HALTON BOROUGH COUNCIL

NHS Halton and St Helens

Health and Wellbeing in Halton 2008

Halton's Joint Strategic Needs Assessment (JSNA)

Summary of Findings

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Introduction and Background: Why and how we undertook the JSNA

Summary of Findings

This document summarises the outcomes from the first phase of our JSNA work here in Halton and highlights the key messages and some of the implications for future commissioning and planning.

Why we undertook a JSNA

The Directors of Adult Social Services, Public Health and Children and Young People's Services in every local authority and Primary Care Trust (PCT) have a statutory duty from April 2008 to work together to develop a Joint Strategic Needs Assessment (JSNA) for their district.

The JSNA must pull together a wide range of information about the current and future health and well-being needs of the local population. It provides an opportunity to look to the future - over the next 5, 10, 15 and 20 years - so that we can plan now for likely changes in needs. So it is one of the major influences in directing our commissioning priorities and planning service development.

How we undertook a JSNA

For this first stage of the JSNA we have focused on refining, improving and bringing together the information we have available that highlights overall population needs. This information is from national and local sources and includes a wealth of information we have collected directly from services across Halton. We have used this initial work to take a longer term view of population trends and the likely impact on demand for support over the next years and decades.

In order to deliver this first stage of our JSNA we have used a number of different information sources. The quality of sources varies and some population, condition and trends information are more robust and well researched than others. Needs assessment, and in particular trend forecasting, is not an exact science - predictions tend to be more accurate at a general, larger population level and because of this we have aimed to keep key messages very strategic at this stage.

This is a summary of the full report – see back page for details of how to obtain copies of the full report.

Personalisation, including a shift towards early intervention and prevention, will become the cornerstone of public services, including the commissioning and development of services within health and social care. This means that every person who receives support, whether provided by statutory or funded by themselves, will have choice and control over the shape of that support in all care settings.

Copies of the Commissioning Strategies/Intentions in place to address the identified needs within this document can be found on Halton Borough Council's website www.halton.gov.uk and the PCT's website www.haltonandsthelenspct.nhs.uk

Overall messages about the needs of our changing populations

Halton's resident population is 119,500 (ONS mid year estimate 2006) Overall, the population has decreased by 2% since 1996, but has been rising since 2001.

At present, Halton has a younger population than the national and regional averages. However, Halton mirrors the national picture of an ageing population, with projections indicating that the population of the borough will age at a faster rate than the national average. In 1996 12.9% of the total population were aged 65 and over, by 2006 this had increased to nearly 14% and by 2015 this is projected to have increased to 17%, which could have a significant impact on the need for health and social care.

The population is predominantly white (98.8%) with relatively little variation between wards. However, in recent years, it has seen a small influx of Eastern European (Polish & Slovakian) migrants.

In recent years Halton has seen increases in life expectancy for both men and women and declining all cause mortality, predominantly due to drops in deaths from coronary heart disease and cancer. Whilst this is good news, the England figures have decreased at a greater rate so the gap between Halton and England has widened for all cause mortality and for both genders. Halton now has the 3rd worst life expectancy in England for women and the 6th worst life expectancy for men. Within Halton there are also geographical variations in life expectancy. Men in the most deprived areas of Halton live 7.7 years less than men in the least deprived areas. For women in Halton the average life expectancy at birth is 5.8 years less in the most deprived areas than in the least deprived areas.

Deprivation is a major determinant of health. Lower income levels often lead to poor levels of nutrition, poor housing conditions, and inequitable access to healthcare and other services. Deprivation, measured using the English Index of Multiple Deprivation (IMD) 2007, ranks Halton as the 30th most deprived authority in England (compared to 21st in 2004). The 2007 IMD shows that deprivation in Halton is widespread with 57,958 people

(48% of the population) in Halton living in 'Super Output Areas' (SOA's) that are ranked within the most deprived 20% of areas in England.

In terms of Health and Disability, the IMD identifies 53 SOA's that fall within the top 20% most health deprived nationally and that approximately 40,000 people (33% of the population) live in the top 4% most health deprived areas in England. At ward level, Windmill Hill is the most deprived area in terms of health. However, health deprivation is highest in an SOA within Castlefields, ranked 32nd most deprived nationally.

