



Joint Strategic Needs Assessment

Live Well

Health in Knowsley - 2022

Live Well

In Knowsley, we want to ensure that adults of working age are supported to Live Well. As the second most deprived Borough in the country, Knowsley residents in this age group face a number of challenges which may be influenced by external factors such as poor housing conditions, unemployment, poor education and the environment in which they live. There is strong correlation between household income for example and healthy life expectancy, All of these factors then consequently impact upon health and wellbeing.

Living Well in Knowsley

While most adults live happy and healthy lives throughout the Borough, there is a higher proportion of adults that live longer in poor health and with chronic illness and die prematurely. Working age adults in Knowsley are more likely to experience social and economic inequalities to the England average this put adults in Knowsley at greater risk of health inequalities and poor health.

Knowsley is the second most deprived local authority and there is a strong correlation between deprivation and poor health outcomes and reduced life expectancy. A good level education and qualifications often lead to stable, well paid, good quality employment which has a protective affect on health. However, Knowsley has a higher proportion of adults with no qualifications compared to the British average.

Health disparities and inequalities have been exacerbated during the COVID-19 pandemic, and without an integrated approach to addressing health inequalities, reducing poverty and mitigating against the impact of poverty, poor health and wellbeing will continue inhibit the lives of Knowsley residents. Improving health particular for those with the the worst health will allow Knowley residents to thrive and reach their full potential.

Long Term Risks to Health and Wellbeing

There are a number of clear health concerns identified for adults in Knowsley:

- **Healthy Lifestyles** –habits around nutrition, tobacco use, alcohol intake, exercise, illicit drug use and sexual health are impacting negatively on the health and wellbeing of some of Knowsley's residents. Supporting all residents to engage in health behaviours and lifestyles will help delay and prevent diseases and illnesses that lead to early death and disability in Knowsley's population.
- **Life Expectancy (LE) and Health Life Expectancy (HLE)**- Knowsley has seen big improvements in both LE and HLE for males and females. However, people in Knowsley on average have shorter lives and spend more of their lives in poor health compared to people in the North West and England. This is not consistent across Knowsley, particularly as there is a strong correlation between health outcome and deprivation.
- **Wellbeing and mental health** – higher proportions of adults in Knowsley suffer from poor mental health and wellbeing, for many this will have been exacerbated by the COVID-19 pandemic.
- **Impact of COVID** –Knowsley has had one of the highest rate of cases in the country across the pandemic. This has had a huge impact on the population health of Knowsley including a reduction in life expectancy which had been improving. Vaccination uptake has been significantly lower than England which is cause for concern as vaccination helps reduce illness, morality and protects those who are most vulnerable in the borough.

Life Expectancy

Overview of issues

Life expectancy is a key measure of a population's health and refers to the number of years a person can expect to live.

As a result of the reduction in mortality, life expectancy has improved over the years but remains substantially below the North West and England rates. The gap between the national and local life expectancy rates has remained similar in Males but has widened in females (especially over the last few years).

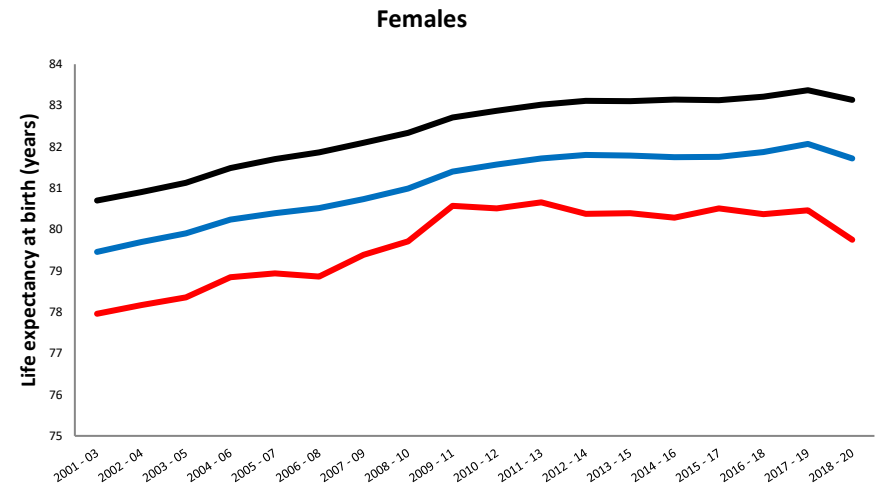
In Knowsley:

Knowsley women have the 3rd lowest life expectancy of upper tier Local Authorities in England in England, with men having the 8th lowest. (2018-20).

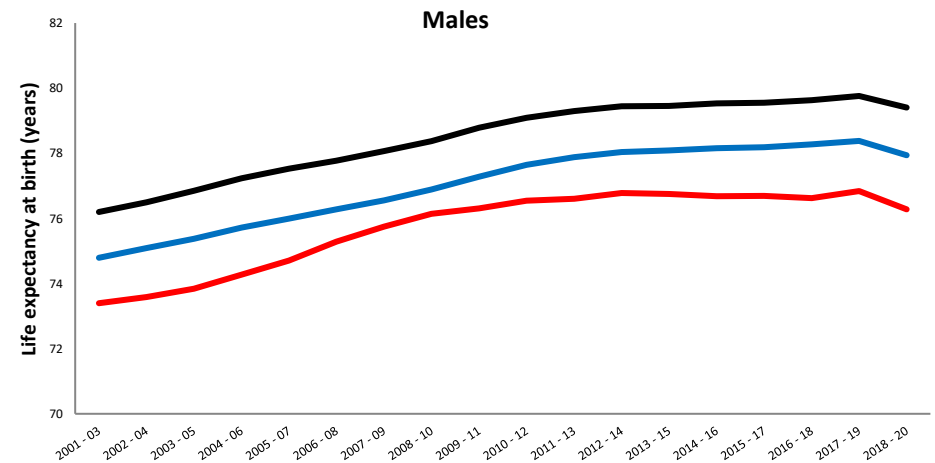
Life expectancy in Knowsley is significantly lower than England, for both men and women. For 2018-20 female life expectancy was 79.8 years (compared to North West of 81.7 years and England of 83.1 years). For males it was lower at 76.3 years (compared to North West of 77.9 years and England of 79.4 years).

In the latest period 2018-20, this covers the year 2020, which was when Covid-19 first struck the UK, the graphs below show that life expectancy has fallen both locally and nationally mainly due to the excess deaths caused by Covid-19. Since 2017-19, Knowsley life expectancy for males fell by a similar amount to North West and England, however Knowsley female life expectancy fell by 0.7 years compared to 0.4 in North West and 0.3 in England. A possible reason for the greater decrease in life expectancy observed in women in 2018-20 in Knowsley may be attributed to COVID-19. There are more women in care homes than men, and care home deaths represented a large proportion of overall deaths from COVID-19. During the first wave (this is when nobody was vaccinated) and at parts of the other waves Knowsley was hit particularly hard with Covid-19 compared with elsewhere and has at times had the highest rate in the country for Covid-19 and overall, it has the 2nd highest rate of cases in the country across the pandemic. Life expectancy is 12.3 years lower for men and 10.9 years lower for women living in the most deprived areas of Knowsley compared with those in the most affluent areas of the borough.

Trend in life expectancy at birth, females, 2001-03 to 2018-20



Trend in life expectancy at birth, males, 2001-03 to 2018-20



Healthy Life Expectancy

Overview of issues

Improving life expectancy is achieved by adding years to life so that people live longer. It is important also to add years of quality to life. Healthy life expectancy (HLE) is an estimate of the number of years someone would expect to live in good health.

In Knowsley:

Healthy Life expectancy has improved significantly for Males in Knowsley from 2009-11 to 2018-20, this was an increase of 3.1 years of healthy life, much bigger than the North West (0.8 years) and England (0.1 years). Knowsley, the North West and England all saw a drop in HLE for males between 2017-19 and 2018-20, the decrease of 2 years in Knowsley which is much bigger than both the North West (0.2 years) and England averages (0.1 years). Men in Knowsley on average live 2.8 years less in good health compared to men in the North West and 4.4 years compared to men in England.

Healthy Life expectancy has improved slowly for Females in Knowsley from 2009-11 to 2017-19, an increase of 1 year. However, between 2017-19 and 2018-20 they gained another year. Despite this women on average in Knowsley spend 2.4 years less in good health compared to women in the North West and 3.9 years compared to females in England.

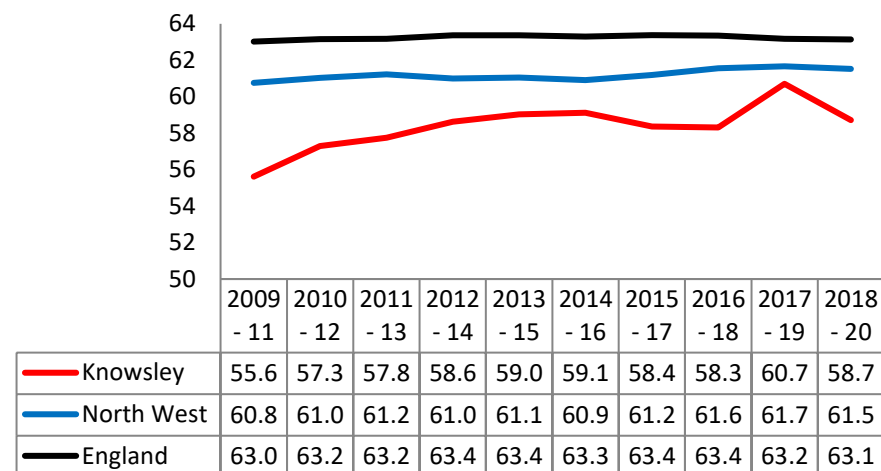
Using this data with the Life expectancy data on the previous page this equates to 76.9% men's average life in Knowsley is spent in good health compared to 78.9% on average in the North West and 79.5% in England (79.2%).

On average for women in Knowsley this equates to 75.2% likely to be spent in good health, compared with 76.4 years in the North West and 76.9% in England.

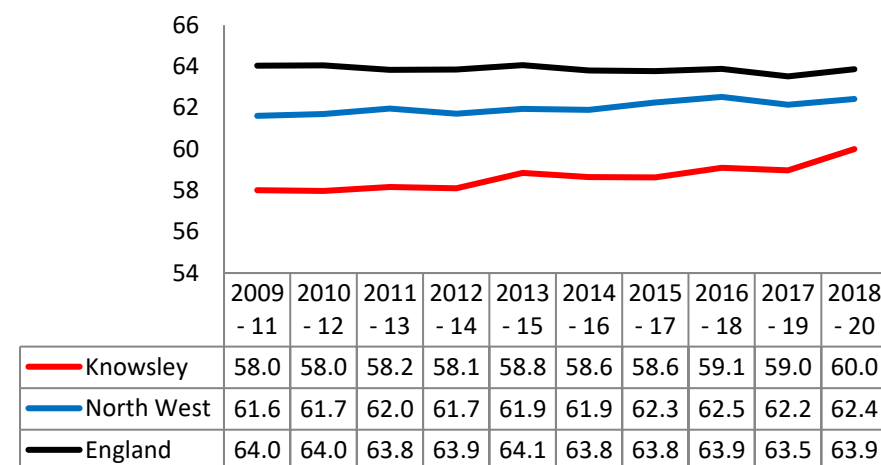
Although women live longer in Knowsley than men, a larger proportion of their lives are spent in poorer health. Men living in the most deprived areas of Knowsley have a Healthy life expectancy which is around 18 years lower than those living in the most affluent areas of the Borough, for women the difference is around 20 years lower.

It is important to note that the full effect of Covid-19 is not captured in this dataset yet, as the latest data only covers up to 2018-20.

Trend in Healthy life expectancy at birth, males, 2009-11 to 2018-20



Trend in Healthy life expectancy at birth, Females, 2009-11 to 2018-



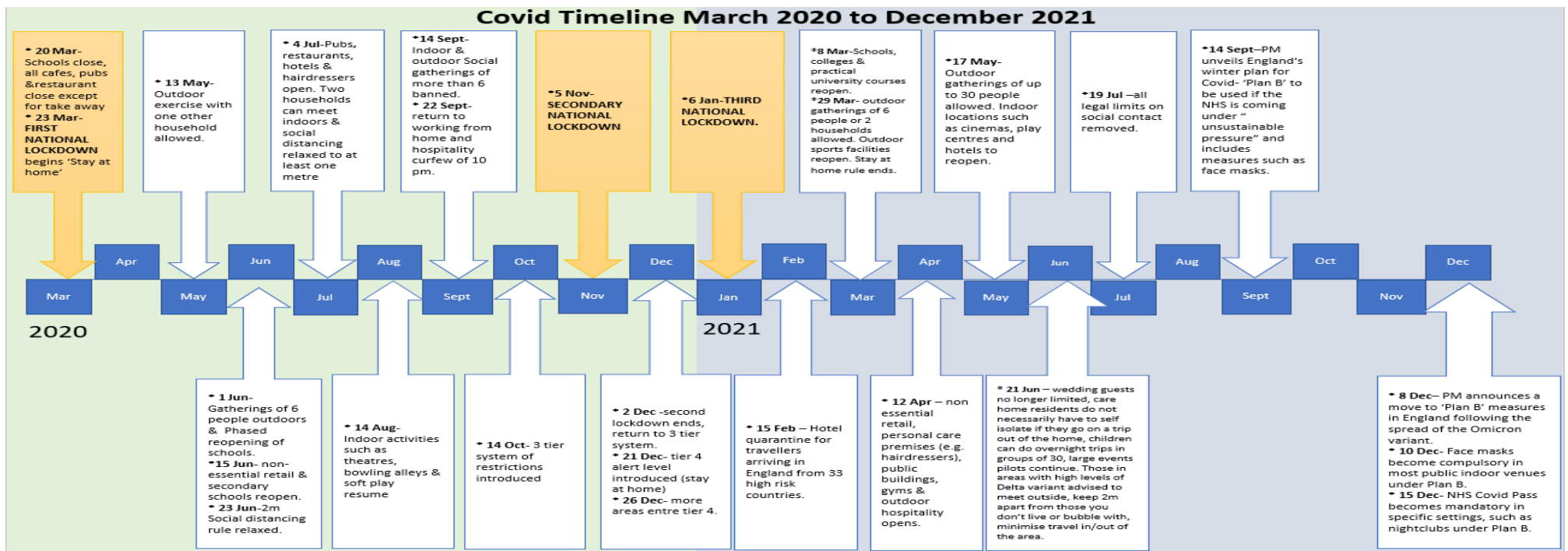
COVID 19

Overview of issues

Coronaviruses are a large family of viruses with some causing less severe disease, such as the common cold, and others causing more severe disease, such as Middle East respiratory syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS) coronaviruses. They are a different family of viruses to the Influenza viruses that cause the seasonal flu.

“Covid-19 has been the most significant health shock in modern history. So far, the pandemic has cost 180,000 lives across the UK, and millions continue to experience ongoing disruption to their lives. It has taken a toll through record waiting lists, in exacerbating the underlying causes of poor health (eg poverty), and through a massive rise in unmet physical and mental health needs.” Exposure to the pandemic was higher than average in the most deprived places in England and this is evident in Knowsley. Whilst we know that of COVID-19 has resulted in excess deaths directly from people contracting the virus and dying from the disease. There are also indirect and wider social and economic impacts on mortality. Indirect impacts relate to stresses on the health system (such as disrupted care pathway, workforce absence, ambulance waiting time etc) and changes in the behaviour of people in terms of health seeking behaviour. There is clear indications that disruption to care of those with chronic conditions as a result of the pandemic; leading to worse health outcomes. The impact of wider social and economic changes which can lead to poor health and mortality for example stable, good quality and rewarding employment has a protective affect on health.

