

HALTON JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

SUMMARY DOCUMENT 2023

Introduction

Joint strategic needs assessments (JSNAs) analyse the health needs of populations to inform and guide commissioning of health, well-being and social care services within local authority areas. The JSNA underpins the health and well-being strategy and commissioning plans. The main goal of a JSNA is to accurately assess the health needs of a local population in order to improve the physical and mental health and well-being of individuals and communities.

Please note that the COVID-19 pandemic affected publication of some key national data sources. There have also been changes in how some of the data we use is analysed by national organisations which has affected availability of trend data.

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.

With the 2022-2027 Health and Wellbeing Strategy now being in place, this report divides analysis into the strategy priority themes—wider determinants of health, starting well, living well, ageing well.

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.



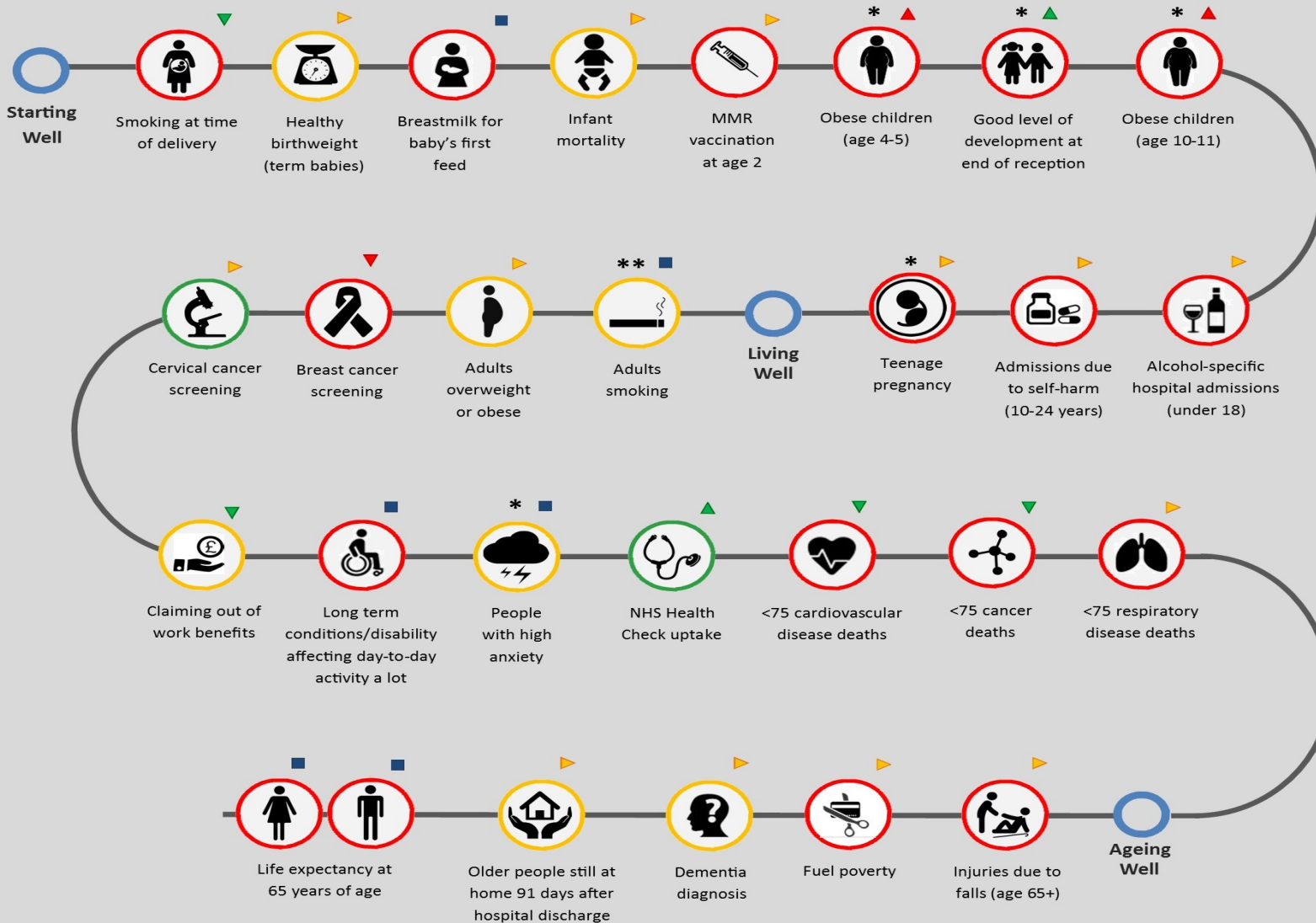
HALTON'S LIFE COURSE STATISTICS

Halton's life course statistics 2022

A comparison to the England

*COVID-19 has impacted the collection of data for the indicator

**Definition of indicator has changed from 2019 to 2020



HALTON FACTS

Population

About **129,800** people live in Halton.

By 2041, this is projected to change:

