

HALTON JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

SUMMARY DOCUMENT 2021

Introduction

This document aims to summarise the work undertaken under the banner of the JSNA over the last two to three years. Please note that due to COVID-19 pressures, no JSNA work was able to be completed during 2020/21. Some key national data sources were not updated during this time, which limits some scope of this year's summary. COVID-19 has undoubtedly had an impact on the health of the population of Halton. Not all of these impacts can be assessed right away, as they may be medium or long term .

This document contains information, analysis and infographics which show the overall state of the borough - the population, economy, employment - and the health of people living in Halton.

Also included in this document are some key points from the recent JSNA chapters. With the 2017-2022 Health and Wellbeing Strategy now being in place, there is also analysis relating to the key priorities for the borough set out in this document. This strategy is due to be updated ready for next year 2022.

The JSNA is a key statutory document for Integrated Care Systems (ICS) Partnerships:

“We expect the ICS Partnership will have a specific responsibility to develop an ‘integrated care strategy’ for its whole population using best available evidence and data, covering health and social care (both children’s and adult’s social care), and addressing the wider determinants of health and wellbeing. This should be built bottom-up from local assessments of needs and assets identified at place level, based on Joint Strategic Needs Assessments. We expect these plans to be focused on improving health and care outcomes, reducing inequalities and addressing the consequences of the pandemic for communities ”

Integrated Care Systems: Design framework (NHS England & NHS Improvement) 2021



Further information and access to specific, topic-based JSNA chapters can be found via this link: <https://www4.halton.gov.uk/Pages/health/JSNA.aspx>.

If you have any queries or require further information, please contact the Public Health team via the email health.intelligence@halton.gov.uk.

