



St. Helens
Council



NHS
Halton and St Helens

Public Health Annual Report 2012

*A reflection on health and wellbeing
in Halton and St. Helens*

Key Messages and Recommendations

Eileen O'Meara
Director of Public Health
Halton Borough Council Health PPB
June 2013

Report Outline

- **Health in Halton and St. Helens**
- **Key Improvements:**
 - Cardiovascular disease
 - Tobacco control
 - Child dental health
- **Challenges:**
 - Early years
 - Alcohol
 - Cancer
- **Progress on recommendations from 2010/11 report**
- **Compendium of statistics**

Health in Halton & St. Helens

- Life expectancy for men and women has improved
- Inequalities in life expectancy remain -11 years within Halton.
- Early deaths from cardiovascular disease and cancers have fallen
- Smoking rates have fallen
- Teenage pregnancy rates have improved
- Improvements in treatment for cancers and management of long-term conditions
- Dementia predicted to rise
- High levels of falls in older people

A picture of health

Figure 1: life expectancy at birth (years), 1991–1993 to 2008–2010 for men (top) and women (bottom)

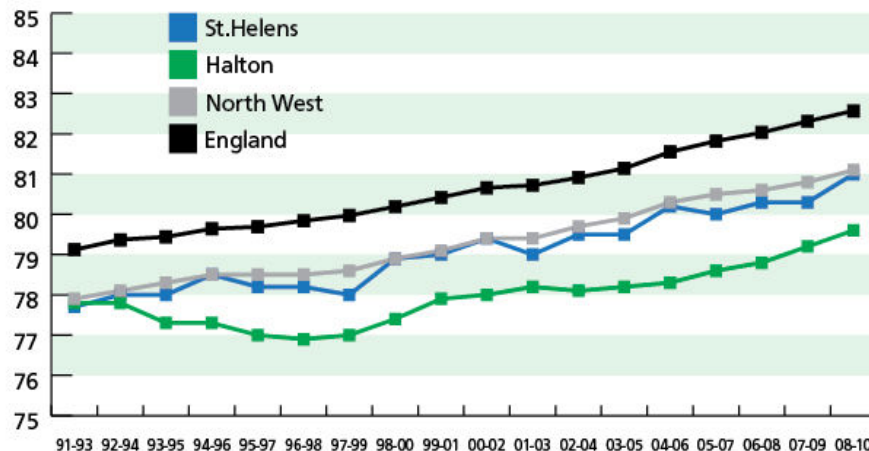
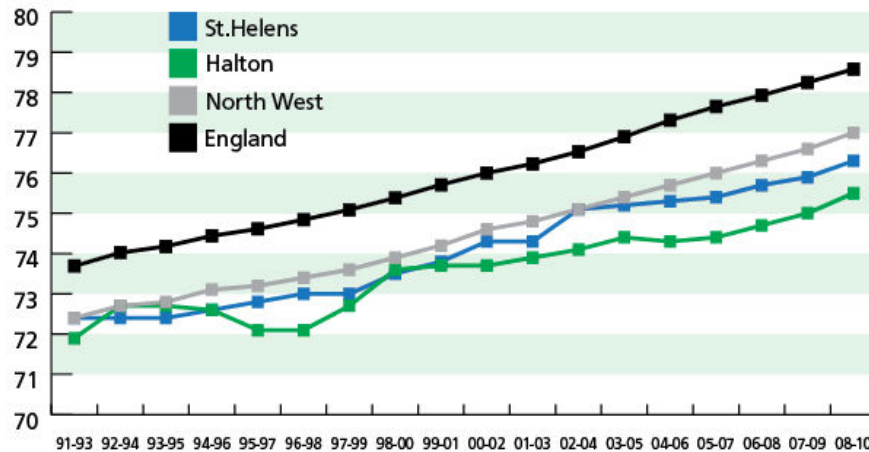