Key Issues and Findings

Specific Populations

Older people

Projections indicate a significant and substantial increase in the numbers of older people between 2006 and 2015, at a rate that is higher than the national and regional trends. Currently 14% of the population is over 65. This is set to rise to 17% by 2015. One of the largest growths (up by 19%) will be seen in potentially the most frail and dependent group of over-85s, bringing key implications for planning future service provision for this group. In 2000/01 the NHS spent 41% of its budget (£12.4 billion) on people over 65. On average older people are more likely than younger people to report lifestyle-limiting illness, to live alone, live in poverty and to rely on public services and informal cares. Advancing age also carries some increased risk of dementia and depressive illness and in Halton levels of people with dementia are rising.

Just under half of Halton's 65+ population live with limiting long-term illness and the rate of fractured neck of femur (hip fracture) is the 5th worst in the country. In 2006/07 there were 123 hip fractures in the over 65s in Halton.

The wards with the highest proportions of the population that are older people are seen in Castlefields, Halton and Ditton.

People with disabilities or a limiting long term illness (LLTI)

Nationally, 18% of people (over 16 years) have at least one dimension of a limiting long-term illness i.e. about 20,300 people in Halton. In Halton the number of adults living with a long term limiting illness is higher than the national average at 22% (2001 census).

Whilst there is no evidence to suggest dramatic increases in the number of adults aged 16-64 with physical/sensory impairments, as the proportion of the population over 45 increases, later onset conditions such as Parkinson's Disease, sensory impairment, arthritis, etc, will rise. In addition, significant increases in the levels of obesity in Halton are predicted to lead to an increase in the prevalence of diabetes and incidence of heart disease.

People with learning disabilities

It is predicted that the population of people with learning disabilities will grow by 6% by 2011. Of further significance is that people with learning disabilities are living longer. Adults with learning disabilities have poorer general health than the wider population and can struggle to access mainstream health services.

The wards showing the highest prevalence of learning difficulty are Castlefields, Hough Green, Grange and Halton Lea respectively. The overall pattern shows a strong relationship between levels of learning difficulty with areas of deprivation, in that these 4 wards also have a high percentage of the population living in the top 10% most deprived areas nationally.

Numbers of people (known to social services) in Halton with a learning disability have remained fairly constant in recent years (between 430-450). However, since 2002 there has been a significant shift in the way in which services are delivered to people with a learning disability. Halton now performs well in respect to helping people with learning disabilities to live in the community with approximately 82% of people now receiving services in their own home. However, access to general needs social housing remains limited and levels of owner occupation remain extremely low.

Few adults with learning disabilities in Halton are in paid employment (less than 1% compared to 10% nationally), even though employment is key to sustaining well-being and enabling people to maximize independence.

Key Issues and Findings

Specific Populations continued

Children

Population estimates indicate that Halton has a younger population than the regional and national average. However, overall the 0-19 population is decreasing.

Windmill Hill is ranked the most deprived ward in the borough across all domains and is ranked the most deprived ward in terms of health.

Over 50% of Halton's children live in the 20% most deprived areas nationally and a further 15.5% live in the 40% most deprived areas nationally, with only 8% of children living in the 20% least deprived areas nationally.

A number of major health issues relevant to children and young people in Halton have been identified through the JSNA and the Children and Young Peoples Plan. Key issues include, higher rates of infant mortality and low birth weight, high rates of teenage pregnancy, high rates of obesity for both reception and year 6 children. In Halton, 24% of reception age children are overweight and 11.6% are obese, and 36.3% of Year 6 children are overweight and 22.3% are obese. All of these levels are above the England average.

Pregnant Women & Newborns

The health of the child starts with the health of their mothers before and during pregnancy. Locally, 1 in 4 were still smoking at the birth of their child, and just 4 in 10 are breastfeeding on delivery (half the national average and 4th worst in the country). Therefore programmes around stopping smoking (particularly before and during pregnancy), increasing levels of physical activity, developing healthier eating habits and dramatically increasing the number of women who breastfeed are a priority.