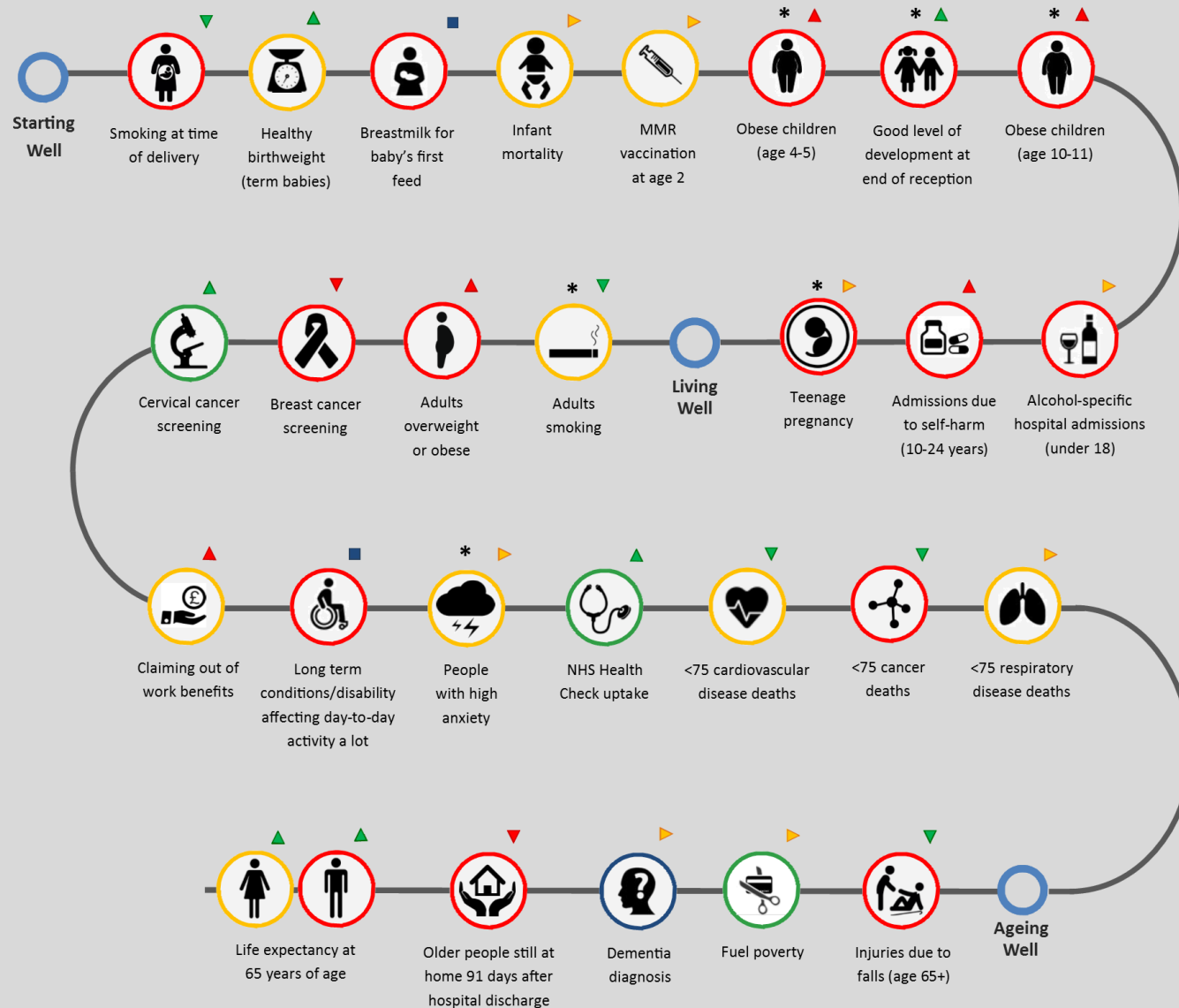


HALTON'S LIFE COURSE STATISTICS

Halton's life course statistics 2021

A comparison to the North West

* INDICATES NATIONAL DATA COLLECTION HAS BEEN AFFECTED BY COVID-19



HALTON FACTS

Population

About **129,400** people live in Halton.

By 2041, this is projected to change:

age 0-14 ↓ 11%
age 15-64 ↓ 5%
age 65+ ↑ 38%

Deprivation

48.7% of Halton's population live in the top **20%** most deprived areas in England.

Child Poverty

19.6% of children aged 0-15 live in relative low income households

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
- Lower

For more information, please contact Halton Borough Council's Public Health Intelligence Team: health.intelligence@halton.gov.uk

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

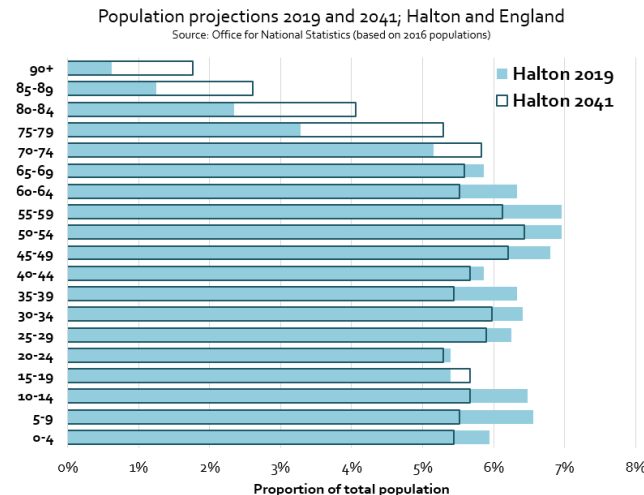
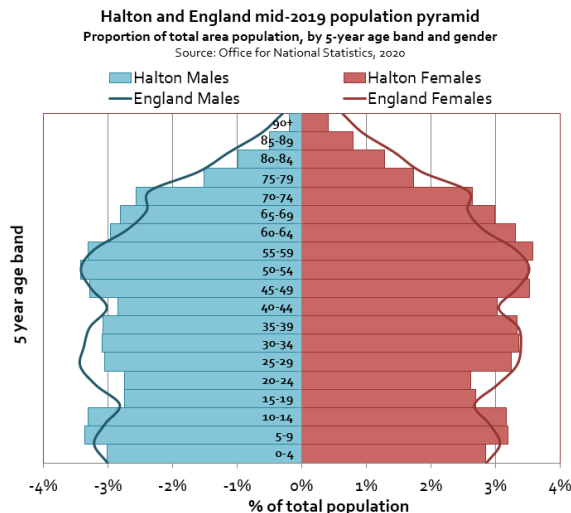
POPULATION

Population structure

Halton has a larger proportion of its population aged 50-69 than the England average, but a much lower proportion of the population aged between 15 and 44. This emphasises the potential for an ageing population to impact upon the borough's working age population. Although there are currently a relatively large number of working age people in Halton, many are within 10-20 years of retirement age and so this may present issues with workforce population in the future.

The age breakdown of Halton's population is expected to change over the next two decades. The proportion of people over the age of 70 is expected to swell and the proportion of children and people of working age is expected to contract. This is the case nationally also, but is predicted to be emphasised more so locally.

In 2019, 13% of Halton's population were aged 70 and above, whereas, in 2041 Halton's projected population aged over 70 will represent a fifth (20%) of the entire population of the area.



Ethnicity

The last full population ethnicity data is from the last Census in 2011, but is likely to have changed. The more recent 2020/21 Department for Education School Survey found that 8% were not of White British ethnicity. This is low in comparison to the North West (26%) and England (34.9%).

School population breakdown: White British and Ethnic Minorities

Source: School Census January 2021, Department for Education

Area	White British		All other ethnic minority groups*	
	Number	%	Number	%
England	5,410,043	64.9%	2,909,713	34.9%
North West	830,959	73.6%	293,368	26.0%
Halton	17,724	91.7%	1,545	8.0%

*All other ethnicity groups, including mixed ethnic groups, other than White British

Employment

Halton has a smaller proportion of its population who are economically active (75.0%), compared to England (79.5%) and the North West (77.6%); 73.0% of Halton's population are employed.

