sexually Transmitted infections 2008-10: ***Chlamydia 1851 cases; genital warts 1483 cases***
- Chlamydia screening (2010-11) ***34.4%*** 15-24 year population tested
- Alcohol: ***50%*** of those under 18 are drinking at least once a week (local college survey 2009)
- Suicide ***35*** (2007-09) ***Rate 9.63*** (England 7.85, NW 9.24 per 100,000 population)

Healthy adulthood (25-64)

X people (% pop)

Lifestyle choices:
- Smoking prevalence ***25%***; prevalence for manual workers ***30.9%***
- Binge drinking ***23.9%***
- Obese ***25.9%***

Number of people with long term conditions (All ages):
- Hypertension ***18,411***
- CHD ***5,665***
- Diabetes ***6,911***
- COPD ***3,048***
- Stroke ***2,362***
- Depression ***11,924*** (11.94% GP pop aged 18+)

Access to screening by GP practice:
- Breast uptake ***57% to 79%*** Cervical uptake ***72.3% to 85.9%***
- Bowel uptake ***33.3% to 66.7%***

Hospital admissions (all ages, per 100,000 population):
- Emergency admissions ***12,212***
- Alcohol specific ***965.8***
- Alcohol related ***2,790.4***
- Cancers ***1,264.5***
- Heart Disease ***588.1***
- Stroke ***183.8***

Older people (65+)

X people (% pop)

Life expectancy (2008-10)
- Males ***75.5***
- Females ***7 9.6***

Life expectancy at 65 (2008-10)
- Males ***16.0*** (England 18.22)
- Females ***18.6*** (England 20.82)

Inequalities in life expectancy (by ward 2006-10)
- Males ***11.1years*** (70.6 in Riverside, Daresbury 81.7)
- Females ***9.4 years*** (Riverside 74.9, Daresbury 84.3)

- All age all cause mortality:
- Males ***874.99 per 100,000*** population (2007-09)
- Females ***632.15 per 100,000*** population (2007-09)

- Hospital admissions due to ***falls 16.3 per 100,000 pop***
- Dementia: estimated ***1082 people aged 65+:*** **QOF register 634** people diagnosed

- Flu vaccination uptake ***74.8%*** (2010-11 PCT value)

HALTON JSNA: HEALTH & WELLBEING COMMISSIONING PRIORITIES

Pregnancy & 1st year of life

X live births in

Screening: improve provision and evaluation of screening programmes throughout the maternity pathway.

Health Inequalities
- Improve intelligence on prevalence of domestic abuse
- postnatal depression and other mental health illness
- breastfeeding support
- specialist needs and complex care during the maternity pathway

Preconception: review of preconception care

Access and Choice
- improve early access and use of community settings for antenatal & postnatal care
- Ensure real choice in place of birth
- Develop a service user engagement strategy to inform service improvements

Childhood (1-15)

X children (% pop)

Child Poverty
- Cultural challenge and raising aspirations
- Early intervention
- Whole family approach
- Single point of access to support services
- Improved information sharing

Obesity
- Improve prevalence data tackle the obesenogenic environment
- Maintain targeted weight management interventions
- communication strategy
- workforce capability
- Evaluate current interventions

Child Immunisations
- Improve access
- Named person in every GP practice
- Check immunisation status at every opportunity

Accidental Injury
- Co-ordinated approach, with appropriate targeting at different age groups
- Assess current provision against NICE guidance

Dental: prevention and access

Young adulthood (16-24)

X people (% pop)

Child Mental Health & Emotional wellbeing
- Implement Strategy across universal and Preventative Services, targeted services, specialist services, including discharge and transition arrangements

Teenage Pregnancy
- Provision and access to a full range and choice of sexual health information, advice and services
- holistic health services in a range of settings
- Provision in identified
- training and development for SRE & PHSE
- social marketing campaigns

Sexually Transmitted Infections
- STI surveillance to identify and work on any clusters, trends and impacts
- health promotion messages
- Continue to develop a wide range of venues for delivery

Substance Misuse
- data on smoking prevalence
- Tackle illicit sales of alcohol and tobacco
- Targeted prevention on smoking, alcohol and drugs
- Staff training to screen, recognise and refer on.
- Early intervention
- A range of support to meet individual needs

Healthy adulthood (25-64)

X people (% pop)

Lifestyles
Smoking: 52-week quit follow up; hospital staff training and referral pathways; normalisation of smoke-free lifestyles
Substance misuse: Improve life opportunities; reduce drug related crime ; staff training; access to health improvement and protection programmes; whole family approach; service user involvement
Alcohol: communications and social marketing; HIA of planning applications process; staff training; GP engagement
Obesity: brief interventions and access to weight management; CVD targeted prevention alignment

Long term conditions
Cancer: early detection; screening and vaccination; continue pathways and treatment improvements
CVD: reduce GP practice variation in QOF performance;
Stroke: prevention; access to specialist stroke rehabilitation ; coordinated community stroke services
COPD: early detection; diagnosis; pathways; specialist community services
Mental Health: Early detection; seamless referral pathways; refresh suicide prevention strategy; physical health needs; employment and accommodation

Older people (65+)

X people (% pop)

- A wider range of community based services are developed and commissioned to meet the range of health related illnesses that affect older people
- Address the continuing issue of falls in older people - prevention of falls and 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.

