

**Draft**  
**One Halton**  
**Commissioning Plan**

**10 June 2019**

# **One Halton Commissioning Vision**

*To work together to commission high quality, integrated services that meet the needs of the Halton population and improve health and wellbeing.*

***Better Health, Better Care, Better Value***

# **One Halton**

## **Health and Wellbeing Board Priorities**

- **Children and Young People: improved levels of early child development**
- **Generally Well: increased levels of physical activity and healthy eating and reduction in harm from alcohol**
- **Long-term Conditions: reduction in levels of heart disease and stroke**
- **Mental Health: improved prevention, early detection and treatment**
- **Cancer: reduced level of premature death**
- **Older People: improved quality of life**

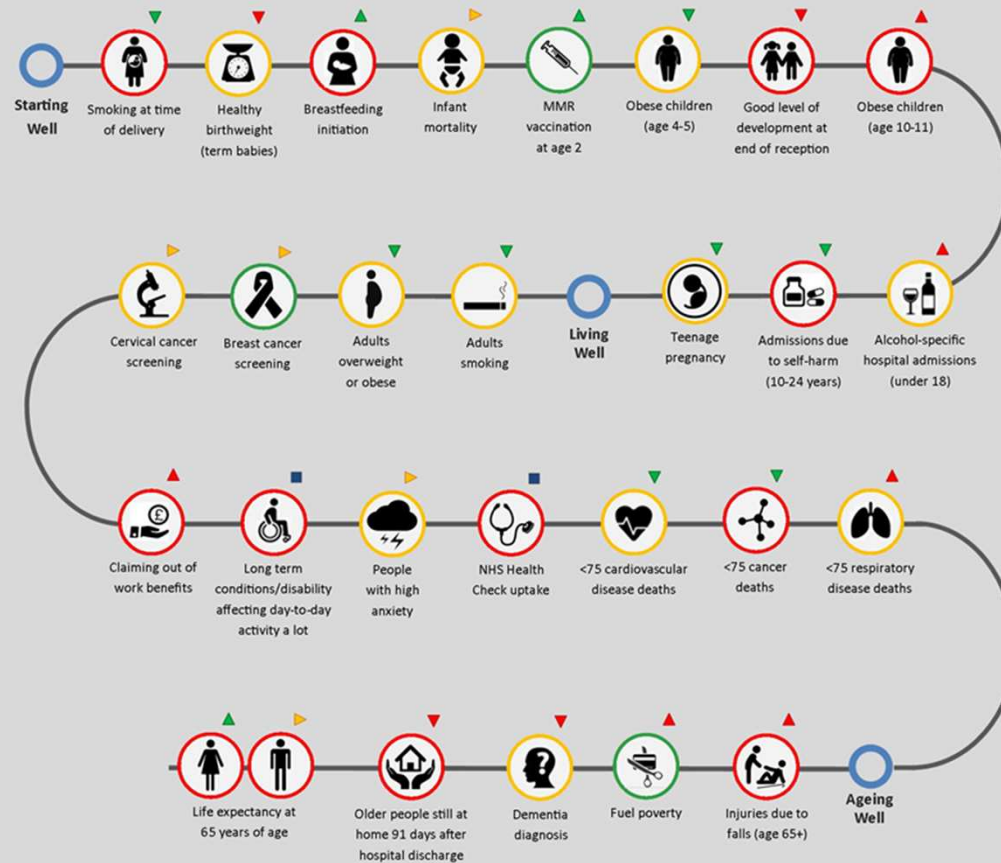
# One Halton Partnership



# The Halton Landscape

## Halton's life course statistics 2018

A comparison to the North West



### HALTON FACTS

#### Population

About **127,600** people live in Halton.

By 2030, this is projected to change:

age 0-14 ↓ 7.1%  
 age 15-64 ↓ 3.7%  
 age 65+ ↑ 30.3%

#### Deprivation

**48.5%** of Halton's population live in the top **20%** most deprived areas in England.

#### Child Poverty

**21.7%** of children aged 0-15 live in poverty in Halton

### KEY

#### Direction of travel

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

#### Statistical significance to North West

- Better
- No different
- Worse

For more information & data sources please contact Halton Borough Council's Public Health Intelligence Team: [health.intelligence@halton.gcsx.gov.uk](mailto:health.intelligence@halton.gcsx.gov.uk)