The impact of the virus on the population of Knowsley and the world has been wide and far ranging, the pandemic has shone a light on the devastating impact on those with



In Knowsley:

Knowsley has the highest Covid-19 case rate (at 18/03/22) of all Upper-tier LA areas in England throughout the course of the pandemic. The rate at time of writing is 36,289 per 100,000 population, this being much higher than North West (32,041) and England (29,815). At the time of writing over 51,800 Knowsley residents have had a Covid-19 infection, this equates to % of the population. There is likely to be many more residents who didn't know they had an infection of did not submit a positive test. It is important to note that testing was limited in the early periods of the pandemic, with community testing and Lateral Flow testing not available, with mainly only pillar 1 PCR testing taking place. This had a large impact on numbers of cases and the true extent of the virus cannot be seen in case numbers.

Reinfections are counted in Covid case numbers, there have been 3,500 reinfections in Knowsley at time of writing, 90% of these from 1st December 2021 and most are as a result of the Omicron variant, with 14% of new cases in Knowsley infections.

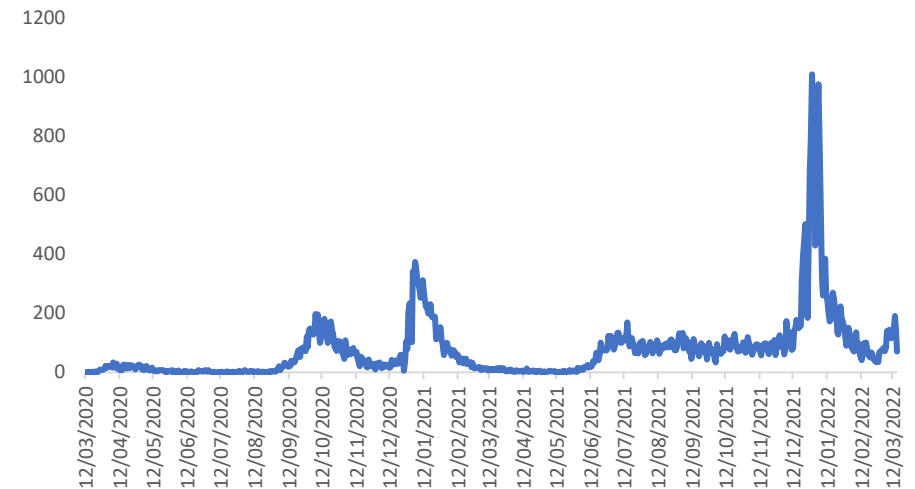
The number of people whose death certificate mentioned Covid-19 as one of the causes of death in Knowsley since the start of the pandemic was 543. This equates to a rate of 356 per 100,000 population, this is higher but similar to the North West (334) but significantly higher than England (251).

Excess deaths (deaths that have occurred more than would normally) have been significant during the pandemic, especially during the first three waves. Most excess deaths have been a result of Covid-19. During the first wave there were significant numbers of Non Covid-19 deaths, many of these are likely to be caused by Covid-19. A lack of testing was prevalent during this first wave with large numbers of care home and elderly deaths, many deaths occurred before testing took place. In recent months Covid-19 deaths have been much lower, with deaths often in single figures per week.

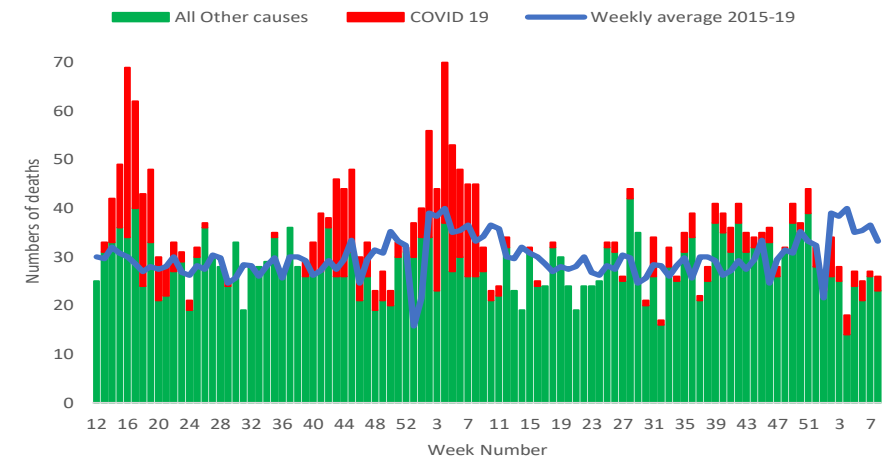
Long Covid is a significant health challenge and comes because of some people having long-term health problems and symptoms because of a Covid-19 infection. The true prevalence of this is not fully known and there are differing severity of illness and symptoms. Service access data for total long covid referrals between

Feb – Dec 2021 show the highest rate in Knowsley (Across Cheshire and Merseyside) – 92.1 per 100,000 population (139 referrals).

Covid-19 cases in Knowsley – Numbers of cases per day across the Pandemic



Excess Covid-19 deaths – ONS Deaths Occurrences in Knowsley Since start of Pandemic by week - 2020, 2021 and 2022, Deaths (numbers) occurred up to 4th March but were registered up to 12th March 2022



COVID-19 Vaccinations

Overview of issues

Vaccination against Covid-19 is essential to control the spread of the virus and to reduce serious illness and hospitalisations.

In Knowsley:

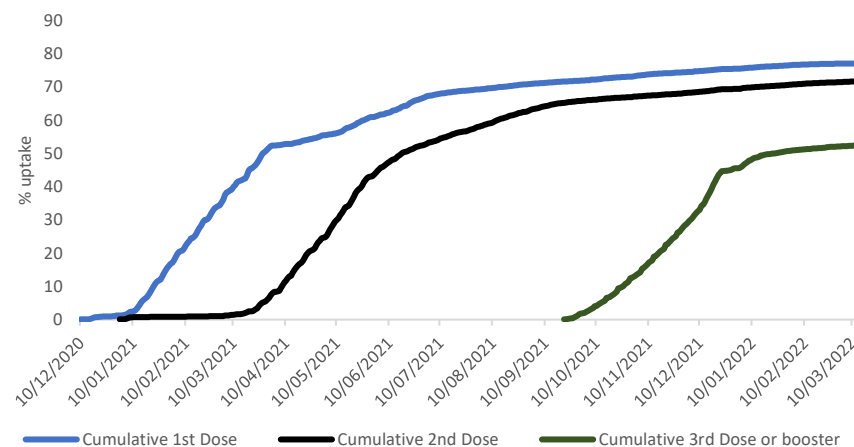
Covid-19 vaccine uptake in Knowsley is significantly lower than England looking at uptake rates of those aged 12 and over; Only 77% of Knowsley residents have had a 1st dose compared with 92% in England. 72% of Knowsley residents have had a 2nd dose compared with 86% in England. 52% of Knowsley residents have had a 3rd dose or a booster compared with 66% in England. In the recent early months of February and March 2022, vaccination uptake had slowed significantly both locally and nationally after a period high uptake in boosters especially in December 2021 to help cut hospitalisations and illness because of the new variant at the time called Omicron. From the 1st February to 18th March 2022, uptake in 3rd dose or a booster has only increase by 1.7% from 50.7% to 52.4%.

There is a strong correlation between vaccine uptake and deprivation. The most deprived Wards in Knowsley (Northwood, Stockbridge, and Page Moss) have the lowest vaccine uptake, with the least deprived Ward Roby having the highest uptake.

The uptake gap between Knowsley and average for Cheshire & Merseyside is at its narrowest in older age groups, and widest for younger age groups, it is especially apparent Knowsley is significantly worse than average for uptake of school age children, with a large difference level of vaccination between Knowsley and Cheshire and Merseyside.

Pregnant women are also a group in which Knowsley has high levels of unvaccinated with of women on the pregnancy registe, the highest rate of Cheshire and Merseyside Local Authorities and well below above Cheshire and Merseyside.

Covid-19 Cumulative Vaccine uptake in Knowsley



COVID-19 and Mental Health

The COVID-19 pandemic and Mental Health are central to this Knowsley JSNA, whilst some residents will have been experiencing mental health conditions prior to this period, all residents will have been affected to differing degrees as a result of the pandemic. Adapting to lifestyle changes, fear of contracting the virus, concerns for the health of friends and family (particularly those especially vulnerable) and coping with bereavement and potential loss of income will have affected people's mental health and wellbeing. What we already know about the pandemic was it did not affect everyone equally and that many of Knowsley residents will have been more adversely affected by the pandemic than others due to risk factors such as deprivation, type of employment and pre-existing health conditions. The potential consequences for the mental health of Knowsley's residents are considerable.

The British Medical Association (BMA) observed that the pandemic, and measures put in place to stop it spreading, risked people's mental health in two distinct ways. Firstly, early reports show that it has already affected those with pre-existing mental health conditions. Secondly, we know that social isolation and quarantine can directly harm people's mental and emotional wellbeing.ⁱⁱ

Healthwatch Knowsley produced a number of surveys to understand the impact of the pandemic on residents' health and wellbeing:

In April 2020, they conducted a survey to find out how the pandemic had affected people's access to and experiences of health and social care services. It focused on how people felt they had been communicated with and how their wellbeing and mental health had been affected, 362 responses were received. 60% of respondents considered that there had been a slight or moderate impact on their mental health and wellbeing as a result of the pandemic, 19.5% no impact and 20% felt significant or very significant impact (139 people asked this question).

Those surveyed made frequent references to increased anxiety, feeling stressed and 'fed-up' and the majority felt the effects of being distanced from family and friends. People with existing mental ill health felt their condition was exacerbated

by the restrictions. Those who used exercise to boost their mood and had to shield felt that this impacted on their wellbeing.

However, residents found support from friends and family and support groups such as First Step. 61% of respondents identified friends and family as the main source that helped them cope with daily life, 46% GPs and 36% their pharmacy. An ongoing concern that respondents voiced related to how people felt about how and when they might exit either their period of shielding or distancing from others.

In December 2020, Knowsley Older People's Voice prepared and delivered Christmas gift bags for older people, which included a survey aimed at trying to gain an understanding of the impact of the pandemic on loneliness and social isolation.

Respondents were asked 'have you experienced feeling lonely or isolated during this period', 62% stated they had not felt lonely as they had been supported by friends and neighbours, the remaining 38% had felt lonely at times during the pandemic (37 people in total answered the question).

The value of relationships as a support network for older people was noticeable from this survey.

mental health and wellbeing during the pandemic, a total of 257 people responded to this section of the survey.

In February 2021, following the rollout of the Vaccination Programme a further survey was undertaken to look at the experiences of people who had or were in the process of receiving their vaccination. Healthwatch used this opportunity to gain further insight into people's mental health and wellbeing during the pandemic. When asked how they would rate how they had felt over the past 12 months, 87% (of 257 total respondents) rated it as 5 and above; with 1 being not so good and 10 being great. 57% stated they had not felt lonely or experienced isolation, 43% noted they had experienced loneliness during the pandemic, with a number of people.

mentioning that they lived alone. Once again people most people mentioned family and friends as being the greatest support during the pandemic, as well as faith and organisations.

Residents' suggestion for further support included: increased support from the GP, more communication about support that can be accessed, support for people living alone, more mental health support groups in the community and more interaction with other people.

Mental Health Survey (February 2022)

Healthwatch Knowsley built on the previous surveys in order to gain further understanding of the impact of the pandemic on health and wellbeing of Knowsley residents; they also sought to understand people's views on accessing mental health services and support during the pandemic. Working with GPs via their text messaging service they were able to capture 697 responses.

In response to the question "How has your mental health been during the pandemic" 46% of people said that their mental health was unchanged, around 39% said that their mental health had suffered and 10% that the pandemic had severely impacted their mental health.

To further understand the impact, the survey asked an open-ended question "what has been the impact, if any, on your mental health and wellbeing during the pandemic?" 574 people answered this question, key themes and issues included: *Death/Bereavement* people affected by the death of a loved one, as well as some people witnessing death through working in hospitals. *Anxiety, Depression and Loneliness*, people described feeling anxious or having increased levels of anxiety, being depressed or feeling depressed, feeling lonely due to periods of isolation away from family, friends and important relationships. *Employment & Financial Concerns* Issues played a role in residents mental health, including a number of people stated losing their jobs, and the pressure this has left on the financial viability of households and individuals. *Physical Health & Delays in Treatment*, people were concerned about their physical health and in many cases delays in accessing the treatment they needed. People also mentioned being unable to get a diagnosis and reduced access to both primary and secondary care services. *Relationships & Caring Responsibilities*, relationships with family and friends have had a big impact on people's mental health, whether it be from lack of contact with loved ones, to severed relationship within the home or issues relating to caring for someone during the pandemic.

Other key issues were *lack of confidence*—feeling that the isolation has created a lack of confidence in themselves and their ability to face day to day activities.

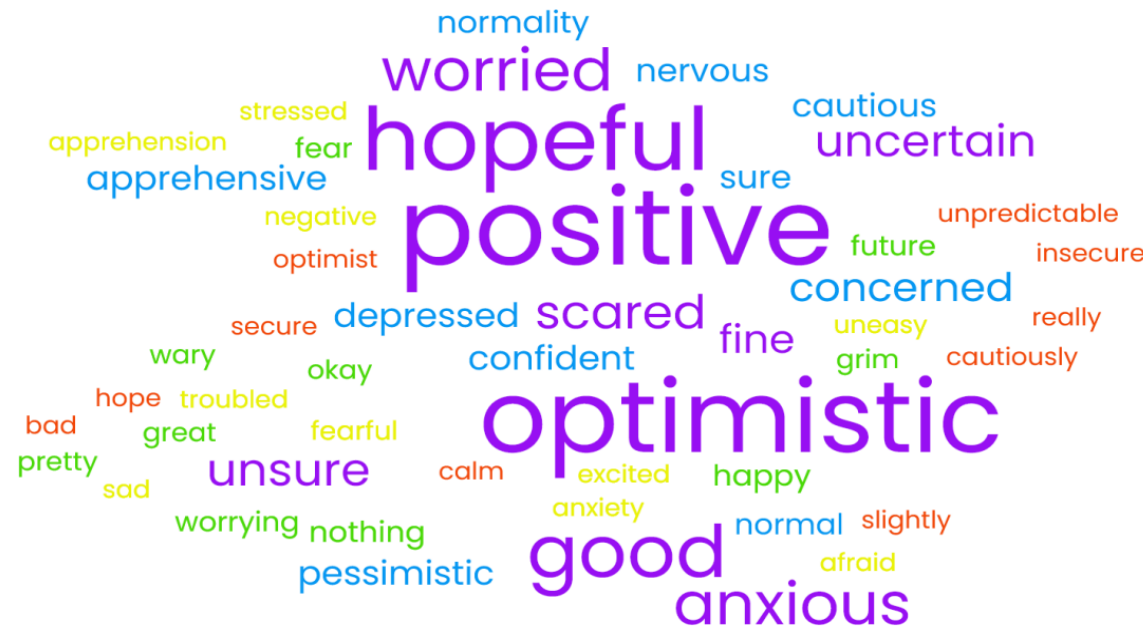
Social interaction—being unable to connect with family members and friends during lockdown. *Safety*—fear of people not using PPE in public spaces, not accessing vaccinations or not adhering to guidance during the pandemic. *Government*—issues regarding guidance and general negative feelings about the government and their response to the pandemic, with many people feeling confused and frustrated by the lack of clarity. *Working from home*—this has had both a positive and negative effect on some people during periods of lockdown. **Access to Mental Health Services**, 85% of residents stated that they had not needed to access mental health services during the pandemic. **Support during the pandemic** - family and friends overwhelmingly provided people the most support during this period followed by attending work, GPs and other health services; with others noting that exercise. 39 people stated that "nothing" had been a good support during the pandemic, and they had not received any help. People mentioned using technology as a way to access support and to keep in touch with friends and family.

