

# HALTON JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

## **PURPOSE:**

This document is an annual summary - a supplementary document to support the updating of the JSNA. It reflects work undertaken during 2014/15 and developments that are due to take place during 2015/16.

## **Updating the JSNA:**

This document is the third to use the 'Life course' approach to summarise data and priorities from the suite of JSNA documents.

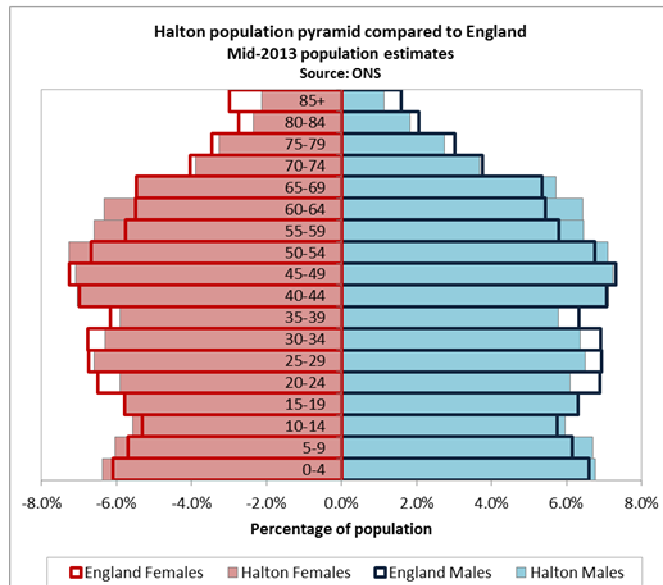
The Health & Wellbeing Board first Health & Wellbeing Strategy, 2013-2016, is entering its final year. Much work has been undertaken across all 5 priorities, with separate strategies and action plans developed and implemented for each one.

The health issues and social determinants identified in each round of the JSNA continue to present challenges locally, although there has been much progress.

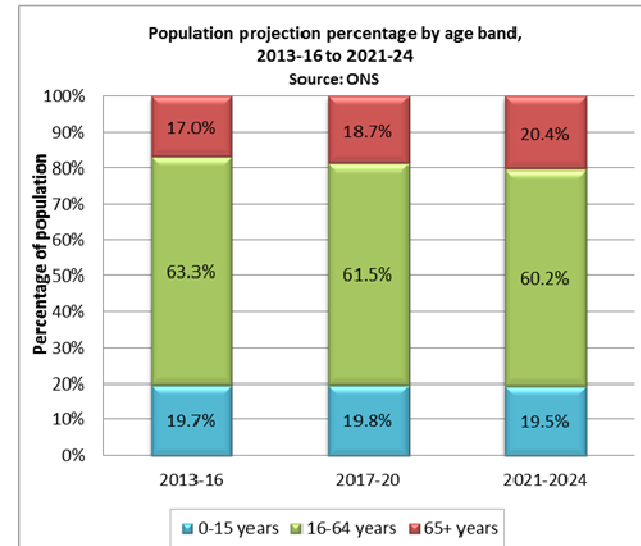
*The full JSNA, together with the annual data updates spread sheet, can be found on Halton Borough Council's website at <http://www3.halton.gov.uk/Pages/health/JSNA.aspx>*

If you require any further information about the Halton JSNA please contact Sharon McAteer at: [sharon.mcateer@halton.gov.uk](mailto:sharon.mcateer@halton.gov.uk) or a member of the Public Health Evidence & Intelligence Team at: [health.intelligence@halton.gov.uk](mailto:health.intelligence@halton.gov.uk)





- ❖ As at the 2011 Census, Halton's population was 125,970
- ❖ 48.8% male to 51.2% female
- ❖ Population projections based on the 2011 census suggest the younger age band will remain fairly static, with the working age population to shrink and older age band will increase as a proportion of total population
- ❖ Population registered with Halton GPs is 129,582 (January 2015).



## Just a few success stories from across the borough

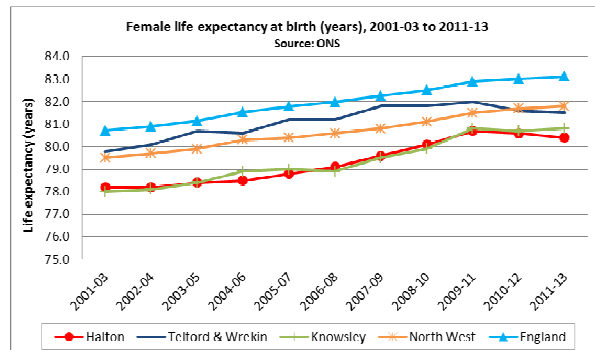
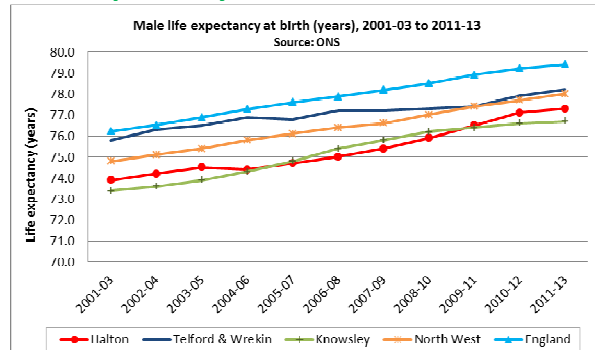
- ❖ Unemployment rates as at December 2014 (2.6%) were lower than those seen in December 2013 (4.0%).
- ❖ The number of young people not engaged in education and training (NEET) has decreased from 8.9% in 2012 to 8.4% in 2013.
- ❖ Attainment of 5 or more A\*-C including English and Maths was higher for Halton (57.2%) than the England average (53.4%). Overall, 64.9% of pupils in Halton achieved 5 A\*-C's, which was also higher than the England average (63.8%).
- ❖ The level of excess winter deaths is lower than England average.
- ❖ The infant mortality rate has fallen and is now below the national average.
- ❖ The percentage of Year 6 children with excess weight decreased in 2013/14, and is now similar to the England average.
- ❖ Under 18 hospital admissions for alcohol-specific conditions continues to decrease.
- ❖ The rate of statutory homelessness is lower than England average. There has been an increase in the number of households prevented from becoming homeless
- ❖ Child immunisation rates are higher the England average.
- ❖ By the end of March 2014, a higher percentage of children in care were up-to-date with their immunisations (95.2%) compared to the England average (87.1%).
- ❖ The under 75 mortality rates from cancer and circulatory disease continue to decrease