Slightly more males are in employment than the England average (80.7% vs 79.1%), but less females (66.5% vs 72.3%).

Employment and unemployment (Jan- Dec 2020)

Source: NOMIS (Annual Population Survey)

People aged 16-64	Halton		North West	England
	Numbers	%	%	%
Economically active	58,600	75.0	77.6	79.5
In employment	57,000	73.0	74.2	75.7
Employees	52,900	67.7	65.1	65.4
Self employed	3,700	4.7	9.0	10.1
Unemployed	1,600	2.7	4.3	4.8

INEQUALITIES

Inequalities

"Health inequalities are avoidable, unfair and systematic differences in health between different groups of people."

The King's Fund (2020)

Health inequalities across populations can exist due to a variety of "social, geographical, biological or other factors"¹. The social, economic and environmental factors are often referred to as the **wider determinants of health**, which are explored on the next page.

Health inequalities are generally measured by looking at **deprivation** levels, resulting in different **life expectancies**, as a measure of general health in a population.

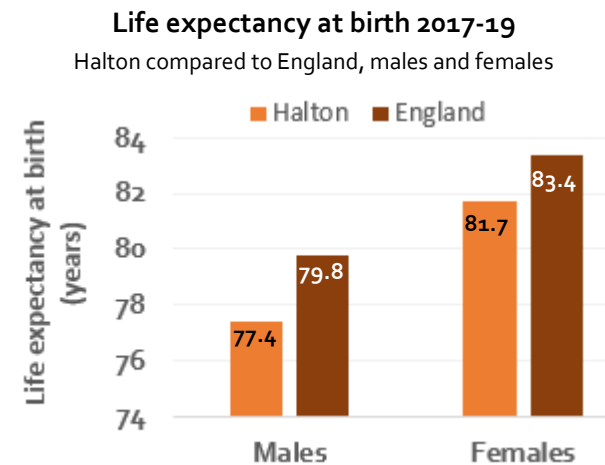
Halton is a deprived borough, relative to England as a whole (27th most deprived of 326) and over one quarter of its population live in areas classified in the 10% most deprived in England.

Residents of more deprived areas are more likely to be in worse health, spend more of their lives in poor health, require greater access to healthcare and other services; however they often do not have their greater needs met^{2,3}.

1. National Institute for Health and Clinical Excellence (2012) Health inequalities and population health
2. PHE: <https://www.gov.uk/government/publications/health-profile-for-england/chapter-5-inequality-in-health>
3. Cookson et al. (2016) Socio-Economic Inequalities in Health Care in England

Life expectancy

The average life expectancy at birth in Halton is lower than the national England average. The latest data for 2017-19 shows that males live 2.4 years less than England; for females it is 1.7 years less.



There are also varying levels of deprivation and life expectancy within Halton, meaning that there are internal inequalities. For males there is a **8.3** year gap between life expectancy at birth for those in the most deprived 10% of Halton, compared to the least deprived 10%; the gap is **7.7** years for females.

The sub-region of Cheshire and Merseyside is on track to tackle health inequalities head-on by becoming a **Marmot Community**. Sir Michael Marmot is working with colleagues across the area to address these significant challenges.

A JSNA chapter on inequalities in life expectancy will be published in summer 2021 (see our webpage www.halton.gov.uk/jsna).

