

HALTON JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

SUMMARY DOCUMENT 2025

Introduction

Joint strategic needs assessments (JSNAs) analyse the health needs of populations to inform and guide commissioning of health, wellbeing and social care services within Health & Wellbeing Board areas. The JSNA underpins the health and wellbeing 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 wellbeing of individuals and communities.

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. 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.

In line with the 2022-2027 Health and Wellbeing Strategy, this report divides analysis into the strategy priority themes—wider determinants of health, starting well, living well, ageing well.

As the NHS prepares for reorganisation as set out in the NHS 10-year plan:

“ICBs will be strategic commissioners of local health services, responsible for all but the most specialised commissioning....to improve their population’s health, reduce health inequalities and improve access to consistently high-quality services.

They will be expected to draw on a deep understanding of population need, and to make long-term decisions in the interests of improved outcomes...”

A key feature will be the Neighbourhood Health Model:

“...the NHS will need to work in much closer partnership with local government and other local public services with partners working together to develop a neighbourhood health plan under the leadership of the Health and Wellbeing Board, incorporating public health, social care, and the Better Care Fund. “

Department of Health & Social Care and the Prime Minister’s Office (updated July 2025) Fit for the future: 10 Year Health Plan for England



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 Intelligence team via the email

health.intelligence@halton.gov.uk.



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Health in summary

The health of people in Halton remains generally worse than the England average. Halton is the 19th most deprived local authority in England (out of 151). 1 in 4 children live in relative low income families and this level has increased recently. Life expectancy for both men and women is lower than the England average. The top 5 causes of death are cancers, cardiovascular disease (heart & circulatory), mental & behavioural disorders (nearly all due to dementias) respiratory diseases and digestive diseases. Healthy life expectancy has reduced, resulting in Halton residents spending more of their life in ill health—20.5 years for men and 19.5 for women.

Health inequalities

Levels of deprivation and life expectancy vary across the borough. For males there is a 10.4 year gap and for women an 9.2 year gap in life expectancy at birth amongst those in the most deprived areas of Halton, compared to the least deprived. Life expectancy is highest in Daresbury, Moore and Sandymoor ward and lowest in Central & West Bank for males and Halton Lea for females.

Child health

Many child health indicators Halton show levels statistically worse than the England average. Good levels of development at age 5 have fallen and child poverty increased. The proportion of 16-17 year olds not in education, employment or training (NEET) has increased. Although the borough has levels of MMR (Measles, Mumps and Rubella aged 5) vaccination that are slightly higher than the England average these levels do not meet the 95% target (Halton levels at 86.7%) and they have fallen recently.

On a more positive note, the proportion of babies still breastfed at 6-8 weeks has increased. Whilst levels remain statistically worse than the England average, Halton rates have been static for some time so this increase is good to see. This is also the case for smoking at time of delivery, whilst still higher than England, levels have improved (reduced).

Adult health

It is a mixed picture of health for adults aged 16-64 across Halton with some indicators improving but some worsening.

Whilst the levels of adults who report they are physically active has increased (meeting Chief Medical Officer recommended levels), the proportion of the population overweight or obese has also risen from 72.7% to 73.6%. (England 64.5%). This puts Halton 9th highest across all local authorities in England and the highest across Cheshire & Merseyside. Despite the improvements in levels of physical activity, Halton remains statistically worse than the England average and 2nd lowest in Cheshire & Merseyside.

Smoking levels have increased slightly but remain statistically similar to England even though England levels continue to fall.

Rates of hospital admissions due to alcohol related conditions have risen slightly as has adult excess weight, but premature deaths (aged under 75) from all causes and cervical cancer screening coverage have improved.

Older People (aged 65+)

There have been a number of improvements including hospital admissions for both falls injuries and hip fractures; rates are now statistically similar to England. Life expectancy at age 65 has improved as have breast screening rates. Whilst flu vaccination levels are better than the England average and are over the 75% target, they have fallen.