Incidence of teenage pregnancy remains an issue in Halton, despite falling for several years; rates are now above the 1998 baseline level. There is also a correlation between deprivation and incidence of teenage pregnancy with the most deprived areas in Halton experiencing the highest levels of teenage conception rates.

Carers

Carers provide a significant proportion of community care as services target provision on those with highest need. There are as many as 13,531 carers in Halton and 3,696 provide over 50 hours unpaid care a week. Research by the equal opportunities Commission suggests that caring can have a detrimental impact on health and employment. Approximately 14% of carers in Halton state that they are in poor health. As the ageing population in Halton increases there is also predicted to be a steady increase in the number of carers, including those carers aged over 85 and an increase in older carers with poor health. All factors indicate an increased demand for services to support carers in Halton.

Conditions

Mental health and emotional well-being

About 1 in 6 adults in Halton suffer from depression (or chronic anxiety, which effects 1 in 3 families). This rises to 1 in 4 older people having symptoms of depression that are severe enough to warrant intervention. Of other mental health problems, anxiety and phobias are the most common.

People with mental health problems are less likely to be in paid employment and carers are twice as likely to have mental health problems. 40% of people on incapacity benefit are claiming for mental health problems (nationally more than the total number of people claiming benefits for unemployment). In Halton's Housing Needs Survey 2005, 96% of people with a mental health problem (who reported their household income) had an income below the national average and 65% of people with a mental health problem indicated that the problem was serious enough for them to need care and support. In addition, the range and number of supported housing available for people with mental health problems in Halton remains low compared to national and regional averages.

Emotional well-being is a concern for all members of the community and we should be focusing on preserving it. Improving people's relationships, self-image, self-esteem and levels of worry, which all impact on emotional well-being will give people the ability to cope with life. Supporting adults to remain in or return to employment will pay dividends in terms of mental health and we need to improve our performance in this area.

We also need to support people with mental health problems to improve their well-being by increasing access to services such as housing support, creative arts and leisure, physical activities and talking therapies.

It is estimated that 2000 children and young people in Halton have moderately severe problems requiring attention from professionals trained in mental health, and approximately 500 children and young people with severe and complex health problems requiring a multi-disciplinary approach. The establishment of a continuum of emotional health and mental well being services that can intervene early where appropriate, is critical to meeting the needs of the these vulnerable children, who will soon face the challenge of adulthood. The transition to adult services is a critical point for this group of young people. Promoting the emotional well being and mental health of children and young people is everyone's business in Halton and will have a major impact on a number of other health and socio-economic factors.

Dementia

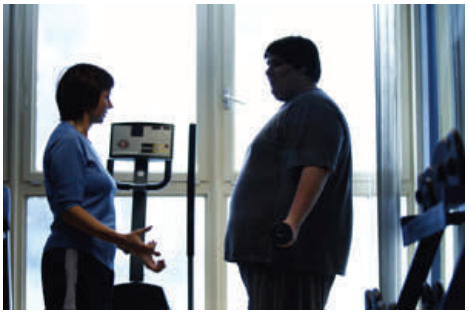
Dementia is most common in older people, with prevalence rising sharply amongst people over 65 years. It is also one of the main causes of disability in later life. Locally 5% of the population has dementia. This translates to 1,061 people over 65 with dementia living in the community with dementia and is predicted to rise to an estimated 1,613 by 2025.

Early diagnosis of, and intervention for, dementia are the keys to delaying admission to long-term care and to help people remain independent for longer. Promoting healthy ageing, for example by keeping people active and tackling social isolation, is important in delaying the onset of dementia. Accommodation choices including extra care housing, residential and nursing care for older people with dementia must also be balanced to meet future aspirations in respect to choice of service and be sufficient in numbers to meet future needs.

Conditions Continued

Obesity in Adults

Obesity is one of the most



significant threats to the long-term health of our population as it leads to an increased risk of a wide range of health problems including type 2 diabetes, heart disease and some cancers. Nationally the levels of overweight and obesity are increasing and this pattern is reflected in Halton. Between 20% to 25% of adults in Halton are obese and these figures have increased in recent years. Considered alongside the increased levels of obesity in children this is a key priority, which can only be addressed by a wide range of strategies to be delivered through partnership working across all sectors.