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

Deprivation

48.6% of Halton's population live in the top **20%** most deprived areas in England.

Child Poverty

16.6% 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 England

- Better
- No different
- Worse
- Lower

For more information, please contact Halton Borough Council's Public Health Intelligence Team:

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

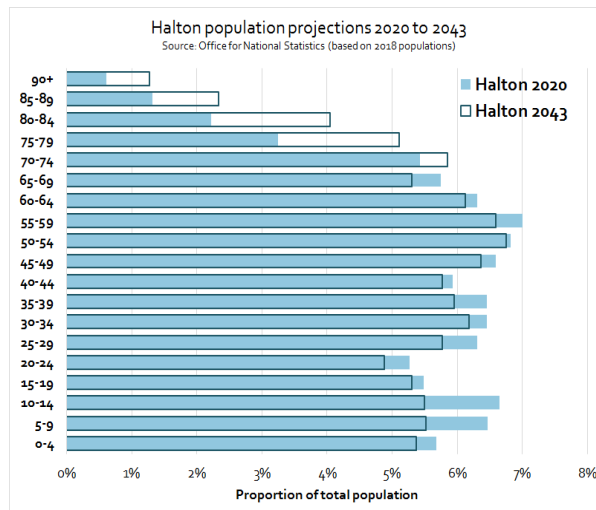
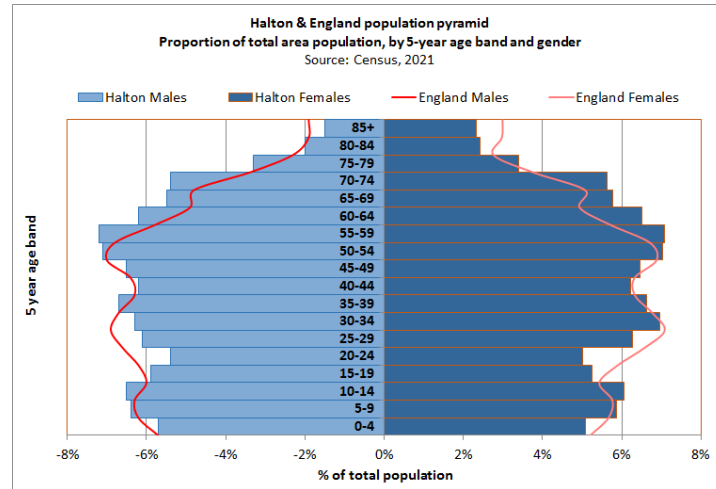
POPULATION

Population structure

There has been a shift towards a greater proportion of Halton's population now being in the 50-79 age bands when compared to the England average, rather than the 50-69 age band, as was previously the case. Halton has 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.

This shifting population pattern is expected to continue 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 2020 7.4% of Halton's population were aged 75 and above, whereas, in 2043 Halton's projected population aged over 75 will be nearly double at 12.8% of the entire population of the area.



Ethnicity

The 2021 Census provides the most accurate picture of our local population broken down by ethnic groups. There are many different levels of this analysis which can be split in to 6,8 or 20 ethnic group categories. The data below is for 8 categories and shows Halton has a much smaller percentage of its population from non-white British ethnic backgrounds than the North West or England.