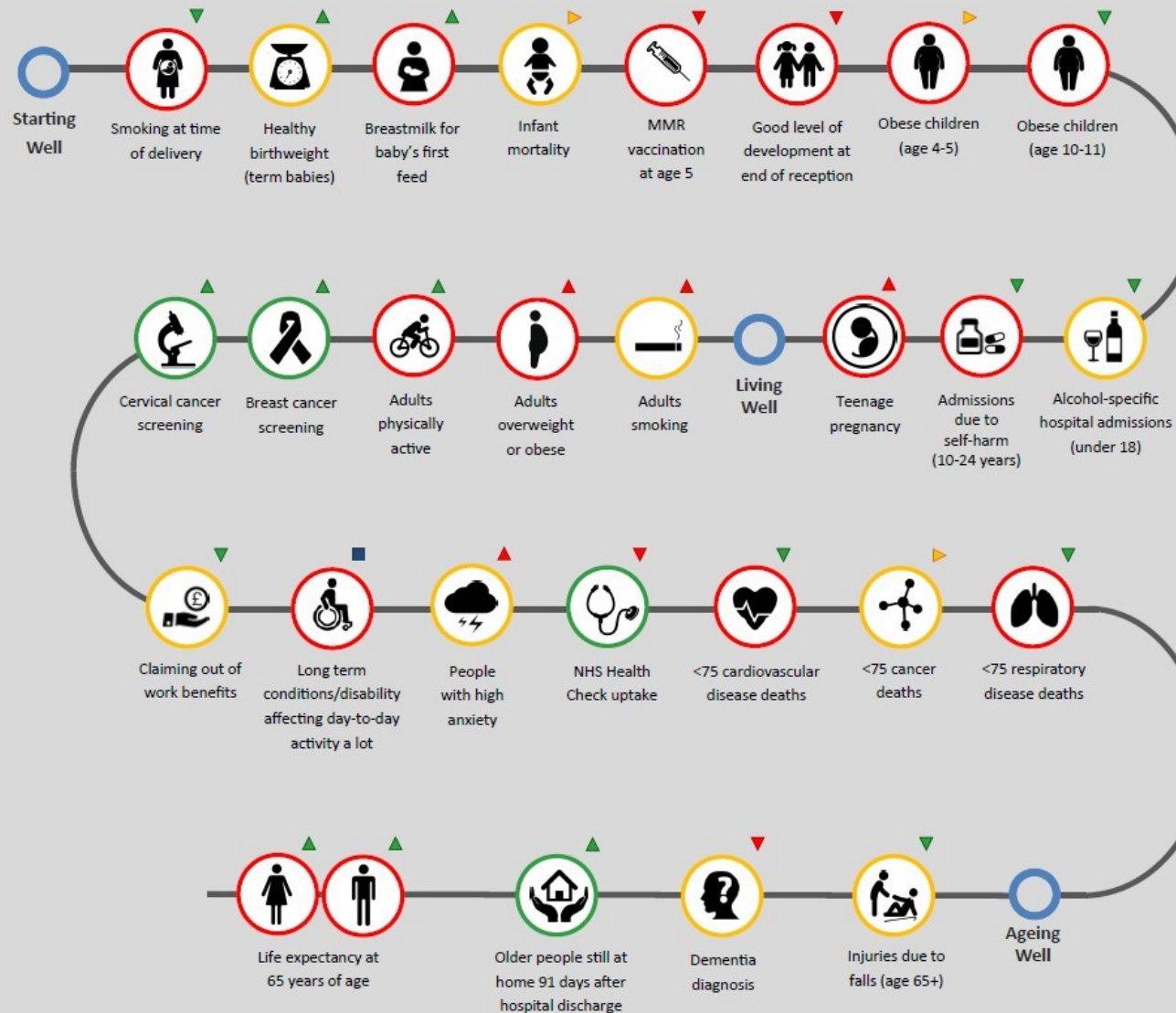
The proportion of people still at home 91 days after discharge from hospital has improved and is statistically better than the England average.

Further Halton data and trends can be found at [Public Health Outcomes Framework](#).

HALTON'S LIFE COURSE STATISTICS

Halton's life course statistics 2025

A comparison to England



HALTON FACTS

Population

About **129,500** people live in Halton.

By 2043, this is projected to change:

age 0-14 ↓ 1.5%
age 15-64 ↓ 3.7%
age 65+ ↑ 5.3%

Deprivation

49% of Halton's population live in the top **20%** most deprived areas in England.

