



# Health and Wellbeing in Halton

Halton's Joint Strategic Needs Assessment (JSNA)

## Updated Position Autumn 2009



*Halton and St Helens*



**If you need this document in a different format such as large print audiotape, Braille or another language, please contact our Customer Services on 0151 907 8306**

यदि आप की पहली भाषा अंग्रेज़ी नहीं है और आप हमारी सेवाओं के बारे में जानकारी किसी अन्य भाषा में चाहते हैं तो कृपया हमें 0151 907 8300 पर फोन करें या [hdl@halton.gov.uk](mailto:hdl@halton.gov.uk) पर ई-मेल भेजें

Jeżeli angielski nie jest Twoim pierwszym językiem i potrzebujesz informacji o naszych usługach w innym języku, prosimy o zatelefonowanie do nas pod numer: 0151 907 8300 lub wysłanie maila do: [hdl@halton.gov.uk](mailto:hdl@halton.gov.uk)

如果你的母语不是英语，而你希望得到有关我们服务的其它语言版本的信息，请致电0151 907 8300或者发送电邮至 [hdl@halton.gov.uk](mailto:hdl@halton.gov.uk) 联络我们。

اگر آپ کی پہلی زبان انگریزی نہیں ہے اور آپ ہماری خدمات کے بارے میں معلومات کسی دوسری زبان میں چاہتے ہیں تو براہ کرم ہمیں 0151 907 8300 پر فون یا [hdl@halton.gov.uk](mailto:hdl@halton.gov.uk) پر ای میل کریں

**If your first language is not English and you would like information about our services in another language, please call us on 0151 907 8300 or email [hdl@halton.gov.uk](mailto:hdl@halton.gov.uk)**

**For further information on the Joint Strategic Needs Assessment, or to obtain a full copy, please contact:**

**Service Development Officer for Health at Halton Borough Council on 01928 704546**

**Public Health Development Manager at Halton & St Helens NHS Trust on 01928 593021**

## Introduction

The JSNA has been used to inform a range of local strategic and commissioning plans including Halton's Local Area Agreement, Halton's Community Strategy, PCT Commissioning Plan, Housing/Supporting People Strategy, Children & Young People's Plan and client group commissioning plans (i.e. mental health, older people, obesity strategy)

Halton has undertaken a review of data included in the 2008 'Health & Wellbeing in Halton' Joint Strategic Needs Assessment (JSNA) during the summer of 2009, to examine if there has been any significant new data available. **This document summarises the key findings where there has been a significant variance or change in key message from the 2008 JSNA, or new emerging issues have been identified.**

### How has the JSNA been used so far?

Both Halton Borough Council and Halton & St Helens NHS Trust have utilised the 2008 JSNA in identifying where services need to be developed and commissioned to address some of the borough's most significant health and wellbeing issues and inequalities. Just some of the examples where the JSNA has been instrumental include:

#### Halton Borough Council's Carer's Commissioning Strategy

The JSNA demographic profile of Carers within the borough was used to identify geographical areas where a high proportion of the population are known Carers. This then focused commissioning intentions as it highlighted areas within the Borough where commissioned services need to be focused upon and where and how services are delivered.

#### Department of Health Funding

The presence of health inequalities and factors affecting health inequality identified by the JSNA has led to Halton Borough Council being able to secure Communities for Health funding from the Department of Health. The JSNA has directed where initiatives should be focused to address a range of health inequalities.

#### Local Government Agency/IdEA Funding

The JSNA has been used to identify focus for addressing health inequalities through tobacco control, which has led to the development of specific initiatives tackling the supply of illicit tobacco and smoking cessation during pregnancy in Halton.



#### Halton & St Helens NHS Trust Children and Young People's Plan

It has helped to decide the priorities by mapping where the children who are most overweight are and to make sure new weight management services are targeted at these areas.

#### Cancer Screening

Widnes GPs were given information about the number of people on their patient lists who had not benefited from cancer screening.

