

REPORT TO: Health and Wellbeing Board
DATE: 17th September 2014
REPORTING OFFICER: Director of Public Health
PORTFOLIO: Health and Wellbeing
SUBJECT: Halton Health Profile 2014.
WARDS: Borough wide

1.0 PURPOSE OF THE REPORT

- 1.1 The purpose of this report is to present the Health and Wellbeing Board with information relating to Halton's Health Profile 2014 and provides analysis regarding the findings from a local perspective.

RECOMMENDATION: That

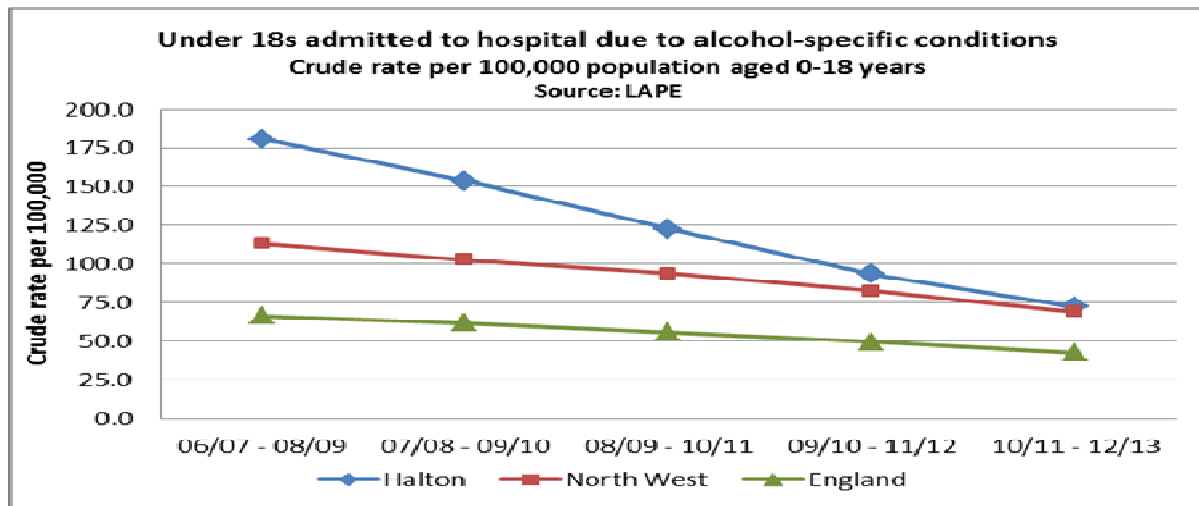
- 1. the Board note progress in health outcomes and programmes established to address areas of concern; and**
- 2. feedback comments to the Director of Public Health**

2.0 SUPPORTING INFORMATION

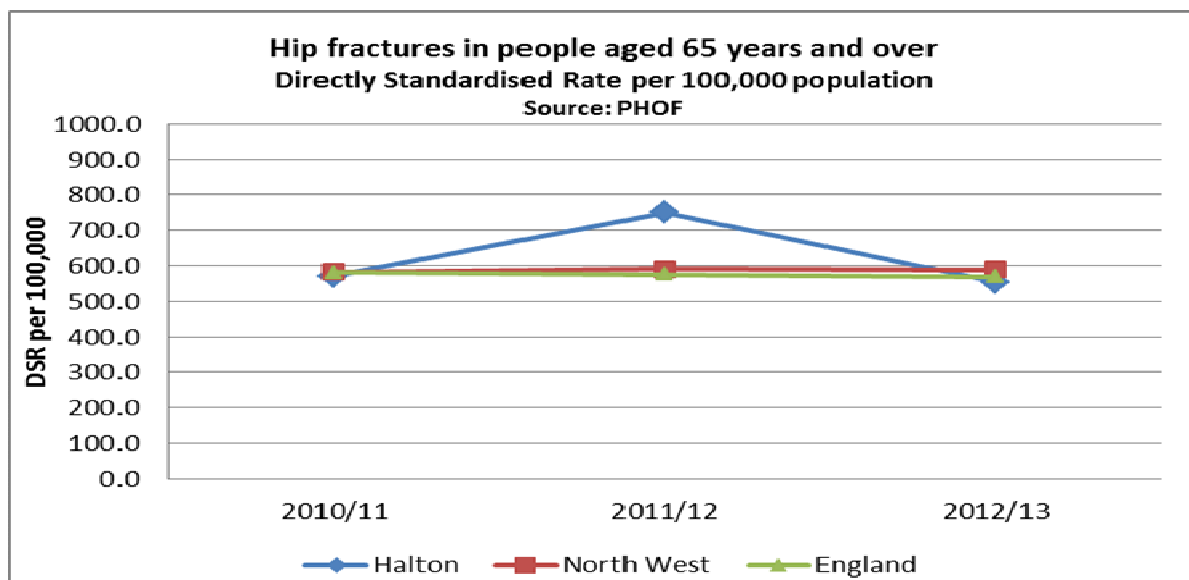
- 2.1 Every year the Department of Health releases a health profile of Halton which compares it to the England average. It is designed to help local government and health services understand their community's needs, so that they can work to improve people's health and reduce health inequalities.
- 2.2 The Halton Health Profile 2014 shows that half of all local residents live in the most deprived areas in England. Given the direct relationship between poverty and poor health it is unsurprising that Halton's health statistics are worse than the national average. Using a traffic-light rating system, the profile ranks those better than the England average as green, those similar to the England average as amber and those performing worse than the England average as red.
- 2.3 Halton's profile can be seen in the Appendix which shows that although Halton is not better than the England average in the majority of indicators it has improved against the previous year's figures in 15 out of 27 comparable indicators, remained static for 7 and worsened in 5.

