

REPORT TO: Health & Wellbeing Board

DATE: 8 October 2025

REPORTING OFFICER: Director of Public Health

PORTFOLIO: Health and Wellbeing

SUBJECT: Joint Strategic Needs Assessment Summary

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

- 1.1 To provide members of the Board with an update on the Joint Strategic Needs Assessment.

2.0 RECOMMENDATION: That

- 1) the report be noted; and**
- 2) the Board approves the draft summary for publication.**

3.0 SUPPORTING INFORMATION

3.1 Background to the JSNA summary document

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.

Local authorities and the NHS, through health and wellbeing boards, are responsible to prepare the JSNA. This is a statutory responsibility as outlined in the 2007 Local Government and Public Involvement in Health Act (as amended) and retained in the latest Health and Care Act 2021. The public health team's data and intelligence staff lead on development of the JSNA on their behalf. The JSNA is developed as a series of chapters, on a rolling programme, with an annual summary.

In 2012 the first executive summary of the JSNA mapped across the life course (the approach advocated by the Marmot Review on tackle health inequalities) was presented.

This approach has continued to receive good feedback from various partnerships and stakeholders. As a consequence the revised annual summary has used broadly the same approach, updating data and information since the previous version.

The 2022-2027 Health and Wellbeing Strategy also uses these broad life course stages with the addition of the wider determinants of health as the basis of its priority setting.

3.2 Local development of the JSNA

The JSNA continues to be hosted on the Halton Borough Council website.

The JSNA is developed as a series of chapters, on a rolling programme with an annual summary and a selection of other analysis.

Over the last year the focus of the JSNA has included:

- Pharmaceutical Needs Assessment
- Sexual Health JSNA
- Oral Health JSNA
- An update on life expectancy and healthy life expectancy
- Gypsy, Roma and Traveller health needs assessment
- Special Educational Needs JSNA profiles for 2024 and 2025
- A set of short reports for One Halton Living Well group covering hypertension, physical activity and healthy eating.

The next set of JSNAs for the remainder of 2025/26 include:

- Drugs & Alcohol
- Mental Health

The JSNA annual summary document is split into sections on:

- Population
- Health Inequalities: life expectancy and healthy life expectancy
- Wider determinants of health
- Starting Well: focus of children and young people
- Living Well: focus on adults of working age and those with long-term health conditions
- Ageing Well: focus on older People (65 and over)

This summary document is attached as Appendix 1.

3.3 Key changes since the previous summary

Despite the continuing challenges the borough faces, it remains the case that many of the health indicators show year on year improvements. So whilst the borough's health continues to be, generally, worse than the England average, these improvements show that we are moving in the right direction in some areas, despite the backdrop of a national cost of living crisis.

Some highlights include:

- Breastfeeding rates have improved.
- Halton remains above the national target of 75% uptake of flu vaccinations amongst those aged 65 and over (77.3%). This rate puts it statistically better than England. However uptake in other at risk groups does not meet the targets.
- Breast and cervical cancer screening coverage continue to improve.
- Hospital admissions due to falls injuries and hip fractures in people aged 65 and over have fallen in recent years, closing the gap between Halton and England. Levels for both are now statistically similar to the England overall rates.

However, some areas do remain difficult to improve and others have worsened since the previous reporting period:

- Life expectancy in the borough, birth and at age 65, remains statistically worse than England. Healthy life expectancy has reduced. This is resulting in a greater proportion of Halton residents lives being spent in ill health.
- Whilst the level of internal differences in life expectancy have fallen they remain substantial. For women it is 9.2 years and for men 10.4 years between the most and least deprived areas. For both men and women life expectancy was highest in Daresbury, Moore and Sandymoor ward and lowest in Central & West Bank for males and Halton Lea for females.
- There has been an increase in the levels of children living in poverty. The levels of both child poverty and older people living in poverty are statistically higher than the England averages. 1 in 4 children under 16 in Halton live in relative low income families (25.2%, an increase of 1.2%); almost 1 in 5 older people aged 60 and over live in poverty (18%).
- The levels of children achieving a good level of development by age 5 has fallen and remains statistically lower than the North West and England average.
- Despite MMR (Measles, Mumps and Rubella triple vaccination) uptake continuing to perform well compared to the national and regional averages, uptake levels have fallen recently. Cases of measles have increased locally, regionally and nationally.