They have responded to this by seeking out those people and encouraging them to go for screening. The PCT is now developing a special contract to offer to all general practices in the PCT to help them do the same.



#### Older People's Needs Assessment

The 2008 JSNA highlighted a number of key health and social care needs of older people, from which, it was felt a more detailed analysis was required to understand the depth and breadth of issues identified. As a result the Public Health & Intelligence Team have been developing an Older People's Health Needs Assessment, due for publication in November 2009, to cover both Halton & St Helens.

#### Dual Diagnosis Strategy

It was recognized that the needs of people suffering with a co-morbidity of mental health and substance misuse problems were not being sufficiently addressed locally. It is estimated that approximately 75% of users of drug services and 85%

## **How has the JSNA been used so far? (cont.)**

of users of alcohol services also experience mental health problems, whilst 44% of mental health service users report drug use or use of alcohol at hazardous and harmful levels. In response, a joint Dual Diagnosis Commissioning strategy has been developed across Halton and St Helens to improve access to services and the co-ordination of care within them.

## **Single Point of Access (SPA) to Mental Health services**

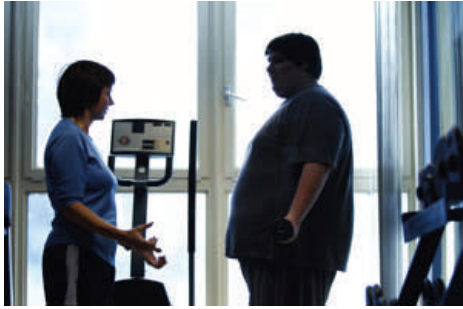
A single point of access to mental health services has been developed across Halton and St Helens to improve equality of access and improve the client pathway into services. The SPA will integrate health and social care assessment, ensuring that people receive a holistic assessment that responds to all their health and social care needs. Particular emphasis has been placed both on access to services for all adults, regardless of the severity of their condition, and the early detection of ill health as outlined in the NHS Halton & St Helens Commissioning Strategic Plan (CSP). The aim is to ensure that by identifying ill health sooner and streamlining access to treatment options, we will reduce the likelihood of illness becoming severe and significantly affecting a person's quality of life.

# Summary of Halton's updated position

## Coronary Heart Disease

The number of people on GP registers has increased, this may be due to more proactive case finding.

All ages mortality rate for males has increased but has decreased for females.



Under 75 mortality has decreased as has admissions from myocardial infarction (heart attack).

## Cancers

There has been an increase in the number of new cases of cancer detected (incidence). This could be due to the introduction of the early detection initiative which has highlighted the symptoms of the top three types of cancer across the area and encouraged people to seek early treatment. Deaths (mortality) from cancer have decreased overall and for all major types of cancer.



Whilst these are not statistically significant they do show a trend in the right direction.

**Accidents** has decreased from 6.8 to 6.1 per 1000 of population.

## Access to NHS dentist

The data is reported at PCT level only at present. At 59.2% the PCT rate has increased slightly 2007-8 to 2008-9, a trend not seen across England as a whole where the percentage of the adult population accessing NHS dentist has decreased. The PCT rate is above the England rate.



## Sexual Health

Both the total number and numbers for 4 out of the top 5 sexually transmitted infections have reduced since last year.

The percentage of people seen within 48 hours at GUM has also improved from 86% to 95%.

Chlamydia screening coverage for under 25s has improved. Amongst those screening the rate of positive infections has decreased.

More women have been able to access a termination of pregnancy under 10 weeks through the NHS

The number of low birth weight babies has decreased. The Halton's Infant Mortality figures have improved. There has been a drop from 7.1 in 2005/07 to 6.3. in 2006/08 per 1,000 live births

Breastfeeding initiation rates continue to rise. New for 2008-9 has been the monitoring of breastfeeding at the 6-8 week check. There is a significant drop off from initiation to continuation of breastfeeding even within this short space of time. This pattern is reflected across the country; however, the rates in Halton are especially poor and are lower than the North West rate.