Ethnic group (8 categories)	Halton		North West	England
	Numbers	%	%	%
Asian, Asian British or Asian Welsh	1435	1.1%	8.4%	9.6%
Black, Black British, Black Welsh, Caribbean or African	511	0.4%	2.3%	4.2%
Mixed or Multiple ethnic groups	1792	1.4%	2.2%	3.0%
White: English, Welsh, Scottish, Northern Irish or British	120301	93.6%	81.2%	73.5%
White: Irish	685	0.5%	0.8%	0.9%
White: Gypsy or Irish Traveller, Roma or Other White	2990	2.3%	3.6%	6.6%
Other ethnic group	764	0.6%	1.5%	2.2%
Total population	128,478		7,417,397	56,490,044

Source: ONS, Census 2021

Employment

Halton has a smaller proportion of its population who are economically active compared to England, but it is similar to the North West. Like comparators a lower proportion of woman are economically active than men. The borough has lower unemployment rates. However it has a higher proportion of those aged 16-64 who are economically inactive due to long-term sickness.

A lower percentage of males are in employment than the England average (77.2% vs 79.3%), but similar percent of females (72.4% vs 72.1%).

Economic activity rates April 2022 - March 2023				
People aged 16-64	Halton		North West	England
	Numbers	%	%	%
Economically active	58,600	76.3%	76.5%	78.4%
In employment	57,400	74.8%	73.6%	75.7%
Employees	54,200	70.6%	65.6%	65.9%
Self-employed	3,200	4.2%	7.7%	9.5%
Unemployed	1,200	2.0%	3.9%	3.7%
Economically inactive due to long-term sickness	7,100	9.2%	7.4%	5.5%

Source: Nomis, Annual Population Survey

CENSUS POPULATION DATA BY PROTECTED CHARACTERISTICS

Age and gender: Halton's population increased by approximately 2,700 residents between 2011 and 2021, from 125,700 to 128,500. This represents a 2.2% rise which was smaller than the North West (5.2%), and England (up 6.6%). In terms of gender 51% were female and 49% male. 21.4% of Halton residents were under age 18, 59.9% aged 18-64 and 18.6% aged 65 and over.

The census results also demonstrated an ageing population with the median age in Halton in 2021 being 41 years old, an increase of 2 years when compared with 2011.

Disability: The number of people in Halton who reported being "disabled and limited a lot" decreased, from 13.3% to 11.0%. This was a general pattern seen across the country. Despite this levels were higher than the North West 9.1% and England 7.5%. By contrast the percentage of people reporting being "disabled and limited a little" worsened, increasing from 10.8% to 11.5%.

Marital status: The 2021 Census includes data on same-sex marriages and opposite-sex civil partnerships. These were not legally recognized in 2011 in England and Wales. Of Halton residents aged 16 years and over, 39.3% said they had never been married or in a civil partnership in 2021, up from 35.4% in 2011. This increase was similar to the North West and England averages. 42.2% said they were married or in a registered civil partnership

Religion: over 1 in 3 Halton residents (35.2%) identified themselves as having no religion, an increase from 18.7% in the 2011 Census. This was higher than the North West average (32.6%) but lower than England as a whole (36.7%). This coincides with the percentage decrease for people classing themselves as Christian, which declined from 75% to 58.6%. The proportion of people identifying as Muslim increased from 0.2% to 0.6%.

Ethnicity: The 2021 Census provides the most accurate picture of our local population broken down by ethnic groups. There are many different levels of this analysis which can be split in to 6,8 or 20 ethnic group categories.

Looking at broad categories, 96.5% of people in Halton identified their ethnic group within the "White" category (compared with 97.8% in 2011), while 1.4% identified their ethnic group within the "Mixed or Multiple" category (compared with 1.1% the previous decade).

The percentage of people who identified their ethnic group within the "Asian, Asian British or Asian Welsh" category increased from 0.7% in 2011 to 1.1% in 2021.

