

HALTON JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

SUMMARY DOCUMENT 2026

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, other local health strategies 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.

The report forms part of the borough's JSNA work programme. The JSNA is a continuous process not a single document. Each year, the work programme is created in collaboration with local partners, varying year or year depending on their needs.

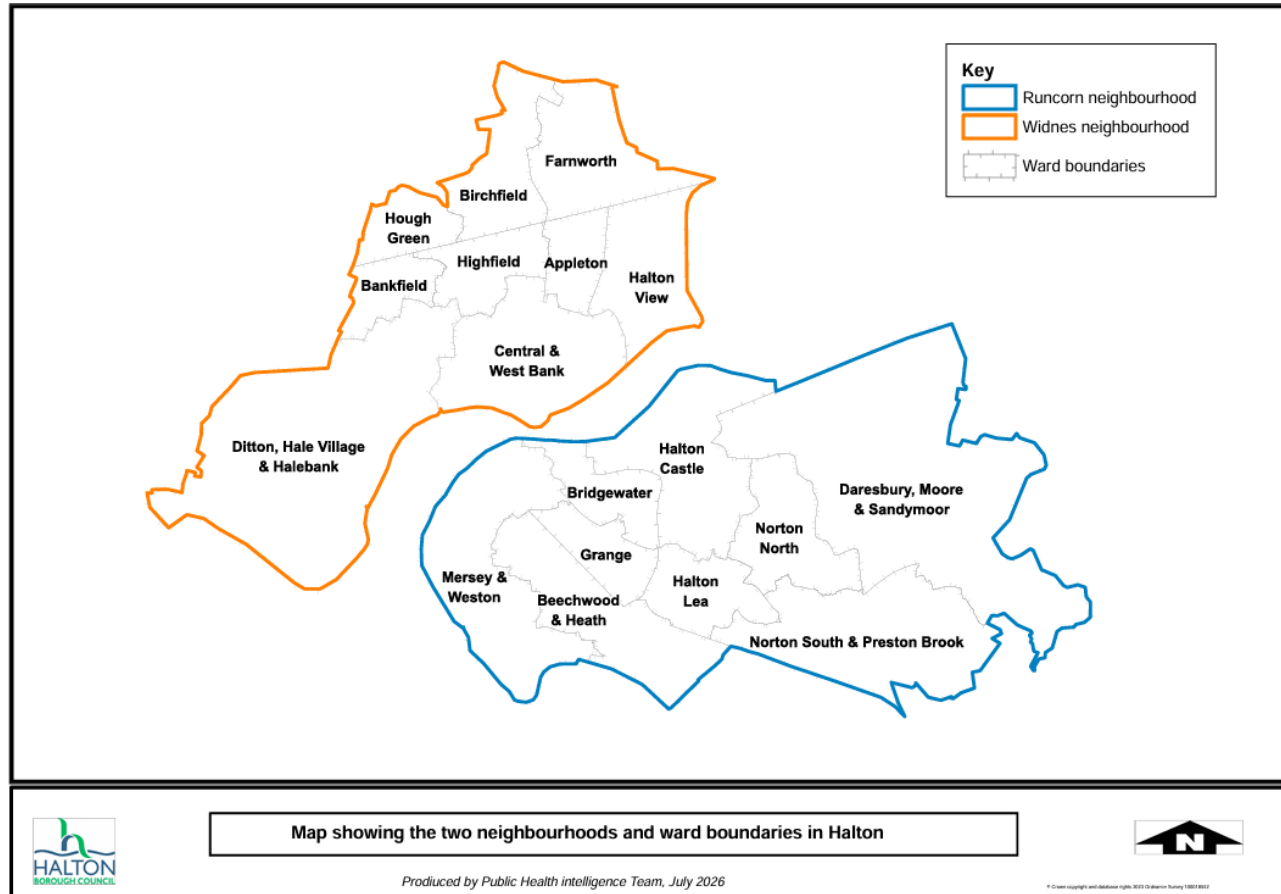
Core Components:

- **Social Determinants:** It looks beyond the clinical healthcare system to evaluate wider social factors that impact health, such as housing, poverty, and employment.
- **Life Course Approach:** Assessments often break down needs into chapters or profiles based on age—often described as Starting Well (covering 0-18 or 0-25 year olds), Living Well (18-64 years) and Ageing Well (aged 65+).
- **Local Leadership:** Under the Health and Social Care Act, the responsibility to produce the JSNA sits with local Health and Wellbeing Boards. The Public Health Directorate within Halton Borough Council leads with JSNA process on behalf of the Health and Wellbeing Board



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HALTON JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)



Halton is the smallest of the nine local authorities in Cheshire & Merseyside. With a population of 131,912 (ONS 2025 mid-year population estimate) it is a medium-size local authority across England at 185 position out of 302 local authorities (not including counties).

Halton is the 31st most deprived of 296 Lower-tier Local Authorities in England. 1 in 4 children live in relative low-income families and this level has increased recently.

The health of people in Halton remains generally worse than the England average. Life expectancy for both men and women is lower than the England average. Healthy life expectancy is poor resulting in Halton residents spending more of their life in ill health than the England average —22.9 years for men and 24 for women. This is an increase compared to 10 years ago.

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.

Health inequalities

Levels of deprivation and life expectancy vary across the borough. For males there is a 14.2-year gap and for women an 11.1-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.

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

RECENT IMPROVEMENTS IN HEALTH OUTCOMES

Despite an overall worse than England pattern, the strong partnerships across Halton have been able to turn the tide on some significant challenges.

Breastfeeding rates have seen improvements over the last few years, after many years of stagnant outcomes. Rates do remain below then national average so there is still work to do.

Smoking levels see a similar picture. Overall smoking rates are now similar to the national average and whilst smoking at time of delivery remains above the national average, the trend is now going in a positive direction.

Falls amongst older people has been a Joint Health & Wellbeing Strategy for many years. The focussed effort in this area is resulting in fewer falls although both overall rate of falls and hip fracture numbers remain above the England averages.



CONTINUING CHALLENGES

Not all Halton outcomes are improving.

The levels of several outcomes for young people remain challenging. There has been an increase in child poverty and levels of excess weight. Less children are receiving the measles, mumps and rubella (MMR) vaccination and child development has seen little improvement.

Healthy life expectancy has fallen slightly for men and stayed the same for women. For both the levels are worse than the England averages.