Dementia
- 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.

HALTON JSNA: DATA ON WIDER DETERMINANTS OF HEALTH

Economic

- Unemployment (Job Seekers Allowance) rate *5.5% = 4242* adults (Dec 2011)
- *10.1%* working age adults in Windmill Hill claiming Job Seekers Allowance
- Working age adults claiming out of work benefits *14, 480* (May 2011) or *18.6%*
- Windmill Hill *36.2%* working age adults claiming out of work benefits (May 2011)
- Youth unemployment rate (18-24years) *13.2% = 1440 people* (Dec 2011)
- Long-term (2008-25) economic (Gross Value Added or GVA) *growth is forecast to average 2.9% a year.* This rate of growth is higher than those expected for the North West (2.0%) and the UK (2.1%).
- Post-2012 outlook : *0.5% annual growth* (on average) in Halton's *employment level*. This cancels out the 2008-12 decline (1.8% a year), with employment in 2025 (59,500) being virtually the same as in 2008 (59,600).
- Gap between Halton adult qualifications & GCSEs compared to England remains but is closing.

Community Safety

- Safeguarding adults: *359* abuse allegations were reported to Halton Borough Council in the year 2009-10.
- Hate crime: 25 reported race incidents, 6 homophobic reported *19* fulfilled hate crime criteria
- Domestic abuse 2009-10): *189 cases* referred to Multi-Agency Risk Assessment Conference (*232 children* involved)
- *40%* domestic abuse cases are alcohol related

Housing

- As of March 2011 there were *54,566* dwellings in Halton. *47.51%* were in Council Tax Band A, nearly double that of the England average and higher than North West
- *25%* housing in Halton is social rented accommodation (higher than NW and England)
- Windmill Hill has the highest percentage of households being social rented at *92%*; the lowest is *0%* in Birchfield
- There were *158* Statutory Homeless Households and *23* households in temporary accommodation (April 2009 to March 2010)
- In 2009 *19.3%* of households were in fuel poverty. A rise of *45%* since 2006.
- There were *255* mortgage possession claims in 2010, leading to *200* orders being made.

Transport

- The number of cars licensed in Halton between 2002 and 2009 increased by *22%*
- Since 2001, Halton has experienced an *increase in traffic growth*. This increase is greater than the increase experienced by Great Britain as a whole.
- *45%* of Halton residents are either 'very' or 'fairly satisfied' with the local transport information provided by the Council.
- *49%* are either 'very' or 'fairly satisfied' with the local bus services provided/supported by Halton Borough Council.
- The rate of all persons and children *killed or seriously injured* on the roads is higher than comparators although there have been reductions. Rates are below trajectories.

Social care & vulnerable people

- Proportion older people discharged from hospital to intermediate care/ rehabilitation/ re-ablement who are still living 'at home' 3 months after discharge: *68.8%,* lower than NW and England. Higher for females (72.5%) than males (61.5%) and for those aged 65-74 (82.4%) than total 65+ population
- Clients and carers receiving self directed support as percentage of all receiving community based support *27.5% = 1555* out of total of 5655
- Carers receiving services *1120*
- Adults with learning disabilities in settled accommodation *79.5%,* higher than NW & England
- Adults with learning disabilities in paid employment *7%*, higher than NW & England
- The number of people on CPA 3211.
- Proportion of adults on CPA receiving secondary mental health services in settled accommodation *78.1%* and in employment *10.7%* (PCT values)

HALTON JSNA: WIDER DETERMINANTS COMMISSIONING PRIORITIES

Economic

- To develop a strong, diverse, competitive and sustainable local economy.
- To foster a culture of enterprise and entrepreneurship and make Halton an ideal place to start and grow a business.
- To develop a culture where learning is valued and raise skill levels throughout the adult population and across the local workforce
- To promote and increase the employability of local people and remove barriers to employment to get more people into work
- To maximise an individual's potential to increase and manage their income, including access to appropriate, supportive advice services.
- That people are supported and given the opportunities to work for as long as they want to.

Community Safety

- Reducing the potential for abuse of vulnerable adults by delivering safer recruitment policies and procedures, underpinned by competence-based training and development systems.
- Contribute to robust Safeguarding adults prevention agenda on an interagency and intra-agency basis
- Focus on borough wide enforcement activity, both proactive and reactive which is intelligence led and demand driven
- Strengthen mainstream Advocacy Services to ensure the needs of people with limited or no capacity for representation are particularly addressed.

