

**REPORT TO:** Executive Board

**DATE:** 19 November 2015

**REPORTING OFFICER:** Director or Public Health

**PORTFOLIO:** Health and Wellbeing

**SUBJECT:** Respiratory Health Strategy and Action Plan for Halton 2015-2020

**WARD(S)** Borough-wide

## 1.0 PURPOSE OF THE REPORT

1.1 The report presents a new expanded Strategy to address respiratory health for Halton. It identifies key factors influencing respiratory health and provides recommendations for action to prevent respiratory illness, improve identification, treatments and outcomes and ensure provision of appropriate, high quality, primary, secondary and community health and social care services for all ages.

2.0 **RECOMMENDATION: That Executive Board agree the content and ratify the Respiratory Strategy for Halton 2015-2020.**

## 3.0 SUPPORTING INFORMATION

3.1 Respiratory disease is one of the key contributing factors to reduced life expectancy in Halton and is the third leading cause of death after circulatory disease and cancer.

There are significant health inequalities in Halton concerning respiratory diseases where the mortality rate in our most deprived areas is double that of Halton as a whole.

Whilst most respiratory illnesses are associated with smoking or exposure to tobacco smoke in the environment, smoking is not the only risk factor to explain the relationship between deprivation and respiratory illness. Work related conditions, housing conditions, fuel poverty, and exposure to outdoor air pollution are all associated with respiratory disease, independently of smoking.

3.2 The 2014 Halton Respiratory Health Profile<sup>1</sup> details the significant respiratory health issues within Halton. The key issues identified within the health profile include:

- It is estimated about 3,916 people aged 16+ living in Halton

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<sup>1</sup> <http://www3.halton.gov.uk/Pages/health/PDF/health/RespiratoryHealthProfile.pdf>

had Chronic Obstructive Pulmonary disease (COPD) in 2010. By 2020 this figure may be as much as 4,420.

- There have been improvements in case finding since 2009/10 closing the gap between the modelled expected number of people with COPD and those known about on GP disease registers. However, the number of people on the asthma register remains lower than the expected number.
- The management of patients with COPD and asthma are in line with the North West and England averages
- There is significant ward level variation in emergency hospital admission rates and at GP practice level. There is also a relationship with temperature, with a greater percentage of admissions seen in the winter months.
- Death rates for COPD have been falling but are above the North West and England rates. Death rates from respiratory causes in those aged under 75 years and pneumonia are also higher than England but similar to the North West.

3.3 Early detection is vital to improve survival rates for cancer. Patients need to understand how to recognise signs and symptoms and ensure they contact their General Practitioner as soon as they suspect they may have a medical problem. There has been a significant improvement in the rate of detection of cancers in Halton. Lung cancer represents the greatest proportion of all cancers within Halton (almost 17% of all cancers)<sup>2</sup> and numbers of cases fluctuates unequally across the Borough. Lung cancer represents a significant burden of respiratory illness for the population of Halton.

3.4 Halton has historically high rates of smoking but has seen a significant the reduction of smoking in recent years. The most recent health profile 2015 data shows that the overall smoking rate is 18.4% and is the same as the England average. Other data from the Merseyside Lifestyle Survey suggests that the smoking rate may be higher than this in areas of deprivation.

3.5 The rate of smoking related deaths is 416 (per 100,000 population), worse than the average for England. This represents 248 deaths per year and is considerable worse than the England average smoking related death rate of 292 (per 100,000 population). Smoking results in considerable respiratory health problems and exacerbates existing conditioned resulting in increases in secondary care usage and poorer outcomes for patients. Halton has seen considerable decline in the numbers of women smoking at the time of delivery, however 19% of pregnant women continue to smoke compared to

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[http://www3.halton.gov.uk/Pages/councildemocracy/pdfs/CensusandStatistics/General\\_Cancer\\_Profile\\_2013.pdf](http://www3.halton.gov.uk/Pages/councildemocracy/pdfs/CensusandStatistics/General_Cancer_Profile_2013.pdf)

12% as an England average. Smoking during pregnancy has considerable consequence to the growth and development of the child, not least a significantly greater likelihood of the child developing severe asthma in childhood and later life. Further improvements in smoking rates remain a key recommendation within the strategy.

The treatment and management of people with respiratory conditions represent a significant challenge on current health and social care systems

- 3.6 The strategy presents a single vision for respiratory health across all partners to ultimately improve the respiratory health and well-being of people in Halton, and reduce the impact that respiratory conditions have on people and services across Halton.

Our vision is:  
**to improve the respiratory health and well-being of the population of Halton, from the start to the end of their lives.**

- 3.7 In order to achieve the vision, the strategy identifies a set of aims to address every element of the health and care system which impacts upon respiratory health. The strategy aims to;

**I. Prevent respiratory ill health**

Increase awareness of how to maintain good respiratory health so that people are aware how to live healthy lifestyles and make informed healthy choices to minimise the risks to poor respiratory health. Ensure that services and agencies activities support activities to prevent poor respiratory ill health.