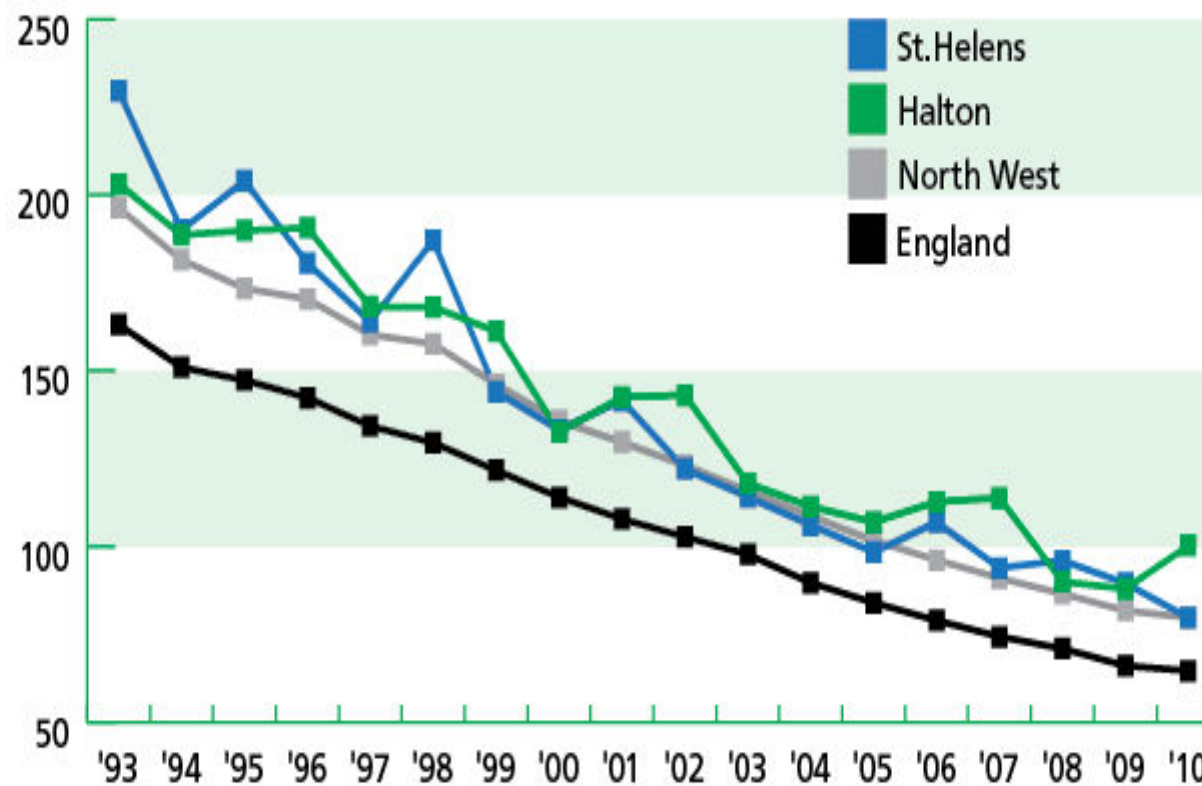
Figure 2: Major cause of death in the under-75s in 1995 and 2010, Halton and St. Helens

	1995		2010	
	No.	%	No.	%
	Halton			
Cancer	214	36%	197	41%
CVD	231	39%	133	28%
Total deaths	589		481	
	St. Helens			
Cancer	299	31%	245	38%
CVD	405	43%	175	27%
Total deaths	952		645	