Housing

- Improve conditions in the private rented sector
- Increase the number of people on income based benefits who live in energy efficient homes
- Improve the provision of supported housing for an ageing population
- Improve equality of access to housing adaptations
- Increase the supply of affordable housing in the Borough
- Reduce the level of overcrowding within social rented housing
- Deliver increased employment outreach activity with Registered Social Landlords through Job Centre Plus and Halton People into Jobs

Transport

- Reduce the need to travel, in particular the need to travel longer distances though integrated planning
- Social marketing campaigns that encourage the use of walking for short trips and cycling
- Enhancement of current facilities for walking and cycling to improve usage
- Continue to provide bus services as these enable people access to services and social networks which are essential to wellbeing;
- Continue to provide door to door specialised community transport services for those with higher level disability or mobility problems
- Encourage the development/use of alternative fuel vehicles
- The longer term consideration of the implementation of road user charging in addition to that brought in as part of the Mersey Gateway Project

Social care & vulnerable people

Social care

- personal budget for care – develop flexible arrangements with providers .
- Sustainable, flexible supply of local authority commissioned provision.
- Measure outcomes.
- Remodelling services as required
- If necessary, review eligible support tasks within the Supporting People Eligibility Criteria.
- Analysis of the uptake of services and supports for carers.

Vulnerable Children

Halton Safeguarding Children Board priority outcomes:

- Children and young people are protected from abuse
- Appropriate support for abused children

Disabilities

- Delivery of National Service Framework for Long Term (Neurological) Conditions
- Improved local support services, including rehab and enablement;
- Improved access to health improvement, and screening services
- Increase training and employment opportunities

HALTON JSNA: NATIONAL & LOCAL EVIDENCE BASE

National Institute of Health & Clinical Evidence (NICE) guidance

NICE are global leaders in the production of gold-standard guidance, based on bespoke evidence reviews into the cost effective and efficient interventions across clinical and public health priorities. These are supplemented by commissioning guides and care pathways within and across individual pieces of guidance to support commissioners and providers in ensuring robust care management. NICE is also involved in the development of the Quality Outcomes Frameworks for GPs and will soon be tasked with producing guidance on key areas of social care.

Fair Society, Healthy Lives – the Marmot Review

The Marmot Review identified evidence and made recommendations in the key policy areas – the social determinants of health - where action is likely to be most effective in reducing health inequalities. These are:

- early child development and education
- employment arrangements and working conditions
- social protection
- the built environment
- sustainable development
- economic analysis
- delivery systems and mechanisms
- priority public health conditions
- social inclusion and social mobility.

National guidance on COPD, CVD, Diabetes, Healthy Weight, Tobacco Control, Alcohol, Dementia, Mental Health, Children

There is a wide range of national guidance based on best available evidence of cost effective and efficient interventions and approaches. There range from National Service Frameworks and Strategies to reports commissioned/produced by national expert organisations such as Kings Fund.

National Service Frameworks and Strategies can be found on the Department of Health website http://www.dh.gov.uk/en/index.htm

Local Insight work

Intelligence reports and data tell us what is happening but stop short of telling us why. For example we know that cancer deaths in Halton are amongst the highest in the country. We know some of the risk factors that lead to this such as smoking rates, screening uptake and to some extent deprivation. Once we know what is happening we need to understand why in order to put in place appropriate services and advice that connect people people's attitudes, motivations, barriers, aspirations and so on. Locally, Halton PCT and Borough Council use a range of qualitative research techniques to discover these insights, such as.

- Halton Residents Survey
- Social marketing on alcohol, tobacco, smoking during pregnancy, obesity

NHS Evidence

It is not possible to find ready-made systematic reviews of evidence on every subject. It is sometimes necessary to supplement evidence from NICE guidance and/or national policy with bespoke reviews of evidence. NHS Evidence provides a portal through which to search multiple databases of primary research papers, policy documents, NICE guidance, Social Care Institute of Excellence (SCIE) guidance and so on.

Needs assessments, equity audits, health impact assessments

The Public Health Evidence & Intelligence team carry out are range of topic based health needs assessments and health equity audits. These use a wide range of local and national data, policy, evidence reviews and details about local services and local consultations (where available) to describe the current and future health needs of our local communities. They also assess where gaps in service provision and/or improvements in service delivery mechanisms or performance are needed to reduce inequities. Halton Borough Council also carry out needs assessments of major policy areas such as Housing, Child Poverty and Substance Misuse. Recently, some of the larger scale polices and developments in the area have been subject to health impact assessments to determine likely impacts of the developments at various stages and remedial action to ensure potential negative impacts are not realised.

http://www.haltonandsthelenspct.nhs.uk/pages/YourHealth.aspx?iPageId=6271

HALTON JSNA: NATIONAL AND LOCAL POLICY CONTEXT

- Add policy context here

HALTON JSNA: AREA FORUM (AF) HEALTH & WELLBEING PRIORITIES

AF1
Broadheath
Ditton
Hale
Hough Green

Health is generally similar to the borough average.

Cancer incidence: Broadheath and Hale: high, Ditton and Hough Green: low
.
Life expectancy slightly lower than the borough average (except Hale).

Death rates from cancers high. Deaths from circulatory diseases are low

Infant mortality high in Broadheath and Hale

Overweight/obese children at reception age low but higher Year 6 age.

NEETs: lower
children claiming free school meals: high
A&E attendance for 0-15 year olds: high.

Crime high levels of burglary, criminal damage to dwellings and deliberate fires.

AF2
Appleton
Kingsway
Riverside

Health is generally worse than the borough average.

Cancer incidence is higher than the borough average in Kingsway and Riverside but lower in Appleton.

Life expectancy: lower

Death rates under 75 years from cancers and circulatory diseases: higher

Infant mortality: lower than average in Appleton and Kingsway but higher in Riverside.

