

HALTON JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

One Halton Health & Wellbeing Strategy:

Living Well data pack

2024

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Introduction

This data pack presents a range of indicators across the three main long-term conditions facing Halton residents aged 18-64. Using the life course approach this age cohort is referred to as the living well cohort.

The pack starts with describing the population, levels of self-reported health and disability within the cohort. Many people in this group contribute to the care of others in a non-professional role, supporting friends and family with additional daily living support needs, often referred to as unpaid carers.

Within each theme includes a range of indicators to help understand the main issues within this population. Whilst many older people (those aged 65 and over) make significant contributions to the economy and their local community, the largest contributors to the economy are this 18-64 age cohort. Thus, identifying when these individuals may need more support and understanding what their health and wellbeing is like can help to promote a healthier living well population. This group in turn, becomes a healthier and happier ageing well population.

Throughout the world, as life expectancy increases, the population incidence of non-communicable diseases (also known as long-term conditions) is also increasing. Further, increasing numbers of people are living with two or more long-term health conditions, often referred to as multimorbidity. (The Academy of Medical Sciences, 2018, Multimorbidity: a priority for global health research [Multiple Long-Term Conditions \(Multimorbidity\): a priority for global health research | The Academy of Medical Sciences \(acmedsci.ac.uk\)](#)). How biological, psychological, behavioral, socioeconomic and environmental risk factors interact to trigger multiple conditions is complex and still not fully understood. The evidence on possible biological mechanisms is often lacking. (NIHR March 2021). A study published in [Nature Medicine](#) has identified risk factors that increase the likelihood of individuals developing multiple non-communicable diseases. Understanding which diseases co-occur not at random but through common mechanisms can aid the identification of preventive strategies and lead to improvements in health care.

Measuring the prevalence of multimorbidity is not straightforward because it depends on which conditions are counted. However, all recent studies show that multimorbidity is common, becomes more common as people age, and is more common in people from less affluent areas.

Whereas in older people multimorbidity is largely due to higher rates of physical health conditions, in younger people and people from less affluent areas, multimorbidity is often due to a combination of physical and mental health conditions (notably depression).

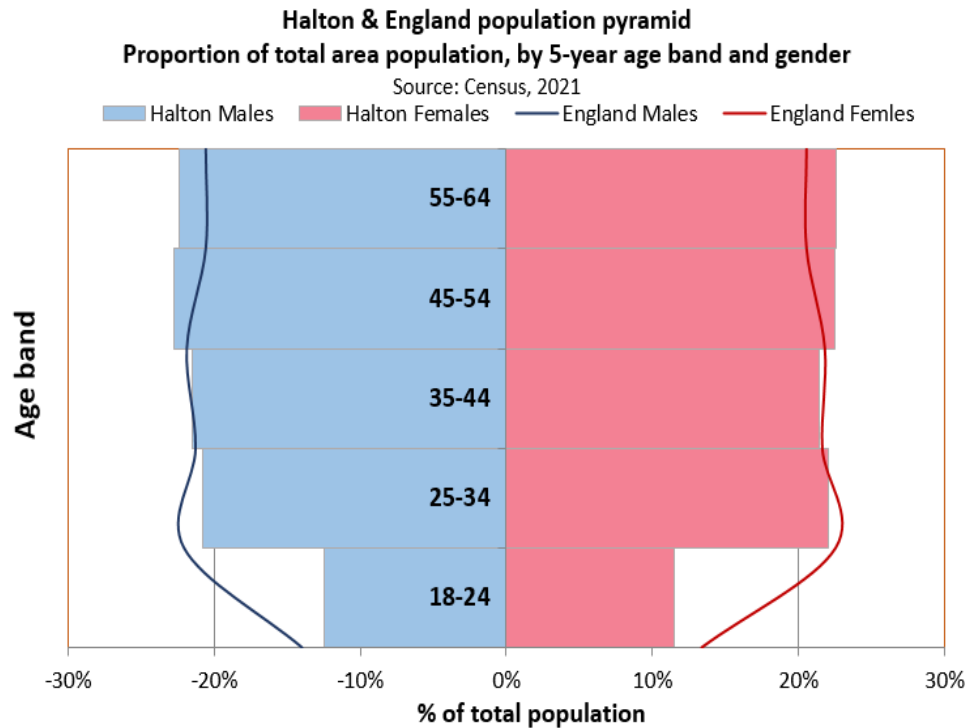
Multimorbidity matters because it is associated with reduced quality of life, higher mortality, polypharmacy and high treatment burden, higher rates of adverse drug events, and much greater health services use (including unplanned or emergency care). A particular issue for health services and healthcare professionals is that treatment regimens (including non-pharmacological treatments) can easily become very burdensome for people with multimorbidity, and care can become uncoordinated and fragmented. (NICE 2016 [Multimorbidity: clinical assessment and management](#))

An [update to multimorbidity guidance from NICE in 2023](#) points to a good-quality retrospective cohort study in England (n=403,985), in which the overall prevalence of multimorbidity was 27.2%, that is 1 in 4 adults. This rises to about two-thirds of individuals age 65 and over.

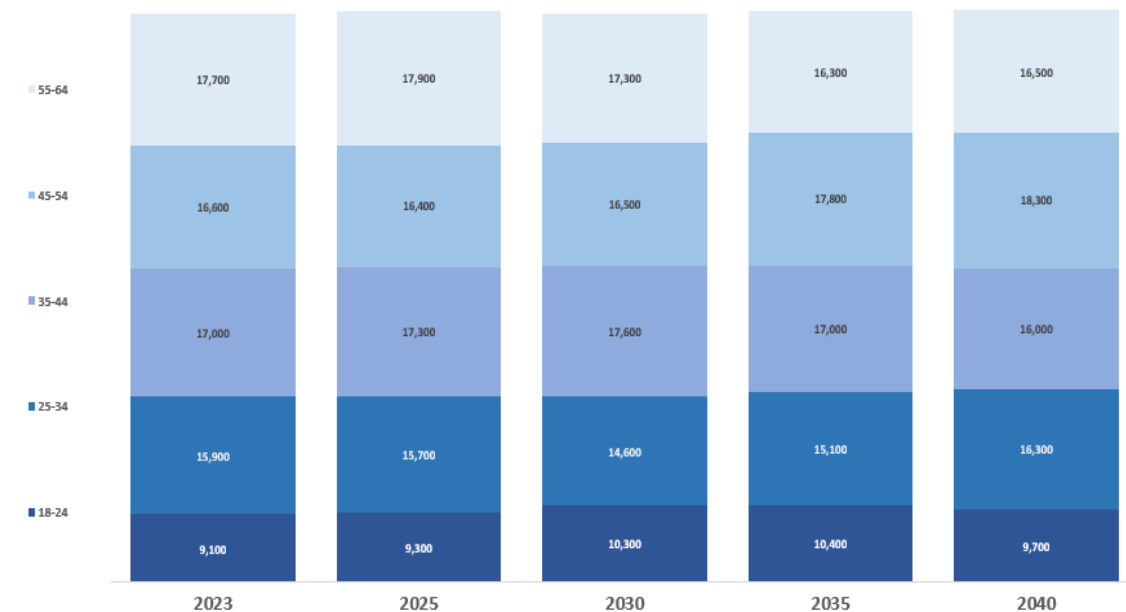
Multimorbidity is a big challenge facing the NHS. Yet, little is known about the resource use of these patients despite being the group with the largest impact on the NHS and with the worst health outcomes. [Analysis by Public Health England \(2020\)](#) empirically assessed the impact of multi-morbidity on NHS and social care costs. With the aim of answering the question: is the impact of developing a condition on health and social care costs greater for someone with no prior conditions, or for someone with an existing condition.

Their calculations found that whilst the average 'costs per case' figures were always higher for individuals with multimorbidity's than individuals with a single condition, in numerous cases, multimorbidity was associated with a reduction of health costs. For example, a male patient with diabetes and CHD will cost between 77% and 78% of the cost of treating 2 patients, one with diabetes and one with CHD, controlling for age and unrelated costs. There were no increases or reductions in social care costs.

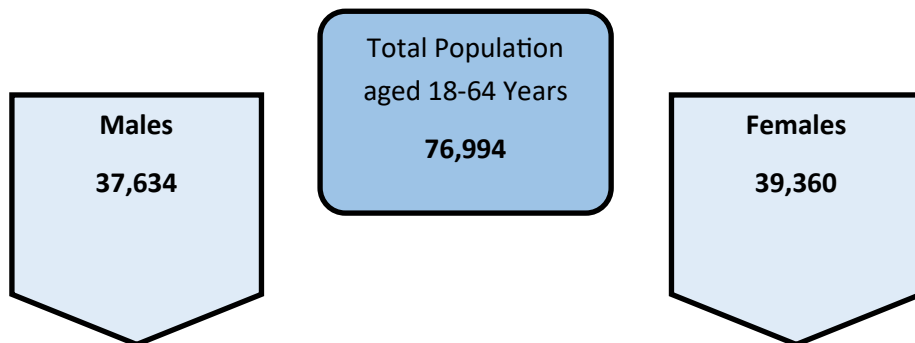
Population



The population of Halton, like the rest of the country, is changing. The number of residents in Halton is projected to rise in the coming years. In contrast to the older population, aged 65+ which is predicted to rise the 'working age' population will remain fairly static. Over time this means that the proportion of the total population made up from this age group will shrink, even though numbers will not. This is due to the influence of the aforementioned older population.



The age breakdown of Halton's population is expected to change over the next two decades. The proportion of people between the ages of 45-64 years is predicted to expand. The proportion of children is expected to contract while those of working age overall is predicted to stay relatively similar. This appears to be the situation nationally also, but is predicted to be emphasized more so locally.



Self reported health

The Office for National Statistics (ONS) measure self-reported good health mostly from the Annual Population Survey (APS) and in part from the Census. The APS is a nationally representative survey, in which participants are asked to rate their general health.

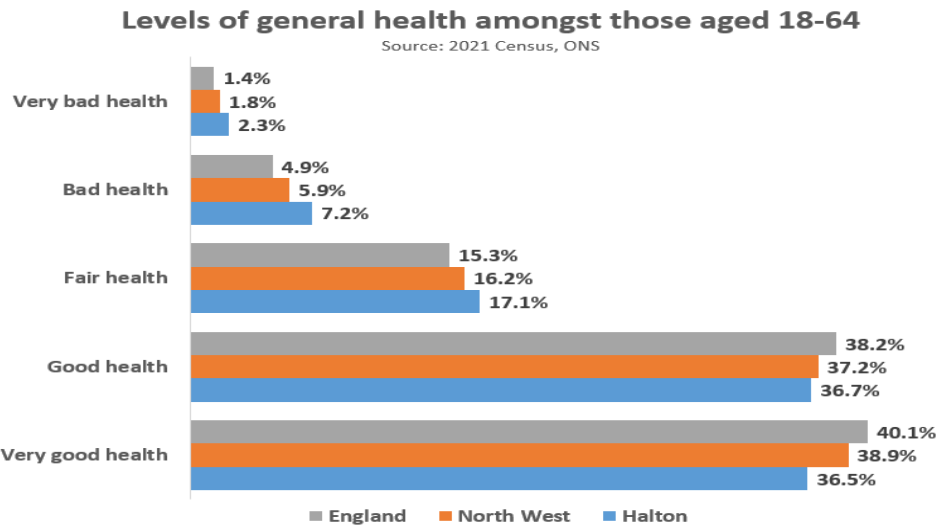
Data from the APS is available at a local authority level. The sample size is sufficient to give robust, representative results at this level. It is the reliance on APS data that is the reason why it is not possible to calculate healthy life expectancy at a ward level.

Levels of self reported health within the APS

There are 4 measures of self-reported health within the APS. Life Satisfaction, feeling worthwhile and happiness are essential markers of how individuals within our society feel. Unlike the Census, data is not available by any personal characteristics or lower geography. Halton values are slightly better than both the regional and England averages although not statistically significantly different. Despite these, a higher proportion of the population had high anxiety scores.

In the 2021 Census respondents were asked to assess their general health on a five-point scale: "Very good", "Good", "Fair", "Bad", or "Very bad".

Census 2021 was conducted during the coronavirus (COVID-19) pandemic. This may have influenced how people perceive and rate their health and therefore may have affected how people chose to respond



Better 95%

Similar

Worse 95%

Not applicable

Recent trends:

—

Could not be calculated

—

No significant change

↑

Increasing & getting worse

↑

Increasing & getting better

↓

Decreasing & getting worse

↓

Decreasing & getting better

Worst

25th Percentile

Benchmark Value

75th Percentile

Best

Indicator	Period	Halton			Region England		England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Self reported wellbeing: people with a low satisfaction score	2022/23	—	-	7.5%	6.0%	5.6%	12.5%		1.9%
Self reported wellbeing: people with a low worthwhile score	2022/23	—	-	5.6%	4.7%	4.4%	9.8%		1.6%
Self reported wellbeing: people with a low happiness score	2022/23	—	-	12.4%	9.3%	8.9%	17.1%		3.5%
Self reported wellbeing: people with a high anxiety score	2022/23	—	-	27.6%	24.6%	23.3%	33.8%		

The chart highlights general health in Halton, with comparators for England and the North West. This data highlights how a person would describe their overall health. In Halton similarities in the number of people describing their health in all categories can be seen compared to both the regional and England averages with the majority of the population rating their health as good or very good. However, in all categories Halton residents fair worse than comparators, with higher percentages in the fair and bad health categories and lower in the good and very good categories.

Unpaid Carers

Many people will provide care at some point in their lives. In 2021, more than 5 million people across England and Wales were providing unpaid care. Caring responsibilities can affect people's ability to pursue paid work. A report published by the Health Foundation found that 4 in 10 carers under retirement age were not working as much as they might do, due to their caring role. Carers providing more than 20 hours of care a week were also more likely to live in lower-income households than non-carers. Lower income can affect quality of life, as can the number of hours an individual has to work per week, be that paid or unpaid (The Health Foundation, 2023).

The Census asks people if they provide any unpaid/informal care (that they are not employed to do). National analysis has noted that the number of unpaid carers seems to have fallen since the 2011 Census. However, to note this is a drop in those providing 19 hours of care a week or less, whilst those providing 20+ hours rose.

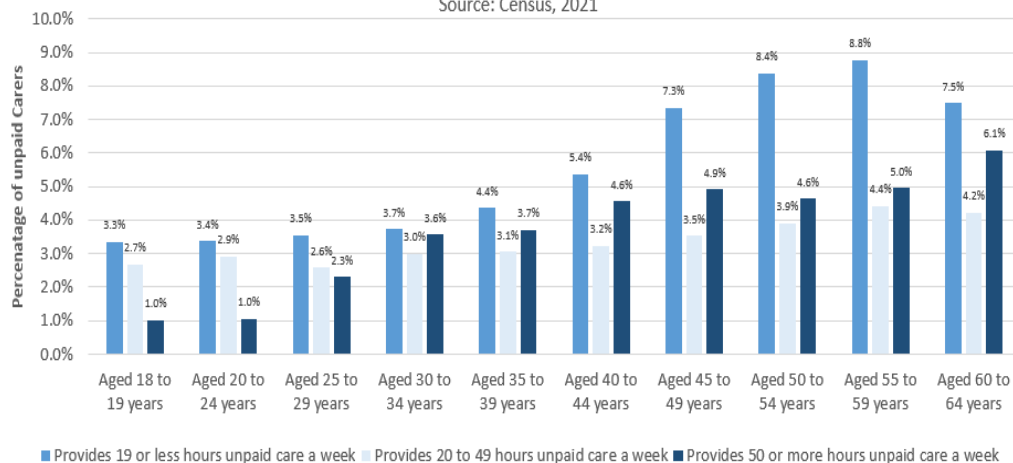
This chart is representative of all people providing unpaid care each week ranging from 19 hours or less, to 50 hours or more. As of Census 2021, there were a total of **10,184** people in Halton aged between 18-64 providing unpaid care.

The Chart below highlights self-reported levels of health for those who provide unpaid care in Halton. Those stating they have poor health, although lower than those reporting good health is still quite high. Those providing 19 hours or less care per week have similar levels of poor and good health as those providing no unpaid care. However, nearly a third of those providing 20 –49 hours care per week and nearly half of those providing 50 or more hours per week reported poor health and This can make the provision of care more difficult if those providing the care feel they are not in adequate health.

Percentage of unpaid Carers in Halton

By age group and hours of unpaid care

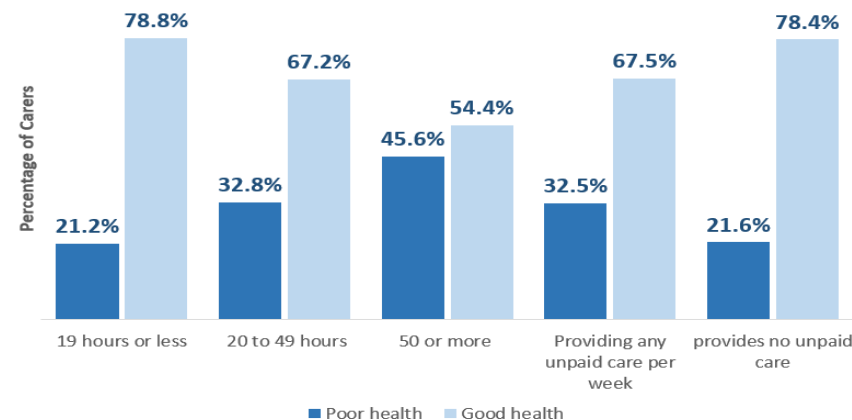
Source: Census, 2021



Levels of self reported health in Halton

by provision of unpaid care per week

Source: Census, ONS



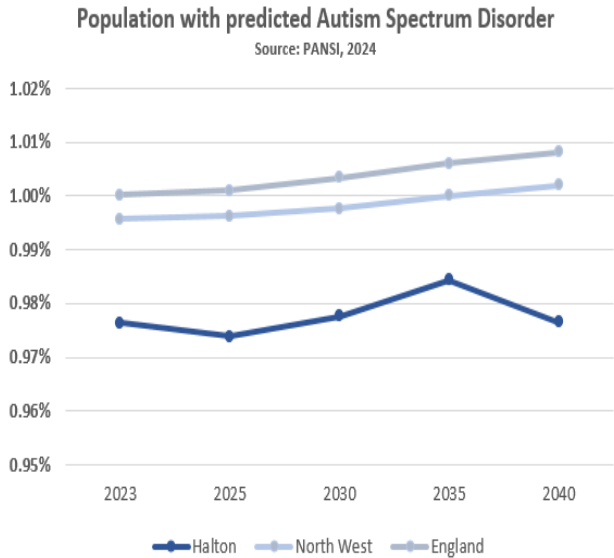
Disability affecting daily life

The Equality Act 2010 defines disability as a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on your ability to do normal daily activities. It is essential to understand what disabilities or long term conditions some populations in Halton may face. Individuals with a disability may face greater difficulties with their health and outcomes in life.

Within Halton, and the rest of the country alike, there are many people whose lives are affected by disability. As of Census 2021, there are **28,382** people in Halton whose day-to-day activities are affected by their disability.