Gaps in support, most respondents mention issues accessing their GP, specifically face to face appointments with a clinician. Other comments included accessing therapies and counselling, as well as mental health resources and support groups. The need for more availability of appointments in relation to mental health and being able to access one to one therapy and counselling.

When asked "**What have you taken away from the pandemic?**" Residents revealed the following: *Appreciation for life*—people have noted that they have a new appreciation for life after going through the pandemic, comments include: Live life to the full, to be grateful for what we have, this included the sacrifices of others, particularly the amazing front line workers, not taking freedom for granted, resilience, a renewed faith in power of relationships. The Importance of family and friends, recognising how valuable both family and friends are. *Self-Awareness*—a greater awareness of themselves and their abilities this included reprioritising what's important. *How easily life can change*, Human Fragility and *Living with Coronavirus*— comments highlight the need to come to terms with a new way of living, as well as the importance of needing to stay safe. This included people's frustrations with others not adhering to guidance or acting responsibility or in the interests of everyone.

The Future- Although people feel optimistic about the near future, they were still uncertain about what the future holds for them, with many commenting ‘taking each day as it comes’, with some lacking in confidence about getting ‘back to normal’. There are also people who are worried about finances and the rise in the cost of living, as well as employment, showing how the financial impact of Covid has affected people’s mental health and wellbeing. A fear of other variants of the virus and that the virus is never going away is also highlighted, as well as importance of staying safe and people being vaccinated as well as concerns over people not adhering to the rules or not being vaccinated.

Despite people raising concerns about the how Covid will have a long-term effect on their lives, it is important to note that many people are hopeful for the future going forward.



Conclusions

Although the majority of people stated that their mental health and wellbeing remained the same during the pandemic and that they are optimistic about the future, the evidence from the survey suggests that the pandemic has had an effect overall on people’s mental health and wellbeing.

There was still a large proportion of people who stated that their lives have been impacted, sharing that they have experienced anxiety and depression, due to continuous isolation from family and friends, lack of access to services, as well as both financial and employment issues within their lives.

A recurring theme within the survey highlights the need for increased access to primary care, acknowledging that this is the gateway to services feel they require. It was commented on numerous occasions that the absence of face-to-face appointments felt like a barrier to support from both mental health and primary care services.

Overall, the comments have shown that people are positive going forward and are hopeful for positive change, with a number of people grateful for the opportunity to share their feelings about their mental health. It is important to reflect on the both the honest nature of the responses received and the significance of people sharing their own experiences of such an important issue.

Immunisations

Overview of issues

Immunisation is a way of protecting against serious diseases. Once immunised, our bodies are better able to fight these diseases if we come into contact with them. Some diseases that are caused by viruses can't be cured with antibiotics; the only way to control them is by immunisation.

Immunisation not only helps protect individuals but also protects the broader community by minimising the spread. Not everyone can be vaccinated, such as people with underlying health conditions that weaken their immune systems or who have severe allergies to some vaccine components. The more people that are vaccinated, the fewer people will be infected, and the less widely a disease can spread, reducing the risk to those who are unable to be vaccinated. When enough people are vaccinated, the disease will not spread. This is called herd immunity or community immunity.

Immunisation is offered throughout the life-course to provide timely protection against vaccine-preventable infections. For example, pertussis (whooping cough) and influenza vaccines which are offered to pregnant women to protect them and their baby from birth. Throughout adulthood vaccines may be offered for those at increased risk of infection,ⁱⁱⁱ

Immunisations of Vulnerable groups

Influenza is a serious infectious disease which can cause severe complications such as pneumonia and death. The annual seasonal flu vaccination programme is nationally commissioned and predominantly delivered in Primary Care. It delivers flu vaccination to population groups at risk of the complications of influenza. This includes all individuals over age sixty-five, as well as those in younger age groups as mentioned earlier. The national programme also covers all residents of long stay residential or care homes and pregnant women. The national programme also recommends vaccination of front-line health and social care staff.

HOW VACCINES WORK



Vaccines contain a modified form of virus or bacteria that doesn't cause disease, but does "teach" your immune system what to do if you are ever attacked by the real, potentially dangerous virus or bacteria.

When you get vaccinated, your immune system responds just as it does to any other "intrusion", by creating antibodies to fight off the particular virus or bacteria.



For some diseases, more than one dose of the vaccine, or a booster dose later in life, may be needed to ensure full and lasting protection.



After vaccination your body remembers this specific intruder. If you ever come in contact with the real virus or bacteria, the right antibodies quickly destroy it – before it has the chance to make you sick.



Herd immunity



When you and nearly everyone else in your community is immune to a contagious disease, it cannot spread easily. Together you prevent the virus or bacteria from reaching those who cannot be vaccinated against it, including babies too young for the vaccine and individuals with health conditions or who are undergoing treatments that weaken their immune systems.

Consult with your doctor and check your family's immunization records to make sure that you are all fully protected.

Do your part to
#immunizeEurope!

#Vaccineswork to protect you and those around you

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World Health Organization
Regional Office for Europe

In Knowsley:

Vaccination Flu (At risk individuals)

Flu vaccination uptake in for at risk people has been at similar levels to the North West and Knowsley was below North West and England. Vaccination rates in the latest period of 20 however it has risen much more in North West (increased by 5.3%) and England (increased by 49.2% lower than North West (53.1%) and England (53.0%). (Source: UKSA, OHID fingertips)

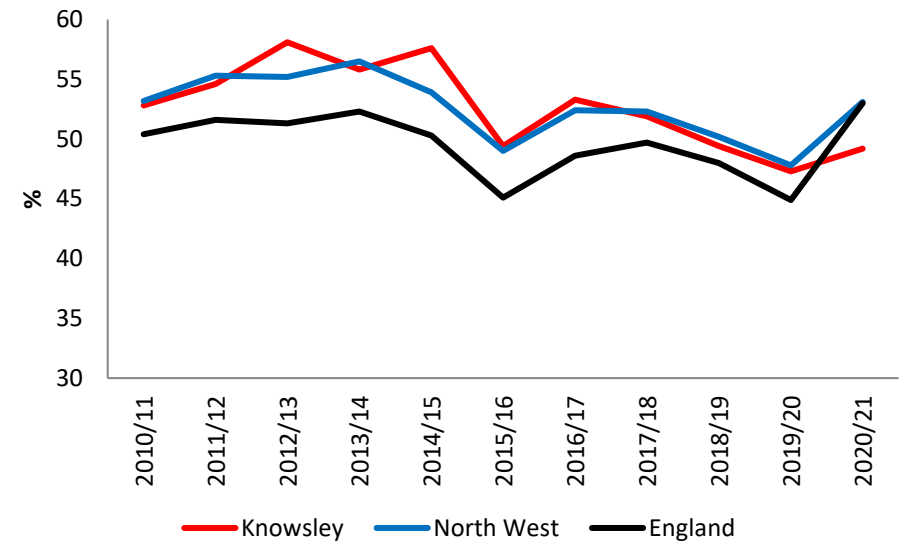
Covid-19 has had a significant impact on this with a push nationally to get at risk people vaccinated already busy due to a Covid-19 wave.

Vaccination Flu (Pregnant Women)

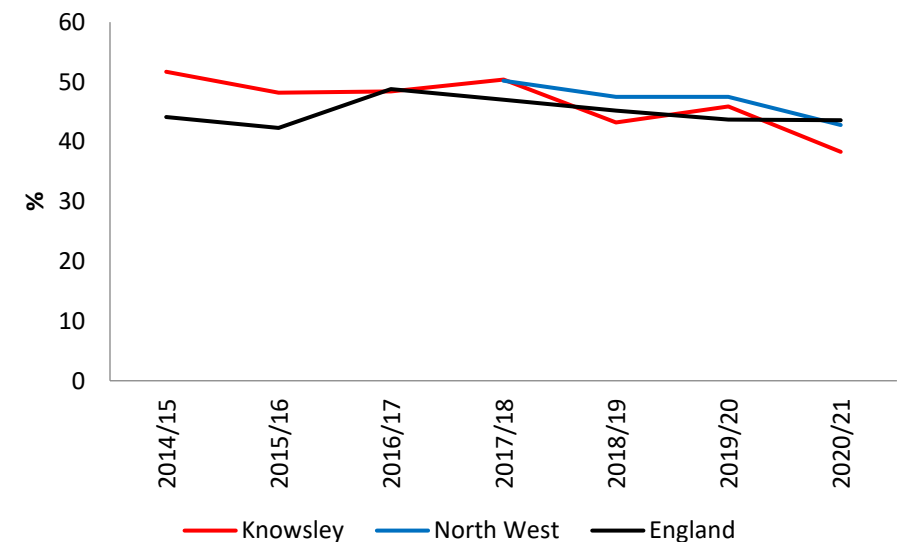
Flu vaccination uptake in Pregnant has been at similar levels to the North West and England significantly in Knowsley and North West and stayed similar in England. In 2020/21 the Flu vaccination (43.6%) and is the lowest it has been over the last 10 years. (Source: UKSA, OHID fingertips)

Covid-19 may have had an impact on flu vaccine uptake in Knowsley, with Knowsley having a pregnancy register.

Vaccination coverage - Flu (at risk individuals)



Vaccination coverage - Flu (Pregnant Women)



Health Checks

NHS Health Checks ^{iv}

The purpose of the NHS Health Checks programme is to help prevent heart disease, diabetes, stroke, and kidney disease by identification of those with undiagnosed diseases. Everyone aged 40-74 should have an invite to have a check and assess risk and give advice to help them reduce or manage that risk. High take up of NHS Health Checks is important to identify early signs of poor health and to help to stop poor health and diseases developing through early interventions.

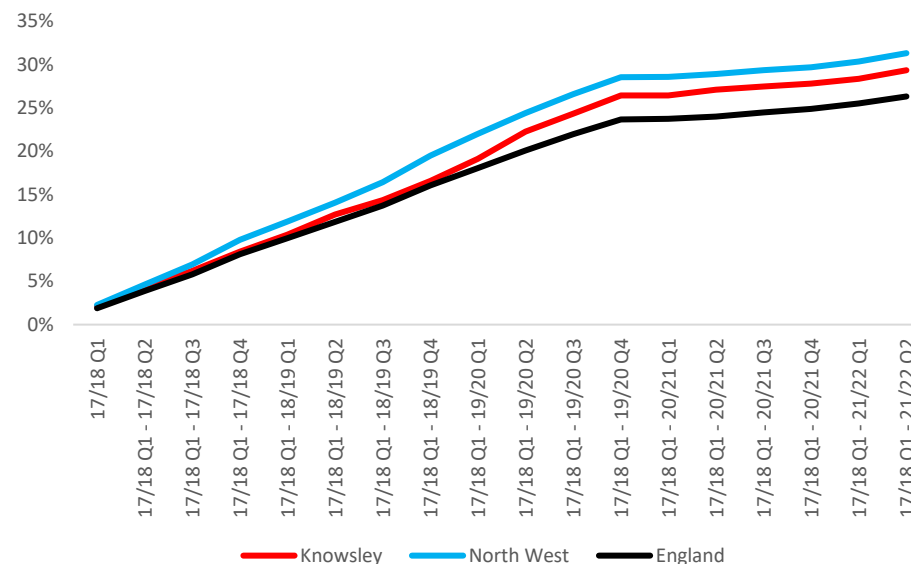
In Knowsley:

- By the beginning of 2021/22, 29.3% of eligible people (aged 40-74) had received an NHS Health Check in Knowsley, since the beginning of 2017/18, this higher than 26.3% in England but lower than North West (31.3%)
- This means that nearly 12,400 eligible local people have received a Health Check, since the beginning of 2017/18.

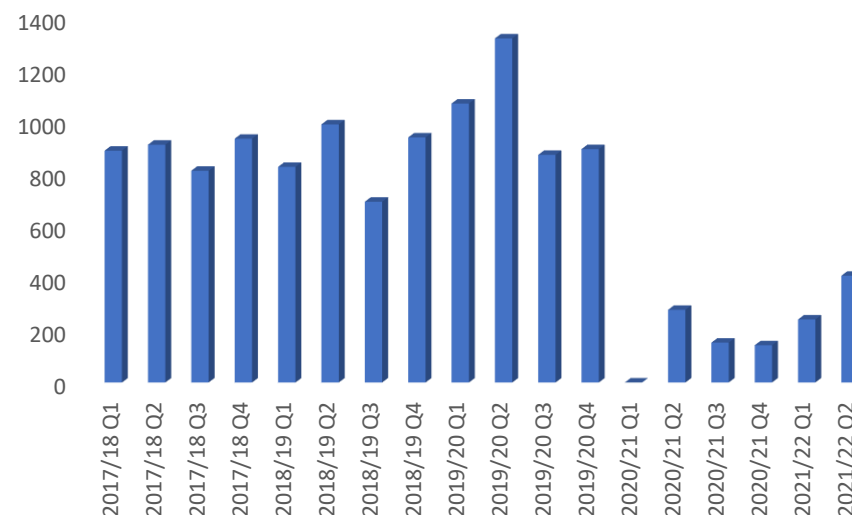
Covid-19 has had a large effect on numbers of people receiving NHS health checks. Health checks completely stopped in Quarter 1 2020/21. Over the last six quarters, only 1,227 health checks were undertaken, this is an average of 205 checks per quarter. In the previous six quarters 5,797 were undertaken, an average of 966 checks per quarter. The latest quarter has seen a pick-up in numbers however, but this latest quarter only saw around half of the level of checks done previously seen before Covid-19.



People receiving an NHS Health Check (40-74 year olds) in Knowsley (2017/18 to 2021/22, rolling quarters)



Trend of numbers of people in Knowsley receiving an NHS Health check



Cancer Screening^v

Overview of issues

Cancer screening involves testing apparently healthy people for signs of the disease. It is a test that looks for early signs of cancer in people without symptoms. It can help spot cancers at an early stage, when treatment is more likely to be successful. Cervical screening can even prevent cancer from developing.

Screening is not the same as the tests a person may have when doctors are diagnosing or treating cancer. The UK has three screening programmes: Bowel cancer screening, Breast cancer screening and Cervical cancer screening. Screening programmes are only set up for a cancer type if they will save lives from the disease without too much risk. If there isn't a good enough screening test, or screening would do more harm overall, then a screening programme isn't introduced.^{vi}

Cervical screening looks for the human papillomavirus (HPV) which can cause abnormal cells on the cervix. HPV is a very common virus which effects around 8 in 10 people, and in many cases, the immune system will naturally get rid of HPV.

About 1 in 8 women in the UK are diagnosed with breast cancer during their lifetime. If it's detected early, treatment is more successful and there's a good chance of recovery.