Overall, slightly higher levels of obese children but lower for overweight.

NEETs: higher
children claiming free school meals: lower.

Crime and anti-social behaviour an issue.

Economy: poor, with higher rates of unemployment, people on out-of-work benefits and youth unemployment than the Halton average.

AF3
Birchfield
Farnworth
Halton View

Health is generally better to the borough average.

Cancer incidence and deaths under 75 years from cancer: lower.

Life expectancy for both males and females is above the borough average apart from male life expectancy in Halton View which is slightly lower.

Premature (under 75 years) death rates from cancers and circulatory diseases: lower

Infant mortality : lower

The picture for child obesity and overweight is mixed

NEETs: lower
children claiming free school meals: higher

Crime: low

Economy: good, with relatively low levels of unemployment, worklessness, youth unemployment. High levels of GCSE attainment (5+ A*-C inc. English and Maths).

AF4
Grange
Halton Brook
Heath
Mersey

Health is slightly worse than the borough average apart from Mersey.

Cancer incidence is higher than the borough average in Halton Brook and Mersey but lower in Grange and Heath.

Life expectancy slightly better than the borough average.

Deaths under 75 years from circulatory disease: higher
Deaths from cancers: lower.

Infant mortality: lower
Overweight/obese children: higher

Economy: overall poor, and quite poor GCSE attainment (5+ GCSE's A*-C inc. English and Maths). However, Heath ward is an exception, as this area generally performs better than the Halton average across most indicators.

AF5
Halton Castle
Norton North
Norton South
Windmill Hill

Health is worse than the borough average.

There is a geographical split with Norton North and South having better health experience than Halton Castle and Windmill Hill. (one of worst in borough)

Cancer incidence is higher than the borough average in Norton South and Windmill Hill but lower in Norton North and Halton Castle (lowest in the borough).

Life expectancy : lower

Death rates from cancers and circulatory diseases: higher (not in Norton North).

Infant mortality: high.

Overweight/obese children: low in Norton North and South but higher in Halton Castle and Windmill Hill.

NEETs: good
children claiming free school meals and A&E attendance for 0-15 year olds: high.
Crime: high

AF6
Beechwood
Halton Lea

Deprivation:
Beechwood: low
Halton Lea: high

Beechwood has better than average health statistics and Halton Lea worse than average.

Cancer incidence is lower than average .

Life expectancy :
Halton Lea: lower
Beechwood: higher

Infant mortality lower.

Overweight/obese children: lower.

NEETs: good.

However, higher than average levels of children claiming free school meals and A&E attendance for 0-15 year olds.

Crime: high levels of burglary, criminal damage to dwellings and deliberate fires.

AF7
Daresbury

Health is better than the borough average.

Cancer incidence is slightly higher than the borough average but deaths from cancers are much lower than average.

Life expectancy for males is the best in the borough and is also higher than the borough average for females.

Deaths from circulatory diseases: low

Infant mortality: higher (small population size)

Obesity and overweight levels for children are low.

Emergency admission rate for children aged 0-15: high

NEETs: good
Crime: low
Area is one of the most affluent with low levels of unemployment, and higher than average household income.

HALTON JSNA: ASSETS BASED APPROACH

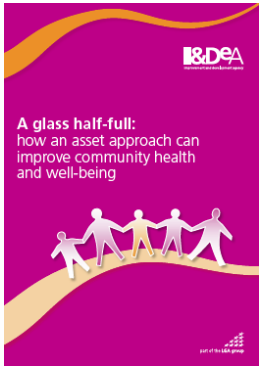
Definition

"A health asset is any factor or resource which enhances the ability of individuals, communities and populations to maintain and sustain health and well-being. These assets can operate at the level of the individual, family or community as protective and promoting factors to buffer against life's stresses." **Antony Morgan, associate director, National Institute for Health and Clinical Excellence (NICE), 2009**

IDEA (2011) 'A Glass Half Full. How an asset approach can help community health and wellbeing.'

Whilst the JSNA is a useful tool to identify where there are health inequalities or deficits in the health and wellbeing of our communities, Halton has a number of health assets that help support wellbeing and promote health.