It is essential that disabilities are regarded with thorough understanding to help those individuals have better health and outcomes in society. People with disabilities are a diverse cohort. Factors such as sex, age, gender identity, sexual orientation, religion, race, ethnicity and their economic situation affect their experiences in life and their health needs. Persons with disabilities die earlier, have poorer health, and experience more limitations in everyday functioning than others (WHO, 2023).

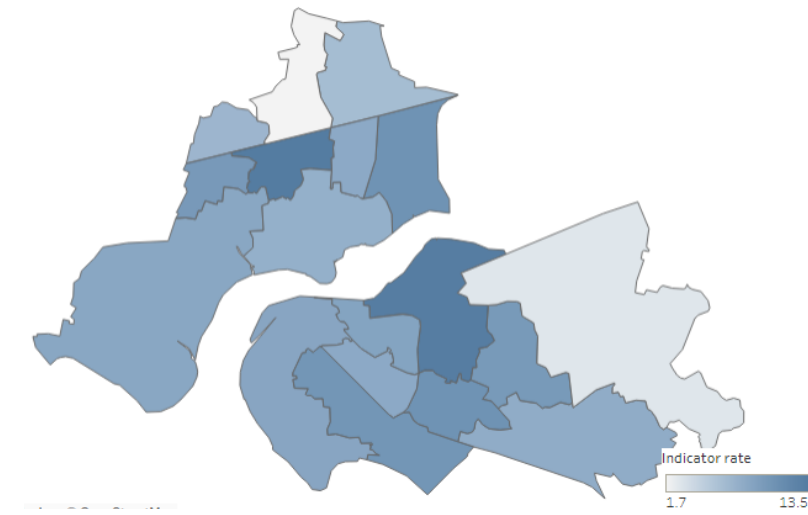
Autism spectrum disorder (ASD) is a developmental disability caused by differences in the brain. Some people with ASD have a known difference, such as a genetic condition. Other causes are not yet known. It is predicted that over the next decade the percentage of the population aged 18-64 predicted to have with ASD will increase, although due to overall changes in the population numbers are predicted to fall in the longer term.



The top five most common learning disabilities are **dyslexia, ADHD, dyscalculia, dysgraphia, and dyspraxia**. Each of these conditions can present with a range of symptoms and can be diagnosed through a combination of medical and educational assessments.

Disability or long-term health issues limiting daily activities in Halton, the North West and England
Source: Census 2021

Day-to-day activities limited a lot		
Halton 13,770	North West 662,879	England 41,403,57
Day-to-day activities limited a little		
Halton 14,612	North West 777,881	England 56,341,53



Learning Disability rate per 1000 for Wards in Halton

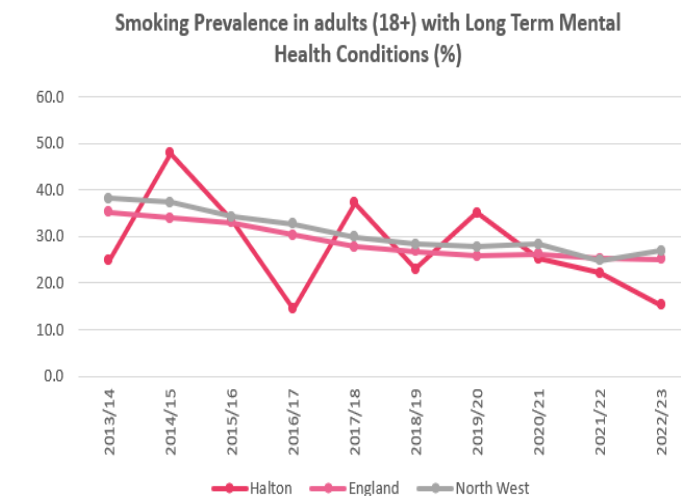
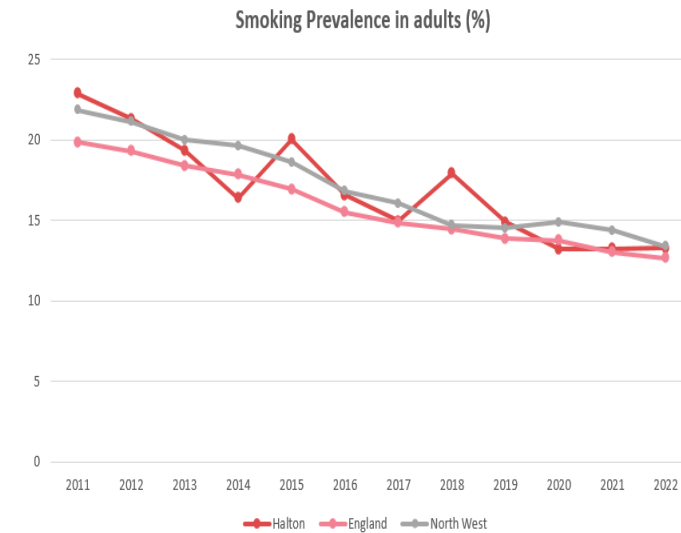
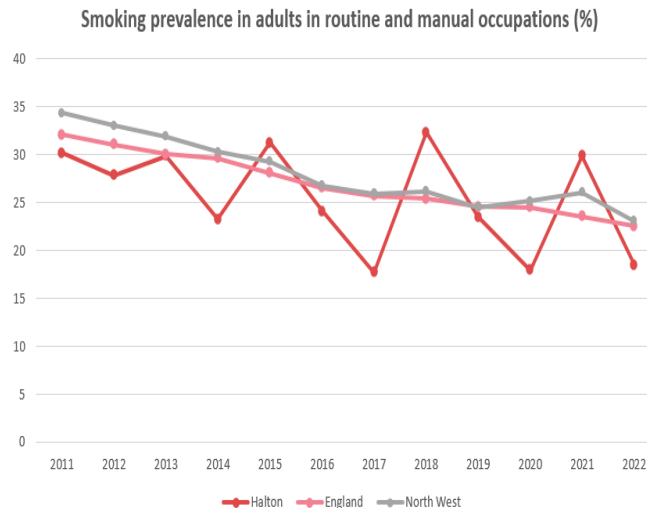
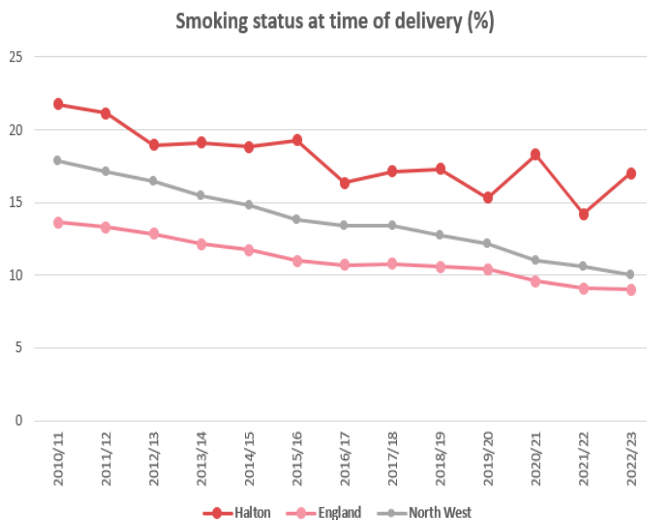
Health & Wellbeing: Smoking

Smoking behaviour and prevalence still poses a major challenge to local health in terms of smoking related hospital admissions and deaths. Towards a Smokefree Generation: A Tobacco Control Plan for England states that tobacco use remains one of our most significant public health challenges and that smoking is the single biggest cause of inequalities in death rates between the richest and poorest in our communities. There remain significant health inequality gaps with prevalence higher in those on low incomes and amongst those with severe mental illness. These gaps have not diminished although prevalence has reduced in all groups.

Smoking has been linked to the occurrence of several serious diseases as well as an increased risk of mortality. The NHS has reported that smoking can increase the risk of more than 50 serious diseases with around 76,000 people dying from smoking related diseases (NHS, 2022).

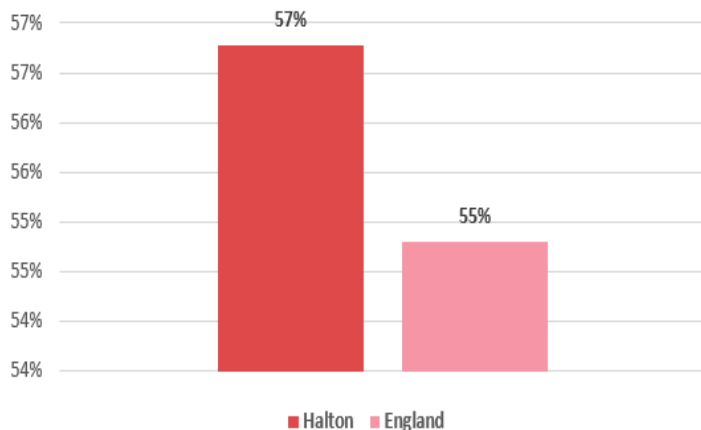
In 2022 prevalence data for Halton showed:

- All adults 18+ **13.3%** (North West 13.4%, England 12.7%) down from 23% in 2011
- In those with Long Term Mental Health Conditions aged 18+ **15.3%** (North West 26.9%, England 25.1%) down from 22.2% in 2021/22
- Routine and manual workers aged 18-64 **18.5%** (North West 23.1%, England 22.5%)
- Smoking status at time of delivery increased 2022/23 compared to 2021/22 although the overall trend is downward.



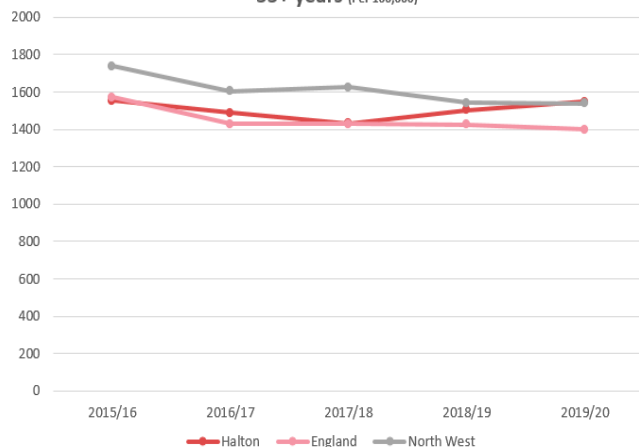
Health & Wellbeing: Smoking

Successful quitters (CO2 validated & self-reported) at 4 weeks who set a quit date, 2020/21 to 2022/23 (%)



Rates of hospital admissions have been relatively consistent for many years now in Halton, and indeed across the NW and England. Since 2017/18, the figures for the same indicator have been increasing in Halton, which is a concern.

Smoking attributable hospital admissions in those aged 35+ years (Per 100,000)



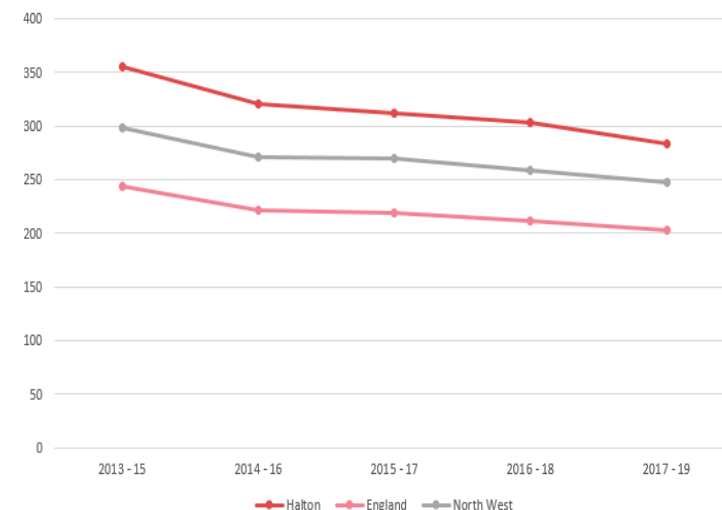
Successful quitters for smoking in Halton appear much higher on the chart, however, at 57% for Halton and 55% for England, they are quite similar. These figures for Halton are positive, and quitting smoking has been identified to improve health and outcomes for individuals.

The challenge is how to reduce the inequality gap by being able to target those with greatest support needs.

Smoking accounts for **1 in 6 of all deaths** in England, and there are huge inequalities in smoking related deaths. Areas with the highest death rates from smoking are about three times as high than areas with the lowest death rates attributable to smoking.

Whilst rates have been falling, rates in Halton have been consistently higher than those of England.

Smoking attributable mortality (Per 100,000)



Health & Wellbeing: Targeted Lung Health Checks

Lung cancer causes more deaths than any other cancer in the UK. There are often no signs or symptoms of lung cancer at an early stage. The targeted Lung Health Check programme aims to find lung cancer early, sometimes before you have symptoms. Lung health checks look at how well your lungs are working and can help diagnose lung cancer as early as possible. Early diagnosis can make lung cancer more treatable and make treatment more successful (NHS, 2023)

Those eligible for a lung health check typically include people who live in an area where lung health checks are currently offered, you're aged between 55 and 74, you're registered with a GP surgery or those who are current or former smokers.

The table below highlights the different indicators related to TLHCs in Halton. These rates relating to their indicators are mostly in the red, going off the red, amber and green system. This data has come from Liverpool heart and chest hospital, and contain data for Liverpool, Knowsley and Halton. Although some of Halton's rates below are in the red, they are similar to Liverpool and Knowsley.

A study from the Lancet highlights lung cancer screening with low-dose CT reduces lung cancer mortality. However, screening requires adequate uptake from candidates at high risk of lung cancer across ethnic and socioeconomic groups that are under-represented in clinical studies (Lancet, 2023). This study aimed to identify the differences in uptake of TLHCs in an ethnically and socioeconomically diverse population at risk of lung cancer in the UK. Findings from this report highlighted uptake in general was lower in men vs women, for aged 65–69 years vs those aged 55–59; groups with less deprivation for the most vs the least deprived areas; and individuals who were former smokers vs current smokers. When ethnicity was subdivided into 16 groups, uptake was lower among individuals of other White ethnicity than among those with White British ethnicity. Whereas uptake was higher among Chinese, Indian, and other Asian ethnicities than among those with White British ethnicity (Lancet, 2023).

It is essential when offering TLHCs that invites are sent to all eligible to ensure population coverage and better outcomes such as early detection of cancer. Ensuring that all cohorts within the population are targeted and invited in a manner that encourages them, as well as potentially re-inviting those who don't take the initial invite may be beneficial to increase uptake.

Below are the KPI ranges for each indicator. The indicators are defined in the TLHC programme for Halton, Knowsley and Liverpool. The same KPIs were utilized across all mentioned areas.

	Range		
Patients seen in clinic by the lung nurses As percentage of those invited	≤ 40	41-49%	≥ 50%
Patients who have accepted an appointment as a percentage of those who responded to the invitation	≤ 40	41-49%	≥ 50%
Patients who DNA lung health check appointment As percentage of those who attend	≥8%	5-7%	≤ 4%
Patients who meet CT Scan threshold As percentage of those who attend	≤ 49%	50-55%	≥56 %
Patients ineligible for a CT scan As percentage of those who meet CT scan threshold			3%
Patients who DNA CT scan	≥3.5%	2.5-3.4%	≤ 2.5%
Patients diagnosed with Malignant neoplasm of bronchus or lung	<1%	1-2%	>2%
Percentage of current smokers seen at a Lung Health Check who are successfully referred on to and seen by the Smoking Cessation Service	<10%	10-20%	>20%
Referral rates As percentage of patients who have CT scan	≥18%	16-17%	<15%

Patients seen in clinic by the lung nurses As percentage of those invited	36.6%
Patients who have accepted an appointment as a percentage of those who responded to the invitation	31.5%
Patients who DNA lung health check appointment As percentage of those who attend	18.1%
Percentage meeting CT scan threshold of those attending	66.9%
Patients ineligible for a CT scan As percentage of those who meet CT scan threshold	32.7%
DNA CT scan of those attending	32.7%
Percentage of current smokers seen at a Lung Health Check who are successfully referred on to the Smoking Cessation Service	33.1%
Referral rates As percentage of patients who have CT scan	4%

Health & Wellbeing: Obesity

Obesity prevalence was lowest among adults living in the least deprived areas (20%) and highest in the most deprived areas (34%).

Obesity and overweight can lead to complications with health like **heart disease** and **stroke** and a higher risk of **Diabetes**. There was **11% of obese** adults reported that they had a diagnosis of diabetes from a doctor, compared with 5% of overweight adults and 3% of those who were neither overweight nor obese.

The burden on the NHS due to obesity and related illnesses is well recognized. The monetary cost each year, uplifted for inflation, was estimated at **£6.1 billion** in 2019 (Source: DHSC).

The Health Survey for England (2021) identified that overweight and obesity patterns across England are still a major health concern with 69% of men and 59% of women having a body mass index (BMI) that puts them in this category. 26% of adults classed as obese.

Levels of both overweight (including obese) and obese are higher in Halton adults than in the North West or England

Food security in the UK (Source: UK Parliament House of Commons library)

In 2021/22 there were **7% (4.7 million people)** of the UK population in food poverty, including **12% of children**.

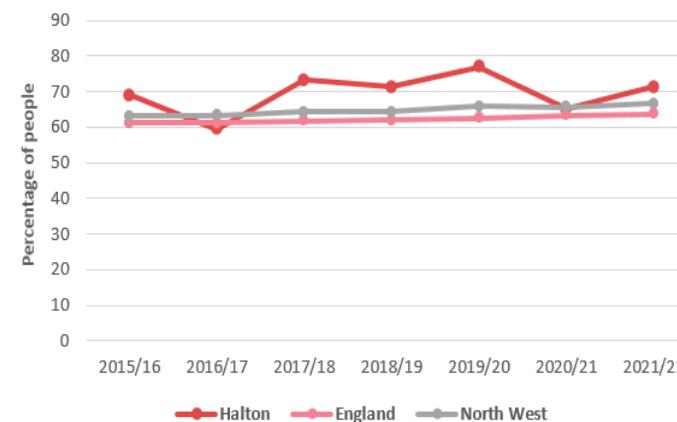
In 22/23, the Trussell Trust supplied the highest recorded number of three-day emergency food parcels. Over 760,000 people used a Trussell Trust food bank for the first time in 22/23, a **38% increase** from 21/22.

In 22/23, the Trussell Trust supplied 2.99 million three-day emergency food parcels. Food prices have been rising since the second half of 2021. Food and non-alcoholic drink prices were **19.1% higher in the 12 months** to March 2023, the highest since 1977. In July 2023, food inflation was 14.8%.

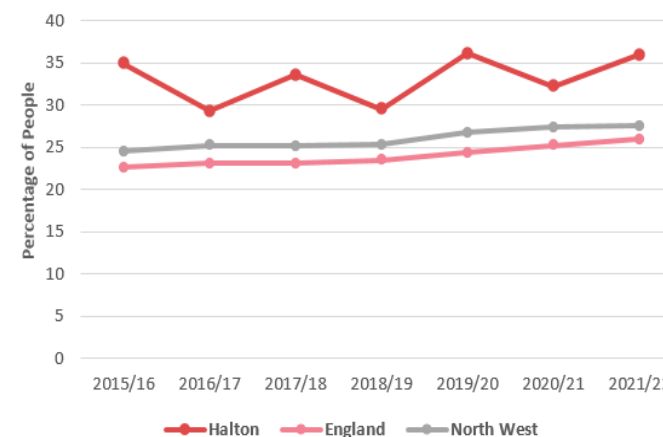
In July and August 2023, 56% of adults in Great Britain reported an increase in their cost of living compared with the month before according to the ONS. Of these, 97% saw the price of their food shopping go up, and 47% had started spending less on essentials including food.