Source: NHS Information Centre Indicator Portal, 2012

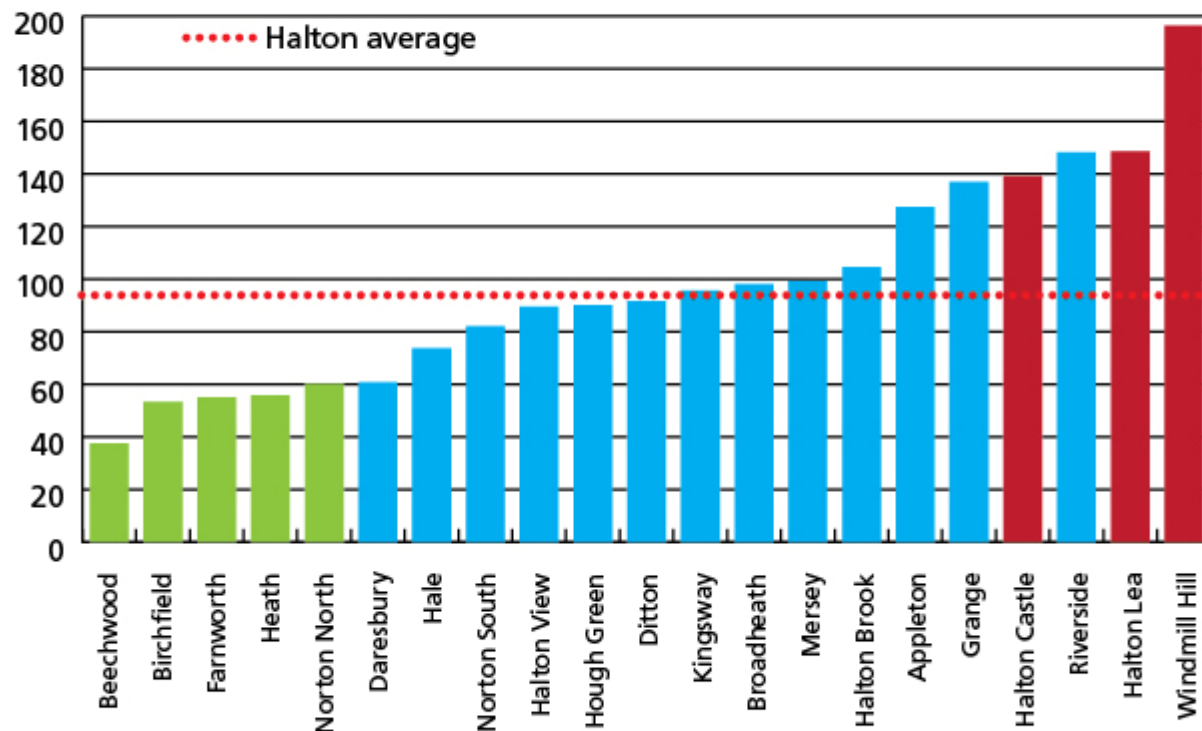
Improvement: cardiovascular disease

Figure 3: Trends in CVD mortality directly age-standardised rates per 100,000 population in the under-75s (1993–2010)



Improvement: cardiovascular disease

Figure 5: CVD deaths in the under-75s by electoral ward in Halton (2007-11) (Directly Standardised Rates per 100,000 population)



Source: Public Health Mortality File, 2012

Improvement: cardiovascular disease

Local programmes

- Weight management
- Smoking cessation
- Alcohol
- Health checks plus
- QOF

Improvement: cardiovascular disease

Recommendations:

- Local Authority should review health checks plus programme. Make sure people with LD have access
- Continue investment in services to help people manage and/or reduce identified risks
- Healthy Weight Group should ensure implementation and performance management of Healthy Weight Strategy
- Providers should ensure lifestyle services target those most in need to address inequalities

Improvement: Tobacco control

Tobacco Control Strategy: 5 priority areas

- Increasing the number of people stopping smoking
- Prevention of young people starting smoking
- Tackling illegal and underage availability
- Smoke-free lifestyles
- Social marketing

Improvement: Tobacco control

Recommendations:

- Commissioners and providers should review evidence-based interventions that will help to reduce the percentage of young people, especially women, starting to smoke
- Providers should review data collection of pregnancy women smoking at time of delivery and ensure robust processes are in place
- Commissioners, providers and the Health and Wellbeing Board should work nationally, regionally and locally to support advocacy for plain packaging