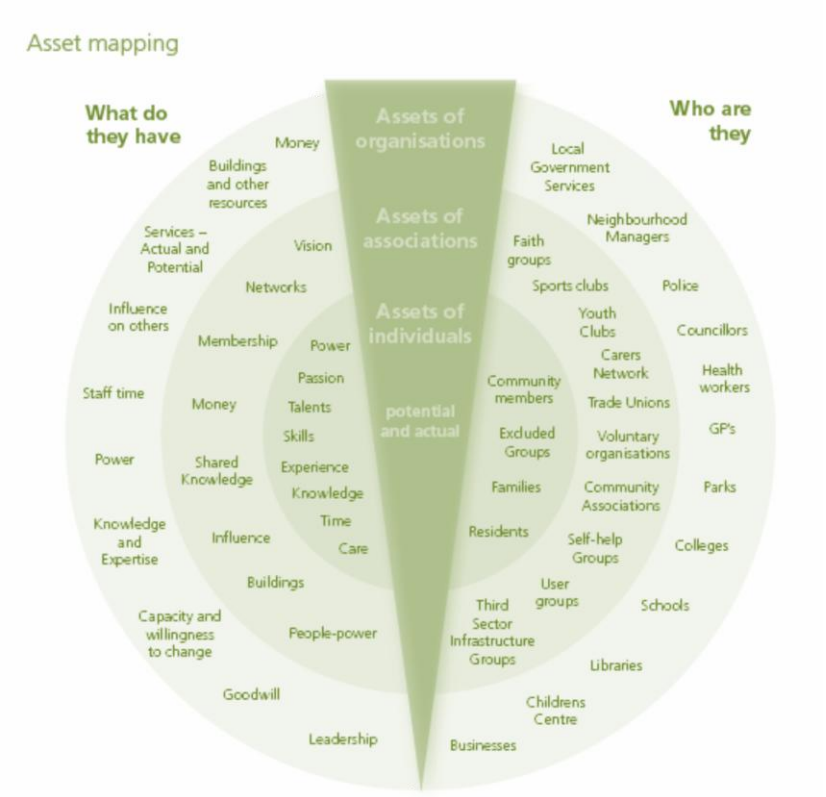
Assets can help us more able to cope in times of stress, make a place a good place to live and give people options on how to help.



As well as Public and Private Sector assets, such as services delivered by Halton Borough Council and the NHS locally, private health and social care providers etc, the communities of Halton provide essential health assets.

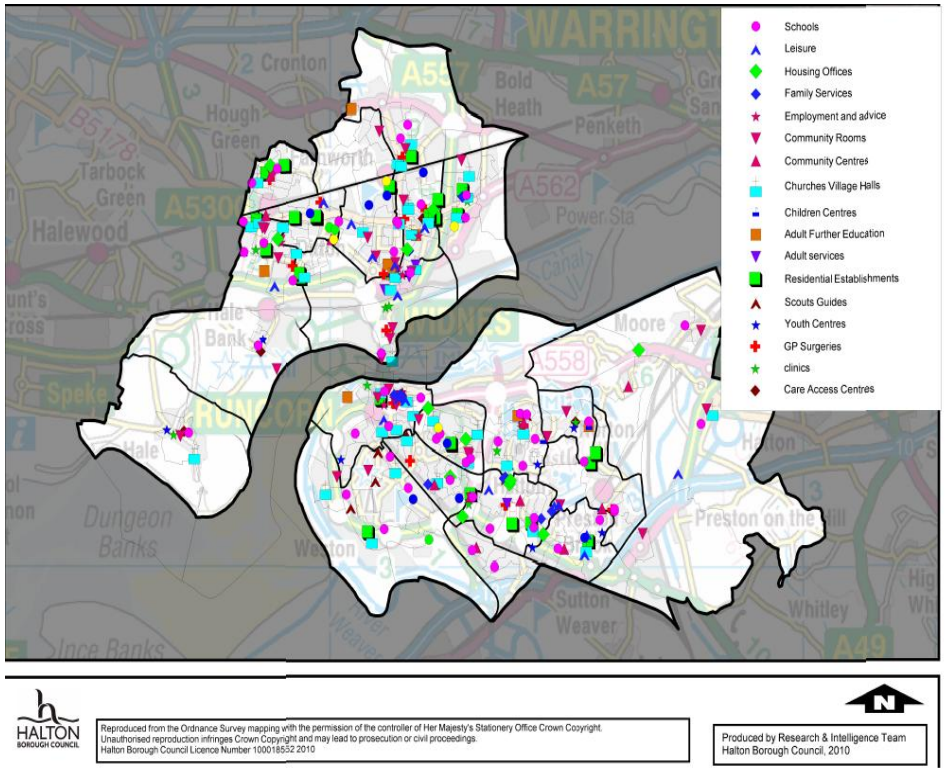
An asset is any of the following:

- The practical skills, capacity and knowledge of local residents
- The passions and interests of local residents that give them energy for change
- The networks and connections – known as 'social capital' – in a community, including friendships and neighbourliness
- The effectiveness of local community and voluntary associations
- The resources of public, private and third sector organisations that are available to support a community such as Community Development officers, Police Community Support Officers, Voluntary leaders.
- The physical and economic resources of a place that enhance well-being, such as buildings and funding.



HALTON JSNA: LOCAL PHYSICAL & COMMUNITY ASSETS

Physical assets – *buildings where health, social care or wellbeing services are delivered from or where community groups may meet.*



Community Assets

Children

Halton Children's Trust Website www.haltonpartnership.net/childrenstrust
An information point which lists various information resources and details of services that are available across Halton to support children and young people.

Public Sector Health Assets

NHS Choices Web Site www.nhs.uk
Details of local health services, including those delivered in the community

Change for Life Web Site www.nhs.uk/Change4Life
For healthy living tips and details of where you can join in with fun health activities

Halton Borough Council Social Care Services
For information on a range of social care services
http://www3.halton.gov.uk/healthandsocialcare/

Healthy Living

Halton's Health & Physical Activity Development www.halton.gov.uk
http://www3.halton.gov.uk/leisureandculture/sportsclubsandcentres/sportsdevelopment/
A timetable of Physical Activity Supported by Halton Borough Council

Halton Sports Directory
http://www3.halton.gov.uk/leisureandculture/sportsclubsandcentres/sportsclubsdirectory/
For a directory of sports clubs and voluntary sports organisations in Halton

Health Improvement Team http://www.healthimprovementteam.co.uk/
Range of activities such as weight management, health trainers, men's health, mental health improvement, children's health activities, Stop Smoking service and others.