Bowel cancer survival is improving and has more than doubled in the last 40 years in the UK. If diagnosed early, more than 90% of bowel cancer cases can be treated successfully.^{vii}

A Cardiff University-led UK-wide survey has found that more than 1 in 5 people are less likely to take part in cancer screening than before the pandemic.^{viii} Cancer services were highly disrupted as a result of the pandemic, as national screening programmes around the UK were effectively paused between March and June 2020. It's estimated that around 3 million fewer people than normal in the UK had a cancer screening test between March-September 2020.

What difference can being healthy make?

If, 10 years ago, everyone in the UK:



was a non-smoker



was a healthy weight



ate and drank healthily



drank no alcohol



was more active



and was safe in the sun

as well as other things...

...then this GP may only see 6 new cancer cases this year, instead of 10.



So by making healthy changes now you can make a difference to your cancer risk in the future.

Together we will beat cancer



In Knowsley:

Breast Screening - Coverage in 2020/21 for females aged 50-70 in the last 36 months in Knowsley was 57.1% which was significantly below the England average of 61.3%.

There has been a large drop in coverage since last year, with Covid-19 having a negative impact on coverage uptake. Knowsley coverage has fallen by -5.4% since last year, this however being lower than England (-8.8%) and North West (-8.1%)

There is huge variation in uptake in GP practices (lowest 14% and highest 75%) with only 3 practices below 20%. Kirkby PCN has the highest coverage at 64.7%, with West Knowsley PCN at 57.1% and lowest area being East and South Knowsley PCN at 50.4%.

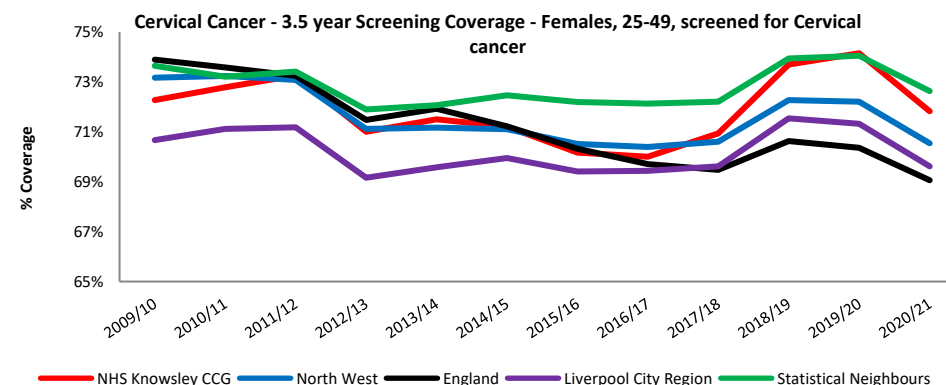
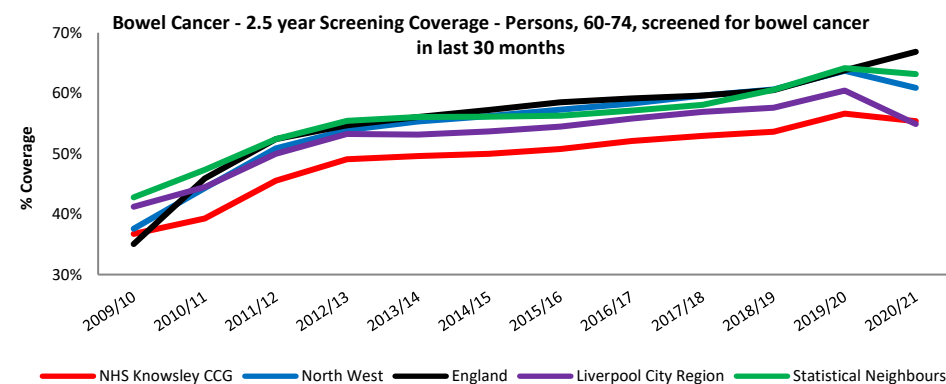
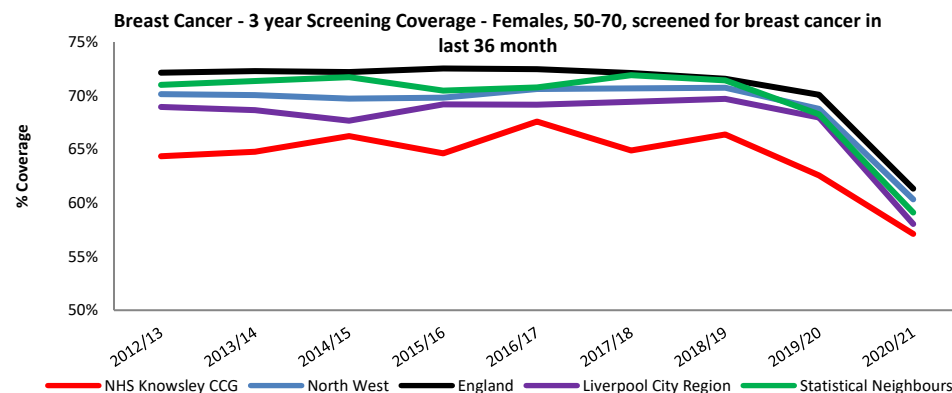
Bowel Screening - Data in 2020/21 for those aged 60-74 years screened for bowel cancer in the last 30 months show Knowsley's uptake as 55.4%, significantly lower than the England average of 66.8%.

There has been drop in coverage locally and regionally since last year (this has not happened in recent years with a usual year on year increase), whilst England has increased. Knowsley coverage has fallen by -1.2% since last year, with the North West -2.8 lower, with an increase in England of 3.0%. This has widened the already large gap between Knowsley and England.

Bowel screening is lowest in the Kirkby Primary Care Network (PCN) and West Knowsley PCN areas (53.7%) and Highest in the East and South Knowsley PCN (57.5%), with West Knowsley (54.9%). All three PCN areas are below the England average

Cervical Screening - Data in 2020/21 for females aged 25-49 in the last 3.5 years in Knowsley was 71.8% which is higher than the England average of 69.1%. The variation in uptake in GP practices shows the lowest at 63% and highest 78%. There has been a drop in uptake since last year. Knowsley coverage has fallen by -2.3% since last year, larger than England (-1.3%) and North West (-1.7%)

East and South Knowsley PCN has the highest coverage at 73.2%, with Kirkby PCN at 72.1% and lowest area being West Knowsley PCN at 68.1%. The variation in uptake in GP practices is lowest at 44% and highest 69%.



Lifestyle Risk Factors

Overview of issues

There is strong evidence that behavioural risk factors have a big impact on people's health and wellbeing. However it is important to note that health behaviours do not exist in isolation and interact with other factors.

Modifiable lifestyle factors including smoking, physical activity, alcohol intake, body weight, and diet quality affect both total life expectancy and incidence of chronic diseases. Incidence of health conditions such as cardiovascular and respiratory diseases, diabetes and cancer can be delayed or prevented through changes in behaviours.

The majority of the data sources used to illustrate the behavioural risks focus on factors separately. However, these factors often cluster together: more than a third of adults in England have two risk factors and a further third have three or more.

The WHO toolkit estimates that the top ten risk factors for early death and disability in the UK are, in order of impact: tobacco use, harmful alcohol use, high blood pressure, high cholesterol, overweight and obesity, physical inactivity, illicit drug use, low fruit and vegetable intake, occupational risks and poor sexual health.^{ix}

Smoking

Smoking is the biggest cause of preventable ill health and premature death in England, causing health inequalities across the UK such as life expectancy. The health implications of smoking (and second-hand exposure) are substantial and people who smoke are more at risk of developing cancer (lung, mouth, lip, throat, liver, kidney, stomach and cervical), chronic obstructive pulmonary disease (COPD), other respiratory conditions, heart disease and strokes. Smoking accounts for around 1 in 6 of all deaths in England.

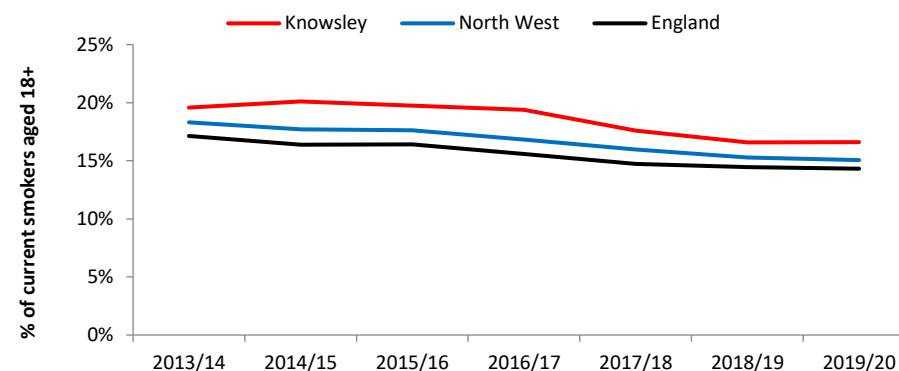
In Knowsley:

Data from the GP Patient survey in 2020 estimates that there are 19,600 adults (aged 18 and over) are likely to be current smokers across the Borough. Knowsley current smoker prevalence (16.6%) is significantly above the England average of (14.3%) and the North West average of (15.1%).

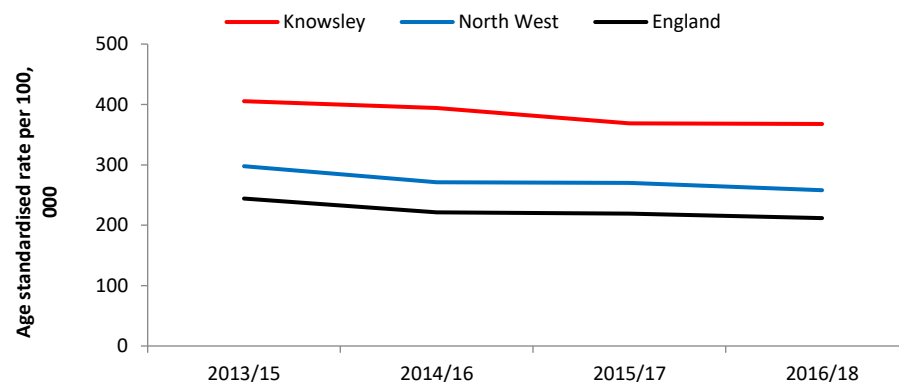
Smoking attributed hospital admissions in 2019/20 show that there have been 1,650 admissions. The rate of admissions (Directly age standardised rate per 100,000 population) was 1,961 in Knowsley, significantly higher than England (1,398).

The current mortality rate from smoking has fallen locally from 405 (per 100,000, 35 and over) in 2013-15 to 346 in 2017-19. Despite this fall, the current mortality rate in Knowsley remains significantly above the England average of 202 and the North West average of 248. In 2017-19, there were 842 smoking attributable deaths in Knowsley, an average of 281 deaths per year. The rate of decline in rates from 2014-15 to 2017-19 is lower in Knowsley (-15%) than England (-17%) and North West (-17%).

Smoking prevalence in adults (18+) - current smokers



Smoking attributable mortality rate per 100,000 Source, aged 35+:



Alcohol

Overview of issues

Excessive Alcohol consumption can contribute numerous medical conditions, including liver disease, obesity, diabetes circulatory disease, several cancers and can cause depression. Alcohol is considered the second biggest cause of preventable death in the UK. Alcohol-related harm has a larger effect on the most deprived communities.

Binge drinking can lead to injuries, anti-social behaviour and other such harm to the individual who consumes and also cause families breakdown or other citizens. Alcohol misuse also can cause problems in work environments due to poor performance and sickness absence. It can also cause offences of violence, anti-social behaviour and other crime (road traffic collisions, anti-social behaviour, and domestic violence).

In Knowsley

Knowsley's mortality rate from alcohol has risen by 3.2% in the last 9 years and is currently the eleventh highest in the North West. Knowsley residents living in the least deprived quintile were more likely to drink on a weekly basis than those from the most deprived quintile and were also more likely to 'binge' drink. Knowsley also has significantly higher rates of alcohol related hospital admissions. During 2017/18, there were an estimated 4,363 hospital admissions related to alcohol in the Borough: a rate of 3,084 alcohol related admissions per 100,000 population, significantly higher than England (2,224) and the North West region (2,590).

Since 2016/17, there has been a 11.8% increase in the rate of alcohol related hospital admissions in Knowsley, this is the same as England (11.8%) but higher than North West region (6.9%).

In 2020, the proportion of people in alcohol treatment in Knowsley who had successfully completed treatment and did not return within 6 months was 32.9%, this is significantly lower than North West (41.1%) but similar to England (35.3%). It is important to note that 2020 is a year affected by Covid-19, so performance is likely to be affected by this. The number in treatment in 2020 was 113, this being

lower than usual. Nevertheless, levels of successful treatment have declined significantly in recent years, in 2014, 54.5% successfully completed treatment in Knowsley which was significantly higher than England (44.4%) and the North West (38.4%) .

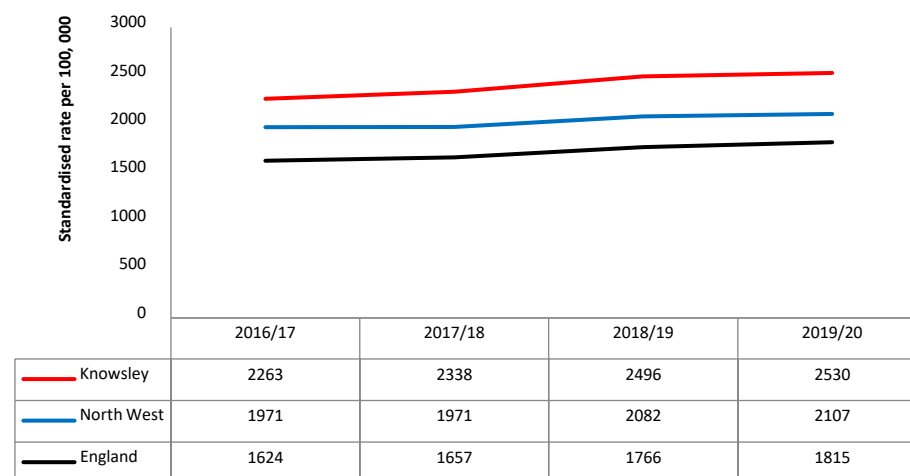
Knowsley had the 13th highest rate of alcohol related hospital admissions during 2019/20.

The rate of alcohol related admissions for Knowsley males was 3,953 per 100,000 males in 2019/20, nearly three times as high as the rate for females (1,360 per 100,000 females). Since 2016/17, there has been a 10.7% increase in the rate of male alcohol related hospital admissions in Knowsley compared to 13.6% in females.

Rate of Alcohol related hospital admissions:

	2016/17	2019/20	% Change
Knowsley	2263	2530	11.8%
North West	1971	2107	6.9%
England	1624	1815	11.8%

Admissions episodes for alcohol related conditions - Broad



Excess Weight

Overview of issues

The prevention of obesity is currently a major public health challenge in the UK and the last two decades has seen a rapid increase in the proportion of people classified as being obese. Excess weight is a leading cause of many health conditions including heart disease, stroke and high blood pressure and can also have negative effects on mental wellbeing and quality of life.

In Knowsley

2 in 3 (66%) residents were classed as either overweight or obese in 2019/20. This is higher than England (63%) and the same as North West (66%). In the previous four years prevalence was much higher and Knowsley had some of the highest prevalence of Local Authorities in England. The recent improvement is likely to be mainly down to low numbers of people surveyed. Low volumes of data can cause large variation, so caution is needed in interpreting the recent years data. Knowsley is also the second most deprived area in England, an indicator which has a direct correlation with obesity - as deprivation rises so does obesity^x

Healthy Eating

Overview of issues

Poor diet (and being overweight and obesity) are leading causes of premature death and mortality and can cause a range of diseases including Cancer, circulatory disease and diabetes. The costs of diet related chronic diseases to the NHS are considerable.