Improvement: Child dental health

- Child dental health in Halton and St. Helens is worse than the national average.
- Half of all children have had tooth decay by the time they are 5 years old.
- A population based programme developed and run locally has resulted in a 22.4% fall in the level of dental decay. The programme has been running for just 4 years.
- Annual surveys of 5 year olds showed there was a 6% increase in those free from decay. The impact will have occurred in other age groups as well.
- The programme offered all children attending a dentist fluoride varnish 3 times a year. Data shows 70% see their dentist on a regular basis.
- All children aged 3-11 years were sent a toothbrush and tube of fluoride toothpaste

Improvement: Child dental health

Recommendations

- Local Authority commissioners should work in partnership with the National Commissioning Board to monitor performance and ensure good access to dental services.
- National Commissioning Board should encourage the application of fluoride varnish by the dental team in their practices in line with *Delivering Better Oral Health - an evidence-based toolkit for prevention (2nd Edition)*.
- Local Authority commissioners should review the work of the Oral Health Promotion team.

Challenges: Early years

- Levels of child poverty are generally worse than the England average
- There have been improvements in infant and child mortality, with rates now similar to England
- There have been increases in uptake of child immunisations, smoke-free homes, and campaigns to reduce the risk of sudden infant death
- Breastfeeding initiation and the percentage of women smoking at time of delivery have improved but remain worse than the England average.
- Hospital admissions due to injury, alcohol and substance misuse are all major sources of concern.
- Halton had the lowest percentage of children achieving a good level of development at age 5 in England. The St. Helens rate was higher than the England average.

Challenges: Early years

Recommendations

- Data quality of local data collection via the Child Health Surveillance System should be reviewed by both commissioner and provider.
- Develop the Health Visitor service, (in line with the Health Visitor implementation plan, 'A Call For Action'21) to ensure that all children have access to the core healthy child programme.
- Midwifery, Health Improvement Team and GPs should monitor the effectiveness of health programmes for pregnant women including early booking, targeted smoking cessation campaigns, access to appropriate weight loss services and encourage a high uptake of seasonal influenza and whooping cough immunisations.

Challenges: Alcohol

- Levels of alcohol related admissions and alcohol specific admissions for those under age 18 are higher than the national average.
- Ward level analysis shows a correlation with deprivation.
- Yet, social marketing research indicates that many men (admission rates are higher for men than women) do not think they are drinking above recommended levels and have little interest in changing their behaviours.
- The healthcare and social costs due to alcohol related harm are higher than the national average. In 2010/11 estimated St. Helens £519 per head of population, Halton £450 per head of population

Challenges: Alcohol

Recommendations

- Ensure that people have accurate, relevant information to enable them to make healthy, safe, informed choices and that messages are promoted in the right settings.
- GPs should promote brief interventions and screening within primary care.
- Commissioners, providers and the Health and Wellbeing Board should work nationally, regionally and locally to support minimum pricing per unit of alcohol.
- All front line staff working with children and young people should receive training to enable them to identify those with drug and alcohol problems, or who show signs of experiencing parental alcohol misuse. This should include providing appropriate support and onward refer as necessary.

Challenges: Cancer

- Deaths from cancers have been falling but remain above the national average.
- Lung cancer has been falling in men, matching the fall in the number smoking. However, it has not fallen in women. This is the legacy of the increase in smoking amongst women 20-30 years ago.
- Treatments have improved leading to increasing survival rates amongst those that do develop the disease.
- Screening uptake rates are good compared to our Merseyside neighbours with cervical screening uptake across the Halton & St Helens being better than its neighbours
- Skin cancer has risen across Halton & St Helens from 22 cases in 1993 to 64 cases in 2009.

Challenges: Cancer

Recommendations

- NHS Commissioning Board should provide regular updates to Health and Wellbeing Boards on improvement in screening and uptake rates and ensure cancer and non-cancer screening programmes are accessible to people with learning or other disabilities.
- Local Hospital Trusts should commit to achieving agreed staging reporting for at least 70% of all cancers, collating, analysing and reporting this staging data after a minimum time delay.
- Commissioners should continue to invest in public awareness of cancer signs and symptoms.