The rising cost of living seems to be increasing household food insecurity. As by the Food Foundation found that in **June 2023, 17.0% of households in the UK were 'food insecure'**, up from 8.8% in January 2022.

Percentage of adults (18+) classified as overweight or obese



Percentage of adults (18+) classified as obese

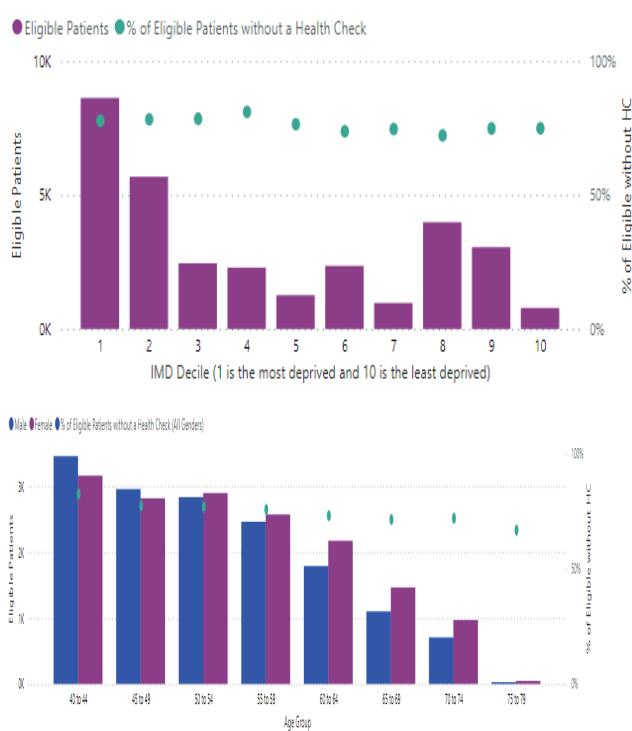


NHS: Health Checks & Updates

NHS Health checks are free in England and offer check-up of your overall health. These checks can tell you whether you're at higher risk of getting certain health problems like heart disease, diabetes, kidney disease and stroke. These health checks are for individuals aged 40-74 years. They are for those people who do not have preexisting conditions like the aforementioned or other similar conditions and disorders. NHS Health Checks are carried out by a healthcare professional, typically a nurse, but it could also be a doctor, pharmacist or healthcare assistant.

The check usually includes; measuring height and weight, measuring the waist, blood pressure, a cholesterol test and possibly a blood sugar level test (usually a finger-prick blood test). Information is also gathered around whether any close relatives have had any medical conditions, if you smoke, and how much, if you drink alcohol, and how much, how much physical activity you do, age, gender and ethnicity are also recorded.

The number of individuals each year show invites sent and invited and no health check complete to be much higher than those invited with health checks complete. Years 2020-2021 being some of the peak years of Covid-19, have some of the lowest rates across all of the categories. In Halton, there were 31,441 people eligible for a health check, 76.61% of who did not take it. This is quite a significant proportion of this population missing these checks, which could help early signs of disease diagnoses and illness.



ELIGIBLE PATIENTS

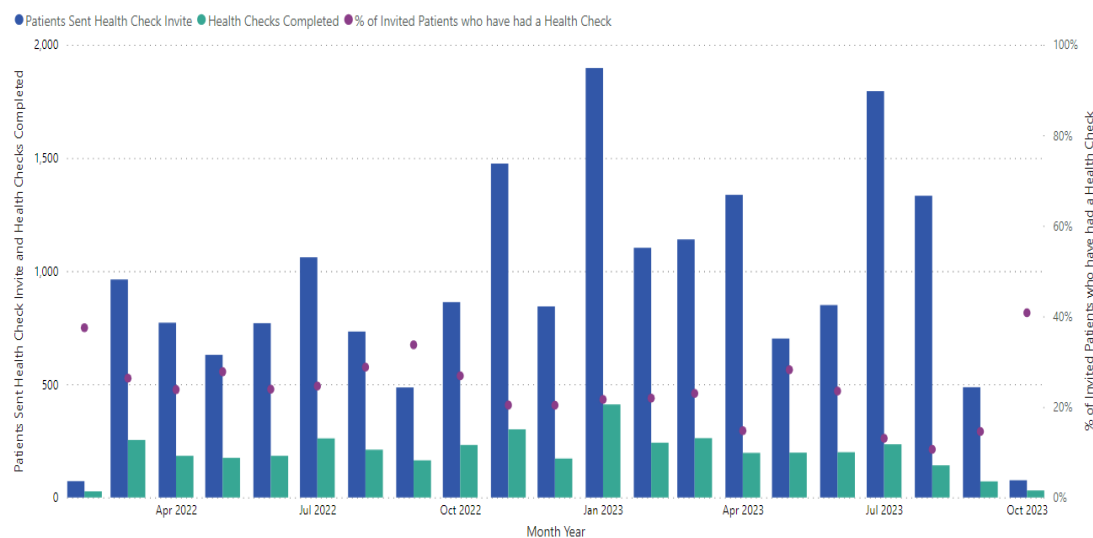
31,441

ELIGIBLE PATIENTS WITHOUT A HEALTH CHECK

24,086

% OF ELIGIBLE PATIENTS WITHOUT A HEALTH CHECK

76.61%



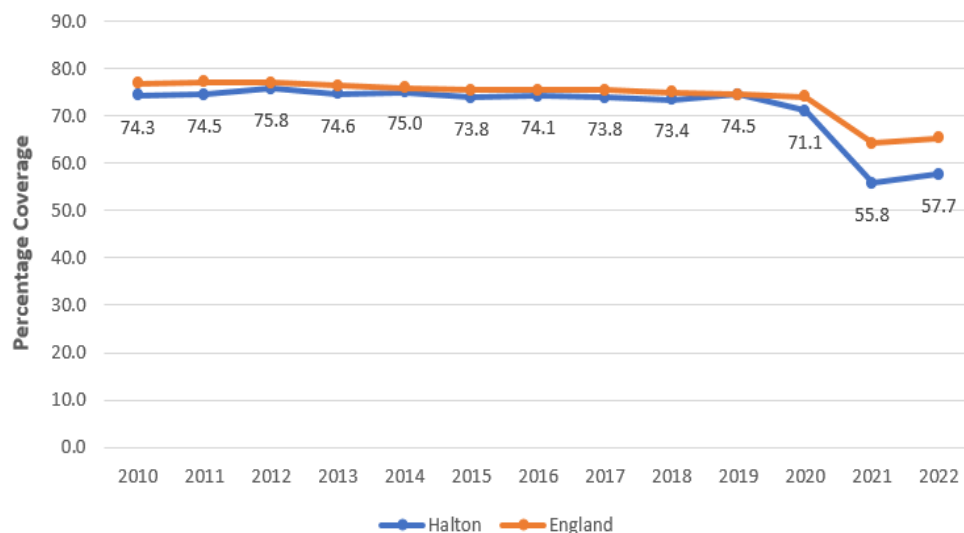
CANCERS: Screening

Breast cancer screening

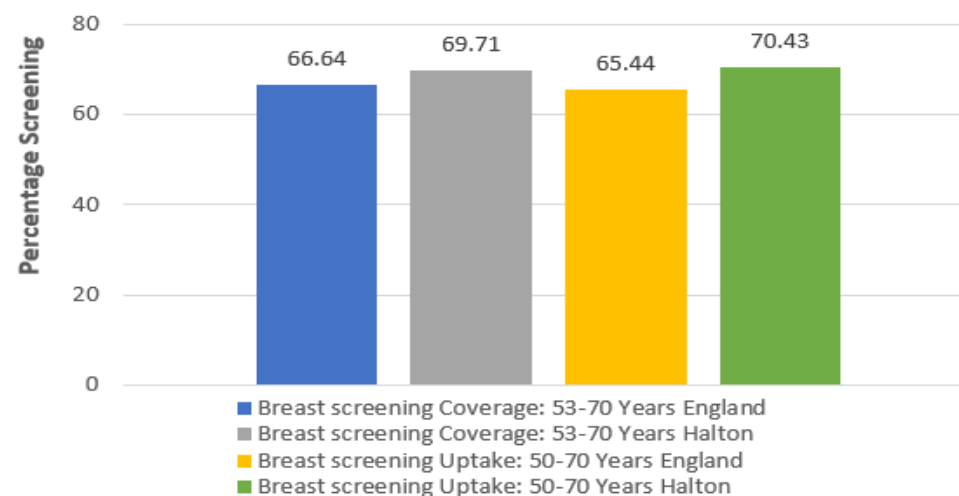
Breast screening supports early detection of cancer and can help to save many lives in England every year. Improvements in coverage would mean more Breast cancers are detected at earlier, more treatable stages. The NHS Breast Screening Program invites all women from the age of 50 to 70 registered with a GP for screening every 3 years for a mammogram.

Breast cancer screening coverage in Halton and England (2010-2022)

Source: Fingertips



Breast Screening Uptake and Coverage in Halton & England (2022/23)



Breast Screening uptake over recent years between those aged 53-70 years has been consistent. Rates in Halton are similar, but slightly lower than those in England from 2010-2022.

During the Covid-19 pandemic, breast screening programs paused for approximately 3 months so staff could be redeployed to deal with Pandemic pressures. This may be why coverage rates in both England and Halton were significantly lowered following 2020 until most recent trend data (NHSD, 2022)

Halton rates dropped off considerably more than England's in 2021 to 55.8% but has increased in 2022 to 57.7%. These figures are still considerably behind England's at 65.2%.

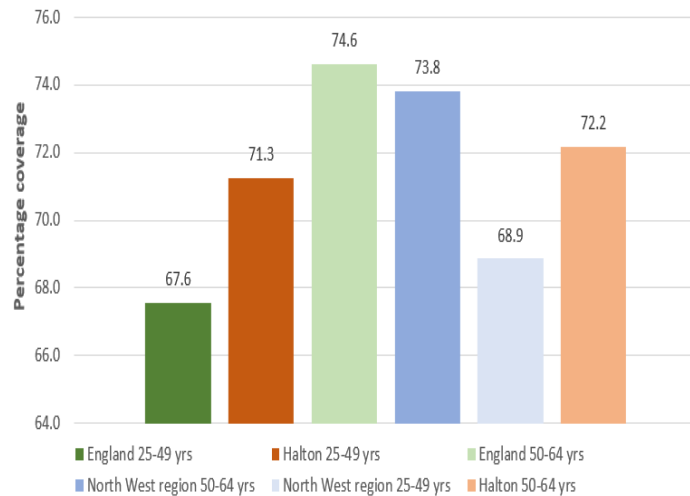
CANCERS: Screening

Cervical Cancer Screening

In the UK, there are National screening programs available for Breast, Bowel and Cervical cancers. These screening programs are offered for free on the NHS. Patients are invited for screening by their GPs when they are eligible. Screening programs are used to help detect cancers, often before there are symptoms. This can also help with how successful treatment is (NHS, 2021)

Cervical Cancer screening coverage in Halton, the North West and England (2022)

Source: Fingertips



Cervical screening supports detection of cell abnormalities that may become cancer. The early detection of these abnormal cells can lead to more positive outcomes for individuals.

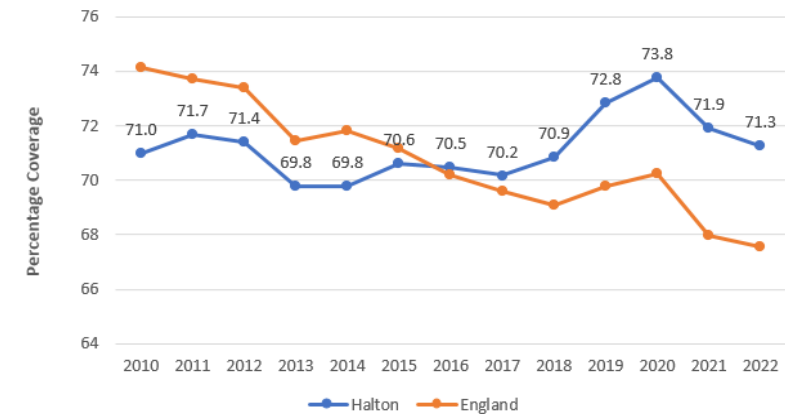
Cervical screening is highlighted by age band as well as by area.

Screening coverage in Halton, North West and England has been consistently higher for the age band 50-64 years. However, looking at Halton compared to England and North West, Halton's coverage is more consistent across both age bands.

Cervical screening for all age groups across Halton and the rest of England dropped off during Covid-19 and has yet to recover to pre-pandemic levels.

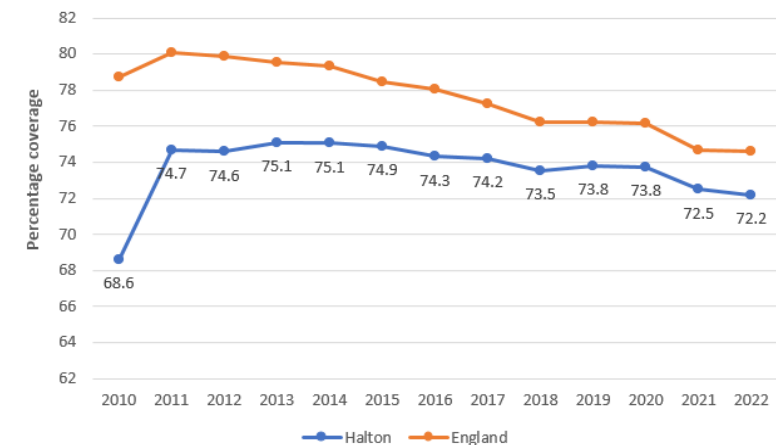
Cervical cancer screening coverage (25-49 years) in Halton and England from 2010 to 2022

Source: Fingertips



Cervical cancer screening coverage (50-64 years) in Halton and England from 2010 to 2022

Source: Fingertips



CANCERS: Screening

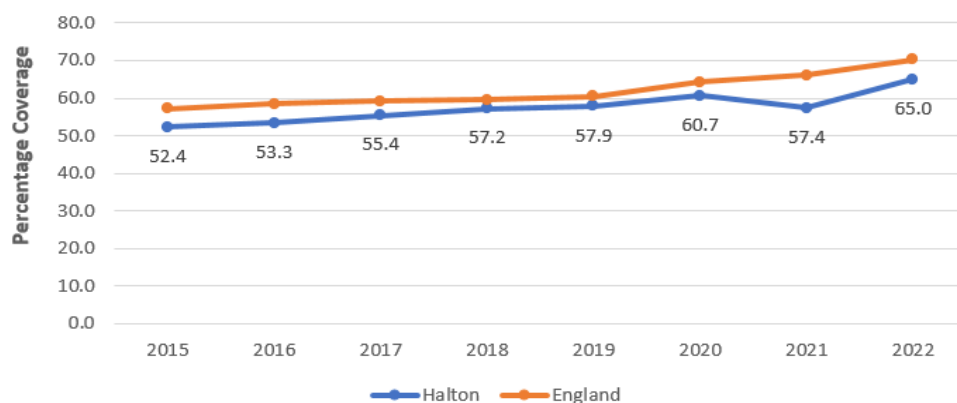
Bowel cancer screening

Bowel cancer screening supports early detection of cancer and polyps which are not cancers but may develop into cancers overtime. Bowel cancer is the fourth most common cancer in the UK. NHS bowel cancer screening is available to everyone aged 60 to 74 years. The program is expanding to make it available to everyone aged 50 to 59 years. This is happening gradually over 4 years and roll out began in April 2021 (NHS, 2023)

Colorectal cancer, also known as bowel cancer is the development of cancer from the colon or rectum. Signs and symptoms may include blood in the stool, a change in bowel movements, weight loss, and fatigue. Most colorectal cancers are due to old age and lifestyle factors, with only a small number of cases due to underlying genetic disorders. Risk factors include diet, obesity, smoking, and lack of physical activity (NHS, 2023)

Bowel Cancer screening coverage in Halton and England (2015-2022) for all persons aged 60-74 years

Source: Fingertips

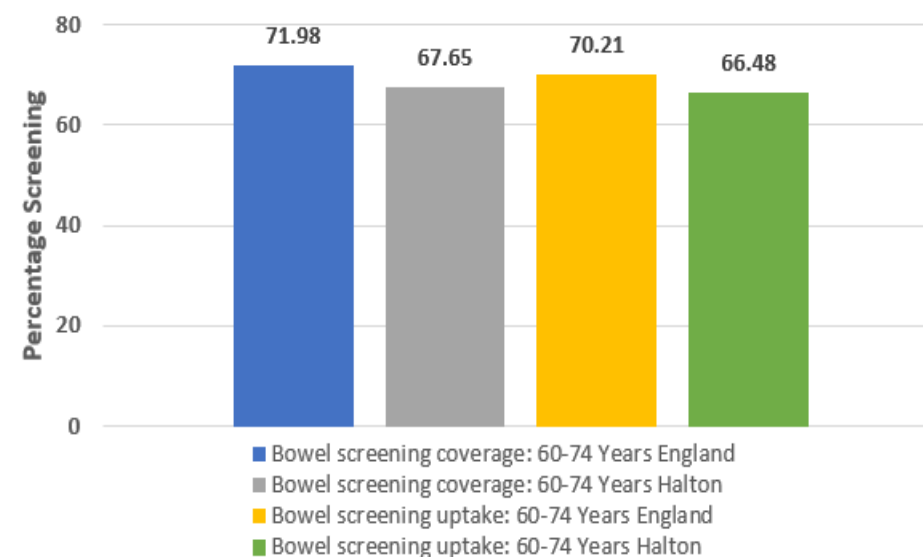


Bowel cancer screening coverage has been increasing the past few years. Since 2015, the only time coverage did not increase was 2021. Again, likely due to the Covid-19 Pandemic.

Halton uptake rates have increased from 52.4% In 2015 to 65% in 2022. However, rates for coverage across Halton are slightly lower than those for England.

Trends for both Halton and England continue to rise, which should result in better outcomes for those who have cancer identified earlier.