WIDER DETERMINANTS OF HEALTH

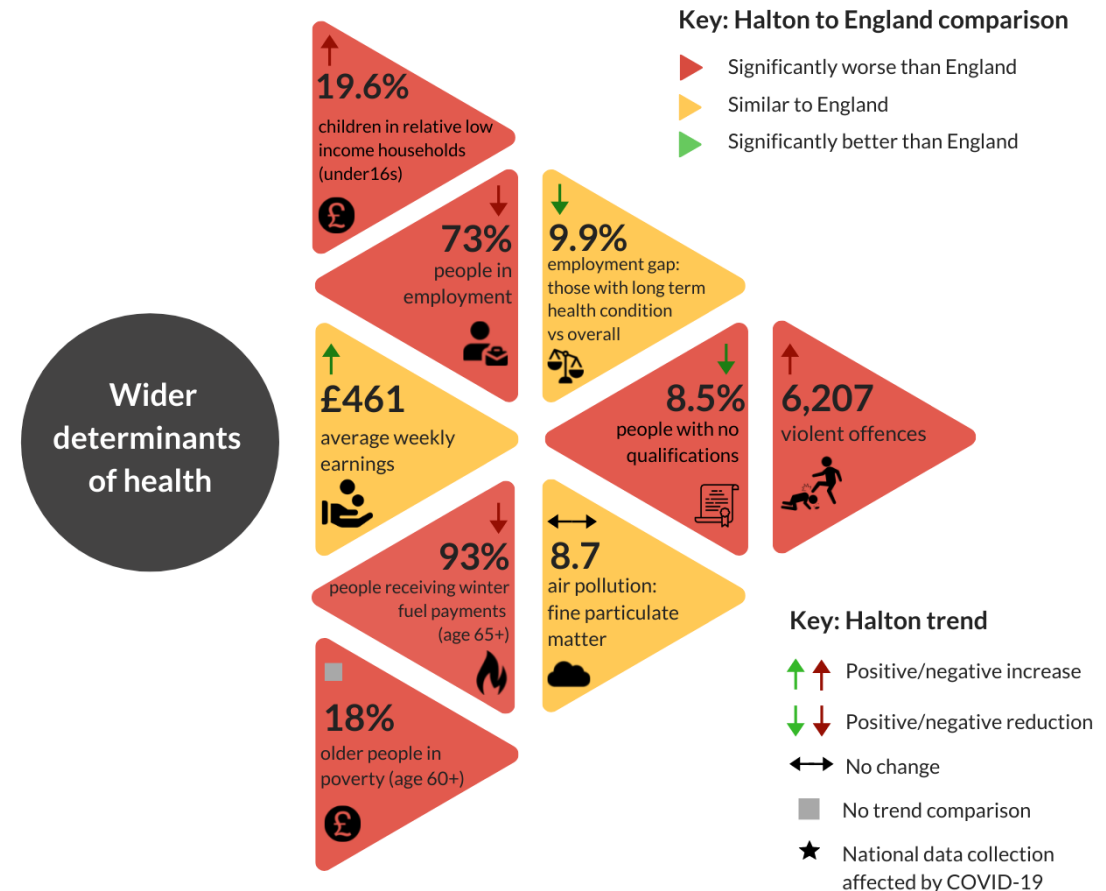
The wider determinants of health

"The wider determinants of health are the social, economic and environmental conditions in which people live that have an impact on health. They include income, education, access to green space and healthy food, the work people do and the homes they live in".

King's Fund (2020)

The social, economic and environmental factors are often referred to as the wider determinants of health, and these are alterable, to varying degrees¹. Examples include lifestyle factors (such as smoking), social networks, secure fair paid employment, good quality housing and access to green space.

Poorer education, lower quality housing, lack of available transport and transport links, higher unemployment rates and lower income are all linked to worse health and lower life expectancy. People from more socioeconomically deprived areas are often the most disadvantaged in relation to wider determinants², which can impact on health and create health inequalities.



1. <https://www.gov.uk/government/publications/health-profile-for-england/chapter-6-social-determinants-of-health>

2. <https://fingertips.phe.org.uk/profile/wider-determinants/data#page/1/gid/1938133043/pat/6/par/E12000002/ati/102/are/E06000006>

COVID-19

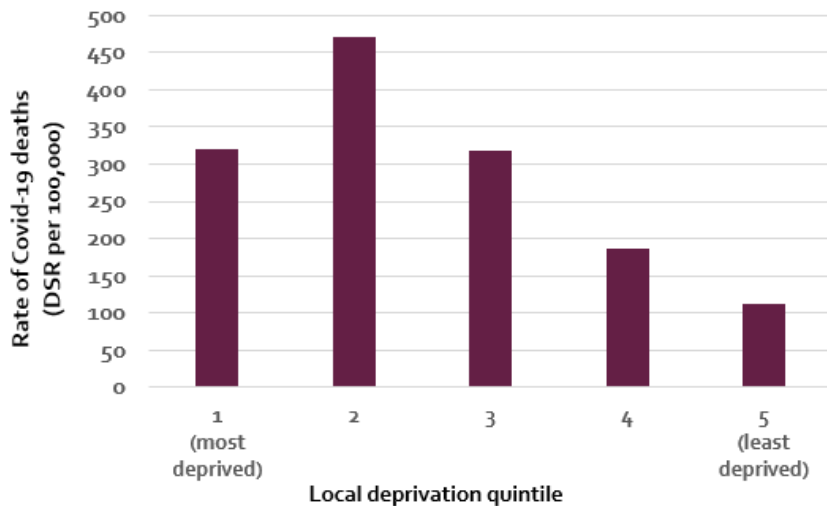
Impact of COVID-19 on health

COVID-19 has undoubtedly had a huge impact on people's lives and health. The impacts are short, medium and long term; we may not know the full extent for many years yet.

In terms of immediate effects on mortality, Halton saw 164 extra deaths in 2020 than usual, which is around **9% higher**. COVID-19 deaths have not impacted all of Halton's population equally; of the 298 deaths between April 2020 and March 2021, almost 75% occurred in those living in the most deprived 3 local quintiles (fifths).