Child Poverty

25.2% 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

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

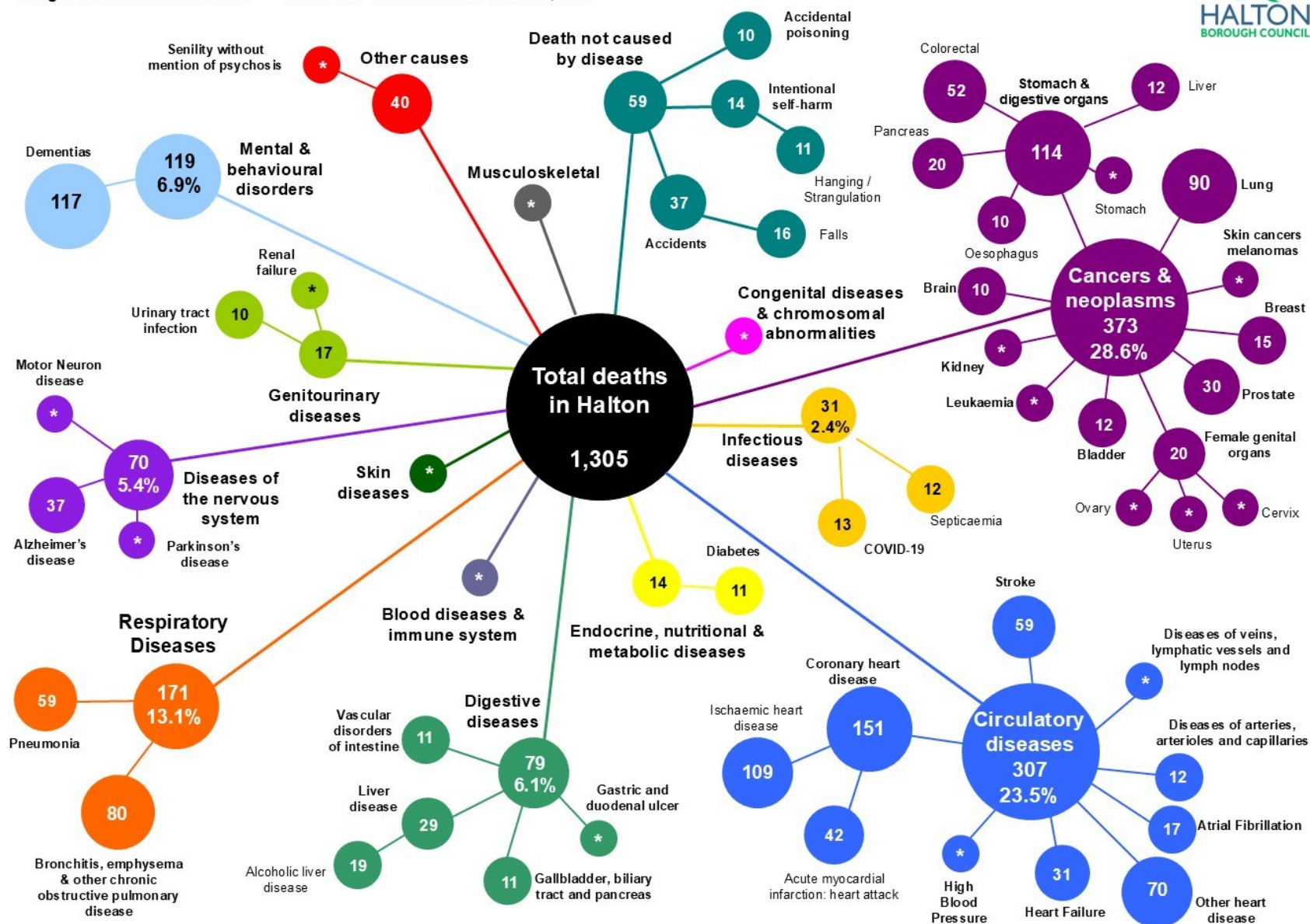
CAUSES OF DEATH 2024

Main causes of death in Halton 2024

* signifies less than 10 deaths

Source: SEFT via Office for National Statistics, 2025

Public Health Intelligence Team
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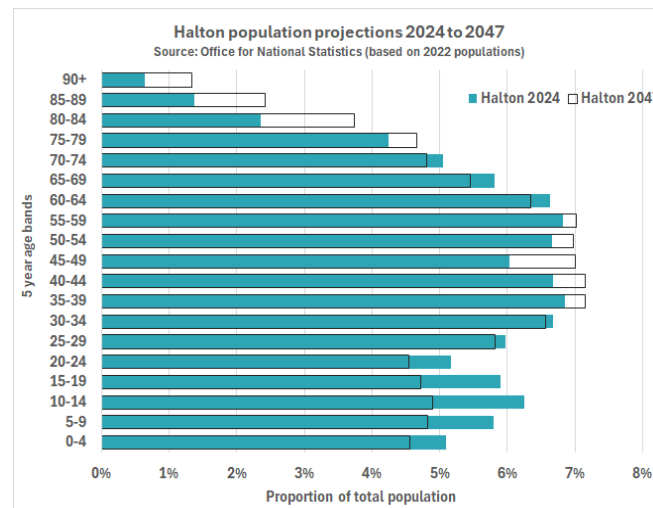
POPULATION

Population structure

There has been a shift towards a greater proportion of Halton's population now being in the 50-74 age bands when compared to the England average, rather than the 60-74 age band, as was previously the case. Halton has a lower proportion of the population aged between 15 and 34. 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 increase and the proportion of children and people of working age is expected to decrease. This is also forecast to be the case nationally.

In 2024 8.6% of Halton's population were aged 75 and above (up from 7.4% in 2020), whereas, in 2047 Halton's projected population aged over 75 will be nearly double at 12.2% 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. The data below shows Halton has a much smaller percentage of its population from non-white British ethnic backgrounds than the North West or England. Almost 94% of Halton's population is white British, compared to 74% in England as a whole.

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

Overall Halton has slightly worse employment and unemployment rates compared to England. The borough has a higher proportion of households classified as workless (households where no-one aged 16 or over is in employment). These members may be unemployed or economically inactive. Economically inactive members may be unavailable to work because of family commitments, retirement or study, or unable to work through sickness or disability.

Economic activity rates April 2024 - March 2025