Bowel Screening Uptake & Coverage in Halton & England (2022/23)



CANCERS: Preventable Mortality

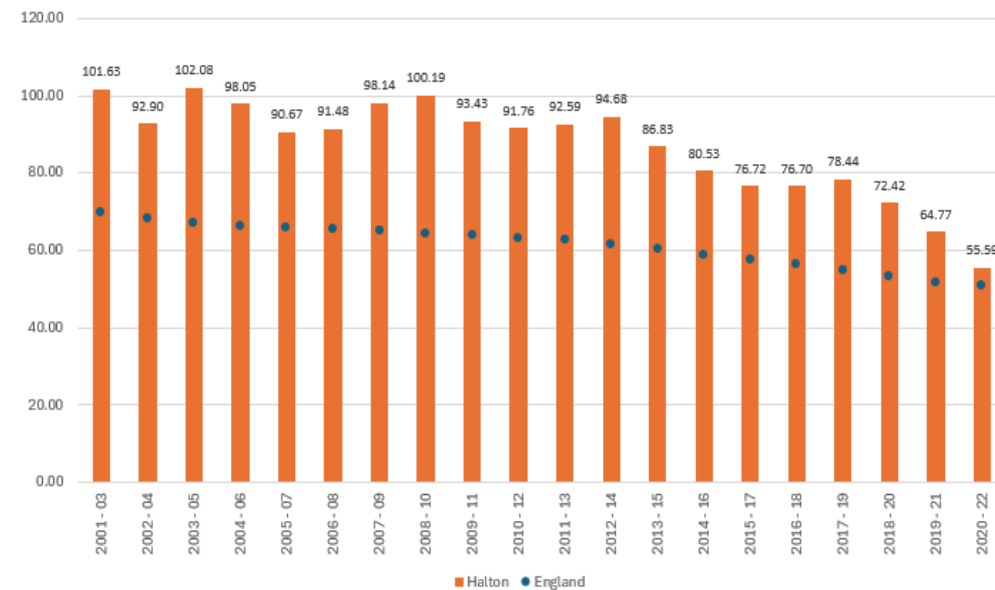
Cancer is one of the leading causes of death in England in under 75s. Early detection of cancers, such as through screening programs aforementioned, can lead to better outcomes including a reduction in premature mortality. Aiming for a reduction in the rate of premature mortality from cancer, there needs to be concerted action in both prevention and treatment.

The concept of preventable mortality is that deaths are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause (subject to age limits if appropriate) could mainly be avoided through effective public health and primary prevention interventions.

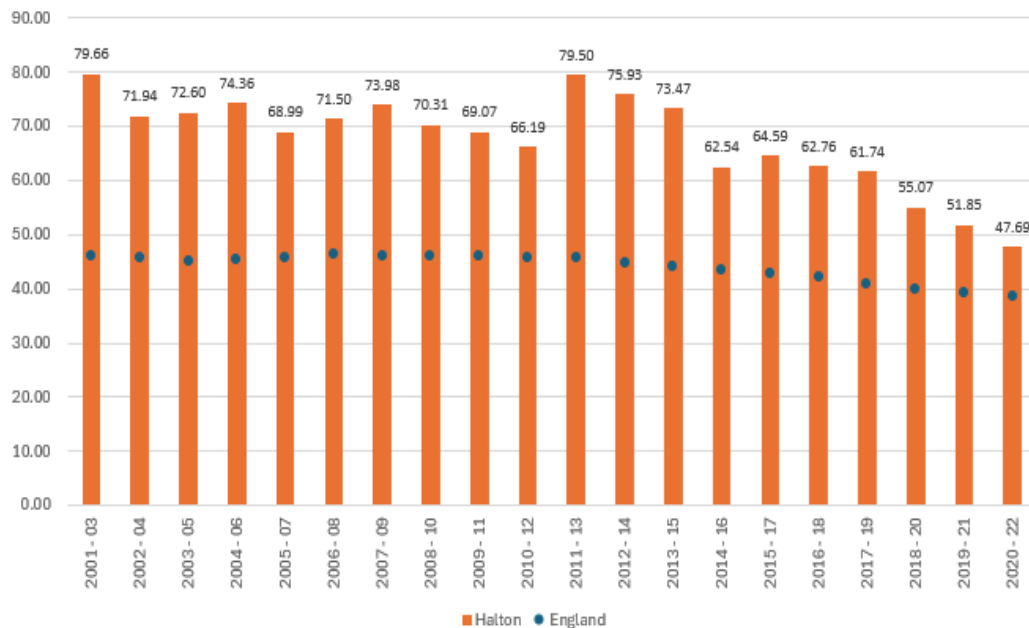
Preventable mortality overlaps with, but is not the same as 'treatable' mortality, which includes causes of deaths which could potentially be avoided through effective healthcare interventions, including secondary prevention and treatment.

Here the charts highlight under 75 mortality rate for cancers considered preventable in all persons, females and males. From this data, it is identifiable that Halton has consistently higher rates compared to England. However, most recent years 2020-2022 highlight rates for Halton have decreased and are now more similar to England's.

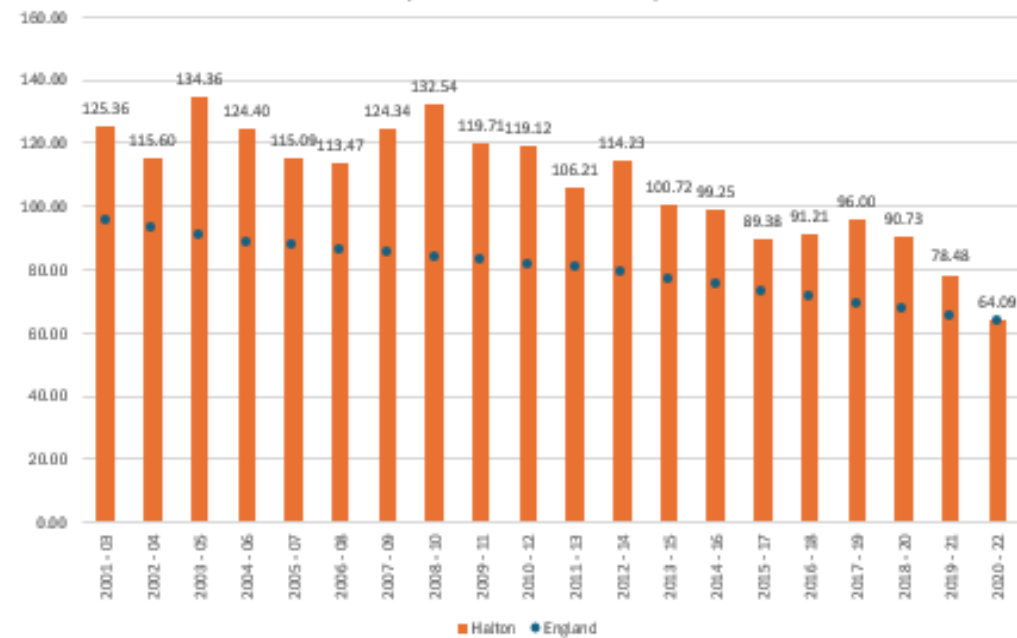
Under 75 mortality rate from cancer considered preventable in Persons



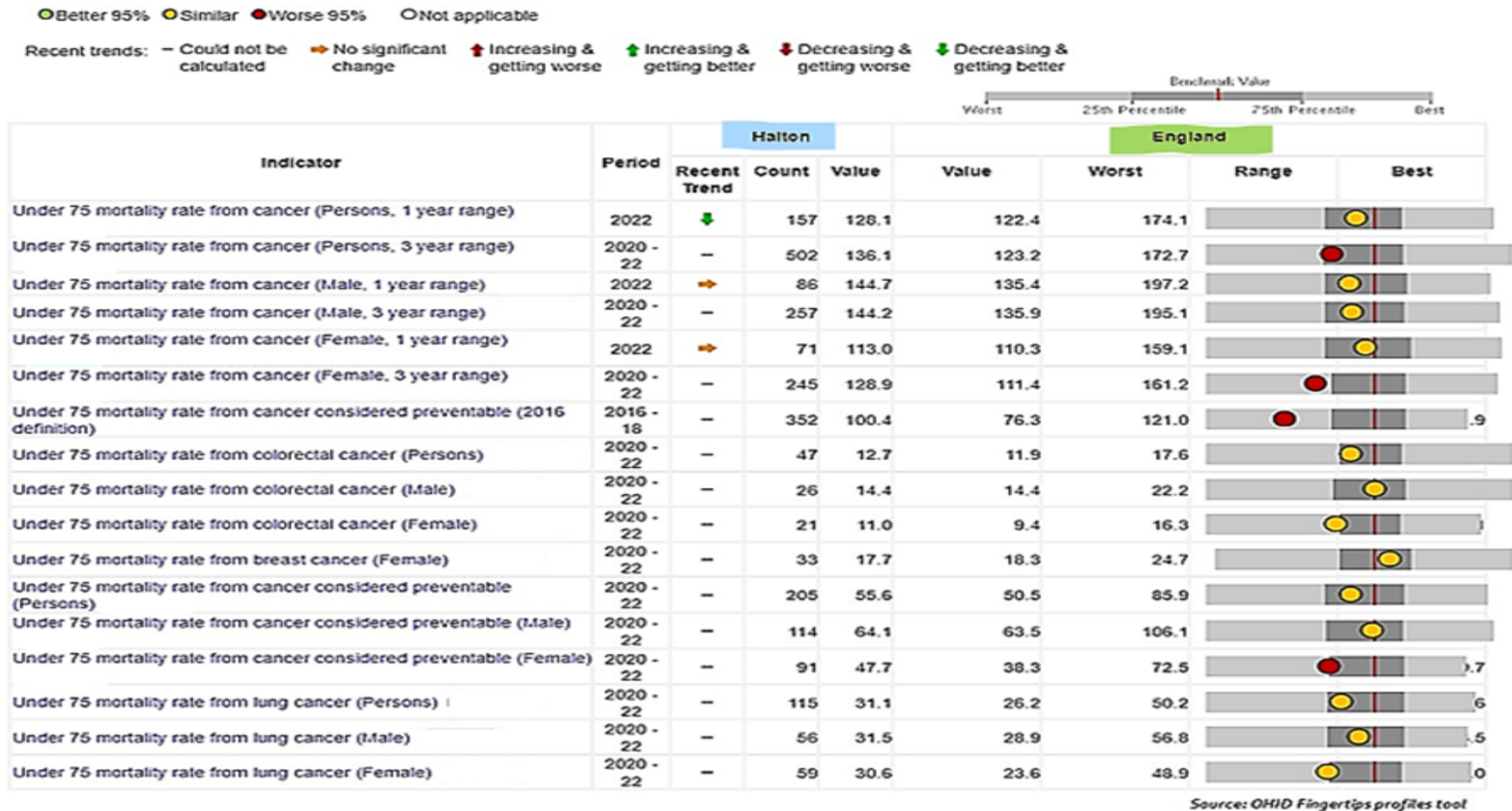
Under 75 mortality rate from cancer considered preventable in Females



Under 75 mortality rate from cancer considered preventable in Males



CANCERS: Mortality



The table above presents under 75 mortality from various cancers, including those considered preventable. The table shows figures for Halton and England for the period of 2020-2022. The value range is per 100,000. The values for Halton are mostly similar to England, except for a few indicators that can be seen by the red marker on the table. CRUK has published several statistics around cancer mortality. Over the last decade, mortality rates for all cancers combined have decreased by 10% in the UK. Rates in females have decreased by around 9%, and rates in males have decreased by 12% (2017-2019). An estimated 1.19 million cancer deaths had been avoided in the UK by 2021 because mortality rates dropped from their peak levels in the 1980s. All cancers combined mortality rates are projected to fall by 6% in the UK between 2023-2025 and 2038-2040. UK mortality is currently ranked lower than two-thirds of Europe. UK mortality is ranked higher than two-thirds of the world (Cancer Research UK (CRUK), 2023)

Multimorbidity

People who have ↓ and →	Alcohol dependence	Asthma	Bronchiectasis	Cancer	CVD	COPD	CHD	Dementia	Depression	Diabetes	Epilepsy	Heart failure	Hypertension	PVD	Physical disability		
Cerebrovascular disease	4%	18%	2%	14%		19%	35%	11%	23%	28%	8%	13%	67%	18%	14%		<10%
Coronary heart disease (CHD)	3%	20%	3%	14%	14%	20%		5%	20%	33%	3%	18%	72%	18%	4%		<20%
heart failure	4%	22%	5%	16%	19%	30%	68%	9%	22%	38%	4%		80%	27%	6%		<30%
hypertension	3%	18%	2%	15%	11%	14%	31%	4%	17%	30%	3%	9%		11%	3%		<40%
Peripheral vascular disease (PVD)	5%	22%	3%	18%	18%	25%	47%	6%	22%	29%	4%	19%	88%		7%		>40%

Source: Population and Person Insights tool, NHSE

This table contains data showing multimorbidity for certain conditions/ diseases. Multimorbidity is defined as the accumulation of two or more long-term health conditions (NICE, 2023). These diseases can interact and an older adult who may have maintained independence and quality of life with one of these diseases struggles to do so with the combination. Medical professions are often organized around single diseases, this is ill-suited to a future of increasing multimorbidity. People can spend their time going to multiple unrelated specialist clinics, be on several care pathways and prescribed multiple medications (polypharmacy). Multimorbidity has yet to be tackled as effectively as single diseases. The medical profession and the NHS need to respond to the rise of multimorbidity; further sub-specializing training and clinical care is obviously not the correct response on its own (CMO, 2023)

The list on the right, and the list on top are diseases that in this case exist in tandem. They show the percentage of people who have one disease that also have the other. For example, in Halton, there were 4% of people with an alcohol dependency that also had Cerebrovascular disease.

There are varying rates of those who have both conditions. However, among all conditions- CHD, Diabetes and Hypertension present most commonly for people with both sets of conditions. Most notable is 88% of people with PVD also have Hypertension. Similar figures

are for those Heart Failure and Hypertension at 80%.

Multimorbidity is associated with an increase in many issues branching across several aspects of Public Health. Many of these include:

- Reduced quality of life.
 - Reduced life expectancy.
 - High treatment burden.
 - Mental health difficulties, like anxiety and depression.
 - Fragmentation and problems of coordination of care.
 - Functional difficulties.
 - Polypharmacy and higher rates of adverse drug events.
 - Increased use of health services (such as unplanned, or emergency care).
 - Poorer quality of life for families/carers.
- (NICE and NHSE, 2023)

CVD: ABC and Prevalence

CVDPREVENT is a national audit of GP records to support primary care in understanding how many people with cardiovascular disease (CVD), or conditions that lead to a higher risk of developing CVD, are potentially undiagnosed, under treated or over treated. (CVDPREVENT, 2023).

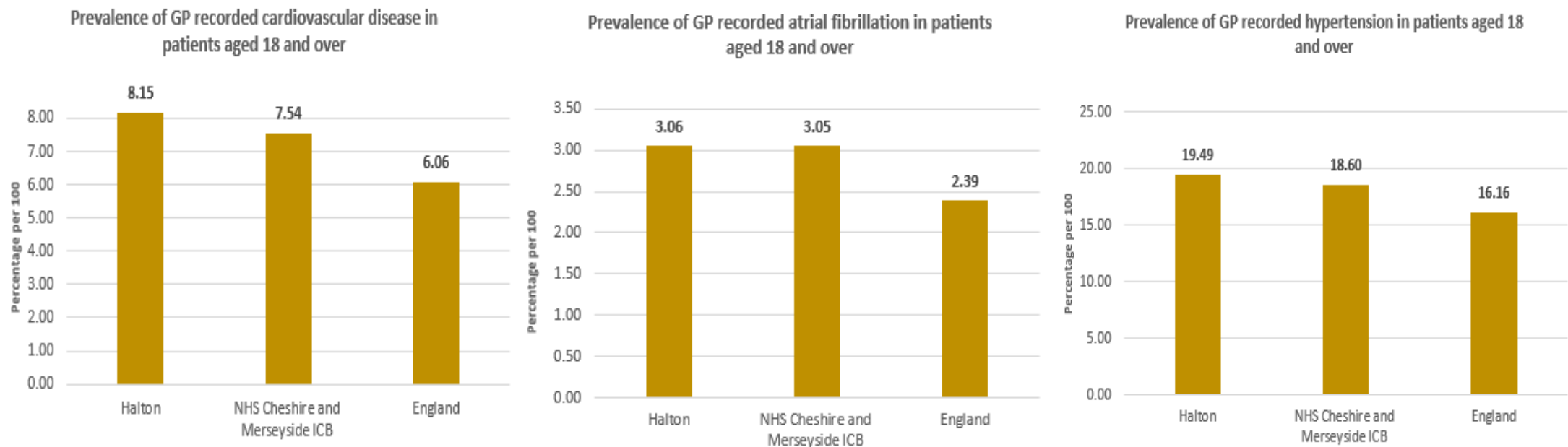
CVD is one of the main causes of death and disability in the UK, but it can often largely be prevented by leading a healthy lifestyle (NHS, 2022).

The prevalence of a few GP recorded conditions is highlighted below. These include Hypertension, Cardiovascular disease and Atrial Fibrillation in patients aged 18 and over. It can be identified that all figures for Halton compared to Cheshire and Merseyside ICB as a whole and England are higher. However, although the charts may seem very varying in figures visually, they are all quite similar. Taking AF as an example, figures for both are the same but may vary by a small miniscule.

CVD recorded prevalence for those aged 18 and over was similar once again for Halton and Cheshire. England's recorded prevalence of CVD was around 6.06% which was lower than both areas on the chart.

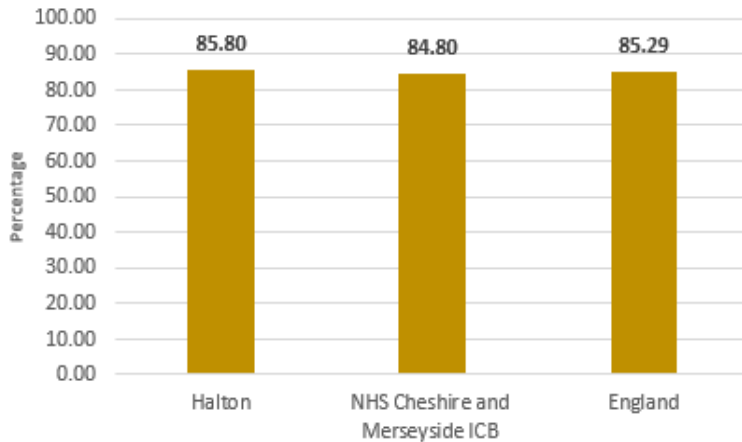
Moving to prevalence of Hypertension or high blood pressure, figures for Halton and Cheshire and Merseyside ICB were similar. However, quite a high percentage, almost a fifth were prevalent in GP practices, compared to England's 16.16%. However, both Halton and area of the ICB is higher than the national value for AF which was 2.39% for England.

As a whole, these prevalence figures for CVD vary across the highlighted conditions. Figures for Hypertension are more standout in terms of prevalence, however, this is the case nationally too.