Halton progress and challenges.

2.4 The data for Halton shows that if we compare the 2013 profile with the 2014 profile we have made very good progress in the Health and Wellbeing Board priority areas of reducing harmful levels of drinking, improved mental health and reducing falls in older people. This is reflected in the drop in *Alcohol specific stays (under 18s)* and *Hospital stays for alcohol related harm (adults)*. As well as a big reduction in *Hospital stays for self harm and Hip fractures in over 65s*.

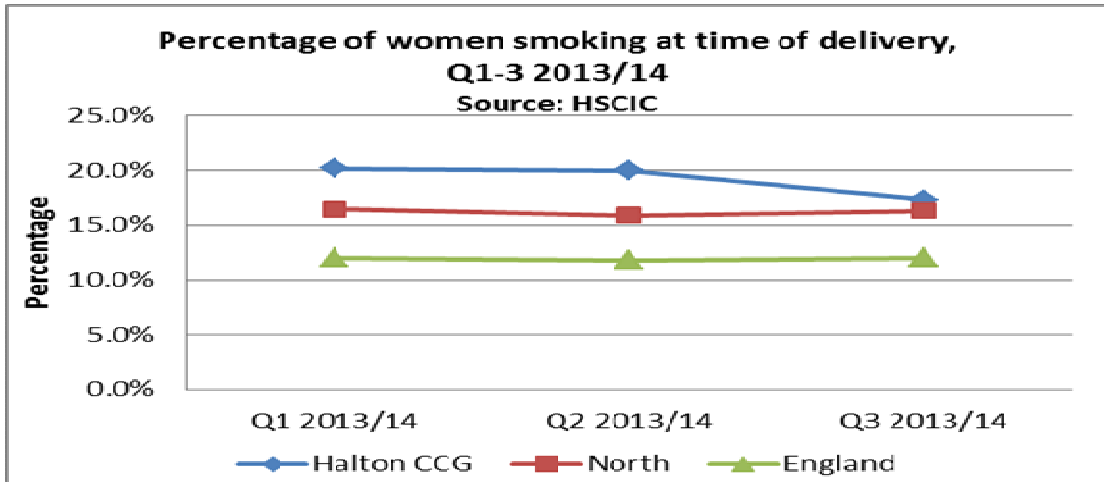


Hospital admissions due to alcohol specific conditions (under 18s). Halton has reduced from the worst in England to the North West average.

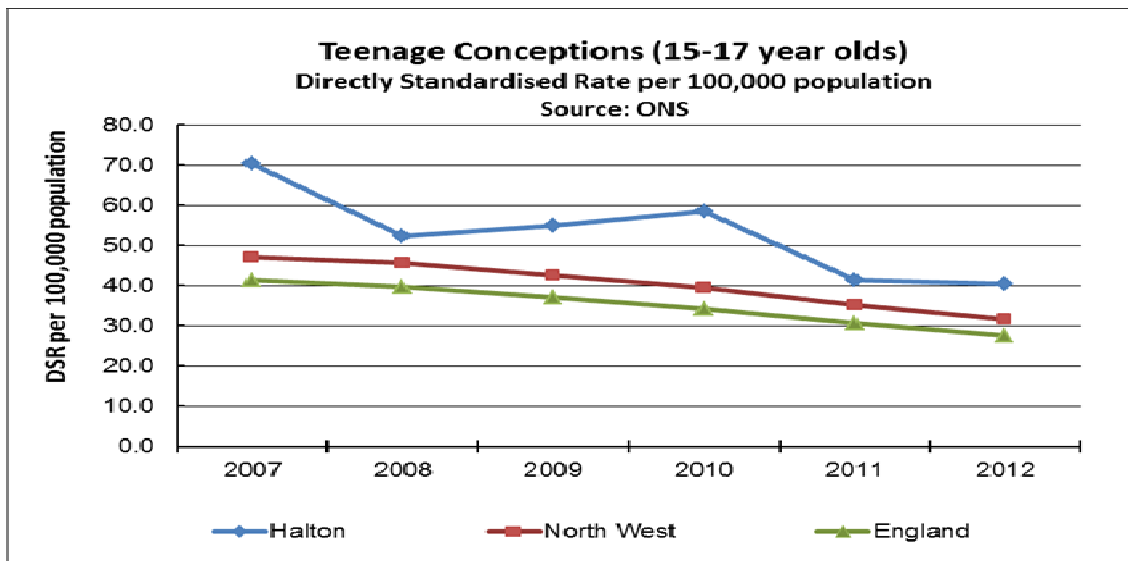


Hip fractures in people aged 65+ in Halton were similar in 2012/13 to 2010/11. The rate did increase in 2011/12 but the decrease in 2012/13 means that the Halton rate is now once again similar to England the North West.