Sexual orientation: 91.9% of Halton residents aged 16+ identified themselves as straight/heterosexual. This is a higher percentage than the North West (90.1%) and England (89.4%). 1.5% identified as gay or lesbian, 0.94% as bisexual, 0.2% as other sexual orientation. 5.46% preferred not to say what their sexual orientation was.

Gender identity: Halton had a slightly lower proportion of people aged 16 and over with a gender identity different from sex registered at birth compared to the North West and England: 0.19% compared to 0.23% and 0.25% respectively

Pregnancy: Pregnancy is not included in the Census but is a protected characteristic under the Equality Act. The latest annual data is for 2021 (ONS) and shows there were 1,888 conceptions. This equates to a conception rate of 79.1 per 1,000 women, higher than the North West (76.7) and England rates (71.5). All areas saw a reduction in conceptions. The Halton number fell by 113 compared to 2020 (conception rate 84.4)

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 (23rd most deprived of 317) and almost one third 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}.

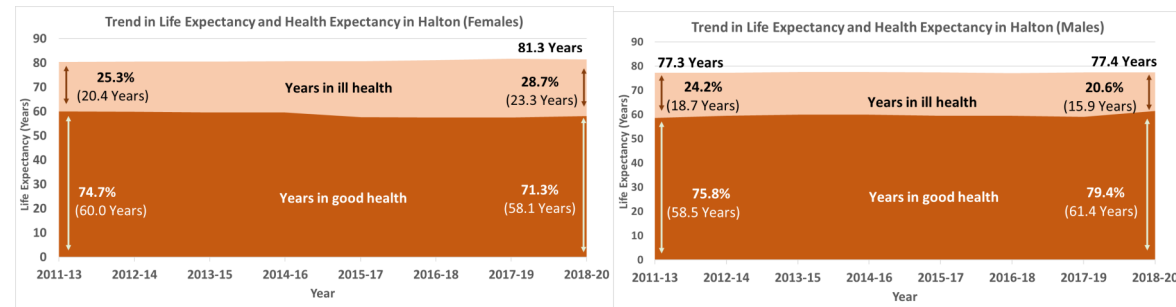
1. National Institute for Health and Clinical Excellence (2012) Health inequalities and population health

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 and healthy life expectancy

Life expectancy across Halton has been improving but remains below the regional and national averages. It means that on average people in Halton can expect to live 2 years less than across England as a whole. Halton residents also spend less of their lives in good health.



There are also varying levels of deprivation and life expectancy within Halton, meaning that there are internal inequalities. For males there is a **11.7** year gap (an increase from the 2017-19 figures of 9.9 years) between life expectancy at birth for those in the most deprived 10% of Halton, compared to the least deprived 10%. The gap is **9.6** years for females (again an increase from 2017-19 data which was 8.5 years). The deprivation gap is similar to the North West but higher than the England average.

In an effort to address this Cheshire & Merseyside and all its constituent Health & Wellbeing Boards has become a **Marmot Community**. The **All Together Fairer** Board was established in 2022, working with Sir Michael Marmot's team at the Institute for Health Equity and local teams to address these significant challenges.

See JSNA chapter on inequalities in life expectancy on our webpage www.halton.gov.uk/jsna. All Together Fairer report can be found at <https://champspublichealth.com/all-together-fairer/>