..... and lots of others.

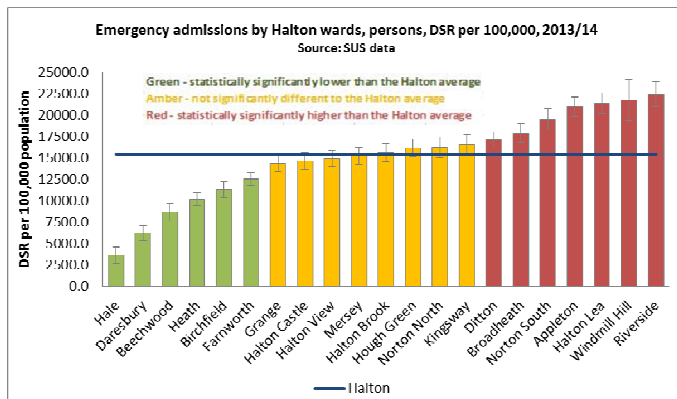
## But significant challenges remain

- ❖ Inequalities still exist between Halton and its comparators and within the borough
- ❖ Smoking at time of delivery and breastfeeding rates remain worse than the England averages
- ❖ There has been an increase in the number of emergency hospital admissions
- ❖ Child poverty and child development remain significant issues for the borough
- ❖ Excess weight at reception year has increased
- ❖ Hospital admissions due to self harm amongst 10-24 year olds is significantly higher than England
- ❖ It is estimated that the number of older people with dementia will continue to rise. Halton has a good diagnosis to expected prevalence ratio
- ❖ Cancer screening coverage and influenza vaccination uptake amongst 65+ have fallen slightly
- ❖ The proportion of working age adults with no qualifications is higher than England, and average weekly earnings are lower
- ❖ The rate of Disability Living Allowance claimants remains higher than England

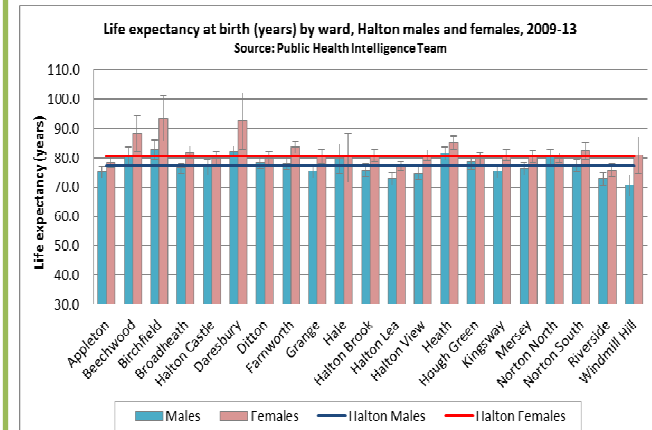
## Life expectancy



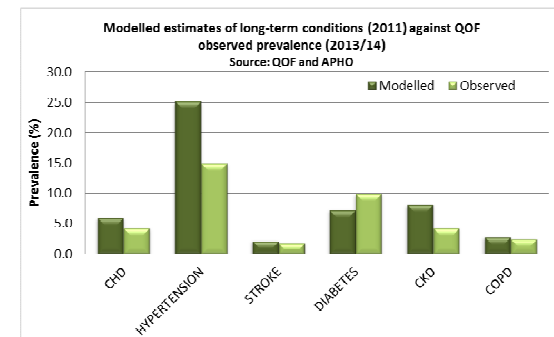
## Emergency admissions to hospital



- ❖ Life expectancy has risen steadily over time, however, it has decreased slightly for females in Halton since 2009-11.
- ❖ In 2011-13 average life expectancy in the borough was 77.3 years for men and 80.4 years for women. However, the borough is consistently lower than the England average.
- ❖ Internal differences in life expectancy range from 70.7 years for males in Windmill Hill to 82.9 years in Birchfield. For females, the differences range from 75.8 years in Riverside to 93.4 years in Birchfield ward. A difference of 12.2 years for males and 17.6 years for females.
- ❖ This is a widening of internal inequalities for men from 10.4 years and also a widening for women from 13.3 years during the previous reporting period 2008-12.