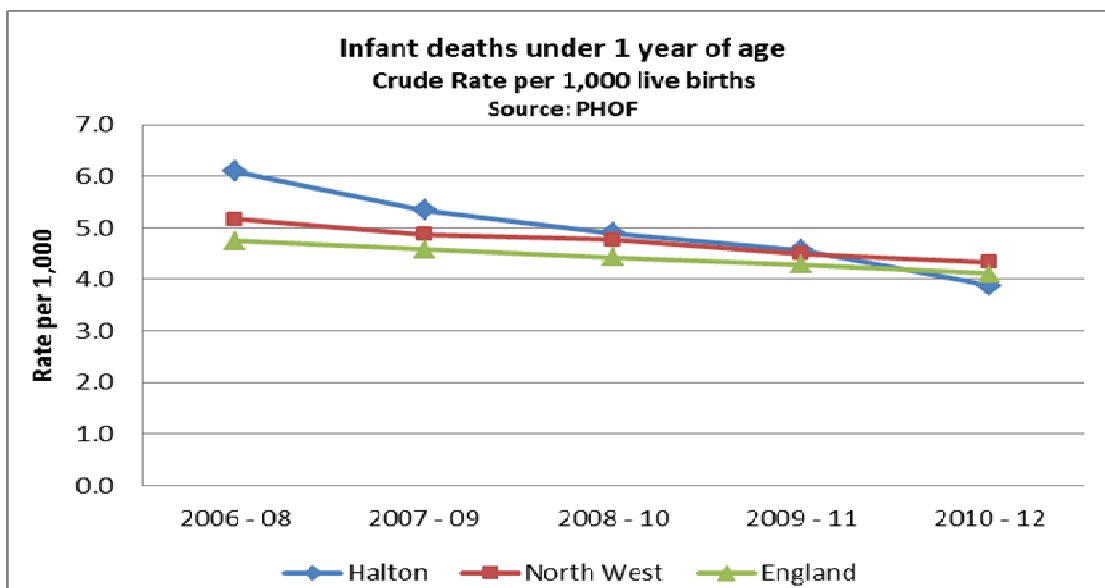
2.5 Halton has also improved in terms of smoking in pregnancy, increasing the number of mothers who breastfeed, reducing teen pregnancy, reducing drug misuse, reducing the number of TB cases, increasing male lives, reducing infant mortality and reducing the number of people who die from cancer.



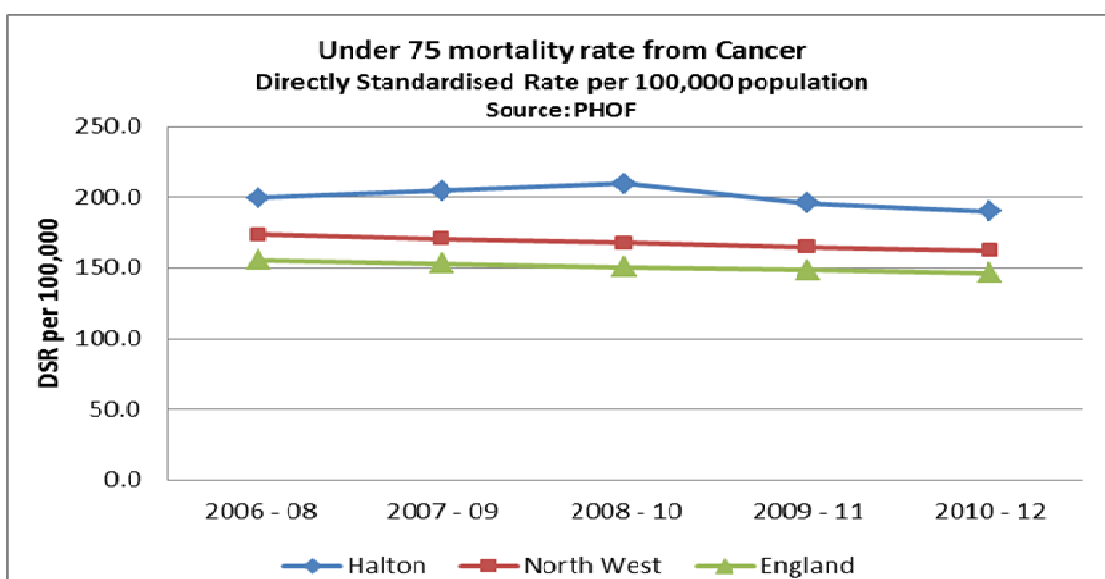
Halton's Smoking at time of delivery rate has now reduced to the North average.