WIDER DETERMINANTS OF HEALTH

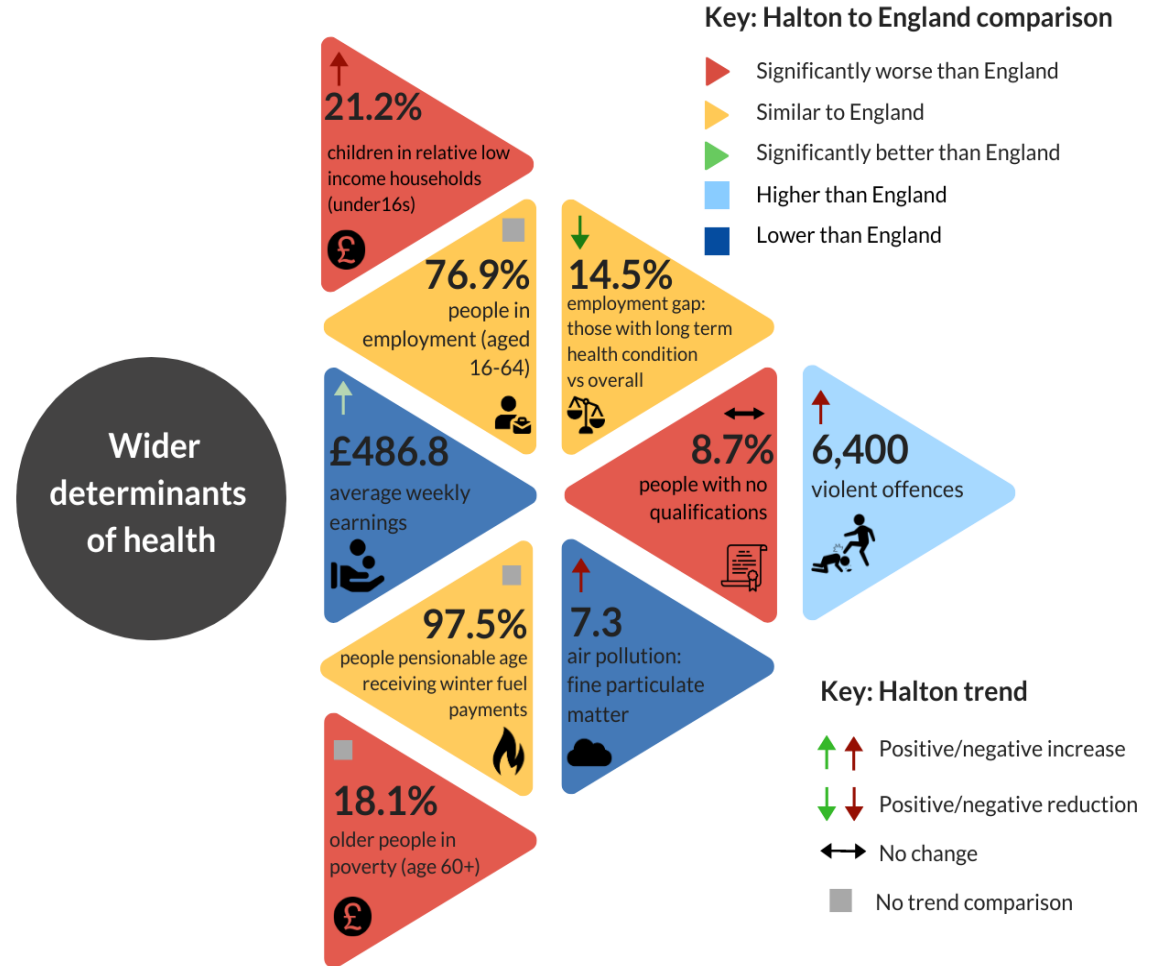
The wider determinants of health

“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>