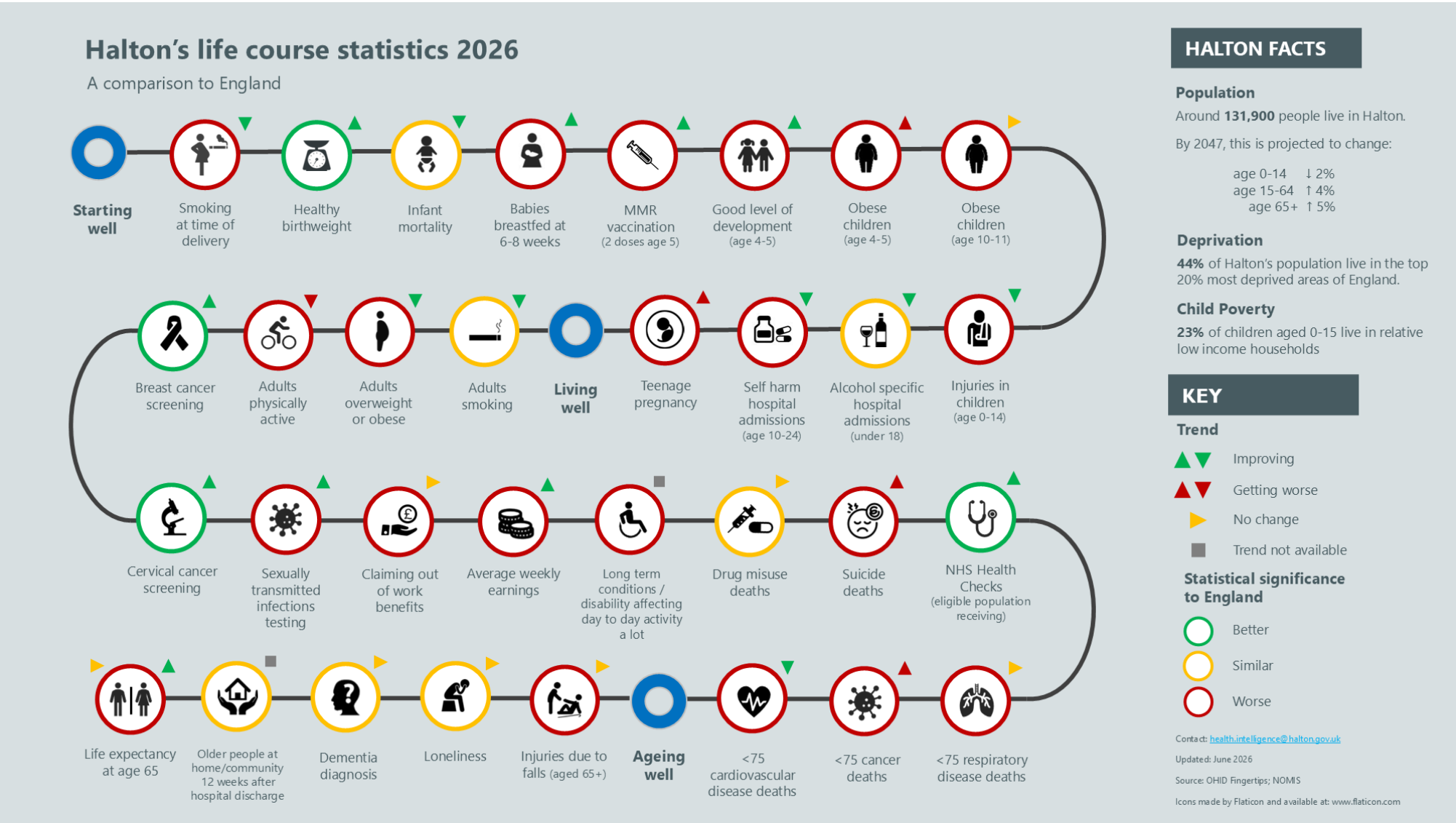


HALTON'S LIFE COURSE STATISTICS

This page outlines the key health statistics using the Health and Wellbeing Strategy life course approach.

From this we are able to determine that whilst Halton performs worse for many of these measures compared to England – denoted by the colour of the circle – the direction and colour of the arrows shows improvements or static positions for all but six of them.

Issues related to deprivation/poverty will be examined in more details later in this report.



CAUSES OF DEATH 2025

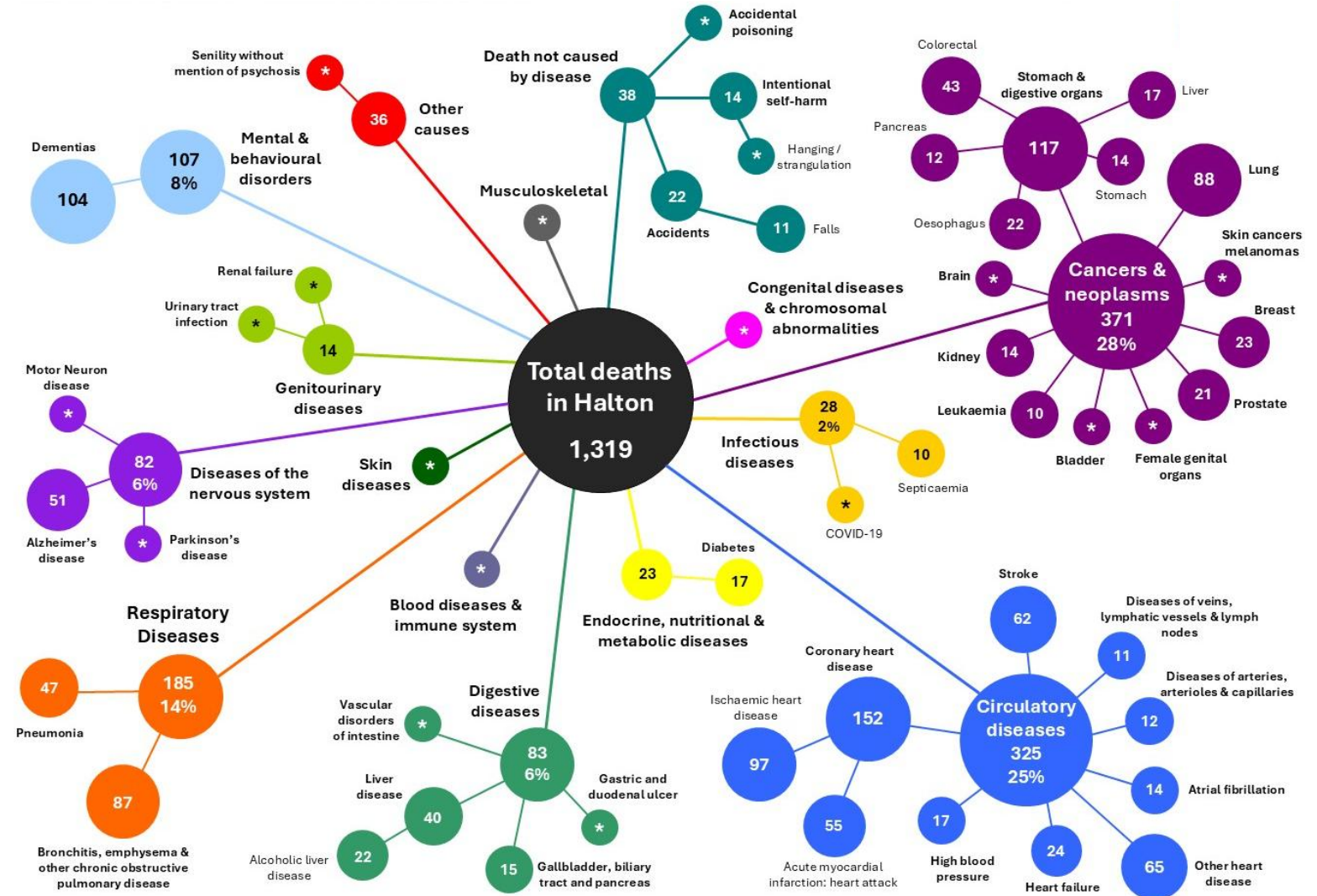
The number of deaths each year remains fairly steady and totalled 1,319 in 2025.