## Disease prevalence: expected against observed rates



- ❖ There were 17,881 emergency admissions, an increase on the previous years figure of 16,487.
- ❖ Injuries accounted for 13.9%, respiratory for 12.4%, circulatory 9.1% and digestive 8.3%.
- ❖ Compared to 2012/13, Riverside ward remains the ward with the highest admissions rate and Hale remains the lowest.
- ❖ There have been year on year improvements in the number of people identified with long term conditions (except for CHD and CKD which saw a slight decrease between 2012/13 and 2013/14).
- ❖ Out of the six diseases, COPD has the smallest difference between modelled and observed prevalence.

LONG TERM CONDITION	MODELLED		OBSERVED	
	Number	Prevalence (%)	Number	Prevalence (%)
CHD	6971	6.01	5563	4.31
HYPERTENSION	32303	25.12	19332	14.99
STROKE	2883	2.24	2390	1.85
DIABETES	7549	7.34	10250	9.96
CKD	8267	8.16	4397	4.34
COPD	3664	2.84	3284	2.55

## Pregnancy & 1<sup>st</sup> year of life

1603 live births (1% pop)

- ❖ Smoking at time of delivery **19.0%** (2013/14), higher than the Merseyside (17.6%) and England (12.0%) averages
- ❖ % Low birth weight has decreased. Now **6.8%** (2012), slightly lower than England rate (7.3%)
- ❖ Breastfeeding initiation **51.6%** and breastfeeding at 6-8 weeks **21.8%** (2013/14). Similar to the previous year but remaining lower than comparators
- ❖ Access to antenatal care within 12 weeks of pregnancy **86.0%** (Q1-Q2 2014/15)
- ❖ Infant mortality **3.3 per 1,000 live births** (2011-13) which is lower than the England (4.1) and North West (4.4) averages

## Childhood (1-15)

23,500 children (19% pop)

- ❖ Child Poverty **25.7%** (2012)
- ❖ Hospital admissions due to asthma (0-18 years), crude rate **296.1 per 100,000 population** (2012/13)
- ❖ Hospital admissions caused by injury (2012/13) **1306.0 per 100,000 population**. Higher than England average (1038.0)
- ❖ Children in Need **1146** (as at 31 March 2014) (higher rate than NW and England)
- ❖ Looked After Children **210** (as at 31 March 2014)
- ❖ Excess weight: **Reception 29.5%**, an increase on previous year
- ❖ Excess weight **Year 6 33.7%**, a reduction on previous year. Now similar to England
- ❖ Immunisation : MMR 1<sup>st</sup> & 2<sup>nd</sup> dose by 5years **93.0%** (2013/14). Significantly higher than England average
- ❖ Children achieving a good level of development at the end of Reception, **46%**. This is an improvement on the previous year but remains lower than comparators and one of the lowest in the country.

## Young adulthood (16-24)

13,700 people (11% pop)

- ❖ NEETs 2013 **370** people aged 16-18 (8.4%). A decrease on the 2012 figures, but remains higher than comparators
- ❖ Teenage pregnancy: **33.3 per 1,000 females aged 15-17** (2013), a reduction on the 2012 rate
- ❖ Hospital admissions due to alcohol: **73.5 per 100,000 population** (2010-13), a reduction on previous period
- ❖ Reduction in sexually transmitted infections 2013/14: **Chlamydia 454 cases; Genital warts 181 cases**
- ❖ Chlamydia screening (2013/14) **29.7%** 15-24 year population tested (England 24.9%)
- ❖ Hospital admissions due to self harm, ages 10 to 24 years, **636.4 per 100,000** (crude rate, 2010-13), an increase on the previous year. Significantly higher than England (346.3)

## Healthy adulthood (25-64)

66,900 people (53% pop)

- Lifestyle choices:
  - ❖ Smoking prevalence **18.4%**; manual & routine workers **21.9%**
  - ❖ Binge drinking **22.7%**
  - ❖ Obese **35.2%**
- Number of people with long term conditions (all ages) (QOF 2013/14):
  - ❖ Hypertension **19,332** (15%)
  - ❖ CHD **5,563** (4.3%)
  - ❖ Diabetes (ages 17+ ) **7,549** (7.3%)
  - ❖ COPD **3,284** (2.6%)
  - ❖ Stroke **2,390** (1.9%)
  - ❖ Depression **7,342** (7.3% GP pop aged 18+)
- Coverage/uptake of cancer screening (average for CCG, range across GP practices):
  - ❖ Breast: average **69.8%**, range **57.6% to 78.5%**
  - ❖ Cervical average: **75.8%**, range **71.7% to 82.8%**
  - ❖ Bowel: average **48.8%**, range **39.0% to 56.0%**
- Hospital admissions (all ages, rate per 100,000 population, 2013/14):
  - ❖ Emergency admissions **15,365**
  - ❖ Alcohol specific **948**
  - ❖ Alcohol related **2,741**
  - ❖ Cancers **1,406**
  - ❖ Heart Disease **790**
  - ❖ Stroke **285**
  - ❖ Digestive **4835**