People aged 16-64	Halton		North West	England
	Numbers	%	%	%
Economically active	62,100	78.0%	76.7%	78.8%
In employment	59,300	74.5%	73.7%	75.7%
Employees	53,300	67.3%	65.5%	65.8%
Self-employed	6,000	7.2%	8.0%	9.6%
Unemployed (16-64)	2,700	4.3%	3.7%	4.0%
% of those economically inactive that are due to long-term sickness	4,600	27.3%	32.3%	27.1%
Workless households	7,800	20.3%	17.2%	13.5%

Source: Nomis, Labour Market Profile, using Annual Population Survey data

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" increased from 10.8% to 11.5%.

6.5% of Halton residents did report having a long-term health condition (physical and/or mental) which did not limit their day-to-day activities. Overall, 29.9% of Halton households contain one person who is disabled according to the equality act, and a further 9% contain two or more.

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. In 2021, just over 4 in 10 people (42.2%) said they were married or in a registered civil partnership, compared with 45.1% in 2011. The percentage of adults in Halton that had divorced or dissolved a civil partnership decreased from 9.8% to 9.6%.

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 2022 (ONS) and shows there were 1,901 conceptions. This equates to a conception rate of 79.5 per 1,000 women, higher than the North West (75.3) and England rates (71.5). England and Halton have seen an decrease in conception rates since 2020. The Halton number fell by 100 compared to 2020 (conception rate 84.4).

HEALTH 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.

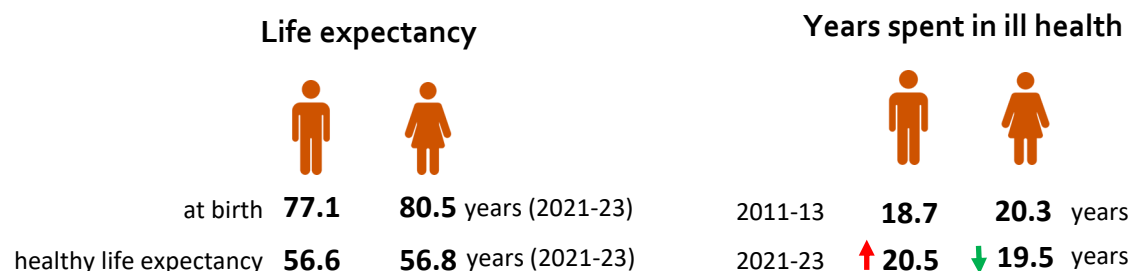
Halton is a deprived borough relative to England as a whole. Based on the 2019 Index of Multiple Deprivation it is the 19th most deprived local authority in England (out of 151 upper tier authorities) and almost one third of its population live in areas classified in the 10% most deprived in England.