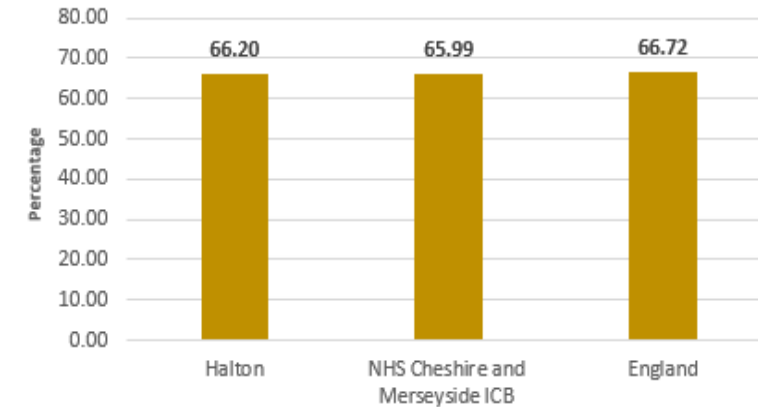


CVD: ABC and Prevalence

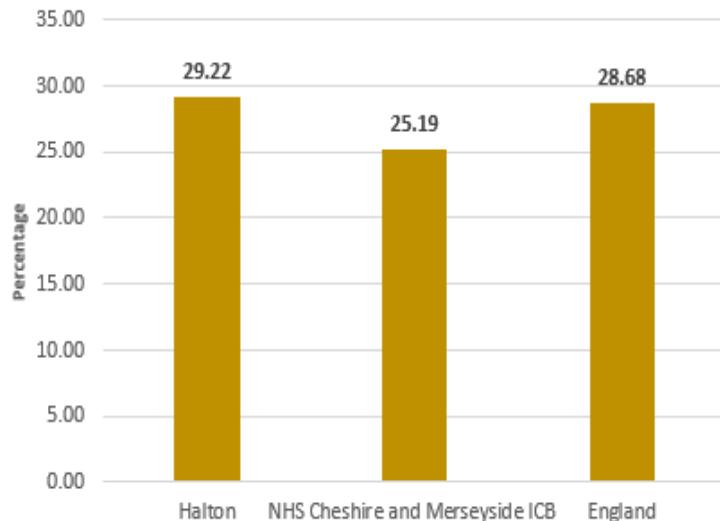
% of patients aged 18 and over with GP recorded hypertension (who have had a BP reading within the preceding 12 months)



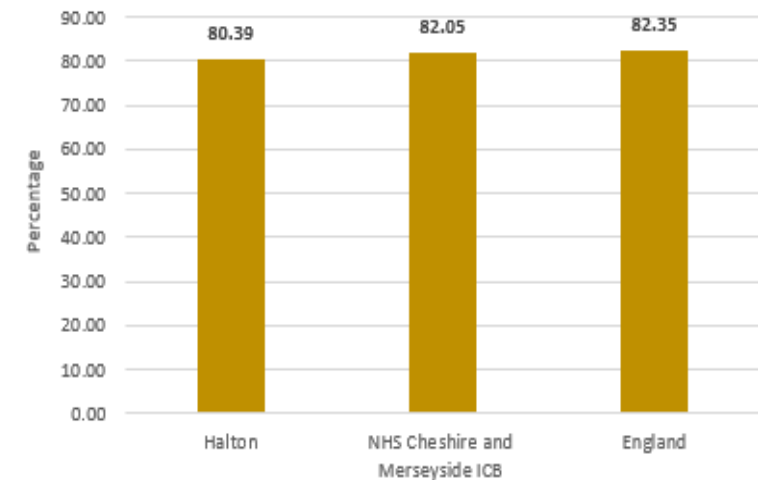
% of patients aged 18 and over with GP recorded hypertension, in whom the last BP reading (in preceding 12 months) is below age appropriate treatment threshold



% of patients aged 18 and over, with GP recorded CVD, in whom the most recent blood cholesterol level (in the preceding 12 months) is non-HDL cholesterol less than 2.5mmol/l or LDL-cholesterol less than 1.8mmol/l



% of patients aged 18 and over with GP recorded CVD who are currently treated with lipid lowering therapy.



Various charts are highlighted on this page, with recorded prevalence of various conditions. This data has been extracted from the CVDPREVENT and are the ABC indicators. This approach encourages people to routinely understand their **atrial fibrillation (A), blood pressure (B) and cholesterol (C)** numbers. These figures are reported by GP practices

For all condition outlined here, figures compared to England are similar and there is not significant differences between the percentage figures.

It is essential to identify the groups with these issues, as we have previously seen that those with and CVD related illnesses can often have further problems with multimorbidity. Figures on this page are indeed concerning for Halton.

HOSPITAL ADMISSIONS: CVD

Admissions for Coronary heart disease

Halton has previously had higher rates of coronary heart disease compared to England with data presenting the same here. This is defined as admission for heart related problems caused by narrowing of blood vessels from fatty material (angina) which can lead to heart attacks. Key factors that can lead to this disease is unhealthy lifestyle and diets.

Halton has a much higher rate of CHD than England and is the third worst in the North West. Rates here are highlighted from 2016/17-2020/21. Halton presents at 155.7 per 100 for this time period, with England at 100 per 100.

Admissions for Myocardial infarction

High Myocardial infarction rates are correlated to high rates of coronary heart disease rates. High rates of CHD can lead to MI if left untreated.

Halton has a MI admission rate of 139.6 per 100, compared to England's 100 per 100. This is significantly higher than the rate for England, and has the third highest rates in the North West. Leaving Lancaster and Blackburn with Darwen bout ahead of Halton (Fingertips, 2023).

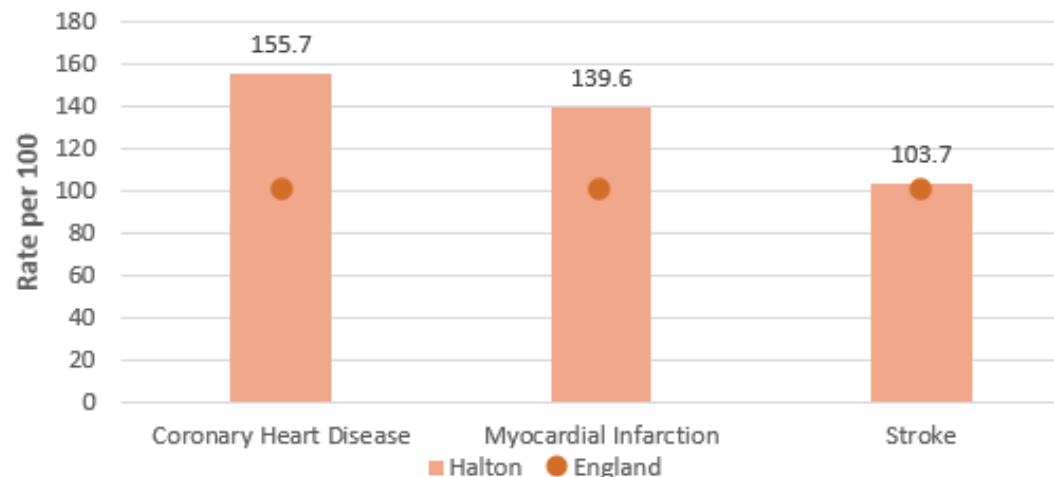
Admissions for Stroke

Behavioral risk factors play a large part in the prevention of stroke with smoking, excessive alcohol use and an unhealthy diet being major risk factors. Emergency admissions are used as a proxy for the incidence of stroke and an indication of where public health interventions may be targeted for prevention of the condition.

Latest Data for the period of 2016-2021 shows the risk of stroke in Halton is not significantly different to England. With Halton having a slight increased risk of Stroke per 100 compared with England's average.

**Hospital admissions per 100 for CHD, MI and stroke
(2016/17-20/21)**

Source: Fingertips



*** Figures for these hospital admissions have been calculated by indirect standardized ratio.

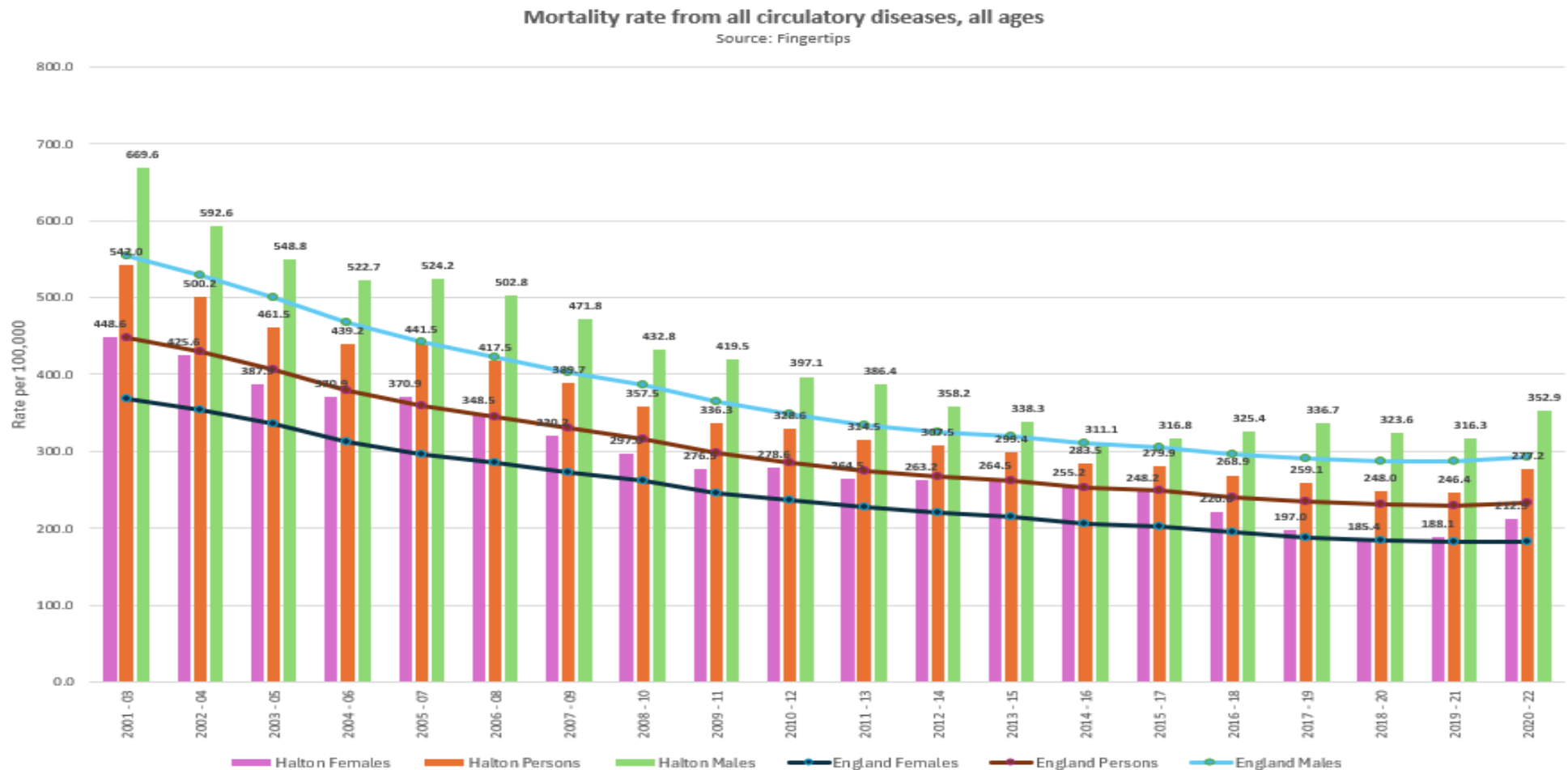
** These figures also highlight NHS Halton CCG and not the newer ICB sublocation

CVD: Mortality Rate

This data highlights rates of mortality from all circulatory diseases, for all ages. Figures are for years 2001-2022 per 100,00 in Halton and England. Males in Halton are higher than England rates and compared to Female and person rates. Although this is higher than England's rates for females and persons are more similar for England and Halton alike.

This expected as generally men have a higher risk of CVD than women. Mortality from CVD in Halton show varying rates between males and females. The data highlights that men are disproportionately effected by CVD in Halton than women in terms of mortality.

CVD is directly linked to lifestyle and diet. Obesity is one of the biggest causes of CVD. Halton is known to have high rates of obesity. This is likely contributing to high rates of premature mortality from Cardio vascular disease.



CVD: Mortality due to stroke

In the UK there are around 100,000 strokes every year. In 2016 it was reported first strokes affected 57,000 people in England, with 51% occurring in males and 49% in females. The incidence of first-ever transient ischemic attack (TIA) is approximately 50 per 100,000 people per year. In the UK there are approximately 1.3 million people living with stroke. The number of hospital admissions per year due to stroke is approximately 126,000 in England. Stroke is a leading cause of death and disability, causing around 38,000 deaths each year in the UK (NICE, 2023)

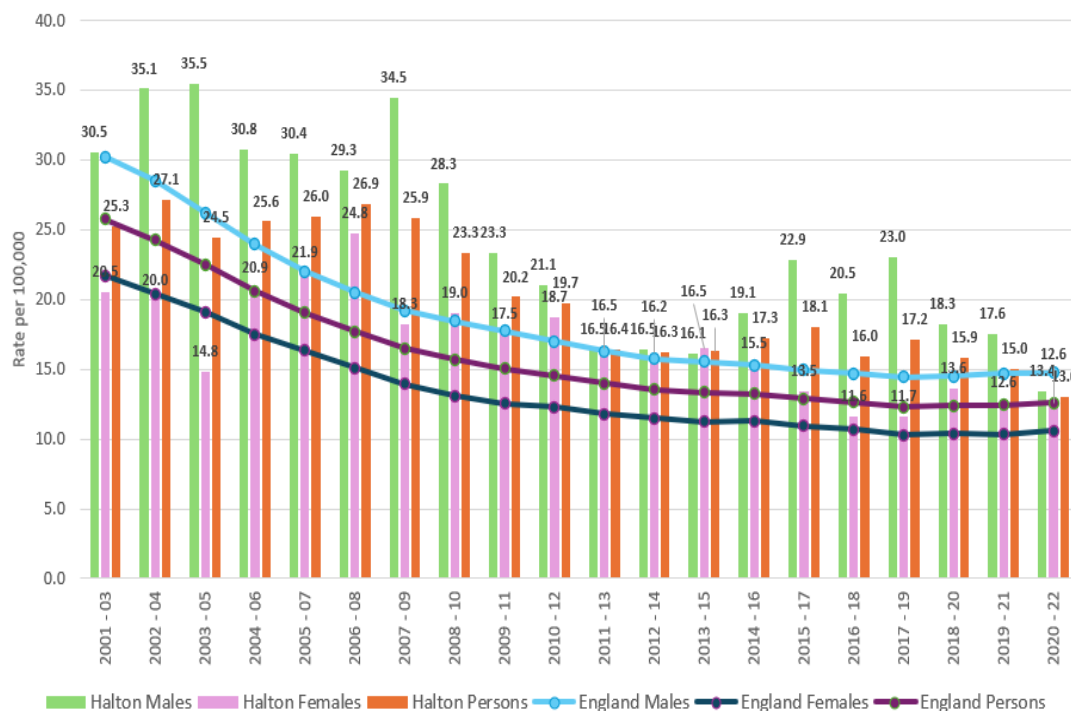
Stroke Mortality in Halton for Under 75s

Latest Data for 2021 shows that in Halton the rates of mortality from stroke are lower than the rate for England but not significantly different.

Rates in Halton are higher in males compared to England per 100,000. There is less difference in rates for females and persons overall for stroke mortality. However, Rates in the past have been significantly higher than the past few years. A similar trend has been identified for mortality in all ages.

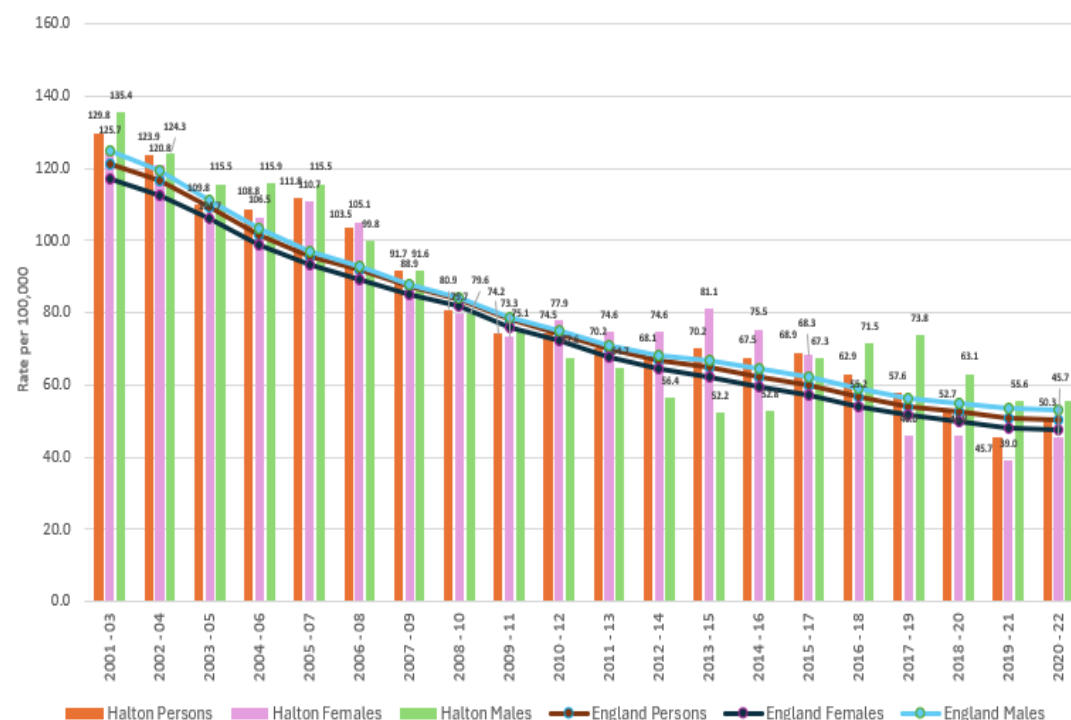
Under 75 mortality rate from stroke

Source: Fingertips



Mortality rate from stroke, all ages

Source: Fingertips



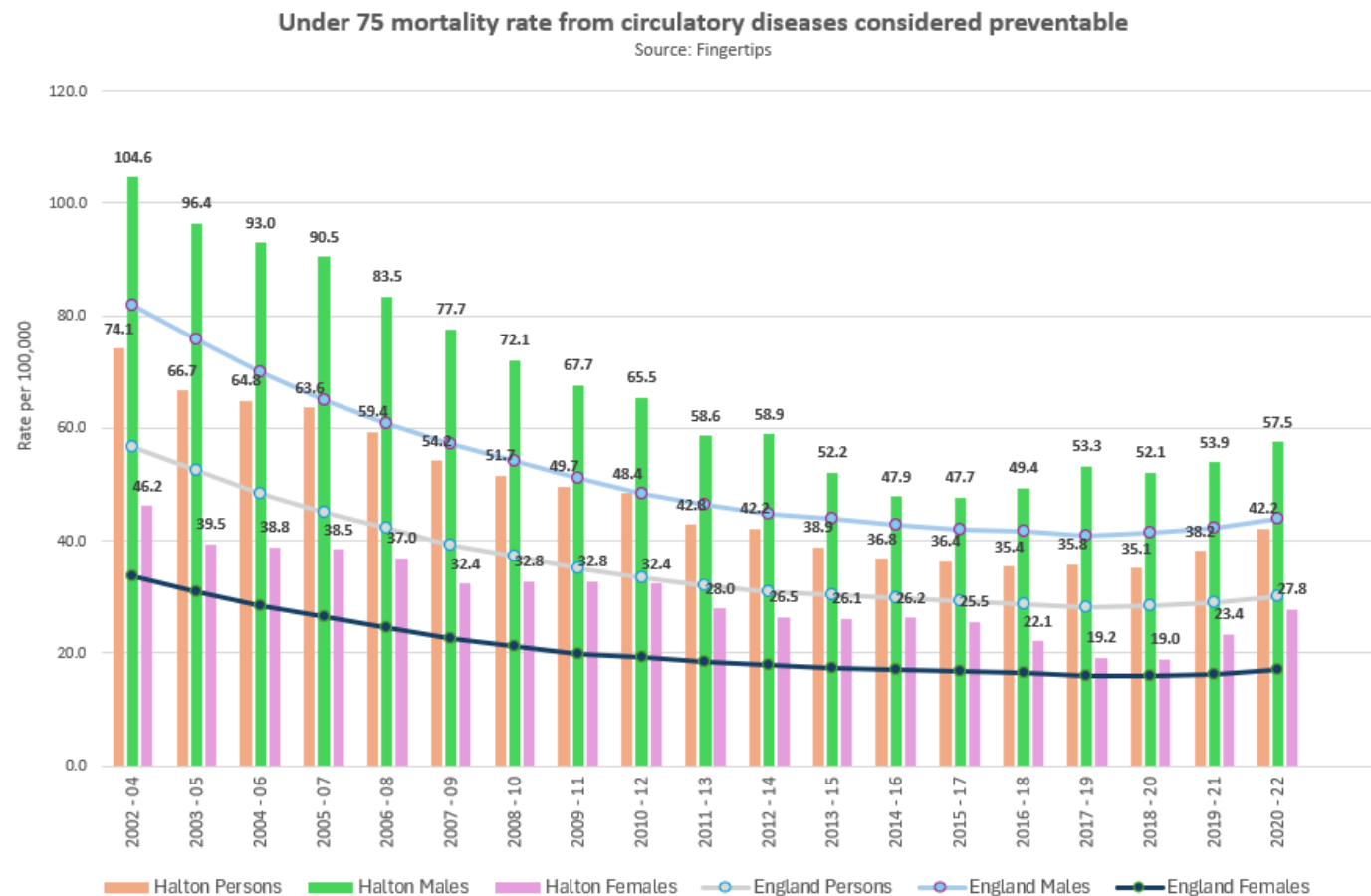
CVD: Preventable Mortality

Cardiovascular disease (CVD) is one of the largest causes of death in under 75s in England. There have been huge gains over the past decades in terms of better treatment for CVD and improvements in lifestyle, but to ensure that there continues to be a reduction in the rate of premature mortality from CVD, there needs to be concerted action in both prevention and treatment.