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

## Deprivation

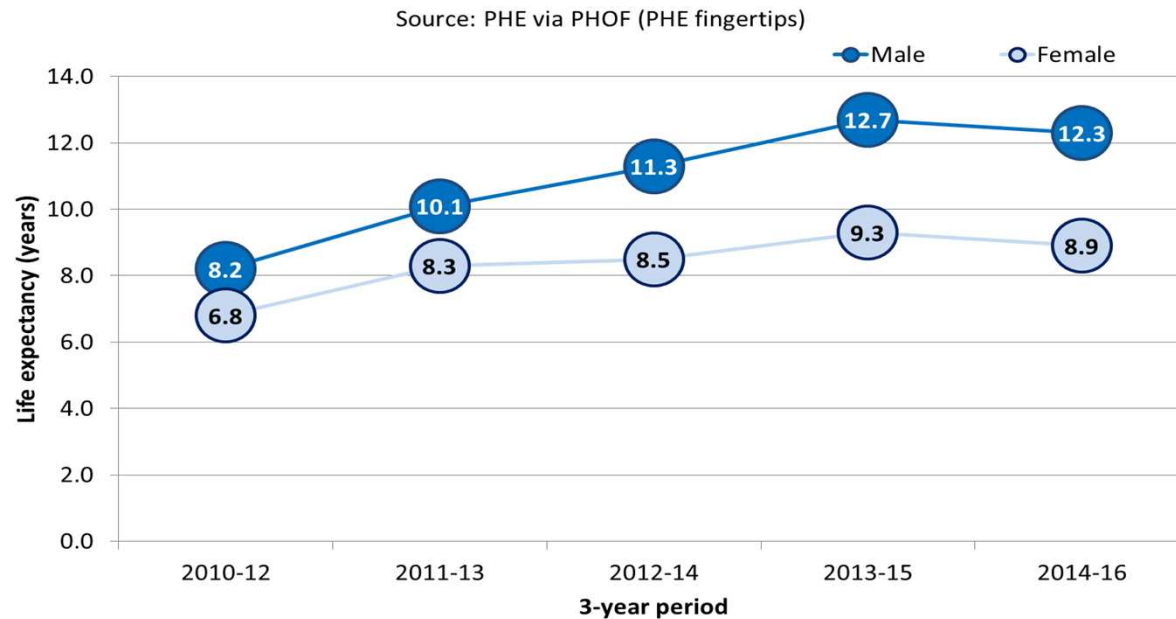
- Halton is the **27<sup>th</sup>** most deprived Local Authority in England (of 326)
- **1 in 4** (26.6%) of Halton's population live with the 10% most deprived areas of England

## Life expectancy

- Life expectancy at birth has improved in Halton since 2001.
  - However improvements are stalling.
- There is a gap in life expectancy:
  - between Halton and England
  - within Halton between the most and least deprived areas

# The Halton Landscape 2019

Trend in male and female life expectancy difference between the least and most deprived areas of Halton (Slope Index of Inequality)



# **Contribution to life expectancy gap (premature mortality)**

## **Cancer:**

- main cause of death in Halton, particularly stomach, digestive and lung
- 10<sup>th</sup> highest rate of premature mortality in England

## **Circulatory disease:**

- Second most common cause of death: CVD, Diabetes, Dementia.