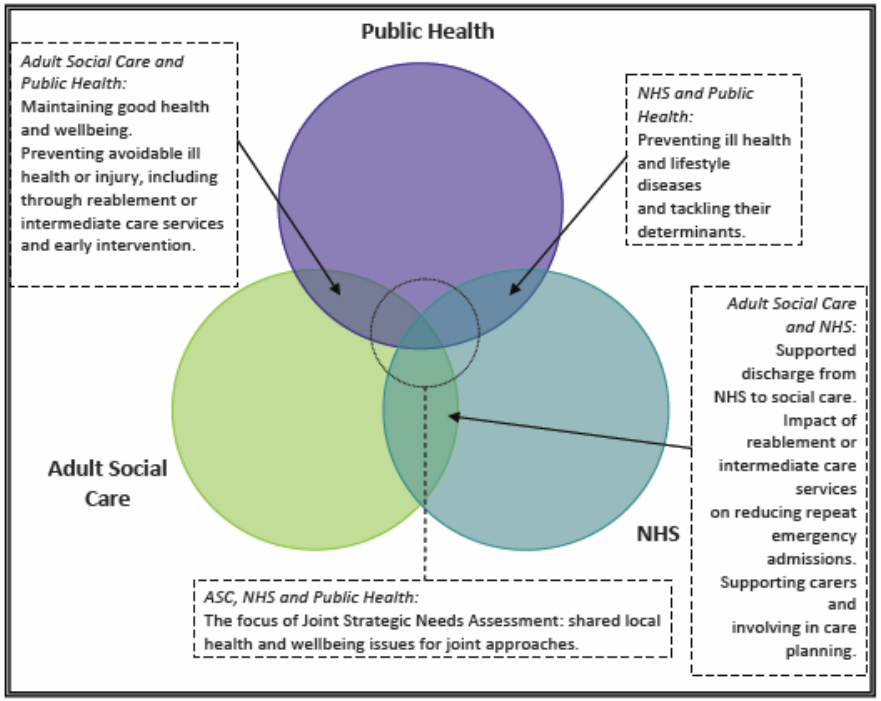
Voluntary and Community Sector

Halton & St Helens Community and Voluntary Action
http://www.haltonsthelensvca.org.uk/
Provides advice, information and development support services to voluntary, community, not-for-profit and faith organisations and volunteers in the Boroughs of St Helens and Halton.

Halton Borough Council Community Development team
http://www3.halton.gov.uk/communityandliving/communityadvice/
The team offers a range of support to new and existing community groups and voluntary organisations.

HALTON JSNA:OUTCOMES FRAMEWORKS

Shared priorities



There are three outcomes frameworks that have come out of the Government's plans for reform across the NHS, public health and adult social care.

- The NHS Outcomes Framework 2011/12 (December 2010)
- The 2011/12 Adult Social Care Outcomes Framework (March 2011)
- A public health outcomes framework for England, 2013-2016 (January 2012)

There is considerable overlap between the public health outcomes framework and the NHS Outcomes Framework. In particular Domain 4 of the public health outcomes framework and Domain 1 of the NHS Outcomes Framework both centre on preventing people from dying prematurely, with indicators around life expectancy, reducing premature mortality from circulatory disease and cancers and infant mortality amongst others.

There is less overlap between indicators within the Public health outcomes framework and the Adult Social Care outcomes framework. Although the aims of domains do share similar themes of maintaining good health & wellbeing and quality of care and the care experience, there is less overlap with indicators. These centre of the independence of people with mental illness and learning disabilities around employment and housing (Domain 1 of both frameworks). Domain 2 of the Adult Social Care outcomes framework includes an indicator on the effectiveness of prevention/ preventive services. The methodology for measuring this indicator has not yet been developed and although it does not appear in the public health outcomes framework, it is easy to see how this links to the range of health improvement activity detailed in the public health domain 2 (as well as the other three domains)

There is greater overlap between the NHS outcomes framework and the Adult Social care outcomes framework. This is around Domain 3 Adult Social Care and Domain 4 NHS outcomes framework's Ensuring People have a positive experience of care (and support). There is also overlap between the two for supported discharge to reduce emergency admissions and improve independence on public sector 'formal' care.

All three framework's are underpinned by the concept of protection/ safeguarding of the public and providing effective, cost effective high quality treatment and care.

HALTON JSNA:ADULT SOCIAL CARE OUTCOMES FRAMEWORK

2011/12 Adult Social Care Outcomes Framework at a glance

**Placeholder in 2011/12* ***Deferred to 2012/13*

1 Enhancing quality of life for people with care and support needs

Overarching measure

1A. Social care-related quality of life

Outcome measures

People manage their own support as much as they wish, so that are in control of what, how and when support is delivered to match their needs.

1B. The proportion of people who use services who have control over their daily life
1C. Proportion of people using social care who receive self-directed support, and those receiving direct payments

Carers can balance their caring roles and maintain their desired quality of life.