The bigger the circle, the larger the numbers and the proportion of deaths by cause in relation to the total number of deaths per year.

In line with the national picture, the main causes of death remain as:

- Cancers
- Circulatory diseases
- Respiratory diseases
- Mental and behavioural disorders
- Digestive diseases

Cancers and circulatory diseases account for just over half of all deaths in Halton.

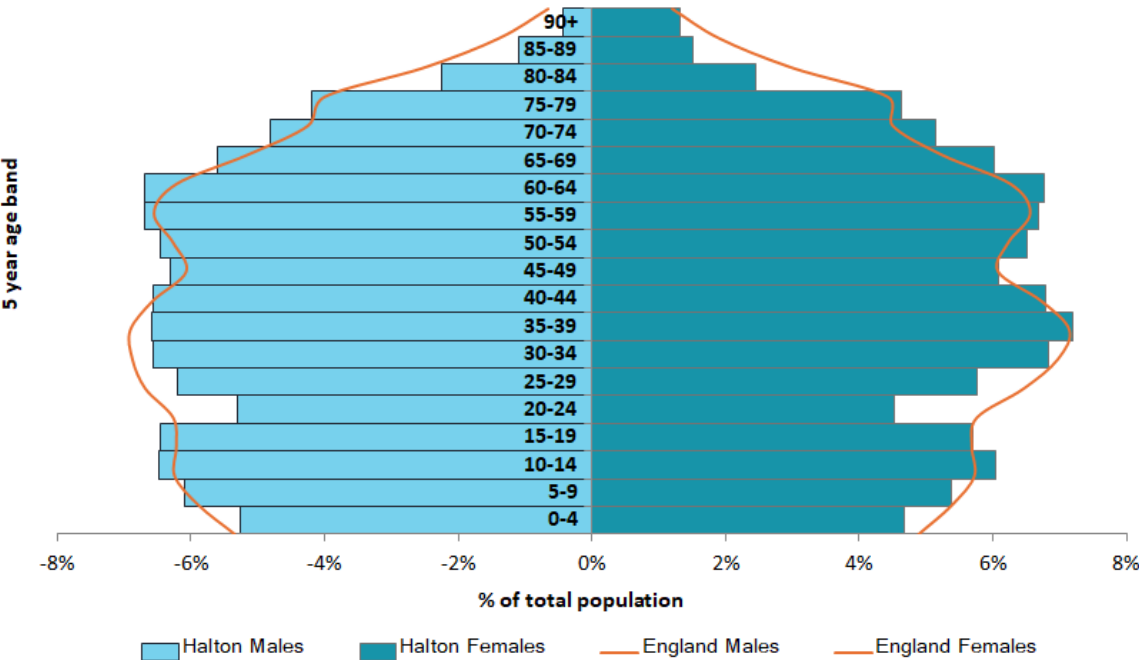


POPULATION

Population structure

Compared to the England average, Halton has a lower proportion of its population aged between 20 and 34, but a higher proportion aged 60 to 79. This has the potential for an ageing population to impact upon the borough's working age population in the near future. There is a lower proportion aged 80 and over in Halton, which reflects the lower life expectancy in the borough.

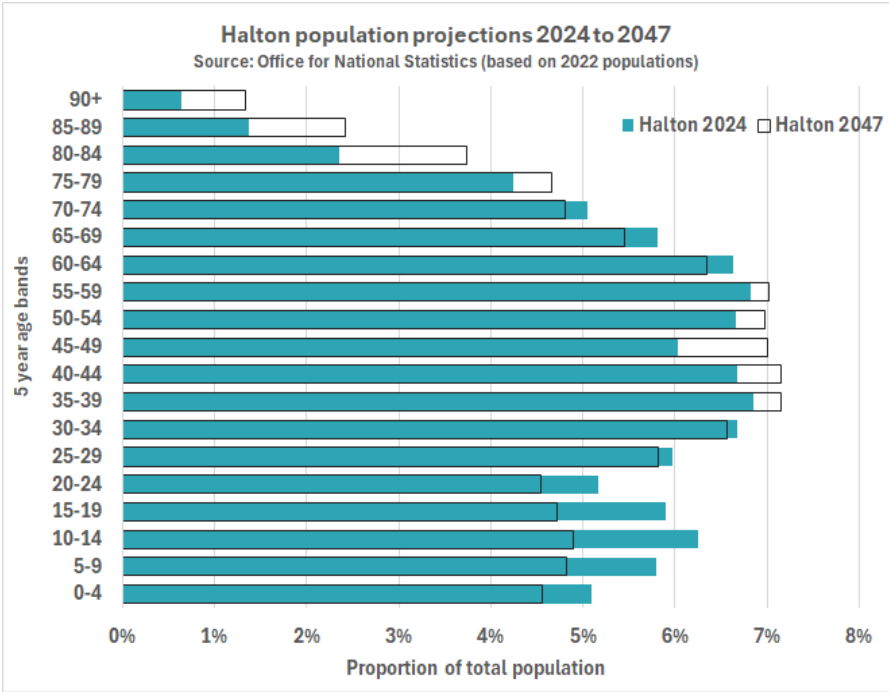
Halton & England population pyramid
Proportion of total area population, by 5-year age band and gender
Source: 2025 mid-year estimates, ONS 2026



Population projection

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.