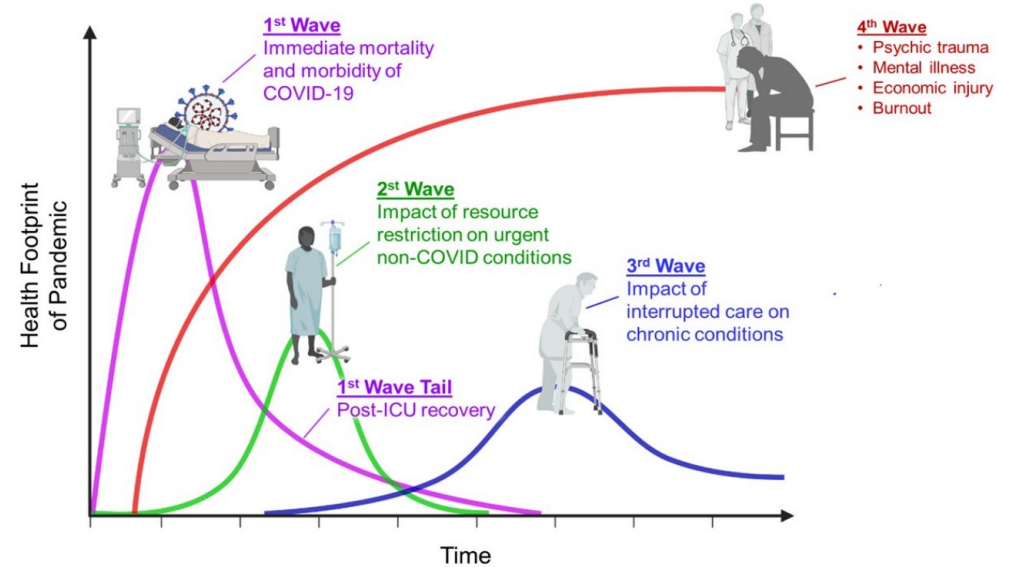
The chart below shows that most deprived 3 quintiles have higher rates of COVID-19 deaths than the least deprived fifth (quintile 5).

COVID-19 deaths in Halton residents April 2020 to March 2021, by local deprivation quintile (standardised death rate per 100,000 population)



These are deaths where COVID-19 is mentioned on the death certificate (source: Primary Care Mortality Database: via NHS Digital/ONS).

Health Footprint of the COVID-19 Pandemic



Source: Victor Tseng @VectorSting via Twitter

Medium to longer effects of the pandemic on population are likely to include:

- Mental health: an increase in anxiety, depression, isolation and loneliness.
- Delay in accessing services, diagnosis and treatment.
- Economic downturn, unemployment and financial hardship.
- Education disruption to children and young people.

A rapid [evidence review on the wider impacts](#) was published in July 2020 by Cheshire & Merseyside Intelligence Network. This provides a useful early framework; we hope to produce more detailed reports in due course on our JSNA webpage (www.halton.gov.uk/jsna).

