INTRODUCTION

This document aims to summarise the work undertaken under the banner of the JSNA over the last two to three years.

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

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.

Further information and access to specific, topic-based JSNA chapters can be found via this link: https://www3.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: info.publichealth@halton.gov.uk
The population of Halton, as of 2018, is older than that of England. There is a greater proportion of the overall Halton population aged 50-69 than England and, 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 lot of people of working age in Halton, a lot are within 10-20 years of retirement age and so this may present issues with workforce population in the future.

The BME (Black and Minority Ethnic) population of Halton (2.2%) is tiny compared to the North West (9.8%) and even more so to England (14.6%). There is a greater proportion of BME males (2.3%) than females (2.0%) in Halton.

Halton has a smaller proportion of it’s population who are economically active (78.0%), compared to Great Britain (78.7%), but a greater proportion than the North West (76.9%); 75.0% of Halton’s population are employed.

Halton (78.4%) has a similar proportion of males in employment to the North West (78.2%) but lower than Great Britain (79.9%). However, a greater proportion of females in Halton (71.7%) are in employment than the North West (69.5%) and Great Britain (70.8%).

As of 2018, 12.2% of Halton’s population are aged 70 and above, whereas, in 2041 Halton’s projected population aged over 70 will represent almost a fifth (19.5%) of the entire population of the area.
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
Data is available from the PHE Fingertips Child and Maternal Health Profiles

Produced by Public Health Evidence and Intelligence (PHEIT)
WORKING AGE 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.

For figures and data on general health indicators and wider determinants of health, see the Public Health Outcomes Framework.
OLDER PEOPLE’S HEALTH

People now live longer than they have previously, 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 living longer, they can still live a substantial proportion of their life with a disability, or in poor health.

Life expectancy remains lower in Halton than nationally, as does life expectancy at 65 years old. For the years 2013-15, it was estimated that at age 65 males could be expected to live a further 17.3 years and females a further 18.8 years, however less than half of this would be spent in good-health (46.9% for males and 44.1% for females).

Combined with the fact almost 9,000 residents of Halton aged 65 and over are estimated to have a disability, it is incredibly important to provide not just health and social care, 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 AND WELLBEING STRATEGY

The One Halton Health and Wellbeing Strategy has recently been refreshed, to encompass 2017-2022. 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.

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

### Data Source

- **Children achieving a good level of development at the end of reception**
  - Halton: 64.5%
  - North West: 68.9%
  - England: 71.5%
  - (2017/18; 2016/17 proportion = 60.9%)

- **Physically active adults (aged 19+)**
  - Halton: 62.8%
  - North West: 64.7%
  - England: 66.3%
  - (2017/18; activity was 65.2% in 2016/17)

- **Emergency hospital admissions for self-harm (rate per 100,000)**
  - Halton: 340.0
  - North West: 234.5
  - England: 185.5
  - (2017/18; rate in 2016/17 was 335.0)

- **Smoking prevalence in adults (16+)**
  - Halton: 17.9%
  - North West: 14.7%
  - England: 14.4%
  - (2018; prevalence in 2017 was 15.0%)

- **Eligible population (40-74) offered NHS health check who received a health check**
  - Halton: 50.6%
  - North West: 48.1%
  - England: 48.1%
  - (14/15-18/19); 13/14-17/18 = 47.2%

- **Emergency admissions due to falls in peoples aged 65+ (rate per 100,000)**
  - Halton: 2937.1
  - North West: 2398.5
  - England: 2170.4
  - (2017/18 rate in 2016/17 was 3306.9)

Data source: PHE Fingertips (correct as of August 2019)
Joint Strategic Needs Assessment (JSNA)
Summary Document 2019

National Inequalities in Life Expectancy
Data source: PHE Fingerprints Profiles

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<td>77.2</td>
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<tr>
<td>LE at birth</td>
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<tr>
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<td>57.7</td>
<td>59.4</td>
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<tr>
<td>LE at 65</td>
<td>19.3</td>
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<tr>
<td>DFLE at 65</td>
<td>7.2</td>
<td>7.8</td>
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<tr>
<td>ENGLAND</td>
<td>63.6</td>
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<tr>
<td>HLE at birth</td>
<td>21.1</td>
<td>18.8</td>
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<td>LE at 65</td>
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<td>DFLE at 65</td>
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Marmot’s Indicators for Local Authorities in England

Public Health England (PHE) developed indicators to correspond to the policy recommendations set out in Michael Marmot’s 2010 paper: ‘Fair Society, Healthy Lives’. These indicators capably demonstrate the inequalities that can be felt - in this case in Halton - both in health outcomes and in the social determinants of health.