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. 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%. 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. 42.2% said they were married or in a registered civil partnership, slightly less than in 2011 when it was 45.1%.

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. Looking at broad categories, 96.5% of people in Halton identified their ethnic group within the "White" category (compared with 97.8% in 2011). 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. The percentage of people who identified their ethnic group as "Black/African/Caribbean/Black British" also increased from 0.2% in 2011 to 0.4% in 2021. 0.1% identified their ethnic group within the 'other ethnic group' category in the 2011 Census. This had increased to 0.4% in the 2021 Census.

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).

Children in Care and Care Leavers: agreed as a local protected characteristic group, Halton has a statistically higher rate of children in care compared to England and North West. For 2024/25 367 children translates to a crude rate of 132 per 10,000 children under age 18 (North West was 90 per 10,000 and England 67). Halton also had a higher rate of care leavers in the same year, with 127 leaving care translating to a rate of 46 per 10,000 (North West 32 and England 28).

POVERTY AND DEPRIVATION

Why does poverty matter?

The [Marmot Review \(2010\)](#) suggests there is evidence that childhood poverty leads to premature mortality and poor health outcomes for adults such as life expectancy. There is also a wide variety of evidence to show that children who live in poverty are exposed to a range of risks that can have a serious impact on their mental health.

How does deprivation differ from poverty?

Poverty refers to a lack of financial resources to meet basic human needs, such as food, shelter, and medical care. Deprivation is a broader concept that describes the lack of access to opportunities, services, and a dignified life, encompassing social, cultural, and political dimensions. The distinction between the two largely comes down to economic measurement versus overall well-being

Measuring poverty

There is no single measure, largely due to the complexity of both issues. In England child poverty can be measured as the proportion of children living in relative low income. A family is said to have a low income (before housing costs) if their household income is below 60% of the average. A family must have claimed Child Benefit and at least one other household benefit (Universal Credit, tax credits, or Housing Benefit) at any point in the year to be classed as low income in this statistic.

This measurement replaces older definitions with data available for 4 years, 2021/22 to 2024/25. Halton levels have consistently statistically significantly higher than the England average but statistically better than the North West average. For Halton, the 2024/25 percentage was the highest of the 4 years.

Children in relative low income families (under 16s)

Period		Halton				North West	England
		Count	Value	95% Lower CI	95% Upper CI		
2021/22	●	5,108	20.9%	20.1%	21.6%	23.5%	18.6%
2022/23	●	5,567	22.7%	22.0%	23.5%	25.2%	19.9%
2023/24	●	5,368	22.0%	21.2%	22.7%	24.4%	19.3%
2024/25	●	5,609	23.0%	22.3%	23.8%	24.5%	19.8%

Source: OHID, based on Department for Work and Pensions and Office for National Statistics data

Deprivation measures

In England deprivation is most commonly measured using the Indices of Deprivation, in particular its composite Index Of Multiple Deprivation (IMD). It is made up of a range of indicators across 7 domains:

- Income Deprivation (22.5%)
- Employment Deprivation (22.5%)
- Education, Skills and Training Deprivation (13.5%)
- Health Deprivation and Disability (13.5%)
- Crime (9.3%)
- Barriers to Housing and Services (9.3%)
- Living Environment Deprivation (9.3%)

All 7 combine (weighted as indicated) to create the IMD, the official measure of deprivation in England.

The following page shows the pattern of deprivation across Halton.

See JSNA chapter on poverty and the cost of living on our webpage [Halton Joint Strategic Needs Assessment](#)