## smoking during pregnancy

continues to be resistant to change. Slightly more women across the PCT continued to smoke throughout pregnancy than last year. In 2008-9 we were able to break the figures down to borough level. Halton rates, at 31.7%, were significantly higher than the PCT rate of 25.6% which itself was a rise from previous figure of 24.1%. A number of initiatives have been put in place to support the whole family to go smoke-free. These have resulted in an increase in the number of pregnant women quitting, compared to figures from the same time last year.

The number of under 18 conceptions has increased but the rate of under 16 conceptions has fallen slightly (this is based on a three-year rolling average as numbers are small)

# Summary of Halton's updated position

Overall child obesity levels have improved. The only increase was in reception year overweight and obese category. This needs to be monitored closely through Early Years avenues in order that overweight at this young age does not translate into an upward trend in overweight and obesity levels for children generally.

Work undertaken by Halton's Children and Young People's Directorate since the last JSNA has identified that dental health in Halton is poor. Using data from epidemiological studies of child dental health we know that in 16 of the 21 electoral wards that comprise Halton Local Authority, dental health of 5-year-olds is worse than the national average.

In England, 34% of children aged 5 years have experienced tooth decay, the figure in Halton is 51%, with each Halton 5-year-old having, on average 2 decayed, missing or filled teeth.



There are only 4 Halton electoral wards in which the proportion of 5-year-olds with tooth decay is lower than the national average (Beechwood, Birchfield, Daresbury, Farnworth). The position is similar amongst the 12-year-old population.

Thirty per cent of children in Halton do not attend a dentist regularly and often these children come from communities that have the poorest dental health

Measles Mumps Rubella (MMR) vaccination rates continue to improve.

However, the initial dose by age 2 rate has declined with vaccination rates catching up by the 5th birthday.

### Older People

Influenza vaccination rates have improved and continue to be above the 70% coverage target.



### Hospital Admissions

There has been an overall increase in the number of admissions to hospital. It is not possible to say at present if this is a good thing or bad. Interestingly, in last year's JSNA there were more non-elective, or emergency, admissions than elective but this pattern reversed when analysis of the latest year's data was done (2007-8). The reasons for this are being further investigated.

### Employment

Latest figures show that in 2008 the Halton unemployment rate was 6.8% (equating to 3,900 working

age residents), higher than the overall North West Rate of 6.5% and the national average of 6%, but slightly lower than the 2007 figure of 6.9%.

The number of working age people on out of work benefits has increased from 18% in 2007.

In quarter 1 of 2009 Halton had the 4<sup>th</sup> highest percentage in the North West of working age people claiming out of work benefits at 20%. This equates to 15,000 people from Halton. Halton has the 13<sup>th</sup> highest rate nationally, from a position of 21<sup>st</sup> highest in 2007.

Further information and key reports about health and well being in Halton can be found at the Primary Care Trust's 'Your Health' web pages:

<http://www.haltonandsthelenspct.nhs.uk/pages/YourHealth.aspx?iPageId=4554>

Including:

- Health Inequalities National Support Team report
- 2008/9 Public Health Annual Report
- Cancer Health Equity Audit
- Diabetes Health Needs Assessment
- Older People's Health Needs Assessment
- Child Weight reports
- A range of short topic reports
- Health Impact Assessments