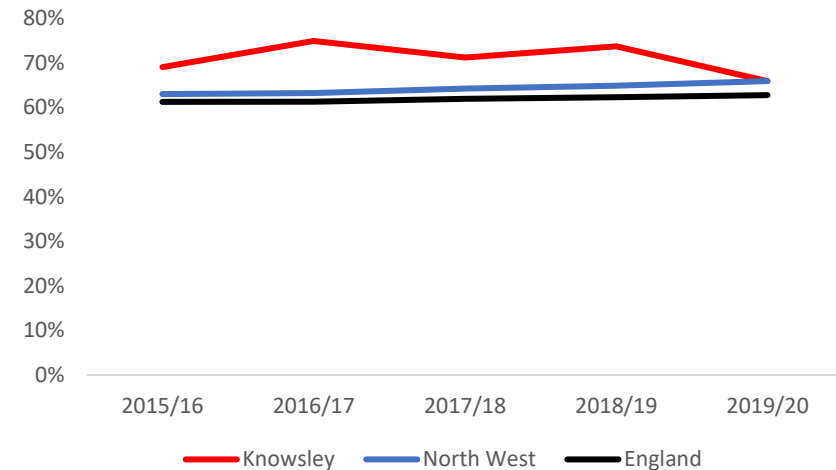
In Knowsley

There are 91 Fast Food Outlets (FFO) which is equal to a rate of 62 per 100,000 people, this is the lower than the North West and England average which is 91 and 96 per 100,000 people respectively. Specifically for Knowsley, Prescott North has the highest level of FFOs at 167, which is higher than the North West average at a rate of 167 outlets per 100,000 people (December 2017)

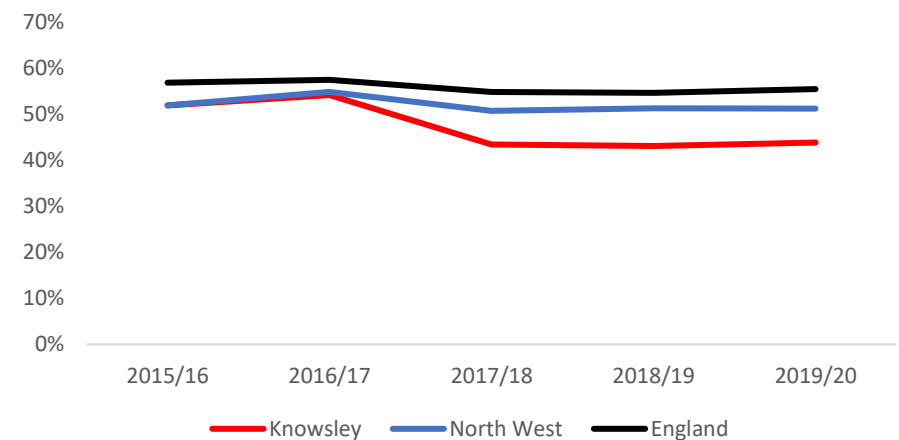
Data from the Sport England Active Lives Survey found that less than half (43.8%) of adults in Knowsley aged 16 and over reported that they had eaten the

recommended five portions of fruit and vegetables (on a usual day 2019/20). This is significantly below England (55.4%) and North West (51.2%). This means locally that around 67,500 adults (aged 16 and over) are not eating the recommended five portions of fruit and vegetables on a daily basis in the Borough.^{xi}

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



Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)



Physical Activity^{xii}

Overview of issues

Physical inactivity is a leading risk factor for global mortality, accounting for 6% of deaths globally. People who have a physically active lifestyle have a 20-35% lower risk of circulatory disease compared with those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis, colon and breast cancer and with improved mental health.

The Chief Medical Officer (CMO) recommends adults should undertake a minimum of 150 minutes (2.5 hours) of moderate physical activity per week. Physical activity levels are monitored by the Sport England Active Lives Survey. Data from year to year can fluctuate significantly, especially at Local Authority level due to lower volumes of survey data.

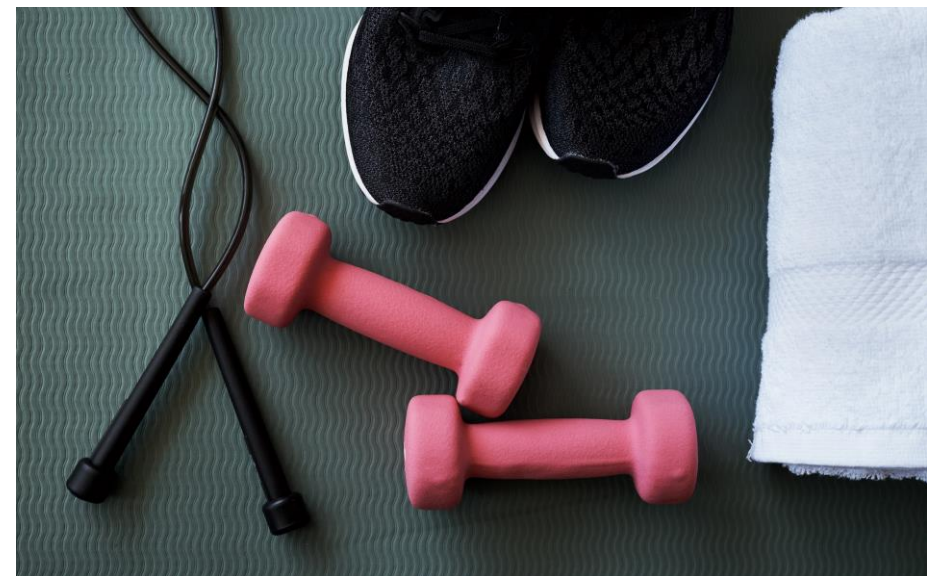
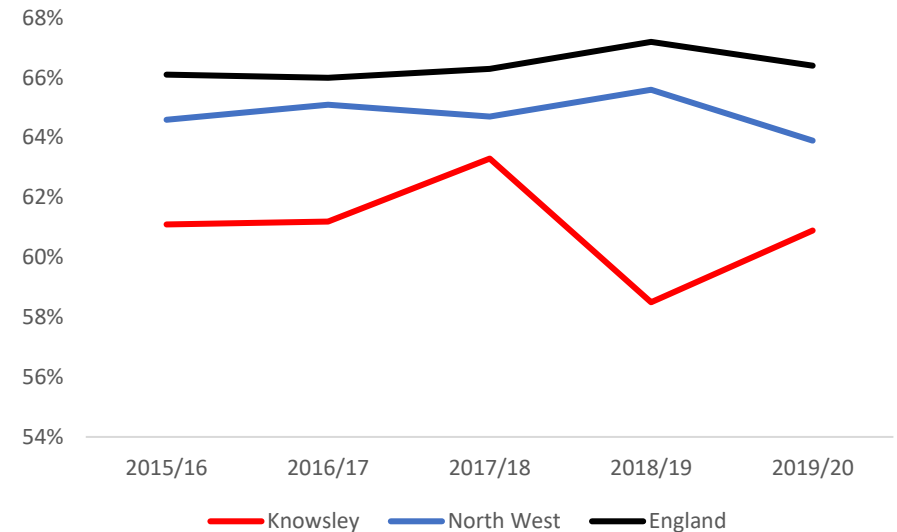
In Knowsley

Just over three fifths (60.9%) of adults aged 19 and over in Knowsley met the recommended levels of physical activity in 2019/20, this is significantly below the national average of 66.4%. An estimated 45,500 adults in Knowsley are not meeting the recommended levels of physical activity as set out by the CMO.

In 2019/20, over a quarter of adults (26.9%) in Knowsley were classed as being physically inactive (doing less than 30 minutes of moderate intensity activity per week). This was significantly higher than the England average of 22.9%. An estimated 31,300 adults in Knowsley are physically inactive.

Impacts of Covid-19 are likely to be significant due to lockdowns, with leisure centres closed down at times, also outside exercise being restricted significantly during the first lockdown.

Percentage of physically active adults – aged 19+



Drug Use Disorder

Overview of issues -

Drug use disorder refers to the continued use of a drug (legal or illicit) by an individual that is consumed in quantities that are harmful to themselves or those around them. Drug use disorder is a complex issue and has a major impact on the health and wellbeing of individuals, families, and communities. Those affected by drugs use them compulsively and the effects of substance misuse are cumulative, significantly contributing to poor health, homelessness, family breakdown and offending. Drug dependence varies from substance to substance, and from individual to individual. Dose, frequency, the pharmacokinetics of a particular substance, route of administration, and time are critical factors for developing drug dependence.

The annual cost nationally of drug addiction is £15.4bn to society with £488m of this attributed to the NHS cost. The major cost to society from drug addiction is from drug related crime, which is estimated to cost £13.9bn per year nationally.

In Knowsley:

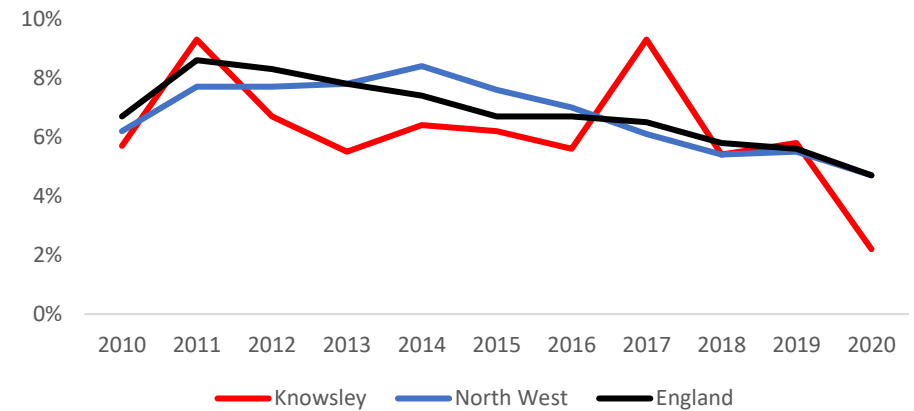
In 2020, the proportion of all opiate users in treatment in Knowsley who had successfully completed treatment and did not return within 6 months was 2.2%, this is significantly lower than North West (4.7%) and England (4.7%). In the same year the proportion of all non-opiate users in treatment in Knowsley who had successfully completed treatment and did not return within 6 months was 27.9%, which is significantly lower than England (33.0%) and North West (36.5%). The trend in completion of treatment in non-opiate users has declined in Knowsley over the years, with completion rates in some years being over 50%. The 2020 year it is important to note is a year that was affected greatly by Covid-19, the performance in Knowsley may have been significantly affected due to this.

Deaths from Drug use misuse has been increasing in recent years. In the latest period 2018-20 there were 35 deaths in Knowsley which equates to 8.4 per

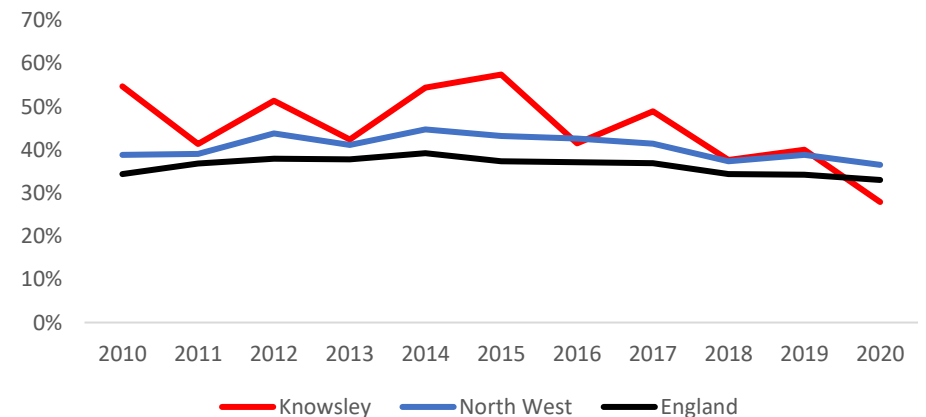
100,000 age standardised rate, this being significantly higher than England (5.0) but similar to the North West (7.1).

Evidence shows that people who experience non-fatal overdoses are more likely to experience a future fatal overdose. In Knowsley in 2016/17, the rate of hospital admissions due to substance misuse (aged 15-24), was 164.2 per 100,000 population, over double the rate of England (81.2 per 100,000)

Successful completion of drug treatment - opiate users



Successful completion of drug treatment - non-opiate users



Overview of issues –

Poor sexual health is responsible for significant levels of morbidity within the population, while teenage pregnancy can result in poor child and maternal health and wellbeing outcomes. Teenage parents and their children are also more likely to live in poverty. Some groups have sexual behaviours that put them at particular risk of STIs. A third of young people use condoms inconsistently; almost 50% of men who have sex with men report an episode of unprotected anal sex in the preceding year; some ethnic groups have higher levels of sexual risk behaviour; and alcohol and illicit drug use are associated with higher numbers of sexual partners and a reduced likelihood of using protection. The distribution of sexual transmitted infections at local authority level shows that the highest rates are found in many London boroughs, and in urban areas across the North West, South East and elsewhere. Young people have higher numbers of sexual partners, and inconsistent use of condoms, putting them at risk of unintended pregnancy and contracting a sexually transmitted infection.^{xiii} Sexually Transmitted Infections (STIs) are passed from one person to another through unprotected sex or genital contact. They can be tested for at a sexual health clinic, genitourinary medicine (GUM) clinic or GP surgery.

The UK Health Protection Agency routinely monitor several STIs of which four will be included here: chlamydia, gonorrhoea, herpes and genital warts.

Chlamydia is the most common diagnosed STI in the country. It is a bacterial infection that is most often spread through sexual contact. Both genders may have chlamydia without having any symptoms and may pass the infection to a partner or become infected without knowing it.

Genital Warts are caused by the human papilloma virus (HPV) and are small fleshy growths or bumps. They are the 3rd most common STI in England after chlamydia. Genital warts are spread by skin-to-skin contact and may cause some itching and redness but are usually painless.

Genital herpes is caused by the virus Herpes Simplex (HSV). There are two types, HSV 1 and HSV 2. It is the most common ulcerative sexually transmitted infection in the UK. The virus can cause severe systemic disease in newborn infants and the immunosuppressed and it may facilitate HIV transmission. Many HSV infections are not detectable, as there are no signs or symptoms of disease.

Gonorrhoea has been on an increasing trend in recent years and is now the 2nd most common STI. Covid-19 however in 2020 has seen rates fall but not by as much as other STIs.