CHILDREN & YOUNG PEOPLE

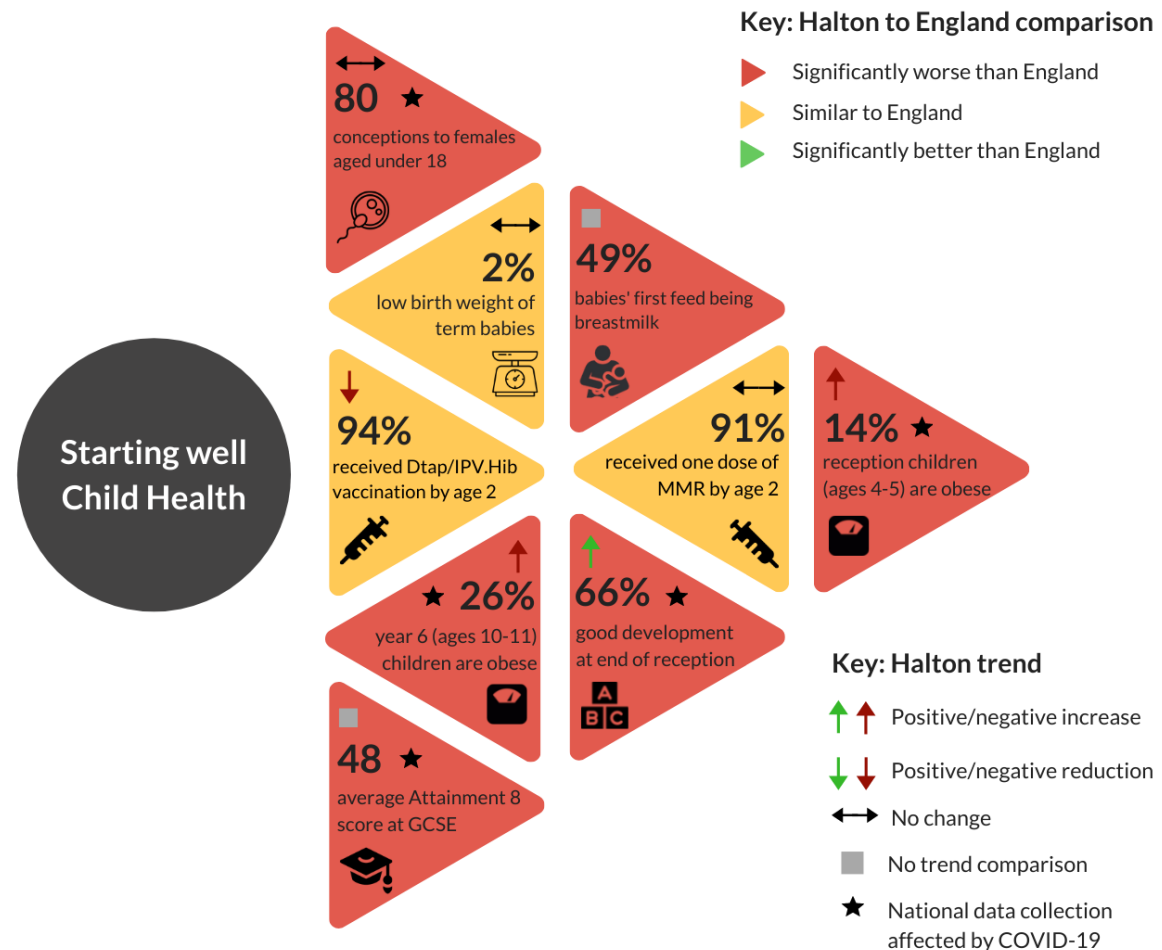
Child health

Early years experience is crucial to children’s physical, cognitive and social development. During this development period it is critical that the child has the best conditions and environment in which to achieve the ‘best start in life’. Improving the social context within which children live is essential to improving their development and, short and long-term life chances.

There are numerous individually and societally modifiable factors that can play a role in early childhood development, many which are linked to levels of deprivation and poverty. Breastfeeding is incredibly important in child and maternal health and greater levels of breastfeeding initiation and prevalence of breastfeeding has been linked to reduced levels of childhood obesity and reduced levels of hospital admissions in early life.

The Healthy Child Programme aims to promote health and wellbeing from pre-birth into adulthood. This 0-5 years programme aims to help bonding between children and parents, encourage care that keeps children healthy and safe, protect children from illness and disease via immunisations, reduce childhood obesity through healthy eating and physical activity, identify potential health issues early to enable a positive response and make sure all childcare supports children so that they can be ready to learn once they move onto primary school.

For further information please see [Halton’s Children’s JSNA Chapter](#)
Published data is available from the [PHE Fingertips Child and Maternal Health Profiles](#)