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
4. Calculated locally using Primary Care Mortality Database.

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 Halton men can expect to live 2 years less than across England as a whole. For Halton women it is just under 3 years less. Despite general improvements to life expectancy, Halton residents spend less of their lives in good health compared to England and the years spent in ill health have actually increased for men.



There are varying levels of deprivation and life expectancy within Halton meaning that there are internal inequalities. For women there is an 9.2 year gap between life expectancy at birth and for men it is 10.4 between the most and least deprived areas. Life expectancy is highest in Daresbury, Moore and Sandymoor ward and lowest in Central & West Bank for males and Halton Lea for females.

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. A set of Beacon Indicators have been agreed to monitor progress towards this at both a Cheshire & Merseyside and local level.

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

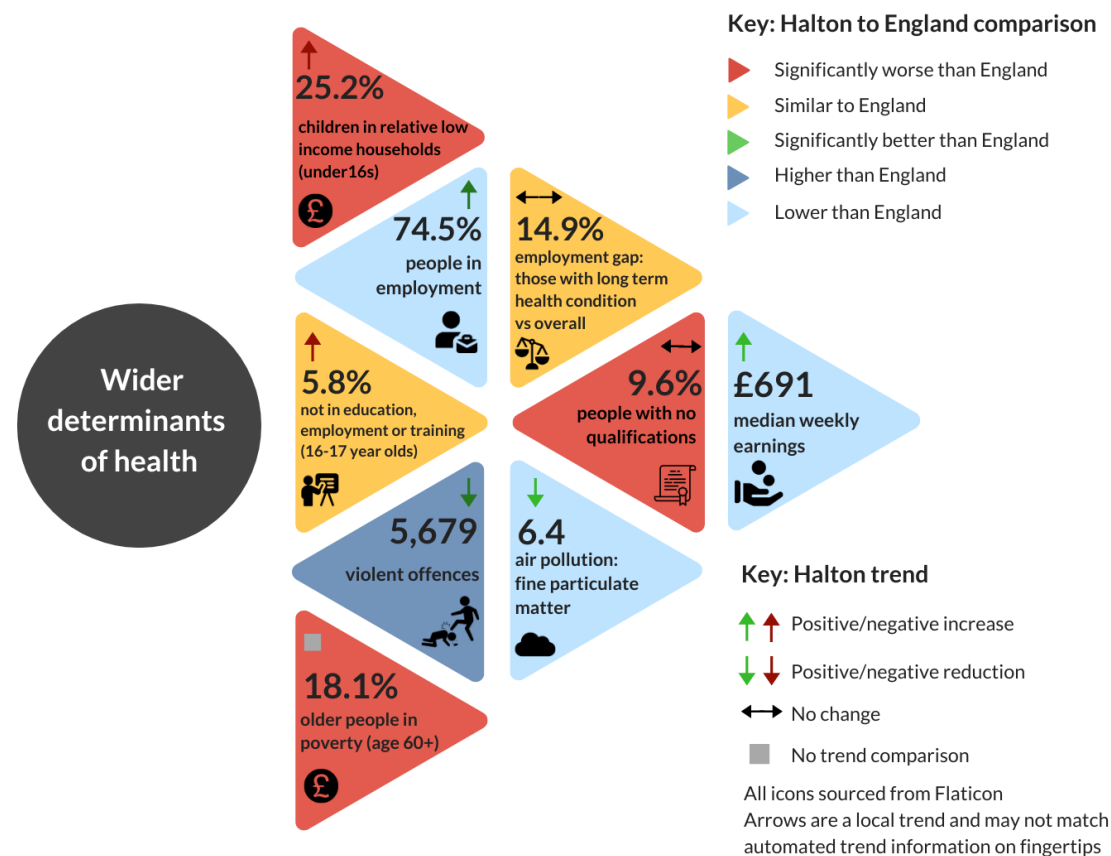
The wider determinants of health

“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, often referred to as the wider determinants of health, are alterable, to varying degrees¹. Examples include 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.