STIs and inequalities

The impact of STIs remains greatest in:



young
heterosexuals aged
15 to 24 years



black minority
ethnic populations



gay, bisexual and
other men who have
sex with men (MSM)



people in the most
deprived deciles



Young people

experience the highest diagnosis rates of the most common STIs

In Knowsley:

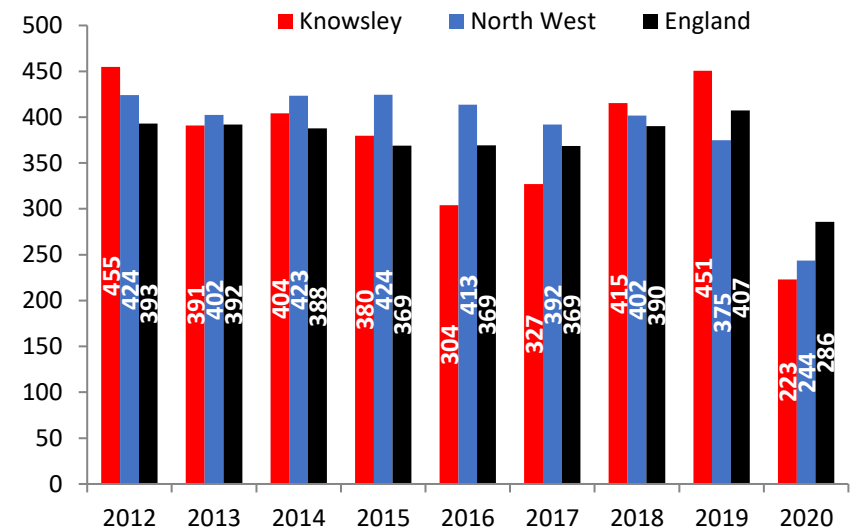
The 20-24 age group is the most common age for people being diagnosed with a sexually transmitted disease in Knowsley, except for Herpes and genital warts where the highest rate was amongst females aged 15-19.

Chlamydia was the most common sexually transmitted infection diagnosed in Knowsley during 2020 with 340 cases, a rate of 223 per 100,000 population. This rate has roughly halved since last year (Covid-19 affected period) and is lower than both the North West region (244) and England as a whole (286). Prior to 2020 Knowsley rates have been increasing and was higher than North West and England.

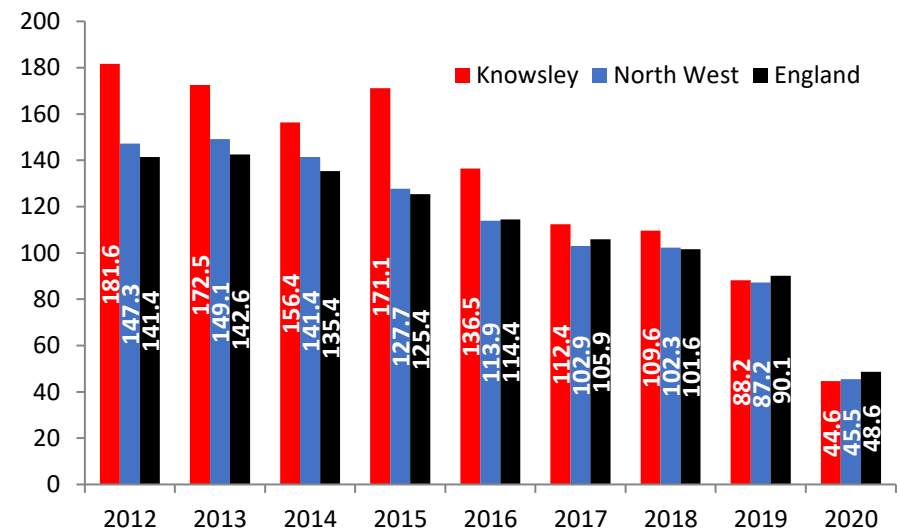
Numbers in 2020 of genital wart cases diagnosed in Knowsley was 68; a rate of 45 per 100,000 population, roughly halving since last year. In comparison, Knowsley had a similar rate to North West region (46) and England (49). Prior to 2020 Knowsley rates have been decreasing and was higher than North West and England. A similar pattern can be seen in Herpes data with rates roughly halving to 34 per 100,000 in 2020 and a similar rate to that of North West region (32) and England (36).

Gonorrhoea has been on an increasing trend in recent years and is now the 2nd most common STI. Covid-19 however in 2020 has seen rates fall but not by not by as much as other STIs. The Knowsley rate fell by a roughly a quarter in 2020 to 84 per 100,000, lower than England (101) but higher than North West (66). Despite the decrease in 2020, rates are over double that of 2012 both in Knowsley and nationally.

Chlamydia diagnosis rate - Crude rate - per 100,000



Genital Warts diagnosis rate - Crude rate - per 100,000



Long-term conditions and chronic diseases

Overview of issues –

Long-term conditions (LTCs) or chronic diseases are conditions for which there is currently no cure, which are managed with drugs and other treatments.

Examples of LTCs include hypertension, chronic obstructive pulmonary and diabetes. The numbers of people suffering from LTCs have risen in recent years, largely as a result of the ageing population and lifestyle factors such as obesity, smoking and drinking. LTCs are more common among older people. Age is a big factor with LTCs, and multiple conditions are common with the majority of people aged 65+, with LTCs being even more prevalent in older age groups such as 80+.

In Knowsley: ^{xiv}

Condition	Knowsley		England	
	Number	%	Number	%
Hypertension	26,092	15.5%	8,457,600	13.9%
Depression (18+)	24,917	18.8%	5,955,865	12.3%
Diabetes (17+)	10,870	8.1%	3,491,868	7.1%
Asthma	10,555	6.7%	3,629,071	6.4%
Chronic kidney Disease (CKD) (18+)	6,522	4.9%	1,917,102	4.0%
Coronary heart Disease (CHD)	6,827	4.1%	1,850,657	3.1%
Cancer	5,535	3.3%	1,948,913	3.2%
COPD	6,093	3.6%	1,170,437	1.9%
Stroke & TIA	3,219	1.9%	1,093,593	1.8%
Dementia	975	0.6%	430,857	0.7%

On the table opposite there is data from patients registered with general practices in the area covered by Knowsley CCG in 2020/21. This data shows that for the majority of diseases Knowsley has a higher prevalence than England:

- around 26,000 patients (all ages) were recorded as having hypertension, with 15.5% of the population suffering from this disease, **higher** than the England average of 13.9%
- nearly 25,000 patients (aged 18 and over) were suffering from Depression, 18.8% of the population having this disease, **significantly higher** than England average of 12.3%
- almost 11,000 patients (aged 17 and over) had Diabetes with 8.1% of the population suffering from this disease, **higher** than the England average of 7.1%
- over 10,500 patients had Asthma with 6.7% of the population suffering from this disease, **similar** to England (6.4%).
- over 6,500 patients (aged 18+) had CKD with 4.9% of the suffering from this disease, **higher** the England average of 4.0%
- over 6,500 patients had CHD with 4.1% of the population suffering from this disease, **higher** the England average of 3.1%
- over 5,500 patients had Cancer with 3.3% of the population suffering from this disease, **similar** the England average of 3.2%
- over 6,000 patients had COPD with 3.6% of the population suffering from this disease, **nearly double** England (1.9%)
- over 3,000 patients had Stroke & TIA with 1.9% of the population suffering from this disease, **similar** to England (1.8%)
- nearly 1,000 patients had Dementia with 0.6% of the population suffering from this disease, **lower** than England (0.7% Cardiovascular Disease (CVD)^{xv})

Overview of issues –

Cardiovascular disease (CVD) is the term used to describe conditions that affect the heart or blood vessels. Hypertension often has no warning signs or symptoms, and many people do not realise they have it. Early detection of hypertension and treatment to reduce cardiovascular risk in people with hypertension is vital for the prevention of coronary heart disease and stroke. Lifestyle changes – particularly weight loss, an increase in physical activity, and a reduction in salt and alcohol consumption can also effectively reduce hypertension.

In Knowsley:

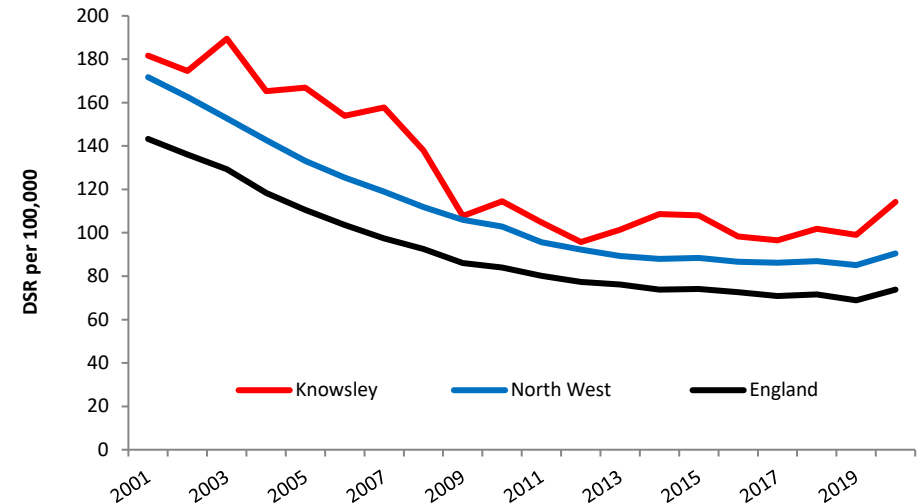
Cardiovascular disease was the second largest cause of death in Knowsley in 2020, accounting for over a fifth (19.9%) of all deaths. In total in 2020, there were 360 deaths attributable to cardiovascular disease. Of these cardiovascular disease deaths, 154 (43%) were people under the age of 75.

The premature cardiovascular disease mortality rate in Knowsley has increased in 2020 to the highest rate since 2010. This year has however been affected greatly by Covid-19 mortality and from excess non-Covid-19 deaths. Many of these non-covid-19 deaths were at the start of the pandemic where testing for Covid-19 was limited, so some of these excess deaths may be down to Covid-19. The rate in 2020 for Knowsley (114 per 100,000 population) remains significantly higher than England (74) and the North West rates (91). In the 10-year period since 2005/07, the premature cardiovascular disease mortality rate fell by only 0.2% in Knowsley and over the same period the gap between the mortality rate for Knowsley and England increased by 33%.

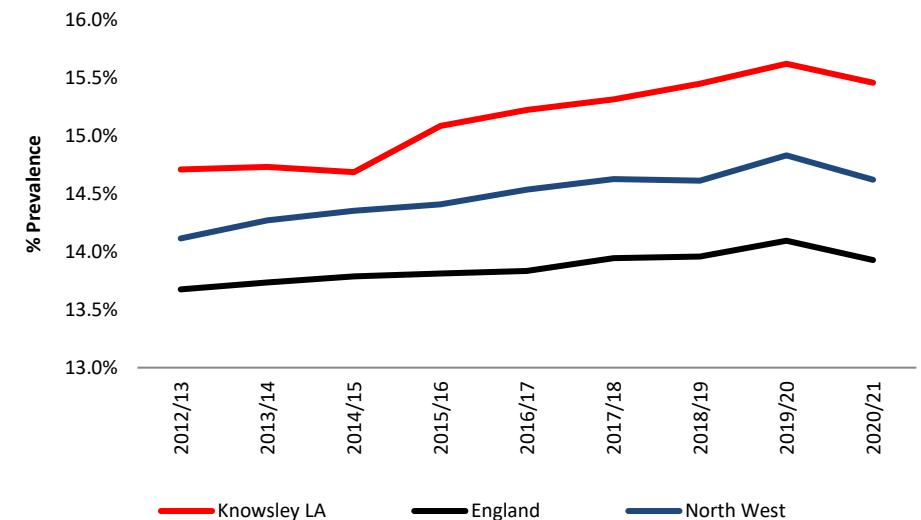
Hypertension is higher in Knowsley (15.5%, 26,092 people) compared with the national prevalence (13.9%). Recent trends over the last five years suggests that prevalence both locally and nationally is static.

Coronary Heart Disease prevalence is currently 4.1% in Knowsley, this is higher than England 3.1%. The recent trend both locally and nationally has been a gradual decline. In 2012/13 prevalence was 4.5% in Knowsley and 3.3% in England.

Under 75 years CVD Mortality



Hypertension: QOF prevalence (all ages)



Diabetes

Overview of issues –

is a chronic disease that occurs either when the pancreas does not produce enough insulin or when the body cannot effectively use the insulin that it does produce. Type 2 diabetes is most common and accounts for about 90% of all diabetes. Obesity is strongly associated with type 2 diabetes and is estimated to account for 80-85% of the overall risk of developing type 2 diabetes^{xvi}. Those at increased risk need to be supported to change their lifestyle by losing weight, becoming more physically active, and eating healthier.

NICE recommends treatment targets for Hba1c (glucose control), blood pressure and serum cholesterol: Target Hba1c reduces the risk of all diabetic complications, target blood pressure reduced the risk of vascular complications and reduced the progression of eye disease and kidney failure and target cholesterol reducing risk of vascular complications.

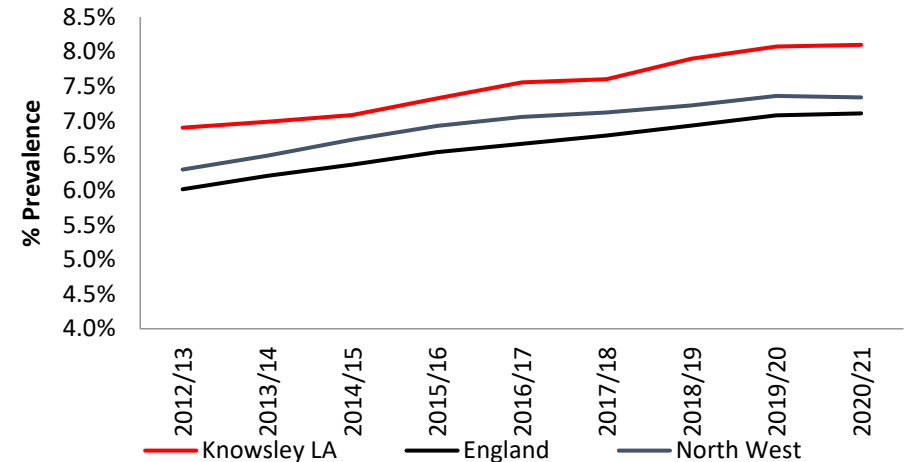
In Knowsley:

Knowsley has consistently had a higher rate of diabetes prevalence than the North West and England over the period 2012/13 to 2020/21. In 2020/21, there were 10,546 people aged 17 plus in Knowsley who have been diagnosed and included on GP registers for all types of diabetes, 8.1% of this age group. This was a higher prevalence compared to the North West (7.3%) and England (7.1%) with prevalence having increased by 15.1% since 2012/13 in Knowsley. This was compared to an increase in the North West of 18.2% and an increase in England of 18.3%. Knowsley has consistently had a higher rate of Diabetes prevalence than the North West and England over the period 2012/13 to 2017/18. The prevalence data is likely to be an underrepresentation of people who have diabetes as these figures do not include those living with the condition who have not yet been diagnosed.^{xvii}

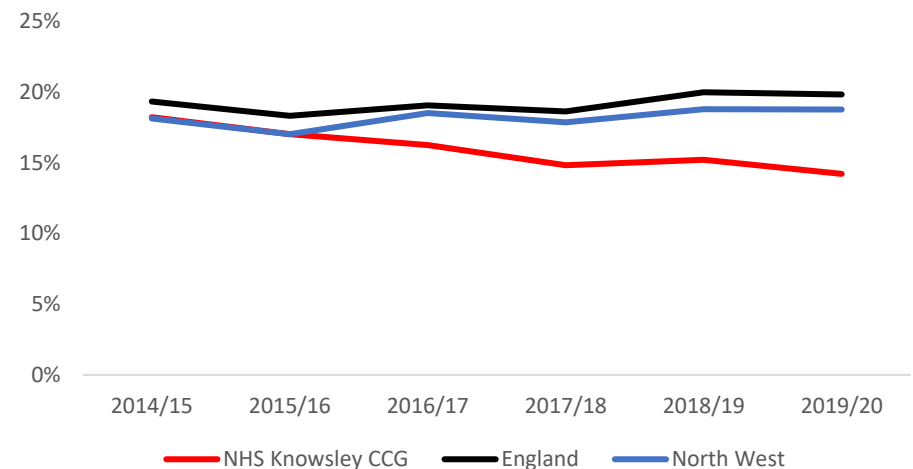
Knowsley (14.2%) is (2018/19 data) significantly below England (19.8%) and lower than North West (19.1%) for achievement in all three treatment targets for people with type 1 diabetes. Achievement has declined in recent years, (in 2014/15 Knowsley was 18.2%) whilst England has been static. Knowsley is ranked 5th lowest CCG for achievement in all three targets (out of 136 CCG areas).