Cancer

Cancer is the second biggest cause of premature death in Halton but its rate makes Halton the worst area in the country for cancer deaths. Incidence (the number of new cancers per year) of 'all cancers' in men has decreased over the past decade but remains above the national rate. The incidence rate for women has risen over the same period both nationally and locally although in Halton the rates are now falling. Levels of mortality vary across Halton, with the highest rates being in Norton South, for both all ages and under 75s. Other areas with high rates are Farnworth, Castlefields and Grange.

There has been a steady increase in the number of women developing breast cancer in Halton and death rates for the disease have increased recently. Nationally the rate has improved but this remains the second largest cause of cancer death in Halton.

The Incidence of colorectal (bowel) cancer in Halton has slowed since 2002-2004. However, the rate remains significantly above the North West and the national average. Mortality rates, which had been falling since their peak in 1998-2000, have begun to rise in 2004-06, widening the gap between Halton and England.

A fall in the Incidence of lung cancer in Halton was mirroring the falling rates nationally. However, from 2000-02 the rate began rising. Similarly, the rate of mortality from lung cancer has improved both nationally and locally, but an increase between 2001 and 2003 in Halton, even though it has fallen since, widened the gap between the Halton and England rates. Lung cancer remains the leading cause of cancer death in Halton for both men and women.

Prostate cancer has the highest observed incidence rates of any cancer for men in Halton and is in the top 3 causes of cancer mortality.

An increase in preventative services which support lifestyle change will reduce incidence levels whilst increased emphasis on early detection and treatment will improve health outcomes and mortality rates.

Heart disease and stroke

Heart disease is the single biggest cause of premature death in Halton. Locally more people have heart disease than nationally and, for those under 75, men are more likely to have it than women. However, there has been a reduction in the number of deaths from heart disease over recent years.

Stroke is a significant cause of UK morbidity and mortality, the most important cause of adult disability, and the third leading cause of death. Halton has lower rates of death from stroke than the North West but slightly higher rates than England as a whole. When looking at admissions to hospital for stroke Kingsway and Halton View have significantly higher rates compared to Halton as a whole.

It is estimated that just under 1 in 4 (23.9%) people locally have high blood pressure (hypertension) which can lead to stroke and heart disease and numbers are set to increase. However, the number of patients identified as having hypertension at GP practices is much lower than the estimated levels, suggesting many people are going unidentified and therefore untreated.

Conditions Continued

Promoting and enabling people to adopt healthy personal behaviors, such as not smoking, being physically active and eating healthily can help to reduce high blood pressure, reduce the risk of stroke and prevent the development or worsening of heart disease.

Diabetes

Diabetes is a very disabling and potentially fatal condition if not well managed.

Diabetes increases the risk of other conditions such as heart disease and stroke, and magnifies the ill effects of other risk factors such as smoking, high cholesterol levels and obesity. The severity of impact of the disease is linked to how soon it is identified and how well managed it is. Type 2 Diabetes is the most common form, with obesity the primary modifiable risk factor for it. The risk of developing Type 2 Diabetes increases with age.

As the older population in Halton is increasing, as are levels of obesity, more and more people in Halton will be affected by diabetes. If the current rates of obesity continue, by 2010 4.4% of the adult population will have type 2 diabetes which will rise to an estimated 6.16%, or 6,700, GP registered patients by 2020.

Chronic Obstructive Pulmonary Disease (COPD)

This is an umbrella term for chronic bronchitis, emphysema or both. The PCT has the 10th highest level in England, whilst levels in Halton are lower than experienced in St Helens, the rate remains higher than the North West and the national rate.

As the main risk factor for these diseases is smoking, promoting healthy personal lifestyle choices will be key to reducing incidence levels.

Personal behaviours

Substance Misuse

Illegal drugs cause damage and ruin to individuals, families and communities. And the most vulnerable and deprived among us are often the hardest hit. For individuals, drug misuse means wasted potential, broken relationships and, for some, a life of crime to feed their drug habit. For the wider community, our efforts to lift children out of poverty, promote equality of opportunity and reduce crime are held back when families and communities are in the grip of drug use.