- <https://www.gov.uk/government/publications/health-profile-for-england/chapter-6-social-determinants-of-health>
- <https://fingertips.phe.org.uk/profile/wider-determinants/data#page/1/gid/1938133043/pat/15/ati/502/are/E06000006/iid/93754/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

Published data is available from the [Wider Determinants of Health | Fingertips | Department of Health and Social Care](#)

STARTING WELL: CHILDREN & YOUNG PEOPLE

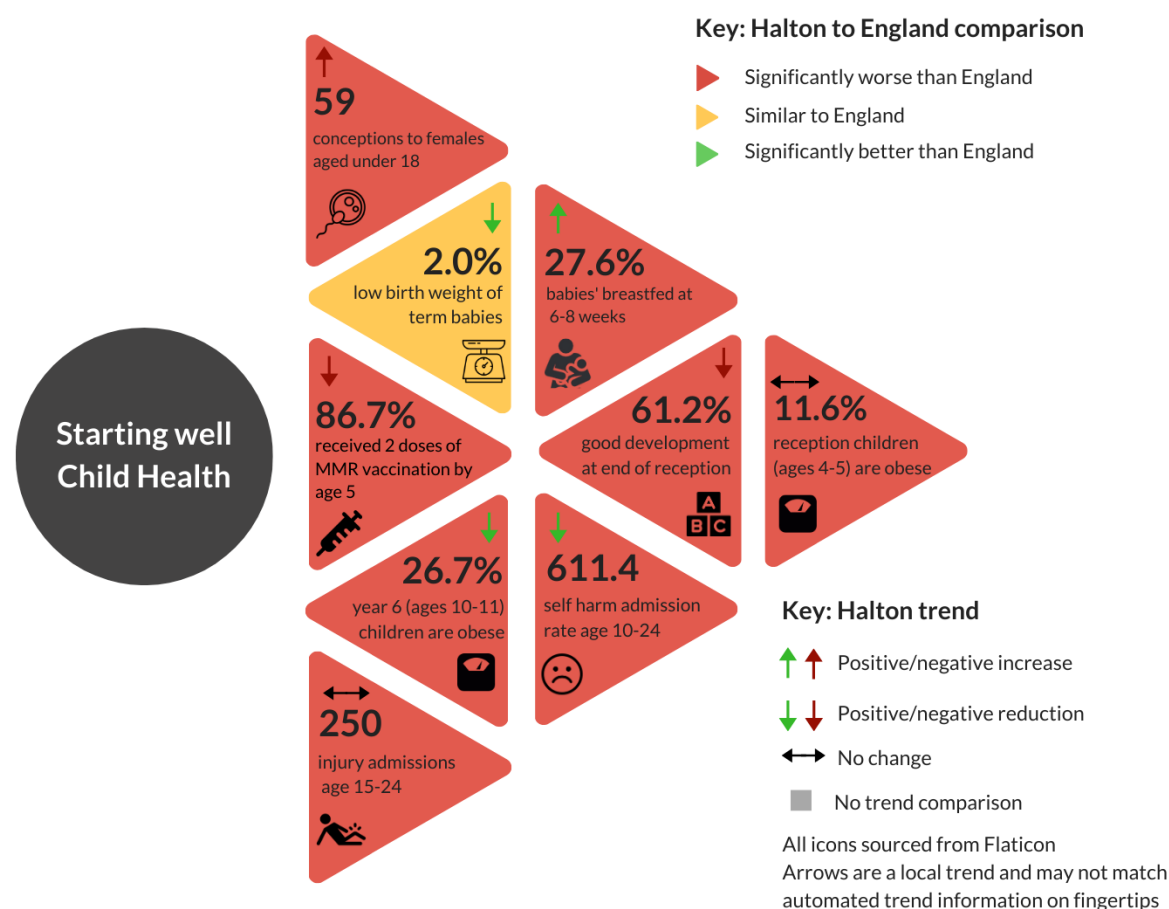
Child health

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 & 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. Greater levels of breastfeeding initiation and prevalence of breastfeeding have been linked to both 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.