STARTING WELL: CHILDREN & YOUNG PEOPLE

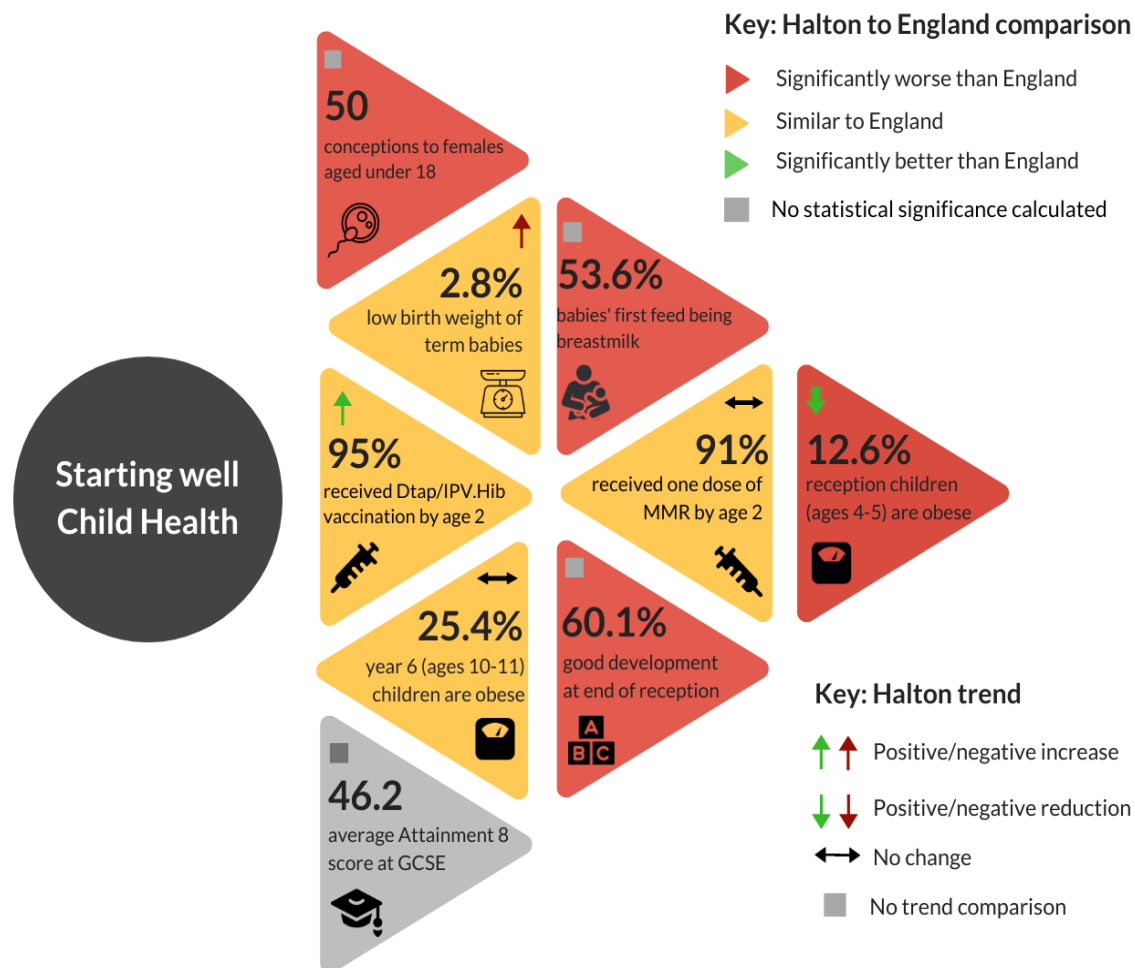
Child health

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](#)