## Older people (65+)

20,300 people (16% pop)

- Life expectancy (2011-13)
  - ❖ Males **77.3** (England 79.4)
  - ❖ Females **80.4** (England 83.1)
- Life expectancy at 65 (2011-13)
  - ❖ Males **17.1** (England 18.7)
  - ❖ Females **18.8** (England 21.1)
- Inequalities in life expectancy (by ward 2009-13)
  - ❖ Males **12.2 years** (70.7 in Windmill Hill, Birchfield 82.9) (an increase in inequality)
  - ❖ Females **17.6 years** (Riverside 75.8, Birchfield 93.4) (an increase in inequality)
- All age all cause mortality (DSR per 100,000 population) 2010-12:
  - ❖ Males **1,378** (England 1,151)
  - ❖ Females **1,083** (England 846)
- ❖ Hospital admissions (2012/13) injuries due to falls , aged 65+, **3,293 per 100,000 population** (England 2,011)
- ❖ Dementia: estimated **1,287 people** aged 65+: QOF register (2013/14) **761** people diagnosed (better diagnosed to expected ratio than North & England)
- ❖ Flu vaccination uptake 65+ CCG average **73.8%** (2014/15), **range 67.2%-79.4%**. 7 out of 17 achieved 75% target. (England 72.8%)

Populations all based on mid-2013 population estimates rounded to the nearest 100 (ONS 2014) except live births which is actual numbers for 2013. Population percentages rounded to nearest whole number (based on population of 125,970)

## Economic

- ❖ Unemployment (Job Seekers Allowance) rates falling: **2.6% = 2061** adults (December 2014)
- ❖ Highest unemployment rate (Job Seekers Allowance) in Windmill Hill **5.2%**
- ❖ Working age adults claiming out of work benefits fallen: **12,040** (May 2014) or **14.9%**
- ❖ Windmill Hill **31.9%** working age adults claiming out of work benefits (May 2014) is the highest in the borough (lowest 3.4% in Birchfield)
- ❖ Youth unemployment rate (18-24 years) **4.9% = 520** people (December 2014)
- ❖ Business survival rate (after 1 year) higher than England average at **94.1%** (Eng 86.6%)
- ❖ Average weekly earnings for full-time workers **£485** (lower than England £521)
- ❖ Gap between Halton adult qualifications & GCSEs compared to England has narrowed since 2010 across all levels.
- ❖ Proportion of working-aged adults with no qualifications higher than England average, **10.9%** (Jan 2013-Dec 2013). England 9.1%
- ❖ **74.5%** working aged adults economically active (Oct 2013-Sept 2014) (NW 74.7%, Eng 78.0%)

## Community Safety

- ❖ Anti-social behaviour incidents have fallen: **57.6 per 1,000** residents
- ❖ Hate crimes **0.5 per 1,000** residents
- ❖ Domestic incidents increased rate: **125 per 1,000** residents
- ❖ Rate of domestic violence fallen: **30 per 1,000** residents
- ❖ Levels of crime were seen as important indicators for making an area a good place to live (2011 Residents survey)
- ❖ Overall crime rate has increased from 2011. Now **61.5 per 1,000** residents

(all data is for 2013)

## Housing

- ❖ At 31<sup>st</sup> March 2013 there were **54,833** dwellings in Halton
- ❖ **25%** housing in Halton is social rented accommodation (higher than the England level of 10%)
- ❖ There were **50** Statutory Homeless Households and **16** households in temporary accommodation (2013/14). This means rates per 1,000 households are much lower in Halton than in England
- ❖ Homelessness was prevented for a further **744** households during the year, an increase in previous period
- ❖ In 2012 **9.2%** of households were in fuel poverty. This is a fall on the previous year (9.6% 2011). The Halton percentage is lower than England (10.4%) and North West (11.3%)
- ❖ During 2014 **126** mortgage possession claims were issued, of which **44** resulted in possessions, a reduction on 2012/13 figures
- ❖ Over the same period there was an increase in Landlord Possession claims issued to **560**. However, there was a fall in possession orders, to **98**

## Transport

- ❖ The number of cars licensed in Halton between 2004 and 2013 increased by **6.3%**
- ❖ Since 2001, Halton has experienced an **increase in traffic growth**. This increase is greater than the increase experienced by Great Britain as a whole
- ❖ **27%** of households are without private transport (no car/van), compared to 25.8% across England (Census 2011)
- ❖ **40.4%** use their car/van to get to work, **5.6%** travel on foot, **1.3%** use a bicycle, **4.1%** bus, **4.3%** car passenger (Census 2011)
- ❖ The rate of all persons and children killed or seriously injured on the roads (2011-13) is **31.8 per 100,000** (120 people). This is significantly lower than the England rate (39.4)
- ❖ A further **1,026** people were slightly injured (2011-13)
- ❖ In 2013 the number of children killed or seriously injured has decreased by **65%** from the 2005-09 average. England average is 34%.