Published data is available from the [Child and Maternal Health - Data | Fingertips](#) | [Department of Health and Social Care](#)



LIVING WELL: WORKING AGE

Working age people's health

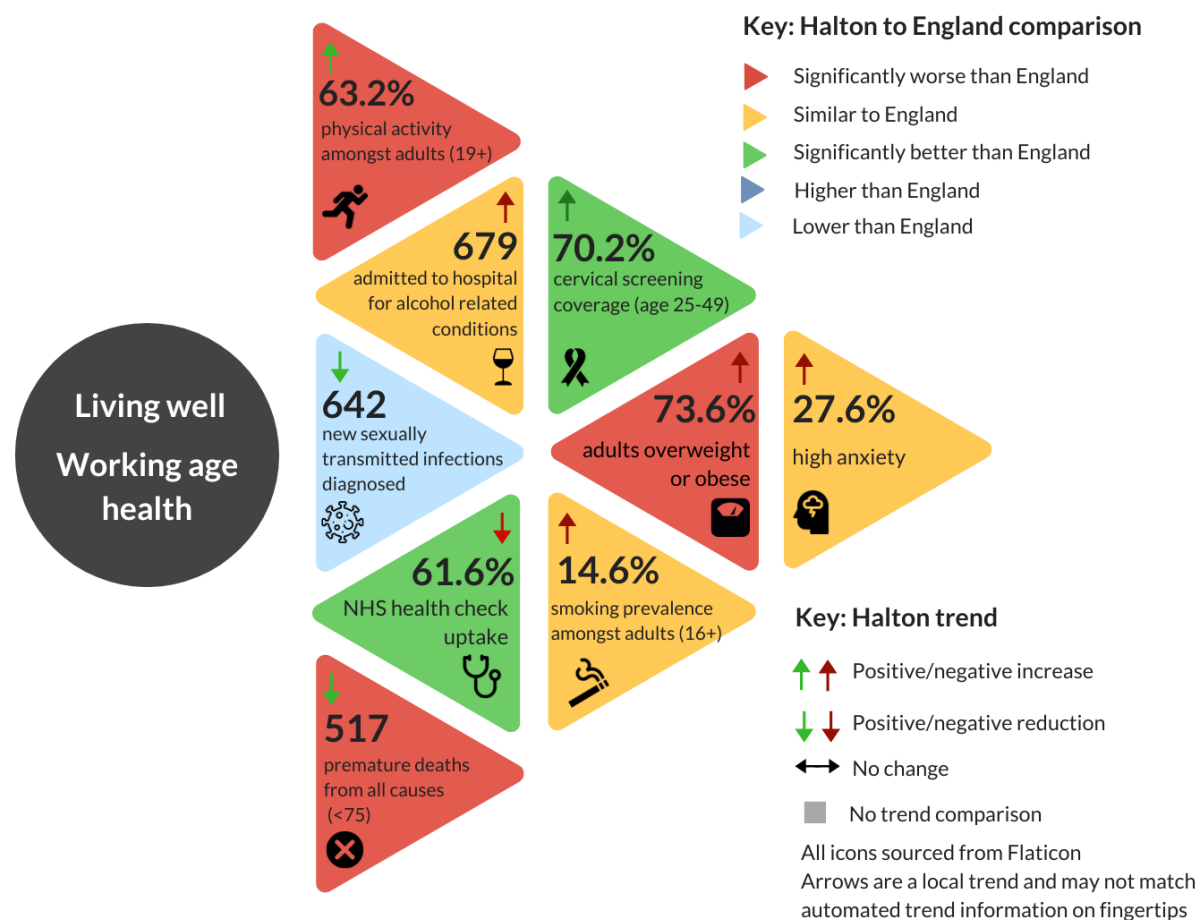
In the coming decades the proportion of the population who will be of working age is projected to reduce. With more people retired and not in work there will be a greater emphasis on social and financial support for those older people who have left employment. As such it is incredibly important that people who *are* of working age are physically healthy and mentally well.

'Lifestyle' factors are extremely important in helping to promote and maintain good health. Improving the prevalence of these lifestyle factors can go a long way to reducing the risk of premature mortality from all causes, 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, adequate transport links and access to green space.