Over the past few years, increasing numbers of adults have entered and successfully left drug treatment. waiting times have consistently been within national targets and service users have expressed high satisfaction with the treatment they have received. however, attracting those in their 20s into drug treatment, and improving the uptake of services around blood borne viruses continues to present a challenge. these issues, together with seeking to support service users into employment, addressing the causes of some individuals offending, and improving the help available to those families affected by drug misuse, will continue to be the focus of future work.

Alcohol

Drinking alcohol to excess is a major cause of disease and injury, increasing the risks of heart disease, liver disease and cancer. Heavy drinking has a severe risk of cardiovascular disease as well as addiction. Binge drinking is linked to significantly increased blood pressure. Consuming alcohol in pregnancy increases the risk of foetal abnormality.

People have low levels of awareness of the amount of alcohol they drink and the harmful effects it can have. Halton has the 8th highest hospital admissions for alcohol-related conditions in England for 2006/07, showing that alcohol consumption is an issue of major concern locally. Alcohol admissions appear linked to deprivation, gender and age, with men in their 40s, and those from deprived wards, more likely to be admitted. Furthermore, estimates suggest that approximately 24% of adult residents binge drink.

Personal behaviours continued

Whilst twice as many men than women drink above safe limits the number of women doing so has increased significantly from 6.9% in 2001 to 12.4% in 2006. The rate has decreased slightly for men during the same period (24.8% in 2001 to 22.5% in 2006).

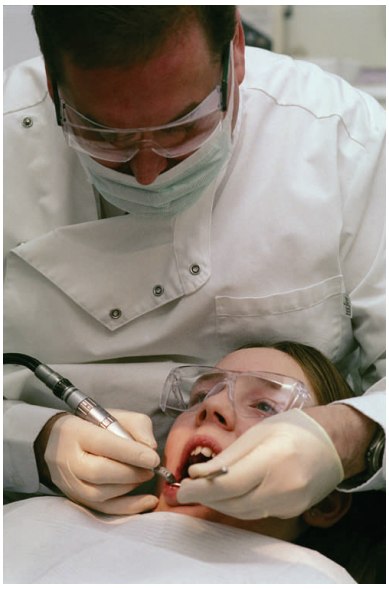
Smoking

Smoking causes more avoidable and early deaths than any other personal lifestyle factor, killing more than 106,000 people in the UK annually; 17% of all deaths. Most die from lung cancer, chronic obstructive lung disease (bronchitis and emphysema) and coronary heart disease. It is a cause of a wide range of diseases, not just those resulting in death.
Second-hand smoke is a major risk to the health of non-smokers.

Locally smoking rates remain high with over 1 in 4 adults still smoking. Overall, prevalence is highest in males aged 40-64 but in the younger age groups, a higher percentage of women smoke than men. The results of a Halton survey of 15-16 year olds highlighted that the smoking rates of 15-16 year olds match that of adults, although there is a significant difference in smoking take up rates -18% male and 29% female.

Food and nutrition

Nutrition with physical activity is second only to smoking tobacco in its influence on a wide range of health issues, not just obesity. Locally we estimate that only 20% of adults eat 5 portions of fruit and vegetables a day although this has improved since the 2001 lifestyle survey when only 12% did so. Males in the 18-34 age group have the poorest diet, with lower intake of fruit and vegetables, and more poor diet habits. Decaying teeth is another sign of poor nutrition and the rate in Halton for 5-year-olds is higher than the national average.



Within Halton the areas with the highest prevalence of decayed teeth are Kingsway, Riverside and Halton Lea.

Sexually Transmitted Infections

Over the period 1996-2006, there has been a general rise in the numbers of Sexually Transmitted Infections (STIs) recorded in Halton, rising from 150 in 1996 to 518 in 2006. Whilst some increase may be due to greater awareness and willingness to seek treatment this alone cannot account for this level of rise.

Chlamydia Screening in Halton identified that 10.6% of cases were positive, which is higher than the national rate.