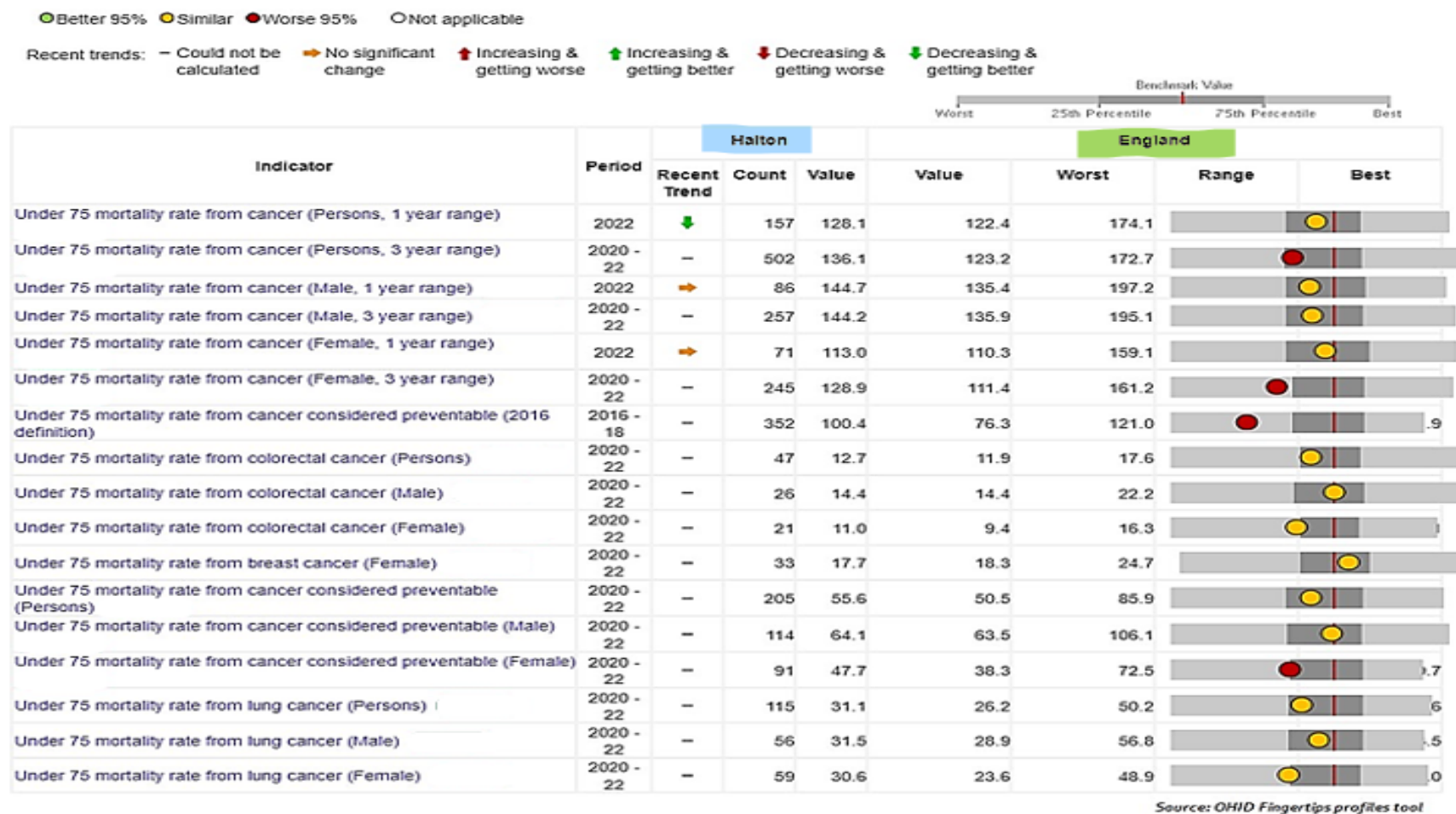
The basic concept of preventable mortality is that deaths are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause (subject to age limits if appropriate) could mainly be avoided through effective public health and primary prevention interventions.

Preventable mortality overlaps with but is not the same as 'treatable' mortality, which includes causes of deaths which could potentially be avoided through effective healthcare interventions, including secondary prevention and treatment.

The chart beside highlights the under 75 mortality from circulatory diseases that are considered preventable. The rates have varied for years, however, Halton has higher rates for both males and females. Rates for persons are quite similar for this indicator. These rates have been rising consistently for a few years in Halton.



Mortality considered Preventable

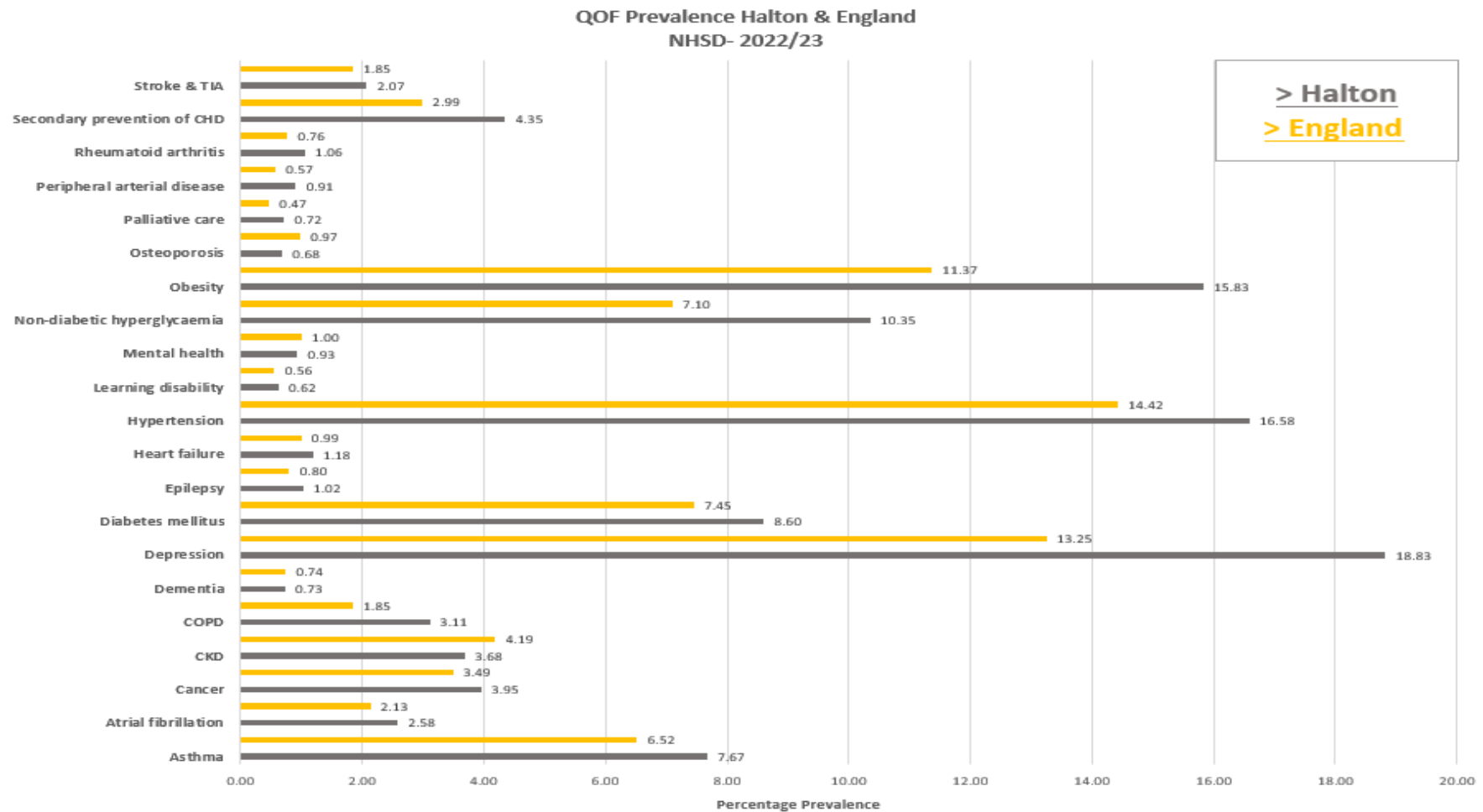


For both sets of information highlighted, deaths in under 75s, whose deaths are considered preventable are consistently higher in Halton. These figures are compared to those as a collective across the North West and in England, per 100,000.

These deaths are highlighted by all persons, both male and females combined. These rates of preventable mortality highlight Halton as consistently higher from causes considered preventable as well as CVD considered preventable. However, figures are similar for both charts using the NW and England for comparators.

It is noted that for both CVD death and all cause mortality considered preventable, Halton was highest for both categories.

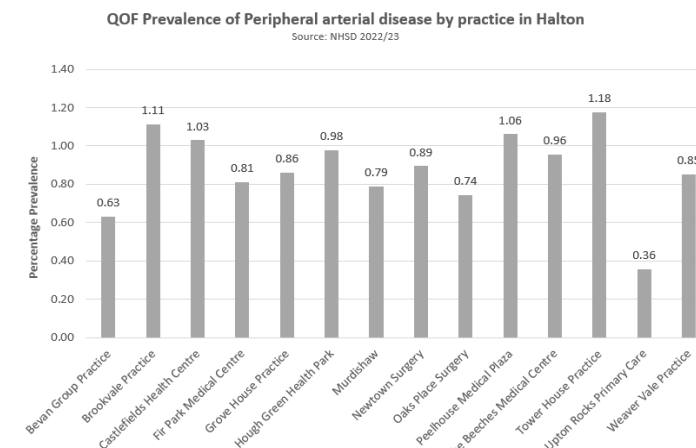
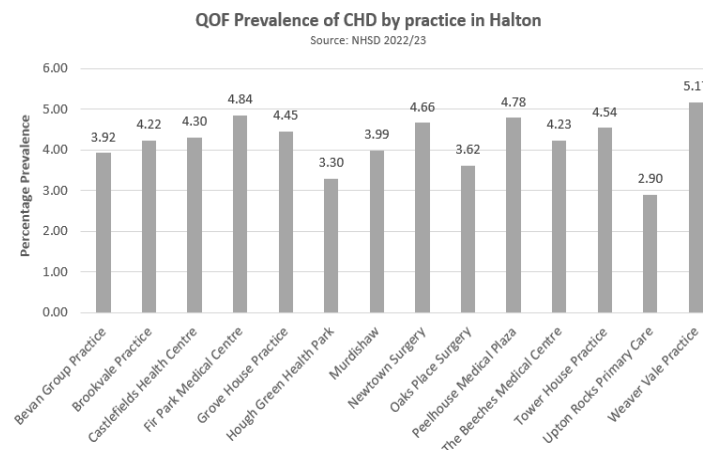
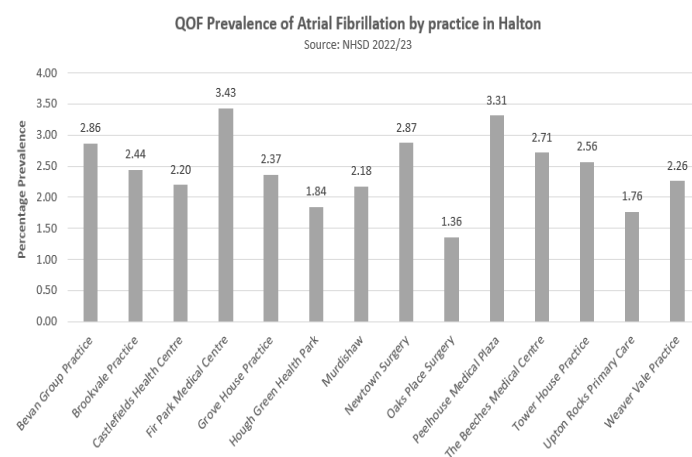
QOF Prevalence



The intention of the Quality and Outcomes Framework (QOF) is to improve the quality of care patients are given by rewarding practices for the quality of care they provide to their patients. This is based on a number of indicators across a range of key areas of clinical care and public health. Indicators such as the ones highlighted in the chart above for Halton and England (NHSD, 2023)

QOF indicators present the data to find out how common certain conditions are in your area, and other areas. This is called **prevalence**, and is the percentage of all patients who have the condition. For example if we see on the chart, 'Stroke and TIA'. The percentage prevalence, so the percentage of people who have these conditions was 1.85% for England and 2.07% for Halton.

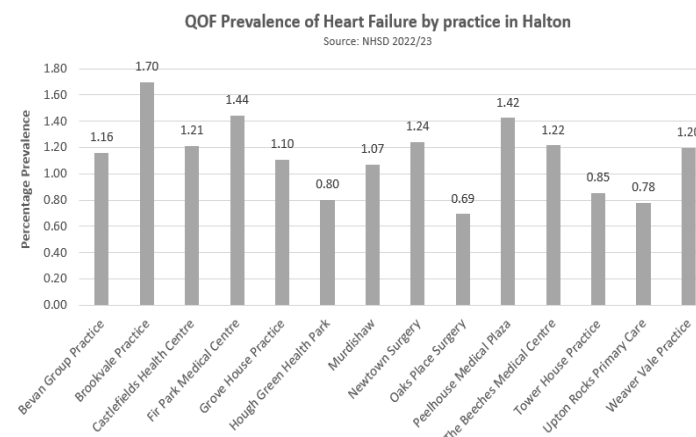
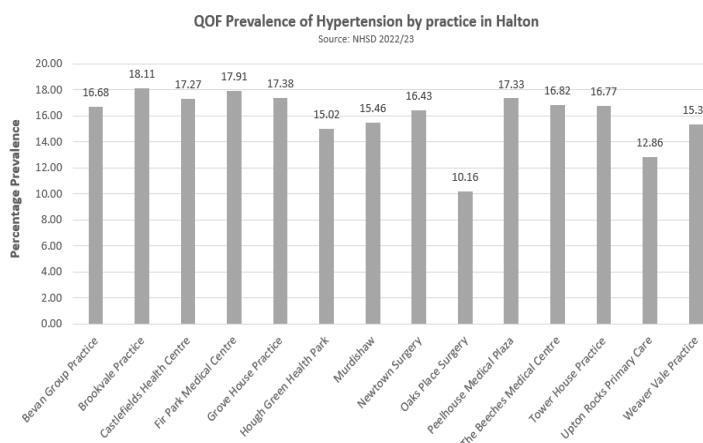
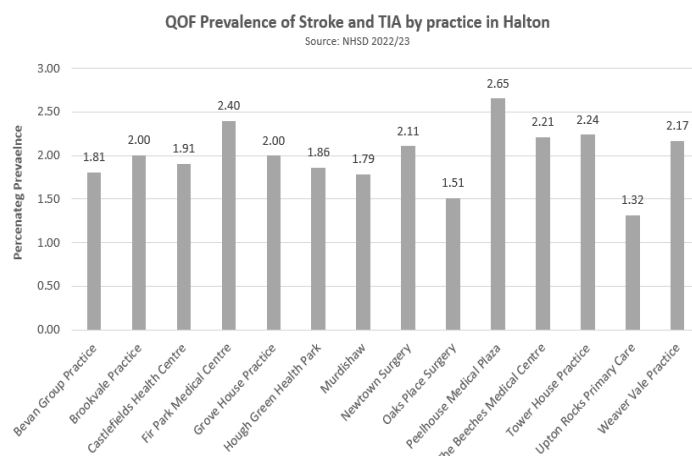
QOF Prevalence for CVD conditions by GP practice



For QOF prevalence, we can see several conditions by GP practice in Halton. Measures or indicators are agreed as part of the GP contract negotiations every year (NHSD, 2023). These indicators have points attached that are given to GP practices based on how they are doing against these measures. Each year a new dashboard is created when the indicators change, but in general they cover: the management of some of the most common chronic conditions (as highlighted in charts) and management of major public health concerns, for ex. smoking and obesity. Thus, helping the provision of preventative services like screening or blood pressure checks.

Not every condition or concern that QOF enlists is highlighted here, only those with up-to-date data relevant to this pack. From each chart, it is noticeable that across the GPs in Halton, there is not major variation for prevalence of the highlighted conditions. All prevalence shown is relatively similar for each practice.