DEPRIVATION

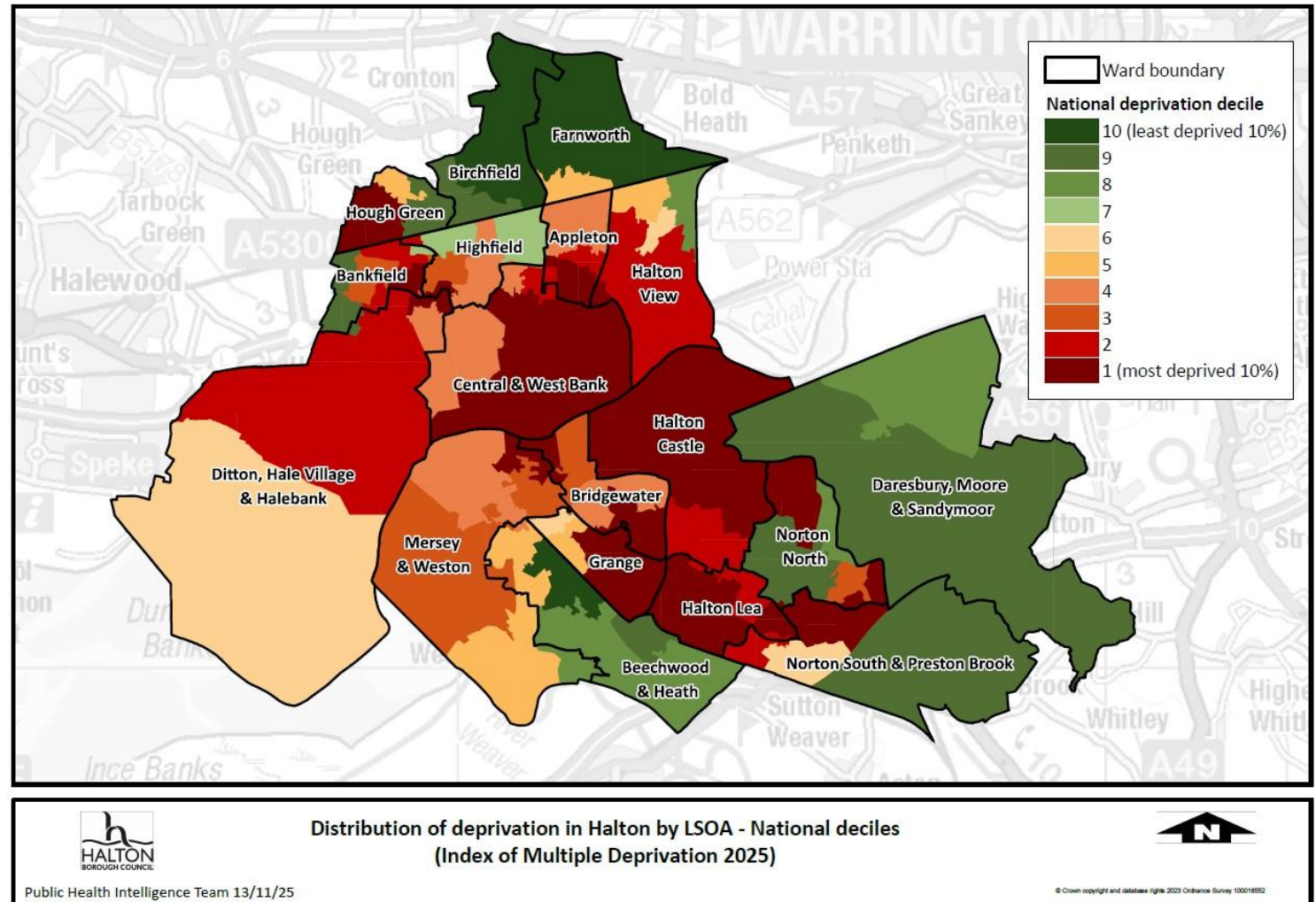
Deprivation

Halton is a relatively deprived Local Authority overall, ranking 31st most deprived of 296 Lower-tier Local Authorities in 2025.

Almost a third of Halton's population (30%) live in areas that are in the top 10% most deprived in England.

The map below shows the distribution of relative deprivation across Halton. The darkest red areas represent areas in the top 10% most deprived in all of England, through the darkest green, which are in the least 10% most deprived.

The wards with the most concentrated areas of high deprivation are Halton Castle, Halton Lea and Central & West Bank. Many of these areas have experienced persistently high deprivation, having been in the top 10% most deprived areas nationally for the IMD publications in 2015, 2019 and 2025.



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 exist due to a combination 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.

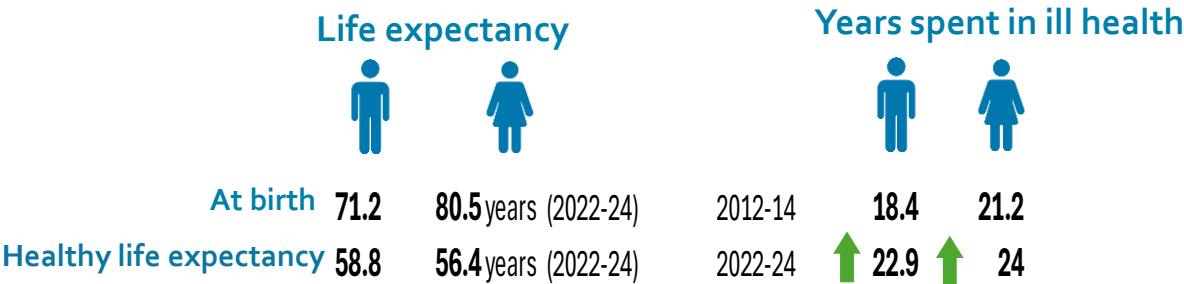
Halton is a deprived borough relative to England as a whole. Based on the 2025 Index of Multiple Deprivation it is the 31st most deprived local authority in England (out of 296 lower tier authorities). 1 in 4 areas in Halton experience persistent relative deprivation (i.e. they have been in the top 10% most deprived nationally since the IMD was published in 2015).

Analysis of national data has shown that people living in 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 yet there are disparities in access to public health and healthcare services that both stem from and further reinforce health inequalities. This is known as **the inverse care law** – people who are the most in need of healthcare are the least likely to receive it.^{2,3; 4}.

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. [UK Health Inequalities and Life Expectancy | BMA](#)
4. [Quantifying health inequalities in England - The Health Foundation](#)
5. 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 a 11.1 year gap between life expectancy at birth and for men it is 14.2 between the most and least deprived areas (2022-24). Life expectancy (2021-25) is highest in Daresbury, Moore and Sandymoor ward for both males and females. It is lowest in Central & West Bank for males and in Halton Lea for females.⁵

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 next page).

See JSNA chapter on inequalities in life expectancy on our webpage [Joint Strategic Needs Assessment | Halton Borough Council](#)

All Together Fairer report can be found at <https://champspublichealth.com/all-together-fairer/>

ALL TOGETHER FAIRER: BEACON INDICATORS

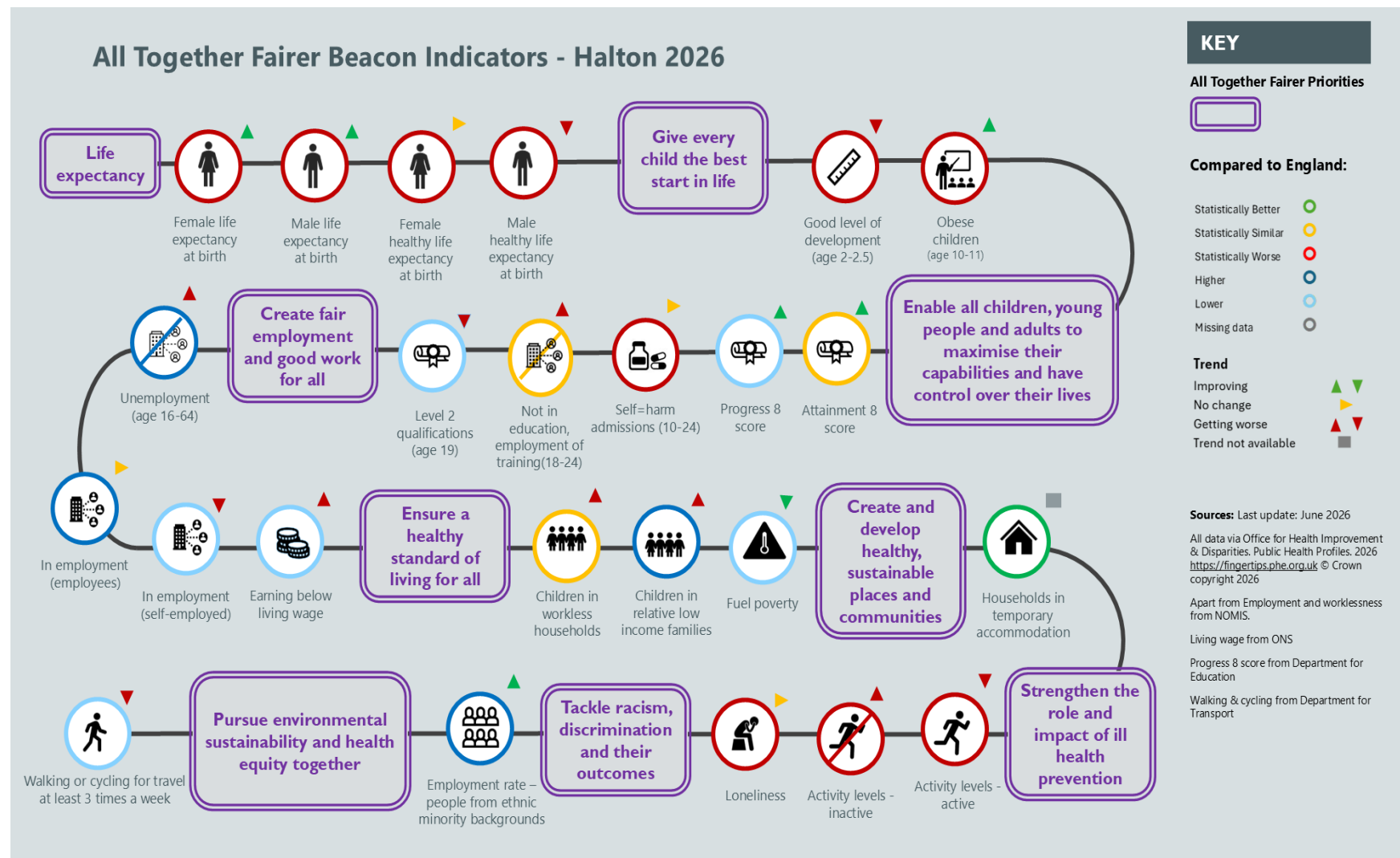
All Together Fairer is Cheshire and Merseyside's collaborative approach to improving health equity and the social determinants of health in the subregion. The Programme brings together public, private and third sector organisations with one shared aim: build a fairer, healthier Cheshire and Merseyside.