These social factors are inextricably linked to health outcomes. Poor housing, education, employment and poverty within the area make it more of a challenge to have a thriving community with fairer health outcomes.

Life expectancy can often be indicative of the inequalities in health and wider social determinants, that are felt both across and within areas. There are massive inequalities across the local authorities of England, but within those areas bearing the brunt of these inequalities, there will be pockets of communities facing even greater levels of health and social inequality.

Life expectancy in Halton - whether you look at it from birth, from 65, or as Healthy Life Expectancy (HLE) or Disability-Free Life Expectancy (DFLE) at 65 - is worse than it is in the North West. The gradient of inequalities is emphasised by the fact that Halton has a worse life expectancy than the North West, but also that the North West region has worse life expectancy than England.

Inequalities: Marmot Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>HALTON</th>
<th>NORTH WEST</th>
<th>ENGLAND</th>
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<tbody>
<tr>
<td>Slope Index of Inequality in LE at birth: females</td>
<td>8.2</td>
<td>9.6</td>
<td>7.4</td>
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<tr>
<td>Slope Index of Inequality in LE at birth: males</td>
<td>11.0</td>
<td>11.5</td>
<td>9.4</td>
</tr>
<tr>
<td>Unemployment: % of 16-64 year olds not in employment</td>
<td>3.8%</td>
<td>4.0%</td>
<td>4.2%</td>
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<tr>
<td>Long-term job-seekers allowance claimants (rate per 100,000)</td>
<td>2.9</td>
<td>3.5</td>
<td>3.5</td>
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<tr>
<td>Households experiencing fuel poverty</td>
<td>12.6%</td>
<td>12.8%</td>
<td>11.1%</td>
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<tr>
<td>Utilisation of outdoor space for exercise or health reasons</td>
<td>17.6%</td>
<td>17.5%</td>
<td>17.9%</td>
</tr>
<tr>
<td>16-17 year olds not in education, employment or training (NEET)</td>
<td>5.2%</td>
<td>6.5%</td>
<td>6.0%</td>
</tr>
<tr>
<td>Households overcrowding: occupancy ratings of ≤1 or less</td>
<td>3.0%</td>
<td>3.7%</td>
<td>4.8%</td>
</tr>
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Infographics created using canva.com, icons sourced from Flaticon.com
Internal inequalities in life expectancy: Halton
Source: 2014-2018 mortality data (PCMD, Open Exeter)

There are great inequalities in health across England, but there are also differences in health within Halton. These inequalities can be emphasised by looking at basic health indicators, such as the years of life expectancy at birth.

The reduced life expectancy in the Riverside ward of Widnes means that females living there can expect to live 5.0 years fewer than the general Halton population and males can expect to live 5.8 years fewer.

The inequalities are emphasised by the Beechwood ward; Riverside’s counterpoint in life expectancy. Females living in Beechwood can expect to live for 9.8 years longer than the general female population of Halton; males in Beechwood have a 4.4 year greater life expectancy.

These differences can exist between two areas of the borough which share boundaries; emphasised by Daresbury (with 8.4 years greater female and 4.6 years greater male life expectancy than Halton overall) and Windmill Hill (2.3 years fewer female and 3.8 years fewer male life expectancy than Halton overall).
JSNA CHAPTERS AND FURTHER INFORMATION

There are numerous topic areas covered by JSNA chapters. Each chapter investigating 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.

Since 2014/15 there have been several JSNA chapters written in Halton, some examples include: sexual health, healthy weight, cardiovascular disease, older people’s health and mental health and some planned to commence this year. Those completed and available JSNA chapters—as well as other public health evidence and intelligence - can be found through the clicking the image to the right and browsing through the topic areas.