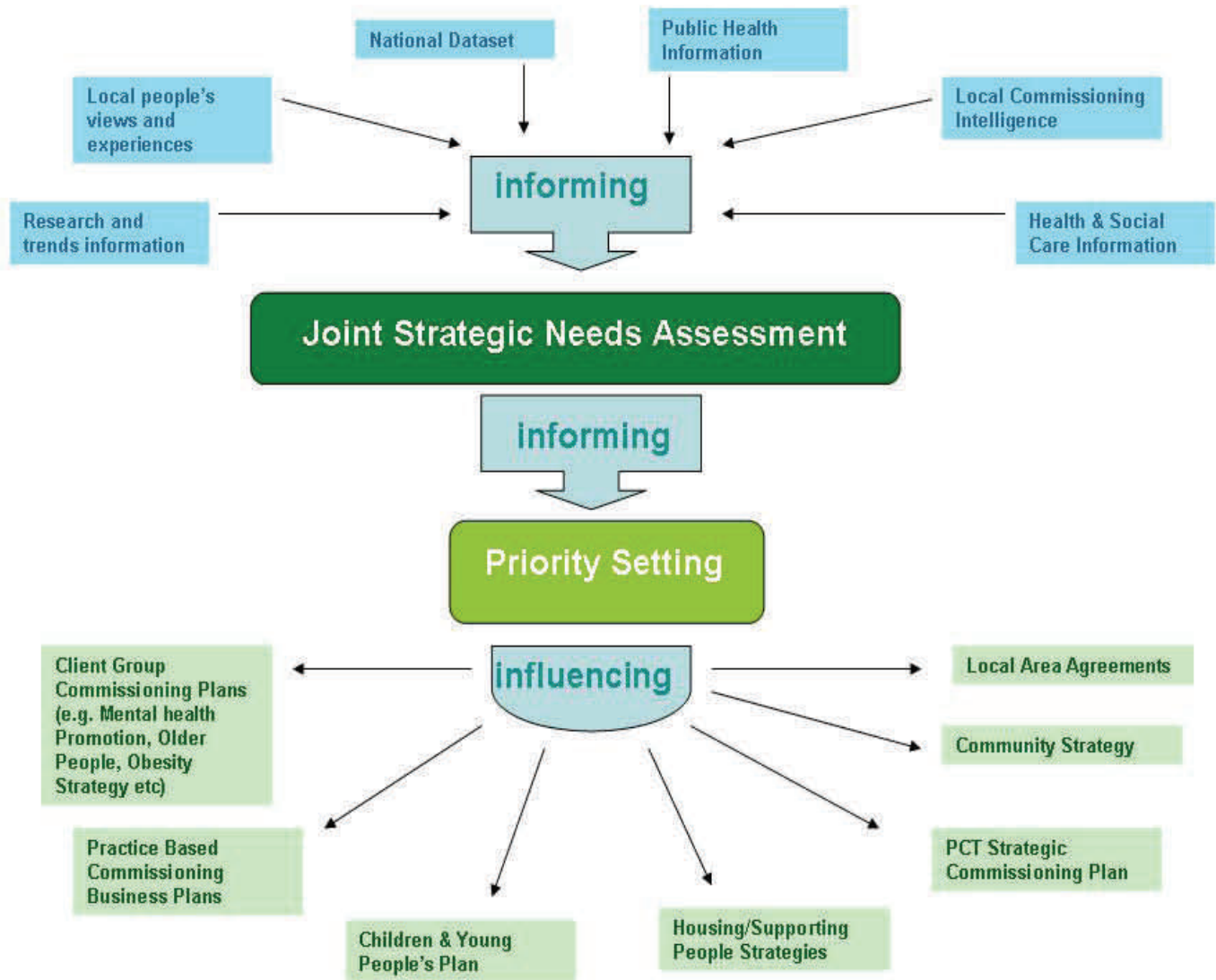
The Primary Care Trust's Commissioning Strategic Plan is also available from the website 'Publications and Freedom of Information' pages

<http://www.haltonandsthelenspct.nhs.uk/pages/publications.aspx?iPageId=395>

# Summary of Halton's updated position

## Next Steps

Between September 2009 and September 2010 work is underway to add to this intelligence. The information and analysis produced as result will be used to further direct commissioning priorities and input into future key strategic documents. The following diagram summarises the inputs and potential outputs from the JSNA work.



A range of community engagement and consultation activities and will take place during this period to enhance the data collected and gain an insight from Halton residents on how key health and wellbeing services could be developed to meet future needs.

Information on engagement and consultation activity in relation to the JSNA can be found at [halton.gov.uk](http://halton.gov.uk)