## Social care & vulnerable people

- ❖ Proportion older people (65+) discharged from hospital to intermediate care/ rehabilitation/ reablement who are still living 'at home' 91 days after discharge: **63.6%**. This is a decrease on previous figures and lower than NW and England. Higher for females (65.1%) than males (61.1%) and for those aged 75-84 (77.8%) than total 65+ population
- ❖ Clients and carers receiving self directed support as percentage of all receiving community based support **82.5% = 4,310** out of total of 5225. Higher than North West (67.5%) and England (61.9%)
- ❖ Adults with learning disabilities in settled accommodation **76.0%**, higher than England (68.9%)
- ❖ Proportion of adults on CPA who were followed up within 7 days after discharge from psychiatric inpatient care **97.0%** (2013/14). England 97.3%
- ❖ Rate of Disability Living Allowance claimants **8.4%** (England 5%) (Feb 2014)



## AF1

Broadheath  
Ditton  
Hale  
Hough Green

Similar to the Halton averages across all academic, environmental and crime indicators.

Similar to the Halton figures for unemployment – however this is still worse than the England figures.

Overall, Broadheath, Ditton and Hough Green similar to the Halton average for the majority of the health indicators.

However, Hale tends to have better health than the Halton and England average.

Alcohol-specific hospital admissions for males are significantly higher than the Halton average for Broadheath and Hough Green.

Smoking quitter rates are significantly higher for Broadheath and Hough Green, but are significantly lower for Hale.

## AF2

Appleton  
Kingsway  
Riverside

Higher than average levels of 16-18's Not in Education, Employment or Training (NEET) and higher than average levels of children claiming free school meals.

High levels of anti-social behaviour, burglary, criminal damage to dwellings and deliberate fires.

Higher rates of unemployment, people on out-of-work benefits and youth unemployment than the Halton average. The area also has low average house prices.

Generally worse than the Halton average for the majority of the health indicators, particularly in terms of alcohol hospital admissions and life expectancy.

Smoking quitter rates significantly better for all wards in the Area Forum compared to the borough average.

## AF3

Birchfield  
Farnworth  
Halton View

Lower than average levels of children claiming free school meals.

Crime is comparatively low.

Relatively low levels of unemployment, worklessness, youth unemployment and 16-18's Not in Education, Employment or Training (NEET). High levels of GCSE attainment (5+ A\*-C inc. English and Maths).

Health generally better than the borough average.

Levels of overweight and obese children are around the same or lower than the Halton and England averages.

Admissions to hospital due to alcohol-related and alcohol-specific conditions are lower than the borough average.

Smoking quitters rate significantly worse than the borough average.

## AF4

Grange  
Halton Brook  
Heath  
Mersey

Has the largest population out of the 7 area forums in Halton.

Quite poorly performing economy (when compared with Halton's average) and quite poor crime rates.

However, Heath ward is an exception, as this area generally performs better than the Halton average across most indicators.

Grange, Halton Brook and Mersey generally perform similar to or below the borough average for the health indicators. However, Heath tends to perform better.

The percentage of overweight or obese children in Reception and Year 6 is higher than the Halton average, (except for Year 6 in Halton Brook).

Percentage of low birth weight babies is higher than the borough average.

## AF5

Halton Castle  
Norton North  
Norton South  
Windmill Hill

Higher than average levels of NEET and lower GCSE pass rates than borough average.

Contains some of the most deprived areas in Halton. Norton North is an exception to this.

Very high levels of unemployment, youth unemployment and worklessness. Very low average house prices.

Deaths under 75 years of age due to cancer higher than the Halton and England averages (except Norton North).

Alcohol-attributable and specific hospital admissions are higher than the Halton and England averages (except Norton North).

The percentage of overweight or obese children in Reception is higher than the borough average.

Smoking quitter rate is higher than the borough average, except for Halton Castle which is slightly lower

## AF6

Beechwood  
Halton Lea

Consists of two differing areas, the ward of Beechwood is one of the most affluent in Halton, with low levels of unemployment and crime.

Halton Lea is quite deprived, with high levels of unemployment and worklessness and low house prices.

Crime also remains an issue in Halton Lea But is lower than Halton average in Beechwood.

Beechwood better than the borough average for all but two of the health indicators (cancer incidence is slightly higher and the smoking quitter rate is lower).

Halton Lea worse than the Halton and England averages for the majority of health indicators.

## AF7

Daresbury

Has the smallest population out of the 7 area forums in Halton .

NEETs: lower than borough average.

All crime indicators are better than borough average.

Area one of the most affluent in Halton, with low levels of unemployment, and higher than average house prices.

Better than the borough average for the majority of health indicators.

Highest male life expectancy in Halton.

The percentage of overweight and obese children in Reception and Year 6 is slightly higher than the England and Halton averages.

## Children's JSNA

- High levels of risk factors for development of emotional health & wellbeing problems and mental ill health
- High level of A&E attendance and hospital admissions due to accidental injuries
- High levels of hospital admissions overall compared to England and North West. In addition to accidents the admission rates for asthma, diabetes and epilepsy are comparatively high
- Concerns expressed about continued ability to maintain good results for many of the indicators where progress has been made and being able to continue driving them in the right direction
- Some issues remain significant and resistant to change. These include breastfeeding and smoking during pregnancy. Small improvements have been made but levels remain low compared to the national and regional averages
- Even for issues that have improved e.g. education attainment, there remain inequalities across the borough that need to be addressed
- Significant time of change: new services and payment tariffs, organisational change and financial pressures against a back-drop of welfare reforms and continuing economic hardship
- Risk taking behaviour is a key issue detailed in the school-age children chapter

The key findings and priorities were agreed with the Children's Trust Executive group February 2014 and were used in the development of the 2014 Children & Young People's Plan.