This work is informed by the country's leading voice on health inequalities, Professor Sir Michael Marmot, thanks to an active and ongoing collaboration with his Institute of Health Equity (IHE).

In 2022, Sir Michael and his team of researchers at the Institute for Health Equity (IHE) published a landmark report, which sets out measurable actions for the subregion to meet this goal.

This core set of indicators was developed following wide consultation and working with the IHE.

The latest available data shows Halton faces considerable challenges, with many outcomes being worse than the England averages. The trends are also showing a worsening position.



[Cheshire-and-Merseyside-report_interactive-v6.pdf](#)

NEIGHBOURHOOD HEALTH

Neighbourhood health is a central part of the [government's long-term NHS vision](#), aiming to help people *"live well in their local areas and reduce their need for care delivered in hospitals."* It brings together long-standing ideas about integration, prevention, personalised care, community involvement and place-based working.

Core Concepts of [Neighbourhood Health](#)

- **Integration:** Services across the NHS, social care and community organisations work as a coordinated whole to deliver joined-up care.
- **Prevention:** Focus on early intervention, managing risk factors, and addressing wider determinants of health such as housing, education and employment.
- **Personalised Care:** Care tailored to individual needs and preferences, giving people more control.
- **Care Closer to Home:** Shifting from hospital-centric care to community-based services such as GPs, pharmacies, mental health teams and VCSE organisations.
- **Community-Led Approaches:** Communities help design and deliver services, with professionals working *"with"* rather than *"doing to"* people.
- **Place-Based Care:** Organising care around local geographies, devolving decision-making and budgets to local areas.

The guidelines emphasise mid- to long-term transformation, with short-term focus on *"high priority cohorts"* such as frail or housebound people.

[The 10 Year Health Plan for England](#) sets out some key developments include:

- **Integrated neighbourhood teams** (30,000–50,000 population)
- **Neighbourhood health centres**
- **Community health and wellbeing workers (CHWWs)**, inspired partly by Brazil's model
- The plan prioritises people with complex needs to demonstrate early impact.

[Pride in Place Strategy \(2025\)](#)

A centrally funded 10-year initiative to revitalise disadvantaged communities through:

- Stronger communities
- Thriving places
- Resident-led decision-making
- Neighbourhood boards will lead local regeneration plans.

Halton received Phase 2 funding for Hough Green.

[Neighbourhood Health Framework \(2026\)](#)

Every system must produce a neighbourhood plan and define neighbourhood footprints. Halton has been divided into 2 neighbourhoods, reflecting the Primary Care Networks: Runcorn and Widnes. The **next 2 pages highlight key health indicators** for both areas.