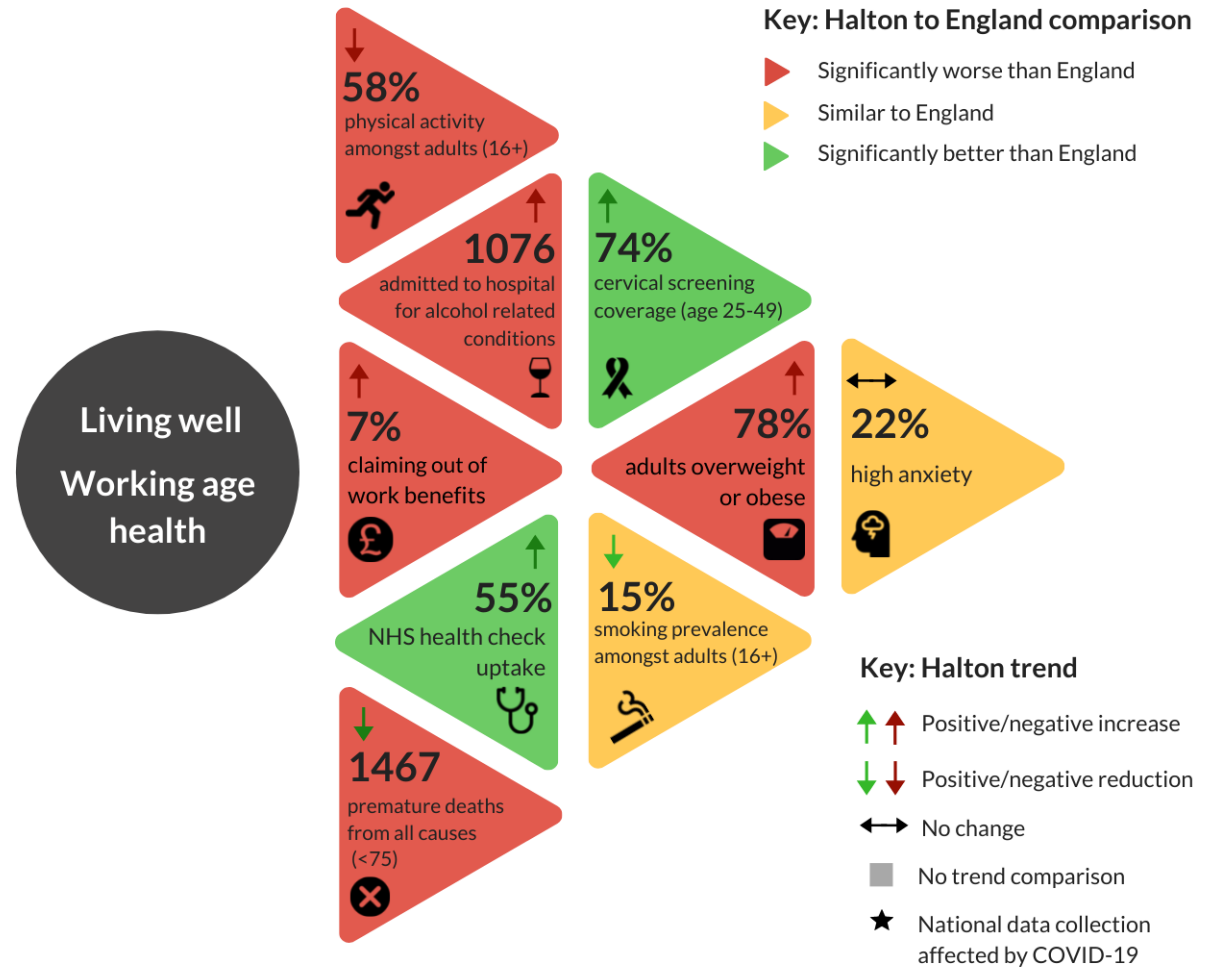
WORKING AGE

Working age people's health

In the coming decades the proportion of the population who will be of working age is projected to reduce. With more people retired and out of work, there will be a greater emphasis on social and financial support for those older people who have left employment, therefore it is incredibly important that people who *are* of working age are physically healthy and mentally well.

'Lifestyle' factors are incredibly important in helping to promote and maintain good health and curbing or increasing the prevalence of these lifestyle factors can go a long way to reducing the risk of premature mortality from all causes - and specifically from cancer, respiratory conditions, cardiovascular disease and liver disease. Smoking, low levels of physical activity, being overweight, drinking alcohol to excess and substance misuse are all factors that can influence health, but can be altered given the correct help and support to do so.

In turn, these lifestyle factors are influenced by the environment in which we live and work, often referred to the 'wider determinants of health'. These include secure employment, having enough money to eat well, good standards of housing and education, good transport links and access to green space.