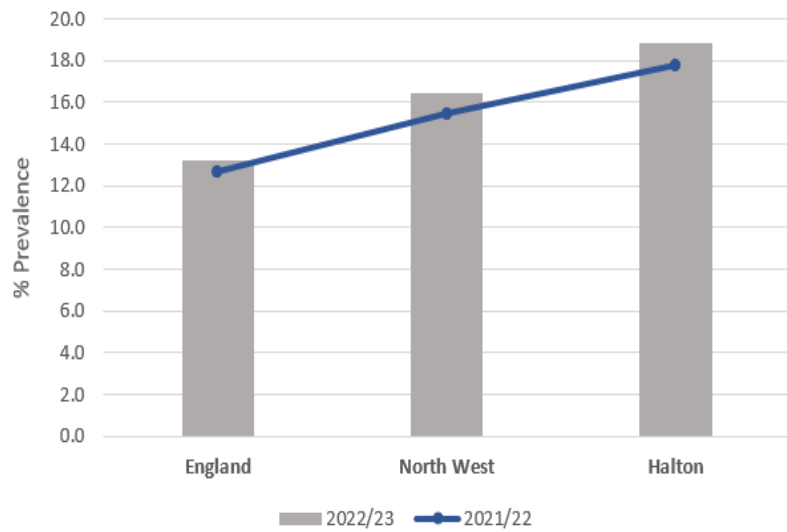
However, it can be identified that the QOF prevalence for Hypertension across these practices in Halton seems high. Prevalence ranging from 10.1% to 18.1%. There are similar trends when looking at the chart on the previous page comparing Halton and England.



Mental Health: Anxiety & Depression

Depression: QoF Prevalence (%)

Source: NHSD 2023



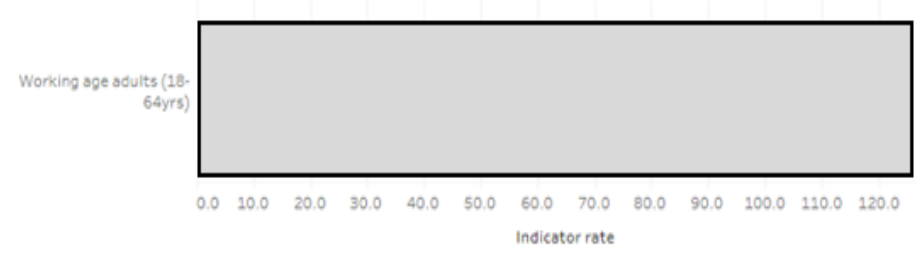
Understanding the mental health of the population is an essential part of Public Health. Identifying what the mental health of this working age population looks like, may help to understand where there may be shortcomings in terms of providing services and support that are suitable. Identifying the mental wellbeing of this population also may help understand what their lives are like in various aspects.

Here there are various indicators that highlight some areas of mental health.

Depression is a mental health condition that affects many people across the population. In Halton, there are 16,532 people aged between 18-64 years known to have depression (CIPHA, 2024). This is a considerably high number of individuals out of the total 76,994 in this age group in Halton.

Levels of self-reported high anxiety levels, are higher in Halton compared to the North West and England. However, these rates are not significantly different overall.

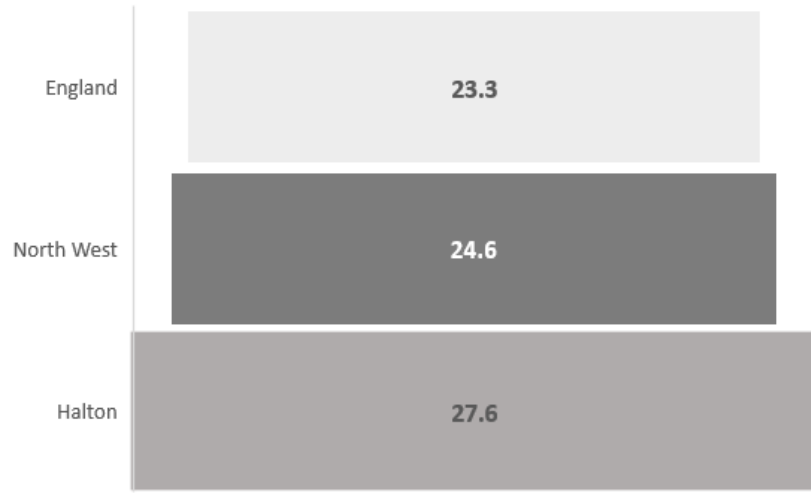
Depression/Anxiety rate by Age Band



Self reported wellbeing: people with a high anxiety score

aged 16+ (%)

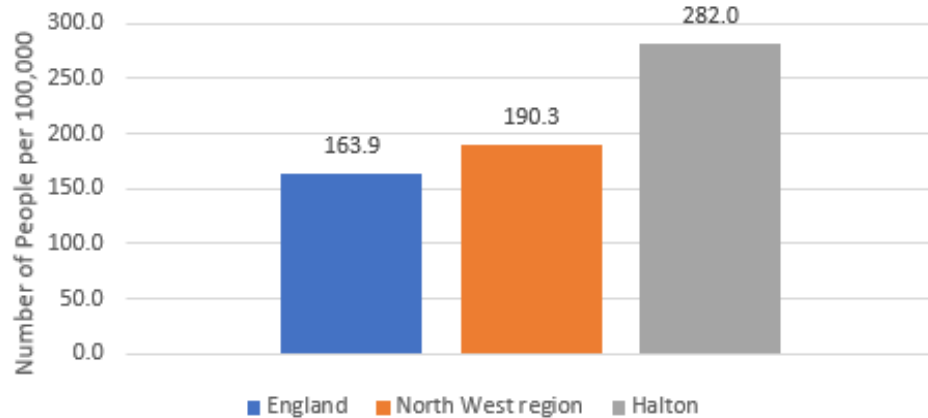
Source: Fingertips



Mental Health: Self-Harm

Emergency Hospital Admissions for Intentional Self-Harm

Source: Fingertips

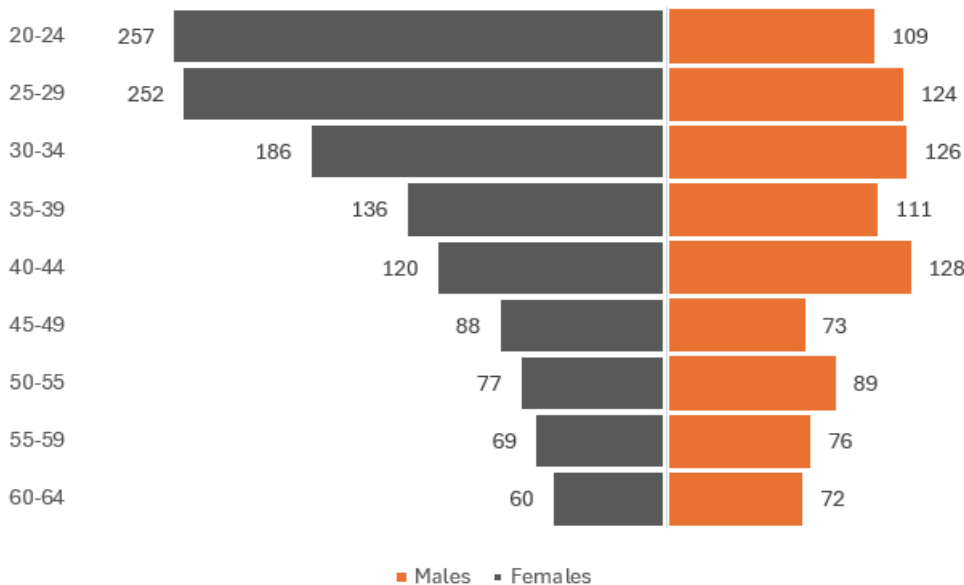


Self-harm is a common problem in patients who seek help from clinical services and is associated with a heightened risk of suicide. In recent years, there have been increases in self-harm particularly in young people, but also in other groups, such as middle-aged men. A reduction in rates remains a key national suicide prevention priority in the UK. There has been some progress in the quality of mental healthcare people receive for self-harm in the past few decades, there is still considerable room for improvement (Cambridge, 2023).

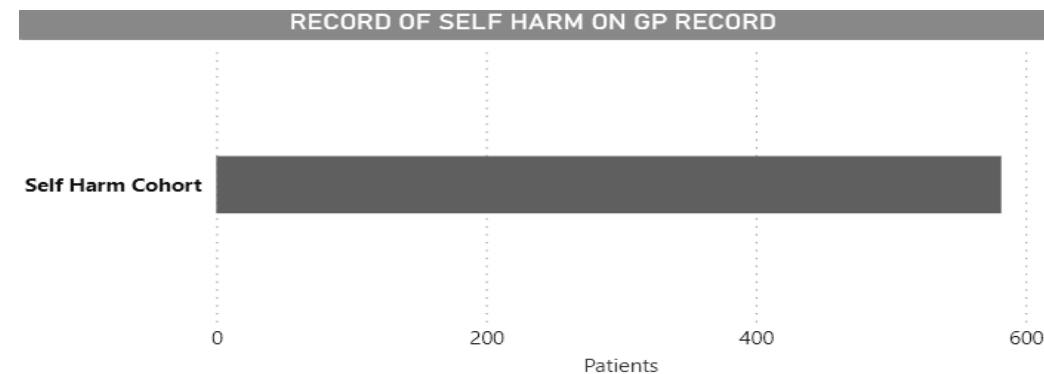
Emergency hospital admissions are highlighted per 100,000. Halton has the lowest admissions comparing to the North West and England. Although these rates are not low by any means.

The chart to the right below highlights GP record of those in Halton with reported self harm. This record has been highlighted for 2013-2024 and is reported at 582 patients.

Self-Harm Population by age and gender

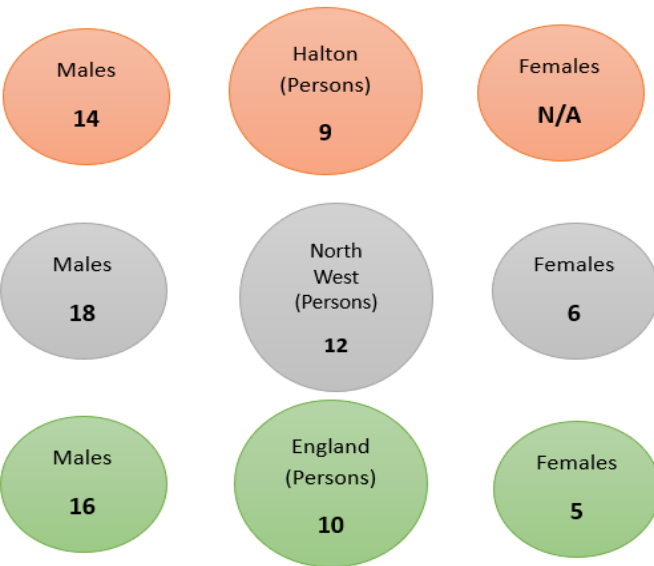


The NICE has updated its guidance for self-harm with a publication of the new 2022 Self-Harm: Assessment, Management and Preventing Recurrence guideline. This guidance incorporates the latest evidence and combines the previous self-harm guidelines. The guideline also considers the role of the wider system-primary care, emergency care, education and criminal justice settings as people who harm themselves can present to a range of settings (NICE, 2022).



Mental Health: Suicide

Suicide rate for Halton, North West & England, in 10+ years per 100,000 (2020-2022) Source: Fingertips



Suicide rates for years 2020-2022, are considerably higher across the North West as a whole, compared to Halton or England rates for the same time period. Out of all rates, suicides in males compared to females are considerably higher. When looking at rates for Halton, male rates are also very high. Rates for females were not accessible from the data and therefore will not be displayed.

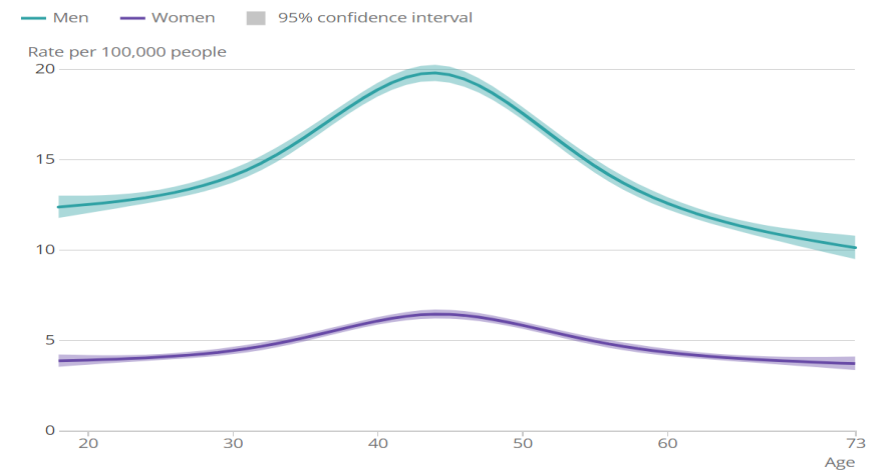
Without female rates available, we can only compare 'persons' and 'males'. Here we can identify that suicide rates in Halton are more similar to those in England. However, they are not significantly different to the higher rates in the Norths West.

Another data set from the CAM mental health explorer highlights from GP record the number of suicide attempts from 2013 to 2024. There were a reported 461 suicide attempts from GP records across Halton in this period of time.

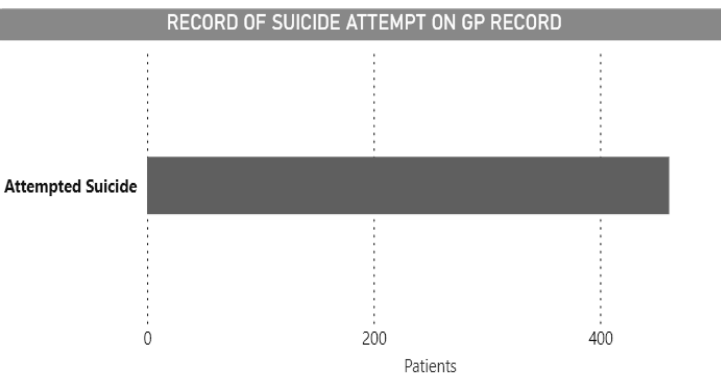
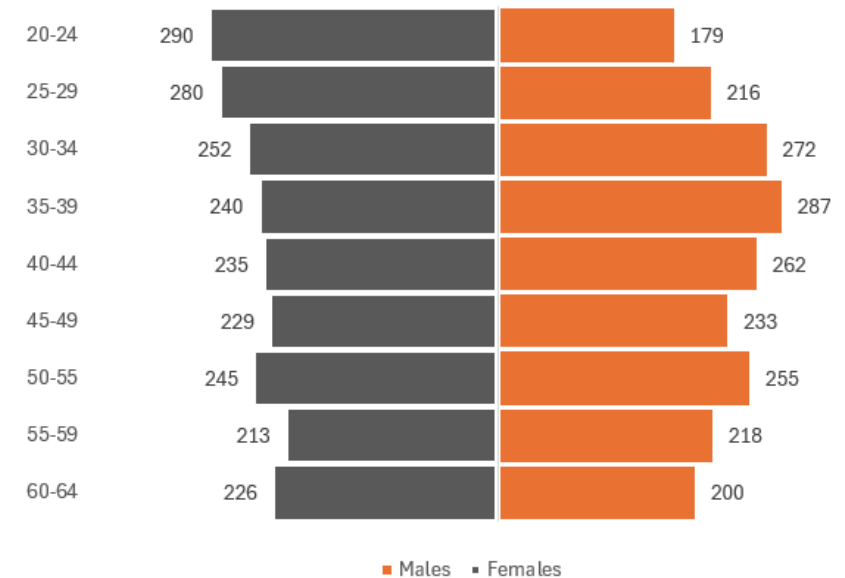
ONS 2023 reported that men aged 40 to 50 years, the highest rates of suicide were in disabled people, those who have never worked or are in long-term unemployment, or are single (never been married or in a civil partnership).

The chart shows the same consistencies in Males having higher rates of suicide than females across England and Wales. However, the chart beside but be interpreted with care as this is not number of suicides, it is the predicted or estimated number of suicides

Rates of suicide per 100,000 people by age and sex in England and Wales, 2011 to 2021



Suicide Populaton by age and gender

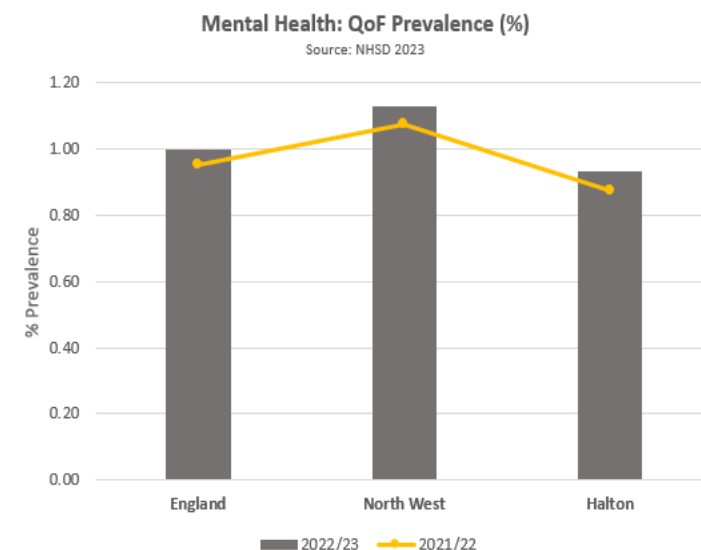


Mental Health: Severe Mental illness

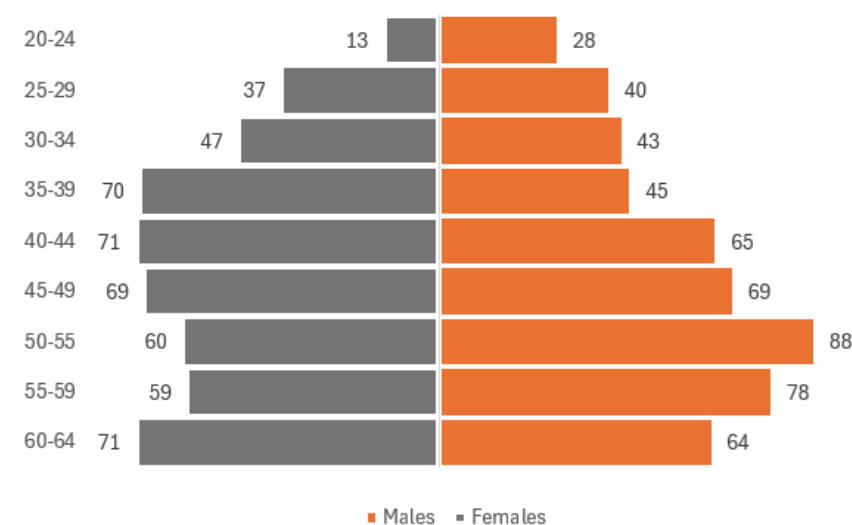
Local Authority >> Ward Name	Population	SMI Cohort	SMI Rate per 100k
Halton			
Total	119,791	1,017	849.0
Appleton	7,212	88	1220.2
Bankfield	6,132	42	684.9
Beechwood & Heath	5,103	14	274.3
Birchfield	9,150	26	284.2
Bridgewater	6,704	41	611.6
Central & West Bank	7,715	91	1179.5
Daresbury, Moore & Sandymoor	5,841	17	291.0
Ditton, Hale Village & Halebank	8,472	66	779.0
Farnworth	5,890	26	441.4
Grange	6,501	75	1153.7
Halton Castle	6,373	65	1019.9
Halton Lea	7,055	79	1119.8
Halton View	6,411	79	1232.3
Highfield	4,314	21	486.8
Hough Green	6,295	75	1191.4
Mersey & Weston	7,537	91	1207.4
Norton North	6,825	55	805.9
Norton South & Preston Brook	6,261	66	1054.1

The table highlights various metrics that relate to severe mental illness within the wards and in Halton as a whole. Understanding and identifying the levels of SMI, deprivation, service access and these sort of things, can help inform Public health of where resources or additional focus may need to be. There may be links made between these types of indicators to help identify why there could potentially be higher levels of poor mental health in certain areas.