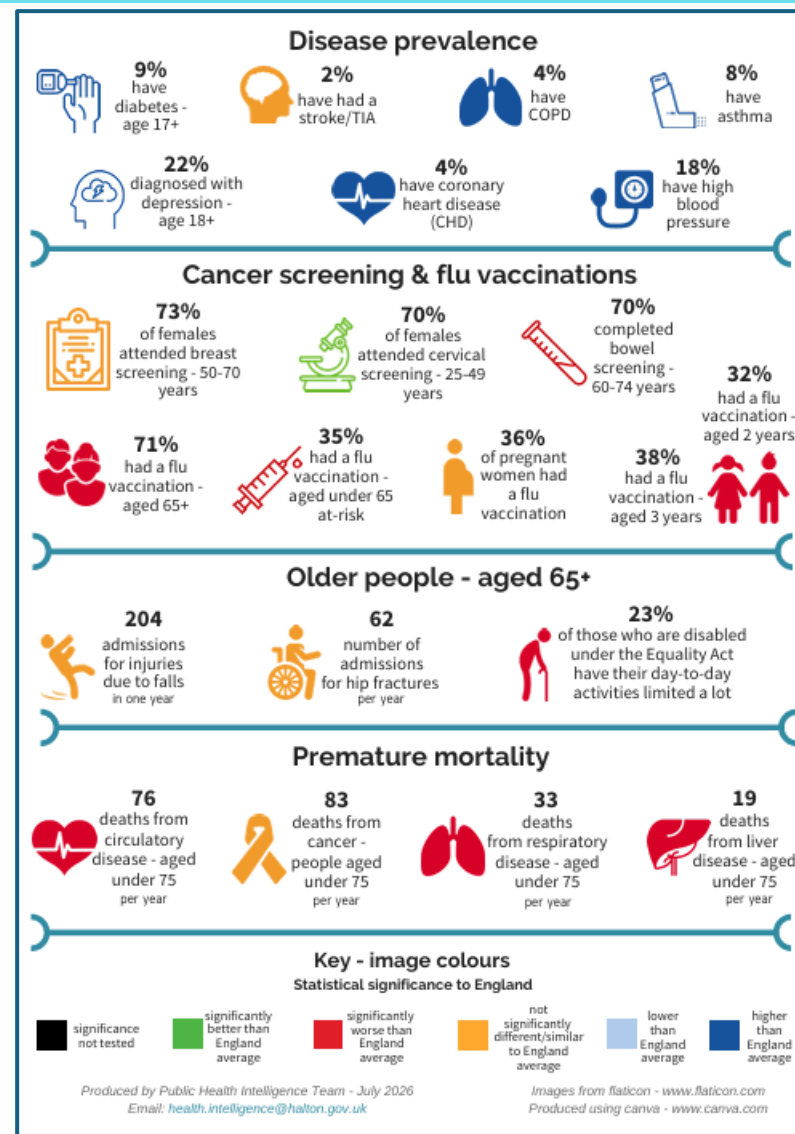
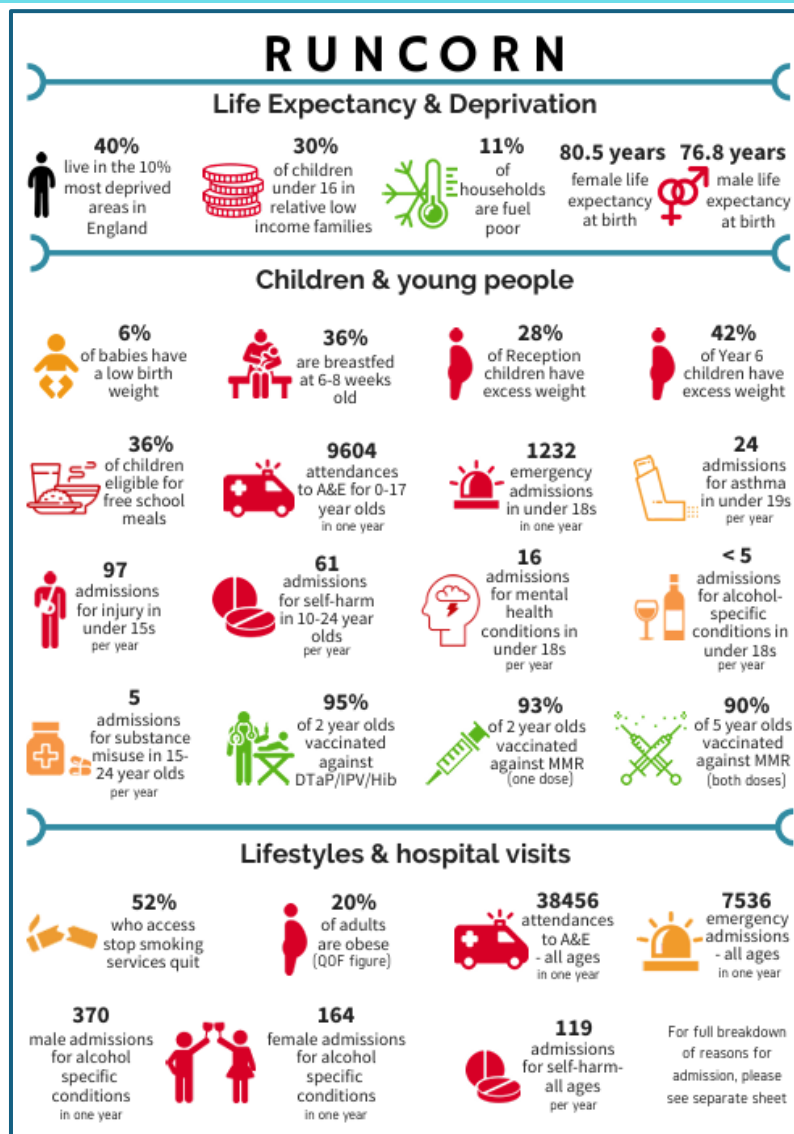
[All Together Fairer Neighbourhoods](#)

This framework builds on All Together Fairer, Cheshire and Merseyside's agreed approach to tackling health inequalities across the life course, rooted in the principles set out by Professor Sir Michael Marmot. Informed by the Marmot Reviews and wider national and international evidence, All Together Fairer provides a shared set of principles to guide system-wide action focused on prevention, neighbourhood resilience and locally led responses to community need. All Together Fairer has been formally endorsed by all Health and Wellbeing Boards across Cheshire and Merseyside, providing a consistent mandate for delivery at neighbourhood, place and system level.

This guidance is intended to support Health and Wellbeing Boards, local government, the NHS and wider partners to develop neighbourhood plans that are person-centred, preventative and grounded in local data, community assets and lived experience.