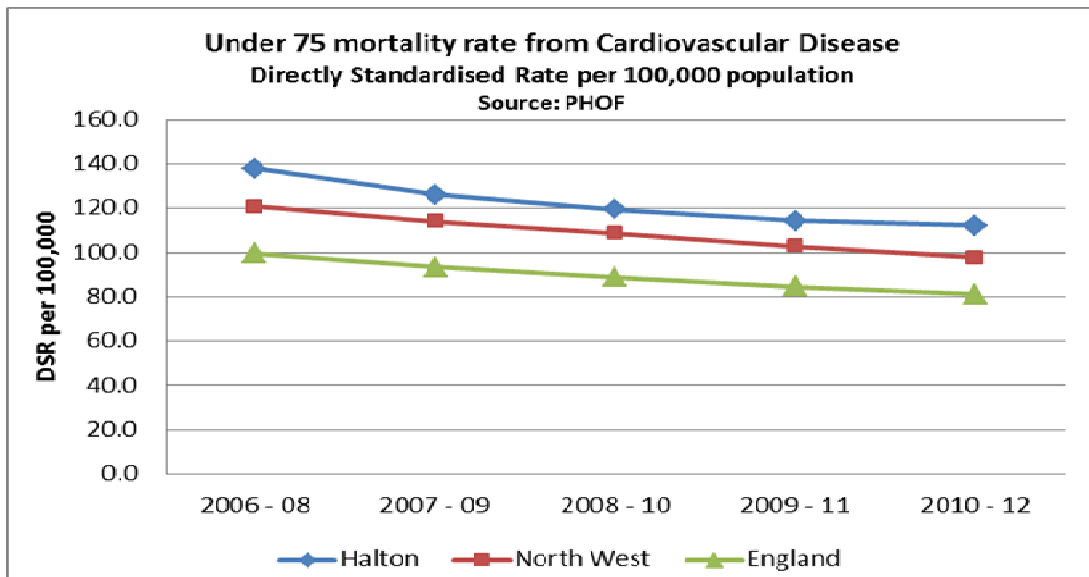
Halton's teen pregnancy rate has reduced significantly.



The infant mortality rate in Halton has continued to decrease since 2006-10. Due to this, the rate is now slightly lower than the national and regional averages.



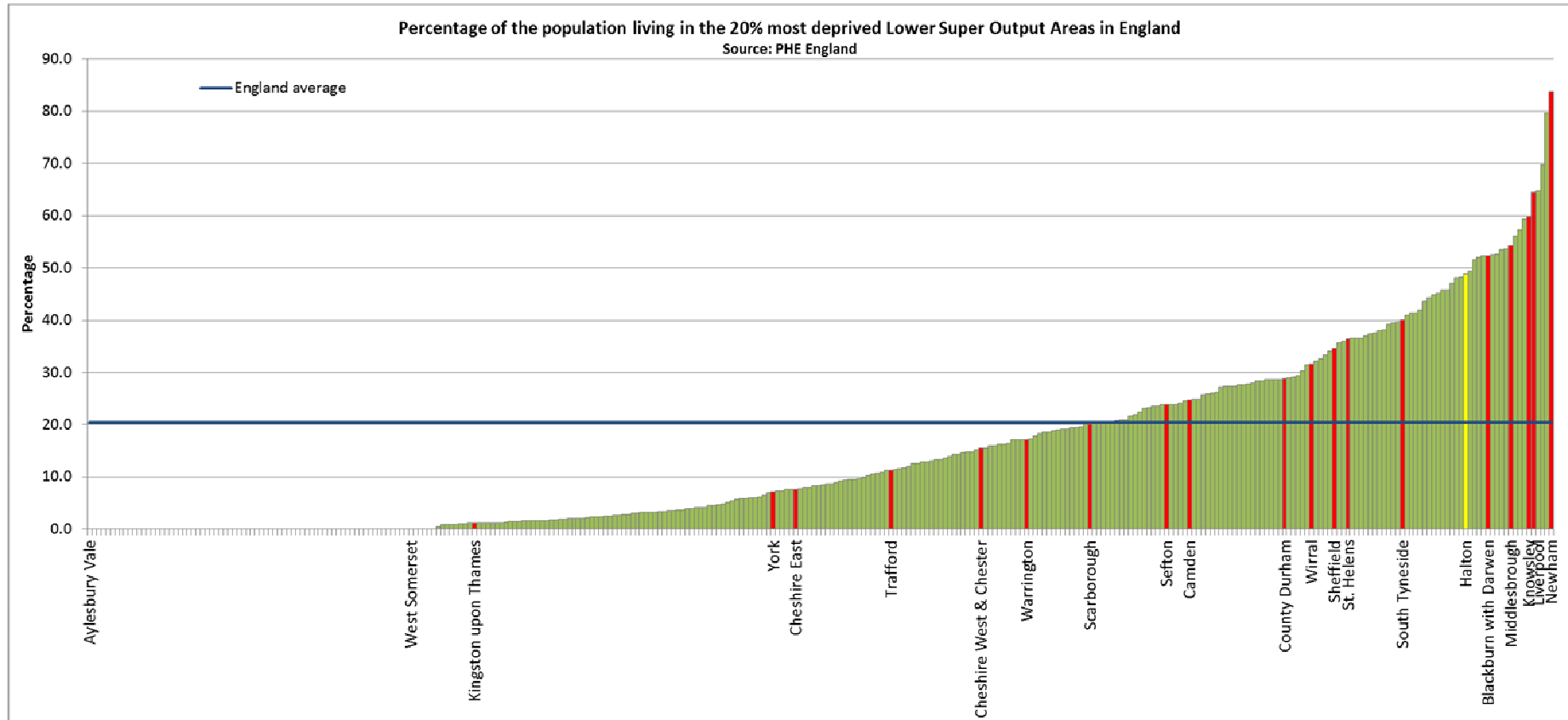
The under 75 cancer mortality rate for Halton decreased between 2008-10 and 2010-12, however, it remains higher than England and the North West.