The Safeguarding and Children in Care chapters were presented to the Halton Safeguarding Children Board & Executive Board in June and July 2014. They were used to support the recent Ofsted inspection.

## Child Speech, Language and Communication Needs (SLCN) Assessment

- ❖ High level of risk factors that are associated with development of SLCN. There is a strong association between SLCN and deprivation
- ❖ Estimated 1,131 – 2,306 children aged under 5 and 225 -459 aged 5 have transient SLCN
- ❖ Estimated 1,355 (aged 0-7); 1,788 (aged 8-19); 941 (aged 20-25) have persistent, long-term SLCN
- ❖ Estimated 813 (aged 0-7); 1,083 (aged 8-19); 565 (aged 20-25) have specific primary SLCN
- ❖ Much lower numbers accessing SLCN services than estimated numbers
- ❖ Highest rates of children accessing SLCN were in more deprived wards. However, correlation between access and deprivation at Lower Super Output Area was weak
- ❖ Percentage of children with behavioural and social difficulties higher in Halton than regionally and nationally

## Adult offenders in the community

❖ There are clear links between the wider determinants of health and factors affecting reoffending (such as sustainable housing or employment), which can create a vicious circle

❖ Local issues relate to:

- ❖ Underlying alcohol and drug misuse issues
- ❖ Being able to effectively manage offenders with complex needs, particularly when offenders present with a mix of personality disorders and other interconnected drug misuse characteristics
- ❖ Mental health, personality disorders and learning disabilities
- ❖ Access to healthcare and the role of GPs and dentists in particular

## Health needs assessment for ex-Armed Forces 'Veteran' personnel

❖ Nationally, Veterans may have health and help seeking behaviours that are influenced by their experience in the Armed Forces. Consultation rates while serving are about twice the non-military average, partly due to a greater rate of musculoskeletal injuries and partly because in the Armed Forces they are not able to self certify sick leave

❖ The diverse range of support options, especially third sector support, reflects the diverse range of people who are in the Veteran community (for example, needs vary according to age, gender, socio-economic classification, rank, combat history, etc) and can be seen as a positive feature – as long as the overarching service 'offer' in Halton is co-ordinated and clearly understood

❖ There are an estimated 6,412 Veterans living in Halton, with 3,406 of these aged under 65. There is a lack of local data on population numbers and amongst local services on the needs of Veterans

❖ Veterans face a unique set of circumstances that lead to some facing mental health problems. Service responses need to be sensitive to these

❖ It is important to work with local Veteran support groups, to target alcohol awareness campaigns, and ensure training in veteran-sensitive practice is available to health professionals

❖ Clarify the 'support offer' from support groups

## Pharmaceutical Needs Assessment (PNA)

❖ Overall access in terms of community pharmacy locations, opening hours and services, is considered to be adequate

❖ The PNA did not identify a current need for new NHS pharmaceutical service providers in Halton

❖ Any decision to extend existing locally commissioned services or introduce new ones should initially be done by discussion with existing providers

❖ There is adequate provision for smoking cessation services, substance misuse (needle & syringe exchange and supervised administration services) and emergency hormonal contraception across the borough. Pharmacies are a key component of this provision, with easy access, and this should be maintained

❖ Community pharmacies are well placed to take part in local and national campaigns around alcohol misuse, cancer prevention and awareness, mental health and other issues. Under the essential services contract pharmacies should support six health education campaigns per year

❖ There is generally good access to both New Medicines Reviews and Medicine Use Reviews across the borough

❖ There is currently partially adequate access to Care at the Chemist, including 100-hour evening and weekend provision. This is being addressed

❖ Pharmacies are well placed to detect the early signs of mental health problems and could refer people in to the single point of access to mental health services and to participate in awareness raising campaigns

❖ There is currently no evidence to suggest that more provision of palliative care services is required. Geographical spread and formulary has been reviewed during 2014/15



### Long Term Conditions Overall

- ❖ According to the 2011 Census, 11.58% of Halton residents reported that they had a long-term health problem that limited their day to day activities a lot. There is an association with social class across all age groups
- ❖ Analysis of the GP survey showed that Halton has a higher percentage of its population with 3 or more long-term conditions than nationally, just under 15% in Halton compared to just over 10% for England
- ❖ The percentage of patients saying they feel supported to manage their long term condition was similar to England
- ❖ Halton has statistically higher rates of unplanned hospitalisation for chronic ambulatory care sensitive conditions than England
- ❖ Halton has a higher percentage of Disability Living Allowance claimants than nationally

### Long Term Neurological Conditions (LTNC)

- ❖ Apart from epilepsy there is no routinely collected local data on LTNC.
- ❖ The overall percentage of eligible patients receiving interventions is lower across Halton CCG than its comparators. Added to this there are wide practice-level variations
- ❖ Emergency admissions for LTNCs are higher in Halton than the national average whilst the rate for planned admissions is lower. Total costs per 1,000 population are higher, especially when considering those for emergency admissions
- ❖ Half of Halton GP practices had emergency admission rates above expected levels and all have outpatient rates below the North West and England averages