In addition, the number of young people diagnosed with sexually transmitted infections is increasing.

Wider Factors

Employment

Worklessness remains a key challenge in Halton, particularly in certain deprived areas and in respect to residents with physical and learning disabilities and mental health problems.

Work provides status, purpose, social support, structure to life and income, so it is important not just for the working person but also their family. Being out of work has a huge negative impact on the health and well-being of the person and their family and is often a consequence of ill-health or disability. 25 of Halton's super output areas have over a third of their working age population (approximately 7,000 people) claiming out-of-work benefits. Nearly 68% of Halton's residents are in employment that makes it the 9th worst in the North West and 34th worst nationally.

Levels of unemployment impacts on the levels of household income and in Halton average household incomes vary from a high of £54,060 in Birchfield (the least deprived ward in respect of health) to a low of £23,260 in Windmill Hill (the most deprived ward in respect to health).

Halton's latest 'State of the Borough' report was produced at the beginning of 2008. In terms of employment, it found the low skills base to be a causal effect of unemployment that needs to be addressed in order to reduce levels of unemployment in Halton.

Housing condition and options

Decent housing is a pre-requisite for health and has a significant influence on people with many health conditions such as asthma and depression. Birchfield, where 99% of households are owner-occupiers and 0% of properties are socially rented scores well in terms of health deprivation, whilst in Windmill Hill where owner occupation is 22% and 62% of properties are socially rented has the highest level of health deprivation, at ward level, in the borough.

When housing tenure is compared to health deprivation, it becomes clear that there is a strong correlation. The eight most deprived wards in terms of health have the lowest proportion of owner occupation in Halton, whereas the eight wards with the lowest health deprivation have the highest levels of owner occupancy.

Educational attainment

Educational attainment is an important indicator of the future life chances for children and

young people. There is also a direct correlation between levels of educational attainment and deprivation and health inequalities. Halton has made significant progress in improving GCSE results of young people in the borough, and for the last two years the percentage of young people achieving 5 A*-C has increased from 52.6% to 71.3%, taking us well above the national average. Over the same period the percentage of young people achieving 5 A*-C including English & Maths, a key indicator of future employability, has risen by 15.9% to 49.2%.

The main priority for Children's Services now is to focus on

narrowing the gap and reducing educational inequalities for vulnerable groups based on locality and other factors. Over half of Halton's children live in the 20% most deprived areas nationally and this has an effect on their attainment. Performance at ward level ranges from 93.3% in Beechwood to 40% in Windmill Hill and this impacts on levels of NEET (not in Employment, Education or Training) and future worklessness. Young women with poor educational attainment are more likely to be teenage parents. Therefore narrowing the gap in education attainment will be a major factor in improving the health and well-being of our communities.

Wider Factors continued

Isolation and social networks

Isolation has a significant effect on general well-being and increases the risk of a range of health issues such as depression. Strong social networks are particularly important for vulnerable people. In Halton, almost 6,000 adults over 65 live alone. As the older population grows, the numbers living alone will increase and by 2025 it is projected that over 8,500 pensioners will be living alone. Social isolation needs to be tackled by all partners to ensure that there are adequate activities and support networks available within local communities. The voluntary and community sector can play n increasing role in developing community-based services that alleviate the effects of social isolation.