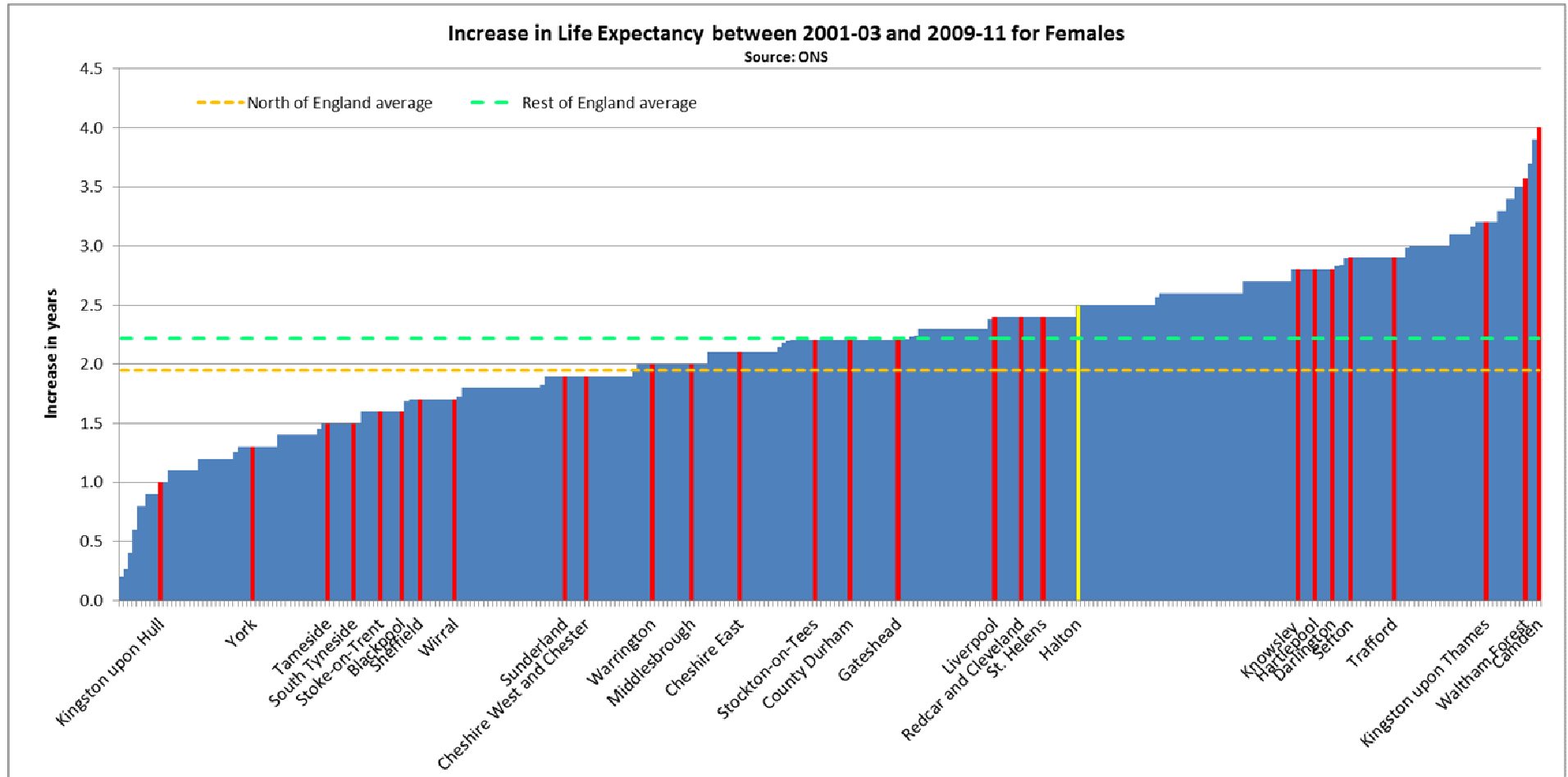
Under 75 mortality from CVD has decreased in Halton since 2006-08. This means that the gap between Halton and England decreased between 2006-08 and 2010-12

- 2.6 Halton has not made progress this year against reducing levels of deprivation, statutory homelessness, violent crime, obesity and reducing long term unemployment. The number of people diagnosed with diabetes has increased but given there is national under diagnosis of this disease this could be considered a good thing.
- 2.7 Compared to the rest of England Halton has high levels of deprivation. However, progress has been made in terms of reducing health inequalities and improving life expectancy.