For published data on general health indicators see the [Public Health Outcomes Framework](#) | [Fingertips](#) | [Department of Health and Social Care](#)



AGEING WELL: OLDER PEOPLE

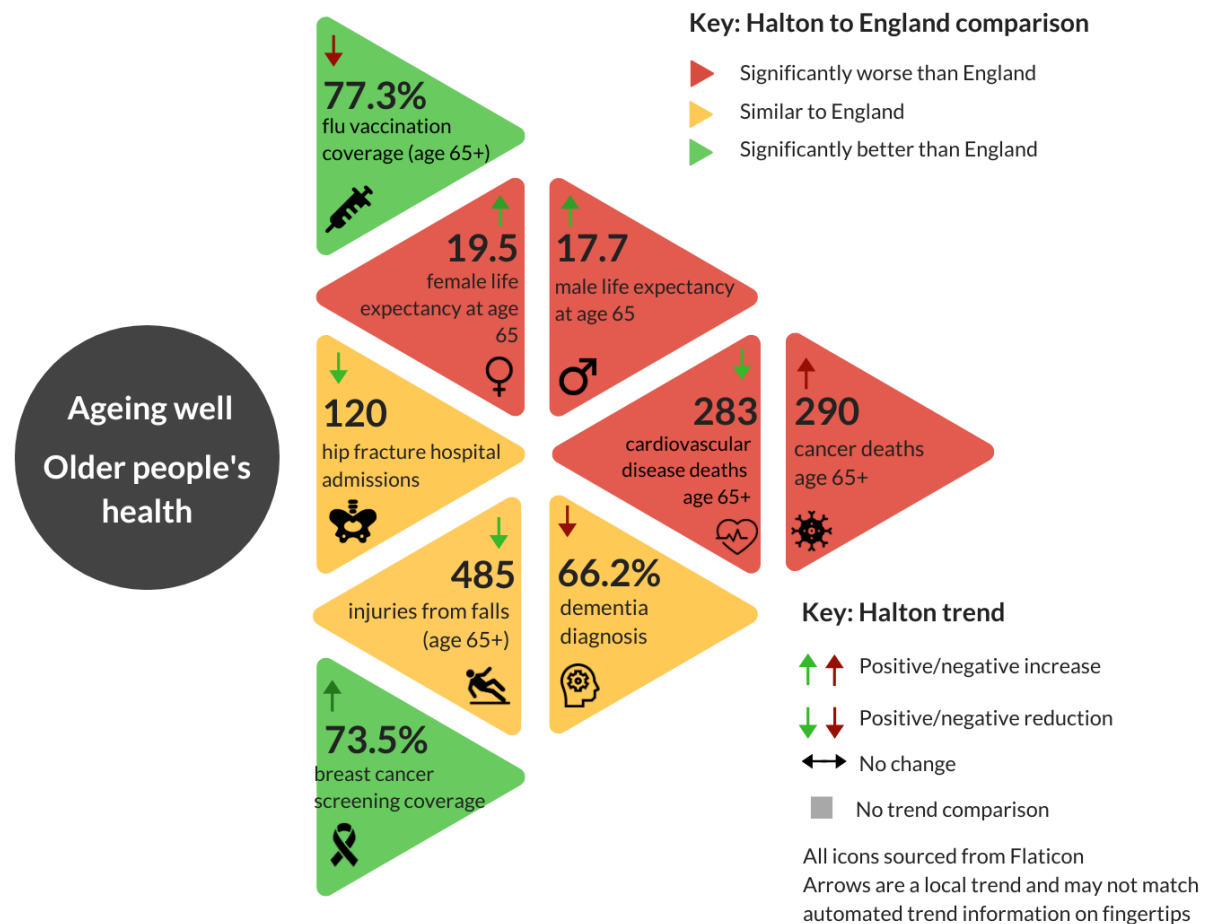
Older people's health

Life expectancy has generally increased over time. 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, in poor health or feeling lonely.

Life expectancy at birth in Halton remains lower than the national average, as does life expectancy at 65 years old. For the years 2021-23 it was estimated that at age 65 males could be expected to live on average a further 17.7 years and females a further 19.5 years. However over half of this is estimated to be spent in good health (55% for females and 55% for males). This is a higher proportion than the England average (47% and 45% respectively).

It is incredibly important to provide not just health and social care services, but also things like transport. This creates better mobility and access, promoting greater social inclusion, particularly for those who find it more difficult to make the most of the provision of such services.

There is a wide range of data on older people's health and wellbeing at [Fingertips | Department of Health and Social Care](#) although there is no longer a specific profile covering this life stage



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, service provision and health impacts. 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://www3.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	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	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 and states four broad lifecourse priorities for the borough for the time period the document is active:

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



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