LIVING WELL: WORKING AGE

Working age people's health

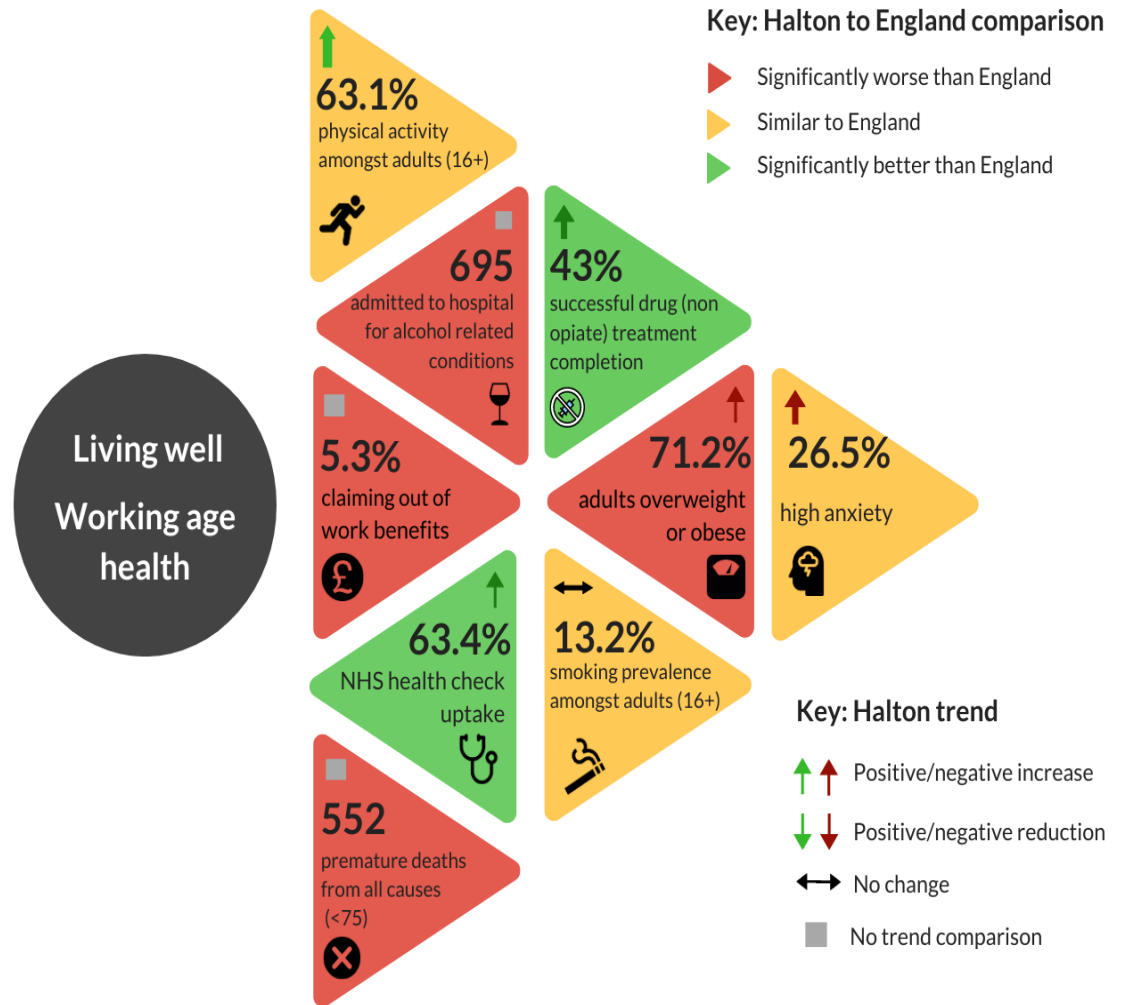
In the coming decades the proportion of the population who will be of working age is projected to reduce. With more people retired and out of work, there will be a greater emphasis on social and financial support for those older people who have left employment, therefore it is incredibly important that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

For published data on general health indicators and wider determinants of health, see the [Public Health Outcomes Framework](#).