We have QoF prevalence for mental health as its entirety, and depression. Looking at the mental health QoF prevalence there is not massive variance between Halton, the North West and England. However, Halton is the lowest of the three comparators.



SMI Population by age and gender



Looking to the SMI cohort rates per 100,000, there are some areas that are significantly higher than others. For example, Beechwood & Heaths SMI rate was 274.3, while Halton Views was 1232.3 per 100,000. Here is an example in the major contrast in these rates. Again there is possibility that the levels of varying deprivation, services and other factors play a significant role in these rates.

It is well established that deprivation (a lack of money, resources and access to life opportunities) or being in a position of relative disadvantage (having significantly less resource than others) is associated with poorer health, including mental health (Gov.uk).

The chart beside shows the SMI population in Halton by age band and gender. Figures for both male and females vary but are lower for the ages 20-24 Years. However, for females aged 35-49 years rates are consistently high. While males 50-55 years have the highest rate of SMI in any age band.

Mental Health: SMI Health Checks

SMI Register	SMI Health Checks	Expected SMI (QOF)	% with full Health Check
1,266	552	1,268	44%

	SMI Patients who need	% SMI Patients who need	SMI Patients who Received	% SMI Patients who Received
Bowel Screening	304	24.0%	1	0.3%
Breast Screening	262	20.7%	4	1.5%
Cervical Screening	302	23.9%	227	75.2%
Weight management	12	0.9%	9	75.0%
Blood pressure (lifestyle intervention)	631	49.8%	451	71.5%
Blood pressure (pharmacological intervention)	631	49.8%	228	36.1%
Blood glucose (high-risk / prediabetic intervention)	82	6.5%	59	72.0%
Blood glucose (diabetic intervention)	130	10.3%	15	11.5%
Alcohol consumption	68	5.4%	37	54.4%
Smoking	513	40.5%	96	18.7%
Substance misuse	86	6.8%	18	20.9%
Other follow up (Blood Lipids/ Lifestyle)	1,266	100%	657	51.9%
Other Follow Up (Blood Lipid/Statin)	1,266	100%	356	28.1%

The above table highlights various metrics that relate to severe mental illness within Halton. This data was retrieved from a C&M report and provides a list of patients who are currently part of the SMI Physical Health Check caseload. Physical health checks are considered taken if there are results recorded within the last 12 months., due if there are results which are recorded more than 12 months ago and missing if there are no results on record for that test. People living with SMI are at a greater risk of developing health conditions such as diabetes, stroke or heart problems. The annual physical health check is important to help to detect any issues as early as possible.

Carried out by a doctor or nurse, health checks will typically include; Blood pressure, Electrocardiogram (ECG), Blood glucose, Height and weight , Blood lipid, Smoking, Alcohol, Screening and immunisation programmes, Medication review, and other questions about your general health.

On the metric of Severe mental illness, we can see the relative physical health checks across GPs in Halton. The figures for SMI highlight the number of people on the register, which is at 1,266 and out of this register 552 people had health checks. This information was accessed via Cheshire and Merseyside health and care partnership. This data is for the period of 2018– 2023.

We are also able to see what these health checks were in relation to. Health Checks are essential to identify what the physical health of individuals is like in cohorts that could have higher risk factors. It is highlighted here what percentage of each Health check was completed for SMI HCs. As an example, out of the 552 Health checks performed, 72% had their blood glucose done. Notably some of these checks are concerningly low. Checks such as Bowel screening and Breast screening are some of the lowest uptakes listed here. This is worrying as these diseases can lead to detrimental health outcomes. Further progress to promote uptake is needed to ensure better health for this cohort.

Mental Health: SMI HC Smoking & BMI

The table beside shows the smoking status of those with severe mental illness who have presented to their GP practice in Halton. The most amount of people have presented to their GPs and current smokers, but there are high numbers of past and those who have never smoked. This data has come from a list of patients who are currently part of the SMI physical health check caseload

Smoking can lead to a multitude of illnesses or complications. It is already understood that those with SMIs live around 15-20 years less than those without SMI (PHE, 2018). Smoking can lead to an increased risk of diseases like Lung cancer, and therefore can lead to worse outcomes for health in this cohort.

Out of this reported group (1113 individuals);

36.2% - Current Smokers

32.7% - Past Smokers

29.2% - Never Smoked

GP Practice	% Current Smokers	% Exception	% Never Smoked	% Past Smokers
BEVAN GROUP PRACTICE	30.5%	0%	32.4%	37.1%
BROOKVALE PRACTICE	27.7%	3.1%	35.4%	33.8%
CASTLEFIELDS HEALTH CENTRE	41.2%	0.8%	23.7%	34.4%
FIR PARK MEDICAL CENTRE	19.4%	0.0%	44.4%	36.1%
GROVE HOUSE PRACTICE	40.5%	1.5%	25.2%	32.8%
HOUGH GREEN HEALTH PARK	39.3%	16.1%	21.4%	23.2%
MURDISHAW	37.3%	0.0%	32.8%	29.9%
NEWTOWN SURGERY	46.4%	0.0%	35.7%	17.9%
OAKS PLACE SURGERY	51.1%	0.0%	19.1%	29.8%
PEELHOUSE MEDICAL PLAZA	34.3%	0.0%	32.1%	33.6%
THE BEECHES MEDICAL CTR	26.7%	3.3%	30.0%	40.0%
TOWER HOUSE PRACTICE	33.7%	2.3%	23.3%	40.7%
UPTON ROCKS PRIMARY CARE	30.8%	0.0%	23.1%	46.2%
WEAVER VALE PRACTICE	45.1%	4.9%	26.8%	23.2%
Grand Total	36.2%	2.0%	29.2%	32.7%

GP Practice	% Overweight, Obese & Severely Obese	% Healthy weight	% Current Smokers Overweight	% Current Smokers Obese	% Current Smokers Severely Obese
BEVAN GROUP PRACTICE	75.4%	23.0%	11.1%	33.3%	11.1%
BROOKVALE PRACTICE	75.0%	22.7%	28.6%	14.3%	7.1%
CASTLEFIELDS HEALTH CENTRE	76.5%	23.5%	32.6%	30.4%	13.0%
FIR PARK MEDICAL CENTRE	89.2%	10.8%	40.0%	40.0%	0.0%
GROVE HOUSE PRACTICE	72.1%	23.3%	28.1%	18.8%	15.6%
HOUGH GREEN HEALTH PARK	68.3%	31.7%	36.8%	10.5%	10.5%
MURDISHAW	80.0%	17.5%	23.5%	41.2%	5.9%
NEWTOWN SURGERY	79.5%	17.9%	23.8%	42.9%	9.5%
OAKS PLACE SURGERY	66.7%	33.3%	27.3%	18.2%	18.2%
PEELHOUSE MEDICAL PLAZA	76.1%	22.7%	20.0%	30.0%	13.3%
THE BEECHES MEDICAL CTR	76.9%	23.1%	40.0%	20.0%	20.0%
TOWER HOUSE PRACTICE	79.2%	18.9%	29.4%	17.6%	17.6%
UPTON ROCKS PRIMARY CARE	77.8%	22.2%	50.0%	25.0%	0.0%
WEAVER VALE PRACTICE	79.2%	20.8%	31.0%	37.9%	13.8%
Grand Total	76.2%	22.4%	28.4%	27.7%	12.5%

The table beside highlights the BMI categories under the same smoking status' as above. BMI is calculated by using an individual's height and weight. The number of people in each category have been segregated if they had a BMI of;

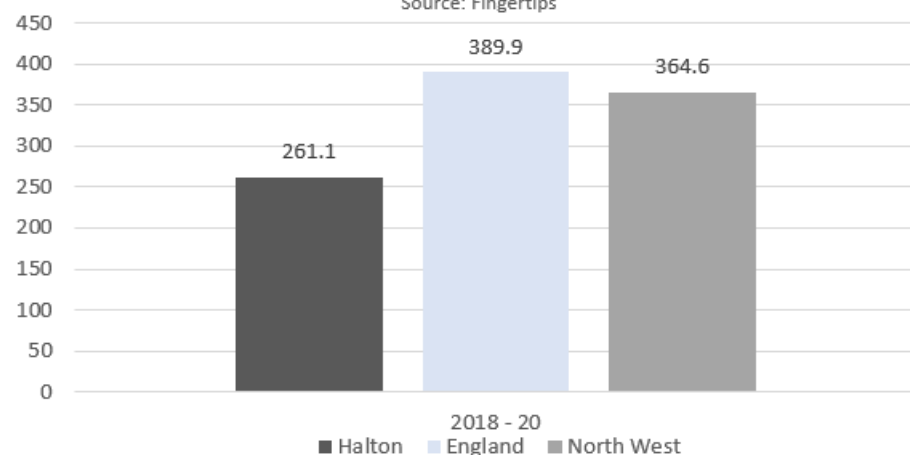
- Under 18.5– Underweight
- 18.5-24.9– Healthy weight
- 25.0-29.9– Overweight
- 30.0-39.9– Obese
- 40.0+ - Severely Obese

There are significantly higher levels of overweight, obese and severely obese BMI in all practices across the Borough compared to those with healthy BMIs. We can also identify that there are few people in the underweight BMI. For all the reported SMI group, the % overweight, obese and severely obese as well as those with healthy weights are shown. While the BMIs beside highlight current smokers and those with BMIs in the same categories. There is some variance with the GP practices for BMI and smokers. However, this may be down to reporting and may not always reflect the most accurate depiction of this population.

Mental Health: Severe Mental illness Mortality

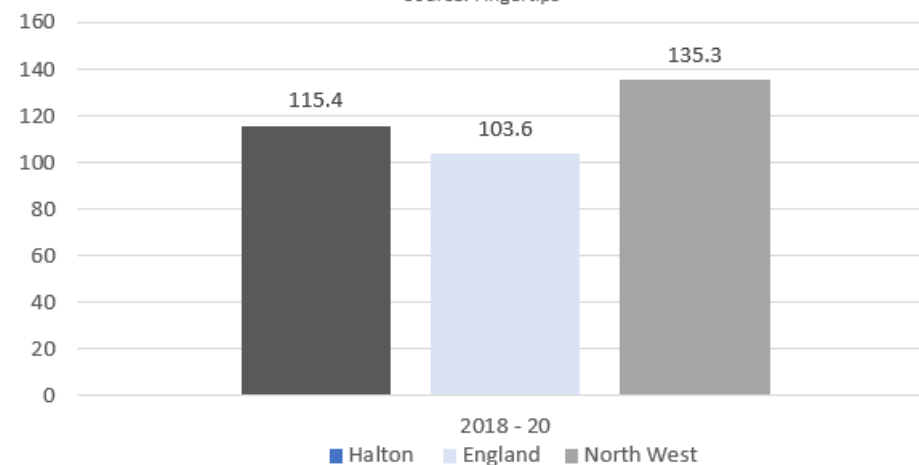
Excess under 75 mortality rate in adults with severe mental illness (SMI) (18-74 Years)

Source: Fingertips



Premature mortality in adults with severe mental illness (SMI) (18-74 Years)

Source: Fingertips



The charts above highlight mortality rates for those with severe mental illness. The first Chart shows excess under 75 mortality rates in adults with SMI for Halton, England and the North West. The data is for 2018– 2020.

Rates here indicate Halton's excess mortality here is the lowest of the three at 261.1. This rate is presented as the excess risk %. This means measures of excess premature mortality experienced by adults with SMI over adults without SMI. SMI is defined as having a referral to secondary mental health services in the five years preceding death.

This indicator is expressed as a percentage where adults with SMI can be considered to have x% higher/lower risk of premature mortality than adults without SMI. (Fingertips, 2023).

The chart for premature mortality in adults with SMI highlights the rates per 100,000. Here Halton has higher rates than England, but they are still lower than the North West. Rates are for the same period of time, 2018-2020.

People with a long-standing mental health problem are twice as likely to smoke, with the highest rates among people with psychosis or bipolar disorder. Compared with the general patient population, patients with SMI are at substantially higher risk of obesity, asthma, diabetes, chronic obstructive pulmonary disease (COPD) and cardiovascular disease. People with SMI make more use of secondary urgent and emergency care, and experience higher premature mortality rates (Fingertips, 2023)

Mental Health: Ward Level data

The table highlights the various mental health cohorts across all the wards in Halton and Halton as a whole.

The table shows the number in each cohort and then the rate per 100,000 in Wards. Identifying the high levels of people reporting to their GPs or services in Halton is essential to identifying where gaps may be. This table may also help to understand where the link between deprivation in the borough and these cohorts. Using Daresbury, Moore and Sandymoor as an example, this Ward tends to have lower levels of deprivation. There are smaller numbers in each of the cohorts listed compared to Halton Lea for example. Utilising Ward level data is an essential part of public health. Health can have numerous varying factors that affect a population. This can go as far as ward or indeed neighbourhood level. SMI cohorts are no different. This gives a breakdown of cohorts and rates for Mental health and Severe Mental Illness.

Ward Name	Population	General MH Cohort	General MH Rate per 100k	Total MH Cohort	Total MH Rate per 100k	Suicide Cohort	Suicide Cohort Rate per 100k	Self Harm Cohort	Self Harm Rate per 100k
Halton									
Appleton	7,212	1,173	16264.6	1,261	17484.7	334	4631.2	141	1955.1
Bankfield	6,132	920	15003.3	962	15688.2	168	2739.7	105	1712.3
Beechwood & Heath	5,103	610	11953.8	624	12228.1	92	1802.9	49	960.2
Birchfield	9,150	983	10743.2	1,009	11027.3	158	1726.8	50	546.4
Bridgewater	6,704	1,176	17541.8	1,217	18153.3	254	3788.8	151	2252.4
Central & West Bank	7,715	1,357	17589.1	1,448	18768.6	338	4381.1	172	2229.4
Daresbury, Moore & Sandymoor	5,841	670	11470.6	687	11761.7	88	1506.6	46	787.5
Ditton, Hale Village & Halebank	8,472	1,317	15545.3	1,383	16324.4	226	2667.6	122	1440.0
Farnworth	5,890	747	12682.5	773	13123.9	153	2597.6	48	814.9
Grange	6,501	1,325	20381.5	1,400	21535.1	332	5106.9	221	3399.5
Halton Castle	6,373	1,303	20445.6	1,368	21465.6	335	5256.6	147	2306.6
Halton Lea	7,055	1,440	20411.1	1,519	21530.8	432	6123.3	221	3132.5
Halton View	6,411	942	14693.5	1,021	15925.8	249	3883.9	115	1793.8
Highfield	4,314	565	13096.9	586	13583.7	96	2225.3	47	1089.5
Hough Green	6,295	1,180	18745.0	1,255	19936.5	254	4034.9	97	1540.9
Mersey & Weston	7,537	1,376	18256.6	1,467	19464.0	322	4272.3	194	2574.0
Norton North	6,825	1,172	17172.2	1,227	17978.0	229	3355.3	101	1479.9
Norton South & Preston Brook	6,261	1,157	18479.5	1,223	19533.6	272	4344.4	126	2012.5
Total	119,791	19,413	16205.7	20,430	17054.7	4,332	3616.3	2,153	1797.3

Electoral ward data

Much of the data in this report is at Halton local authority level only. This is due to data availability. However, there is a limited amount of data at electoral ward. Whilst it does not cover all the issues seen in this report, it nevertheless does show a fairly consistent pattern.

	Appleton	Bankfield	Beechwood & Heath	Birchfield	Bridgewater	Central & West Bank	Daresbury, Moore & Sandymoor	Ditton, Hale Village & Halebank	Farnworth	Grange	Halton Castle	Halton Lea	Halton View	Highfield	Hough Green	Mersey & Weston	Norton North	Norton South & Preston Brook	Halton	England
Emergency Hospital Admissions																				
Coronary heart disease admissions <i>(standardised admission ratio)</i>	161	164	120	102	148	208	132	145	125	170	159	194	162	132	202	156	151	170	156	100
Intentional self harm admissions <i>(standardised admission ratio)</i>	275	216	69	57	149	281	56	175	94	291	189	251	285	143	249	165	114	186	184	100
Myocardial Infarction (heart attack) admissions <i>(standardised admission ratio)</i>	140	135	108	95	140	161	89	126	125	167	154	176	148	118	167	141	152	148	140	100
Stroke admissions <i>(standardised admission ratio)</i>	106	112	97	59	99	129	78	124	80	112	113	119	91	128	114	91	84	127	104	100
Alcohol attributable admissions <i>(narrow definition, standardised admission ratio)</i>	173	137	63	56	116	191	73	114	90	165	127	203	131	141	160	125	95	112	126	100
Cancer Incidence (new cases)																				
All cancers <i>(standardised incidence ratio)</i>	112	109	104	97	115	126	93	113	93	110	101	115	116	117	116	99	121	91	108	100
Breast <i>(standardised incidence ratio)</i>	116	108	99	128	67	102	100	102	86	83	72	89	115	83	105	72	92	64	94	100
Colorectal <i>(standardised incidence ratio)</i>	108	105	125	98	137	166	123	95	94	131	96	108	142	73	133	137	144	93	117	100
Lung <i>(standardised incidence ratio)</i>	142	157	89	51	201	258	58	155	92	167	151	180	121	178	140	137	170	106	141	100
Prostate <i>(standardised incidence ratio)</i>	82	87	107	99	108	63	94	87	97	57	58	57	106	93	101	137	100	99	88	100
Smoking quitters																				
CO + Self reported	61%	53%	55%	52%	53%	56%	54%	57%	59%	53%	58%	58%	63%	61%	53%	54%	56%	62%	57%	55%
General Health (self reported at Census)																				
Very good health	44%	43%	46%	59%	45%	43%	57%	46%	54%	41%	42%	39%	43%	47%	44%	45%	46%	43%	46%	48%
Good health	32%	32%	36%	30%	33%	32%	31%	32%	31%	32%	31%	31%	34%	33%	32%	33%	32%	33%	32%	34%
Fair health	14%	16%	14%	8%	14%	16%	8%	14%	10%	16%	16%	18%	15%	14%	15%	15%	14%	15%	14%	13%
Bad health	7%	7%	4%	2%	5%	7%	3%	6%	3%	8%	9%	9%	6%	5%	7%	5%	6%	7%	6%	4%
Very bad health	2.1%	2.2%	1.0%	0.7%	1.7%	1.9%	0.6%	1.9%	0.9%	2.7%	2.4%	3.2%	2.0%	1.7%	2.1%	1.9%	2.0%	2.3%	1.9%	1.2%

Significantly higher / worse than England
 Not significantly different to England
 Significantly lower / better than England
 Lower than England
 Higher than England