**II. Earlier detection of respiratory diseases**

Make sure people are aware of the signs and symptoms of respiratory diseases and ensure that they understand they must seek medical attention as soon as possible. Encourage positive health seeking behaviours and ensure robust services and pathways are in place to enable access to early investigation and treatment.

**III. Primary Care and Community based support**

Provide a fully integrated approach to primary care and community based services, to ensure all community treatment and support services are aligned to best meet the needs of patients and carers, and facilitate seamless community services.

**IV. High Quality Hospital Services**

Ensure that pathways and services are in place so that people who need them receive prompt effective treatment for

their respiratory condition and have the best chance to optimise their quality of life and survival.

## **V. Promoting Self Care and Independence**

Ensure that people are placed at the centre of their own respiratory care, able to identify their individual needs and provided with appropriate information, support and interventions to help them manage their own respiratory health issues.

3.8 The strategy provides the evidence and analysis to identify what they key issues affecting the population of Halton are in terms of their impact upon respiratory health for each overall aim. Using this data, in conjunction with key guidance, an assessment of local need and current provisions and gaps, a set of key recommendations and actions are identified in order to achieve each individual aim of the strategy and ultimately improve respiratory health and respiratory health outcomes for people in Halton. The recommendations are covered in detail in the strategy but briefly cover the following areas:

### **I. Prevent respiratory ill health**

- Reduce smoking rates
- Increase appropriate vaccination rates
- Reduce overweight and obesity
- Measures to improve housing quality and warm homes
- Identify opportunities to further improve air quality across Halton

### **II. Earlier detection of respiratory diseases**

- Mechanisms to improve early signs, symptoms and diagnosis of cancer
- Early case finding and rapid treatment access for COPD, Sleep apnoea and Interstitial lung disease
- Ensure risk markers are identified on patient records, known risk occupations etc.
- Consideration of needs of people with learning disability

### **III. Primary Care and Community based support**

- Compliance to appropriate NICE Guidance and Quality Standards
- Pro Active Care programme Local Enhanced Service (2014/15)
- Review provision of pulmonary rehabilitation across Halton
- Establish integrated delivery of respiratory services across Halton
- Improve prescribing, in line with guidance<sup>3</sup>, of respiratory

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<sup>3</sup> Pan Mersey Area Prescribing Committee Guidelines

medication across primary care

- Improved case finding and rapid treatment access across a number of conditions

#### **IV. High Quality Hospital Services**

- Review Warrington & Halton NHS Foundation Trust Rapid Response Respiratory Team
- Review arrangements regarding Halton residents admitted to Whiston Hospital with respiratory health problems

#### **V. Promoting Self Care and Independence**

- Develop a range of interventions to support self-management
- Further develop and expand the Expert Patients Programme

3.9 The strategy will inform the continuous development of the Respiratory Action Plan which is implemented and overseen by the Respiratory Strategic group, outcomes against which are measured and fed back through to the CCG and the Health and Wellbeing board.

#### **4.0 POLICY IMPLICATIONS**

4.1 The strategy addresses some key issues relating to the provision of services to protect respiratory health and for people requiring treatment and support for respiratory illness. As such the recommendations will cover a broad scope of policy areas across the council, CCG and health and care partners.

#### **5.0 FINANCIAL IMPLICATIONS**

5.1 There may be financial implications in the implementation of recommendations within the strategy which will be assessed and managed within the Strategic Group and through partner agencies for which the implication affects.

5.2 Respiratory health is a significant cause of ill health within the Borough and inequalities exist within the distribution of ill health and services which need to be addressed in order to improve respiratory health across the Borough.

#### **6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

##### **6.1 Children & Young People in Halton**

There are number of respiratory health conditions which affect

children to a greater extent. Ensuring that appropriate and high quality prevention, identification and treatment and support services are in place is essential to safeguarding the respiratory health of children and young people in Halton.

**6.2 Employment, Learning & Skills in Halton**

Maximising respiratory health for the population of Halton and limiting the effect that respiratory illness has on an individual, is likely to improve life chances, including employment potential for people in Halton.

**6.3 A Healthy Halton**

Ensuring the health and wellbeing of the population is key priority. Protecting the health of Halton's population is a statutory responsibility for Public Health and the Council.

**6.4 A Safer Halton**

None

**6.5 Halton's Urban Renewal**

None

**7.0 RISK ANALYSIS**

7.1 There are no risks associated with the development and implementation of this strategy.

**8.0 EQUALITY AND DIVERSITY ISSUES**

8.1 The strategy is developed in line with all equality and diversity issues within Halton.

**9.0 REASON(S) FOR DECISION**

The Executive Board will be required to ratify the strategy and agree the recommendations made within it to enable activities to improve respiratory health for people in Halton.

**10.0 ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

None.

**11.0 IMPLEMENTATION DATE**

Recommendations made will be implemented immediately following Executive Board decision. Action plan development is in progress.

**12.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

None under the meaning of the Act.