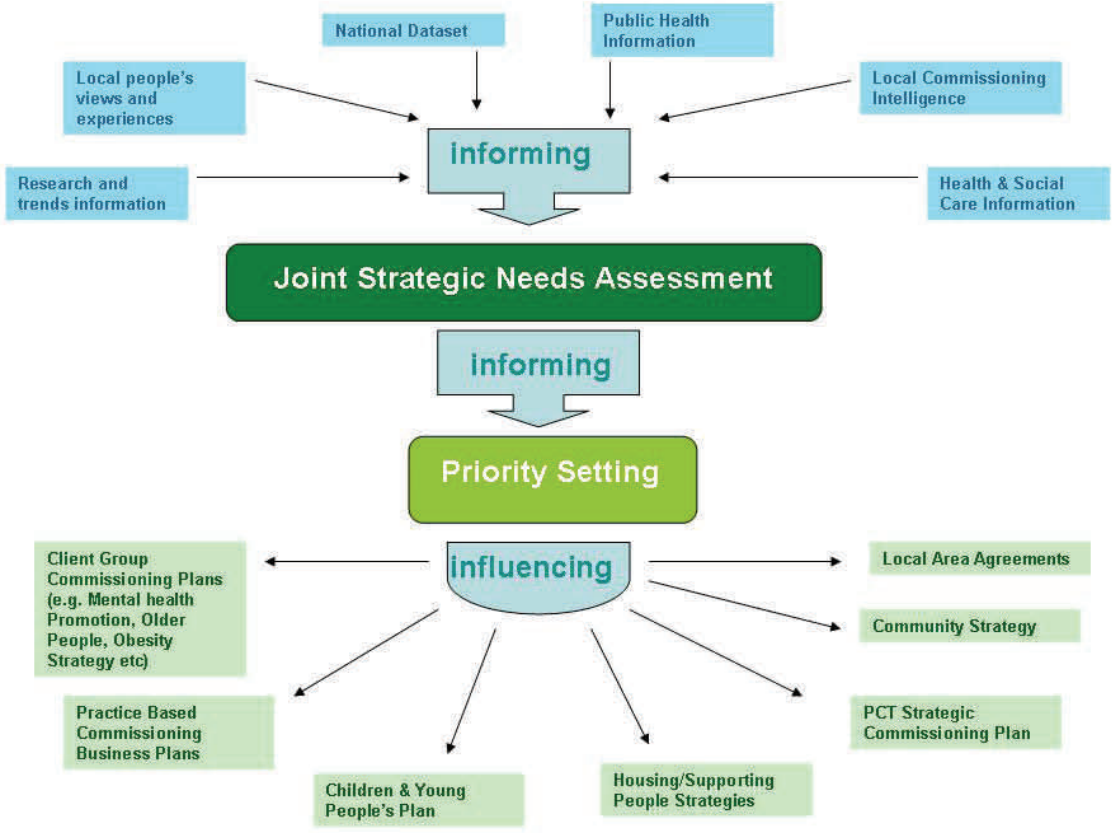
Using the Joint Strategic Needs Assessment

As we have illustrated below the Joint Strategic Needs Assessment is a major influence in establishing local commissioning priorities. We have already used this JSNA to direct our commissioning.

For example, the PCT strategic commissioning priorities outlined in its *Ambition for Health* have been underpinned by the needs identified in the JSNA.

Information has already been fed into the Health Partnership. This process will continue. It is important that it informs the next round of the Local Area Agreement (LAA) and is used to inform service planning.

The following diagram summarises the inputs and potential outputs from the JSNA work.



Inequalities

This first JSNA has been about describing the health and well-being needs of Halton. However, in collating and analysing the data which underpins this assessment, it is clear that for some issues certain groups or specific neighbourhoods are more likely to be affected. Some of these differences have been highlighted in this summary and described more fully in the main data document. This is available on the PCT and borough council websites.

It is crucial that planning based on this JSNA ensures the most important issues for specific populations are tackled and those most in need are targeted by any interventions.

The next steps in developing the Joint Strategic Needs Assessment

The JSNA is not a single, one-off exercise, but is an ongoing piece of work which will add to our commissioning "intelligence".

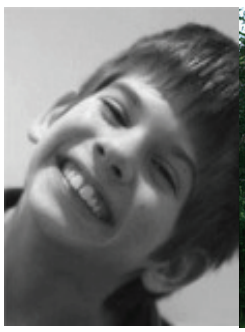
As we develop our JSNA, we will:

- build upon service user and carer views
- include service usage information
- ensure we have information at a locality level as well as overall trends

We will continue to:

- further develop coherent, consistent and appropriate data sets
- develop the capacity across all partners to generate, analyse and present this information
- ensure that relevant planning systems make use of the information that the JSNA is producing
- further develop the capacity and ability to evaluate initiatives so they can demonstrate their effectiveness

This information will be fed into subsequent JSNAs.

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