- The proportion of 16-17 year olds not in education, employment or training has also increased.
- Levels of child and adult obesity are statistically worse than the North West and England averages. Over 7 in 10 adults in Halton are overweight or obese (73.6%) and the level has increased compared to the previous year (72.7%).

3.4 **Developments for the JSNA during 2025 and 2026**

It is important to recognise that the JSNA is an on-going, continuous process, refreshing data to ensure its timeliness, and producing 'deep dive' needs assessments to assist commissioning decisions.

The process for agreeing and developing a work plan for the remainder of 2025/26 and into 2026/27 will be managed in collaboration with key stakeholders and members of the Health and Wellbeing Board.

One Halton

At the time of writing, it is not yet clear what will be the practical changes of the ongoing organisational changes to the NHS and Department of Health and Social Care. However, health inequalities remain and the JSNA will continue to underpin local work to address these challenges regardless of the new structures.

Cheshire & Merseyside Population Health Dashboard

The team have led on the development of the dashboard, using the Combined Intelligence for Population Health Action (CIPHA) platform, on behalf of the Cheshire & Merseyside ICS and Directors of Public Health. The dashboard focusses on health outcomes across a wide range of priority topics. It is built from a wide range of local and national sources.

Whilst not developed for One Halton Local Place specifically, it nevertheless provides a useful source of outcome based metrics. It includes metrics across all of our One Halton Health and Wellbeing Strategy priorities – wider determinants, starting well, living well and ageing well. It also includes the All Together Fairer (formerly known as Marmot) Beacon Indicators. There are now many other dashboards within CIPHA such as Enhanced Case Finding, Frailty, Diabetes, Fuel Poverty and others.

Both CIPHA, other ICS data tools and other sources such as Midland & Lancashire Commissioning Support Unit (CSU) Aristotle data portal mean the JSNA now sits within a much richer and more timely data landscape. This likely requires a new data-to-decision journey/model locally, more integrated than before.

4.0 **POLICY IMPLICATIONS**

- 4.1 The health needs identified in the JSNA have been used to develop the Health & Wellbeing Strategy.

The JSNA provides a robust and detailed assessment of need and priorities across Halton borough. As such it should continue to be used in the development of other policies, strategies and commissioning plans and reviews such as those of the ICB.

5.0 **FINANCIAL IMPLICATIONS**

- 5.1 None identified at this time.

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

6.1 **Improving Health, Promoting Wellbeing and Supporting Greater Independence**

All issues outlined in this report focus directly on this priority.

6.2 **Building a Strong, Sustainable Local Economy**

The above priority is a key determinant of health. Therefore improving outcomes in this area will have an impact on improving the health of Halton residents and is reflected in the JSNA.

6.3 **Supporting Children, Young People and Families**

Improving the Health of Children and Young People is a key priority in Halton and this is reflected in the JSNA, taking into account existing strategies and action plans so as to ensure a joined-up approach and avoid duplication.

6.4 **Tackling Inequality and Helping Those Who Are Most In Need**

All issues outlined in this report focus directly on this priority; tackling inequalities and identifying health need is central to the work of Public Health.

6.5 **Working Towards a Greener Future**

The JSNA is key to informing steps to improve health and wellbeing and ultimately reduce the carbon footprint associated with healthcare appointments.

6.6 **Valuing and Appreciating Halton and Our Community**
Community safety is part of the JSNA. Having a thriving community with access to good quality affordable housing is crucial to the health and wellbeing of Halton residents.

6.7 **Resilient and Reliable Organisation**
The JSNA is a vital support tool for commissioners to use as part of the commissioning cycle. It includes information about service provision as well as population health and care needs. It thus enables commissioners to align service delivery with population health needs.

7.0 **RISK ANALYSIS**

7.1 Developing the JSNA does not in itself present any obvious risk. However, there may be risks associated with the resultant commissioning/action plans developed based upon it and these will be assessed as appropriate.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8. The JSNA seeks to provide intelligence on which to base decisions on action to tackle health inequalities. This includes analysis of a range of vulnerable groups and the need for targeted as well as universal services to meet the range of needs identified.

9.0 **CLIMATE CHANGE IMPLICATIONS**

9.1 The JSNA is key to informing steps to improve health and wellbeing and ultimately reduce the carbon footprint associated with healthcare appointments.

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

None under the meaning of the Act

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