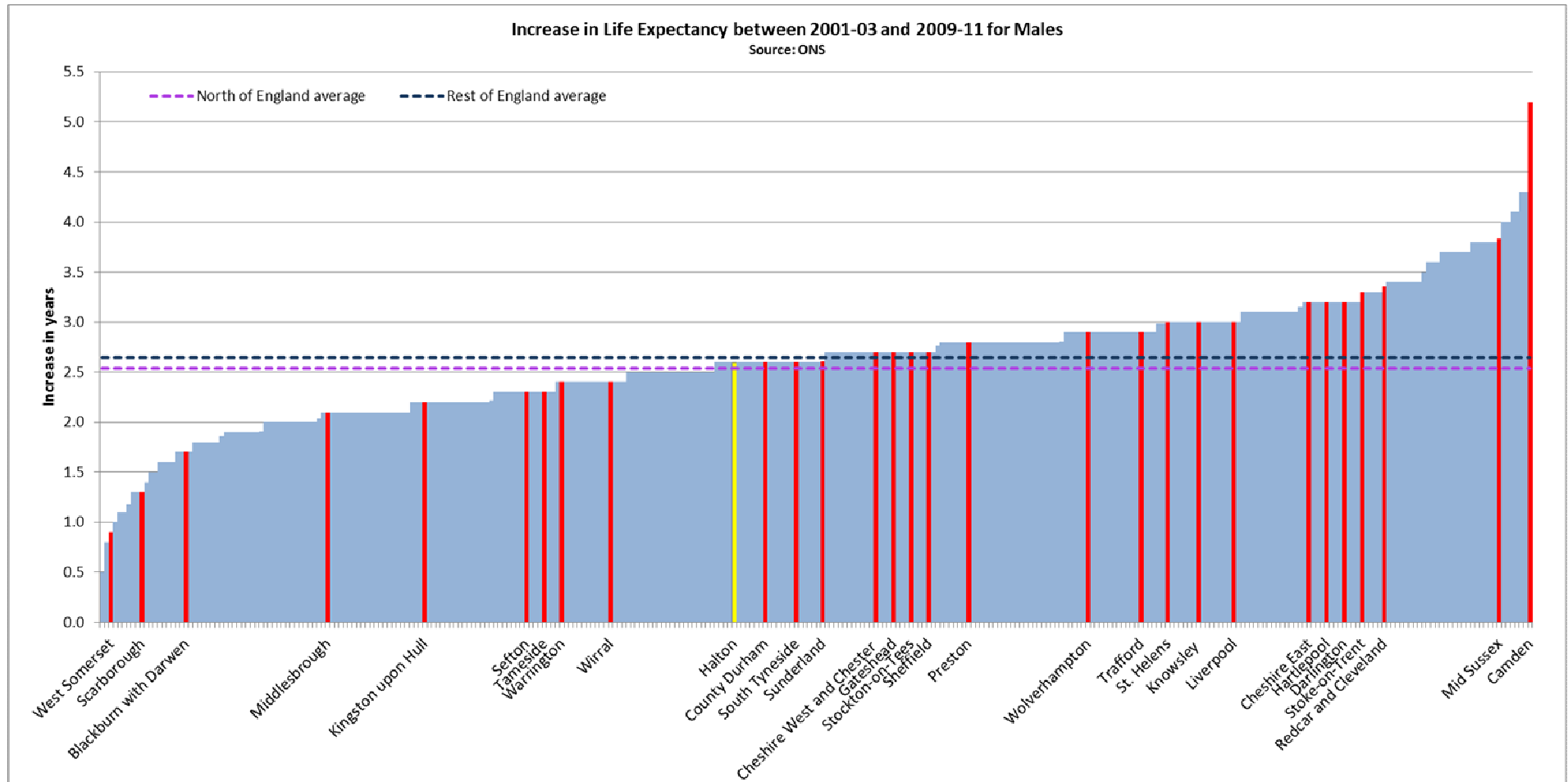
In England on average 20% of people live in deprived areas in Halton 48% of people live in deprived areas.