Knowsley (43.2%) is (2019/20 data) significantly above England (40.3%) for achievement in all 3 treatment targets for people with type 2 diabetes. Achievement has declined in recent years, (in 2014/15 Knowsley was 51.2%) whilst England has been static.

Diabetes: QOF prevalence trend (Aged 17+)



People with type 1 diabetes who achieved all three treatment targets



Respiratory Disease

Overview of issues –

Respiratory disease affects one in five people and is the third biggest cause of death in England (after cancer and cardiovascular disease). Lung cancer, pneumonia and chronic obstructive pulmonary disease (COPD) are the biggest causes of death. Hospital admissions for lung disease have risen over the past seven years at three times the rate of all admissions generally.

Respiratory diseases are a major factor in winter pressures faced by the NHS; most respiratory admissions are non-elective and during the winter period these double in number. Incidence and mortality rates from respiratory disease are higher in disadvantaged groups and areas of social deprivation, with the gap widening and leading to worse health outcomes. The most deprived communities have a higher incidence of smoking rates, exposure to higher levels of air pollution, poor housing conditions and exposure to occupational hazards.^{xviii}

In Knowsley:

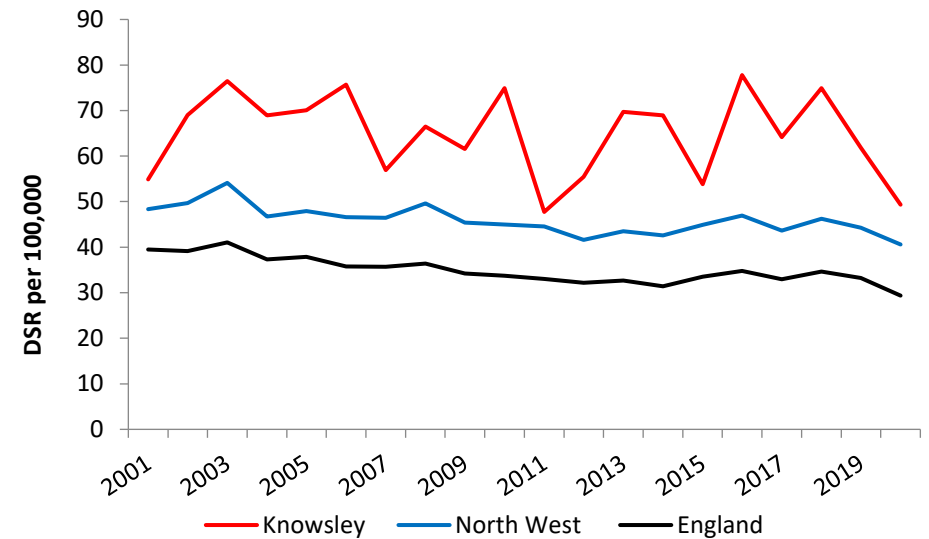
Respiratory disease covers a range of conditions and was the 4th major cause of death in Knowsley in 2020 behind Cancer, CVD and Covid-19, accounting for 12.0% of all deaths (217 in total). Of these deaths, 30.4% (66) were people under the age of 75. The premature respiratory disease mortality rate (under-75) was 49.3 deaths per 100,000 people in 2020.

Premature respiratory disease mortality in 2020 for Knowsley (49.3) remains significantly higher than the England (29.4 deaths per 100,000 people respectively) and similar to the North West (40.6). Knowsley had the 10th highest premature mortality rate due to respiratory disease out of 326 Local Authority areas for the year 2020. Female premature mortality of respiratory disease was 29.9 deaths per 100,000 people in 2020, this is significantly down from 2019 when this was 63.6. Male premature mortality for respiratory disease is the 4th highest in the country and was 71.0 deaths per 100,000 people in 2020. In 2018/20, the ward with the highest premature respiratory disease mortality rate was Northwood, at 166.4 per 100,000. In 2018/20, the ward with the lowest premature respiratory disease mortality rate was Halewood North at 22.7 per 100,000.^{xix}

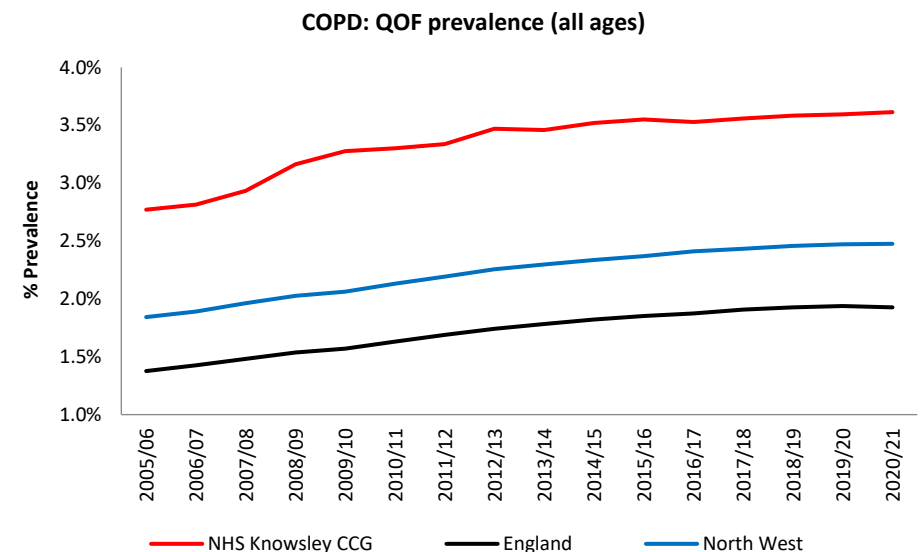
Reported levels of COPD prevalence in 2020/21^{xx} (the number of people who appear on GP registers with a diagnosis of COPD compared to the GP practice population) in Knowsley is nearly double that of the England rate, with 3.61% of the registered population (6,093 people) compared with an England rate of 1.93%. In recent years from 2015/16 to 2020/21 trends have increased slightly both locally and nationally, with the Knowsley rate increasing by 1.8% (from 3.55% to 3.61%) and England increasing at a faster rate by 4.0% (from 1.85% to 1.93%). In the year 2020/21 Knowsley has the 3rd highest prevalence of COPD out of 106 clinical commissioning groups in England.

Prevalence of asthma (people aged 6+) in Knowsley is the same as national levels. In 2020/21 the prevalence was 6.5% in Knowsley and England. This is calculated from GP patient disease registers as a proportion of the list size. This data gives a good indication of prevalence but does not include cases that have not yet been discovered.

Under 75 years Respiratory Disease Morality



COPD QOF Prevalence (All Ages)



Cancer

Overview of issues –

Cancer is a term that refers to a number of conditions where the body's cells begin to grow and reproduce in an uncontrollable way; there are over 200 different types of Cancer. It was estimated in 2015 that approximately 2.5 million people had cancer in the UK; this is estimated to rise to 4 million by 2030.

In Knowsley:

The main cause of death in Knowsley in 2020 was cancer which accounted for 25.5% of all deaths. More than four in ten cases of cancer could be prevented by lifestyle changes, such as not smoking, keeping a healthy body weight, cutting back on alcohol, eating a healthy balanced diet, keeping active and by staying safe in the sun.

The Knowsley CCG area has the 3rd highest incidence of all cancers combined (out of 106 CCG areas) in the 2017-19 period. In this period 2,891 new cases were diagnosed in Knowsley - an average of 964 per year. Of these cases there was a near equal split for males (49%) and females (51%).

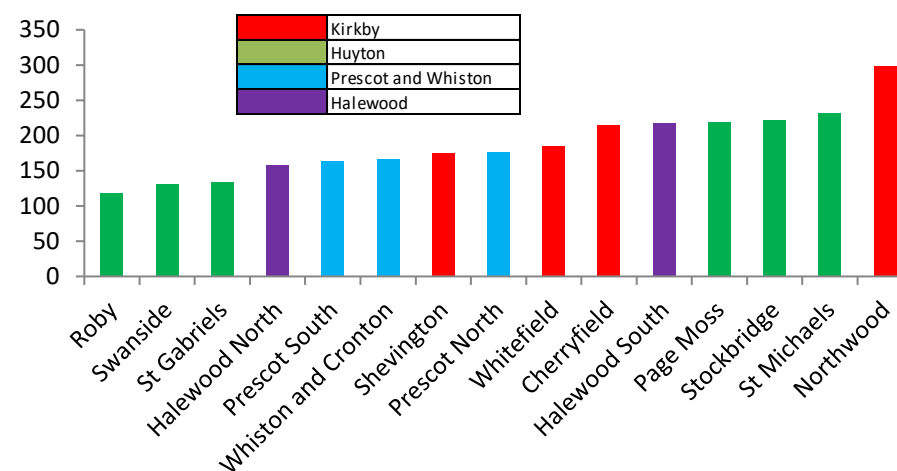
In 2017-19 the most prevalent male cancers in Knowsley were prostate and lung, responsible for 19.9% of all new cases in males, totalling nearly 40% (2 in 5 cases) of all cancer incidences. The most prevalent female cancers in Knowsley were breast cancer and lung cancer responsible for 25.1% and 22.1% of all new cases respectively, equating for nearly half (47.2%) of all cancer incidences in females.

In 2017-19, new incidence of cancer rate for all people of all ages in Knowsley CCG was 692 per 100,000 population; this was significantly above England (610) and North West (637). The Knowsley CCG new incidence of cancer rate increased by 12% from 2001/03 to 2017/19; the rate of increase was greater in England (24% increase).

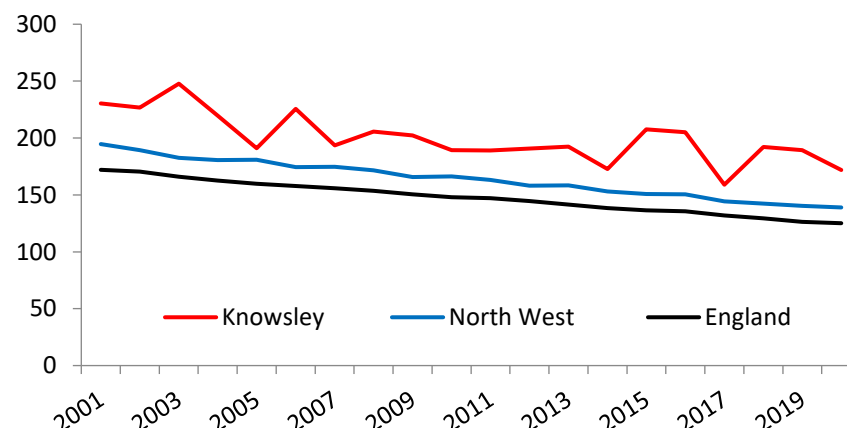
Lung Cancer Incidence is a particular concern in Knowsley, the incidence rate in 2017-19 (133.5 per 100,000 population) significantly higher than England (75.8). It is particularly high in the Northwood area due to high levels of historical smoking and air pollution.

Breast Cancer Incidence in Women in Knowsley had incidence rate of 166.3 per 100,000 population similar to England (170.2 per 100,000 population). Prostrate Cancer incidence in Men in Knowsley had an incidence rate of 146.3 per 100,000 population lower than England (191.7 per 100,000 population). Breast and Prostrate Cancer screening levels are however significantly lower than the England average.

Under 75 Cancer Mortality 2018-20 – Directly Age Standardised Rate per 100,000 population^{xxi}



Under 75 years Cancer Morality – Directly Age Standardised Rate per 100,000 population^{xxii}



Premature Mortality

Under 75 Mortality rate from all causes^{xxiii}

During 2018-20, around 2,000 people died prematurely under the age of 75 in Knowsley. The all-cause mortality rate in the under 75s in Knowsley was 494.8 per 100,000 in 2018-20. This represents an increase of 26.9 per 100,000 compared to the rate in 2017-19 (467.9 per 100,000). This increase in the previous period is higher than the increase saw in North West (16.1) and England (10.1). The increase from this period is likely to mainly due to the number of COVID-19 deaths that occurred during 2020 in Knowsley. Knowsley is currently at the time of writing the has the highest rate of COVID-19 cases of all Upper tier LA areas.

Knowsley has the 4th highest premature mortality rate of local authority areas in England. There is strong relationship between premature mortality and deprivation. The most deprived ward Northwood (868.7) has a premature mortality rate nearly double the Knowsley average.

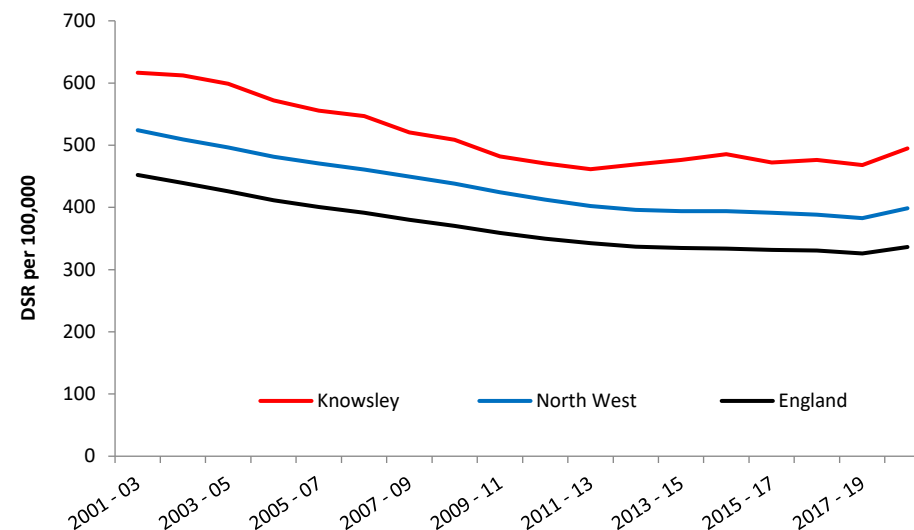
Since 2008/10 (last ten years), the mortality rate from all causes in the under 75s in Knowsley decreased by -2.7%, which is lower than North West and England (9.0% and 9.2% respectively). The absolute gap in the under 75 all-cause mortality rate between Knowsley and England increased by 15.0% in the ten years to 2018/20.

The male under 75 all-cause mortality rate in Knowsley was 590.9 in 2018/20, compared to 408.8 for females.