1D. Carer-reported quality of life**

People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation.

1E. Proportion of adults with learning disabilities in paid employment
1F. Proportion of adults in contact with secondary mental health services in paid employment
XX. Proportion of working age adults in contact with social services in paid employment (to replace 1E/1F)*
1G. Proportion of adults with learning disabilities who live in their own home or with their family
1H. Proportion of adults in contact with secondary mental health services living independently, with of without support

2 Delaying and reducing the need for care and support

Overarching measures

2A. Permanent admissions to residential and nursing care homes, per 1,000 population
*XX. Effectiveness of prevention/preventative services**

Outcome measures

Everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs.

*XX. Effectiveness of prevention/preventative services**

Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services.

2B. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services
*XX. Effectiveness of early diagnosis, intervention and reablement: avoiding hospital admissions**

When people develop care needs, the support they receive takes place in the most appropriate setting, and enables them to regain their independence.

2C. Delayed transfers of care from hospital, and those which are attributable to adult social care
*XX. Effectiveness of reablement: regaining independence**

3 Ensuring that people have a positive experience of care and support

Overarching measure

People who use social care and their carers are satisfied with their experience of care and support services.

3A. Overall satisfaction of people who use services with their care and support
3B. Overall satisfaction of carers with social services**

Outcome measures

Carers feel that they are respected as equal partners throughout the care process.

3C. The proportion of carers who report that they have been included or consulted in discussions about the person they care for**

People know what choices are available to them locally, what they are entitled to, and who to contact when they need help.

3D. The proportion of people who use services and carers who find it easy to find information about support

People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual.

This information can be taken from the Adult Social Care Survey and used for analysis at the local level.

4 Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

Overarching measure

4A. The proportion of people who use services who feel safe

Outcome measures

Everyone enjoys physical safety and feels secure.
People are free from physical and emotional abuse, harassment, neglect and self-harm.
People are protected as far as possible from avoidable harm, disease and injuries.
People are supported to plan ahead and have the freedom to manage risks the way that they wish.

4B. The proportion of people who use services who say that those services have made them feel safe and secure
*XX. Effectiveness of safeguarding services**

HALTON JSNA:PUBLIC HEALTH OUTCOMES FRAMEWORK

Vision

To improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest.
Outcome measures
Outcome 1: Increased healthy life expectancy, ie taking account of the health quality as well as the length of life.
Outcome 2: Reduced differences in life expectancy and healthy life expectancy between communities (through greater improvements in more disadvantaged communities).

1 Improving the wider determinants of health

Objective

Improvements against wider factors that affect health and wellbeing and health inequalities

Indicators

- Children in poverty
- *School readiness (Placeholder)*
- Pupil absence
- First time entrants to the youth justice system
- 16-18 year olds not in education, employment or training
- People with mental illness or disability in settled accommodation
- *People in prison who have a mental illness or significant mental illness (Placeholder)*
- Employment for those with a long-term health condition including those with a learning difficulty/ disability or mental illness
- Sickness absence rate
- Killed or seriously injured casualties on England's roads
- *Domestic abuse (Placeholder)*
- *Violent crime (including sexual violence) (Placeholder)*
- Re-offending
- *The percentage of the population affected by noise (Placeholder)*
- Statutory homelessness
- Utilisation of green space for exercise/health reasons
- Fuel poverty
- *Social connectedness (Placeholder)*
- *Older people's perception of community safety (Placeholder)*

2 Health improvement

Objective

People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities

Indicators

- Low birth weight of term babies
- Breastfeeding
- Smoking status at time of delivery
- Under 18 conceptions
- *Child development at 2-2.5 years (Placeholder)*
- Excess weight in 4-5 and 10-11 year olds
- Hospital admissions caused by unintentional and deliberate injuries in under 18s
- *Emotional wellbeing of looked-after children (Placeholder)*
- *Smoking prevalence – 15 year olds (Placeholder)*
- Hospital admissions as a result of self-harm
- *Diet (Placeholder)*
- Excess weight in adults
- Proportion of physically active and inactive adults
- Smoking prevalence – adult (over 18s)
- Successful completion of drug treatment
- People entering prison with substance dependence issues who are previously not known to community treatment
- Recorded diabetes
- Alcohol-related admissions to hospital
- *Cancer diagnosed at stage 1 and 2 (Placeholder)*
- Cancer screening coverage
- Access to non-cancer screening programmes
- Take up of the NHS Health Check Programme – by those eligible
- Self-reported wellbeing
- Falls and injuries in the over 65s

3 Health protection

Objective

The population's health is protected from major incidents and other threats, while reducing health inequalities

Indicators

- Air pollution
- Chlamydia diagnoses (15-24 year olds)
- Population vaccination coverage
- People presenting with HIV at a late stage of infection
- Treatment completion for tuberculosis
- Public sector organisations with board-approved sustainable development management plans
- *Comprehensive, agreed inter-agency plans for responding to public health incidents (Placeholder)*