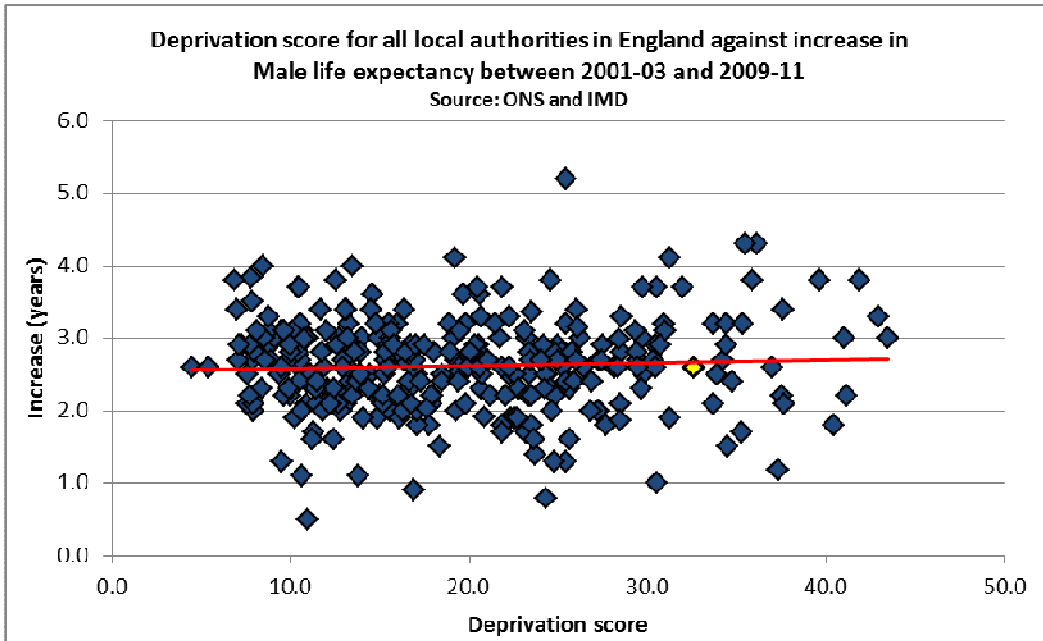


Despite high levels of poverty Halton has increased life expectancy for women by more than the England average and is closing the gap.

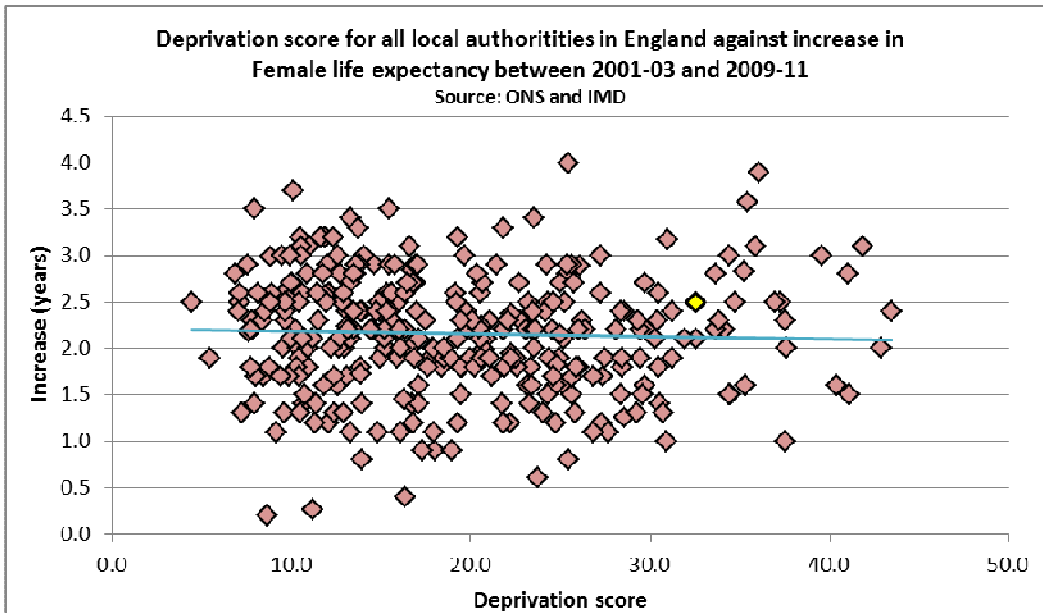


Life expectancy for men in Halton is below the England average and is improving at just under the same rate as the rest of England.





Each diamond represents a Local Authority and shows how each authority is progressing on life expectancy for men compared to their level of deprivation. This chart shows Halton, the yellow diamond, has made substantially more progress for its level of deprivation than most Local Authorities in England.



Each diamond represents a Local Authority and shows how each authority is progressing on life expectancy for women compared to their level of deprivation. This chart shows Halton, the yellow diamond, has made substantially more progress for its level of deprivation than most Local Authorities in England.

Programmes to address areas of concern.

2.8 Halton has a wide range of programmes that address deprivation, worklessness, child poverty, diabetes and obesity.

- **Child Poverty Programme:** Halton has a Child Poverty Strategy and Action Plan and is part of the City Region Child Poverty Commission. There is a wide range of work underway to address this area including Children's Centres Programmes, healthy eating, working with food banks, increasing breastfeeding, increasing free school meal uptake, plain packaging for cigarettes, smoking prevention, work with mums and tots, support for the New Shoots Food Coop, Credit Crunch Cooking, work with Housing Trusts around welfare reforms, Healthy Homes/ Warm Homes initiatives, work with the CAB and Supporting Residents at Risk of Home Repossession project.
- **Back to work Programmes:** Halton works with local residents to enable them to find work through Halton People into Jobs, an apprenticeship scheme, Welfare Rights Programme, Halton Housing Trust financial inclusion, Healthy and back to Work project.
- **Child Social and Emotional Health Programmes:** Halton has Prevention of Mental Health Conditions as a Health and Wellbeing Board priority. A new Mental Health Strategy and comprehensive Action Plan has recently been developed. There is a review of the CAHMS service underway, Adaction is employed to work with youngsters with addictions, teachers are trained to work with youngsters on developing confidence and self-esteem and counteracting bullying, an anti-cyber bullying project is in development, midwives are working with mothers to avoid post natal depression and parenting programmes for families in how to bond with babies and deal with toddlers.
- **Diabetes Programme:** Impaired Glucose Regulation project that picks up people at risk of developing diabetes and provides them with education, diet and exercise advice so they can avoid developing the condition. Diabetes Education Programme for patients with the condition to help them manage it, Expert Patient Programme so people become experts on their condition, Healthy Weight Fresh Start Programme enables people to lose weight and therefore be less at risk of developing diabetes, Healthy Weight in Pregnancy Programme works with overweight pregnant women who are at risk of developing gestational diabetes.
- **Reducing Harmful Levels of Drinking Programme:** Reduction in the levels of harmful alcohol consumption is a priority for Halton's Health and Wellbeing Board. It has an Action Plan which includes: training for all frontline staff in dealing with alcohol related issues from birth to old age, treatment services for adults and children, awareness raising via