OLDER PEOPLE

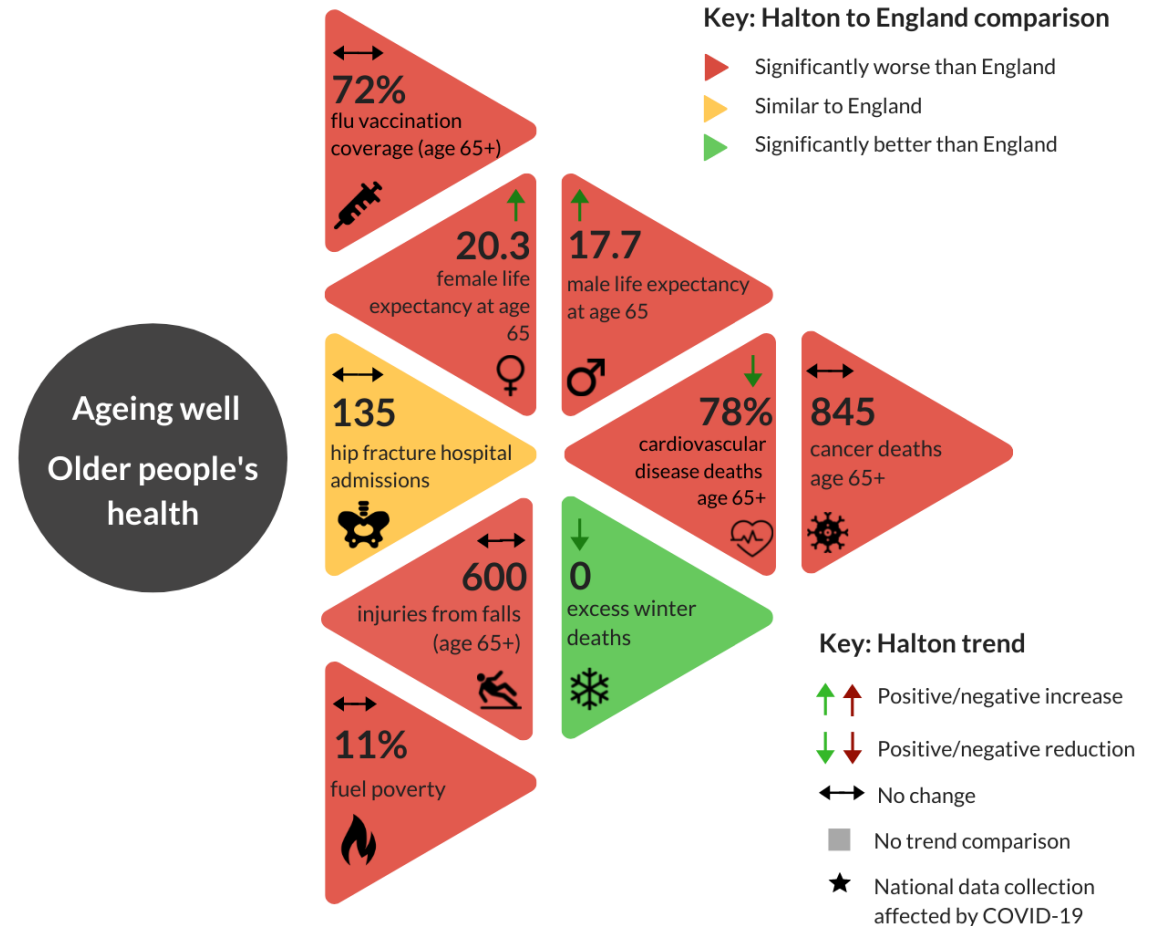
Older people's health

Life expectancy has generally increased over time, so it is important that good health is maintained for as long as possible, to ensure people enjoy a happy and fulfilling retirement. However, even though people are generally living longer, they can still live a substantial proportion of their life with a disability, or in poor health.

Life expectancy at birth in Halton remains lower than the national average, as does life expectancy at 65 years old. For the years 2017-19, it was estimated that at age 65 males could be expected to live on average a further 17.7 years and females a further 20.3 years; however less than half of this would be spent in good-health (41% for males and 35% for females).

It is incredibly important to provide not just health and social care services, but practical local services (e.g. transport) to better allow mobility and access and to promote greater social inclusion, particularly for those who find it more difficult to make the most of the provision of such services.

For further information please see [Halton's Older People's JSNA Chapter](#)
For further data see [PHE Fingertips Older People Health & Wellbeing profile](#)



HEALTH & WELLBEING STRATEGY

One Halton Health & Wellbeing Strategy

The current One Halton Health and Wellbeing Strategy runs to 2022 and will soon be refreshed.

The document sets out the vision of the Halton Health and Wellbeing Board (HWBB) and states six different priorities for the borough for the time period the document is active (currently 2017 to 2022).

These priorities can be life-course and condition specific:

- Children and Young People (CYP): improved levels of early child development
- Generally Well: increased levels of physical activity & 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 Health and Wellbeing Strategy

2017-2022



The Health & Wellbeing Strategy is online at : www4.halton.gov.uk/Pages/health/publichealthinfo.aspx



Children achieving a good level of development at the end of reception

Halton	North West	England
66.1%	68.9%	71.8%
<i>Data above is 2018/19</i>		



Physically active adults (aged 19+)

Halton	North West	England
57.6%	63.9%	66.4%
<i>Data above is 2019/20</i>		
<i>2018/19 Halton data: 68.6%</i>		



Eligible population (40-74) offered NHS health check who received a health check

Halton	North West	England
55.3%	45.4%	47.1%
<i>Data above is 2015/16-19/20</i>		
<i>2014/15-18/19 Halton data: 50.6%</i>		



Emergency hospital admissions for self-harm (rate per 100,000)

Halton	North West	England
388.3	237.6	192.6
<i>Data above is 2019/20</i>		
<i>2018/19 Halton data: 349.7</i>		



Smoking prevalence in adults (16+)

Halton	North West	England
14.9%	14.5%	13.9%
<i>Data above is 2019</i>		
<i>2018 Halton data: 17.9%</i>		



Falls emergency admissions, aged 65+ (rate per 100,000)

Halton	North West	England
2834	2437	2222
<i>Data above is 2019/20</i>		

FURTHER INFORMATION

JSNA chapters and further information

There are numerous topic areas covered by previous JSNA chapters. Each chapter investigates a certain topic aims to give the current (at the time of writing) and future health needs of a specific population (e.g. children's health) or users of services (e.g. healthy weight) who are the focus of the JSNA chapter.

The JSNA and its individual chapters aim to provide information on local health, local health needs and service provision, which enable commissioners and others to make decisions to best meet these needs. Therefore maintaining and using the most up-to-date information, data and intelligence available is crucial to delivering an effective JSNA.

Those completed and available JSNA chapters—as well as other public health evidence and intelligence - can be found through clicking this link: <https://www4.halton.gov.uk/Pages/health/JSNA.aspx>

If you have any queries or require further information, please contact the Public Health team via the email address below: health.intelligence@halton.gov.uk

Public Health Evidence & Intelligence Reports and data

PEOPLE & GROUPS

Men's and Boy's Health	Children & young people	Maternity
Homeless	Older people	Carers
Military veterans	Offenders	Unaccompanied asylum seeking children
Women & Girls' Health		

BEHAVIOURS & LIFESTYLES

Alcohol	Tobacco	Gambling & fixed odds betting
Healthy weight	Sexual health	Diet & physical activity
Substance misuse		

CONDITIONS

Cancer	Respiratory disease	Diabetes
Mental health	Long term conditions	Musculoskeletal conditions
Circulatory diseases	Long term neurological	Dental
Injury (unintentional)	Dementia	Main causes of death
Disability	Infectious diseases	Main causes of ill health
Gastro-intestinal Diseases		