4 Healthcare public health and preventing premature mortality

Objective

Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities

Indicators

- Infant mortality
- Tooth decay in children aged five
- Mortality from causes considered preventable
- Mortality from all cardiovascular diseases (including heart disease and stroke)
- Mortality from cancer
- Mortality from liver disease
- Mortality from respiratory diseases
- *Mortality from communicable diseases (Placeholder)*
- *Excess under 75 mortality in adults with serious mental illness (Placeholder)*
- Suicide
- *Emergency readmissions within 30 days of discharge from hospital (Placeholder)*
- Preventable sight loss
- *Health-related quality of life for older people (Placeholder)*
- Hip fractures in over 65s
- Excess winter deaths
- *Dementia and its impacts (Placeholder)*

HALTON JSNA:NHS OUTCOMES FRAMEWORK

1 Preventing people from dying prematurely

Overarching indicators

1a Mortality from causes considered amenable to healthcare
(The NHS Commissioning Board would be expected to focus on improving mortality in all the components of amenable mortality as well as the overall rate)
1b Life expectancy at 75

Improvement areas

Reducing premature mortality from the major causes of death
1.1 Under 75 mortality rate from cardiovascular disease*
1.2 Under 75 mortality rate from respiratory disease*
1.3 Under 75 mortality rate from liver disease*
1.4 Cancer survival
i One- and ii five-year survival from colorectal cancer
iii One- and iv five-year survival from breast cancer
v One- and vi five-year survival from lung cancer

Reducing premature death in people with serious mental illness
1.5 *Under 75 mortality rate in people with serious mental illness**

Reducing deaths in babies and young children
1.6.i Infant mortality*
1.6.ii Perinatal mortality (including stillbirths)

2 Enhancing quality of life for people with long term conditions

Overarching indicator

2 Health-related quality of life for people with long-term conditions (EQ-5D)**

Improvement areas

Ensuring people feel supported to manage their condition
2.1 Proportion of people feeling supported to manage their condition***

Improving functional ability in people with long-term conditions
2.2 Employment of people with long-term conditions

Reducing time spent in hospital by people with long-term conditions
2.3.i Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)
2.3.ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s

Enhancing quality of life for carers
2.4 Health-related quality of life for carers (EQ-5D)**

Enhancing quality of life for people with mental illness
2.5 Employment of people with mental illness

3 Helping people to recover from episodes of ill health or following injury

Overarching indicators

3a Emergency admissions for acute conditions that should not usually require hospital admission
3b Emergency readmissions within 28 days of discharge from hospital***

Improvement areas

Improving outcomes from planned procedures
3.1 Patient-reported outcomes measures (PROMs) for elective procedures

Preventing lower respiratory tract infections (LRTIs) in children from becoming serious
3.2 Emergency admissions for children with LRTIs

Improving recovery from injuries and trauma
3.3 *An indicator needs to be developed.*

Improving recovery from stroke
3.4 *An indicator needs to be developed.*

Improving recovery from fragility fractures
3.5 The proportion of patients recovering to their previous levels of mobility/ walking ability at i 30 days and ii 120 days***

Helping older people to recover their independence after illness or injury
3.6 The proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into rehabilitation services***

4 Ensuring that people have a positive experience of care

Overarching indicators

4a Patient experience of primary care
4b Patient experience of hospital care

Improvement areas

Improving people's experience of outpatient care
4.1 Patient experience of outpatient services

Improving hospitals' responsiveness to personal needs
4.2 Responsiveness to inpatients' personal needs

Improving people's experience of accident and emergency services
4.3 Patient experience of A&E services

Improving access to primary care services
4.4 Access to i GP services and ii dental services

Improving women and their families' experience of maternity services
4.5 Women's experience of maternity services

Improving the experience of care for people at the end of their lives
4.6 *An indicator needs to be developed based on the survey of bereaved carers*

Improving experience of healthcare for people with mental illness
4.7 Patient experience of community mental health services

Improving children and young people's experience of healthcare
4.8 *An indicator needs to be developed.*

5 Treating and caring for people in a safe environment and protecting them from avoidable harm

Overarching indicators

5a Patient safety incident reporting
5b Severity of harm
5c Number of similar incidents

Improvement areas

Reducing the incidence of avoidable harm
5.1 Incidence of hospital-related venous thromboembolism (VTE)
5.2 Incidence of healthcare-associated infection (HCAI)
i MRSA
ii *C difficile*
5.3 Incidence of newly acquired category 3 and 4 pressure ulcers
5.4 Incidence of medication errors causing serious harm

Improving the safety of maternity services
5.5 Admission of full-term babies to neonatal care

Delivering safe care to children in acute settings
5.6 Incidence of harm to children due to 'failure to monitor'

One framework
defining how the NHS will be accountable for outcomes
Five domains
articulating the responsibilities of the NHS
Ten overarching indicators
covering the broad aims of each domain
Thirty-one improvement areas
looking in more detail at key areas within each domain
Fifty-one indicators in total
measuring overarching and improvement area outcomes

The NHS Outcomes Framework 2011/12 at a glance

**Shared responsibility with Public Health England*

***EQ 5D™ is a trademark of the EuroQol Group. Further details can be found at: www.euroqol.org*

****Indicator also included in the Adult Social Care Outcomes Framework*

Indicators in italics are placeholders, pending development or identification of a suitable indicator