campaigns, alcohol prevention programmes for all schools, mystery shopping via trading standards for underage sales, regulation of counterfeit alcohol, alcohol liaison nurse at hospitals A&E and advocacy on minimum unit pricing.

- Falls Programme: Falls is a priority for the Health and Wellbeing Board and a new Falls Strategy and Action Plan has recently been implemented which includes: exercise for older people to improve balance, training on falls prevention for frontline staff, development of new falls pathway.

3.0 POLICY IMPLICATIONS

The Halton Health Profile 2013 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.

4.0 OTHER/FINANCIAL IMPLICATIONS

- 4.1 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.

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 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

5.2 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

5.3 A Healthy Halton

All issues outlined in this report focus directly on this priority.

5.4 A Safer Halton

Reducing the incidence of crime, improving Community Safety and reducing the fear of crime have an impact on health outcomes particularly on mental health.

There are also close links between partnerships on areas such as alcohol and domestic violence.

5.5 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.

6.0 RISK ANALYSIS

Developing strategies to address the issues outlined by Halton Health Profile 2013 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.

7.0 EQUALITY AND DIVERSITY ISSUES

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

8.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

Document	Place of Inspection	Contact Officer
Halton Health Profile 2014	Council Website	Diane Lloyd

Appendix

The Halton 2014 Health Profiles have recently been released. The Chart below compares the 2013 Profile with the 2014 one and the arrows show whether we have improved or deteriorated against the England average.

Indicator Number	Indicator	Previous year	Signif to Eng	2014	2014 Signif to Eng	↑/↓/=
1	Deprivation	Not updated since 2010		48.8		
2	Children in poverty (under 16s)	27.3		26.7		↓
3	Statutory homelessness	0.2		0.3		↑
4	GCSE achieved (5A*-C Inc. Eng & Maths)	59.0		62.5		↑
5	Violent crime (Violence offences)	12.1		12.8		↑
6	Long term unemployment	13.6		13.7		=
7	Smoking status at time of delivery	21.1		18.9		↑
8	Breastfeeding initiation	51.1		52.3		↑
9	Obese children (Year 6)	23.8		23.9		=
10	Alcohol-specific hospital stays (under 18)	94.7		73.5		↓
11	Under 18 conceptions	41.5		40.4		↓
12	Smoking prevalence	22.2		22.6		↑
13	Percentage of physically active adults	Not comparable		49.8		
14	Obese adults	New indicator		35.2		
15	Excess weight in adults	New indicator		70.2		
16	Incidence of malignant melanoma	18.4		17.4		=
17	Hospital stays for self-harm	416.4		325.9		↓
18	Hospital stays for alcohol related harm	851.3		814.4		↓
19*	Drug misuse	9.8		8.4		↓
20	Recorded diabetes	7.0		7.2		↑
21	Incidence of TB	1.1		0.0		↓
22	Acute sexually transmitted infections	Not comparable		785.9		
23	Hip fractures in people aged 65 and over	750.3		553.1		↓
24	Excess winter deaths (three year)	8.7		9.5		↑
25	Life expectancy at birth (Male)	76.5		77.1		↑
26	Life expectancy at birth (Female)	80.7		80.6		=
27	Infant mortality	4.6		3.9		↓
28	Smoking related deaths	414.4		415.5		=
29	Suicide rate	8.8		7.8		↓
30	Under 75 mortality rate: cardiovascular	114.2		112.2		=
31	Under 75 mortality rate: cancer	195.9		190.2		↓
32	Killed and seriously injured on roads	32.6		32.1		=

For the definitions of the indicators please see the [Health Profile](#)

* new data released - 2014 column contains new rate

	not significantly different to England average
	significantly better than England average
	significantly worse than England average

The figures show how Halton compares to England for each indicator. Some indicators are more robust than others, i.e. use good data sources based on big cohorts of people. Other indicators use small numbers or are modelled, the DH recommends "It is important to note that these estimates are modelled and published as 'experimental data' and should be used and interpreted with caution." This is the case for indicators 13, 14, and 15 as there is currently no reliable way of collecting this data on a big population basis.