AGEING WELL: OLDER PEOPLE

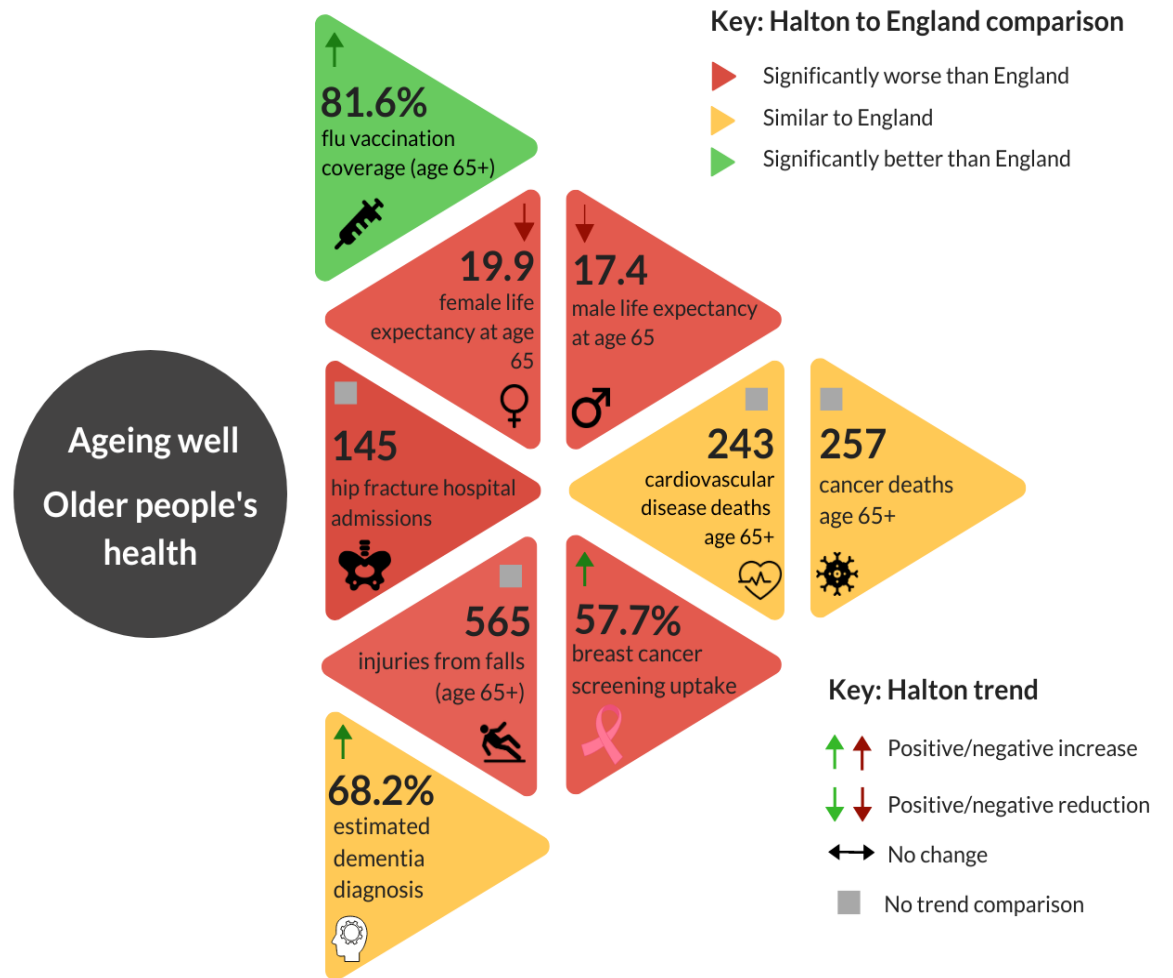
Older people's health

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 2018-20, it was estimated that at age 65 males could be expected to live on average a further 17.4 years and females a further 19.9 years; however less than half of this would be spent in good-health (44%) for females. For males, just over half would be spent in good-health (55%).

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](#)



FURTHER INFORMATION

JSNA chapters and further information

There are numerous topic areas covered by previous JSNA chapters. Each chapter investigates a certain topic—looking at risk factors, health needs and service provision— both currently known (at the time of writing) and future health needs. This information supports 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.

Completed 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>

Public Health Evidence & Intelligence Reports and data

People & Groups

[Men's and Boy's Health](#)

[Children & young people](#)

[Maternity](#)

[Homeless](#)

[Older people](#)

[Women & Girls' Health](#)

[Inequalities in life expectancy](#)

Behaviours & Lifestyles

[Alcohol](#)

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[Gambling & fixed odds betting](#)

[Healthy weight](#)

[Sexual health](#)

[Diet & physical activity](#)

[Substance misuse](#)

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[Long term conditions](#)

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[Circulatory diseases](#)

[Excel 2016 png term neurological](#)

[Dental](#)

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

One Halton Health & Wellbeing Strategy

The 2022-2027 One Halton Health and Wellbeing Strategy sets out the vision of the Halton Health and Wellbeing Board (HWBB) and states four broad lifecourse priorities for the borough for the time period the document is active.

These priorities can be life-course and condition specific:

- Tackling the wider determinants of health
- Starting Well
- Living Well
- Ageing Well



<https://onehalton.uk/wp-content/uploads/2022/12/One-Halton-strategy.pdf>