### Musculoskeletal Conditions (MSK)

- ❖ It is estimated that 8,933 men and 12,365 women in Halton have MSK. For about half, the level of pain experienced due to MSK are severe enough to cause disablement
- ❖ Lifestyle factors can contribute significantly to the prevalence of musculoskeletal conditions
- ❖ There are just over 1,000 people on QOF GP disease registers due to arthritis but the estimates suggest as many as 3,000 people may have the condition. The prevalence of arthritis is slightly higher than comparators but the percentage receiving interventions is lower than Merseyside (but higher than England)

### Cardiovascular Disease (CVD)

- ❖ Local lifestyle services demonstrate that they are able to support people to make lifestyle changes such as losing weight and stopping smoking
- ❖ There is a clear deprivation gradient in CVD mortality with rates highest in the most deprived quintile and lowest in the least deprived
- ❖ The estimates levels of CVD in Halton are similar to England and lower than in the North West. Diagnosis rates for CHD, stroke and hypertension are 73%, 72% and 48% respectively
- ❖ There is significant variation in admission rates for CVD across the borough. Deprivation probably accounts for about half of the relationship
- ❖ Halton is currently on par or slightly better at managing patients with CVD than its comparators. However, there is practice-level variation with several practices with 20% or more of patients newly diagnosed with hypertension not having had a CVD risk assessment

### Diabetes

- ❖ Need to be able to routinely monitor adult obesity levels and to assess outcomes of adult Specialist Weight Management Service against levels of need
- ❖ Halton CCG diagnosis rate 2013/14 was 73.6%, ranging from 41.6% to 91.2% at practice level. This means there may be up to 2,700 people in Halton with undiagnosed diabetes
- ❖ Overall 2013/14 QOF performance across diabetes care processes was lower than Merseyside, North and England as a whole
- ❖ However, for 2012/13 the National Diabetes Audit showed that Halton CCG had a higher proportion of patients receiving the NICE recommended 8 care processes was higher than the England
- ❖ There is significant variation across electoral wards with a correlation between emergency admissions and deprivation
- ❖ Diabetics in Halton have a greater risk than diabetics across England for angina, heart failure, myocardial infarction and minor amputations.
- ❖ Mortality rates for diabetes are higher in Halton than in the North West and England. For deaths under 74 it was nearly twice as high as England
- ❖ Inpatient mortality was higher than the England rates
- ❖ People living in the most deprived quintile in Halton are 3 times more likely to die from diabetes as those living in the least deprived quintile

### Health Needs of Homeless People

- ❖ Analysis of 2012/13 data showed the most common reason for statutory homelessness in Halton was the 'loss of rented or tied accommodation' (25%). The next most common reason was 'violent relationship breakdown with partner' (18%)
- ❖ In 2012/13, 18% of all housing assistance applications were eligible, homeless, but not in priority need (i.e. mainly single homeless). This is the same as the Liverpool City Region (LCR) rate and lower than the England rate of 20%
- ❖ There were 280 single homeless people moving on from Supporting People services in 2012/13 (primary client group):
  - ❖ (22%) had physical health needs (compared to 32% in LCR) and 90% had these needs met (87% LCR)
  - ❖ (20%) had mental health needs (28% LCR) and 82% had these needs met (78% LCR)
  - ❖ (35%) had substance misuse issues (37% LCR) and 61% had these needs met (53% LCR)
- ❖ During a 9 month period (1/4/13 to 31/12/13), there were 44 alcohol clients and 62 drug clients who were homeless. Halton has the highest proportions of homeless drug and alcohol clients, at more than 1 in 4 of all clients (22% of alcohol clients and 27% of drug clients) – compared to around 1 in 7 across LCR
- ❖ There is no dedicated GP lead or nursing team for the homelessness population in Halton. There are weekly sexual health screening drop-in sessions at the hostel and various health and well-being block sessions
- ❖ *Hospital Outreach Work:* A recent pilot at Whiston Hospital involved the outreach worker ensuring that on discharge, homeless patients can be found accommodation and offered GP and drug and alcohol services if needed. Readmission statistics need to be analysed to evaluate whether the project is helping to prevent unnecessary hospital admissions amongst homeless people

### Fixed Odds betting

- ❖ National surveys show that 68% of men and 61% of women aged 16 and over gamble. However, only 0.8% of men and 0.2% of women are estimated to be problem gamblers. However, obtaining local data on gambling in Licensed Betting Offices is problematic
- ❖ There are an estimated 378 men in Halton who are problem gamblers and 101 women
- ❖ There are around 27 betting shops per 100,000 population in Halton, lower than Liverpool, Knowsley and Sefton but slightly higher than the Wirral or St Helens
- ❖ National research shows that Licensed Betting Offices are far more likely to be in areas of high socio-economic deprivation
- ❖ Respondents to a survey across the LCR reported a wide range of impacts from problem gambling, including impact on family life, relationships and employment, as well as financial impacts. Problem gambling can lead to problems with sleep, due to anxiety, and has a 'ripple' effect
- ❖ Some respondents felt that there was a lack of services for problem gamblers, compared to services for those with drug and alcohol problems