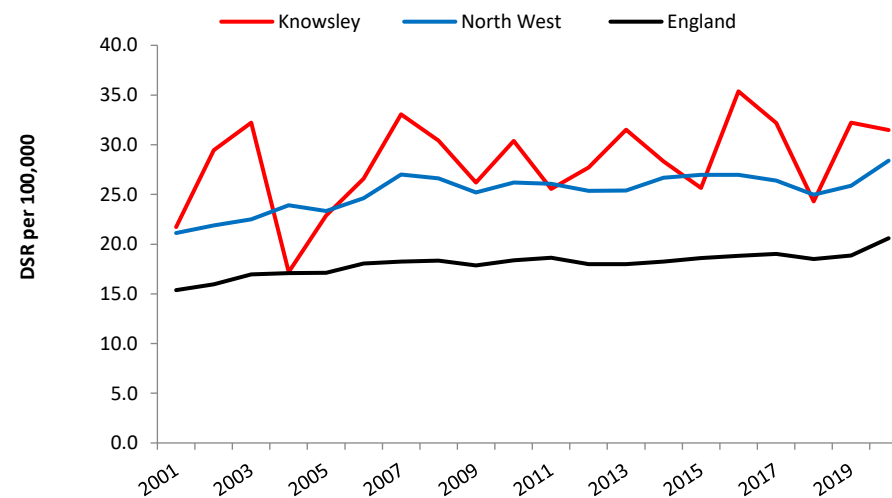
Under 75 Mortality rate from Liver Disease^{xxiv}

The trend of the last twenty years has shown that Liver Disease Mortality is increasing both nationally and locally. Trends in Knowsley data are not as smooth as North West and England, but it is clear from the graph opposite that Knowsley has consistently been significantly higher than England. Knowsley data does not show an increase in the past year, but North West and England show a significant rise from the 2019 to 2020.

Under 75 Mortality Rate From All Causes



Under 75 Liver Disease Mortality



Suicide

Overview of issues - Suicide is a significant cause of death in young adults, is seen as an indicator of underlying rates of mental ill-health. Data for Suicide can fluctuate significantly from year to year due to small numbers.

In Knowsley- The mortality rate for suicide in Knowsley for 2019/20 was 7.6 deaths per 100,000 population in Knowsley, which was lower than the North West and England averages. The majority of deaths in Knowsley over the year 10 years have been Male (over three quarters of suicides). The most prevalence been seen in the ages 25 to 54 (this makes up two thirds of suicides that have occurred over the past 10 years).

Covid-19 has had a significant effect on Suicides, with a backlog of cases yet to be seen by coroners. Current rates do not reflect the current situations and it is likely that futures rates will increase as a result.

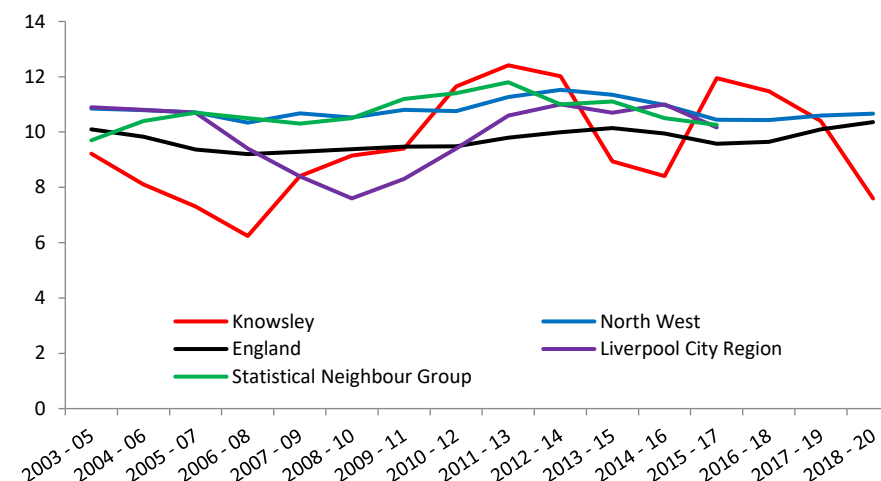
Intentional self-harm

Self-harm results in over 100,000 admissions to hospital a year in England, most of these are emergency admissions. Self-harm is an indication of personal distress, and there is a significant risk of future suicide following an episode of self-harm. Prevalence of self-harm will be much higher than the hospital admission rate, with many instances of self-harm not recorded and often kept secret from friends and family members.

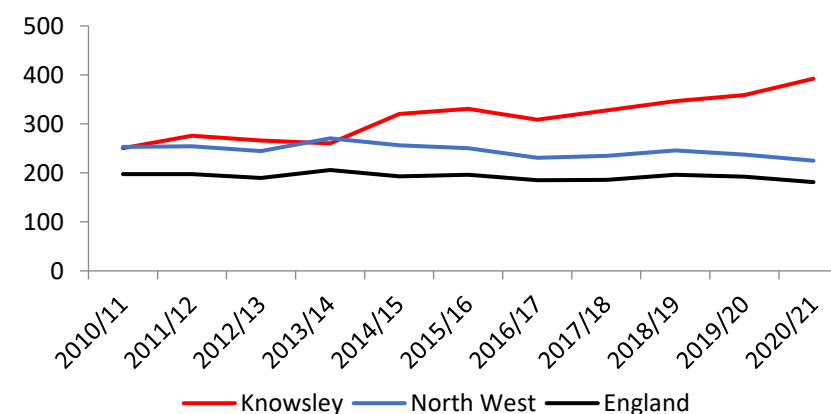
- The emergency hospital admission rate for intentional self-harm has been increasing in recent years in Knowsley (especially since 2013/14). The latest rate in Knowsley was 392.4 (per 100,000 population) in 2020/21, more than double and significantly higher than England (181.2).
- This means locally there were 580 emergency admissions in 2020/21 compared with 383 in 2010/11, an increase of over 200 over the past ten years.
- The admission rate has increased by 57% over the past ten years in Knowsley whilst England and North West have decreased by 8% and 11% respectively.

- The recent increase in the last few years in Knowsley is mainly down to an increase in the female rate. The rate in 2020/21 in for females is 491 per 100,000, much higher compared to males (289).
- Male and Female rates however are both high in Knowsley, with Knowsley having the 6th highest Upper tier LA rate in Females as well as Males.

Suicide - Directly Age Standardised Rate per 100,000 population^{xxv}



Intentional Self Harm (all ages) - Directly Age Standardised Rate per 100,000 population^{xxvi}



Mental Health^{xxvii}

Overview of issues- Mental health problems can affect anyone and have a significant effect on the lives of individuals, their families, communities and wider society. One in six adults have had a common mental health disorder, such as anxiety, in the last week (according to survey data). Three quarters of mental health problems are established by the age of 24.

People with severe and persistent mental illness are at greater risk of poor physical health and reduced life expectancy compared to the general population. Mental illness is closely linked to inequality. Health inequalities are avoidable and unfair differences in health status and determinants between groups of people due to demographic, socioeconomic, geographical and other factors.

People with severe mental illness are more likely to live in neighbourhoods that are less safe, have reduced access to healthy foods and fewer opportunities to be involved in healthy activities. People living with mental illness also have higher rates of health risk factors .^{xxviii}

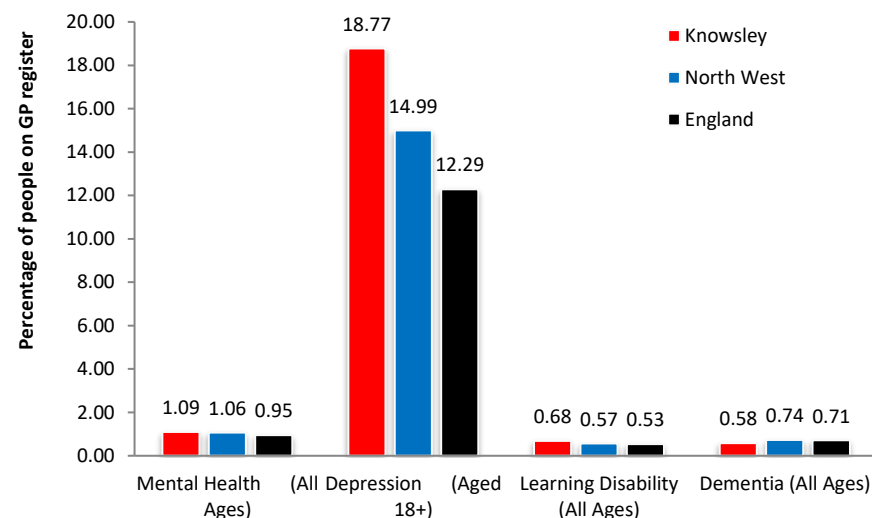
In Knowsley - Depression is a disease where diagnosis has been increasing very quickly. Knowsley currently has nearly 1 in 5 adult residents diagnosed with depression (18.8%), this is significantly higher than North West (15.0%) and England (12.3%).

Diagnosed depression has grown by 260% in Knowsley CCG over the last 8 years, this is over twice as fast as North West (127%) and England (111%).

Numbers of people in Knowsley who have a diagnosed learning difficulty total 1,146 in 2020/21 and in this year, prevalence is higher in Knowsley than North West and England. Prevalence of learning difficulties have remained at similar levels over the past 8 years in Knowsley, with North West and England prevalence increasing steadily.

Severe Mental Health is diagnosed and recorded by GP practices. The prevalence in Knowsley (1.09%) is higher but similar to North West (1.06%) and higher than England (0.95%). Prevalence has increased faster in Knowsley over the last 8 years (26% increase), compared to North West (16%) and England (13%)

QOF Prevalence – Mental Health Indicators



Public Health England

Health Matters

Mental health in numbers



1 in 6

adults will have experienced a common mental health disorder in the past week

Severe mental illness (SMI) such as **schizophrenia** or **bipolar disorder** affects about

half a million
adults in England

(based on GP registers)

Wellbeing

ONS Wellbeing data

For the last ten years ONS have been surveying people to ask them about their personal wellbeing. Wellbeing is important to people, and better levels of wellbeing have an impact on general health, illnesses and will affect mental and physical health.

ONS measures four outcomes of wellbeing:

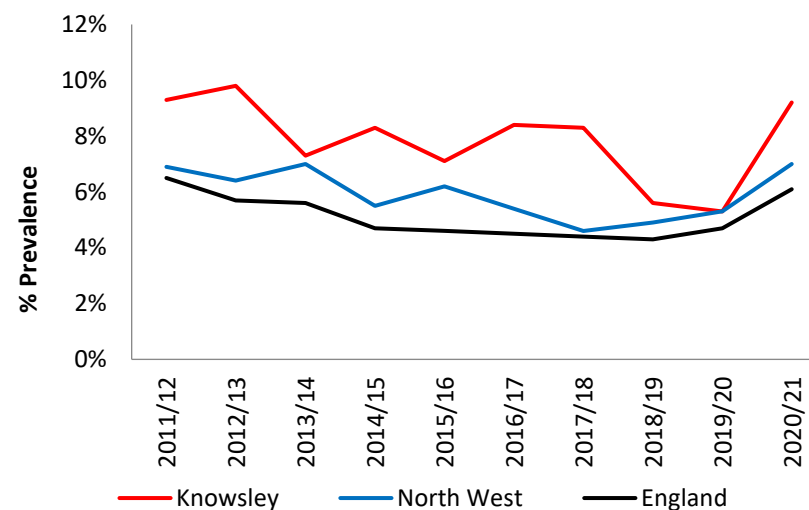
- Satisfaction,
- Things that are worthwhile
- Happiness
- Anxiety

The ONS Wellbeing data is survey data, so data can fluctuate wildly significantly from year to year, especially at Local Authority level. This is due to smaller sample sizes below North West and England.

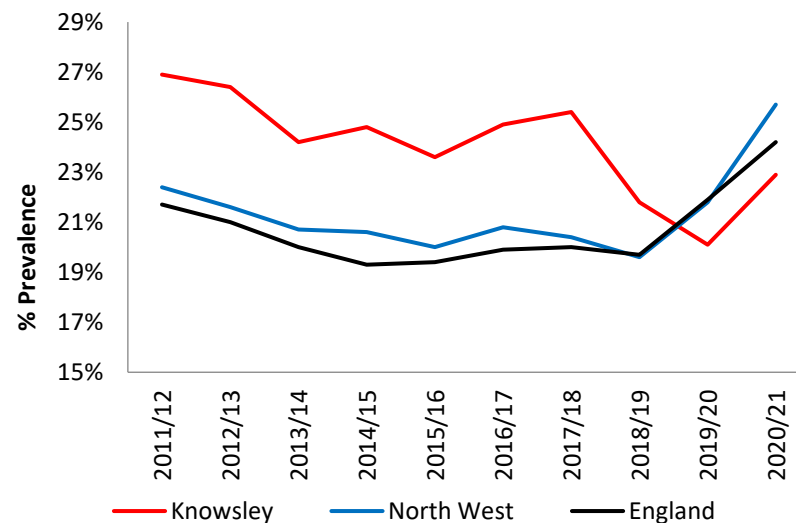
In Knowsley - In 2020/21:

- 9.4% of people (aged 16 and over) were not happy with their lives this is similar to England (9.2%) and North West (10.3%). Knowsley happiness levels have improved over the years.
- 9.2% of people had a low satisfaction score, higher than North West (7.0%) and England (6.1%). Low satisfaction levels have fallen in recent years, however in the latest year there has been an uptick, possibly because of Covid-19.
- 22.9% have felt anxious lower than England (24.2%) and North West (25.7%). Trends have improved over the years, previously Knowsley was much higher than England. The latest period shows an increase from last year which could be due to Covid-19 reasons
- Worthwhile scores have not been published in the last few years due to Knowsley sample size being too low

Self-reported Wellbeing - % of people with a Low satisfaction score



Self-reported Wellbeing - % of people with high anxiety



Sources

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- ⁱ <https://www.ippr.org/files/2022-04/health-and-prosperity-april22.pdf>
- ⁱⁱ BMA The impact of COVID-19 on mental health in England; Supporting services to go beyond parity of esteem
- ⁱⁱⁱ WHO Public Health Scotland and .GOV
- ^{iv} Office for Health Improvement and Disparities Fingertips website (OHID)
- ^v NHS Digital/OHID fingertips
- ^{vi} Cancer Research UK
- ^{vii} <https://www.england.nhs.uk/cancer/early-diagnosis/screening-and-earlier-diagnosis/>
- ^{viii} Cardiff University and Cancer Research UK The study surveyed 7,543 adults across the UK between August and September 2020, including 2,319 responders eligible for cervical screening and 2,502 eligible for bowel screening. 1,003 people were eligible for both.
- ^{ix} https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/141774/CMO_Annual_Report_2011_Chapter_3.pdf
- ^x PHOF, Sport England
- ^{xi} PHOF, Sport England Active Lives Survey
- ^{xii} Sport England Active Lives Survey
- ^{xiii} https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/141774/CMO_Annual_Report_2011_Chapter_3.pdf

Unless otherwise stated all data used to produce charts and tables is from The Office for Health Improvement and Disparities (OHID) Fingertips website.

- ^{xiv} NHS Digital 2021
- ^{xv} OHID Fingertips, Office for National Statistics (ONS) QOF Prevalence NHS Digital 2020/21
- ^{xvi} Hauner, 2010
- ^{xvii} NHS Digital/OHID fingertips
- ^{xviii} <https://www.england.nhs.uk/ourwork/clinical-policy/respiratory-disease/> [NHS Long Term Plan » Online version of the NHS Long Term Plan](#) Page 66
- ^{xix} ONS/OHID fingertips
- ^{xx} NHS Digital/OHID fingertips
- ^{xxi} ONS
- ^{xxii} ONS, OHID Fingertips
- ^{xxiii} ONS/OHID fingertips
- ^{xxiv} ONS/OHID fingertips
- ^{xxv} ONS
- ^{xxvi} Source: OHID Fingertips, Hospital Episode Statistics (HES), NHS Digital
- ^{xxvii} QOF, NHS Digital
- ^{xxviii} [Health matters: reducing health inequalities in mental illness - GOV.UK \(www.gov.uk\)](https://www.gov.uk)