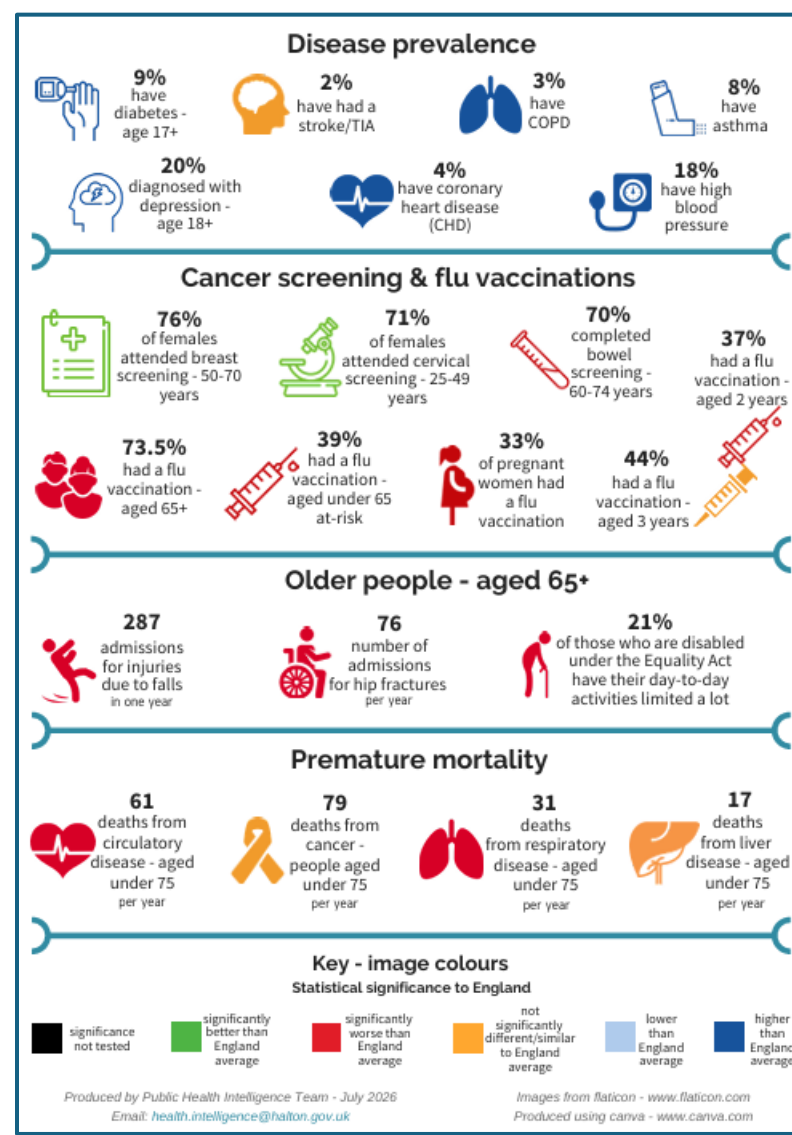
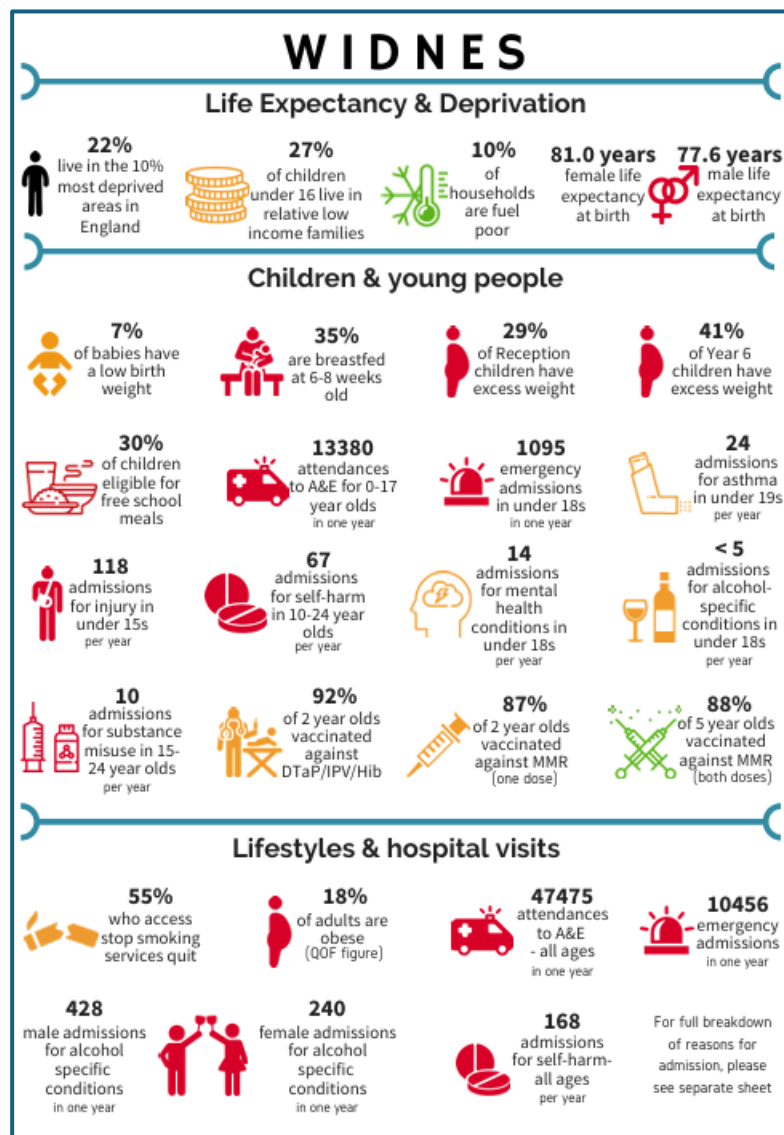
NEIGHBOURHOOD HEALTH: RUNCORN

- A higher percentage of Runcorn's population live in the 10% most deprived areas in England compared to the national average (10%). It has significant population health need
- Overall childhood health outcome measures are poorer than the England average
- Good childhood vaccination uptake compared to the Cheshire and Merseyside average and higher than Widnes neighbourhood
- This is also the case for most lifestyle and hospital visits measures
- High prevalence of chronic disease compared to England average, though disease management performance is generally stronger than the Cheshire and Merseyside average
- There is a mixed picture for cancer screening. Uptake is lower than Widnes.
- Flu vaccination uptake is worse than the England average, apart from for pregnant women. However, rates are low in all under 65 at risk groups so there is significant room for improvement in all groups.
- High levels of premature (under age 75) deaths



NEIGHBOURHOOD HEALTH: WIDNES

- Widnes also has a higher proportion living in the 10% most deprived area compared to England average (IMD2025) but less so than Runcorn.
- Childhood health outcomes are generally worse than the England average with a similar picture to Runcorn.
- Childhood vaccination uptake is above the Cheshire and Merseyside average and England, though is lower than Runcorn
- Lifestyles and hospital visits measures are worse than Widnes and statistically worse than England average
- High burden of chronic disease, consistent with underlying population need
- Disease management outcomes are generally stronger than the Cheshire and Merseyside average, but consistently lower than Runcorn neighbourhood
- Higher cancer screening uptake than Runcorn but still below national targets, indicating room for improvement in these key preventative services
- Flu vaccination uptake is poorer than the England average and slightly lower than Runcorn. Significant gaps between uptake locally and national targets, indicating room for improvement in these preventative services
- Measures for older people are worse than Runcorn and statistically worse than England
- Premature mortality is high. Life expectancy is worse than the England average but slightly better than in Runcorn



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:

[Joint Strategic Needs Assessment | Halton Borough Council](#)

[Home](#) / [Public Health](#) / Joint Strategic Needs Assessment

Joint Strategic Needs Assessment

The JSNA pulls together a wide range of information about the current and future health and wellbeing needs of the local population.

[JSNA Summary](#)

[GP JSNA](#)

[Health Profile](#)

[Fingertips Profile](#)

People & Groups

Behaviours & Lifestyles

Conditions

Health Services

Understanding Life Expectancy

Wider Determinants

Ward & Town level health profiles

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://www.halton.gov.uk/sites/default/files/2026-10/One-Halton-strategy.pdf>