**Respiratory Disease:** particularly COPD and asthma (COPD main cause of premature death)

**Mental disorders:** the majority being dementia



# Contribution to life expectancy gap (premature mortality)

## **Gastrointestinal disease:**

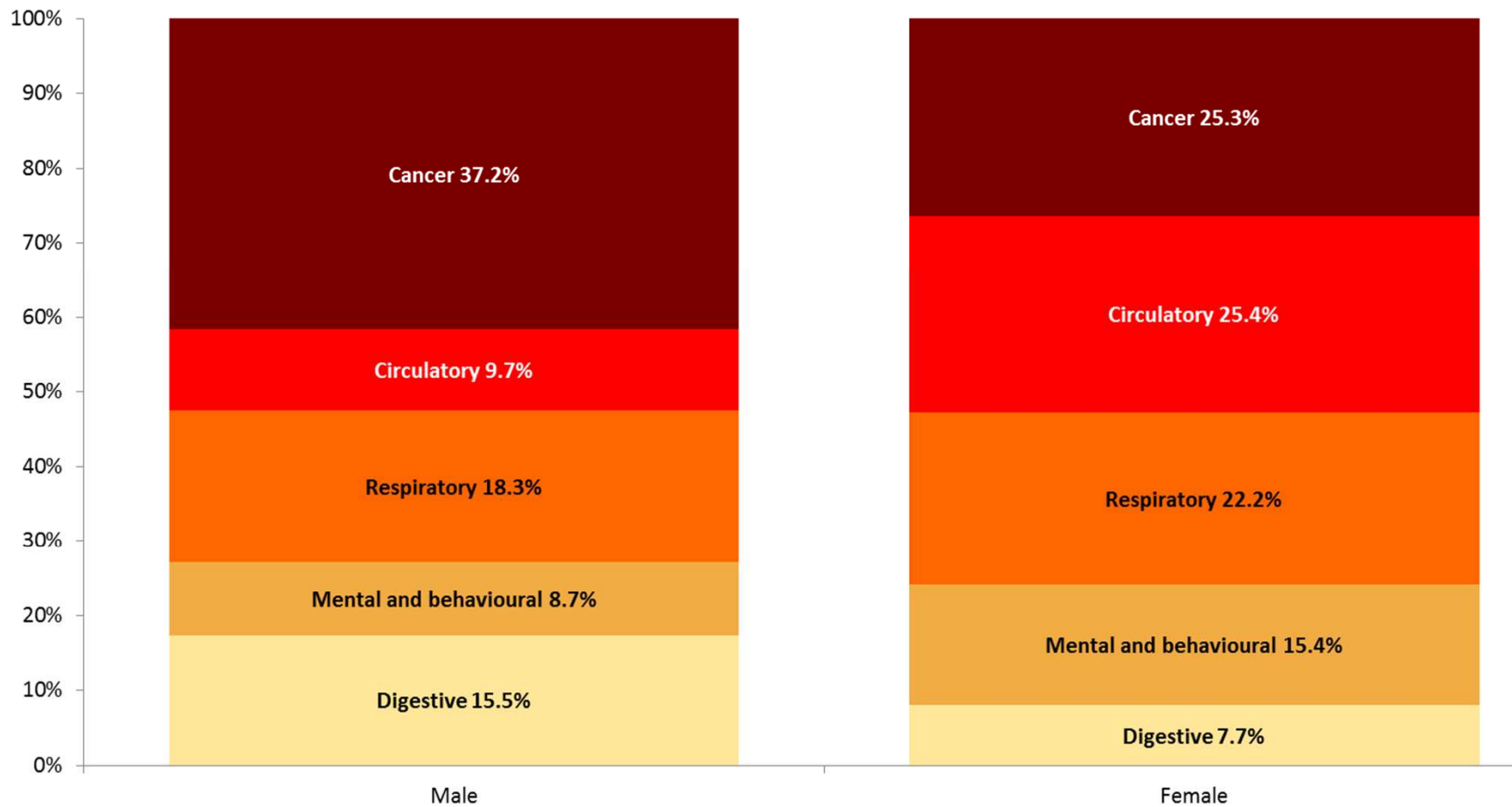
- Liver disease is the main cause of death
- highest costs, poorest outcomes

**Learning Disability-** die on average 20 years early

## **Increased gap in inequalities:**

- Increased gap in inequalities related to wealth
- Those with a severe mental illness die on average 20 years earlier<sup>2</sup>.

# Contribution to life expectancy gap between Halton and England (2015-17)



# Biggest Contribution to Ill Health

- Mental Health especially low to moderate level anxiety and depression
- Musculoskeletal disorders including falls/injuries
- Gastrointestinal disorders, highest costs poorest outcomes – cancers (stomach, oesophageal, liver, pancreatic) IBS, nausea, D & V, reflux, heart burn etc.
- Urogenital/Gynae e.g. Urinary tract infections, Dysfunctional bleeding, endometriosis
- ENT and Respiratory e.g. Coughs & Colds, 'flu, Pneumonia, Otitis

# Biggest Contribution to Ill Health

- **Neurological** – headaches
- **Respiratory** – COPD and asthma
- **Unintentional injuries** - falls
- **Diabetes** – increase in illness and disability associated with diabetes has increased by 56% in Halton since 2000<sup>3</sup>.
- **Hearing / sight loss**

## **The biggest risk factors for ill health are:**

- Excess Weight and lack of physical activity
- Smoking
- Social isolation

Source: Institute for Health Metrics and Evaluation (2017) *Global Burden of Disease – Years lived with a disability*

# The Halton Landscape

*If we do not act now to radically change the way we do things, by 2025 we will have a **significant shortfall** in funding for health and social care services.*

*Triple Aim: Better Health, Better Care, Better Value  
(NHS LTP)*

# National Guidelines & Policy Context

- Meeting the priorities of the One Halton JHWBS.
- Delivering the NHS LTP.
- Emerging Green Paper for ASC
- Emerging Prevention Is Better Than Cure Green Paper
- Children's & Families Act 2014

# Collective Ambition

- People in Halton living healthy lives in vibrant communities.
- A radical upgrade in prevention
- Fundamental change towards people managing their own health.
- MECC & care closer to home.
- Development of local care organisations that are mostly in the community.
- Providers working together so everyone can benefit from high standards of specialist care.
- High standards across all services
- Sharing clinical and non clinical functions across lots of organisations.
- Reduced costs and improved health and social care outcomes.
- Integrated approach across health and social care
- Enabling the local population to understand what is appropriate in terms of when to access healthcare and successfully navigate local assets and care facilities (when and how)
- Person-centred care
- Collaboration not competition
- Tackling inequalities.

# Joint Commissioning Commitments will:

- Focus on people and places not organisations.
- Take a life course approach
- Work in partnership to co-produce
- Be financially sustainable
- Align resources where appropriate
- Be fair
- Be innovative
- Strive for best quality services.
- Safeguard commissioning landscape as it changes.
- Be accountable and hold to account to offer assurance (system oversight) rework



# Commissioning & Provider Approach