### Dental Health

- ❖ Health in Halton is generally worse compared with the average health of the population in England. Research has shown that dental disease correlates closely with social and economic deprivation, meaning that usually, dental need is greater in areas of deprivation
- ❖ The common risk factors to poor oral & dental health include unhealthy diet, smoking and harmful alcohol use. Halton compares worse than the national average for most of these risk factors
- ❖ Around 1 in 3 (33.6%) children aged 5 have decayed, missing or filled teeth. (England average of 27.9%, North West average 34.8%)
- ❖ Child dental access rates in Halton are better than the England average for all ages. Adult access rates are 58.1%, also higher than the England average
- ❖ The majority of the Halton area has dental practices within a 8.4 minute drive. However, for those without a care, there are significant densely population areas that lie outside a 15 or 30 minute walk time distance

It is not the intension of JSNA to update every element on an annual basis. The full refresh will fall in line with the Health & Wellbeing Strategy timeline i.e. it will be a three-year rolling programme of work. In addition to in-depth chapters, the core dataset for the overall JSNA and various local profiles will be updated on an annual basis.

*The following information details key developments for 2015/16.*

### For completion:

- ❖ Lifestyles
  - ❖ Sexual health
  - ❖ Tobacco
  - ❖ Healthy Weight, including healthy eating and physical activity
- ❖ Physical & Sensory Disability (Adults)
- ❖ Accidental Injury
- ❖ Health and wellbeing needs of Young Offenders living in the community (collaboration with Warrington and Cheshire West & Chester)
- ❖ Respiratory Health (part of long term conditions work)

### Focus on: older people

When the findings of the Children's JSNA were presented to the Health & Wellbeing Board in the summer 2014, the Board requested the next round of JSNA updates included a focus on older people. This is being scoped and is likely to include:

- ❖ Results of Older People's Health & Wellbeing Survey
- ❖ Falls
- ❖ Care Homes
- ❖ Dementia
- ❖ Emotional Health and Wellbeing

### Focus on: Air Quality

The JSNA currently does not include any reference to environmental health issues. Given the history of and continuing concern about air quality, work has begun on a new chapter detailing the level of air pollutants, causes, best practice and current action to monitor and address it. This can then be used for onward planning of preventative and remedial activity needed. It will link closely to the Local Development Plan and Transport Plan.

### Focus on: Learning Disabilities and Autism

For 2014/15 JSNA it was decided to split physical & sensory disabilities from Learning Disabilities and Autism. During summer/autumn 2013 Halton led on work across Merseyside and North Cheshire on an in-depth health needs assessment. This now needs updating to support a refresh of the local strategy. A scope is being agreed with both local authority and CCG commissioners.

### Other priorities:

**During discussions with commissioners and policy leads from both the local authority and CCG a number of other areas for consideration within the JSNA have been identified:**

- ❖ Adult Safeguarding
- ❖ Carers (Adults)
- ❖ Transport
- ❖ Mental Health, including community resilience

### Collaborative working to assess need

**It is important to continue to work on a bigger footprint where this delivers economies of scale and enables scarce skills to be utilised locally.**

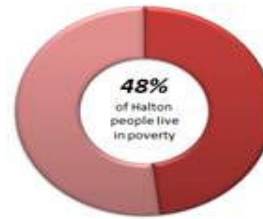
- ❖ The new Cheshire & Merseyside Public Health Intelligence collaborative research & intelligence service will go live by summer 2015
- ❖ Continue to work with the Trauma & Injury Intelligence Group (TIIG) on bespoke analysis of accidents and other injuries being presented at A&E departments

Below is an example of an 'infographic' recently developed to provide a brief snapshot of JSNA issues across the lifecycle. We aim to produce one for each JSNA chapter from this year onwards. Bespoke pieces can also be done. Contact [sharon.mcateer@halton.gov.uk](mailto:sharon.mcateer@halton.gov.uk) to discuss.

## Team Halton



Life expectancy has increased by 2.3 years for females and 3.1 years for males, in last decade. Similar to the England averages



40% don't access services



65+ population predicted to rise by **34%**

Source: *ONS estimates 2030 compared to 2014*



**25.6%** children under age 16 live in poverty (England 19.2%) (2012)

### Good start in life



Smoking at time of delivery now **17.4%** (Eng **11.5%**) (Q1-3 2014/15), down from **27%** (06/07)



MMR at 2 years Halton **97.1%**, England **92.7%** (2013/14)



Children achieving a good level of development at end of Reception is low at **45.6%** (Eng 60.4%)



Excess weight in Year 6 is **33.7%** (Eng 33.5%) Reception Year **29.5%** (Eng 22.6%)



GSCE attainment above England rate **64.9%** (Engl 63.8%)



Significant reduction in teenage conception rate (**51% reduction** 2007 to 2013; England and NW reduction 41%) but remains higher than England

### Transition and Adulthood



Reduction in alcohol admissions for under 18s (2006/07 to 2013/14) However alcohol-related admissions for adults remain high



Cancer still a significant challenge even through premature mortality rates have fallen. The gap between Halton and England is not closing



Mental health is the largest single cause of ill health and disability in Halton

### Older age



Level of hip fractures due to falls amongst 65+ has seen a significant drop and now at England and NW average



Number of 65+ with dementia estimated to increase from 1287, in 2014, to 2262 by 2030. Diagnosis rate 59%



Loneliness can affect people at any age but is especially high in older people